

The interdependence of care: A conversation with The Care Collective

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Formed in 2017, The Care Collective – Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal – is interested in both understanding and addressing multiple crises of care. Written from an interdisciplinary perspective, their first collective book, *The Care Manifesto*, moves across different spheres of care – from caring politics, caring kinships, and caring communities to caring states and economics as well as caring for the world. Published one year ago, in August 2020 in the middle of a global pandemic, the manifesto challenges and expands on our understanding of care.

In the introduction to *The Care Manifesto*, you state that ‘talk of care is currently everywhere’[1] – from the rhetoric of governments and corporations to the commodification of self-care as well as a renewed attention to care work. How do you reclaim and reshape care as both a term and a concept?

Our conception of care is a very broad one, though opposed to the term’s recent attenuation in the language of neoliberal governments and corporations, which we call ‘care-washing’, and the commodification of self-care, which we see as a technique of neoliberal individualisation. It is also diametrically opposed to the more reactionary models of care that have been endorsed by populist leaders across the globe, which restrict care to ‘people like us’. While we are glad care has shot up the political agenda, we don’t want it to be used to promote further inequality and isolation. In *The Care Manifesto*, we build on thinkers such as Joan Tronto and Judith Butler and define care as ‘an enduring social capacity and practice involving the nurturing of all that is necessary for the welfare and flourishing of human and non-human life’.[2]

This means that by necessity, ‘care’ then doesn’t only involve the hands-on care that mothers and care-workers perform – vital, crucial and formative though that it is. It also entails an understanding of care which is more capacious: care as our individual and common ability to provide the political, social, material, and emotional conditions that allow people and living creatures on this planet – and indeed the planet itself—to thrive. In the manifesto we use the model of scales to illustrate what this means: beginning from the scale ordinarily associated with care – that of kinship – and then scaling up, imagining a new society that has caring communities, caring states, caring markets, and more care for the human and non-human world at its heart. In other words, for us care has to be collective and relational – to recognise our interdependence – and not just be a disguise for the competitive and individualistic agendas to which you refer.

Care and community, both in the sense of shared spaces and collaborative thinking and acting, seem very much intertwined in this re-imagination of care. Can this translate to online spheres as well?

Yes, we believe it can. The difficulty is that now it rarely does. This is not a problem inherent to digital media but rather to the capitalist forms of ownership and logics of accumulation that most digital platforms are organised by and through. This means that the most common intersection between care and the digital that exists at the moment is the gig economy: platforms like care.com which inefficiently match ‘care freelancers’ to those with caring needs. This sort of arrangement only further intensifies the failings that already exist in our caring infrastructures. Neither party in this situation has the time nor the resources to give or receive the care they need. The carer is underpaid and precariously employed, too concerned with securing the next gig to care properly, while those in need of care are faced with an endless conveyor belt of clipped care sessions with unknown, stressed-out carers.

It doesn’t have to be this way. There are many examples of how the digital can be used differently, even under the current arrangements of platform capitalism. In *The Care Manifesto* we cite the work of Paul Byron who has carried out research on digital cultures of care amongst LGBTQ youth. He found that the digital platforms like Tumblr provided an important space for this community to care for each other, whether that was through sharing trans healthcare information, or just communicating with other queer youth who did not live nearby and could not meet each other otherwise.

This is a rare example though. Too many mainstream social media platforms profit from orchestrating hostility. Platform capitalism is just one aspect of a larger economic system that prioritises profit over people and the greed of the few over the needs of the many. When it comes to the online world, we need other forms of organisation beyond platform capitalism whose organising principles are the collective forms of care that we advocate for. Some use the concept of platform co-operativism, others the digital commons. Expanding and scaling up these forms of collective digital practice are the only way to ensure that care and community in the online world can become the norm and not the exception.

As #Solidarity is the topic of this special section, maybe another fundamental question: Are these two concepts linked for you? The call for proposals for the special section begins with the question ‘How do things hold together?’, which to me also shares this notion of interdependence.

