

Radical Care: Seeking New and More Possible Meetings in the Shadows of Structural Violence

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Abstract

This article attends to the intimate contradictions that differentially shape and limit caring capacities and relations in a violent world, and the embodied ethical and political transformations at the heart of learning to care otherwise. From manifestos calling for “universal care” in defiance of the state-sanctioned horrors of the pandemic era, to the abolitionist politics of care developed by BLM organizers through movement building and healing, and the proliferation of mutual-aid infrastructures to meet needs and distribute resources in the face of overwhelming crisis and neglect – these examples and so many others illustrate with undeniable clarity that radical care is finally on the agenda. In what follows, I hope to contribute to this urgent conversation by pointing to how care is shaped in fundamentally contradictory ways under conditions of entrenched structural violence, and the limitations of normative frameworks when confronting this reality. To unambiguously valorize care in ethical and political life is to risk occluding the constitutive violence of existing social structures and norms, its impact on the intimacies of caring relations, and ultimately the ways that communities mobilize alternate economies and practices of care towards healing and social change. While it is crucial to value care and work for a more caring society, I claim that efforts to transform patterns of relational harm and develop new sensibilities should also be highlighted as integral components of radical caring praxis.

Keywords

Radical care, Politics of care, Ethics of care, Social justice

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Radical Care: Seeking New and More Possible Meetings in the Shadows of Structural Violence¹

Kelly Gawel

*For the Care Cadre –
in gratitude and hope for new horizons, and ancient remembrances, of care*

Care is the social, material, and emotional weaving that sustains life and connects us to others. From midwifing new life, nurturing the young, the work of sex, and the tending of death, trauma, disability, and physical and mental illness, it is vital in every life stage and process. And yet, despite its ubiquity in all aspects of life, care has been routinely neglected and even dismissed by hegemonic and radical theorists alike. The feminist philosophers who have been prominent in redressing this omission are right to reclaim the ethical value of care, and to situate it in its rightful place at the centre of political theory and action.²

But the *fact* of care's life-sustaining capacities does not, in itself, make it an unequivocal good. Indeed, it points to an unsettling ambiguity. Particularly under conditions of widespread oppression and dominance, caring practices, capacities, norms, and relations can themselves be shaped by, and can even play a role in reproducing, forms of violence that are anathema to the life and flourishing of many people, even the earth itself. Exploiting and extracting the care labour of subjugated people – as well as systemically neglecting those most in need of care – is, and has historically been, a constitutive feature of the social reproduction of violent institutions. At the same time, transformative practices of care play a vital role in how marginalized communities sustain themselves under these conditions, mobilize forms of resistance against them, and nurture possibilities of living otherwise.

The systemic invisibilization, naturalization, and devaluation of care make it difficult to theorize. But this difficulty also stems from its phenomenologically embedded and relational nature. This article is written from such an entangled place. The theoretical framework I develop below has its roots in my experiences organizing with a collective devoted to radical care.³ Many of the insights presented here were generated out of conversations, inspired by collective practice, and forged in response to the possibilities and limits of this project that I was an integral part of, and cared very deeply about. Both the power and the failure of this collective

imbue and motivate my argument here. The seemingly inevitable ways it fell apart along the very cleavages that brought us together, despite the presence of incredible skill and much good will, speaks to the contradictory realities of care, the problems they pose for organizing practice, and the level of skill and attunement needed to hold and confront them.

I structure the paper around three interrelated claims. These provide different vantages on the overarching problem of *how* to politically mobilize care when caring practices and relations are embedded in, and often themselves reproduce, forms of structural violence. By structural violence I mean relations of exploitation, extraction, abuse, and coercion that are societally systemic, which often trace multiple and intersecting forms of oppression, and which condition social forms, institutions, and patterns of intimate attachment in fundamental ways. Precisely *because* care is so often naturalized and de-historicized, I begin by socially and historically situating these structural contradictions and their impact on historical experiences of selfhood and relationship. My first claim is that radical approaches to care call for critiques of, and sensitivity to, these systemic and historical harms that so often shape social organizations and divisions of caring labour at macro and micro scales.

The problem deepens when we consider that such harms are often normalized, naturalized, and mystified by given moral economies of care themselves –for example, in the assumption that care is simply a labour of love that some (gendered, racialized, migrant) people are more equipped to provide. My second claim is that this complicates how we ought to conceive of care as an ethical and political good. Insofar as caring practices and relations are so often shaped by structural violence, *even in their most intimate dimensions*, accounts of care conceived as a species activity or set of intuitive dispositions are insufficient grounds for generating caring ethics and politics. I claim that such *naturalistic* understandings of care run the risk of instead *naturalizing* norms, distributions, and practices of care shaped in fundamental ways by systemic harms. While care ethicists are my main interlocutor in this regard, this is a move shared, to varying degrees, by contemporary political theorizations of care such as those articulated in the widely read and discussed *Care Manifesto* (2020).

