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Caring Politics

We begin by developing our radical vision of a caring world with our notion of a caring politics, in which care is both extensive and capacious, while traversing difference and distance. This is because care capacities and practices take different forms on each scale and in different dimensions of our lives. Our opening premise is that we must first and foremost recognise our mutual interdependencies and the intrinsic value of all living creatures. In doing so we draw on the insights of a host of feminist thinkers, including political theorists such as Joan Tronto who distinguishes between ‘caring for’, which includes the physical aspects of hands-on care, ‘caring about’, which describes our emotional investment in and attachment to others, and ‘caring with’, which describes how we mobilise politically in order to transform our world.¹ But these distinctions do not do justice to all care capacities and practices in their many diverse configurations and manifestations. Nor do they account for the paradoxes, ambivalences, and contradictions inherent in care and caretaking.

We therefore draw on a much wider range of thinkers and activists in order to sketch our understanding of care. This means moving back and forth from notions of proximate physical and emotional care, through theorising caring infrastructures and the nature of an overarching politics of

care, to conceptualising care for strangers and distant others. To think of care as an organising principle on each and every scale of life, we argue that we must elaborate a feminist, queer, anti-racist and eco-socialist perspective, where care and care practices are understood as broadly as possible.

Dependency and Care

One of the great ironies surrounding care is that it is actually the rich who are most dependent on those they pay to service them in innumerable personal ways. Indeed, their status and wealth are partly signified by the number of people they rely upon to provide constant support and attention, from nannies, housemaids, cooks and butlers to gardeners and the panoply of workers outside their households who service their every need and desire. Yet this deeprooted dependency remains veiled and denied so long as the very wealthy retain their full sense of agency, having the capacity to dominate or sack and replace those who care for them. However, the affluent project their own dependency onto those they pay to care for them, altering the meaning of dependency to make it synonymous with the economic subordination of those reliant on the paltry wages of caring work, while refusing to admit their own enduring need for care.

At the same time, in many countries those who should feel most *entitled* to care, such as the chronically ill, often report punitive humiliation when needing to make claims on the state, as though claimants must always be made to feel bad on some pretext or another.² We know from statistics released by the Department for Work and Pensions itself that in the UK, for instance, thousands have died after being declared fit for work. Even those needing short-term assistance while seeking work have been routinely subjected to intimidatory disciplinary regimes, with profoundly damaging psychological consequences which mental health workers have denounced. Dependence on care has been pathologised, rather than recognised as part of our human condition.

Why are these forms of interdependencies, and care itself, continually devalued and even pathologised?

One reason has to do with how autonomy and independence have historically been lionised in the Global North and gendered 'male'. Indeed, notions of unfettered male autonomy and independence remain symbolic of 'manhood', defined primarily in opposition to the 'soft', caring and dependent world of domesticity. Historically and to this day there is pressure on men to display a distinct and authoritative manhood, stoked in recent times by a wounded, sexist backlash to feminism. The dangers of this emaciated form of authoritative masculinity are only too apparent today. Awareness of its potential pathologies, seen in men's higher rates of suicide and of aggressive or irresponsible behaviour, has done little to displace these destructive masculine archetypes. It is no coincidence that the vast majority of mass shooters in the US are men – and white men at that – or that many have histories of violence directed at women. The problems stem, to a considerable degree, from their fears of displaying those figuratively feminine traits of frailty and weakness (and often manifest differently across class, age, race and battles for status within and between those occupying other hierarchies of power). In both past and present, men have frequently been punished for being 'less masculine', rather than encouraged to care and acknowledge their own dependencies.