Very much so. As we’ve said, in our care manifesto, we argue for a capacious understanding of care as a social capacity and activity involving the nurturing of all that is necessary for the welfare and flourishing of life. In doing so, we connect the intimate sites of our caring activity with the less intimate, mediated, and/or institutionalised ones. We also caution against current ideologies of care that foreground proximity and similarity as opposed to care across difference and distance. Such a radical notion of care is closely interlinked with solidarity, especially when the latter is understood as the social glue that keeps people together and enables them to fight against systemic oppression and carelessness. Both concepts insist on our interdependence, on the importance of commonalities (most basically, in being inhabitants of planet earth), and on affirming egalitarianism in the presence of difference. They are mutually suspicious of vertical or paternalistic accounts of care (or solidarity) which view giving and receiving as a purely transactional exchange.

And yet for us, care is a particularly compelling concept that is not reducible to solidarity. From a more psychosocial point of view, for instance, care allows us to make a series of useful interconnections between, for example, familial and community care, and/or care for humans with care for nonhuman forms of life. Thinking with care, some psychoanalytically informed scholars have illustrated how and why being adequately cared for in our early developmental stages of life, or even simply having ‘public things’ and care infrastructures around us, may be linked with how we connect with strangers in our adult lives. Care is also useful as an enabling concept that speaks to all

of us in a myriad of different ways, not least because we all care for some humans and nonhumans throughout our lives. Starting with this assumption, our manifesto aims to radically politicise and expand our care logics and practices as well as exposing the ideological nature and everyday banality of corporate or neoliberal logics of care. To do so is to put care, as a concept, 'to work' alongside solidarity: they are compatible concepts with important 'family resemblances' but have different resonances and affective charges.

In providing a radical political vision of how established structures – from the family to the economy and the state – could be re-imagined, the manifesto also emphasises the necessity of systematic support to ensure that caring communities can really flourish. Without structural care infrastructures around us (yet), where do we begin in realising this radical vision?

Systemic support is crucial. You're right that we don't have anywhere near enough infrastructures of care around us. However, it would also be wrong to disregard the social infrastructures which are there, problematic or compromised though they may be. The elements of socialised support that have existed to different degrees, and in various forms, within the different worlds of 'welfare capitalism' – such as schools, hospitals, sick pay, and libraries – are important simply in terms of their very existence. Part of the ideological thrust of contemporary neoliberal capitalism has worked by marginalising the presence and significance of these forms of collective care provision – whether by denying their status as socialised forms of care, by downgrading the significance of these structures, or by insisting we live solely in a market-driven society. So it is important to recognise both the histories and the current existence of progressive and socialised forms of care infrastructure, however weakened or compromised they may be. At the same time they need to be both expanded (in terms of their reach and openness to further democratisation) and defended (against privatisation and marketisation). Moving forward with this can take a range of forms.

It can take the form of supporting campaigns, policies, and politicians who are fighting against the exploitation of multinational 'care' corporations, or against the academisation of schools, or by supporting the expansion of universal healthcare and other forms of public provision. It can take the form of involvement with political parties and alliances between political parties to achieve this. It can take the form of channelling money away from excessive policing and the industrial prison complex and instead redistributing it

to communities. It can take the form of regional forms of radical municipalism which put money into local and ethical procurement, workers' co-ops and credit unions, like in Preston or Cleveland. It can take the form of supporting insourcing rather than outsourcing campaigns for cleaners, and a living wage for care workers. Finally, it takes the form of supporting mutual aid projects or scaling these up. So there are many different ways and means through which people can and are intervening in this activity of creating, strengthening structures of support. What they do or can do depends on where they're located, the resources they have, the pressure points and issues they're organically drawn to.

Maybe as a practical example: How can we research, teach, write, publish, collaborate with more care?