While valuing and securing access to care are necessary and crucial endeavours, a single-minded focus on questions of distributive justice – calling for more care in public life or more caring institutions – sidesteps this violence embedded in social structures and norms of care, the ways this violence is woven into the very intimacies of caring relations, and indeed the

generative forms of care practiced by communities of struggle past and present. My final claim concerns these local, engaged, and transformational dimensions of radical care. Like gender, care cannot be conceived as a trans-historical natural attitude (Malatino 2020) outside of or beyond its social and material conditions. This means that reconstituting caring practices and relations on intimate and relational levels, in and through movement building and collective healing, is a vital component of transforming cultures of care in ways that are aligned with social justice – and should be viewed as inseparable from the project of politically centring care and securing its just distribution.⁴

This article is ultimately about transforming caring relations at both intimate and structural levels. It asks more questions than it answers, and points to the need for engaged and embodied learning: learning, for example, new methods of political and ethical education that unwind the vigilance, relax the hyper-attunement, enliven the insensibility, and diffuse the entitlement through which social inequalities shape or attenuate people’s capacities to give and receive care. Or to notice and intervene in the often subtle and intersubjective mechanisms through which care is extracted, denied, or coerced. What relational holding environments can we cultivate to tend to the wounds inflicted by normative care, or to endure the inevitable failures of such endeavours without rupturing the relations we want, or need, to sustain? And how can we nourish the political desire to cultivate new forms of intimacy and relation in the face of great resistance from without and within?⁵

1. Structural Violence and its Intimate Legacies

I understand care in a broad sense as the material and affective labour and relations through which social bonds and individuals are reproduced. Care is thus conditioned by, and upholds, social forms of family and labour, as well as institutional life. At the heart of daily and inter-generational reproduction, it involves modes of knowing, perceiving, and relating that are highly subtle and skilled, and also culturally and historically specific. A starting premise of this article is that social organizations and divisions of this caring labour express and reproduce gender, racialized, colonial, ableist and class oppressions on both macro and micro scales.⁶ The devaluation and exploitation of caring labour and those who perform it, as well as the systemic neglect of those most in need of care, are not incidental but *structural* to the maintenance of violent institutions and social relations.

Dynamics of racial capitalist exploitation, for example, perpetuate and compound multiple, and intersecting, forms of oppression through what have come to be known as international care chains.⁷ Capitalist accumulation depends upon reproductive labour to support ever more endangered life conditions. Maximizing profit requires externalizing this labour, and in doing so, exploiting it as fully as possible: naturalizing it as a female vocation or coercing, stealing, or paying extremely little for it. And it is not a coincidence that many migrant women of colour from the Global South – who often work in isolation and without basic labour and citizenship protections in households continents away from their own – are currently doing this sort of labour.

A related point concerns the crucial differences, as well as relations, between paid and unpaid forms of care and social reproductive labour. Drawing on the extensive feminist debates on the subject, I understood these distinctions in terms of the broad categories of: i) caring services subsidized by the state (e.g. welfare services, public health care); ii) caring services in the private market economy (e.g. privately employed nurses aids and elder care workers); iii) unpaid domestic labour that contributes to household and community reproduction (e.g. the “housewife,” but also broader, often female, kinship networks); and iv) paid care labour that is de-regulated and hyper-exploited in private, domestic economies (e.g. paid domestic labourers and nannies). I follow theorists who centre the intersecting oppressions reproduced in these social organizations and divisions of caring labour. Black feminists have long pointed to the vast differences between unpaid and paid domestic labour, and the extreme forms of exploitation and abuse, historically rooted in slavery and segregation, involved in the latter (e.g., Carby 1982; Lorde 1979, 1980; Davis 1983, 1972). Evelyn Nakano Glenn further articulates the racialization at play in these divisions, exploring the historical continuities between paid domestic labour performed by women of colour on the one hand, and the racialized de-skilling of care and reproductive labour in commodified service economies on the other. In doing so, she highlights how this ongoing and systemic racialization has involved not only the “dirty work” of tending to bodily needs, but much of the intensive emotional labour so closely associated with care (Nakano Glenn 1992).

Political and ethical articulations of care must attend to the histories, interlocking oppressions, and social hierarchies at play in political economies of care, as well as the specific forms of agency and organization fostered by those at the frontlines of the struggles at the heart of caring

relations. In this sense, I follow those who have critiqued the care ethical tendency to value bio-familial care over commodified caring services (Parreñas and Boris 2010) – a move which discounts the intensive forms of emotional and bodily labour performed by exploited care workers, the role of paid care work in buttressing the ostensibly private home, and the historical and actual non-primacy of the nuclear family in many people’s lives.

Together, these assumptions support and motivate my claim that care is not outside of or beyond violence and political transformation. The flip side of this is that the harms reproduced in caring structures and relations are not *intrinsic* to care as such, but features of social relations and norms that both moralize and devalue it along multiple and intersecting axes of oppression. “Dangers” such as paternalism and parochialism thus should not be construed as pathologies inherent to care, but as examples of historically specific harms corresponding, in large part, to contemporary social forms and institutions: e.g. cultural and familial chauvinism in the case of parochial care, and, in the case of paternalistic care, the individualizing narratives of responsabilization and deservingness at play in the allocation of ever dwindling assistance.⁸

At the same time, this structural violence impacts people’s lived experiences, intimate relations, and dispositional attunements to the world and others in ways that are not always apparent, especially to those in positions of power and privilege. This non-transparency of care poses deep political and ethical problems that can rarely be solved through individual intention alone. To illustrate this point, and the resultant need to deepen transformative orientations to care, I want to turn to a historical critique of empathy presented by Saidiya Hartman. The example I discuss comes from her *Scenes of Subjection: Terror, Slavery and Self-Making in Nineteenth Century America*, a text which charts, in stark and intimate detail, the “quotidian” terror that was routinized in daily life during this era of slavery and its immediate aftermath. Her examination of these routine cruelties, and the processes through which they were normalized, sheds unwavering light on the disavowed connections between liberal ideals of freedom and consent and the realities of subjugation and coercion – bringing attention to the impact of white supremacist violence not only on the public life and institutional practice of this culture, but on private experiences of selfhood and relation.

