

Afterword

Care, giving: an ethical critique

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Precisely because a living being may die, it is necessary to care for that being so that it may live. Only under conditions in which the loss would matter does the value of the life appear.

(Butler 2009, 14)

It is essential for moral philosophy—philosophy that embraces social, ethical, legal, economic and public policy aspects—to consider what is new and exceptional . . . But a wise philosophy also looks at what has just become ordinary and taken for granted. The taken for granted may have a greater effect on our sense of who we are, of what it is to be a human being, than amazing achievements on the margins of our existence.

(Hacking 2006, 13)

Caregiving is a difficult concept to capture, if, indeed, it will yield to conceptualization. What might it mean to give care? Is it akin to a gift that is mine to give? Is it given freely, without expectation or need of reciprocation? Beneficence directed toward the tendance of mortal creatures? Or is caregiving a vital economy, an exchange? Perhaps it is some persuasion of love? Or is it ultimately a form of benevolent narcissism, projecting myself into the place of the other, and doing unto him or her what I would have done unto me, if, by some twist of fate, the tables were turned? Have I given care when I have followed the “duty to care,” my legal obligation to act reasonably and to prevent foreseeable harm? Few among us would contest that caregiving involves more than the mere administration of medicines, more than mere obedience to law, more than reasonableness or contractarianism. In the terminally ill patient, for example, giving care may mean withholding medicines, or administering others, to alleviate suffering, to hasten death—a mortal economy. In this case we might say that what matters is *how* care is given, though most I suspect would be dissatisfied to boil this down to the intentions of the caregiver, however “reasonable” they may appear. In giving care, something other than reason strikes us as crucial, and yet we have not quite entered the territory of unreason. And so we struggle in this moment, our language fails us. If giving care is more than simply caring, how is this giving given? How is it “done”? We falter on our metaphors, remain uncertain when we seek to say what we do when we give care, what is given, what received.

Speaking concretely, I might tell you of my many cares or concerns; that I care about this or that; that I care to do or to be something; or even that I do not care for oysters or turnips. But when I care *for* other beings, they have solicited my care, my solicitude, and it is in this context that we might begin to speak of care-giving. It is an intersubjective dynamic, though not necessarily a reciprocal one. I can be cared for by others often without knowing it, just as my care for them might be unknown to them or impossible to acknowledge or return (for example, as it can be when caring for someone with advanced dementia). In distinguishing the small preposition *for* from the preposition *to*, we must emphasize that my being responsible *to* someone is not the same as my being responsible *for* that person. The former implies obedience, whereas the latter opens onto a much wider socio-ethical relation: I am responsible *for* those contexts and conditions within which that person lives and flourishes—or fails to—even if those contexts and conditions are implicit or unforeseeable. We might then imagine this responsibility in terms of care: we are called to care *for* the cultural, religious, historical, biomedical, palliative, punitive, correctional, legal, educational, economic, and civic conditions of human being, that is, to care *for* the very conditions of care-giving, however concrete or capacious they may be. Certainly the list is not exhaustive. Nor does it represent simply the institutional provisioning of care, for we are implicated in the governance of those socio-political and cultural structures that sustain and govern us—structures that lend meaning to living and dying in the particular ways that we do. Hence the ethical demand to interrogate our diverse social contexts, for they frame the terms, the modalities, and the means in and through which care is given and received. As Judith Butler (2009, 23) has formulated it:

Our obligations are precisely to the conditions that make life possible, not to “life itself,” or rather, our obligations emerge from the insight that there can be no sustained life without those sustaining conditions, and that those conditions are both our political responsibility and the matter of our most vexed ethical decisions.

In what follows, and as a conclusion to this volume, I examine the fraught relationship between care and giving. Specifically, reflecting on the threads of this collection’s various narratives, we are called to challenge the communicative transparency of this relationship as straightforward “caregiving,” and ask what we mean and what we do when we “give” care. As the volume’s chapters demonstrate, caregiving cannot be conceived along the lines of communicative action (see Habermas 1984), for the social expressions of desire and action—care and giving—are far from transparent or self-evident, rational or objective; moreover, caregiving is an interaction between individuals who are often differentially positioned, with unequal or sometimes inexpressible needs. Those in need of care may be at-risk, vulnerable, dependent, ill, or unconscious. Caregiving is from beginning to end embodied, wrought by bodies themselves forged in relations of power and knowledge, history and culture and technology. A relation of power

is, in some sense, the condition of caregiving, when someone appears before me as powerless in relation to me. The chapters in Part I argue that there is an abiding ethical tension between (end-of-) life care and institutionalized forms of caregiving. Institutional and “ethical” demands for Informed Consent and autonomy, particularly in relation to chronic illness or imminent death, are often experienced as acutely violent, reifying an individual who has no choice but to choose, whose “consent” is context-dependent, and who may not be “informed” or willing or able to make sense of statistical risks and information in relation to the promise of life. This power relation calls for a re-examination of the subject of care with respect to institutionalized norms, policies, and laws. Norms, policies, and laws are addressed in the context of social justice in Part II. Here the chapters suggest that if justice is to be “done,” with care, we must attend to the symbolic order, to the socio-cultural iterations of what counts as a good life or death, often tacitly, and how these manifest in taken-for-granted forms of care and social justice. This exhorts us to further study what we take for granted in the social provision of just care, and whether our presumptions and conducts are truly caring and just. Part III addresses some of the realities of giving care in complex cross-cultural contexts, exploring the concrete practices of caregiving, and imagining interventions into these forms.

