

The Care Manifesto

The Politics of Interdependence

The Care Collective

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Introduction: Carelessness Reigns

Our world is one in which carelessness reigns. The coronavirus pandemic merely highlights this ongoing carelessness in many countries, including the USA, the UK and Brazil. These countries dismissed early warnings about the very real and imminent threat of pandemics to come, choosing instead to waste billions on military hardware against distant or non-existent threats and to funnel money to the already rich. This has meant those most at risk from Covid-19 – health workers, social carers, the elderly, those with underlying health conditions, the poor, the incarcerated, and the precariously employed – have received negligible help or support, while lessons that could have been shared on the best ways for protecting them have been largely ignored.

Yet long before the pandemic, care services had already been slashed and priced out of reach for many of the elderly and disabled, hospitals were routinely overwhelmed and in crisis, homelessness had been on the rise for years, and increasing numbers of schools had begun dealing with pupil hunger. Meanwhile,

multinational corporations had been making huge profits out of financialising and overleveraging care homes while work in the care sector was subsumed into the corporate gig economy, making precarious workers not only more numerous but also hugely overstretched, vulnerable and thus less able to care.

At the same time, over the past few decades, ideas of social welfare and community had been pushed aside for individualised notions of resilience, wellness and self-improvement, promoted through a ballooning 'self-care' industry which relegates care to something we are supposed to buy for ourselves on a personal basis. This offers a wholly insufficient sticking plaster for these problems. In short, for a long time we had simply been failing to care for each other, especially the vulnerable, the poor and the weak.

It has tragically taken a worldwide pandemic to remind us of just how vital robust care services are. Moreover, Covid-19 has compelled many of us to adopt new forms of taking care – from mutual aid to social distancing and self-isolation. All around the globe, from New York to London, Athens, and Delhi, people clap every week to demonstrate support for essential care workers. Rhetorically at least, governments worldwide have responded, and in sharp contrast to 2019, *talk* of care is currently everywhere. Even the least likely have rolled out major economic aid packages in the name of care for the nation. Surprising though these actions may have been, the aid packages have not been enough to counteract the decades of organised neglect suffered by our caring infrastructures and economies more

generally. Moreover, recent analysis has shown that in too many countries these packages are tailored mostly to the benefit of the wealthy; in some cases, these seemingly progressive efforts actively work to disguise the fascist policies of those administering them. India's Hindu-nationalist prime minister Narendra Modi outdid even his peers, introducing a welfare package called 'PM Cares' as he continued to orchestrate the brutal clampdown on Kashmir and the delegitimisation of Muslim migrant workers.

So, although we are hearing much more about care in these unsettling days, carelessness continues to reign. Our manifesto is written to redress this lack of care.

The crisis of care has become particularly acute over the last forty years, as governments accepted neoliberal capitalism's near-ubiquitous positioning of profit-making as the organising principle of life. It has meant systematically prioritising the interests and flows of financial capital, while ruthlessly dismantling welfare states and democratic processes and institutions. As we have seen, this kind of market logic has led to the austerity policies that have significantly reduced our ability to contain the current pandemic – leaving many hospitals without even the most basic personal protective equipment health workers need.

The undermining of care and care work, however, has a much longer history. Care has long been devalued due, in large part, to its association with women, the feminine and what have been seen as the 'unproductive' caring professions. Care work therefore remains consistently subject to less pay and social prestige, at

least outside its expensively trained elite echelons. The dominant neoliberal model has merely drawn on these longer histories of devaluation, while twisting, reshaping and deepening inequality. After all, the archetypal neoliberal subject is the entrepreneurial individual whose only relationship to other people is competitive self-enhancement. And the dominant model of social organisation that has emerged is one of competition rather than co-operation. Neoliberalism, in other words, has neither an effective practice of, nor a vocabulary for, care. This has wrought devastating consequences.

The pandemic thus dramatically exposed the violence perpetrated by neoliberal markets, which has left most of us less able to *provide* care as well as less likely to *receive* it. We have, for a very long time, been rendered less capable of caring for people even in our most intimate spheres, while being energetically encouraged to restrict our care for strangers and distant others. No wonder right-wing and authoritarian populism has once again proved seductive. It has been easily fuelled, given the profound difficulties and unbearable collective anxieties of living in an uncaring world. Defensive self-interest thrives in conditions like these since, when our very sense of security and comfort is so fragile, it becomes harder to care for ourselves, let alone for others. In this way, care has been – and continues to be – overshadowed by totalitarian, nationalistic and authoritarian logics that rearticulate and reorient our caring inclinations towards ‘people like us’. The spaces left for attending to difference or indeed developing more expansive forms of care have been rapidly

diminishing. To appropriate a term famously used by Hannah Arendt, a systemic level of *banality* permeates our everyday carelessness. Hearing about catastrophes such as the vast numbers of drowned refugees, or the ever-expanding homelessness in our streets, has become routine. Most acts of ‘not caring’ happen unthinkingly. It is not that most of us actively enjoy seeing others left without the care they need, or that we share sadistic and destructive impulses. And yet we are failing to challenge the limits being placed upon our caring capacities, practices and imaginations.

