Perhaps it is the result of my work as a nurse, parent, and activist, but I can think of no more urgent an issue for our times than the precariousness of care under the auspices of late stage capitalism as the COVID-19 pandemic continues its surreptitious spread. This is particularly true in the United States, where care is deeply commodified, frequently denied to those without the means to pay, and inextricably linked to employment, punctuating the precariousness of American workers. To this scene, add the fires of right-wing authoritarianism, economic austerity, energy crises, and state-sanctioned stochastic terrorism. Under these circumstances, how can we ethically care for one another? This is the central theme taken up by philosopher Maurice Hamington and science studies scholar Michael Flower in their edited volume, *Care Ethics in the Age of Precarity*. And while I speak here to an American context, contributors to this volume represent five countries across three continents, examining the dialectic of care and precariousness under hyperindividualized, market-driven capitalism.

Editors Hamington and Flower begin with an introduction that calls for a movement to prioritize care as the necessity that it is. In identifying a root cause for why care is perhaps not as valued as it should be, Hamington and Flower name the constructedness of “neoliberal precariousness” derived from “how the complex processes of neoliberalization construe and assign value,” interrogating the implications for care (p. 2). Citing the dominance of capitalism as pervasive social truth under the current order, Hamington and Flower point out that in such systems, folks either win or lose without consideration of need or pain or suffering or vulnerability. This either/or binary is what, in part, precipitates precariousness. Precarity is further inscribed by reluctance to intervene in market forces under this social order of capital, leading to precariousness at all levels, from the individual to the structural. Care, in its many forms and definitions, attends to living as well as possible, following theorists Joan Tronto and Berenice Fisher, standing in opposition to precariousness.[1] And yet, precariousness demands care.

Reckoning with the individual worker as the functional unit of neoliberal political economies, feminist philosopher of care Eva Feder Kittay examines precariousness and disability in the first chapter, “Precarity, Precariousness, and Disability.” Kittay sketches out the interlocking features of precariousness, disability, and caregiving. She attends to the structural factors that manufacture precariousness...
in neoliberal institutions that fail to meet the needs of disabled people while simultaneously creating precarity in the failure to support caregivers—paid and unpaid—and in the failure to reckon with the likelihood that most of us have been, are, or will become dependent. This is particularly salient in the context of the mass disabling event that is the COVID-19 pandemic. Ultimately, Kittay argues for an ethic of care that values care itself, arriving at a feminist social welfare that recognizes “that at the heart of all social organization is the care and protection of dependent people. All else is built around this” (p. 44).

Feminist philosopher and bioethicist Sarah Clark Miller attends to the harms to care and caregivers under precarity in her chapter, “Neoliberalism, Moral Precarity, and the Crisis of Care.” If Kittay’s focus is the precarity created for disabled people through neoliberal institutions, Miller examines the limits and barriers created for carers under late stage capitalism. Attention to moral precarity and the subsequent harms to human relationships are Miller’s chief interventions. Miller demonstrates that, under the austerity of care in neoliberal contexts, caregivers are harmed via moral injury when they know what they should do and are, by virtue of precarity, unable to do so. This strains the relational capacities of caregivers in a variety of contexts, demanding that care priorities are triaged according to the social truths of capitalism. Over time, these individual harms begin to unravel the fabric of social reproduction, which eventually threatens all “institutions undergirded by cooperative sociality,” a grave thing indeed (p. 65).

Pointing to how vulnerability and precarity foreground fragility, philosopher Vrinda Dalmiya—drawing again from Tronto[2]—wishes to shift the discussion “away from the neoliberal agendas that exacerbate precarity” (p. 86). In her chapter, “Vulnerability, Precarity, and the Ambivalent Interventions of Empathic Care,” Dalmiya points to the problems of capitulating to the terms of neoliberalism in considerations of care, highlighting the impossibility of anything other than commodification when we do so. To resist, Dalmiya posits that we must attend to the complex intersubjectivities that construct precarity, engaging in solidarity for transnational transformation while simultaneously holding politics of difference in order that our care might actually become empathic.

Taking on what she calls “global vulnerability,” Italian care philosopher Elena Pulcini puts care in a global context in her chapter, “Global Vulnerability: Why Take Care of Future Generations?” Taking a broad view, Pulcini embraces the distant other as central and significant in the time/space compression of the global age. This leads Pulcini to a speculative vision for an ethics of care that, in attending to vulnerability, precarity, and indebtedness, turns toward the future, embracing “a Self ... capable of care for the future” (p. 134). This requires no less than a radical transformation to ensure a more just present/future. Sadly, Pulcini died of COVID-19-related complications before the final publication of Care Ethics in the Age of Precarity. The text is dedicated to Pulcini’s memory, an ethos of care forming the central axis around which her scholarship, mentorship, and social consciousness revolved.