This afterword, then, turns to discourse itself—including its own, and takes up the discursive desires of the volume as a whole—to close by reflecting on the discursive contexts of care in their social and institutional settings. In taking up a Foucauldian understanding of discourse and power, I invoke the ethical critique of this volume to reveal care as a communicative practice that opens us onto a notion of care that exceeds our increasingly technological systems of health and their dutiful “provision” of care as a “service” (see Bubeck 1995, 133). Indeed, to critique the “provision” of care *as* a “service” is in some sense to critique the transparency of discourse itself. I suggest that ethical responsibility is not just a responsibility *to* others, but responsibility *for* them—that is, a responsibility for the very social and institutional conditions and contexts within which care itself can be conceived, ethically enacted, communicated, and taken up. As the various chapters together demonstrate, this suggests an ethical critique of communication and arts—for it is partly in these aesthetic and existential forms that care is given, and through these forms that we forge a critical capacity for an ethics of care.

An ethics of care

This volume owes much, implicitly, to a feminist ethics of care that has emerged in recent decades. Many scholars cite Sara Ruddick’s essay, “Maternal Thinking” (1982; see also 1995), or Carol Gilligan’s *In a Different Voice* (1982) as originary texts. In relation to moral capacities, Gilligan’s empirical psychological research demonstrated that men tend to respond to a more abstract ethic of individual rights and obligations underwritten by duty and justice, whereas women tend to privilege an ethic of care revolving around empathy, relationship, and responsibility—and thus women speak “in a different voice.” An early feminist ethics of care variously

built on Ruddick's and Gilligan's early work (Held 1993, 1995; Larrabee 1993; Noddings 1984; Tong 1993), mounting a gender-based critique of ethical care (Bubeck 1995; Held 2005; Sevenhuijsen 2003; Tronto 1987, 1993), and more explicitly engaging debates across public policy, social justice, and democratic citizenship (Bacchi and Beasley 2005; Hankivsky 2004; Noddings 2002; Sevenhuijsen 1997; Tronto 2001, 2013). Virginia Held (2005, 9) has argued that, "The ethics of care is a distinct moral theory, not merely a concern that can be added on to or included within the most influential moral theories such as Kantian morality, utilitarianism, or virtue ethics." Like many other proponents, she theorizes care as a normative value and practice—rather than an abstract, rationalistic template—which extends far beyond the private sphere to encompass not only medicine, but law, politics, international relations, and so forth. Held, among others, advocates for a relational view of care built on trust, interdependence, and a mutual responsiveness to human needs.

True to a feminist ethics of care, the contributions to this volume diversely share its critique of liberal individualism and paternalism, but diverge from feminist political and philosophical discourse to offer a more intersectional perspective on the "management" of care in context. This is not to deny that much of the "work" of care continues to be gendered in troubling ways: rather, the contributions gathered here draw widely on cultural studies and a sociology of health and the body to incorporate recent scholarship on socio-legal interventions, autonomy and informed consent, end-of-life, Aboriginal health in the post-colony, chronic illness, and the delivery of (psycho)therapeutic care—particularly for marginalized populations. That is, rather than honing a distinct theory of an ethics of care, each of the contributors to this volume has sought to complicate the relational places of caregiving and the ways that they presume, when they do not reify, a certain kind of subject of care. Caregiving is, then, less about the operationalization of a distinct moral theory; it is played out, rather, among the *effects* of our theories and theoretical commitments—and often challenges them on ethical and inter-relational grounds. More research on the ethics of care is needed, given that mainstream bioethics discourse tends either to presume or shy away from care and caregiving, often presupposing them as natural consequences of our moral theories and commitments. Care, giving: both are metaphors, and yet they constellate around contextualized conducts, often concern a matter of life and death, or, no less importantly, the kind of life or death that one will face. The concepts are not static: together, *caregiving* implies a shared space and time, experienced and lived ek-statically as a certain spatiotemporal "thickness," as phenomenologists might say. In other words, the act of caregiving takes *place*—often in places that are ordinary and taken-for-granted: homes, streets, communities, clinics, hospitals, hospices, schools, prisons.