What, we now ask, would happen if we were to begin instead to put care at the very centre of life?

In this manifesto, we argue that we are in urgent need of a politics that puts care front and centre. By care, however, we not only mean ‘hands-on’ care, or the work people do when directly looking after the physical and emotional needs of others – critical and urgent as this dimension of caring remains. ‘Care’ is also a social capacity and activity involving the nurturing of all that is necessary for the welfare and flourishing of life. Above all, to put care centre stage means recognising and embracing our *interdependencies*. In this manifesto we therefore use the term ‘care’ capaciously to embrace familial care, the hands-on care that workers carry out in care homes and hospitals and that teachers do in schools, and the everyday services provided by other essential workers. But it means as well the care of activists in constructing libraries of things, co-operative alternatives and solidarity economies, and the political policies that keep housing costs

down, slash fossil fuel use and expand green spaces. Care is our individual and common ability to provide the political, social, material, and emotional conditions that allow the vast majority of people and living creatures on this planet to thrive – along with the planet itself.

Our approach in this manifesto is one that understands care as being active and necessary across every distinct scale of life. To begin with, the manifesto diagnoses the interconnected nature of the current reign of carelessness. It purposefully travels from the global dimensions that have produced the climate crisis and economies that put profit over people, through careless states and communities, to how the banality of carelessness ultimately affects our interpersonal intimacies. We then travel outward again, scaling up from the interpersonal to the planetary, in order to outline caring *alternatives* to our contemporary condition of carelessness. We use this structure, moving through these scales, because we want to show how our capacities to care are interdependent and cannot be realised in an uncaring world. Practices more conventionally understood as care, like parenting and nursing, in other words, cannot be properly carried out unless both caregivers and care receivers – indeed, all of us – are supported. This can only happen if care, as a capacity and a practice, is cultivated, shared and resourced on an egalitarian basis. It is not just ‘women’s work’, and it should be neither exploited nor devalued. We thus begin by diagnosing the nature of the care crisis, showing in detail how and why social carelessness has come to structure and take hold of so many different dimensions of life. After this

we offer solutions, sketching caring imaginaries which draw on past examples, present manifestations and future possibilities for forms of interconnected care. Rethinking these dependencies of care is pivotal for politics today if we hope to foster a politics of tomorrow.

Careless Worlds

We start with the most challenging scale: that of the global. We are all aware of the global nature of the coronavirus pandemic, and the lethally negligent lack of preparedness for it in so many countries, particularly the US and UK, despite recurrent warnings. Yet before Covid-19 grabbed all the headlines, every day had brought more stories about preventable disasters around the world: from refugees drowning in the Mediterranean Sea as they attempt to reach European shores, through the poisonous smog enveloping cities such as New Delhi, to the murder of unarmed black men and women in the US and the femicide of thousands of women (including significant numbers of trans women) killed annually in Latin America alone. The climate crisis is no longer imminent but unfolding before our eyes, with higher temperatures, deadly wildfires and flooding now commonplace. Extreme weather events are alarmingly frequent, wreaking havoc on communities, with the most vulnerable – whether poor black and brown communities in the US or low-lying countries in the Global South – invariably the hardest hit. All these phenomena are interrelated, for each is connected to the market-driven lack of care at every level of society.

Indeed, as neoliberal economic growth policies have become dominant in so many countries, the inherently careless practice of ‘growing the economy’ has taken priority over ensuring the well-being of citizens. Sprawling multinational corporations thrive under these conditions, free to pursue agendas that enrich the minority at the expense of the world. Oil giants, Big Pharma and high-tech firms like Google and Amazon have become more powerful and wealthier than many nation states, with precious little accountability to anyone. Moreover, these neoliberal policies and the monster corporations they create have intensified already existing inequalities both within countries and between the Global North and Global South, while simultaneously exacerbating environmental injustice and war, as well as facilitating the alarming rise of authoritarian regimes and ultra-nationalist rhetoric.