Thus, care has historically been undervalued because it has been associated with the 'feminine' and with caretaking, which is understood to be women's work, tied in with the domestic sphere and women's centrality in reproduction. The conception of familial space and domesticity as a sphere of reproduction rather than production makes it all the easier for caring labour to be routinely exploited by the market, whether in the form of underpaid care workers or in its continuing reliance upon women's unpaid labour in the home. The assumption of women's caring nature also has a very long history, manifested in diverse ways over time. In the 1950s and 1960s, women were bombarded with images of the Happy Housewife and

enveloped in the ideology of what Betty Friedan famously called 'the Feminine Mystique'. These views about women's natural caring capacities surrounded all those white Western women who became full-time housewives once they married – who themselves, perhaps, simply saw housekeeping as their expected role after marriage. One of the chief goals of second-wave feminism was not just to expose the high levels of loneliness, frustration and melancholy among many of these housebound women, but also to insist that raising children and domestic servicing are indeed forms of (often exhausting) work, no matter how willingly women might embark upon motherhood or perform the general caring and household labour.

However, times change, and sometimes rather fast. Today, there are almost as many women as men in the paid workforce in the Global North, often working ever longer hours to secure adequate financial resources for themselves and their families. As an increasing number of women have left the confines of the home and entered employment, we have seen the developing care crisis mutate and change shape. For many women, paid work has not only meant participation in the public sphere, it has also greatly increased the double burden they shoulder – the double burden of paid labour and unpaid domestic work which many working-class women have *always* carried. While statistics show that men overall are 'helping more' than previously in the home, the disparity in the amount of domestic labour carried out by men and women remains stark. Moreover, for women with slightly more resources, relieving the double burden has meant employing other women, predominantly poor, immigrant, and non-white women to shoulder the bulk of caring labour, particularly domestic servicing. This has in turn facilitated exploitative transnational care chains where women from the Global South migrate to the Global North to find jobs as care workers, often leaving their own children to be looked after by others. Racism thus combines with gender and global inequality to devalue the labour of care, ensuring the low pay and frequent exploitation of so many care workers, however essential and precious their caring labour is to their employers.

In Nancy Fraser's persuasive formulation, the traditional 'male breadwinner' model has thus been replaced with a more recent 'universal breadwinner' model, where both parents are encouraged or even compelled to *overwork* full-time. However, this does not have to be the solution. We fully support what Fraser calls the 'universal caregiver', where both parental care and equal opportunities in the paid workplace are valued.³ But we also want to take this theory of care further, to promote the idea of 'universal care': the ideal of a society in which care is front and centre at every scale of life and in which we are all jointly responsible, for hands-on care work as well as the care work necessary for the maintenance of communities and the world itself. In practice, this does not mean that 'everyone has to do everything'. But it does mean cultivating and prioritising the social, institutional and political facilities that enable and enhance our capacities to care for each other and to restore and nurture rather than pillage the natural world. Prioritising and working towards a sense of universal care – and striving to make this common sense – is necessary for the cultivation of both a caring politics and fulfilling lives.

Ambivalences of Care

Of course, putting care front and centre at every scale of life will generate many challenges. The very concept 'care' overflows with paradoxes and ambivalence. Indeed, the distinctions between caring for, caring about, and caring with – which feminist scholars such as Tronto have developed – are useful, but do not account for the conflicting emotions that are inevitably part of different forms of care. Compared with similar complex, emotive terms such as courage, love or anger, the notion of care is rarely given due respect or attention. Even its mythic and etymological routes are tangled. The word care in English comes from the Old English *caru*, meaning care, concern, anxiety, sorrow, grief, trouble – its double meanings clearly on display. This reflects a reality where attending fully to the needs and vulnera-

bilities of any living thing, and thus confronting frailty, can be both challenging and exhausting. For instance, hands-on caring, however rewarding, also put us in contact with what may be the most daunting, even at times the most seemingly repellent or shameful, aspects of people's mortal, embodied selves. It is perhaps reassuring for many to pretend that those who perform the jobs that most disgust us, perhaps literally cleaning up our own or another's excrement, do so because 'that is all they are good for'. This is another reason why caring has been traditionally relegated to the domain of women, servants or others deemed inferior, while simultaneously serving to reinforce the notion of that inferiority – precisely because they are thought to be more suited to handling 'abject' flesh, the sign of our inescapable corporeal existence and hence of our mortality.