These socio-institutional settings are not neutral, for better or worse. Indeed, sometimes institutions strive to mitigate human partiality, and work toward the impartial delivery of care, whereas other times impartiality can be experienced and communicated as indifference. For all their ordinariness, these institutions can be structurally alienating in the diverse ways that they frame the terms of care

—as cultural, religious, historical, biomedical, palliative, punitive, correctional, legal, educational, economic, civic—and inform what it might mean to give care, ethically, across these diverse frames of reference. In a rhetorical sense they are “common places” that tacitly structure meaningful discourse (see Aristotle 1975, 1358a) and experience. We might say that they furnish us with a grammar of social worlds: the terms, the modes, and modalities in and by which care can be given and received. Said another way, we might imagine these places as “technologies” in their own right—places of technique that orchestrate and oversee a *technē tou biou* and *technē tou thanatou*, an art or skill of living and dying. Not quite the territory of unreason, there is something here that nevertheless refuses to yield to the reasonableness of utility, logic, economics. As the contributions to this volume variously attest, there is some sense in which these *technai* are not mere instrumentalizations of knowledge or routinized “best practices,” but open us instead onto an art—and an ethics—of care. And such an approach opens possibilities for, in Held’s (2005, 166) words, “not only transformations of given domains—the legal, the economic, the political, the cultural, and so on—within a society but also a transformation of the relations between such domains.”

In the epigraph above, Ian Hacking suggests that moral philosophy ought not simply to concern itself with marginal new technologies, however amazing or captivating they may be, but to take seriously those technologies that have become just ordinary and taken-for-granted. While new biotechnologies, such as genomic medicine, give rise to important philosophical debates (as they should), Hacking is speaking here about surgeries and other quotidian forms of body-engineering that have become increasingly routine and normalized: “hip replacement, skin grafts, corneal implants, stents, organ transplants, as well as regulators such as pacemakers” (2006, 13). Hacking proposes that, thanks to such routine medical interventions, we have once again become Cartesian—not so much because we believe in an immaterial soul, but because “we now treat the body as an assemblage of replaceable parts, a veritable machine, exactly what Descartes said it was” (2006, 13). Organ transplantation and brain death, he argues, are emblematic of the biomedical and biocultural shift toward a mechanistic understanding of life and death, in which we see our own bodies and the bodies of others and not least, cadavers—as little more than assemblages of spare parts to be replaced, enhanced, or harvested.

This is a Foucauldian insight, suggesting a new Cartesianism, and a vantage from which we might finally declare, “the soul is the prison of the body” (Foucault 1977, 30). We have, in other words, been “disciplined” by medicine and biotechnology: we are no longer ghosts in a machine, as Descartes once imagined us, but machines that function within—and by virtue of—the ghostly apparatus of medical science and law, from biotechnologies and persistent and seductive discourses on “life,” to vast socio-legal and medical infrastructures that subtly advance their own moral orthopedics and inculcate their own conceptual limits to life and personhood. They have changed our sense of who and what we are—what it is to be a human being, and how to be the being that bears this name. Along with a new Cartesianism, then, a new soul:

This real, non-corporal soul is not a substance; it is the element in which are articulated the effects of a certain type of power and the reference of a certain type of knowledge, the machinery by which the power relations give rise to a possible corpus of knowledge, and knowledge extends and reinforces the effects of this power.

(Foucault 1977, 29)

A new soul

Under the aegis of a new Cartesianism, an ethics and art of care must attend to the socio-institutional infrastructures—the conditions, the machinery—in and through which the ordinary, and the amazing alike, occur. These institutions are perhaps the most ordinary and taken-for-granted “technologies” of all. Social and institutional forms act as agents (sometimes called “agencies”) that enable or thwart the moral agency of those who give care as much as the moral agency of those who are said to receive it. That is, as an under-theorized moral framework they operate as a meta-ethic (to be clearly distinguished from a meta-ethics), tacitly informing us not only what it is right to do but also what it is good to be. Professional bioethics offers little guidance in this domain. Indeed, bioethics itself has been institutionalized, and in the process has arguably lost much of its critical impetus as it has been subject to the hegemony of biotechnology, pharmacology, and the taken-for-granted legitimacy of biomedicine (see Murray and Holmes 2009, 1–11; Stevens 2014, 3–6). This calls for a critique of traditional or mainstream bioethics, which tends to presume the old Cartesianism, locating moral agency and autonomy within an immaterial soul, a mind, or some other interiority, the seat of rational personhood. In this view, the autonomous agent is imagined to have sovereign propriety over his or her body, a ghost in a proprietary machine—and sometimes a broken machine at that. Critical of the “disciplinary” power of conventional bioethics, Margrit Shildrick (2005, 3) has argued: “the discipline has effectively duplicated the master discourse and maintained the split between a secure sense of the transcendent self as moral agent, and a more or less unruly body that must be subjected to its dictates.” And yet we might say that “care” promises to cut through these bioethical conceits, this binary logic, in the very manner in which it is given.

