Unsettled Care: Temporality, Subjectivity, and the Uneasy Ethics of Care

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SUMMARY   *In this introduction, and indeed this special section, we explore care as a morally ambiguous and relationally unstable set of practices. By exploring care over longer temporal frames and across shifting subjectivities and intersubjectivities, we show how enactments of care are often unsettled by the transforming dynamics of relationships across time and often entail a multiplicity of competing affects and aspirations, such as hope and failure, love and resentment, pragmatism and utopianism, and connection and disconnection. We thus suggest an analytic approach to care that questions care as either morally suspect or morally virtuous and instead allows for the compromised, shifting, and ambiguous dimensions of care practices to take center stage.* [care, anthropology, temporality, subjectivity]

Caring for another and being cared for is often messy, both emotionally and physically. Informed by broader politico-economic conditions, mundane, long-term care relationships may involve daily labor and aspirations toward the "good life," but they are rarely, if ever, settled. This collection of seven short, ethnographically rich papers explores diverse contexts in which care is theorized as unsettled in three ways. First, diverse temporal perspectives inform daily care practices, including varied orientations to the past, present, and future. Second, care relationships unfold and transform over time and exploring this necessitates an understanding of the transforming ethics, politics, pragmatics, and socialities that shape the possibilities for care. Third, experiences of caring and being cared for ebb and flow across the life course, with individuals occupying shifting, often multiple, roles as both subjects and objects of care.

Although care relationships are often enduring and mundane, they remain unpredictable, containing the possibility of both suffering and hope, and although such practices change over time, moments of felicity or catastrophe are rarely final. As such, we understand giving and receiving care to be in situ enactments of long-term transformations of human relationships, informed by fantasies of futurity and post hoc perceptions of experience. Ethnographically, our emphasis on unsettled care involves following people in and out of their encounters with care regimes and locating care within broader relationships and values. This vantage point reveals the ways in which people fulfil different and ever shifting therapeutic and relational roles of care in particular moments (e.g. Herring 2020). *Unsettled Care* thus seeks to problematize the boundaries implied by the roles of "care giver" and "care recipient," and explores the

changing temporal frames that undergird such relationships in order to inquire into the shifting intersubjective experiences of care.

Careful Anthropology

In our attention to the unsettled temporality of care, we are indebted to, build upon, and extend recent trends in the anthropology of care. Much recent anthropological work on care has fruitfully drawn on political economy analyses to interrogate the politics of care. Such approaches have done the important work of framing care as a practice subverted by and aligned with various political ends. Underfunded, stressed, and compromised systems of care become tools of governance, within which various racial, gender, and class-based structures of inequality get reproduced. Anthropologists have shown the double-edged risks of care work, as it becomes entangled with state violence, emergent inequalities, exclusion and dispossession, and the expansion of capital (Han 2012; Stevenson 2014; Heineman 2016; Biehl 2007; Jervis 2001, Glenn 2012; Garcia 2010; Ticktin 2011). Scholars have also focused upon the wider political and economic infrastructures and technologies required to produce and sustain varied practices of care (Kaufman 2005; Nading 2014; Park and Fitzgerald 2011; Street 2014) and have explored how care becomes entangled with a biopolitics of self-care and the self-governing subject (Mulligan 2014; Wool 2015; Zigon 2010).

One of the risks in how such critiques are often read is in how care becomes an emotive object that resists analysis. In much scholarship and indeed in public debates about care, systems of care are characterized as deeply flawed, within which people are rendered structurally unable to care more generously or care in better ways for each other. What appears to be required is more care, better attuned care, and greater funding and resources to enable the expansion and entrenchment of good care work. This ethnographically, theoretically, and, indeed, politically limits our ability to think creatively about, and sometimes even *beyond*, care.