There are very real pressures on all of us who research, teach, write, publish, and collaborate in academia. These include the intensification of workloads, endemic precarity, and the difficulty of getting or keeping permanent or long-term jobs, the narrowing of acceptable publishing parameters through mechanisms like REF, hyper-individualised cultures of competition and of self-branding, 'boasting and bragging', generational disadvantage and continual discrimination on the basis of class, 'race', and gender. There are a lot of stresses! At the same time, the majority of these problems aren't peculiar to academia but related to the neoliberal job market and wider social inequalities. There isn't a magic bag of great jobs somewhere else.

We wouldn't ever want to position ourselves as somehow particularly good at individualised forms of care because we wrote *The Care Manifesto*. The point is rather not to think of care as an individualised property or conduct but a relation of interdependence that needs strengthening. So one of these relations that cultivate care include union activity and support: we can't stress that enough, really! Everyone in universities needs to support their union to achieve better working conditions, that's fundamental. Finding ways of working together collaboratively rather than on a purely individualised basis is also crucial. There are a lot of inspiring models of collaborative writing out there – from older classics like *Policing the Crisis*[3] and *Inequality By Design*[4], to recent co-written books like *Go Home*[5] and *Empire's Endgame*[6].

Collaborative writing is another interesting aspect: the members of the *Care Collective* – Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine

Rottenberg, and Lynne Segal – are spread across different disciplines and across the United Kingdom. How has your collaboration developed?

For us, writing and working together was an extension of our reading group. It's been fantastic and pleasurable and supportive and invigorating as well as a journey which can of course be challenging at times – shared projects are not always a picnic (although we had plenty of those). It's been wonderful to see how so many academics have tried to support each other through the pandemic through online reading and support groups. Our book came out in the middle of the pandemic and we have met up with a lot of different groups online. What so many of these groups have in common is that they try to find ways to support each other, to lift each other up, to find ways to work against forms of social discrimination as well as learn together. Another great example of this is a group of women in UK academia called the 'Resisters', for example who have evolved ways to support and develop each other and have fun along the way; (similar to what Adrienne Maree Brown calls *Pleasure Activism*). There's also lots of very interesting work emerging on co-operative ways of learning, and on the interdependencies of mental health in the age of Covid (like *Surviving Work* and the output of [The New Economics Foundation](#))

Does your understanding of care as an 'organising principle' also tie in with the idea of decentralisation? While there are some examples of decentralised approaches and projects in academia – thinking of *Kinomatics*[7] here, for example – this way of working together still seems to be more of the exception than the rule. Has reading, writing, working together as a collective also functioned as a way for you to put care into practice?

An important element of care, both as a keyword and 'an organising principle', is its omnipresence. One moment you try to think or write about the complexities of care; the next you are busy providing care to a friend or a dependant. In our first meetings as a collective we became acutely aware of our differences, not only at an intellectual level – after all we come from different disciplines with their own conventions and preoccupations – but also at a biographical one: we have had different life experiences, across different continents, and indeed our capacities to care for others are very much subject to those past experiences as well as current conditions and needs. We had to learn how to work together, how to develop common ground, and to attempt to do that with empathy: from how we provided feedback to each other to

how we took into account our different care needs, vulnerabilities, and insecurities. It is fair to say that the journey was not always smooth (!) but it has also been very rewarding and fun, and we feel that overall we did manage to develop our own culture of care, a collective that is both about analysing care and caring for each other.

In the context of research, the idea of ‘sharing stuff’ – both in the material and immaterial sense – also seems quite relevant and timely. Would you consider open science and open access as another route towards more collaborative, community-oriented spaces? NECSUS is in the process of adopting a Creative Commons CC-BY license, but public access to research again seems to be not just an individual, but a structural question.