It is hardly surprising, then, that more right-wing governments have been voted into office in recent years, stoking the prevalent carelessness by building walls and tightening borders. While commodities continue to flow relatively unhindered, traditional borders are being strengthened to keep ‘undesirable’ people out. Such was Donald Trump’s immediate reaction to the deadly coronavirus outbreak, once he’d reluctantly admitted that it *was* a global pandemic. This has happened in a context where the nature of borders had been dramatically changing already. Until recently, borders were the physical boundaries that contained nation states; today they have grown pervasive *within* nation states, their effects extending into ever more aspects of daily

life. For instance, in the UK citizens are now encouraged to act like border guards and report anyone they suspect of being an undocumented migrant – an inevitably racialised and xenophobic practice. Moreover, ‘grey zones’ have developed between and within states, either as for-profit detention centres or in the form of refugee camps like the now dismantled ‘jungle’ in Calais, in which countless ‘undesirables’ (mostly poor and from the Global South) endure a purgatory of statelessness without legal rights or protections¹ – what Giorgio Agamben describes as ‘bare life’.²

Such profound lack of care on a global scale has also created a world *that is itself in crisis*. Numerous economists and environmentalists have long argued that perpetual economic growth is completely incompatible with environmental limits and with preserving a habitable planet – from the Club of Rome’s famous 1972 report on *The Limits of Growth* to more recent works, such as Ann Pettifor’s *Case for the Green New Deal* and Kate Raworth’s *Doughnut Economics*. A global neoliberal economy that places profit over people, and is dependent on the endless extraction and burning of fossil fuels, has caused environmental destruction on an unprecedented scale. The world, as Naomi Klein has recently written, is on fire.³

Carewashed Markets

Neoliberal capitalism is, then, an economic order concerned only with profits, growth and international competitiveness. It normalises endemic care deficits and

object failures to care at every level by positing them as necessary collateral damage on the road to market-oriented reforms and policies. While enabling certain modes of market-mediated and commoditised care, neoliberalism seriously undermines all forms of care and caring that do not serve its agenda of profit extraction for the few.

It is true that markets and marketplaces have always mediated some forms of care, from the Athenian agora to the petty traders and producers of the industrial era. Yet neoliberal capitalism is unique in putting forward an economic model of relentless markets alongside 'small government' in its bid to reduce all domains to market metrics. This kind of colonising market rationality is responsible for some of the very worst forms of carelessness in recent history. Economists including Thomas Piketty have vividly demonstrated how ever-rising income inequality is not an accident, but rather a key structural feature of neoliberal capitalism that is still increasing exponentially. Neoliberalism is uncaring by design.

Neoliberal market exchanges are primarily controlled by extremely powerful marketplace actors that are opaquely interconnected, globalised and largely reliant on governments for the creation of further 'freed' markets. Indeed, it is governments that have enabled the manoeuvres of large transnational corporations to reach unprecedented levels. At the same time, the supply chains that underlie these market exchanges are saturated with stories of extreme labour and planetary exploitation – from the Rana Plaza clothing factory

collapse in Bangladesh to the staggeringly destructive oil extraction in Canada's tar sands. Invisible, undervalued, exploited care labour is everywhere, perhaps even heightened today with the advent of Covid-19: from the global care chains of our domestic workers to the hidden worker-carers who meticulously produce and circulate our essential goods.

Meanwhile, powerful business actors are promoting themselves as 'caring corporations' while actively undermining any kind of care offered outside their profit-making architecture. Thus, Wizz Air – a European low-cost airline – has as its advertising slogan 'Care More. Live More. Be More', reassuring its customers that 'Wizz cares' and therefore invests in carbon offsetting. Conspicuous by its absence is any admission that, above all, Wizz Air cares that we *carry on flying* but with less guilt, in order to make more money for its shareholders. Similarly, the Irish multinational clothes retailer Primark, synonymous with 'fast fashion', has in the past been notorious for its exploitation of child labour. But it has lately come up with a 'Primark cares' initiative, detailing how the company 'cares for people and planet', alongside a promotion of its new 'wellness products' (sweet-smelling candles and fluffy towels) in all its branches. In the UK, British Gas recently joined a campaign in favour of recognising unpaid care work, yet it still refuses to engage with mounting criticism over its lack of adequate care for the environment. Such forms of what we might term *carewashing* join a rich array of corporations trying to increase their legitimacy by presenting themselves as socially responsible

'citizens', while really contributing to inequality and ecological destruction. They go further by trying to capitalise on the very care crisis they have helped to create.

The proliferating expansion of platform-based markets for 'everyday care needs', from pet care and babysitters on care.com to the booming self-care and 'wellness' industry, is undermining our communal care resources and caring capacities by implanting market logics into traditional non-market realms, including those of health and education. Nation states themselves have facilitated many of the worst practices of global markets, allowing the evisceration of many of the basic forms of public provision, including healthcare, education, and housing, along with people's sense of responsibility for maintaining them.

