Care & Time

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Introduction

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Care ethics is a growing interdisciplinary and international field of study in which scholars worldwide have theorized the dynamics of care as a practice, a virtue, and a collective moral responsibility. This special issue of the *Journal of Philosophical Investigations* explores an essential yet underdeveloped aspect of care scholarship: the relationship between caring and time, broadly construed. Caring has both spatial and temporal dimensions, differentiating it from other moral approaches. Caring takes time.

The title of this special issue echoes Martin Heidegger's *Being and Time,* which argues that time is the horizon that gives meaning to all our moments of existence and further develops his notion of *Dasein* as existence rooted in caring. Martin Heidegger's work and career embody both the positive and negative aspects of Western philosophy. On the one hand, he is regarded as a central figure in the development of modern European philosophy. The existentialist, hermeneutical, and phenomenological philosophers he influenced resemble a who's who list of significant thinkers. On the other hand, his anti-Semitism and involvement in the German Nazi party tarnish, and for some, negate his accomplishments, leaving his intellectual legacy in question. Without diminishing the significance of Heidegger's moral failures, *Being and Time* *remain*s his *magnum opus* and is regarded as a modern classic of philosophy.

Being and Time does not offer an ethic. Heidegger presents the phenomenological ontology that underpins his philosophy. In particular, he interrogates the meaning of being with the understanding that there are various kinds of beings. Temporality shapes how we perceive beings. Human beings, or *Dasein,* are entities in the world constituted by social relations that confer meaning to actions and lives. Care is central to Heidegger's understanding of *Dasein,* as is time and imagination: "Conscience reveals itself as the call of care … The call of conscience, that is, conscience itself, has its ontological possibility in the fact that Dasein, in the ground of its being, is care." (Heidegger, (1927 [2010], 267). It is through the imagination that Heidegger understands time as more than a series of moments that run from the past to the future. Imagination creates a space for play that allows past, present, and future to be experienced qualitatively in their application to care (Czobor-Lupp, 2010, 6).

A little over a decade after Heidegger's death, feminist scholars from various disciplines (Gilligan 1982; Noddings 1984; Ruddick 1989) developed what has come to be known as the ethics of care or care ethics. This relational approach to morality is attentive to context and experience; care ethics possesses normative elements while also integrating epistemological, aesthetic, and ontological aspects, resonating with Heidegger's notion of *Dasein*. Care theory suggests that good care responds to the needs of self and others in a humble and non-paternalistic manner. Care ethics is based on the idea that care is fundamental to human existence and flourishing. Care is an essential moral good (Mortari, 2022, 80) and should therefore be the centerpiece of ethical theory and practice.

Today, care ethics is garnering worldwide interdisciplinary attention as global scholars contribute to a growing body of theoretical and applied literature across numerous disciplines. Signs of the field's maturity include burgeoning publications, book series, journals, podcasts, and special journal issues such as this one. Nevertheless, care theory is still relatively young and holds great potential for further exploration. With a few notable exceptions (Bourgault 2016; Nedelsky and Malleson 2023; Hayakawa 2024), the temporal dimension of care ethics remains underexplored.

A Forward-Looking, Decolonizing Care Ideal

Whether it's the *longue durée* of building more caring institutions or the banality of everyday cycles and routines of care that sustain life, the multi-generational legacies of care are inherited through kinship systems and culture. Care, as both theory and praxis, unfolds across multiple planes of time. The earth itself, from its oceans to its rock formations and various lifeworlds and ecosystems, has many containers of care with their own temporalities. Care can be forward-looking, preserving and nourishing life through the upkeep of relational ecologies and habitable worlds (Dokumaci, 2019; Tronto, 1993). It can also serve as a means to engage critically and heal from past and ongoing processes of violence that foreclose the possibility for life and

futurity (Held, 2010). Care, like time, is contextual, manifesting differently across time and space, depending on how it is textured by culture, religion, politics, race, class, and social location.

Care and time, as concepts, have been decolonized and deconstructed through non-Western epistemologies by Black, Indigenous, racialized, queer, and disabled scholars, as well as scholars from the Global South. The special issue demonstrates the value of rupturing borders within care ethics as a global learning community and as a feminist methodology by illustrating how one's social location, or situatedness, shapes their sense of care. The authors engage in cross-cultural, transnational, and decolonial feminist inquiry by experimenting with:

1. Identifying how racial capitalism, heteropatriarchy, settler-colonialism, and ableism collaborate to devalue care work and undermine care relations in our societies.