Hartman’s critical gaze lands in particular on the troubling ambiguities of white empathy during this time, which she illustrates through a discussion of the *Letters on American Slavery* composed by white abolitionist John Rankin. She questions the purpose and “complicated,

unsettling and disturbing” effect of a particular instance, where Rankin describes an imaginative identification with the position of an enslaved person, writing himself and his family into a fantasy of enslavement in an attempt to illustrate its moral harms. For Hartman, the “difficulty and slipperiness” of Rankin’s empathy, his “projection of self onto another in order to better understand the other [...] confounds Rankin’s efforts to identify with the enslaved because in making the slave’s suffering his own, Rankin begins to feel for himself rather than for those whom this exercise in imagination presumably is designed to reach” (Hartman 1997, 17-18).

Importantly, Rankin’s exercise was an attempt to mobilize empathy as a tool of abolitionist political and moral education. His aim was to elicit care for the plight of enslaved people, first from his slave-owning brother to whom his letters were addressed, and then, with their publication, from white Americans more broadly. But Hartman reveals how this endeavor was “complicated [...] by the fact that it cannot be extricated from the economy of chattel slavery with which it is at odds” (Hartman 1997, 21). Rankin’s “facile intimacy” belies his display of solidarity, for it also reenacts the erasure and complicity his sentiments were intended to mitigate. His gesture fails to relate to the other as other, or bear witness to their pain. Even if that was his intent, his care remains thick with the institutionalized violence he was attempting to use to dismantle it. Despite his abolitionist intentions, his empathy retained the relational contours of the white supremacy he dedicated his life to overcoming. In this sense, Rankin’s display of empathy was a contradictory manifestation of care.

Hartman’s discussion of Rankin has more than historical relevance. In the context of the above discussion, it demonstrates the dangers of positively valuing apparently natural attitudes of care and provides a stark example of how emotional patterns of caring attention and response – especially on the part of those in the position of oppressor – can reproduce deeply harmful dynamics, even in attempts at repair. However, elsewhere Hartman makes clear that her penetrating critique of the relational imprints of violence is ultimately in the service of those whose autonomous, insurgent, intimacies and desires were, and are, irreducible to it. This is most evident in her discussion of Black women’s “coerced and freely given” care, which she locates at the centre (“the belly”) of the world (Hartman 2016, 171). She notes that what Black women were forced to endure as caretakers of their enslavers and oppressors exceeds available political categories. Yet so do the freedoms they cultivated and harboured – the alternative

economies of nurturance,⁹ intimate imaginaries, and ways of living otherwise they made possible with their “brilliant and formidable labor of care.” Most crucially, these “forms of care, intimacy, and sustenance exploited by racial capitalism [...] are not reducible to or exhausted by it” (Hartman 2016, 171).

The quality of Hartman’s caring attention itself reveals something profound about the transformations at stake in learning to care in radical ways, and what this might ask of us and our living. She has spent years in the archive and on the streets, following vanishing yet indelible traces of the intimate lives and desires of individuals who the historical record only represents through the violence done to them. The historical counter-narrative that she weaves is itself a “beautiful experiment” (Hartman 2019) in caring otherwise. In her attention to the vast unknowns of their living, she hones new ethical and political sensibilities perhaps capable of meeting these others at the limits of knowing, and touching possibilities of their living which have not yet found a home in this world. It seems, in reading her work, that she feels these histories and people, accompanies them, and brings them into the circle of her care, while also letting them shape what that care is and can be.

2. Political Considerations on the Ethics of Care

To recall my argument as a whole, my aim is to illuminate the painful contradictions that shape and limit intimate relations and practices of care, the deep ethical and political problems this poses, and resultant need to place embodied ethical transformation and caring praxis at the center of radical movement politics. The critique of care ethics and its naturalization of care as a value which I develop in this section further motivates these problems and possibilities.

Calls for reforming ethics, or even reimagining society, based on the value of care tend to rely on what I term naturalistic/naturalizing epistemologies of care. That is, such approaches rely on generating normative and political value from features of care that are naturalistically conceived as intuitive dispositions and forms of attention involved in care as a species activity. While I am focusing on the care ethical tradition here, it is important to note that such approaches to care as a moral good or species activity are commonly assumed, and also, at least implicitly, inform much recent literature on care.¹⁰ To put it another way, I think that speaking to the *problems* of caring radically under conditions of entrenched and escalating structural violence requires complicating narratives that argue for a caring society on the basis of existing norms and relations of care.

The care ethical tradition in particular largely shares a consensus regarding not only the moral value of care, but the idea that this moral value derives from intuitive caring capacities such as attention, other-directedness, responsiveness, and receptive attunement. *Because* these dispositions or motivational attitudes are fundamental to effective care, most care ethicists take them to be naturalistically given moral goods. My claim here is that these relational dimensions of care are *themselves* often implicated in structures of violence that generate contradictions in caring practices – even and precisely at these intimate levels.

Joan Tronto speaks to these concerns with her *political* argument for an ethics of care. In calling for a more caring society, Tronto re-configures traditional boundaries of moral and political thought by centring the political *as well as* ethical value of care as a species activity. I articulate my argument below in conversation with Tronto in particular because, while I am sympathetic with her move to bring care from the margins to the centre of politics and her call for a more caring society, I believe her approach remains rooted in naturalized assumptions about care. I hope that my engagement with her work here thus motivates the need for critical and transformative – that is, radical – approaches to care, and the always already political realities of caring practices and dispositions themselves.