Careless States

Since the 1980s the rulers of nation states – most notoriously Margaret Thatcher in the UK and Ronald Reagan in the US – have urged us to believe that care in all of its various manifestations is a matter for the individual, the supposed backbone of competitive markets and strong states. Such urgings are part of a spurious strand of self-discipline and a deceptive idea of the good and responsible citizen. The ideal citizen under neoliberalism is autonomous, entrepreneurial, and endlessly resilient, a self-sufficient figure whose active promotion helped to justify the dismantling of the welfare state and the unravelling of democratic institutions and civic engagement. This notion that care is up to the

individual derives from the refusal to recognise our shared vulnerabilities and interconnectedness, creating a callous and uncaring climate for everyone, but particularly for those dependent on welfare, routinely accused of preferring 'worklessness and dependency'. Such views lay behind the recent implementation of the digitalised Universal Credit scheme for welfare payments in the UK, designed to whip almost all claimants into the workforce. Early on there were catastrophic consequences wherever it was implemented, inflicting extreme suffering on claimants while achieving nothing in savings.

As Danny Dorling shows in *Peak Inequality*, this wholesale lack of care and essential welfare support has been creating a calamitous environment in the UK.⁴ The anguish exists at every level today, from rising infant mortality, through adolescent crime and increased physical and mental health problems, to family carers (especially of elderly parents or spouses) reporting constant strain due to benefit cuts and collapsing community resources. Its most dramatic manifestation of late is the conspicuously rising mortality rates among certain groups of the elderly, particularly working-class women, for the first time in a hundred years. Currently there are 1.5 million older people without the care they need in the UK, while suicide is on the increase and waiting times for mental health therapy have lengthened, despite more funding being available for limited, short-term therapy. While the coronavirus pandemic has forced the right-wing UK government to provide forms of social support only ever previously envisaged by the left, this profound legacy of inequality combined with

deeply uneven provision has meant that the pandemic has hit the most neglected and disenfranchised constituencies hardest, particularly the elderly, women, BAME people, the poor and the disabled.⁵ The picture is not so very different in other parts of the Global North.

At the same time, in the past few decades, welfare reform in the UK and in other European countries has been captured and monopolised by a very small group of global corporations that provide neither the ‘value’ nor the care they purport to. As Alan White revealed in his book, *Shadow State: Inside the Secret Companies That Run Britain*, there have been a succession of scandals and allegations of abuse involving large companies such as G4S, Serco, Capita, and Atos. Since these have won the bulk of contracts for running basic services including the NHS, the Ministry of Justice, asylum services, social care, disabilities and unemployment, they deal, often reprehensibly, with many of the most vulnerable people in our society.⁶ Indeed, they have actively made more people extremely vulnerable: by, for example, working to expand prisons and the number of people incarcerated. With no effective government control over the giant companies it hires, this ‘shadow state’ takes advantage of the actual state. And the exponential growth of this unaccountable private sector has disastrous consequences, not only for our capacities to care – as we have seen in the UK’s unreadiness for the spread of Covid-19 – but also for the possibility of democracy. It is, moreover, local communities which have been particularly hard hit by such practices, as national funds for local services dry up in many nation

states, triggering the dismantling of some of the most essential forms of social provision and resources. This recent legacy of supporting the private sector at the expense of the public sector has been perversely notable during the pandemic, with larger corporations conspicuously the only constituency not being asked to take a financial hit by the more right-wing states. And as the pandemic continues, we are witnessing how this period has become the occasion for increased outsourcing in many countries, including the UK.

Uncaring Communities

Tragically, this deliberate rolling back of public welfare provision and resources, replaced by global corporate commodity chains, has generated profoundly unhealthy community contexts for care. Nowhere is this more apparent than in the social care sector itself. The corporate seizure of care homes from the public sector – a process enabled and imposed by government policies – has meant that the people being ‘cared for’ in their own communities are often neglected. The capacities of those employed to provide care are severely diminished through ongoing exploitation, understaffing, poor pay, time constraints, inadequate or non-existent job security and a lack of training and support.⁷ Moreover, the loss of smaller and local providers, which were often firmly embedded in the community they served, further contributes to the unravelling of community ties.

The outsourcing of ‘hands-on’ care provision is, however, just one of the ways in which neoliberalism

evacuates possibilities for maintaining community care. At the same time, we have also witnessed a massive contraction of public space, as corporations and private-sector actors have bought up and then privatised spaces that were once commonly owned and used by the people in the community. After the abolition of the Greater London Council (GLC) in 1986, for example, the large and handsome municipal County Hall and its surroundings, on the South Bank of the Thames, were sold off to a Japanese entertainment company.⁸ The decimation of public spaces renders a sense of communal life increasingly difficult. There are fewer places for people to congregate, whether for relaxation and enjoyment, or to discuss issues of common concern or participate in collaborative projects. This heightens the competitive individualism that so often leads to loneliness and isolation, while having devastating repercussions for our ability to participate in democratic decision-making.