2. Decentering whiteness and Western points of origin in their analysis of care.

3. Practicing comparative ethics to engage with non-Western, non-secular, and decolonial moral vocabularies of care.

4. Centering Indigenous epistemologies of care

5. Employing citational practices that incorporate intersectional perspectives from Black, Indigenous, racialized, disabled, queer, and Global South scholars

6. Creating context-specific historical genealogies of care as policy, praxis, and discourse.

7. Theorizing through queer and disability justice approaches to embodiment and relationality.

How, where, and by whom care is practiced and valued, as well as its ends, is context-specific, processual, and grounded in storied life-worlds that unfold over time, in all their multiplicities (Dalmiya, 2016; Hamington, 2024). Yet, as evidenced in the authors' reflections on time, despite the pluriversality of our points of origin, care-ethical inquiry strives for connection in a world where the value of care— as a praxis, as a relationship, and as a virtue— is under siege by capitalism, colonialism, ableism, and heteropatriarchy.

In this introduction, we map the connections, divergences, and shared orientations of the authors' articulation of care and how it is experienced over time. Each article is an exposition of the complex ways that systems of oppression, such as racial capitalism, heteropatriarchy, white supremacy, and settler-colonialism, bend, stretch, extract, rupture, refract, and steal time to structure the terms of care. The authors collectively disrupt dominant paradigms of time, progress, and care by foregrounding caring labor's relational, affective, and political dimensions, particularly concerning women, racialized communities, disabled bodies, and care workers.

On Care, Travel, and the Multiplicity of Time

Post-Colonial scholar Edward Said notes that a critical inquiry task is to study how ideas travel, their reception, and the effects they produce across different places and times. The circulation of ideas engenders pluriversality in feminist theorizing and is an "enabling condition of intellectual activity" (Said, 1983, 226). Mapping how ideas travel requires identifying points of origin, the distances they traverse (their passage through various pressures), the sets of conditions that shape their acceptance (as well as the resistances they face), and how they become accepted as the norm and transformed through new uses, in new times and places (226-227). Reading the authors' contributions taught us that ideas, particularly moral vocabularies, can also travel through care. Care activates our affective imagination. Whether it is mourning, witnessing, laughing, or reading together, in caring, we travel across time to deepen the ethical sensibility of empathy. How we think, judge, and imagine care is shaped by an array of times, including enfleshed and embodied histories, our family's heritage, collective memories, nationalisms, systems of oppression, and institutionalized forms of care. In caring, we move through how notions of care have been preserved, filtered, and renewed to enact care in a way that fits for us, to attend to our ethical obligations, as well as to carry out the work of building inhabitable lifeworlds that we feel is urgent in our time-spaces.

All authors begin with a shared point of origin: the understanding that care is profoundly political and shaped by histories of power, colonization, and resistance. A way to resist and disrupt, time as systems of oppression structure it, is activating care, as a mode of travel. Chicana, Mexicana, and Latina feminist theorist Mia Sosa-Provencio draws from her ancestral and land-connected epistemologies to offer a *Revolucionista Ethic of Care*. She teaches us that educator of color, particularly women, carry embodied knowledge of care that is both individual and collective, personal and political. Intergenerational traumas and tactics inform their care practices of survival. Humor and storytelling are inherited practices of resistance that can be activated in culturally-specific and land-based ways in the student-educator relation of care. Reflecting on the narratives of female (Nuevo)Mexicana/o educators teaching along the U.S./Mexico Border, to Mexican/Mexican-American students, she observed how educators tactfully used humour to open portals of time. In such portals, accessed through learning, by both educators and students, time is circular, past pains and traumas can be presenced and surfaced for healing and renewal. The *Revolucionista Ethic of Care* is grounded in mind-body-spirit wisdom, humor, and shapeshifting as modes of survival and healing. It operates within "*nepantla*"—the in-between space of cultural, racial, and spiritual crossings—and draws from mythic, maternal, and cyclical temporalities that defy capitalist linearity (3).

