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Hot Chocolate

Carlo Caduff

Care has always been there, yet somehow it has remained invisible. This is the founding lament of the sociology of care.¹ Its mission as a scientific endeavor is to dedicate more attention to a critical infrastructure of social reproduction that needs to be rescued from the corrosive damage of systematic neglect. *Care needs care* is the mantra of a sociology of care that fashions itself as a progressive project of devotion, conversion, and protection. As Annemarie Mol and her colleagues note, “If care practices are not carefully attended to, there is a risk that they will be eroded.”² In this appeal to care about care with care, the object has become the method. But what are the stakes beyond devotion, conversion, and protection?

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1. Among many other examples, see *Care in Practice: On Tinkering in Clinics, Homes and Farms*, ed. Annemarie Mol, Ingunn Moser, and Jeannette Pols (Bielefeld, 2010); Mol, *The Logic of Care: Health and the Problem of Patient Choice* (New York, 2008); Maria Puig de la Bellacasa, “Matters of Care in Technoscience: Assembling Neglected Things,” *Social Studies of Science* 41 (Feb. 2011): 85–106; Arthur Kleinman, “Catastrophe and Caregiving: The Failure of Medicine as An Art,” *The Lancet*, 5 Jan. 2008, pp. 22–23, “Caregiving: The Odyssey of Becoming More Human,” *The Lancet*, 24 Jan. 2009, pp. 292–93, and “Caregiving as Moral Experience,” *The Lancet*, 3 Nov. 2012, 1550–1; and Kleinman and Bridget Hanna, “Catastrophe, Caregiving, and Today’s Biomedicine,” *BioSocieties* 3 (Sept. 2008): 287–301. This work draws on the classic Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York, 1994). For a similar lament in gerontology, see the critical discussion in Lawrence Cohen, “Old Age: Cultural and Critical Perspectives,” *Annual Review of Anthropology* 23 (1994): 137–58.

2. Mol, Moser, and Pols, “Care: Putting Practice into Theory,” in *Care in Practice*, p. 7.

In today's political economy it's difficult to sustain the image of a world that's caring—a world that's generous, tolerant, benevolent, and reassuring. In this context, the call to care about care with care has gained traction as a reparative response to the precarious conditions generated by neoliberal policies. Here, the promise of care is that it will allow people to survive a time of austerity, of systematic institutional withdrawal, by providing a form of support not organized by the state. This makes the scholarly focus on kinship and friendship—conceived of as informal biopolitical replacement structures for the basic support of life—potentially complicit with the rise of neoliberalism, the spreading of precarity, and the strategic reorganization of the responsibility to care.³ It may well be that today's emphasis on care is a euphemism for the pressure on people to provide essential services that the state abandoned.

But care in the form of kinship and friendship is not only precarity's prescription medicine, its preferred painkiller. Care is also a scene of intimate connection wherein people “communicate with the sparest of signs and gestures.”⁴ That's why sociologists have used the expressive language of “putting a hand on an arm at just the right moment, or jointly drinking hot chocolate while chatting about nothing in particular” to demonstrate care's dependence on embodied knowledge as a way of reaching out and creating emotional contact.⁵ Care finds its expression in minimal movements, in episodic signs and gestures that are simple but not necessarily eloquent. These signs and gestures are theatrical; they interrupt the flow of life, stretching

3. The relation between capitalism, neoliberalism, and care is complex. It's not well captured by Mol's simplistic contrast between the “logic of choice” and the “logic of care” (Mol, *The Logic of Care*, p. [ix]). For an account of the gendered and racialized economy of care and the outsourcing of caregiving labor to low-wage workers in the United States, see Evelyn Nakano Glenn, *Forced to Care: Coercion and Caregiving in America* (Cambridge, Mass., 2010). See also Clare L. Stacey, *The Caring Self: The Work Experiences of Home Care Aides* (Ithaca, N.Y., 2011). According to Nancy Fraser, the “crisis of care” is a crisis of social reproduction, a crisis that's amplified by financialized neoliberal capitalism; see Nancy Fraser, “Contradictions of Capital and Care,” *New Left Review* 100 (Jul.–Aug. 2016): 99–117. For a review of the anthropological literature on care, see Elana D. Buch, “Anthropology of Aging and Care,” *Annual Review of Anthropology* 44 (2015): 277–93.

4. Lauren Berlant, “Intimacy: A Special Issue,” *Critical Inquiry* 24 (Winter 1998): 281. For an early essay that's trying to think care beyond the institution of the family, see John Borneman, “Caring and Being Cared For: Displacing Marriage, Kinship, Gender, and Sexuality,” *International Social Science Journal* 49 (Dec. 1997): 573–84.

5. Mol, Moser, and Pols, “Care: Putting Practice into Theory,” p. 10.

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time to make room for a conversation; they affirm the presence of someone who's willing to be and remain present; and they come from the heart, generating the sense of a safe and reliable relation that can absorb the impact of a shocking event by emphatic sharing.⁶ To bring comfort into something that's uncomfortable, to make bearable what's unbearable, is the aim of care.