I agree with certain aspects of Tronto and Bernice Fischer’s famous definition of care: “On the most general level we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and repair our “world” so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life sustaining web” (Tronto 1993, 103). Given its scope and power, it is not hard to see why this definition is so commonly cited, and contested. In a broad sense, the definition, and analysis that follows from it, summarizes many care ethical positions in that: i) it defines care as an essential, life generating activity; ii) it moves from this *fact* of the matter to care as a robust moral *value*; and iii) it develops an ethics and politics stemming from the skills and practices of caring. While I agree with i), it is precisely care’s essential and life-generating capacities that lead to my divergence from ii) and iii). The very fact that care *is* so generative and fundamental to human life and meaning, and thus *cannot* be abstracted from social conditions and historical contingency, entails that we must be careful when deriving “oughts” from care’s ontological primacy. This leads to my issue with the third point: it is care’s ethical and political imbrication with existing social forms and institutions – the family

of course, but also medical, educational, private and public caring services, etc. – that leads me and others to call for more critical and transformative approaches to skills and practices of care themselves, as well as what it *means* to maintain, restore, and live as well as possible in our world.

Care ethics mark a radical departure from Western philosophy and its fixations on individual choice and action, or the generation of rules from rational moral principles. This ethics begins, rather, from the concrete needs of situated others, and generates a relational ethics from the values and practices of care involved in meeting such needs (Held 2006). In and of itself, this move to develop moral theory from the perspective and experience of *caring relations themselves* poses a deep critique of the methodological individualism and abstract calculations of the modern Western philosophical canon.¹¹ Perhaps deeper still, the move to ethically centre the feminized and privatized values and labour of care explicitly builds upon the feminist dictum regarding the political and social nature of the so-called personal and private dimensions of human life and world making. With its relational, experience based, and pluralist approach, as well as its interrogation of the gendered logics organizing social life and values, care ethicists fold emotional intelligence, responsiveness, and intersubjective attunement into the very fabric of ethics. The shift in the location, methods, and agencies of moral and political philosophy that they enabled in doing so cannot be overstated.

Even, precisely, in my disagreements with them, I pay homage to care ethicists, and the paradigm shift in ethics and politics they collectively engendered. While I critique even the most explicitly political care ethicists for inadequately politicizing care, I am also building on their foundational assumptions. And in some respects, political analysis *has* been integral to care ethics since its inception. Many care ethicists generate a politics of care from their ethical observations: Ruddick for example offers an early example of a politics of peace grounded in maternal care, and Gilligan overtly critiques the gendered dominations that lead to masculinist biases in moral psychology. There have also been developments in the theory, from the primacy given to dyadic, maternal caring to theorizing care in broader political and social registers. As Kittay points out, care is itself a *social and political value* and the question of who performs the labour of care is a social and political question (Kittay 1999, 1). Virginia Held likewise examines social and political questions in light of the values of care and offers suggestions for the transformation of society based on this analysis (Held 2006, 37).

With this move from personal, dyadic, and maternal understandings of care – largely rooted in Western, heteronormative notions of the nuclear family – to an understanding of care in its social and political context, the discourse of care ethics has also become more skilled at centering race, class, nationality, sexuality, and ability, and analyzing the complex situatedness of care (Engster 2007). However, even the nuanced and socially conscious perspectives offered by Held and Kittay ultimately derive their political critique from problematically equalized or universalized notions of caring. For Held, a robust moral theory of care ethics is grounded in what she understands to be the *universal experience* of care. Indeed, this universality is what justifies care’s place as the “most basic and most comprehensive value” (Held 2006, 3). Kittay’s dependency critique of liberal theories of justice presents an alternative to liberal theories of equality, grounded in the understanding that we are all “some mother’s child.” This equalizing maxim forms the basic assumption through which her well known concept of *doulia* is expressed and justified.¹² Thus, while Held and Kittay each theorize care on social and political registers and point to the need for political reforms that centre more just distributions of care, they both base this analysis on assumptions about a universal experience of care that sidestep the structural and systemic oppressions that deny people basic access to care, normalize abuse and neglect in existing caring structures, and/or exploit and extract the labour of care workers. Joan Tronto takes this political analysis a step further by offering an explicitly political argument *for* the ethics of care, grounded in a critique of power relations that deny care as a moral and political reality. Care, an essential element of human life, is also systemically devalued (Tronto 1993, 158). Centering care politically thus requires critiquing the structural relations and political norms that have led to this devaluation, which should itself “lead to a profound rethinking of moral and political life” (1993, 111).

Like Held and Kittay, Tronto self-consciously places her intervention within feminist history and praxis, as well as political theory. A central claim of her *Moral Boundaries* is that “in order to take morality seriously [...] we have to understand [moral arguments] in a *political* context” (1993, 3). This insight drives her political view of care and her re-construal of the moral boundaries that she claims preclude caring politics. Not only are morals political, but valuing care requires reevaluating morals in a way that politically and ethically centres an integral concept of care (1993, 101). However, rather than resort to an essentialized “women’s morality” traditionally associated with feminized norms, she claims that upholding the *value*

of these norms requires re-construing the limits demarcating moral and political thought: troubling the boundaries separating morality from its political and personal contexts, the public from the private sphere, and indeed morality and politics themselves.

According to Stephanie Collins, care ethics eschews the distinction between politics and morality *uberhaupt*: “Building on the feminist insight that the “personal is political”, care ethicists tend to believe experiences in our individual ethical lives must inform the principles that guide our political institutions, and that the nature of our political institutions condition possibilities within our individual ethical lives” (Collins 2015, 6). Tronto’s claim is more critical and transformative: rather than merely upholding the norms of intimate life and bringing them into conversation with questions of public and political policy, she asks the quasi-transcendental question “how might an ethic of care become possible?” which implies a *critique* of the moral boundaries and power relations that constrain care to the private sphere or recreate paternalistic and domineering tendencies in the allocating of caring services (Tronto 1993, 175).