If we have ushered in a new Cartesianism, as Hacking suggests, by virtue of the ways in which we have come to understand our bodies, we must look beyond the “new body”—a provisional assemblage of spare parts, a machine—to understand an ethics of caregiving. That is, if caregiving is embodied, it is not quite *this* body that is the subject of care. There is something more, something soulful, we might say. But the “new soul” is an equally peculiar creation: it is at once the articulation, the effect, of institutional power-knowledge, regulated in part by social and institutional structures or “technologies,” and, somewhat paradoxically, the manifestation of a hyper-individualism driven by self-interest and personal responsibility. It “massifies” populations biopolitically as much as it “individualizes” the subject in a disciplinary way (see Foucault 2003, 242–3). To parse this paradox, I would like to turn briefly to Foucault’s understanding of

modern Western power, which he describes in this respect as both totalizing and individualizing—a “sophisticated structure,” he writes, “in which individuals can be integrated, under one condition: that this individuality would be shaped in a new form, and submitted to a set of very specific patterns” (2000, 334). Foucault proposes the term “conduct” as a way to better understand the paradox of the new soul and the manner in which it is managed or governed: “the equivocal nature of the term ‘conduct’ is one of the best aids for coming to terms with the specificity of power relations” (2000, 341). In an earlier lecture at the Collège de France, Foucault elaborated as follows:

Conduct is the activity of conducting (*conduire*), of conduction (*la conduction*) if you will, but it is equally the manner in which one conducts oneself (*se conduit*), the manner in which one lets oneself be conducted (*se laisse conduire*), the manner in which one is conducted (*est conduit*), and finally, in which one finds oneself behaving (*se comporter*) under the effect of a conduct (*une conduite*) that would be the action of conduct (*conduite*) or of conduction (*conduction*).¹

(2007, 193; translation modified)

This is a complex sentence to parse. “Conduct” and “conduction” are terms that purposefully trouble the rational agency of the one whose conducts or comportments are at issue. The grammatical subject is maddeningly displaced, and along with it (him or her), the conceits of (his or her) autonomous agency. In a straightforward sense, *conduire* is a transitive verb, meaning simply “to drive,” “to lead,” or “to conduct,” and in this sense it takes a grammatical object—a car or an orchestra, for instance. But significantly, it is also an intransitive and reflexive verb, *se conduire*, the agency of which is not—or only obliquely and conventionally—located in the subject or speaker who is also the object of that action or utterance. “*On se trouve se comporter*,” one finds oneself behaving, reflexively, under or as the effect of conducts and conduction—“finding oneself” providing an additional distancing and a spatial metaphor that is omitted in the published English translation. The electricity metaphor operates here in French, as in English: it is a matter of conduction, the subject is a conduit, we say in English (in a certain Marxian vocabulary), part of a wider circuitry that is not of the subject’s design. As a conduct of souls, then, we might speak of an aesthetics of existence, the way we find ourselves unreflexively going about our business, rather than conforming to a set of delineated rules or procedures: conduction is normative, but its terms are not necessarily explicit—they are lived out “within a more or less open field of possibilities” (Foucault 2000, 341). “More or less,” of course, meaning that the game is somewhat rigged in its “flexibility”; it is “managed,” as we shall see below.

It is worth noting that Foucault’s first mention of “conduct” refers explicitly to the “conduct of souls,” the “least bad” translation he could devise for the ancient Greek notion of *oikonomia psychōn*, where *oikonomia* or “economy” derives from *oikos* or “habitat,” and refers to the household. In Aristotle, *oikonomia* is typically

rendered as “household management,” and expressly refers to managing the relations between the members of a Greek household: master and slave, husband and wife, father and children (see Aristotle 1957, 1253b). These are political relations in the microcosm of the family, relations concerning the rightful conduct of each toward the others, the economy of souls. In the Christian context, this concept will morph beyond the prosperity or wealth of the well-managed household toward the salvation of souls. But it is in this private sphere, the *oikos*, that we find a prototypical or early “institutional” form of care, which is why many feminist scholars of the ethics of care have sought to theorize familial relations (typically from a maternal perspective). Foucault struggles in his translation of *oikonomia psychōn*: he is dissatisfied with the “management,” “government,” or “regimen” of souls. He prefers the ambivalence of “conduct.” And in so doing he problematizes for us what we might call a psychic economy (from *psychē*, “soul”) in relation with the political economies of care we find at work across our cultural, religious, historical, biomedical, palliative, punitive, correctional, legal, educational, economic, and civic institutional frames of reference.