Fewer community resources, a culture that places profit over people, and a social and political landscape that incites us to focus on our individual selves has meant that cultivating community ties, which enhance democracy, has become ever harder. Such a care-less world creates fertile conditions for the growth of notoriously *uncaring* communities that base their sense of shared identity on exclusion and hatred – misogynist incel and white nationalist groups being paradigmatic examples. Moreover, careless communities focus on investing in policing and surveillance rather than in social provisions to promote human flourishing. And as carelessness takes hold in so many domains of life,

and as community ties are profoundly weakened, the family is often encouraged to step in as society's preferred infrastructure of care.

Careless Kinships

The traditional nuclear family still provides the prototype for care and for contemporary notions of kinship, all stemming from the mythic ramifications of the first 'maternal bond'. This remains true even as queer people have been increasingly incorporated into the mainstream – on the condition that they reproduce the traditional nuclear-family model. Our circles of care have not broadened out but have, in fact, become painfully narrow.

These caring arrangements are unreliable and unjust. The nuclear family cannot be the assumed basic unit of care, nor can market outsourcing be the solution to the gender inequality of current care expectations or practices. In both cases, after all, women end up doing the lion's share of both unpaid and paid care work (two-thirds of paid and three-quarters of unpaid care work globally). Why should women have to do all this care work? And what if you don't have a family that can support you – what if your family has rejected you, or you have rejected them? What if you cannot afford to pay for privatised care services? At best, the consequences of this regime of care have often led to the neglect and isolation of those most in need of care, and at worst to needless sickness and death. The neoliberal insistence on only taking care of yourself and your

closest kin also leads to a paranoid form of 'care for one's own' that has become one of the launch pads for the recent rise of hard-right populism across the globe. And this brings us full circle – from the global lack of care to the reliance on the traditional family – underscoring how the different scales we outline here are all intimately and inextricably related.

As we live through the ascendancy of far-right populism and the uncertainty of a post-pandemic world, the idea of care has been so diminished that it tends to mean care exclusively for and about 'people like us'. In what is a truly horrifying situation, the populist state actually strengthens itself the more it produces spectacles of indifference to the 'different'. Only a minority of us, apparently, feel upset when migrant infants are ripped away from their families; or when entire ecosystems burn to the ground as a result of climate change, or, as in Jair Bolsonaro's Brazil, are deliberately destroyed to make way for neoliberal capitalist ventures. One of the images that has come to define Trump's America is of US First Lady Melania Trump visiting a shelter that housed refugee children separated from their families, wearing a jacket with the words 'I Really Don't Care. Do U?' scrawled in big white letters. 'Really not caring' is presented by the right as a form of 'realism'; strong evidence of what we term the banality of carelessness. It also shows how crucial the question of dependency, and interdependency, is for our societies and our lives, at every single level, and the multiple destructions caused when these interdependencies are denied.

The Solution

How do we even begin to address the pervasiveness of carelessness? We suggest that we can do so by building on a wealth of examples of what we call 'care-in-practice', from the radical past to the recent present, when care has come to prominence as a vital force during the coronavirus emergency. In what follows, we offer a progressive vision of a world that takes the idea of care as its organising principle seriously, an idea that has been repudiated and disavowed for too long. This vision advances a model of 'universal care': the ideal of a society in which care is placed front and centre on every scale of life. Universal care means that care – in all its various manifestations – is our priority not only in the domestic sphere but in all spheres: from our kinship groups and communities to our states and planet. Prioritising and working towards a sense of universal care – and making this common sense – is necessary for the cultivation of a caring politics, fulfilling lives, and a sustainable world.

Achieving this vision of universal care is of course as challenging as it is pressing. It will involve avowing our mutual interdependencies and embracing the ubiquitous ambivalences at the heart of care and caregiving. It will mean ensuring that care is distributed in an egalitarian way – neither assumed to be unproductive and primarily women's work by nature, nor, when paid, carried out mostly by women who are poor, immigrant, or of colour. The goal is to ensure that the whole of society shares care's multiple joys and burdens. Across

different scales of life, this vision translates into reimagining the limits of familial care to encompass more expansive or 'promiscuous' models of kinship; reclaiming forms of genuinely collective and communal life; adopting alternatives to capitalist markets and resisting the marketisation of care and care infrastructures; restoring, invigorating and radically deepening our welfare states; and, finally, mobilising and cultivating radical cosmopolitan conviviality, porous borders and Green New Deals at the transnational level.

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 deep-rooted 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 care-taking, 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 house-keeping 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 vulnerabilities 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.