What the sociology of care reveals about our current political moment is this: We want a lot from care! We want care to be a practice that can be performed in an institution. We want care to be a concept that can be defined with precision. We want care to protect and preserve life itself. We want care to share the pain of others. We want care to be a reliable guide for doctors, teachers, and politicians. We want care to sustain the conditions of our existence. We want care to demonstrate our solidarity with those in need. We want care to serve as the foundation of our moral world. We want care to make us better human beings. We want care to reflect who we are and how we are seen. We want care to develop into love and devotion. We want care to be delivered in a personal and professional way. We want care to be warm and to feel warm.

But care is not always warm, and it does not always feel warm. In fact, care is often difficult for those who require it, those who receive it, and those who provide it.⁷ This observation is far from surprising. Every intimate encounter with others is always also an encounter with the strangeness of otherness.⁸ This strangeness finds expression in John Austin's notion of *infelicity*, "an ill to which *all* acts are heir."⁹ No matter how committed and dedicated you are, things can go wrong and they do go wrong. When you burn your mouth with hot chocolate, it can be hard to talk about nothing in particular.

6. On gesture as interruption of an ongoing sequence in the flow of life, see Samuel Weber, *Benjamin's -Abilities* (Cambridge, Mass., 2008), p. 100.

7. For recent ethnographic accounts that reveal the difficulty of caring, see Lisa Stevenson, *Life Beside Itself: Imagining Care in the Canadian Arctic* (Oakland, Calif., 2014); Angela Garcia, *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande* (Berkeley, 2010); Clara Han, *Life in Debt: Times of Care and Violence in Neoliberal Chile* (Berkeley, 2012); Julie Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, N.C., 2012); and Felicity Aulino, "Rituals of Care for the Elderly in Northern Thailand: Merit, Morality, and the Everyday of Long-Term Care," *American Ethnologist* 43 (Feb. 2016): 91–102. These accounts question the association of care with good intentions, good feelings, and good outcomes, offering a much more accurate sense of care's ambivalence.

8. See Berlant and Lee Edelman, *Sex, or the Unbearable* (Durham, N.C., 2014).

9. J. L. Austin, *How To Do Things with Words*, ed. J. O. Urmson and Marina Sbisa (Cambridge, Mass., 1975), p. 18. On the fragility of action, see Veena Das, "Action, Expression, and Everyday Life: Recounting Household Events," in *The Ground Between: Anthropologists Engage Philosophy*, ed. Das et al. (Durham, N.C., 2014), pp. 279–305.

It's well known that relations of care require a constant calibration of closeness and distance, a mode of improvisation with the possibilities of proximity. In the scene of care people encounter impossible demands, conflicting ideals, and ambivalent feelings. As a result, care tends to create precarious worlds marked by imprecise solutions: adequate but never perfectly accurate.

Scholars have frequently criticized care as a concept without boundaries. It's everywhere and nowhere; it's everything and nothing.¹⁰ Whatever we want from care, its enactment in relation will never live up to its promise; the concept itself is elusive. But is that a problem? Do we need to capture the concept in order to create a caring world? What, exactly, are the stakes?

This essay is not an exercise in language fixing. There's nothing in the concept of care that requires repair. It's an imperfect term that reflects the nature of its referent. In the scene of care things fall apart, collapse more often than not, get stitched together piece by piece, however provisionally, however precariously. And then life continues, or it doesn't. But this isn't the fault of the concept; it's the life of the concept. And so people care about care because the concept has a life in their lives.¹¹

There's tragedy and comedy in care, and often it's hard to tell which one it is. The tears that fall are complicated. "I tend to think that eyes fill with tears for all sorts of complex reasons," notes Georges Bataille.¹² This ambivalence reflects the fact that care tends to crystallize at the polarities of life. Both the happy beginning and the sad ending call for a measure of care to make the transition, in the company of someone or something that's close, kind, and generous most of the time. But even at the end, care is always a way into, not out of, life. To care for a person who's terminally ill is to enter a life's exit.

The scene of care includes comedy as well as tragedy. Caring for someone or something that's vulnerable can get you into trouble. Despite the good intentions, those awkward moments will make you look funny with the hot chocolate on your shirt. Care is not an effort to reclaim control in

10. The literature on care keeps pointing to the difficulty of defining the concept in a clear and coherent way. See, among other examples, Judith Phillips, *Care* (Malden, Mass., 2007), pp. 14–32. As Tronto remarks, the concept "is so broad; it seems as if almost everything we do touches upon care." And she continues: "Once we start to see caring, we will see it everywhere" (Tronto, *Who Cares? How to Reshape a Democratic Politics* [Ithaca, N.Y., 2015], pp. 3, 38).

11. I have learned to see the (infelicitous) life of concepts from the work of Veena Das. See, among other recent publications, Das, "What Does Ordinary Ethics Look Like?" in Michael Lambek et al., *Four Lectures on Ethics: Anthropological Perspectives* (Chicago, 2015), pp. 53–174.