This analysis has implications not only for political theory, but for the ethics of care itself, which “remains incomplete without a political theory of care” (1993, 155). Tronto’s argument is finally that “only if we understand care *as* a political idea will we be able to change its status and the status of those who do caring work in our culture” (1993, 158). This – understanding care *as* a political idea – rests on problematizing what she terms “morality first” accounts of care’s social and political value. It is not enough to simply export an unmediated notion of care into political life. Tronto is explicit in her critique of Noddings in this regard, who she views, following others, to have a dyadic, sentimentalized, account of care that refuses institutional and structural analysis. Viewing the morality of care as prior to politics is incompatible with a genuine critique *of* politics and morality, and ultimately re-inscribes the very divisions between the public and private, rational, and emotional, spheres that care ethicists are intent to shift and reconfigure.

Tronto’s aim is to place the value of care front and centre in policy and theory, while also addressing the social inequalities and power imbalances manifest in caring relations. Tronto calls for a more caring society on the basis of re-drawn moral boundaries grounded in the political *and* moral value of care as an integral species activity. “To recognize the value of care,” she claims, ultimately “calls into question the structure of values in our society” (1993, 180). Insofar as care is not a secondary and parochial concern, but central to, and constitutive

of, human life, we are obligated to take a critical stance on existing ethical and political norms, and ultimately to implement the value and practice of care at the centre of social and political institutions.

This is true, but is only half the picture. For Tronto, we must change the context in which we think about care, but we do not have to change care *itself*. Despite her intent to provide a political theory of care that moves away from the dyadic and sentimentalized notions offered by “morality first” notions of caring politics, Tronto ultimately rests on an uncritical and ahistorical acceptance of care *as* a value – specifically, the moral qualities of attentiveness, responsibility, competence, responsiveness in meeting other’s needs and the integrity of good care (1993, 127-136). “Because the practice of care is also a political idea,” she contends that her account “does not face the problem of trying to import a moral concept into a political order.” Rather, she contends, “the practice of care describes the qualities necessary for democratic citizens to live together well in a pluralistic society” (1993, 161-162).

Tronto’s understanding of the disposition and practice of good care *as* a political ideal still abstracts care from social relations which constitutively devalue and exploit it. While she explicitly draws attention to questions of power and difference in caring relations, and indeed to how “care is raced, gendered, classed” (1993, 112), she ultimately contends that moral boundaries and their social and political settings are what preserve this privilege and oppression. She thus does not question how relational dispositions and practices of care *themselves* often reproduce or invisibilize the very power imbalances she intends to address. Despite her compelling claims to the contrary, her call to move a holistically conceived notion of good care from the margins to the centre of politics thus still relies on an abstract and apolitical notion of care.

Tronto critiques both inequalities in care-giving relations and the norms and processes that exclude care from political and moral life. In doing so, she is bringing care into view *as* a constituent force of politics. But, insofar as her politics of care rests on *naturalistically* conceived values and dispositions of care, she ultimately *naturalizes* dimensions of care that are socially, culturally, and historically conditioned.

The devaluation, exploitation, and extraction of the caring labour of marginalized people, and systemic neglect of those in need of care, are not pathological deviations from an ideal of good care, but essential and fundamental conditions of the world as it is. Nor – to point to the same issue from the opposite angle – are dangers such as paternalism and/or parochialism inherent

to care itself. Countering such harms should involve complicating narratives that argue for a caring society on the basis of existing norms and relations of care – exporting feminized notions of care associated with the nuclear family into the public sphere, for example, but also questioning the more widespread tendency to generate caring ethics and politics from naturalized caring dispositions (e.g. attention, receptivity, responsiveness, other-directedness) or a de-contextualized transparent self. Rather than assume them *a priori*, we might inquire about the social and political forces that shape or attenuate what we *mean* by such caring capacities, encourage their hyper-development or atrophy, or direct them towards some and away from others.

The very feminist politics that care ethics draws upon and richly elaborates calls for political orientations to those layers of experience and social practice excluded by dominant understandings of the political. The same goes for care: like gender, the epistemologies, practices and dispositions of care are not natural attitudes but socially and materially contested sites of struggle and transformation. Care is political all the way down, and *thus* appears as a natural morality. This is to flip the script of care ethics, but in a way I believe is consistent with its most radical and visionary impulses.

3. The Care Cadre

As I noted at the beginning of this article, my thesis concerning the non-transparency of care and resultant need for collective and embodied approaches to its transformation, originated in the beauty and failures of a project on radical care, which we lovingly and ironically termed the “Care Cadre.” In discussing my takeaways from this project, I want to emphasize that I am speaking from my own experience, not for this collective or any other. This itself is a limitation: this article would have perhaps been more compelling, and certainly more consistent, if it were collaboratively written. Moreover, the very contradictions I am pointing to present the danger that my engrained patterns of relating – rooted, for example, in my whiteness, US citizenship, feminization, and/or economic precarity – might lead me to misrepresent what happened or hinder the conversations I hope to invite in speaking about it. These risks notwithstanding, I conclude with this intimate organizing experience for several reasons. First, to honour this collective, the work we did, and its profound impact on this writing. Second, to present a specific vantage point on the obstacles that care’s living contradictions present even to organized efforts to practice care in politicized and transformative ways. Finally, as a performative

attempt to motivate the need for collective praxis in developing political and ethical approaches to care capable of confronting these obstacles.

The group formed in New York in 2015 in response to the failure of our radical Left political communities to address specific incidents of sexual violence – violence that recent feminist movements such as #metoo have shown to be endemic to groupings and institutions across ideological and other social spectrums. It was an intimate but not small group of people, fairly diverse in terms of race, class, ability, sexuality, and nationality, and the majority of the group identified as women. Most of us did not know one another prior to the group’s formation, but we largely shared an anarchist, queer, feminist, and anti-colonial ethos, and considered care to be integral to our political activism and work in the world. While we largely ended up facing inward toward group formation and process rather than external political action, the latter remained an important goal. We met at least once a month for about two years.