Following Pulcini, educator Luigina Mortari, in a chapter titled “Care: The Primacy of Being,” points to the ontological nature of care. Care is fundamental to being, to flourishing, to transcendence. Care is also repair, healing the bumps and bruises of being there, “polyseismic” in its multiplicity, which is practiced in multiple ways (p. 168). This multiplicity, Mortari concludes, demands a politics of care as the basis for both an everyday politics and a politics of state. Like Mortari, political theorist Maggie Fitzgerald, political scientist Sacha Ghandeharian, and political philosopher Yayo Okano take up questions of care and politics. Fitzgerald focuses on the plurality of political ontologies of care as a technique for engaging an omnipresent potential for precarity in the
pluriverse in her chapter, “Precarious Political Ontologies and the Ethics of Care.” Ghandeharian, in a chapter titled “Care Ethics and the Precarious Self: A Politics of Eros in a Neoliberal Age,” puts care in the context of the dialectic of eros and precarity in an effort to explicate care ethics as a balm for the harms of neoliberalism. Grappling with what she calls an ironic question, Okano explores the interplay between political power and the manufacture of precarity as a justification for power in the context of natural disaster in Japan in “Precariousness, Precarity, and Gender-Care Politics in Japan.”

While in some ways most other chapters in this book negotiate care ethics in the context of social reproduction and its relationship with precarity, care ethicist and theorist of presence Andries Baart turns toward productive labor in his chapter, “Precariousness, Precarity, Precariat, Precarization, and Social Redundancy: A Substantiated Map for the Ethics of Care.” Carefully mapping the concepts of “precarity,” “precariousness,” and “social redundancy” using charts and tables, Baart endeavors to clarify the stakes of care in the dissolution of welfare states and creation of permanent precarity. The majority of chapters in this book presume that precarity is negative. However, in his chapter, “Deliberate Precarity? On the Relation between Care Ethics, Voluntary Precarity, and Voluntary Simplicity,” care ethicist Carlo Leget examines the lessons that can be learned from those who have chosen precarity. Through voluntary precarity, Leget asserts, a more meaningful and resonant relationship with the world is possible, putting to bed the neoliberal notion that more is more and emphasizing what could be gained via an ethic of care.

Canadian political theorist Emilie Dionne’s chapter marks a departure: moving from descriptive and speculative visions for care, Dionne embraces feminist new materialism as a strategy for resisting precarity under neoliberalism. In her chapter, “Resisting Neoliberalism: A Feminist New Materialist Ethics of Care to Respond to Precarious World(s),” Dionne asserts that a dynamic world-building ontology of matter is intimately linked to both knowledge practices and ethics. This means that, following feminist new materialist logics, “materality can matter otherwise ... and precarity, and its manifold material effects, may be responded to otherwise” (p. 231). The provisionality and mutability of matter gives way to the possibility of building alternatives that resist precarity, which leads Dionne to an ethic of care that prioritizes the way matter matters and the worlds that ensue from there.

Hamington and Flower conclude with a call to relationality, envisioning a “model of infrastructure that maintains a commitment to care over profit” and thus asserting a vision of infrastructure as a mechanism for care that can foster social good, ameliorate precarity, and reduce harm (p. 284). The volume stops short of calling for abolition or the end of capitalism directly, opting instead to identify key generative interventions in infrastructure that might just mediate precarity: developing preventative infrastructures that both build trust and reduce precarity; creating interventionist infrastructures that respond to people in need; and building responsive infrastructures that attend to the needs of those who require care, centering their perspectives and priorities. The chapter concludes with a recognition that individualist, market-driven solutions will not deliver us and that community is fundamental.

In total, Care Ethics in the Age of Precarity is successful in its efforts at contextualizing care in the manufactured and enforced disaster state of precarity and teasing out the ethical character of care. My own social location, scholarly inclinations, and experiences in carework reinforce the analyses offered by editors and contributors to this text, though I am less optimistic about the viability of infrastructure reform as a strategy to accomplish the deeply human and critically needed goal of "care over profit" (p. 284). Care Ethics in
the Age of Precarity is an ideal text for clinical bioethicists, graduate students and faculty in the health sciences, and people engaged in health-care humanities as an orientation to political economy of care ethics. Likewise, this is a provocative and thoughtful text for those whose scholarship focuses on the politics, economics, sociology, and anthropology of carework at all levels. It is also an ideal text for thinking with careworkers and care receivers in a variety of academic and community settings as we dream of more just, equitable, and caring futures.

Note


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