12. Georges Bataille, "Un-Knowing: Laughter and Tears," trans. Annette Michelson, *October* 36 (Spring 1986): 98.

a situation that has gone out of control; on the contrary, care is a relation where it's perfectly fine to lose confidence and composure, at least for a while. When people enter the scene of care, they risk their claim to sovereignty.

When you're naked in front of the nurse, you know that someone's looking after you. Care forces people to be open to others in ways that are bound to be awkward. This openness reveals something more fundamental about the human condition: the "nakedness of an existence incapable of hiding itself."¹³ Perhaps that's why accounts of care frequently focus on appearances, offering heroic stories of impeccable ethical self-fashioning that celebrate the brave and bold who dare to care for those in need. But can such stories disguise the fact that someone's naked in the room, and that despite all the professional training someone else is feeling a little nervous watching? Affirmations of sovereignty in the scene of care have little to do with the conditions of caring. To care for someone or something that's vulnerable makes you vulnerable.

This essay finds itself in the company of a crow, a moody camel, and a big fish that refuses to be caught. These are my companions in this piece, which doesn't know how to care about care. I engage stories in the hope of encountering perplexities in plots that refuse the tender script of care. My aim is simple: to trace the life of a concept, a concept that's imperfect by definition. I write expecting to stumble over things that are difficult to capture and can only be approximated. Whatever I conclude about care will never be accurate; it can only aspire to be nearly adequate. Let me start with the crow, my first companion.

1

The story begins with a cruel, cold game.

I reach for a stone. If I hit the crow the first time, my father will die next week. A second attempt means a delay of a month. If the third shot misses the crow, or if the bird takes fright and flies away, my father will live for at least another six months.¹⁴

The hope expressed in this game of chance is not the hope of life but the hope of death. Death would bring an end to a series of sleepless nights. But the rules of the game are geared towards the continuity of life;

13. Emmanuel Levinas, *On Escape: De l'évasion*, trans. Bettina Bergo (Stanford, Calif., 2003), p. 64.

14. Githa Hariharan, "Forefathers," in *The Art of Dying and Other Stories* (New York, 1993), p. 48; hereafter abbreviated "F."

all attempts at hitting the bird fail. "Forefathers" is a short story in Githa Hariharan's collection *The Art of Dying*. It's the tale of a son who's caught in the contradictions of care. With the hope of death, he sustains the life of his father in a small Mumbai flat. The father is a tyrant: aggressive, cunning, unforgiving. For the son, who finds himself in the clutches of oppression, the world has become an oracle, the promise of a response to the big question: When will he finally die?

Tears fall in the flat, but they're full of anger. The son's obligation is to care: to fulfill the duties of both nurse and maid, to maintain life even through his hate and his desire for his father's prompt demise. The type of care that's offered is not opposed to violence; on the contrary, it supports and sustains a relation marked by violence. The story suggests that the son cares *for* the father, but does he also care *about* the father? It seems that one can sustain a relation of care even when contradictory actions and expressions are attached to it.¹⁵

The father is frail and helpless, but he doesn't look that way. His mind is clear, his voice is loud. The fear of losing control over the body has intensified his desire to rule over the family. A stream of power sputters from his frailty. It makes it hard for the son to believe that this figure of a father is an old, sick man. When he fell ill, he refused to go to a hospital: "My family will rally round me, he told the doctor. His tone was unfamiliar, but we recognized the command instantly" ("F," p. 51). The father is a lawmaker; he rules his kingdom from the bed. Now that he's facing the inevitable, he insists on his authority, a claim that seems to have no limits. His moans from the bed are impossible requests. It's the speech of command that's occupying the place of power, substituting for the body's failing sovereignty.

Those who care for the vulnerable are exposed to their own vulnerability. The son wears a mask that hides his humiliation and his tears. The father is unbearable as a human being, controlling the life of the family.

It is Sunday evening. He has been excitable and irritable all weekend. I have been in the sick-room all day, except for those precious visits to the bathroom. . . . He has spluttered all weekend. Anecdotes, complaints, orders. The writhing lips refuse to remain still. My mother and sisters have been reduced to hushed whispers in the kitchen. I have forgotten the sound of my voice. . . . I open my

15. This is a key insight in Lauren Berlant's work; see Berlant, "Intimacy: A Special Issue," p. 285 and *Cruel Optimism* (Durham, N.C., 2011). In her review of the care literature, Buch points out that scholars often assume that care is "motivated by caring feelings" (Buch, "Anthropology of Aging and Care," p. 279). See also Stevenson, *Life Beside Itself*, pp. 176–77 n. 6.

mouth to speak, to test if I can still do such a thing. To forestall me, he raises his voice. ["F," p. 54]

If only he could suffer in silence, leave the world alone, and approach death with dignity instead of imposing misery on everyone around him.