In a by now famous passage, Foucault (2000, 341) defines modern Western power as follows: “The exercise of power is a ‘conduct of conducts’ and management of possibilities.” In other words, the exercise of such power is indirect, mediate, and not a matter of individuals’ consent. “Instead, it acts upon their actions: an action upon an action, on possible or actual future or present actions” (Foucault 2000, 340). We can begin to glimpse here, then, the manner in which social and institutional contexts of care, as I have been discussing, are a matter of framing something we might call the soul—something that *appears* to arise spontaneously, interiorly, as immanently individual, but which is, rightly said, the effect of a particular economy or *oikonomia*, the effect of a particular form of pastoral power, a “conduct of conducts,” managed by means of often diffuse customs or *nomoi*. Today, neoliberal forms of governance act in this way, to seize upon and conduct the conducts of individuals and to territorialize and incentivize a field of possible actions and goods. This spirit is captured best, perhaps, by former British Prime Minister Margaret Thatcher, when she said, succinctly: “Economics are the method. The object is to change the soul” (1988; quoted in Dardot and Laval 2013, 263). We might say then that particular social and institutional “agencies” conduct or orchestrate a set of possible relations under the aegis of “freedom.” Individual subjects are governed by and through the idea of freedom, as Foucault has argued, but also, I would add, through freedom’s correlative affect of care, and the management of caregiving. I am suggesting here that the affect of care is epiphenomenal, a sentimentality produced and sustained and even demanded by a reigning discourse—it is, in other words, a soulful effect that is taken as cause or origin of subjective care-giving. Care is given “freely,” as if from some interior and private part of the self, and yet it is given within a field of possible actions that are in some respects tacitly prescribed and regulated in advance. It is no surprise, then, that the “soul” has gained tremendous currency in our neoliberal present, by proponents of neoliberalism, such as Thatcher, as well as by its would-be critics (e.g., see Rose 1989).

Neoliberalized social and institutional forms

I shall presume that readers are familiar with the basic tenets of neoliberalism that have become hegemonic in Western states since the early 1980s. Henry A. Giroux summarizes: “Neoliberalism is a philosophy which construes profit making as the essence of democracy and consuming as the only operable form of citizenship” (Giroux and Letizia 2012). In recent years we have borne witness to the erosion of the social welfare state, the rise of transnational corporate oligarchies, the deregulation of markets, the casualization of labor, rampant militarization, the commodification of “career-focused” education and the instrumentalization of human knowledge, along with the progressive privatization of healthcare in Canada and the United Kingdom, for example. Naomi Klein (2008) has dubbed this “disaster capitalism,” where market-based logics are mobilized to exploit catastrophes, either natural or man-made, from Hurricane Katrina to the global economic collapse of 2008–9. Neoliberalism valorizes competitiveness and entrepreneurialism, where, through a particular onto-logic, individuals are meant to conceive of themselves as “human capital,” competitive entrepreneurs in a free market—and to embrace the free market as the guarantor of their individual freedom. And there is, as well, the “communitarian” iteration of neoliberalism, where “community” is invoked and mobilized in the service of human capital. As Foucault (2008, 230) describes it, “all the problems of health care and public hygiene must, or at any rate, can be rethought as elements which may or may not improve human capital.” In the social sphere, neoliberalism

involves extending the economic model of supply and demand and investment–costs–profit so as to make it a model of social relations and of existence itself, a form of relationship of the individual to himself, time, those around him, the group, and the family.

(Foucault 2008, 242)

The neoliberal state is both totalizing and individualizing in a particular manner. In Giroux’s words again:

Neoliberalism’s rigid emphasis on unfettered individualism, competitiveness and flexibility displaces compassion, sharing and a concern for the welfare of others. In doing so, it dissolves crucial social bonds and undermines the profound nature of social responsibility and its ensuing concern for others.

(Giroux and Letizia 2012)

Neoliberalism represents a new form of governmentality. The socio-institutional frames of reference I mentioned above—cultural, religious, historical, biomedical, palliative, punitive, correctional, legal, educational, economic, and civic—functioned somewhat independently or even at odds during the nineteenth and most of the twentieth century. As Pierre Dardot and Christian Laval (2013, 259) discuss in their recent book on neoliberalism, “The utility principle, whose homogenizing

vocation was explicit, did not succeed in subsuming all discourses and institutions, just as the general equivalent of money did not succeed in subordinating all social activities.” Today, however, “the neo-liberal moment is characterized by a homogenization of the discourse of man around the figure of the enterprise” (Dardot and Laval 2013, 259). We are no longer dealing with more or less discrete “disciplines” that work variously to shape “docile bodies” in their particular social spheres. The institutional methodology now reflects a more coordinated set of techniques structured ideologically around enterprise and entrepreneurship. It is not that these institutions have been centralized under one authority or sovereign power (in this case we might more effectively revolt). The mantra of neoliberalism is less government, not more. Their fusion is not just ideological but “conductive” praxis. From education to healthcare, the goal is total self-involvement and self-actualization. The psychic economy of the neoliberal subject must be self-interested, innovative, flexible, marketable, and normatively invested in his or her health and “wellness” as an on-going project.

We might say that caregiving is subsumed by this economy; care becomes a mode of affective compliance, submission to the narrow goals of neoliberalism, on its terms; care providers are encouraged to think of themselves as entrepreneurs offering or selling a service. They must take pride in their efficiency and “outcomes,” emerge as “leaders” and “champions,” according to the neoliberal Newspeak. For those of us who rely on healthcare, we are persuaded, educated, seduced to embrace self-care or self-management, as it is sometimes called. The lie is that this is “empowering” and respects the autonomy of the individual. In practice, it might mean that you are sent home after your surgery with Xeroxed directives on the in-home removal of your catheter. Health Canada (2004), a federal government agency, began a widespread self-care campaign in the 1980s:

Self-care [is] broadly defined as the decisions and actions individuals take in the interest of their own health . . . Self-care can also be considered as an important determinant of health, concerned with the development and use of personal health practices and coping skills.