Caring Kinships

Only by multiplying our circles of care – in the first instance, by expanding our notion of kinship – will we achieve the psychic infrastructures necessary to build a caring society that has universal care as its ideal. In this chapter, by drawing on a range of caring arrangements common in other periods or places and based on alternative kinship structures, we put forward a new ethics of ‘promiscuous care’ that would enable us to *multiply* the numbers of people we can care for, about and with, thus permitting us to *experiment* with the ways that we care.

Alternative Caring Kinships

We need not look far to find cultures where caring kinships have been arranged differently. Whether by necessity or design, care beyond the nuclear family has been acceptable to different degrees in different societies for centuries, some examples more radical than others.

Take ‘mothering’, still upheld in our culture as the archetypal caring relationship, but one whose practices are so rigidly idealised that they may often burden even

those women who desire the role and have the resources to perform it. But mothering has been imagined differently. In African American communities, where racism has made resources scarce and life more precarious, black women have long reimagined what mothering might look like, dividing childcare between 'blood mothers' and 'other-mothers'. A blood mother is a child's biological mother, whereas other-mothers are the network of women a biological mother can rely on when she is not available to care for her child. This model of kinship, informed by West African traditions, adopted new forms when black women became the primary carers of white children instead of their own, whether as slaves or as exploited domestic labourers. As a category, other-mothers would include family members – grandmothers, sisters and cousins – but, importantly, it would also include neighbours and friends. This expanded notion of kinship eased the burden of care for an already overburdened social group and spread the joys as well as the challenges of caring to other women in the community.¹

Closely related were the experiments in childcare that took place as part of second-wave feminism in the 1970s. The burden of childcare, its devaluation as a practice, and the way it worked to preclude women from participating in public life were all key objects of feminist struggle during this time. Second-wavers proposed different solutions. Some championed collective living arrangements (with and without men) in which all domestic labour, including childcare, was shared equally, so that all members could engage in the

burdens and pleasure of care work as well as having a life outside the domestic realm. Others argued for well-resourced maternity leave and differing childcare arrangements, including co-operative nurseries and crèches (where men of the left also worked at times).

A term we might use to describe these collective childcare arrangements is 'families of choice'.² This term was developed primarily in relation to LGBT political movements contemporary with second-wave feminism. It originally referred not so much to childcare as to relationships outside the biological family, which LGBT folk felt were the most significant to them. Families of choice emerged because non-normative sex or gender expressions could (and still can) cause a person to be rejected by their biological family. As a result, LGBT people often moved to 'gay neighbourhoods' within cities and forged family-like relationships with friends and lovers who fulfilled their caring needs. This was often out of necessity, but it was also advocated as part of the radical politics of gay liberation that sought to expand affective relations of care and intimacy beyond those sanctioned by and through heteronormativity.

Indeed, as societies 'de-traditionalised' in the late twentieth century, partly as a result of these social movements, the alternative kinship structures they encouraged started to migrate into the lives of people who did not necessarily consider themselves radical. In empirical work carried out by sociologist Sasha Roseneil with Shelley Budgeon in the early 2000s, they discovered that it was very often friends, rather than

relatives or partners, who were the primary carers of people in different parts of the UK. Friends cohabited, looked after each other's children and performed palliative care for the sick and the dying. The problem was, and remains, that there was not enough state recognition of these friendships to furnish them with either the decision-making powers or the resources necessary to care as well as they would have wished, making them less secure over the long term. Entirely in keeping with the spirit of this manifesto, Roseneil argues at the end of her study that 'the friend' could easily replace 'the mother' as the archetypal figure in our caring imaginaries, and that 'networks and flows of intimacy and care' should replace the family as the prime relational unit.³

There is surely no greater illustration of the failures of both neoliberalism and hetero-patriarchal kinship in providing adequate infrastructures of care than the AIDS crisis of the 1980s and '90s, a crisis which still persists among African Americans and in large parts of Africa. The market was incapable of responding to the speed and scale at which HIV/AIDS spread through different communities during the early years of the outbreak. And when it came to gay men and trans women – two of the largest demographics affected at the time – sufferers were frequently let down by their biological families too.

Building on the community models of the Black Panthers, and feminist and gay liberation healthcare initiatives from the 1970s, community organisations of varying sizes and political stripes emerged to fill the

gaps. In the US and the UK groups like ACT UP, Gay Men Fighting AIDS, Buddies and the Terrence Higgins Trust drew together gay men, lesbians, second-wave feminists, and people of colour to demand that the government, Big Pharma and the general public wake up and care about the marginalised populations being decimated by the disease, while also developing initiatives that could provide care for them. The scale of the crisis meant that these bottom-up efforts could only ever be partially successful. Nevertheless, they sketched out an important model for looking after others, and offered a vivid example that can help transform our notions of what constitutes caring kinship. We might call this kind of care network 'strangers like me': forms of care carried out by strangers whose lives resemble our own.