A contrastive approach to care in recent anthropology has been to analyze care as moral practice informed by ideal modes of human relationality and intimacy, underpinned by moral sincerity (to care *for* one must be *caring*; see Aulino 2016). Anthropologists have thus charted how care work operates as a mode of ethical life entangled with ideals of compassion, suffering, empathy, recognition, responsibility, love, agency, and witness (Buch 2015; Kleinman 2009; Taylor 2008). Ethnographic work has spotlighted how care makes up for the limits of other subject positions and ideologies such as freedom, choice, rights, and citizenship (Mol 2008; Kleinman 2009) and shown how care practices are crafted as a means of survival and solidarity in the wake of retreating or restructured state services (Wool 2015; Brodwin 2013; Caldwell 2007). In some accounts, care can become the seat of intimate, affective life in contrast to the indifferent, dehumanizing, and corrosive characteristics of economic life.

Unsettling the Anthropology of Care

We propose that care practices defy easy categorization as effects of political forces or as socially unmoored affective experience. Care relationships transform over time in ways that are often unpredictable, complicated, or conflicted.

Care thus, as Bo Kyeong Seo argues, is often an "ambivalent act that can entail risks and trade-offs … Care is a relation of co-activity, constantly being remade by those who participate in it" (2020:6; see also de la Bellacasa 2017). Care work often seeks (and often fails) to stabilize the dissonance between expectations and outcomes in the context of the multiple moral, economic, and social demands present within intersubjective relationships (Trnka and Trundle 2017). Approaching care as "unsettled" enables us to provide an anthropological account of the range of hopeful, doubtful, or ambivalent attitudes to and experiences of care, even in contexts of structural disenfranchisement. This shifts our understanding of care from its characterization as an absent or tainted object to an ethnographically grounded consideration of ongoing and morally ambiguous practices with which actors strive to grapple, achieve, or indeed curtail. It allows us to see the ways in which care's potential, as Gelsthrope et al. show, is "transformed through resistance, reinterpretation, and reimagination" (2020:4). In a related project, Michelle Murphy argues for "a politics of 'unsettling' care" that "strives to stir up and put into motion what is sedimented, while embracing the generativity of discomfort, critique, and non-innocence" (2015:717). The articles in this special section, however, reveal unsettled care not as an ethical project directed by the anthropologist toward the world but an ethnographically grounded set of cultural projects already emergent in the world that are diverse, competing, transforming, and unstable.

Joanna Cook's account challenges the valorization of caregiving (as "natural," "good," or "rewarding") in anthropology by revealing the unsettled nature of lived experience, replete with uncomfortable and changeable affective relations. Focusing on the place of "embodiment" for therapists in mindfulness-based cognitive therapy in the UK, Cook reveals that care often requires an on-going commitment to "being with" forms of uncomfortable self-experience. Therapists learn to develop a caring relationship with their own experiences of stress and anxiety, and to encourage therapy participants to do the same. Cook's paper highlights the ongoing, intersubjective, and emotionally unsettled nature of care relationships. Perveez Mody picks up this theme in her examination of arranged marriage among British South Asians. Mody argues that acts of care may be reframed as acts of force by their recipients, reframings that themselves remain unfinished in ongoing kin relationships and changing life experiences. In the process, difficult experiences in the past or challenging contemporary circumstances are made more livable but are never quite settled through a reciprocal and shifting understanding of care. Mody shows the value in setting side by side competing modes of care, and in doing so she challenges the binary between choice and conscription within models of care. These two papers are a rich illustration of the potential of attending to care as unsettled, both in the perceptions of the past and the future bound up in acts of care and in the shifting dynamics of complicated intersubjective relationships.