Or we might look to the World Health Organization (WHO) (2014) for similarly neoliberal language in its individualizing definition of mental health:

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

What these descriptions share is the overarching responsabilization of the subject within a totalizing regime: the responsible subject is the consumer who is equipped to harness and deploy the expertise of the positive sciences (medicine, psychiatry, but also economics, statistics, etc.) in the self-management of his or her risk, health, and well-being (see Miller and Rose 2008, 199–218).

“Life coaching” is one recent incarnation of the self-care movement, infecting the private and the public sectors alike. For over a decade, the University of British Columbia (UBC) has offered free life coaching to its staff and faculty through its Human Resources department (www.hr.ubc.ca/coaching/). It is claimed that this is the first program of its kind for a university. The educational Ideological State Apparatus (ISA), as Althusser called the education sector, is no longer a privileged site of resistance and class struggle: we teach compliance and conformity to teachers who teach, and model, the conduction of compliance and conformity. UBC’s coaching website touts an “Individual Experience” for participants, and the program selects coaching “interns” from those who are mentored to become life coaches who return to campus to coach other staff and faculty members—an “individual” experience in the service of “communitarian” ideals. And there are incentives for becoming a coaching “intern”: faculty, for example, will receive release from teaching duties in exchange for coaching others. The upshot of the program is emblemized in one of the coaching blogs on its website: “It’s about helping people understand they have the answers within and discovering a small change that can act as the lever for even greater change.” The message is that there is nothing wrong with the institution’s culture or with its conditions of labor: the problem is within *you*, and it is *your* responsibility to fix it, yourself, and to manage your relations with your “clients” or collaborators, superiors or subordinates. You are enjoined to be flexible, to craft a “resilient self” (Henderson and Denny 2015). This culture of self-care and “wellness” transfers the burden of social, political, and ethical structures onto the individual. Critique becomes risible: we as a community are discouraged from addressing our social and collective conditions of work or life. Indeed, work and life become indistinguishable, increasingly integrated. In the words of Dardot and Laval (2013, 263), the neoliberal subject

must constantly strive to be as efficient as possible, to appear to be totally involved in his work, to perfect himself by lifelong learning, and to accept the greater flexibility required [e.g., austerity measures] by the incessant changes dictated by markets.

The glossy flyers in faculty mailboxes celebrating work–life balance are little more than a public relations exercise coordinated by some new Orwellian-sounding management department.

To be clear, I am unwilling to conceptualize care under a general theory of economic management and service provision. I think it is safe to say that this volume’s contributors share such a view: each chapter represents a focused study that intervenes to problematize a particular context of care, and seeks to do so in a language that is critical of the “common places” that inform contemporary discourse. Indeed, it is unclear to me how a general theory—no matter its provenance—might rescue a socially just understanding of caregiving from the tentacles of our neoliberal social and institutional structures and “technologies.” Such a theory may well, in the end, prove overly prescriptive, positing care in terms of some abstract “content,” and an ethics of care as a set of moral guidelines

or derivative “codes.” These are of course sometimes useful, even necessary, to ensure that someone’s needs are met, and yet a single-minded implementation of evidence-based “best practices,” for example, can undermine the quality of care one receives (see Holmes et al. 2008; Murray et al. 2007). Under a general theory of best practices, the subject of care—the one who gives as much as the one who receives—seems lost to the economies of exchange and managerialism. In other words, we are apt to miss a critical component of caregiving. This something “extra” is no *thing*, and it has gone by many names in as many ontologies, from Christian “soul” and Kantian “respect” to liberal, humanist, and rights-based personhood discourses that have variously propped up the value of identity, personal autonomy, and agency. These remain spectral and symbolic, however, insofar as they resist a clear conceptualization or concrete context: they are, rather, social and institutionally sanctioned forms. And perhaps there is good cause to be wary of such *grands récits* (Lyotard 1984)—“master narratives” in the service of a bourgeois symbolic order, policing the permissible forms of social and ethical life.² Instead, we might approach the critical, even precarious, dimension of intersubjective caregiving somewhat more obliquely.

In *Precarious Life* (2004), Judith Butler asks what makes a life grievable, what it might mean for its loss to matter—for this is the condition of care. One must wonder whether such a question could be asked within a neoliberal frame, and if so, what sorts of answers, conducts, or cares neoliberalism could foster. “Freud reminded us,” Butler writes,

that when we lose someone, we do not always know what it is *in* that person that has been lost. Sometimes when one loses, one is also faced with something enigmatic: something is hiding in the loss, something is lost within the recesses of loss.

