

Who Do We Care For?

The question of care—what constitutes care, who or what does or needs something called care, and why care fails—surfaced during 2020. Two situations unfolded synchronously, pushing care, which is so often marginalized, feminized, and racialized, onto the political agenda: the dramatically uneven and unequal distribution of care during the COVID-19 pandemic in which some lives were protected and others exposed to the virus; and the reminder of the ever-present lethal violence of racism, as news emerged of the brutal killings of George Floyd, Breonna Taylor, Ahmaud Arbery, and other Black Americans, leading to an uprising of protest about the mattering of Black life. As is now clear, forms of social abandonment that have long been known to affect vulnerability to ill-health—poverty, lack of access to healthcare and educational opportunities, racism, the traumas of forced migration—are asymmetrical, and therefore give rise to asymmetrical needs for care. When we are let down by social structures that are there to support us, the body suffers, but in its need for care it also makes a political demand. Bodies, in other words, are exposed differentially to overt harm or to death, but bodies also suffer ongoing inequalities that are unjust and demand redress.¹

The question “Who do we care for?” is therefore always a question of social justice, and care and violence, whether enacted through modes of abandonment or outright brutality, are bound to one another in complex ways. The philosopher Adriana Cavarero tells us that vulnerability to harm is not the same as helplessness. The human body is permanently vulnerable to wounding, as long as that body lives, whereas helplessness is contingent, circumstantial. Yet this permanent opening to wounding is also a permanent opening to care: “Irremediably open to wounding and caring, the vulnerable one exists totally in the tension generated by this alternative.”² Further, if we are wounded at the very point that care is needed then a certain kind of violence is enacted, a kind of horror. This is not just a social or political injustice, but also an ontological offence. When we open

1 See Judith Butler, *The Force of Non-Violence*. London and New York: Verso, 2020, p. 50.

2 Adriana Cavarero, *Horrorism: Naming Contemporary Violence*, trans. William McCuaig. New York: Columbia University Press, 2009, p. 30.

ourselves to another, or find ourselves open, or are compelled to make ourselves open, we expose ourselves to care and harm at the same point. Cavarero uses the infant as the paradigmatic figuration of this vulnerability, but in a (post-)COVID-19 world there are many others: keyworkers forced to work without protective equipment; imprisoned populations who already face shortened life expectancies; children who depend on school to provide the only meal of the day but find school indefinitely closed; women trapped in situations of domestic violence under lockdown; those living in enduring conditions of poverty who must make impossible choices between meeting basic needs and exposure to the virus; and, as has become increasingly clear in the global North, people of color—whether those working life-long in the UK health service where they represent almost half of all medical professionals, or those living in urban centers in the USA who have a higher likelihood of not being able to access health-care. Needing care whilst being vulnerable in these ways risks this particular form of wounding, and to inflict harm where care is needed is a violent act that destroys life's form.

What is care? Broadly speaking it is a set of psychosocial activities, a form of relational labor necessary not just for birthing and raising children, for sustaining and maintaining kinship groups and community connections, or enabling flourishing at the end of life, but for maintaining all systems that work against destroying life's form. Care is social reproduction in its widest sense, underpinning every aspect of capitalism's proliferation. Although we can and should pay close attention to the ways that states and economies "care" for citizens as much as we must understand the ways they are violent towards them, care nevertheless takes place at the level of the quotidian, the mundane everyday. There is little glamorous about care. Often it *takes too much time*, entailing the stilled, stuck, and suspended time of waiting, repeating, staying, returning, maintaining, enduring, and persisting.³ Care involves staying alongside others as time *fails* to unfold. When we overlook care that demands patience or is itself a practice that waits to see what giving time to a situation may bring, then we fail to think carefully about care. What we might say, then, is that care is bound up in particular ways with enduring time's suspension, and that it requires a form

3 See Lisa Baraitser, *Enduring Time*. London: Bloomsbury, 2017.

of knowing-about, or holding in mind the antithesis of care—failures to care, or the perverse pull to enact harm when care is most needed.⁴

“Care, caring, carer. Burdened words, contested words.”⁵ The line comes from Maria Puig de la Bellacasa’s essay “The Disruptive Thought of Care.” To address the question “Who do we care for?” we need to think through the question Puig raises about the relation between care and thinking, and the question of burden and contestation in relation to care. First, is care a practice of thought, an activity not only captured by its material and affective dimensions but by a form of “care-ful attention” that can bring on new ways of thinking? If so, what are the implications of mindful care, care with a history or memory, for instance; care, as Christina Sharpe puts it, which is both wakeful, conscious, aware, and yet chooses to stay in the wake of histories of trauma, particularly of racial trauma?⁶ In what ways does care itself disrupt thought? Secondly, whom does care burden, and who and what contests care? How does one “contest,” in a political sense, “carefully”? What do careful protest, careful revolt, and careful disruption look like? If care requires the capacity to go on, are care and rupture antithetical? And how do we understand social, political, or even psychic change through the endurance of the more monotonous and dull temporalities of persistence, preservation, staying, or holding, of waiting, and then waiting some more?