The care for 'strangers like me' has taken on an intriguing twist in our digital times. The digital sociologist Paul Byron has researched the often life-saving forms of care unfolding among trans people on the social media platform, Tumblr. Despite the advances made by LGBT+ movements over the past fifty years, trans folk remain among the most marginalised of social groups. They are at greater risk of violence, more likely to commit suicide, and are severely under-resourced when it comes to their care needs. Byron's work shows how Tumblr constitutes an ideal space for this community to come together and provide care for each other.⁴ Unlike other platforms, Tumblr does not require users to identify themselves on their profile, allowing them to visit the platform anonymously. This

anonymity is vital for a group who either may not have fully come to terms with their gender identity, or for whom expressing it publicly could be life-threatening. As a result, Tumblr has become a site where trans people from around the world share information, advice and emotional support. It offers a space of organisation, belonging and care. This phenomenon helps us think about the significant place of the digital in relation to care (beyond the exploitative models of platforms like care.com, which profits from inefficiently attempting to match gig-economy care workers with those in need of care), with its ability to encompass care towards people whom we do not know and cannot even see.

Caring across Difference

Useful as they are in helping us think about care beyond the nuclear family, the alternative kinship structures that we have just outlined rely on a notion of hands-on care (care for) and are based on some degree of sameness – even if it is the sameness of a shared illness or worldview. The more challenging issue when it comes to imagining new models of care is that of caring across difference – whichever way ‘difference’ is constructed in a particular time and space.

Parallel to other theorists of subjective interdependency, the philosopher Emmanuel Levinas held that because the self is constituted only through its relationship to the other, we are ethically compelled to that other’s care. Drawing on this idea and on cultures of hospitality, the French philosopher Jacques Derrida

advocated an ethics of limitless hospitality to ‘the stranger’. Echoes of the Derridean model of hospitality are found in some unlikely places, not least in the various improvised welcome centres formed in response to the European refugee crisis. In City Plaza, for instance – a hotel in the centre of Athens that was squatted from April 2016 to July 2019 – activists and residents insisted that the project was about more than just ‘taking care’ of the 400 people living there. Rather, it was often described as an ‘alternative family’ aiming to make City Plaza ‘home’ to a shifting mix of mostly Syrian refugees (but also Eritreans, Ghanaians, Iranians, Somalis) and many European ‘solidarians’.

Stretching the concept of caring kinship, perhaps to its very limit, is the care extended by military medics to enemy combatants wounded on the battlefield. In a sense there is no greater challenge to our caring imaginaries than to tend to people who are trying to kill ‘people like us’. Nevertheless, it is a practice of care enshrined in the Hippocratic Oath, as well as international law, and undergirded by the ethical frameworks of many major religions. It shows that you do not have to look too far outside the mainstream to find a multiplicity of extant caring practices that can provoke us into thinking about care in more expansive terms, beyond the shrivelled forms that prevail today.

What about kinship in relation to the ‘non-human’ – animals and the environment? Historian Nick Estes addresses this question in his work on the politics of Standing Rock, in which he argues that there is a capacity to Native American conceptions of kinship

'that goes beyond the human'. Kinship is not tied only to blood or family but extends to the land, water, and the animals on whom we depend for livelihood. For the Water Protectors at Standing Rock, resistance to the Dakota Pipeline was precisely about protecting a *relative*, Mni Sose (the Missouri River). Moreover, for the Dakota, kinship is also a process: 'making kin is to make people into familiars in order to relate.'⁵ This conception of kinship derives from Indigenous beliefs about the centrality of cultivating just relations with human and non-human relatives and with the earth. Such relationships are fundamental to developing a politics of care, from the most intimate kinships to the planetary scale.

Promiscuous Care

We have surveyed care at the scale of kinship because, within the current arrangements, it is all too often inadequate, unreliable and unjust. If care is to become the basis of a better society and world, we need to change our contemporary hierarchies of care in the direction of radical egalitarianism. All forms of care between all categories of human and non-human should be valued, recognised and resourced equally, according to their needs or ongoing sustainability. This is what we call an ethics of promiscuous care.

We base this ethics of promiscuous care on AIDS activist theory from the 1980s and 1990s, specifically the essay 'How to Have Promiscuity in an Epidemic', by the academic and ACT UP activist, Douglas Crimp.

