

# Another Kind of Intimacy: Care as Transnational and Transcultural Relationship

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The question of what people identified as “old” and those considered “disabled” have in common has been asked many times. This brief paper, first presented as part of a panel on “Age and/as Disability” at the January 2014 Modern Language Association (MLA) Convention, is designed to look at this question from a hitherto somewhat neglected perspective. Age and disability are—in the humanities at least—commonly understood as identity markers. In what follows, however, the analytical focus will instead be on relationships. Such a theoretical move requires us to step away from the monological perspective inherent in the term “identity” toward a more dialogic or interactive point of view. From this perspective, age and disability are seen as markers not only of identity but also of certain associations, socialities, or connectivities. There are a number of names by which these relations come to our attention: positive ones, such as respect or regard, as much as negative ones, like contempt or neglect. In recent years neoliberalism has added new terms to the lexicon, such as “fiscal burden” or “disposable populations.”<sup>1</sup>

The word I want to focus on in the following pages is *care*. The meaning of this term is of course highly unstable, but what seems reasonably clear, even at a pre-theoretical level, is that care is unlike many other relationships in that it is highly charged, emotionally and symbolically—so much so, in fact, that *maternal care* is in many cultures regarded as the most perfect relationship imaginable. Whatever may be specifically referenced by the term, care always indicates a relationship that is at one and the same time dialogical *and* asymmetrical: person *gives* care, that person “cares,”<sup>2</sup> while another one *receives* care, and oftentimes even depends on it emotionally, materially, or symbolically.

Conventional wisdom has it that the elderly, as well as disabled

persons, are in Western cultures often scripted as primary examples of people in need of care. This is so regardless of the validity of dependency theories with regard to old or disabled people. Rather than engaging this theoretical quandary, the analytical focus of the argument presented here will be on care as a socially mandated and culturally constructed relationship that imbricates both care-giver and care-recipient in a set of relationships: private as well as public, economic as well as social and cultural, crossing over—and moving beyond—lines between self and other, the strong and the weak, lines of generation, social status, and also, increasingly often, those of the nation state.

These relationships circumscribe the possible meanings attaching themselves to the term “care” as used in the public domain. Even a cursory look at this shape-shifting signifier “care” from the perspective of language use will reveal interesting differences. In American parlance, care is something that is often said to be “delivered”—like a pizza—a usage that dovetails nicely with neoliberal arguments that care is, like anything else, essentially a business.<sup>3</sup> The *verb* “to care,” on the other hand, points us in a quite different direction, as in a sentence like this: “I am calling you to show that I care.” Here, care has many of the meanings its cognate terms in other languages possess, like the Spanish *cuidar*, the French *soin* or German *Fürsorge*. These convey a sense of solicitousness, consideration, even commiseration for others. With regard to language, therefore, a cultural critique of care such as the one attempted here needs to navigate between what might be called the Ben Franklin and the Mother Theresa variants of “care,” or what Arlie Hochschild calls its “cold” and “warm” forms (“Culture” 331).

Care in this latter sense is repeatedly discussed in contemporary philosophy. One of its most systematic and powerful references is in the work of French philosopher Emmanuel Levinas. Here, care is conceived as an ideal type of human interaction based on Levinas’s contention that our relation with the Other ideally consists in service: “I-am-for-the-Other” (90). From a totally different philosophical position but otherwise in a related way, Martha Nussbaum, in her impassioned critique of

neoliberal models of social organization, has likewise showcased care as an alternative to the calculus of profit permeating American and other capitalist societies. Her plea for a sociality based on mutual concern rather than individual advantage focuses on care, especially motherly care, as an emblem of a just and humane society (115). In the longer paper of which this is only the preliminary version, I will discuss in more detail than is possible here the strategic position which care occupies in reflections on human sociality, for example in the work of Lauren Berlant, Judith Butler, and the Frankfurt School.

Instead, let me move from these conceptualizations to the broader social and cultural framework in which care is these days inserted in the public sphere. Recently, in the wake of tropical storm Haiyan, German TV ran a feature on the plight of Filipina women working in Singapore as caregivers. Even days after the storm had hit, these women did not know whether their loved ones had survived the devastations, and yet their work for wealthy Chinese seniors did not allow them to relinquish their posts. The anguish of these women not only presents the human side of a natural disaster but reminds us that the close personal relationship we call “care” has—perhaps without our noticing it—morphed into a long-distance affair. A recent study sponsored by the MacArthur Foundation has shown that growing numbers of caregivers, nurses in hospitals but also in domestic settings, are coming from abroad (Pittman et al.). Visas to the U.S. issued under these premises have skyrocketed from under 1,000 in 1998 to approximately 416,000 in 2006, and more than a third of these people work in home care (Lee and Johnstone; Glenn 174-76). The situation in Canada and Great Britain is pretty similar.<sup>4</sup> In my own country of Germany, care is often provided, or “delivered,” by people from Poland and other countries from the former Soviet bloc; in the U.S., it is mostly Hispanic but increasingly often also Filipina women (Choy 41).