Our organizing centred on the question of what a *militancy of care* might look like as a component of feminist organizing. I now conceive of this question as an emergent yet guiding theme that we elaborated through ongoing co-creative process. It was not only the content of this question, but its form, that proved important in this regard: the project in many ways *was* an attempt to relationally inhabit the space opened by the urgent questions of care in our lives and communities. This militant inquiry, for example, informed our articulation of care as refusal – as a *no* – which became as fundamental to our praxis as questions of when, where, how, and for whom to provide care. In asking *how* our care might become, or might already be, a militant and transformative practice, we were also engaged in the social reproduction of struggle: striving to cultivate a relational container capable of holding each other’s pain, and of generating political power.

What emerged was a space of experimentation by and for radical care workers. We developed our collaborative methods as we went along – using freewriting and creative play to shed new light on old dilemmas, or cultivating ritual containers to bring a sense of the sacred to our work and to hold and process its intensity. In the process, we learned to meet specific needs as they arose, and to gradually build trust and a shared language to express what we were doing and why. Together, we honed our caring skills, and even maybe forged new ones. In small and halting, but also extremely powerful, ways we rendered visible, theorized, and politically

centred the invisibilized and devalued work we had all been doing for years in our political communities.

A word we used to describe the group was a *vortex* – an apt term to describe the magnetic swirl of intensity, the unruly pull of affinity and need, that allowed us to practice and theorize care in new ways. But as time went on, the very social fractures and unmet needs around which we so powerfully converged began to show up between us in ways that we did not yet have the wisdom or skills to address – and the spiral unravelled. My experience with this group led me to an embodied perception of how the contradictions of care run so deep as to hinder attempts, even on the part of skilled organizers, to address social injustice and intimate harm. It taught me that the honed capacities for care we bring to our politics and ethical praxis can be shaped and limited by the very forms of violence we seek to overcome. The question I was left with, and which lies at the heart of this inquiry, is *how* to generate transformative practices and cultivate sensibilities capable of holding and unwinding such painful contradictions, rather than succumbing to them, or being undone by their force.

This is a tender topic, but one that I believe touches the heart of care. Attending to this level of social shaping and wounding can be deeply uncomfortable, and requires culturally and community specific holding containers and modalities for interrogating power. In pointing to this terrain of intimate contradiction and struggle, my aim is not to make a universalizing or generalizing claim about people's experiences. My intent, rather, is to point to how experiences of care (giving and receiving), or lack thereof, shape the very contours of our sensory worlds and embodied relations to others. In this sense, my argument follows care ethical insights about the specific and relational nature of care, which, in its intimate pains and joys, can *only* be known from the inside. Such specificities include the skills and virtuosities of care, but also the personal and collective resistance strategies, protective mechanisms and deflections, and strategies of endurance that people develop in the face of intimate coercion, exploitation and neglect – as well as the alternative political economies, kinship networks, nurturance practices, and liberatory values that individuals and communities manifest in their cultures and practices of care.

Radical caring praxis is emergent in the sense that it is cultivated in response to the specific needs of the communities who mobilize it. I thus think it is the nature of such projects to refuse generalization, but this experience has led to my sense that developing responsive mutual-aid

and collective care structures to address community specific harms and needs – however limited, fleeting, and fraught with failure they may be – is a direct and generative way to bring new forms of knowledge, skill, and sensibilities to bear on the ethics and politics of care.

4. Answering the Call of Radical Care

To call upon Audre Lorde’s riddling metaphor, we cannot dismantle cultures built on the exploitation and devaluation of care with the tools used to build it. Although I hesitate to draw upon an idea so frequently applied and misused, I think it is helpful for situating these problems and possibilities of care. Lorde herself was specific about the role of intimate relational patterns and attitudes in maintaining the dominant order, as well as fostering new and more life affirming ways of living. For Lorde, “old blueprints of expectation and response” (Lorde 2007, 123) serve as master’s tools when they normalize violence and prevent genuine mutuality and nurturance across differences. Given how profoundly social organizations and divisions of caring labour trace social inequalities, I believe that we can take many existing norms and practices of care as paradigmatic instances of how such oppressive blueprints can live in our attachments and sensibilities. Such patterns of expectation and response are expressed – as she points out – in who cares for the children of whom during academic conferences (2007, 112), but also in unconscious and somatically engrained expectations about who should, or will, be disproportionately responsive to the needs of others, and who’s needs should, or will, be disproportionately responded to or neglected. *Because* care’s imbrication with structural violence runs so deep, such patterns can show up even in earnest attempts to confront them. And yet, for the same reason, transforming embodied practices of attention and response – forging new caring sensibilities and “new patterns of relating across difference” (2007, 123) – is a political task of urgent proportions.

It is difficult to forge new caring tools. Confronting the contradictions of care and developing new caring sensibilities requires intimate and collective learning – learning how to cultivate *new* blueprints of expectation and response; to develop new capacities to attune, discern, respond, and refuse; to unearth hidden histories of insurgent care; and to hold, again and again, the devastating ways our communities of care will almost inevitably reproduce the very sorts of harms they seek to remedy.¹³ Though we relate to them in so many ways, and from infinitely varied vantage points, these legacies of care remain restless within and between us. In Sara Ahmed’s terms, they are histories not yet finished with us. But neither the violence, nor the

freedom, at their core can be deciphered if we insist on viewing care as external to the vital struggles with which it is intimately bound.