The next two papers consider unsettled care in broader organizational structures from the perspective of the recipients of care. Catherine Trundle engages critically with ideas of care as "tinkering," a form of ongoing, attentive effort on the part of carers. In her ethnographic account of military veterans who participated in British nuclear bomb testing in the Pacific, Trundle presents the frictions between competing temporalities of care and how actors seek to

challenge the workings of state care, and indeed, the unsettled nature of care itself. Successive state organizations and healthcare professionals develop forms of extended attention and long-term engagement in response to the care needs of test veterans. By contrast Trundle's participants seek forms of care that have clear limits and that are compensatory and definitive. In other words, they refuse unsettled care. The relationship between institutional logics and competing temporalities of care is brought into focus further by the article by Anita Hardon and her co-authors. They consider drug and harm reduction programs in Amsterdam from the perspective of those receiving care. Drug users develop a range of strategies to protect themselves from harm and receive care from peers in order to remain healthy. Hardon, et al. develop a theory of "care from below," highlighting the agentive and reflective work necessary to reduce experienced and anticipated risk. In so doing they highlight that the harm reduction programs "from above" worked effectively when aligned with and augmenting the practices of self-regulation that drug users use in order to be experimentally responsive to the uncertainties of drug use experience.

Patrick McKearney's paper reflects upon working as a carer for people with cognitive impairment at L'Arche, a Christian NGO in Britain. McKearney challenges "the trope of evaluative reversal" within anthropology that seeks to reclassify acts that seem violent, harmful, or indifferent as in fact care. McKearney argues such an argument settles care rather than reveals its tensions, uncertainties, and contingencies. Through his ethnography, McKearney reveals the way care depended upon moral luck, highlighting those factors of care that are beyond the direct control of the carer. Moreover, care existed in the unsettled modes of responsibility that flow between the carer's acts and the recipient's reactions and reception to them. In exploring these dimensions of care, the dividing line between coercion and freedom is undone.

The special issue then turns its attention to the unsettled experiences of carers who must also receive care, as well as practices of self-care. Reflecting upon the experience of conducting fieldwork with children, Emily Yates-Doerr develops the concept of antihero care. Drawing on Ursula K. Le Guin's critique of the hero and her alternative metaphor of the seed carrier, Yates-Doerr revisits a moment of peril and "failure" in her fieldwork. Through this she encourages us to rethink the "closed totalities" inherent to holism within anthropology. She challenges us to reframe knowledge production and fieldwork, and the relational ethics that accompany them, as a process of carework that is always an incomplete, unsettled, contradictory, and iterative process. In a very different context, Hannah Brown explores care work performed within the households of rural, western Kenya. Here, care work is oriented toward growth: the growth of children, animals, crops, household incomes, and houses. Brown challenges the boundaries between domestic care and economic activities, between the reproductive and productive, and reveals the fragile, contingent nature of care as growth, as families also reckon with its opposite: economic precarity, sickness, and death.

In her afterword, Rayna Rapp reflects upon several salient themes crosscutting the papers. She notes the lively place of temporality in unsettled care. "Time is always a social metric," she reflects, and as the papers demonstrate, practices of care contain within them "multiple chronologies" that refuse easily to align. Reflexivity is also at the heart of many practices of unsettled care,

which helps those engaged in care to navigate the vulnerabilities and interdependencies that both trouble and strengthen the work of care. Reflecting on the insights offered by disability studies, as well as intersectional feminism, Black feminism, and women-of-color scholarship, Rapp points out how struggles over care lie at the political and intellectual center of these movements and debates. What is at stake here are care relations that need unsettling (such as those that equate women of color with the labor of nannies, care attendants, and domestic workers), as well as struggles to more deeply entrench the links between everyday modes of care and social justice. As Rapp's call makes clear, in ethically unsettling care, social inequities that stubbornly fall along lines of gender, generation, race, and class must remain central to our critiques.

Taken together, these papers reveal the unpredictable unfolding of care relations in diverse settings, over time, and across the life course. By focusing on the lifeworlds of those in relations of care, the complex and unstable roles, ideals, politics, and practices of care as they unfold intersubjectively, this conversation allows us to spotlight the complex enactments of care that can both nurture and harm, that unsettle, yet also work to ensure the vitality of, relational life.

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