When the father eventually dies and the obligation to care finally ends, he becomes an ancestor for the son who tasted power and is eager to become a man. As the new head of the house, he will follow in the footsteps of the forefather, afraid that he too will lose control over his body (see "F," p. 54). The new lawmaker will rule the family ruthlessly, until someone else starts throwing stones at birds. "I am a man in a cage. . . . I have been fed my rationed doses of love, a little more than subsistence level. But I also know that the cage is only big enough for one despot" ("F," p. 56). Death both takes and gives life. An incarnation of power has disappeared, making room for another to appear in the scene of care. It's the nature of games that people play them again and again, no matter how violent they are. Despite the cruelty and coldness, this, too, is a form of care, even if it's not what we think it should or could be.

2

Care is intimacy but without the sex. That's how scholars describe it, and that's perhaps why they are drawn to it in the first place, often presenting care as an exemplary model of sociality. These scholars believe that the world would be a better place if we paid more attention to care and moved it to the center of our social and political life. Caring for each other, like we care for our children, we can be close to each other without the trouble that sexual desire introduces into our relations.

Worried that people are increasingly unwilling to look after each other, scholars have promoted care as an ethical ideal. This has led to an emphasis on the perspective of the one who's providing the care rather than the one who's receiving it. Caregiving is work, hard work, so what's the reward for all those who are doing it? The reward, scholars suggest, is an ethical one. To care for intimate others is an obligation, a responsibility, a duty; it's morally rewarding for the person who's doing it. There's so much idealization in scholarly accounts of care that it's hard for the concept to bear the burden of epitomizing exemplary sociality. All the effort that goes into the promotion of care as a paradigmatic model for safe social interaction brings it closer to collapse. Such collapse, in turn, opens up the possibility for a more realistic sense of the scene of care and a better understanding of the ways in which ideals of care clash with the conditions of caring. I have suggested calling this *the life of care*, its imperfection.

Consider, for instance, philosopher Milton Mayeroff and his example of care, a father looking after his child. “He respects the child as existing in his own right and as striving to grow. He feels needed by the child and helps him grow by responding to his need to grow.”¹⁶ In this account, the scene of care offers responsible subjects the possibility of supporting the development of intimate others. Strangely enough, it’s always the father’s concern that’s at the center of Mayeroff’s celebration of care; we never hear what the son has to say about the father’s need to feel needed. It’s no coincidence that Mayeroff’s scenario of relation happens to be a controlled scenario that makes the thought of sex impossible. A father cannot have sex with his child. If there’s intimacy in the relation, it must be without sexual desire.¹⁷ For Mayeroff, the family model of care operates as a template for a safe social relation.

Using first-person language, Mayeroff creates a manual for ethical self-confirmation. He draws attention to all the benefits that caring offers: caring for intimate others harmonizes me with the world; it lets me understand life as it is; it prevents the fragmentation of my existence; it allows me to perceive myself as an extension of others; it enables me to live the meaning of my life; it provides my existence with direction and continuity; it facilitates the absorption of discordant experiences; it offers life a unifying purpose and basic certainty; it secures convergence between my values and how I live; it makes me more open to myself and the world.¹⁸ Here, the promise of care is the promise of self-fulfillment. Such self-fulfillment occurs by virtue of the self’s extension into the lives of other people: If you care for others and respond to their needs, your life will be fulfilled—even if it feels miserable right now.

Ironically, this idealization of care in the language of self-fulfillment through self-extension conceals the relational conditions of caring. It obscures the ambivalence of care, repressing the experience of caregiving as a burden that’s hard to bear. It fails, further, to consider the possibility of care as an expression of the narcissistic need to feel needed—a narcissism that might be agonizing for everyone that’s exposed to it. What it highlights instead is a sense of care as cure for a series of modern anxieties: the loss of coherence, stability, and continuity, a confusion about one’s place in the world. As a therapeutic response to concerns about identity and belong-

16. Milton Mayeroff, *On Caring* (New York, 1990), p. 1.

17. Of course, care can also be expressed through sexual practices and in sexual relations. The focus, in this section, is on idealizations of care, which typically exclude any consideration of sex.

18. See Mayeroff, *On Caring*, pp. 67–92.

ing, care for others is simultaneously care of the self: a positive, affirmative practice with real benefits for the one who's doing the caring.

What this account reveals is that care might actually be less generous than it seems at first sight. Here, the paradoxes of caregiving are similar to those that characterize the logic of the gift. As Jacques Derrida notes, "The simple consciousness of the gift right away sends itself back the gratifying image of goodness or generosity, of the giving-being who, knowing itself to be such, recognizes itself in a circular, specular fashion, in a sort of auto-recognition, self-approval, and narcissistic gratitude."¹⁹ Not unlike the gift, the idea of caregiving is caught up in a rationality of accounting, a rationality that it sought to escape.