This essay was a response to the idea, advanced not only in the media but also by gay leaders, that one origin of the AIDS epidemic lay in the sexual promiscuity of gay men. Crimp retorted that what the so-called promiscuity of post-Stonewall sexual cultures actually meant for the epidemic was that gay men 'multiplied' 'experimental' sexual practices, beyond the penetrative sex that was one of the more common routes of HIV transmission. He writes that some gay leaders 'insist that our promiscuity will destroy us when in fact it is our promiscuity that will save us'.⁶ Here Crimp uses the concept not in the sense of 'casual' or 'indifferent', but in that of multiplying and experimenting with the ways gay men were intimate with and cared for each other. These experimental intimacies ultimately served as the basis for the safer sex initiatives, developed by groups like ACT UP, that went on to save countless lives.

In the same spirit, we must also *care* promiscuously. In advocating for promiscuous care, we do not mean caring casually or indifferently. It is neoliberal capitalist care that remains detached, both casual and indifferent, with disastrous consequences. For us, promiscuous care is an ethics that proliferates outwards to redefine caring relations from the most intimate to the most distant. It means caring *more* and in ways that remain experimental and extensive by current standards. We have relied upon 'the market' and 'the family' to provide too many of our caring needs for too long. We need to create a more capacious notion of care.

'Promiscuous' also means 'indiscriminate', and we argue that we must not discriminate when we care. Building on historic formations of 'alternative' caregiving practices, we must expand our caring imaginaries further still: anyone can potentially care for, about and with anyone. The caring state, in recognising this, would furnish both carer and cared for with the legal, social and cultural recognition and the resources they need. This, in turn, will enhance our abilities to cultivate an orientation towards the other – whether distant or proximate – that is caring. The question of resources is critical here. Looking at promiscuous care from another angle: if the neoliberal defunding and undermining of care has led to paranoid and chauvinist caring imaginaries – looking after 'our own' – adequate resources, time and labour would make people feel secure enough to care for, about and with strangers as much as kin.

Of course, promiscuous care does not mean that we care only fleetingly for strangers or they only care fleetingly for us. It does, however, recognise that care can be carried out by people with a wide range of kinship connections to us. Sometimes care is best carried out by strangers, or indeed can *only* be carried out by strangers. Just look at the mutual aid groups that have sprung up during the Covid-19 pandemic. Where would these frail and isolated people be, were it not for the anonymous care given to them by strangers who risked their own infection by delivering essential goods and medicines? Of course, had the NHS not been so eviscerated by a decade of Tory-administered austerity, the

state might have been able to provide this care by calling on groups of self-organised volunteers. Or perhaps a more caring state would have the mechanisms in place to fund and support these self-organised volunteers. In our vision we believe all care work should be properly resourced and democratically organised, not left to the free labour of strangers. And, of course, properly resourced care for and by a stranger begins to make that stranger more familiar, reinforcing the bonds of promiscuous care.

Promiscuous care must also recognise that history, culture and habit make some forms of care more likely than others – including parental care – and that the time, resources and wider infrastructures must be made available by the state and communities to support them, as we lay out later. But nothing is immutable. Sometimes a mother cannot look after her child, or at least not adequately, for a range of different reasons, and promiscuous care would proliferate the types of care that are available to both child and mother (since the mother needs caretaking too). Promiscuous care recognises that not all women *want* to be mothers, whether they *can* be or not; and that caring for children who are not your own, caring for the community and caring for the environment are equally valuable tasks that must be adequately resourced and appreciated. Promiscuous care argues that caring for migrants and refugees should carry the same significance that our culture places on caring for our own, and urges us to care about the fate of those children forcibly separated from their families at the US border and placed in detention centres, as if

they were kin. It recognises that we all have the capacity to care, not just mothers and not just women, and that all our lives are improved when we care and are cared for, and when we care together. There is no category of human, or indeed non-human, to whom this does not apply.

To encourage promiscuous care means building institutions that are capacious and agile enough to recognise and resource wider forms of care at the level of kinship. But promiscuous care should also inform every scale of social life: not just our families but our communities, markets, states, and our transnational relationships with human and non-human life as well. In this sense it connects to what we called 'universal care' in the introductory chapter. In the next, we consider how universal and promiscuous care can also be realised at the level of community.

Caring Communities

Over the past few decades, many of us have experienced living in an accelerating social system of *organised loneliness*. We have been encouraged to feel and act like hyper-individualised, competitive subjects who primarily look out for ourselves. But in order to really thrive we need caring communities. We need localised environments in which we can flourish: in which we can support each other and generate networks of belonging. We need conditions that enable us to act collaboratively to create communities that both support our abilities and nurture our interdependencies.

This is because issues of care are not just bound up with the intimacy of very close relationships, such as family and kinship. They also take shape in the environments we inhabit and move through – in local communities, neighbourhoods, libraries, schools and parks, in our social networks, and the groups we belong to.

But how do we create the kind of caring communities that make our lives better, happier, and even, in some cases, possible? What kind of infrastructures are necessary to create communities that care?