While it is necessary to value care and work for a caring society, disentangling care from violence requires transformations in caring relations at both systemic and intimate registers. Politically and ethically transforming care at these levels is a multi-generational task perhaps inherently fraught with failure. As daunting as this is, there are infinite ways to begin anew, which over time might deepen mutual connection, fortify collective agency and purpose, and help to sustain the networks of mutual-aid and collective care needed for the coming crises (Spade 2020; Kaba 2020). There are, for example, many resources available for white people like myself to learn somatic awareness and relational techniques for addressing our tendencies to lash out, collapse in shame, or once again centre ourselves when faced with our racist blind-spots and complicities (Menakem 2017). We can form racial justice pods to support our transformation and avoid overburdening our BIPOC friends and political allies. Cis men can learn to see and acknowledge the care of feminized people, expand their capacities for feeling and expressing emotions, and share in the burdens and pleasures of caring labour. They can form groups, and agree to hold each other accountable to transforming rape cultures. Such endeavours can, and already do, form integral parts of larger social movements.

The question of *how* to collectively care for each other and ourselves in the shadows of structural violence is an open and living one. But there are many models to learn from. In innumerable ways, and on massive and micro scales, people are radically responding to individual and community needs and desires, and forging new and more survivable ways of living at the margins. Such practices of community care are a necessary condition of sustained and sustaining social movements, and indeed often constitute their most revolutionary, if threatened, edges.¹⁴ In the US, examples such as the Black Panther Party's Survival Programs, AIM's (The American Indian Movement's) survival schools, the queer healing modalities arising out of the AIDS crisis, the care webs developed by disability justice activists and queer and trans communities, and the politics of care which, according to Deva Woodly (2022), is the most unique and radical feature of the political philosophy guiding the Movement for Black Lives, all provide examples of care's essential role in radical social transformation. These legacies of care, too, leave their traces upon the conditions of our living. Their call is heeded in concrete and ongoing ways by queer, BIPOC, migrant, poor, sex working, and disabled individuals and

communities – and so many others – whose radical caring, while under constant threat, reveals glimpses of living otherwise.

Joan Tronto insists that care is definitively not a master's tool (Tronto 2014, 226). I believe that it can be, and also a revolutionary one. My argument has been that our ethical and political practices of care must themselves be adequate to the violent contradictions, as well as the revolutionary possibilities, of care. This is an inevitably situated and complex affair. My hope is that this writing may speak to these problems and possibilities in caring ways that gesture beyond the limits of its author, and toward the collective genesis and ongoing work of care so central to the survival and healing of communities of struggle, historically and in the present.

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Notes

1] This reference is to the concluding lines of Audre Lorde's "Age, Race, Class and Sex: Women Redefining Difference:" "We have chosen each other/and the edge of each other's battles/the war is the same/if we lose/someday women's blood will congeal/upon a dead planet/if we win/there is no telling/we seek beyond history/for a new and more possible meeting" (Lorde 2007, 123).

2] See for example Engster (2007), Feder Kittay (1999), Held (1997), Ruddick (1995), Tronto (2004).

3] I use the term 'radical' in both the critical and revolutionary senses of the word, to name the intersectional oppressions at the root of social organizations and divisions of caring labour, as well as the essential and integral role of care in the cultural and social reproduction of autonomous and resistant forms of kinship and community. Furthermore, because of its influence on the claims and methods that I develop in this article, it feels important to include a discussion of this collective here. However, for reasons of confidentiality and consent, I do not discuss the specifics of our relational dynamics. I am aware that this generalization also poses ethical and political problems, and did not take this decision lightly. I want to thank to the editors for encouraging me to develop the

below section on the collective dimensions of my research, and for their wise council in deciding how best to do so.

4] “Rather than romanticizing care or ignoring its demons, radical care is built on praxis. As the traditionally undervalued labor of caring becomes recognized as a key element of individual and community resilience, radical care provides a roadmap for an otherwise” (Kawehipuaakahaopulani Hobart and Kneese 2020, 13).

5] My contribution here is deeply informed by traditions of transformative justice and politicized somatics, and my work with the Institute for the Study of Somatic Sex Education. The following is a limited bibliography of resources on transformative justice, politicized somatics, and some intersections between them.

Online Resources: Transform Harm.Org: <https://transformharm.org/>; Just Practice’s Steps to End Prisons and Policing: A Mixtape on Transformative Justice: <https://just-practice.org/steps-to-end-prisons-policing-a-mixtape-on-transformative-justice>; Creative Intervention Toolkit: <https://www.creative-interventions.org/wp-content/uploads/2020/08/CI-Toolkit-Final-Section-1-Introduction-Aug-2020.pdf>; Barnard Center TJ Video Series: <https://bcrw.barnard.edu/videos/>; Building Accountable Communities: <https://www.accountablecommunities.org/>; Caffyn Jesse, Ethics for Outlaws Project: <https://www.erospirit.ca/ethics/>; Generation5 Handbook: <http://www.generationfive.org/wp-content/uploads/2018/08/g5-Transformative-Justice-Handbook.pdf>; Mia Mingus on Pod-mapping and Giving Apologies: <https://leavingevidence.wordpress.com/2019/12/18/how-to-give-a-good-apology-part-1-the-four-parts-of-accountability/>; <https://leavingevidence.wordpress.com/2019/12/18/how-to-give-a-good-apology-part-2-the-apology-the-what-and-the-how/>;

<https://batjc.wordpress.com/resources/pods-and-pod-mapping-worksheet/>; Kai Cheng Thom, “So You’re Ready to Choose Love”—Free Conflict Resolution Workbook <https://ariseembodiment.org/free-workbook/>