The global COVID-19 pandemic has highlighted what was already in plain sight: There is a structural problem with care in the current conditions of global capitalism, which maps onto a psychosocial tendency to deny dependency and the need for care. Dependency, Judith Butler reminds us, does not diminish with time. We are all born into a situation of radical dependency that we never outgrow, even as dependency is exacerbated for some

4 See Lisa Baraitser and Laura Salisbury, “‘Containment, Delay, Mitigation’: Waiting and Care in the Time of a Pandemic,” *Wellcome Open Research* 5-129 [online] <<https://wellcomeopenresearch.org/articles/5-129/v2>> accessed September 22, 2020.

5 Maria Puig de la Bellacasa, *Matters of Care: Speculative Ethics in More Than Human Worlds*. London and Minneapolis, MN: University of Minnesota Press, p. 1.

6 Christina Sharpe, *In the Wake: On Blackness and Being*. Durham, NC: Duke University Press, 2016.

more than it is others.⁷ Structurally, however, care is “in crisis” in the global North, and this crisis is an expression of the reliance of financialized capitalism on social reproduction that operates as its own internal limit.⁸ Capitalism, Nancy Fraser argues, has its own “crisis tendency,” which manifests currently as strains on care systems. On the one hand, social reproduction props up and sustains capital accumulation. It reproduces the next generation of consumers and workers and maintains the material conditions that allows capital to extract profit from living labor. On the other, capitalism’s tendency towards unlimited accumulation constantly destabilizes the very process of social reproduction that guarantees its future. It fails to support or recognize care because it is not easy to make care more productive or efficient. It is time-consuming and shows up in capitalist terms as “useless,” non-productive, and wasteful, running contra to the relentless drive towards profit and innovation. From this perspective, care, crisis, and capital are permanently entwined. Capitalism cannot do without care, any more than it can function outside the temporality of crisis. And as care must operate within the logic of capital, therefore, it is vulnerable to both permanent crisis, and capitalism without end.⁹ If care is to disrupt thought (especially the denial of the fact that it is permanently needed), it would have to disrupt permanent crisis, and be able to offer an alternative temporality in which to think differently. It cannot simply mop up crisis. Burdened thoughts, contested thoughts indeed.

Permanent Crisis

The problem with positioning care as what mops up crisis is that care strategies which respond to crisis only lead to more crisis rather than a genuine alternative to the current situation. Janet Roitman unfolds

⁷ Butler, *The Force of Non-Violence*, p. 41.

⁸ Nancy Fraser, “Contradictions of Capital and Care,” *New Left Review*, no. 100 (July/August 2016), pp. 99–117 <<https://newleftreview.org/issues/II100>> accessed January 4, 2019.

⁹ Lisa Baraitser and William Brook, “Watchful Waiting: Crisis, Vulnerability, Care,” in Victoria Browne et al. (eds), *Vulnerability and the Politics of Care: Transdisciplinary Dialogues* (proceedings of the British Academy). London and New York: Oxford University Press, forthcoming 2021.

this as a logic of crisis rather than a logic of care.¹⁰ Our word crisis comes from an Ancient Greek word, *Krino*, which medics used to indicate a turning point in a disease where life and death were in the balance and a decision had to be made. It originally implied a form of judgement entailing a separation between one state and another. Yet, by the end of the eighteenth century, the term had shifted from a decisive judgement to a protracted social and political condition, the permanent oscillation between the crisis and strategies for “anti-crisis.”¹¹ Historical awareness in European cultures—the awareness of a past that is not the time of the present or the future—emerges as a kind of “crisis” or judgement of time itself, a situation in which *Neuzeit* or the modern era is by definition separated from the past and orientates towards an open future. This is a process deeply intertwined with colonialism, empire, and the control of women.¹² “White time”¹³ comes to dominate other temporal organizations of the world; cosmic time, geological time, soil time, indigenous time, women’s time, queer time, to name a few. Care disrupts the thought of permanent crisis when it remembers or pays attention to the multiplicity of temporalities displaced by white time.