Care, as a response to anxieties of coherence, stability, and continuity, struggles against the threat of relationality, of having one's identity and sense of belonging questioned, of finding oneself in situations that are difficult to endure because people are irritating or demands impossible. An investment in relation becomes a defense against the impact of relation. The idealization of care as cure turns it into a protection; that's why we never hear the child in Mayeroff's catechism. What the child might say could challenge the father, threatening his self-understanding and the stability of his life. For Mayeroff's model of care to succeed, the child must remain silent so that the father's euphoric self-extension can continue. While the father finds pleasure in the gratifying image of his goodness, the child may well be throwing stones at birds.

The point here is not to replace a positive with a negative perspective but to mark the traps and avoid the ethical inflation of care. The hope is that such an approach will make possible a more accurate understanding of the concept and its struggle against the ambivalence of relationality, an ambivalence that—as we have seen—is both recognized and repressed in the idea of care as cure.

3

She was an old woman. She had cancer. Relatives looked after her while she remained at home. She demanded pastry and ice cream, biscuits and samosas, street food and soft drinks. "A Coca-Cola?" said my mother, shocked. "Don't be silly, it will make you sick." But the old woman insists: "I want it."²⁰

19. Jacques Derrida, *Given Time: 1. Counterfeit Money*, trans. Peggy Kamuf (Chicago, 1992), p. 23.

20. Hariharan, "The Remains of the Feast," in *The Art of Dying and Other Stories*, p. 13; hereafter abbreviated "RF."

Hariharan's short story "The Remains of the Feast" is the account of Rukmini, a Brahmin widow at the end of her life. Terminally ill with cancer and unable to leave her bed, Rukmini begins a partnership with her great-granddaughter Ratna. The partnership is motivated across four generations by the old woman's desire to taste all the food she has been forbidden as a chaste Brahmin widow. Near the end of her life, she feels a growing urge and becomes bolder by the day: "Her cravings were varied and unpredictable. Laughable and always urgent" ("RF," p. 13). Responding to the silly demands, Ratna takes care of her great-grandmother, "a moody camel that would snap or bite at unpredictable intervals" ("RF," p. 9). Late at night, she smuggles forbidden fare into the room of the old woman, who has never tasted anything but pure vegetarian food.

In the story, the great-grandmother appears as an archetype of the stubborn old woman: strong, determined, embarrassing. "There's going to be trouble. . . . She's losing her mind," mutters Ratna's mother in a moment of despair ("RF," pp. 13–14). It's hard to be with the sick and care for them when they're making so much noise. "Get me something from the bazaar," shouts the mad old woman in her room. "Raw onions. Fried bread. Chickens and goats" ("RF," p. 14). Rukmini's desire for impure food is not just a transgression; rather, the midnight feast amounts to a negation of a negation, a renouncement of the renouncement of desire. It's a refusal of the ascetic ideal that's considered appropriate for old age. The feast is disturbing, threatening the ethical coherence of a life as a whole.

True to the ambivalent nature of desire, the story oscillates between comedy and tragedy. When the old woman gets the coke that she ordered, "she would pour [it] into her mouth and half of it would trickle out of her nostrils, thick, brown, nauseating" ("RF," p. 14). Death is in sight, but the relatives are afraid that it won't be graceful. The feast is as embarrassing as the cancer that's spreading "like a fire down the old body, licking clean everything in its way" ("RF," p. 9). Why is Rukmini refusing to remain what she has been for almost a century? Apart from Ratna, no one seems to know how to absorb this outburst of strange appetites. Pain increasingly saturates the scene of pleasure: "As the vomit flew out of her mouth and her nose, thick like the milkshakes she had drunk, brown like the alcoholic coke, her head slumped forward, her rounded chin buried in the cancerous neck" ("RF," p. 15). In the event of throwing up, a will returns unwanted. The body responds to the sweetness of the milkshake with the bitter note of vomit.

Ratna has the curiosity of a future medical student. Unafraid, she continues to stumble forward in her care for Rukmini. She pays close atten-

tion to the body, but she also knows that she's not yet seen what's concealed in front of her. "I am still a novice at anatomy. I hover just over the body, I am just beneath the skin. I have yet to look at the insides, the entrails of memories she told me nothing about, the pain congealing into a cancer" ("RF," p. 16). The great-grandmother eventually dies, leaving nothing for the family to hold onto but a smell. Not the smell from when she was in her bed, "an overripe smell that clung to everything that had touched her, sheets, saris, hands. . . . The room now smells like a pressed, faded rose. A dry, elusive smell. Burnt, a candle put out" ("RF," p. 9).

Smell is a measure of distance: the distance between being there and not being there. It's what's left when someone or something has gone. In melancholia, the experience of smell—the sensation of a former presence—opens a pathway for the subject to incorporate the lost object. The desire for impure food that was so disturbing for the family now provides Ratna with the opportunity of incorporating the person she's lost: "For a while I haunt the dirtiest bakeries and tea-stalls I can find. I search for her, my sweet great-grandmother, in plate after plate of stale confections, in needle-sharp green chilies, deep-fried in rancid oil. I plot her revenge for her, I give myself diarrhea for a week" ("RF," p. 16). Making the old woman's attraction to the repulsive her own, Ratna finds a temporary anchor for a vanishing memory.