In this way the practice of care is becoming what we might well call a *contact zone* where elderly or disabled Euro-Americans get into first-time and first-hand touch (in quite a literal sense of the term) with their social

and cultural others. And let us not forget that these others are providing first world care at third world prices and often under third world conditions. Care thus understood as a form of intercultural *rencontre* is something we in cultural or American studies—obsessed as we usually are with cultural Otherness—have not exactly been paying much attention to.<sup>5</sup>

What we are a bit more knowledgeable about, perhaps, is that care is most of the time a deeply gendered relationship. It is part of what has been theorized as the “compassion trap” for women, but this time on a transnational and transcultural scale. As women from the global South “deliver” care in far-away places, they are often sorely missed at home, by their children, but also by the sick and elderly who would in previous times have been the principal beneficiaries of their caregiving. Caring in the global North makes necessary coping elsewhere. In this way, care is a name also for the transposition of relationships that were once a local and a kinship affair, into a burgeoning globalized, commercial consideration (Choy, Fine). It is through the care they receive that disabled or elderly people are, often against their will and sometimes without their knowing it, recruited into the systems of capitalist exploitation. This has been called “care drain” (Hochschild, “Love and Gold” 1). Another, perhaps a bit unusual way of looking at all this would be to say that care and caregivers, while often remaining invisible themselves, are nonetheless great visualizers, bringing to light once again the economic imbalances between rich and poor regions of the globe.

In this sense then, as a relationship that is at one and the same time both inter-personal and inter-cultural, or even international, care presents itself, I propose, as a deeply contradictory, if not paradoxical, constellation quite unlike many others that we are usually concerned with in age and disability studies: (1) Care brings together people in highly personal, if not intimate, settings, but it is also—and increasingly so today—a close encounter of total strangers. Through the agency of these strangers, care that is socially and culturally distant is brought right into the private sphere of people’s homes. (2) Care is a generous but also essentially

asymmetrical relationship (in this, care is curiously like power), an association that is usually taken to be benevolent and altruistic (care gives something—and what else does, in neoliberal capitalist societies?) but is inescapably imbricated in capitalist market relationships. In this context it is perhaps no accident that neoliberal and limited government projects for repositioning older or disabled people all over the world have been targeting exactly this understanding of care and turning it into an emblem of everything they despise: the “nanny state.” In other words, care, even if it is not always looked upon that way, has today morphed into a PPR, a public-private relationship, one in which the personal, even the intimately personal, becomes public, even political, and all this within a transnational, if not global, framework.

Finally, there is also a lesson in all this for how we theorize the living conditions we have come to name “disability” and “old age.” What I am suggesting is that the importance of care for age or disability studies is not exhausted in a critique of how both groups are “culturally constructed” in the media or elsewhere in the social manifold. Rather, care marks the point also at which the epistemological obligations of age and disability studies branch out into ethical ones, calling for the representational critique that both disciplines are usually engaged in to be expanded into a civic humanist critique. What this means is that care brings to our attention questions—ethical questions—of distributive justice and the social covenant. Care, I would suggest in closing, can serve as a magnifying glass of sorts which allows us to see clearly the position and also the value of non-normative forms of human life in a given society. This is no idle pursuit, because as the economist and Nobel laureate Amartya Sen has reminded us: the ultimate test for a fair and humane society is whether or not all people, including those with less desirable personal or bodily features, are given a fair chance “to appear in public without shame” (70-71).

#### NOTES

<sup>1</sup> For an exemplary reflection on the issues involved in the debate about these terms, see Giroux.

<sup>2</sup> There is, however, a dialectics involved here which very much works to the detriment of people needing care. The stable association of care with children has the nega-

tive side effect of suggesting a likeness of grown-up people with a pre-adult stage of life. Moreover, care for children is a temporary stage that prepares them for an independent life and autonomous subject position, whereas for aged or disabled persons, it is more or less permanent and already indicates the similarities in the cultural construction of disability and old age.

<sup>3</sup> Care may be an industry, but unlike other industries, advances in technology do not basically change the make-up of care. On the “industry view” of care and related issues, see the debate in *The New York Review of Books* between David Goldhill and Arnold Relman on the occasion of the latter’s review of Goldhill’s controversial *Catastrophic Care: How American Health Care Killed My Father—and How We Can Fix It* (New York: Knopf, 2013).

<sup>4</sup> There are 52,000 foreign-born nurses working in Canada right now (Nocos). Similarly, as of 2009, 19% of care workers and 35% of nurses employed in the care of older people in the UK were migrant workers, with trends suggesting those numbers are only rising (Cangiano et al. 3).

<sup>5</sup> A noteworthy and positive exception is Kathy Woodward’s essay “A Public Secret: Assisted Living, Caregivers, Globalization” (2012), which offers a sustained critique of media representations of the globalized realities of caregiving.

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