Sympathy and solicitude, like all other human emotions, always fluctuate, frequently at odds with other needs, desires, and affective states – such as the drive for personal gratification and recognition – or entangled with feelings of guilt or shame. The challenges of care, and in particular anxieties over whether it is being given well or even adequately, not to mention its devaluation, can easily fuel resentment or aggression in caring relationships, even in those often mythologised as exemplary. This is why feminists, such as Rozsika Parker in her classic text *Torn in Two: The Experience of Maternal Ambivalence* (1995) emphasised the importance of recognising the confused and contradictory emotions mothers have towards their children. Indeed, she sees recognising such caring ambivalence as itself energising and regenerative.⁴

Both positive and negative emotions inevitably entwine with both our care practices and our very capacities to care. It is because of the complexity and profound challenges of care, as capacity and practice, that we must provide and ensure the necessary social infrastructure that enables us to care for others, both proximate and distant. By this we mean, for example, ample resources and time. Parents and other carers facing the pressures of today's job markets routinely find they barely have time to provide for the essential

needs of their dependants, let alone to pay heed to the situation of others in the outside world. Both more time and adequate material resources are essential to ground and facilitate mutually fulfilling and imaginative practices of care, from the domestic to the planetary level – and to foster the overall well-being of all creatures, human and non-human.

Ample resources and time in turn create the conditions that make a caring disposition towards the other, however distant, ever more possible. Only by ensuring this infrastructure can we work through at least some of the negative emotions that are inevitably tied up with care, whether in giving or receiving it. Far from public spending creating the pathologies of dependency, the reverse is true. Only with adequate and secure resources can anyone, however fragile and in need of specific assistance, develop and maintain whatever capabilities they have to enable some sense of autonomy, and escape from the pathologies of being rendered completely helpless and passive. This is well illustrated by disability rights activists who have argued for the *strategic* centrality of self-determination, or forms of ‘independence’, in which autonomy and control over their lives is key, precisely despite and because of their distinct needs:

Independent Living does not mean that we want to do everything by ourselves, do not need anybody or like to live in isolation. Independent Living means that we demand the same choices and control in our everyday lives that our non-disabled brothers and sisters, neighbours and friends take for granted.⁵

We need to break the destructive linking of dependency with pathology and recognise that we are all formed, albeit in diverse and uneven ways, through and by our interdependencies.

Thus, in order to reimagine a genuinely caring politics, we must begin by recognising the myriad ways that our survival and our thriving are everywhere and always contingent on others. A caring politics must grasp both

this interdependence and the ambivalence and anxiety it inevitably generates. Only once we acknowledge the challenges of our shared dependence, along with our irreducible differences, can we fully value the skills and resources necessary to promote the capabilities of everyone, whatever our distinct needs, whether as carers or cared for, noting the frequent reciprocity of these positions. Recognising our needs both to give and to receive care not only provides us with a sense of our common humanity, but enables us to confront our shared fears of human frailty, rather than project them onto those we label as ‘dependent’.

Moreover, the practices of care that recognise the complexity of human interactions also enhance our ability to reimagine and participate more fully in democratic processes at all levels of society. After all, working with and through ambivalence and contradictory emotions is key to building democratic communities. Conversely, only by deepening participatory democracy, a core element in our broader vision of creating a more caring world, can we hope to properly work through the many ambivalences of care. And although we can never eliminate care’s difficulties, we propose that we can mitigate them once we start building more caring kinships, communities, markets, states and worlds. Therefore, in what follows, we address all of these scales of life, step by step. As we show in later sections, this necessarily involves creating and defending the commons: collectively owned, socialised forms of provision, space and infrastructure. However, since our current regimes of care attempt to silo care on the scale of kinship as much as possible, our critique of these regimes and our imagining of what should replace them starts with the family.