And then she opens all the windows in the house, cleans the old woman's room, and lets the smell go.

4

The story of Ratna and Rukmini allows us to shift the focus from *acts* of care to *relations* of care. This expands the perspective from an exclusive concern with caregiving to a concern with the other side of care—the receiver, the person repressed in Mayeroff's account. However, a focus on relations is not sufficient in itself.²¹ Many scholars have in fact proposed a relational approach, but they typically formulate a rule that regulates the relation and then make the relation internal to the terms. Take, for example, Nel Noddings's *Caring: A Relational Approach to Ethics and Moral Education*, wherein the notion of relation refers to "a set of ordered pairs generated by some rule that describes the affect—or subjective experience—of the members."²² Noddings's account is motivated by the disturbing observation that *care can be given without care*, a possibility intrinsic to care.

21. The word *relation* often comes to stand for something inherently good. However, violence is a relation too.

22. Nel Noddings, *Caring: A Relational Approach to Ethics and Moral Education* (Berkeley, 2013), pp. 3–4; hereafter abbreviated *C*.

“We all know of cases in which persons assigned to provide care have performed the tasks of caregiving without conveying care” (C, p. xiv). That care might teach us not to care suggests that it’s susceptible to decline into an act without affection. The anxiety here is not simply that people might not care for each other, but that care *itself* might be an instance of not caring. That’s why care requires care. It must express itself through gestures that supplement the act. Care needs to give proof of itself, demonstrating its proper delivery and reception.

Noddings underscores that relations of care have “two parties.” These two parties play an important role in the social contract: “both parties contribute to the relation; my caring must be somehow completed in the other if the relation is to be described as caring” (C, p. 4). Behind this approach are distressing questions motivated by doubt and skepticism. How can we know that the great-granddaughter who claims to care for her great-grandmother really cares? Under what conditions can we say that care has taken place between these two people? If the receiver of care doesn’t perceive the care, is it still care?

Searching for clues that can tell us whether there’s care in the caregiving, Noddings formulates criteria for both parties. “The commitment to act in behalf of the cared-for, a continued interest in his reality throughout the appropriate time span, and the continual renewal of commitment over this span of time are the essential elements of caring” from the perspective of the one caring (C, p. 16). However, both parties must contribute to the relation to complete the circle. “The one cared-for sees the concern, delight, or interest in the eyes of the one-caring and feels her warmth in both verbal and body language” (C, p. 19). The receiver of care confirms the feeling of care that’s expressed by the provider of care. “If the recipients of our care insist that ‘nobody cares,’ caring relations do not exist” (C, p. xxii). Care must appear in the form of a feeling for the action to confirm its existence. Such are the terms and conditions of the contract. A feeling, soft and tender, expressed by one person and received by another operates as evidence of care’s presence. As I already emphasized, this is a scholarly account that’s marked by skepticism, and the question of knowledge: How can we *know* that care has taken place? How can we *know* that there’s care in the caregiving? A feeling’s expression in signs and gestures is here supposed to solve the problem of skepticism, in a framework where care has taken the form of a contract between two parties.²³

23. For a critique of the mimetic understanding of the relation between affective activity and emotional state, see Berlant, “Thinking about Feeling Historical,” *Emotion, Space and Society* 1 (Oct. 2008): 4–9.

However, care involves more than two parties. There's always a third party (Noddings herself, for example) outside the immediate relation formulating criteria to determine the conditions under which something may or may not count as care. This makes care not a circle or contract but a blurred, vague movement stuttering its way forward. Meanwhile, outsiders are scrutinizing action and expression to ascertain whether care was given fully or only in name.

Gilles Deleuze recognizes the threat of skepticism but doesn't try to find a solution for it. He suggests that relations are not internal but "*external to their terms*."²⁴ This makes it impossible to reduce the idea of relation to the image of a circle because a relation is a movement from something that's given to something that's not.²⁵ This conception of relation as movement allows us to think care not as a protection against exteriority but as a form of living with it. As a relation, care is not internal, neither to the provider nor to the receiver of care. There can be no circle because care is always exposed to the outside.

The challenge of care is to find a way of living with rather than resolving the complexities and confusions that inevitably accompany relationality as a movement. Relatives are always a surprise: they might provide care, communicate with signs and gestures that express the feeling, and yet continue to throw stones at birds.²⁶ It's because of the threat of skepticism that we need care in the first place—so that we can accommodate the difficulty of relationality, of living relations that are external to their terms. But that's also why care has always been an important site for the invention and reproduction of normalized forms of existence, a site of discipline where normative sociality makes its appearance and where rules are formulated. Relations of care work with and against the conventions of normative sociality.