Roitman reminds us that crises which feel at the time to be turning points of history (she uses the example of the 2008 financial crash, but we could add the COVID-19 pandemic and the ecological catastrophe set in motion during the early decades of the Anthropocene), determine what are established as historical events per se. Historical consciousness means specifically that time is not understood

10 Janet Roitman, *Anti-Crisis*. Durham, NC: Duke University Press, 2014.

11 Roitman draws on Reinhart Koselleck’s conceptual history of crisis. See Reinhart Koselleck, “Crisis,” *Journal of the History of Ideas*, vol. 67, no. 2 (2006), pp. 357–400.

12 See Dipesh Chakrabarty, “The Climate of History: Four Theses,” *Critical Inquiry*, vol. 35, no. 2 (2009), pp. 197–222; Giordano Nanni, *The Colonisation of Time: Ritual, Routine and Resistance in the British Empire*. Manchester and New York: Manchester University Press, 2012; and Silvia Federici, *Caliban and the Witch: Women, the Body and Primitive Accumulation*. New York: Autonomedia, 2004.

13 Charles W. Mills, “White Time: The Chronic Injustice of Ideal Theory,” *Du Bois Review: Social Science Research on Race*, vol. 11, no. 1 (2014), pp. 27–42; and Charles W. Mills, “The Chronopolitics of Racial Time,” *Time & Society*, vol. 29, no. 2 (2020), pp. 297–317.

just as a medium in which histories take place, but that history is a temporality upon which one can make a judgement—one can “diagnose” what has gone wrong in the past and therefore act upon it.¹⁴ The more historically conscious “we” become, the more we feel in crisis, Roitman tells us, and this provides the moral imperative to act now in the name of the future, to put right what has gone wrong. However, in *Neuzeit* the terrible paradox is that we can only lurch from crisis to crisis as the very condition of the contemporary. To be in the “now” is to live in the suspended time of prognosis. Crisis narratives themselves cannot produce alternative narratives or histories, as by definition, they are forms of judgement or critique. How, then, can we think of a future without crisis? Roitman asks, “How can we imagine that which fundamentally *excludes* our judgement, that *which calls for no decision*?”¹⁵

Perhaps our capacity to imagine that *which calls for no decision* can be understood as a practice of care? Perhaps care is a form of mindfulness or concern that precisely suspends the time of decision, the insertion of inaction within the time of crisis. Understood in this way, care would open up a different kind of time from *Neuzeit*, a form of “waiting time.” Indeed, Achille Mbembe has written about the universal right to breathe during the COVID-19 pandemic and how the hiatus produced by the pandemic necessitates another kind of hiatus, one that suspends white privilege and the ongoing inequalities of the world:

At this juncture, this sudden arrest arrives, an interruption not of history but of something that still eludes our grasp. Since it was imposed upon us, this cessation derives not from our will. In many respects, it is simultaneously unforeseen and unpredictable. Yet what we need is a *voluntary cessation, a conscious and fully consensual interruption*. Without which there will be no tomorrow. Without which nothing will exist but an endless series of unforeseen events.¹⁶

14 Janet Roitman, “The Stakes of Crisis,” in Poul F. Kjaer and Niklas Olsen (eds), *Critical Theories of Crisis in Europe: From Weimar to the Euro*. London and New York: Rowman & Littlefield, 2016, pp. 17–34, here p. 19.

15 Ibid.

16 Achille Mbembe, “The Universal Right to Breathe” trans. Carolyn Shread, in *Critical Inquiry*, “In the Moment,” blog (April 13, 2020) <<https://critinq.wordpress.com/2020/04/13/the-universal-right-to-breathe/>> accessed July 18, 2020.

A series of unforeseen events is not a future. Although Mbembe's call may appear to be to "do nothing," a collective consensual cessation may allow "crisis" to operate as a non-place in the formulation of the question (What has gone wrong?) in order to open up the possibility for a future, for "something else," to emerge.

Depressing Time

What are the conditions in which we may be able to bear a collective interruption necessary to establish the universal right to breathe? The Invisible Committee suggests that in conditions of "crisis capitalism" the majority of the world's population are kept in a "chronic state of near-collapse" making it difficult to either stop or go on, but instead instilling a kind of staggering-on in a depleted exhausted manner.¹⁷ In these conditions one could at least imagine a collective diagnosis of crisis, which might then give rise to some form of collective action, a coming together of all those who suffer from the current crisis in the technosphere, although to do so would require contending with exhaustion and depletion. To "stop" surely means collectively to bear these feelings, understood as atmospheres, or "structures of feeling"¹⁸ that organize a historical era. Affective regimes can of course be countered by mobilizing opposing affects; exhaustion could be tempered, for instance, by hope. A. T. Kingsmith describes the potential of "reactive affects" to produce collective action.¹⁹ Whilst capitalism pushes populations to take on anxiety and fear, to accept individual responsibility for collective crises such as rampant inequality and climate emergency, so activism could mobilize anxiety more collectively, interrupting its dominant construction and its debilitating effects on individual lives. Then outrage could replace fear and anticipation, or hope could replace sadness.²⁰ Yet, I worry that even affective anti-crisis will only lead to more crisis, rather than