(2004, 21–2; see also 2009, 1–32)

In the end, this “something” is perhaps no knowable thing, and is not quite something the subject “has”: rather, Butler argues that grief is not a privatizing experience, but instead brings “to the fore the relational ties that have implications for theorizing fundamental dependency and ethical responsibility” (2004, 22). The “content” or particular dimension that makes a life grievable is not effectively knowable by the subject because that subject is constituted relationally, and this is not something that you or I singularly “have” or possess—“it precedes the formation of ‘I’” (Butler 2004, 31)—but rather, something that we share.

Each of us is constituted politically in part by virtue of the social vulnerabilities of our bodies—as a site of desire and physical vulnerability, as a site of a publicity at once assertive and exposed. Loss and vulnerability seem to follow from our being socially constituted bodies, attached to others, at risk of losing those attachments, exposed to others, at risk of violence by virtue of that exposure.

(Butler 2004, 20)

For our purposes we might find in this place, at this moment, a condition of caregiving constituted not by what you or I possess, but in the manner in which we are dispossessed, each by virtue of the other, exposed and vulnerable. But this is, most emphatically, not to cede all claims to my body or to abandon outright the language of autonomy, rights, and self-determination; however, nor is it to cede to the hegemony of resilience and self-care discourses that frame personal autonomy, rights, and self-determination in the particular ways that they do.

It is, rather, to complicate the contexts in which these words are uttered and to examine the conditions of their utterance, their reception. One suggestion might be that caregiving takes place at the limits of my secure self-possession, and when we turn to the constitutive discourse on care, in a moment of ethical reflexivity, we might allow ourselves to become unmoored from the socio-institutional conduction of our conducts, from our roles, and to open ourselves to the other in need, to hear his or her solicitation, and to respond in a manner that is unburdened—in relative terms, of course—from our usual codes of conduct. I take this as Butler's point, that dispossession at the limits of discourse establishes human intelligibility (2004, 35), rather than the other way around, or rather than firmly situating our sense of who we are, of what it is to be a human being, *in* that discourse. The discursive relation is merely normative and regulatory: it is seductive rather than causal or altogether totalizing. In very concrete terms, then, we might imagine caregiving at the horizon of what is speakable, spoken by me as a powerless petition for care but in words I do not fully possess or control. In Foucault's (2000, 336) terms, we might propose:

Maybe the target nowadays is not to discover what we are but to refuse what we are. We have to imagine and to build up what we could be to get rid of this kind of political "double bind," which is the simultaneous individualization and totalization of modern power structures.

The "double bind" is of course ethical, as well as political. In his late work on ethics, Foucault conceives of this as the work of the ethical subject in relation to his or her subjectivation—an exercise or *askesis* in which the self struggles to get free of itself, to stray from itself (Foucault 1986, 8), which is to say, in the activity of thought and in our practices to seek some critical distance from the social and institutional identities in and through which our conducts are conducted. As Foucault (1986, 26) writes, "there are different ways to 'conduct oneself' morally, different ways for the acting individual to operate, not just as an agent, but as an ethical subject of this action."

Coda: care-giving in context

The proposal here, if it were "propositional," is not to eradicate the social and institutional vectors—we might call them "conduits"—of power, as if we could break free once and for all to inhabit a utopian sphere of communication and action, free from constraints and coercion. The specific problem is, as Foucault (1997,

298) formulates it, “to acquire the rules of law, the management techniques, and also the morality, the *ēthos*, the practice of the self, that will allow us to play these games of power with as little domination as possible.” We must say then that caregiving takes place in and by virtue of its social and institutional common places—within a set of coercive but sometimes enabling constraints, technologies, and discourses, or perhaps alongside or even despite them. This is the reality. If domination, understood in a broad sense, is an unavoidable risk or even intrinsic to care-giving as a relation of power, to minimize domination might itself constitute a caring practice or counter-practice. This construction, “to *minimize* domination,” sounds much like a “negative” practice of care, and yet it is nevertheless woven into the more “positive” (but not positivist) practice of the subject’s ethical work on him- or herself—as the ethical subject *of* this action.

To be the ethical subject of one’s actions calls for a particular relation to oneself, which Foucault examined in his late work on the ancient Greek *epimeleia heautou*, the “care of the self.” This relation of care, a self–self relation (*auto to auto*), must be sharply distinguished from self-care or self-management, as discussed above (see also Murray 2007). It is an ethical relation that bears upon my *ēthos*, my individual “character,” rather than on *ethos* or “habit.” This is not a relation of propositional knowledge and bears little resemblance to the tradition of Cartesian self-doubt. Reading Plato’s *Alcibiades I*, Foucault points to the Socratic conception of *epimeleia heautou* as the care of one’s soul, rather than the care we might take of our wealth or our reputation, and so forth. Care of the soul is figured in the Socratic texts as a relation of *khrēsis* or “use”—what we do with the soul, how we “use” it. Foucault (2005, 56–7) clarifies:

So you see when Plato (or Socrates) employs this notion of *khrēsthai/khrēsis* in order to identify what this *heauton* [self] is (and what is subject to it) in the expression “taking care of oneself,” in actual fact he does not want to designate an instrumental relationship of the soul to the rest of the world or to the body, but rather the subject’s singular, transcendent position, as it were, with regard to what surrounds him, to the objects available to him, but also to other people with whom he has a relationship, to his body itself, and finally to himself.