5

"I have been taught that forays into the past can heal, so I listen to her."²⁷ She's a professional, looking after her ailing mother. When she speaks, she struggles with the suggestions of third parties. Two years ago she joined

24. Gilles Deleuze, "Hume," in *Pure Immanence: Essays on a Life*, trans. Anne Boyman (New York, 2001), p. 37. Deleuze developed this understanding of relations in his book on David Hume; see Deleuze, *Empiricism and Subjectivity: An Essay on Hume's Theory of Human Nature*, trans. Constantin V. Boundas (New York, 1991).

25. See Deleuze, "Hume," p. 38.

26. See Marilyn Strathern, *Kinship, Law, and the Unexpected: Relatives Are Always a Surprise* (New York, 2005).

27. Hariharan, "The Art of Dying," in *The Art of Dying and Other Stories*, p. 69; hereafter abbreviated "AD."

a counseling center as a volunteer, working “as a bystander, sympathetic spectator to other people’s memories” (“AD,” p. 64). Having observed how disasters are disrupting the lives of others, she feels that she’s now better equipped “to acknowledge the claims of the past” (“AD,” p. 64). The last story I will discuss by Hariharan, “The Art of Dying,” is an account of two people who have “suspended life temporarily” (“AD,” p. 64). With her bed-ridden mother—a “full-time trader in memories”—the daughter travels back into the past, “every day now, willing victims of a time machine. The home-made contraption moves in only one direction. . . . It slips its worn-out seat belts around us, singly, or together, but most often one after the other, the latecomer breathlessly trying to keep on to the same track” (“AD,” pp. 64, 63). The mother’s “obsession with backward movement” turns the daughter into a passive “listening post” (“AD,” p. 72). When life approaches its end, the allure of the future evaporates. What remains is the weight of the past.

The daughter aspires to be a “healer of sorts”; she invokes the promise of therapy, of professional care. “Our small library in the Centre is full of booklets on other voluntary organizations. All of them talk of caring and sharing with slippery ease” (“AD,” p. 72). She has spent endless hours by her “mother’s bedside reading books about, for, and against therapy. Nothing has changed in spite of the verbose history, the acrobatics of jargon. Psychiatry has remained the same. It talks less of curing patients than managing them” (“AD,” p. 77). Psychiatry’s aim is to normalize life and make it functional. “The therapist is a power-broker who aspires to a world full of hard-working men, docile wives and mothers, and obedient children” (“AD,” p. 78).

The daughter treats her mother’s declarations exactly as she receives the sexual confessions of her patients. “I say nothing. I deftly slip on a mask of listening, all smooth, unknotted muscles, withholding judgment” (“AD,” p. 70). But whenever the mother remembers, the daughter cannot rely on the third party and its ideal of dispassionate listening. The emotional entanglement that she’s unable to absorb overwhelms the daughter and eliminates her attempt to act professionally. What her mother throws at her are “great brooding memories darkening unexpected corners” (“AD,” p. 71). The mother’s memory of the past poisons the daughter’s future. The witnessing is not emphatic; it’s violent.²⁸ Something that’s coming from else-

28. “The person receiving care shares her experience and story as a gift with the caregiver, in reciprocation for the practical things that need doing along with a sensibility akin to love” (Kleinman, “Caregiving as Moral Experience,” p. 1551). In German, the word *Gift* means “poison.” There’s a large anthropological literature on the ambivalence of the gift that complicates the idea of story sharing as a gift.

where keeps breaking into the circle of care, undermining the terms and conditions of the contract.

The mother is dying of unknown causes. "Life all around us, she says, and we are in death. To me a metaphor, to her a fact" ("AD," p. 67). "He left me behind, she says suddenly. The words hang in the quiet sick-room with the bitter weight of conclusion, not complaint" ("AD," p. 66). She feels guilty for having failed to keep her son bound to life.

If I loved him, she says, I should have stopped breathing the moment I heard. Instead, I was stunned. Something in me, a vital organ, disconnected itself and turned a clumsy somersault. I cheated myself: the heart, the lungs, ruthless survivors, betrayed my love. One continued to beat, the other inhaled and exhaled callously. ["AD," p. 68]

The body kept her alive when she was begging for death.

She is, whatever the doctor says, a terminal patient. Her fragile body is chained to the life-support machine of her memory. I have witnessed the torture of needles and tubes; her love and jealousy. To come back, nurse her again, relieve the burden, feel the same remorse: who says she should be kept breathing at any cost? It would be simpler to help her forward. It would take only a minute or two to give her what her heart yearns for. ["AD," p. 79]

There's an impulse to switch off the machine, turn the page, and move on. Call it a desire for a decisive event and a life beyond care.

6

What can we conclude about care from these stories? Perhaps we can learn what it means to care for someone who's strong or weak or cunning or stubborn or difficult. Perhaps we can learn something about the life of a relation in a world of exteriority, a world that holds on to the fantasy of constructing a circle that will protect people from the outside. Yet signs of strangeness continue to break into the circle, destabilizing intimate relations with disturbing force. Perhaps we can better understand the limits of the professional and the promise of counseling. No matter how much third-party advice, there's no art of dying. This is far from uplifting, and it may not add up to much, except that it can make us more curious about the life of a concept—the complex, confusing, and contradictory existence it has in lives.