Books, Articles, Documentaries, Podcasts: brown, adrienne mariee. *Emergent Strategy: Shaping Change, Changing Worlds*. 2017. Chico: AK Press; Chen, Ching-In and Dulani, Jai and Lakshmi Piepzna-Samarasinha, Leah, eds. *The Revolution Starts at Home: Confronting Intimate Violence within Activist Communities*. 2011. Brooklyn: South End Press; INCITE! Women of Color Against Violence, ed. *Color of Violence: The Incite! Anthology*. 2006. Cambridge MA: South End Press; Dixon, Ejeris and Lakshmi Piepzna-Samarasinha, eds. *Beyond Survival: Strategies and Stories from the Transformative Justice Movement*. 2020. Chico: AK Press; Haines, Staci. *The Politics of Trauma: Somatics, Healing and Social Justice*. 2019. Berkeley: North Atlantic Books; Hemphill, Prentis. *Finding Our Way* Podcast. <https://www.findingourwaypodcast.com/>; Jesse, Caffyn. *Elements of Intimacy: The Dance of Loving Connection*. 2019. Self-Published; Kaba, Mariame and Shira Hassan. *Fumbling Towards Repair: A Workbook for Community Accountability Facilitators*. 2019. Published by Project NIA and Just Practice; Kaba, Mariame. *We Do This Till We Free Us: Abolitionist Organizing and Transforming Justice*. 2021. Chicago: Haymarket; Lakshmi Piepzna-Samarasinha, Leah. *Care Work: Dreaming Disability Justice*. 2018. Vancouver: Arsenal Pulp Press; Simmons, Aishah Shahidah. No! The Rape Documentary. <https://no-therapedocumentary.org/home>; Thom, Kai Cheng. *I Hope We Choose Love: A Trans Girl’s Notes From the End of the World*. 2020. Vancouver: Arsenal.

6] According to Evelyn Nakano Glenn, “The social organization of care has been rooted in diverse forms of coercion that have [...] tracked poor, racial minority, and immigrant women into positions entailing caring for others.” (Nakano Glenn 2010, 5).

7] See Rhacel Salazar Parreñas’s study of the the global migration of Filipino domestic workers for a thorough and careful account of both the structural violence at play in international care chains (the lack of labour and citizenship protections, the harsh exploitations of this unregulated market, migration fees, and risks of abuse, dislocation and isolation), as well as the agency and private desires the women she interviews bring to this work.

8] For Joan Tronto, parochial care is a “way to excuse the inattention of the privileged” (Tronto 1993, 146) and paternalistic care is care “in which care givers assume that they know better than care receivers what those care receivers need” (Tronto 2010, 161).

9] On the revolutionary role of African American women’s motherwork see hooks (1990) and Gumbs and Martens (2016).

10] While the following influential authors develop incredibly important and nuanced perspectives, they do not fully account for the impacts of power dynamics on people's lived experiences of, and capacities for, care, or the need for transformative political and ethical approaches that address them. In their *Care Manifesto*, the members of the "Care Collective" (Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal-call) call for a "politics that puts care at the centre of life." Their definition is rich and expansive, including affective, material, social, and ecological dimensions: care, for them, is "a social capacity and activity involving the nurturing of all that is necessary for the welfare and flourishing of life. Above all, to put care centre stage means recognizing and embracing our interdependencies" (Care Collective 11). However, while they advocate for a notion of universal care in which "genuine care" and collective responsibility form the keynote of social relations at all levels, they offer only positive definitions of care as a good, and procedural approaches (e.g. better distribution and education) to how we might arrive at this goal. Maria Puig de la Ballacasa (2017) articulates an emergent, ecological, and speculative ethics of care that refuses normative and a priori notions of ethical agency in favour of a relational ontology based on interdependence and attunement, but she often lacks a critical and transformative, that is, political, approach to how power dynamics might fundamentally condition such co-emergence and relation, and thus how we might transform them in collective and politicized ways (Puig de la Ballacasa 2017; Ticktin and Wijsman 2017). Emma Dowling (2021) for her part articulates very helpful notions of the structural nature of the care crisis, the insidious austerity-based "care fixes" that further externalize care work onto marginalized people (32), and the ideologies and romanticizations of care that normalize and naturalize the allocation of care work along racialized, gendered, and national lines (70-72). However, while crucial, her structural analysis too tends to leave out the relational and ethical transformations that must be generated alongside and through structural changes if we are not to reproduce new forms of oppressive and exploitative power at interpersonal and institutional levels alike.

11] Virginia Held develops this emphasis on caring relations rather than individual actors, as well as its far-reaching implications for moral philosophy (Held 2006).

12] Kittay offers the following corrective to in response to Rosemary Tong's critiques of this implicitly leveling gesture. "In Love's Labor I try to promote a notion I call *doulia*, the public responsibility to provide support for the caregiver so that the caregiver can give care without depleting herself and her resources. I speak of the aphorism that might characterize the triadic concept of reciprocity embedded here: that what goes around comes around. But the aphorism seems sadly wrong – at least in our world. What's worse, it is precisely because of their caregiving labor that the women about whom Tong speaks are poor and unable to purchase the care they require as they age." (2002, 242).

13] Kai Cheng Thom gives a beautiful account of this painful phenomenon in her reflections on the reproduction of intimate harms in QTBIPOC communities (Thom 2020).

14] Caring elements of struggle are thus often subject to brutal repression from the State and reactionary forces. J Edgar Hoover's infamous characterization of the Black Panther Party's breakfast program as the greatest internal security threat to the US is a paradigmatic case in point.

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Biography

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