Whilst Mia Sosa-Provencio articulates how humour, as a critical pedagogy, helps educators traverse the distances that intergenerational traumas create in the classroom, Maurice Hamington and Ce Rosenow explore another care-based mode of travel—empathy. They

explore how reading poetry engages our moral imagination, transforming our ability to care for the plight of *others* beyond the spatial and temporal horizons we inhabit. Maurice Hamington and Ce Rosenow articulate care's aesthetic, poetic, and imaginative functions through interpretations of Janice Harrington's book, *The Hands of Strangers: Poems from the Nursing.* They define care as an embodied poetic praxis that enables moral witnessing. Through empathic imagination, readers can "space-time travel" to attend to the vulnerabilities, needs, and stories of marginalized communities—in this case, testimonies of care-workers attending to the needs of elderly patients in a nursing home (166). Empathic witnessing, when activated through reading poetry, collapses temporal and spatial distances between the reader and the text's subjects, bringing closer narratives of interdependency, suffering, injustice, and resilience that may otherwise not be accessible in one's own time-space. Readers are not passive observers but are implicated in the collective "we" of care workers and residents. Reading poetry activates the reader's caring capacities, offering a temporal plane and relationship within which one can envision more caring and just futures.

In addition to travelling across generations and borders through humour, and in between the immediate and textual worlds through empathy, Sarah Munawar and Riikka Prattes both travel through care to revisit, and return to, traumatic and formative medical events they experienced—not as patients, but as witnesses. Testifying to her embodied trauma of cancer diagnostic imaging, Prattes evokes the notion of "colonial time" or "artificial clock time" discussed by Aboriginal author Mykaela Saunders, of Koori/Goori and Lebanese descent, which is disconnected from the natural rhythms and times of the land (74). Prattes draws upon her critique to map the different layers of time that shape healthcare spaces that patients move through as they navigate questions of the time they have left, the time that healthcare workers do not have to listen to their pleas, and the time that has been stolen from them in advocating for their safety and needs within healthcare systems. Prattes notes that "it is possible to 'have no time' to be sick" in colonial, capitalist times" (81). She argues that time is a plane upon which care inequalities are experienced.

Denied information and adequate testing to make safe and informed decisions regarding her care, Prattes narrates her experience of feeling unheard and unseen in her vulnerabilities during her cancer diagnosis, as healthcare workers lacked the time to listen to her. By denying her witness due to constraints of time and resources, she was subjected to endure unsafe care. She struggled to make her "body and breath fit" within the time and space allotted to her by the healthcare system (81). Recognizing time as a finite resource, she also acknowledges the exhaustion of care workers who "are caught up within irreconcilable temporalities" who must somehow operate both within the "slow and deep time, required to tend" to vulnerable patients and the capitalist time "of the market, of expanding productivity, which requires slashing slow(life)time into the countable, standardized units on the other" (83).

Whereas Prattes shares a medical narrative in which she was denied the time and attention necessary to be heard regarding her cancer diagnosis, Munawar recounts her experience of being heard by care workers who went out of their way to listen and witness her grief while she miscarried before a surgical procedure. As a Muslim, she explores how experiences of miscarriage and mourning generate care-based knowledge that is deeply embedded in time and memory, becoming formative in an individual's sense of Islam. Such events serve as points in time from which one draws interpretations of the Quran to activate knowledge as care within her relationships. She reflects on how grief is not merely an emotional state but also a temporal and epistemic event—one that reveals care-based epistemologies of Islam that are often devalued or regarded as inauthentic or unrealistic ways of knowing Islam. Knowledge gained through loss doesn't disappear but integrates into embodied practices and intergenerational lineages of care, becoming a significant part of a Muslim way of knowing. Mourning evolves into a temporal and spatial practice, where memory acts as a form of place, rooted within Quranic verses and lived as embodied *dhikr* (remembrance), forming containers of care that persist across time, as places that can be revisited. This temporality of grief unveils an ethical urgency for Muslim feminists: the finitude of time evokes the imperative to act justly, speak truthfully, and practice patience in mourning. Yet this urgency is not grounded in the capitalist concept of time as a finite resource, or in the fear of time running out, but in an Islamic cosmological understanding that perceives time as a trust, expansive and multiplicitous, and always accounted for.

On Slowness, Reparative Time and the "Organic" Rhythms of the Body and Social Change

Across the authors' contributions, slowing down emerges as a radical political act—a refusal of urgency and a reorientation to breath, presence, and cyclical temporality. Slowness becomes a mode of restoration, whether in dance, poetic imagination, or Indigenous timekeeping. The reparative not only requires a reorientation to the past to transform the present; it also entails the ability to travel across time and harvest care-based knowledge that can nourish and heal the lifeworlds we inhabit—past, present, and future. A thread running throughout the articles in this issue is that capitalist and colonial time structures violently regulate and diminish the place of care in our societies. Christine Leroy defines this as a form of *social necrosis*—the slow death of care that is meaningful and human in care professions, due to the monetization of time, burnout, and rationalization of labor (96). Echoing Prattes' critique of capitalist time in healthcare spaces, Leroy argues that the management of care under productivity regimes prioritizes speed and efficiency, resulting in a "dehumanization of health services" (96). Care workers are expected to maintain a pace incompatible with genuine care, leading to exhaustion, alienation, and unsafe care. The rise of AI and digital technologies further compounds this by erasing the processual, relational, and temporal dimensions of human connection, suppressing

the time required to build trust, witness suffering, and act ethically in our care relations. Leroy argues for the urgent need to breathe "life back into care" (100).