Hariharan's stories are powerful as examples precisely because they were never intended to be exemplary in the first place. Whatever empir-

ical material scholars draw on, too often it seems to have been collected with a certain notion of care in mind. The reliance on stories that were never meant to serve as empirical material yields something important: “the *facility and thus a method* for ‘finding’ the unlooked-for.”²⁹ This method is at the heart of ethnographic fieldwork and the practice of immersion. As Marilyn Strathern emphasizes, empirical material should always be “collected ‘for its own sake’” because its “use cannot be foreseen.”³⁰ This method makes it possible to write about care without already knowing what it is. For what would it mean to say that one knows what care is? Can one ever *know* care? For those who engage in care, the experience is ambiguous. Care is a big fish that refuses to be caught.

Are Hariharan’s stories accounts of failed care? Are these responses to suffering failed responses to the needs of others? In the stories, people care for other people; they respond to suffering without necessarily expressing caring feelings.³¹ They look after frail members of the family without repairing the world or improving life.³² There’s a disease, and support is offered, but it’s not meant to cure what’s sick or fix what’s broken. This is a form of care where people look after each other, but the responsiveness is not an affirmation of suffering, nor does it make people better human beings. It’s not necessarily the cultivation of good or the commitment to an ethical ideal that’s at stake in the scene of care. Something else emerges from this scene: prolonged waiting and pure responsiveness, in lives that seek to live through something that’s without resolution.

Hariharan highlights the difficulty of caring with anatomical precision. She has no interest in proliferating inspirational examples for the sentimental education of the public. She offers no scenes of instruction, no models for ethical self-fashioning that would allow us to care more about care. In fact, the stories make it *more* difficult to talk about seemingly self-evident things like kindness, responsibility, or generosity. There’s no attempt to present care as something that’s free from agonistic forces or ambivalent feelings. The sense of care that emerges is far from reassuring; it lacks the idealizations that tend to characterize the work of scholars who sing the praises of care, assuming that a sweet song will create a caring

29. Marilyn Strathern, *Property, Substance and Effect: Anthropological Essays on Persons and Things* (New Brunswick, N.J., 1999), p. 3.

30. *Ibid.*, p. 9.

31. Helping the other grow is the key aim of care, according to Mayeroff; see *On Caring*.

32. For an account of care as repair, see Berenice Fisher and Tronto, “Toward a Feminist Theory of Caring,” in *Circles of Care: Work and Identity in Women’s Lives*, ed. Emily K. Abel and Margaret K. Nelson (Albany, N.Y., 1990), pp. 35–62; Sandra Laugier, “The Ethics of Care as a Politics of the Ordinary,” *New Literary History* 46 (Mar. 2015): 217–40; and *Le Souci des autres: Éthique et politique du “care,”* ed. Patricia Paperman and Laugier (Paris, 2011).

world.³³ In these enigmatic tales, people offer care without the tender feeling of caring.

The stories are all located in the intimate domain of the family. What they reveal about the intimate is that relations of care always involve a level of strangeness, no matter how close the relation. It's not just that there's always a distant relative, an aunt or an uncle, who's offering ingenuous comments on the quality of care that's being provided by those who are supposed to look after someone. In the stories, the most intimate people put on a mask to hide how strange they are to each other. What care reveals, here, is a dimension of alterity at the heart of intimacy. When people start looking after their elderly mother or father, they discover the weight of a body. That body has always been there; it has always been close. One has seen it many a times, but now one has to physically move it. To care for someone known is to discover how little one knew.

7

The promise of idealization is to overcome the threat of doubt and skepticism, the disturbing possibility of care as a form of not caring. That's why care seems to require the transmission of signs and gestures that supplement the act and communicate the feeling. Of course, there's no guarantee that the feeling will make itself felt in the sign or gesture that was meant to convey it. Infelicity is an ill "to which *all* acts are heir."

To care is to endure the noise of the other.³⁴ It's a response to and a symptom of the difficulty of being in relation. This doesn't mean that there are no defenses. The conventions of normative sociality offer protection; they come with the promise of safety and security, the promise of a life in peace and prosperity without the possibility of a disturbing event. But then disease strikes, and your fantasy of continuity falls apart. Then someone shows up in the emergency room and offers you compassion in the form of hot chocolate, but you're on a diet. That's the moment when the cup of care that's there for you and me to share feels good and bad again.

33. "In . . . an ongoing pattern of care, we can expect moral virtues to deepen: We will trust in one another and in our social and political institutions, and feel solidarity with other citizens, seeing them as partners in our own caregiving and receiving" (Tronto, *Who Cares?* p. 14).

34. Mol writes the noise of the other out of her account of care in order to purify the practice and highlight the ideal: "In real life, good care co-exists with other logics as well as with neglect and errors. Here, I have left out such noise in order to distill a 'pure' form" (Mol, *The Logic of Care*, p. 10).