Yes, expanding the commons in all possible directions is crucial to democratisation, to collective joy and to any kind of sustainable life. And for sure, expanding the commons includes publishing: opening up work and knowledge so that it is not accessible only to the few who can afford it is critical. It’s great that NECSUS has a Creative Commons license. Open access publishing is increasingly recognised as a social good, which of course in a fundamental sense is completely right.

But at the same time, as you indicate, there are structural questions and the push for open access is riven with political issues. The routes to open access and the selective forms of open access being valorised can often be profoundly problematic. In the UK for example it is currently being indicated that the next ‘Research Excellence Framework’ (REF) books will have to be open access – which involves universities and academics paying publishers, rather than the other way around. Of course, only very few academics with grants or at elite institutions will be able to afford what in many cases are very large fees. So, perversely, open access in this form will profoundly restrict generating what is counted as knowledge. This phenomenon also involves the funnelling of public money to private companies – to what are often large multinational publishers. This scandalous re-gating of academic knowledge is not yet widely understood nor being challenged on any significant level. So yes, open access is important, and in the digital age the capacities for it have multiplied; but it is also the site of significant political battles, so we need to continually question what form it is taking and how it is being achieved.

As it has been almost exactly a year since you have published *The Care Manifesto*: do you see our collective understanding of care changing fundamentally, or at least partially, with the expanding attention to and use of the term ‘care’?

Since the pandemic began, we have been surrounded by talk of care, by acts of care, by new networks of care, by co-optations of care, by an abdication of care, by abuses of care. In other words, there’s been an expanding use of the term: what we have called ‘a discursive explosion of care’. This has taken a multitude of forms. For example, from early on there was a blossoming of everyday acts of mutual aid and neighbourhood support groups, an outpouring of public recognition for the work of keyworkers. Early on, in the UK as elsewhere, this took the form of a weekly ‘clap for carers’ on the doorsteps of flats and houses. On one level, then, there’s been much more widespread recognition of both the care labour of people doing the essential work of keeping us alive, and the basic infrastructures we need to survive. From hospitals to food shops to enjoying nature to helps that keep us sane: to all the care we need in its widest sense – there’s been greater recognition of what in the *Care Manifesto* we call ‘the politics of interdependence’.

On another level, however, there has also been the manipulation and abuse of care rhetoric for selfish and socially destructive ends. As we mentioned at the beginning, there is a noticeable trend of ‘carewashing’, whereby corporations are dishonestly mobilising a language of care. Large corporations with terrible records on employee and environmental care (such as fast fashion and aviation industry) have rebranded themselves as being above all caring, in the process attempting to hide or minimise their exploitative practices such as outsourced sweatshop labour and CO2 emissions. We have also seen ‘carewashing’ activities by governments: neoliberal branding exercises which disguise their lack of care, their structural carelessness. For instance, at the onset of the epidemic last year, the UK health minister Matt Hancock presented care workers with an enamel pin badge with the word ‘CARE’ on it. This was part of a care ‘re-brand’: he gave them a tiny badge, rather than the a pay rise, or the necessary personal protective equipment to protect them from the virus. The result was Britain quickly having the highest death rate from Covid in Europe, in which frontline careworkers suffered disproportionately and unnecessarily.

So, in short, we would say that now there is a crucial *battle over care*. Care is a key signifier in a political contest over who should control our collective

resources and our future. It is vital to consider the different political and cultural uses to which both the language and material realities of care are being put.

Author

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Notes

- [1] The Care Collective 2020, p. 2.
- [2] The Care Collective 2020, p. 5.
- [3] Hall et al 1978.
- [4] Fischer et al 1996.
- [5] Jones et al 2017.
- [6] Bhattacharyya et al 2021.
- [7] In the article 'Disciplinary itineraries and digital methods: Examining the Kinomatics collaboration networks', published in the NECSUS Autumn 2020_#Method issue, the members of the Kinomatics project interrogate the character of their own collaborative network: <https://necsus-ejms.org/disciplinary-itineraries-and-digital-methods-examining-the-kinomatics-collaboration-networks/>