Echoing Leroy's critique, Àger Perez Casanovas extends disability justice activist and scholar Mia Mingus' notion of the medical industrial complex to articulate how ableism shapes Spain's healthcare system. In tune with Prattes, Casanovas also develops the idea of *crip time* to bear witness to the violence of productivity-driven temporalities imposed by capitalist/medical systems on care (22). She argues that "the Spanish medical-industrial complex (MIC) enforces temporalities that prioritize efficiency over well-being, disciplining bodies through wait times, prognosis-driven expectations, and sick leave policing" (31). Such "temporal structures" are differentially harmful to disabled and chronically ill individuals who do not inhabit ableist and linear senses of health, recovery, or wellness (41). Through the frame of time, Casanovas breaks medical terminologies, practices, and policies to make visible the unmet needs of disabled and chronically ill individuals whose bodies and storied lives are seen as burdensome, transgressive, and overly dependent in the Spanish medical system. Echoing Leroy and Prattes' shared demands for slower care, Casanovas argues that resistance to capitalist incursions on medical systems must be rooted in gentleness and slowing down through connective action. Such action entails activist movements that demand just care for all, rooted in the principles of disability justice.

Whereas Leroy and Casanovas analyze time in an institutional context, Amrita Bannerjee examines care-time in the home context and its implications for how women, as carers inhabit moral agency. She refers to the autobiography of Rassundari Devi, a nineteenth-century Indian writer and upper-caste housewife from Bengal, to explain how time is experienced intersubjectively through the demands of caregiving. Bannerjee envisions 'caring time' as inherently relational and shaped by the concrete needs and rhythms of both the caregiver and the recipient of care. Focusing on 'concretizing time' aids us in analyzing how the needs and autonomy of caregivers can become subsumed in what Bannerjee describes as a temporal cocoon composed of the realities of care-time—the everyday exhaustion, demands, and neglect of carers in our homes and societies. When the moral self of caregivers becomes engulfed, or dissolved, in care-time, it can constitute moral harm as a form of erasure. In addition to the cyclicality of care work, captured by the repetitions and banality of everyday life, caring time also encompasses the creative ruptures and breaks, in identities, futures, and pasts, that caregivers can forge through performing ritual, refusal, and agency in caring. The dance of care, within which caregivers negotiate their autonomy, is relational and expressed in what Bannerjee identifies as mutual temporality.

On Capitalism, the Theft of Time and Progress

Feminist care theorists assert that power is never absent from care. Rather, power structures the very conditions through which care is provided and received. From the expropriation of racialized and gendered bodies' time under capitalism to the unequal dynamics of international aid and policy, care is never neutral. It is always embedded within—and shaped by—histories of domination, exploitation, and resistance. Agnes Phoebe Muyanga maps the gaps, deceit, and shortcomings in the promises made by international organizations, NGOs, and the government to care for women and girls in Tanzania. These actors are responsible for the delivery—and, often, distortion—of care. She observes how the safety, well-being, and rights of women and children in Tanzania are endangered by government interventions that seek to slow down progress and change in the country through social movements for gender justice. As Sara Ahmed reminds us, sabotage is "to destroy something deliberately with the intention of obstructing someone" (Ahmed, 2021, 301). In Tanzania, Muyanga illustrates how government actors employ sabotage as a resistance to demands for gender justice through individual actions of denial and institutional actions of indifference, disruption, and refusal to listen (106). While actively sabotaging the rights of women and girls, the Tanzanian government utilizes care as a "false rhetoric" to obscure its complicities in sustaining heteropatriarchal violence (110).