The “use” or, we might say, “utility” of the ethical self-relation is most emphatically not instrumentalizing. *Khrēsis* is not a relation of rational knowledge, nor is it simply the use of a tool or instrument. Foucault insists on a more polyvalent reading of *khrēsis*: an orienting attitude, a conduct, disposition, or comportment that characterizes my particular *ēthos*. This is not, then, the free agency of an autonomous liberal subject. Foucault’s classical examples, drawn from Plato, take the “use” of the passions and of anger (*epithumiais khrēsthai* and *orge khrēsthai*). We do not “use” our passions for something, we do not “use” our anger—rather, we “give way” to them, somewhere between mastering and submitting to them, as the occasion and context demand. So, too, with the *chresis aphrodision*, the use of one’s pleasures. So, too, when we “use” a horse: good

horsemanship requires a listening, a mutual relation with the horse. You cannot just do with it as you please. And so, too, again, when we “use” the gods: when we petition the gods for something, we do so by knowing how to be a proper supplicant, knowing how to ask, what to ask, and when.

My suggestion, in closing, is that we might adopt an understanding and a practice of *epimeleia* in the context of our neoliberal “management” of care—to conceive caregiving as an activity that resists the contemporary conduct of our conducts. In this, caregiving might arise as a counter-conduct, a “struggle against the processes implemented for conducting others” (Foucault 2007, 201). It is to say, perhaps, simply, that we do not wish to give care—or to be cared for—in this way and by these means; or, we do not wish for our care to be administered by this system of truth, under these relations of power. The ambiguous reflexivity of an intransitive “conduct” may open for us a more livable space in which to question our ethical self-relation, and our conducts, for those contexts in which care is petitioned. This is, in part, the artful work of language, intervening—as I believe this collection does—to problematize and to re-imagine a caregiving *ēthos*, to speak and to conduct ourselves otherwise than we sometimes, and perhaps too often, do. Care, giving: both are metaphors, and yet their relation is at issue in how we read, or hear, the comma that separates these terms—whether we understand them together as straightforward “caregiving” or are obliged to trouble their relation, and to occupy ourselves that moment of hesitation, in-between. This calls for an art and an ethics of care that works, carefully and artfully, to transform our “common places” and to invent and to employ another grammar of our social worlds, new modalities of struggle and resistance. We might, then, for a time, be compelled to imagine care as a dangerous or disobedient practice that responds to its contexts, and refuses to lose sight of them, in the face of authority and the *raison d'état*.

Acknowledgements/dedication

In his introduction to this volume, my colleague Alan Blum briefly mentioned the care that attends the practices of writing, reading, and representation. This was not far from my mind as we curated this book and as I sat down to write an afterword. Writing is a lonely task, often wrought by care, wherein we imagine an interlocutor, a dialogue, and write so as to invite responses from readers we may never see or know. One writes as one gives, sometimes, without expectation, but certainly not without hope. In a mad moment of writerly solitude, I decided to post an early draft of this afterword to the scholarly social media site academia.edu, inviting readers’ comments and criticisms. It was for me a social experiment, of sorts, and I dutifully “tagged” my draft essay so as to appeal to the widest possible readership (bioethics; governmentality; critical bioethics; the ethics of care; health and social care; feminist bioethics). I had few expectations, and I must confess, I was even somewhat cynical. Academia.edu is undoubtedly part of the for-profit neoliberalization of scholarly research. Not only does it publicize our work, it organizes and quantifies it according to various metrics and

measures, encouraging a spirit of competitive entrepreneurialism. And yet, despite—or indeed, by virtue of—this socio-institutional infrastructure, dozens of scholars overwhelmed me with their generosity. They read and commented with care. The vast majority of these people I have never met, and probably never will. And I began to think that even here, in the vast anonymity of the Internet, despite the odds, suddenly I was the recipient of care, and my text came to life. This strikes me as an apt metaphor for the ways that caregiving can and does take place, often despite—or even by virtue of—the constraints of our neoliberal and biopolitical institutions. There is hope. And it is to these readers, and others like them, that my words are dedicated with gratitude.

Notes

- 1 La conduite, c'est bien l'activité qui consiste à conduire, la conduction si vous voulez, mais c'est également la manière dont on se conduit, la manière dont on se laisse conduire, la manière dont on est conduit et dont, finalement, on se trouve se comporter sous l'effet d'une conduite qui serait acte de conduite ou de conduction.
(Foucault 2004, 196–7)
- 2 If, as Lyotard suggests, the postmodern condition was meant to herald the end of *grands récits* or meta-narratives, neoliberal ideology has furnished us with our own pernicious “emancipation narrative,” all the more powerful and seductive because it appears to arise from individual responsibility, freedom, and desire.

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