17 See The Invisible Committee, *Now*. New York: Semiotext(e), 2017.

18 Raymond Williams, *Marxism and Literature*. Oxford: Oxford University Press, 1977.

19 A. T. Kingsmith, "We the Affectariat: Activism and Boredom in Anxious Capitalism," *Rhizomes: Cultural Studies in Emerging Knowledge*, no. 34 (2018), <http://www.rhizomes.net/issue34/kingsmith/index.html>, accessed January 4, 2019.

20 Ibid.

the elusive emergence of “something else.” I would suggest instead that “something else” emerges in a rather counterintuitive way if we begin to think through the potentials of engaging with depression and de-pressing time.²¹ Collectivizing depression would not entail replacing it with hope but sharing the exhaustion and depletion. De-pressing time would be less about slowing the frenetic rush of capitalist time and more about taking care of what COVID-19 has taught us: that the interruption of unequal life forms requires time’s suspension, the collective, fully consensual interruption of how things have been whilst sidestepping the impulse to “fix” the crisis.

The English psychoanalyst Donald Winnicott makes a distinction between the *depressive position*; *depressive mood*; and *depression as illness*.²² The depressive position is a psychoanalytic term for a state of mind in which we come to accept some responsibility for wanting to attack and harm the very same thing we love and depend on. It describes the capacity for ambivalence and mourning. A depressed mood can only be experienced if the ego has some rudimentary structure, some psychosomatic unity or what Winnicott calls “unit status.” “Something” has to feel depressed. If this “something” is intact then depression can come to have meaning and value, so much so that within the experience of depressed mood one can access the seeds of recovery. Depressive illness, on the other hand, represents a breakdown of the processes that might enable the achievement of depressed mood. The clinical condition termed “depression” is associated with sensations of depersonalization, hopelessness, exhaustion, depletion, and futility. These affects belong to the psychic time that lies outside the capacity for concern, a time before the things to come matter to us. And the capacity for concern relates to the fate of our own destructive, violent, and aggressive impulses towards that which we love and depend on—it is premised on whether the loved object does or doesn’t survive our psychic attacks. Paradoxically, a patient in psychoanalytic

21 For an extension of this argument see Laura Salisbury and Lisa Baraitser, “Depressing Time: Waiting, Melancholia, and the Psychoanalytic Practice of Care,” in Elisabeth Kirtsoglou and Bob Simpson (eds), *The Time of Anthropology: Studies of Contemporary Chronopolitics*. London: Routledge, forthcoming 2021.

22 Donald W. Winnicott, “The Value of Depression,” in *Home Is Where We Start From: Essays by a Psychoanalyst*. New York: W. W. Norton & Company, 1986, pp. 71–79.

treatment can only recover from a depressive illness if the analyst gets to know something about their *own* depression—we could say a *collectivized* depression. Knowing something about depression means that depression has held some meaning and has value through experiences of the survival of the analysts' own objects, internalized as rudimentary structure or form for what we could call “drive,” or “life.” Therefore, “life form” in this psychoanalytic sense is the capacity for depressed mood, as distinct from depressive illness. De-pressing time describes a capacity to go on knowing about crisis but without moving into anti-crisis, without attempting manic repair. Instead, the task might be to foster forms of connection that hold together care and violence so that they can know about one another; waiting with, enduring with, staying with, staying alongside, through the continual capacity to suspend judgement. This is less the time of indecision and more the time of *suspended* decision.

The turn to the clinic rather than the social or political scene is always a little uncomfortable. Time on a psychoanalytic couch day after day is perhaps a preeminent example of a “waste” of time in capitalist terms, a class-bound anachronistic practice well past its sell-by date. But I would suggest that the long, ongoing, relentless, working through of the double yet disjunct time of the analyst's and patient's depression may be oddly suggestive for attempts to think about how to stay in the hiatus that Mbembe is suggesting. In knowing about their own depression, the analyst's position is not to convince anyone of anything. This lifting of judgement and decision allows a form of repetition that may look like dead or depressed time—repeatedly going over the same old things—but is a way of “working through” time. It is not exactly anti-hope, but it is about being in a space that is outside of crisis and anti-crisis, the time perhaps of “something else.”

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