Care: ubiquitous, complicated, and anthropologically fascinating.
Joanna Cook

In writing about the anthropology of health and illness, there is a danger of assuming, perhaps more so than in other aspects of the discipline, that we are writing about something universal: that we all experience or understand something about human frailty or flourishing; that is, beyond the specificities of a particular context, we understand something fundamental about the human condition. The anthropology of care is a great example of this – what kinds of assumptions do we hold about the nature of care? That it is freely given? That it comes from a 'caring' intention? Or is informed by positive emotional states such as compassion, altruism, and so on? Perhaps that some people are naturally more caring than others, women for example, or at the very least, mothers?

One of the most striking things about care is that, when you start to look for it, it's everywhere. Carers UK, a national support charity, estimates that there could be as many as 10.6 million unpaid carers across the UK (Carers UK 2022a), with one in seven people in the UK workplace juggling work and care (Carers UK 2019). And care is integral to human experience: we all benefit from it, at one time or another, and many of us give it. Arthur Kleinman, for example, described his experience of caring for his wife, Joan, as an 'odyssey of becoming more human' (2009). As he writes, care is a "defining moral practice . . . of empathic imagination, responsibility, witnessing and solidarity with those in great need" that makes us "more present and thereby fully human" (2009: 293).

I'm with Kleinman up to a point. If caring makes us more human, I think it is because care reveals our vulnerability and our dependence on each other. Care erodes any fantasies we might have of control or autonomy. But, while care might sometimes be understood as a 'moral experience' (Kleinman 2012), characterized by a 'selfless attitude' (Margalit 2002), or might reflect 'devotion to the other' (Kleinman and Van der Geest 2009), it also often involves a host of unpretty emotions. Care is often coloured by loneliness, resentment, and impatience, to name just a few. For example, Carers UK found that over a quarter of carers (29%) feel lonely often or always (Carers UK 2022b). And care work is hard. Even people who care in the best of circumstances often find it challenging. Not always, but often. In many cases, to care well involves attentiveness to another, exhaustion, and emotional ambivalence.

It is this ambivalence in the 'backstage' of care work that my friend, Catherine Trundle, and I wanted to capture in our account of care as 'unsettled' (Cook and Trundle 2020). In our own research, and in dialogue with anthropologists working on care in diverse contexts, a picture emerged of care as a morally ambiguous and relationally unstable set of practices. Care is often unsettled by the transforming dynamics of relationships across time and often entails a multiplicity of competing affects and aspirations, such as hope and failure, love and resentment, pragmatism and utopianism, and connection and disconnection. We wanted to know whether anthropology could allow the compromised, shifting, and ambiguous dimensions of care practices to take centre stage. In our effort to address this, we argued that care doesn't have to be theorised as either morally suspect or morally virtuous, but that we might account for care relationships transforming over time in ways that are often unpredictable and complicated. In my research with Mindfulness-based Cognitive Therapists

in the UK (Cook 2020; 2023) for example, I found that effective care necessitated the experience and recognition of uncomfortable affective experience on the part of therapists. In both their professional and personal lives, therapists' care required an on-going commitment to 'being with' forms of uncomfortable self-experience. To care for others, therapists learned to develop a caring relationship with their own experiences of stress and anxiety, and to encourage therapy participants to do the same.

Recognising the affective complexity of care is important, I think, because 'good' care is not necessarily characterised by an uncomplicated 'core sincerity' (see also Aulino 2016). An anthropology of care might account for messy grown-up emotions like shame, guilt, or resentment, alongside more virtuous sentiments like selflessness and compassion in care relationships. Catherine and I argued that both the dark and the light might be integral to how carers navigate their relationships with others and themselves. Rather than theorising unsettled and unsettling emotions as a failure of either the moral person or of caring practices, we sought to highlight the affective complexity of care as it unfolds over time. As Bo Kyeong Seo argues, care is often an "ambivalent act that can entail risk and trade-offs…Care is a relation of co-activity, constantly being remade by those who participate in it" (2020: 6; see also de la Bellacasa 2017). This challenges the valorisation of caregiving (as 'natural', 'good', or 'rewarding') and highlights the ongoing, intersubjective nature of care relationships. Theorising care as 'unsettled' allows us to spotlight the complex enactments of care that can both nurture and harm, that unsettle, yet also work to ensure the vitality of, relational life.

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Short bio
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