Drawing upon knowledge rooted in Tanzanian feminisms and women's rights movements, Muyanga argues that Tanzanian women and girls continue to resist, organize, and reclaim power; however, various orders of government and law sabotage their capacity to effect change. Change, then, is "snail-paced" not as an organic rhythm of time, but rather as a result of heteropatriarchal interventions that various political actors use to refuse to care for and attend to the needs of women and girls in Tanzania (111). Liberation is slowed down through acts of sabotage that undermine political agency through legal practices and norms that deepen the dependencies of women and girls on men, reinforcing patriarchal and colonial forms of governance.

For Muyanga, progress in women's and girls' rights and empowerment in Tanzania is denied, delayed, and disrupted. Conversely, for Hee-Kang, change over time is neither slowed nor denied; rather, it is structural injustice, as it exists and originates within multiple frames of time, in a state's development, fold, blend, and cohere in a modern situation where care is devalued. In this context, the slowness, or delay, in women's rights, as it relates to the devaluation of care in our societies, can coincide with timeframes where progress on other fronts—such as technology, democracy, and the economy—is unfolding. Hee-Kang Kim extends German historian Ernst Bloch's notion of multiple temporalities ("the non-simultaneity of the simultaneous") to depict how a country can inhabit different planes of progress within the state-building process. Through this lens, she studies how the concept of care travels across, ruptures, and stagnates as it navigates through different time frames that coexist "concurrently"

within a place. She provides an in-depth portrait of Korea as a place that both inhabits and continues to be shaped by anti-communist warfare, industrialization, democratization, neoliberalism, and the welfare state, while also navigating historical junctures such as post-colonial division, war, a coup d'état, dictatorship, democratic revolution, and the financial crisis. Through Iris Young's notion of structural injustice, Kim explores "how different, non-synchronous times of Korea's state-building create structures in which care is discriminated against, excluded, ignored, overlooked, and undervalued" (117).

Oppression, here, splinters through various frames of time, forming and solidifying in the present as "wires in a cage" that structure "discriminatory ideological, socio-cultural, political-economic, and legal conditions for care" (119). For example, anti-care perspectives across these time frames cohere to texture contemporary narratives on dependency. For instance, she observes that in modern Korean culture, identifying as a carer or as someone in need of care, instead of conforming to the "image of soldier and workers," can expose one to "social disdain, degradation, and contempt"—in that dependency is a marker of deficiency or burden.

On Connection, Time, and Relationality

Collectively, the authors guide us towards understanding a concept of time that is not entrapped in capitalist notions of finitude, profit, and productivity. The time necessary for us to adequately care for one another is under siege. The dominant social narrative of neoliberalism emphasizes quick transactional relationships that, in many ways, oppose the essence of caring. Health professionals are pressured to spend less time with patients, while over-extended caseloads diminish the time that case workers can dedicate to clients, and new technologies, along with increasing class sizes, restrict the time teachers can invest with students. Despite these limitations, care persists. Caring has an aesthetic (Thompson), and engaging with it, like any art form, involves spending time with others—listening, holding, laughing, and educating.

Through diverse epistemologies of care, the contributors to this special volume gesture towards understanding time not as a resource, but as a relation. They envision a world in which it is valuable to create time and space for poetry, slowness, and histories that continue to live in our bodies and lands. They call for a rejection of the rationalized time regimes that deaden care work and a commitment to feminist, decolonial, and crip temporalities that center vulnerability, reciprocity, and interdependency. Rather than seeing care as a finite act or transaction, these works invite us to view it as an unfolding journey, a poetic and political practice that connects us across time, space, and difference. In doing so, they open the possibility of new temporalities, relations, and worlds rooted in the dream of a just and caring world for all.

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Seeking a Culturally Relevant Ethic of Care for Mexican/Mexican American Youth: a revolucionista ethic of care and its wily, tactical mechanism of humor

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Article Info

ABSTRACT

Black and Latina female educators have for centuries prepared children of color to resist dehumanization, claim full citizenship, and transform oppression through culturally specific Critical Feminist Ethics of Care. In 2018, I detailed a Revolucionista Ethic of Care specific to the needs and strengths of Mexican/Mexican American (Mexicanx/a/o) youth which offers a subterraneous social justice ethic of care through the curriculum and pedagogy of four female Spanish-speaking New Mexican (Nuevomexicana) and Mexican American (Mexicana) educators. Through this land-based Chicana Feminist Testimonio Methodology, I unearth a resistant, healing Critical Feminist Ethic of Care framework for (Nuevo)Mexicana/o children and communities which enriches the field of Care scholarship through its embodied, land-based epistemologies. I explore the ways in which four (Nuevo)Mexicana educators operationalize play and humor within their Ethic of Care to 1) open access to a mythic time/space continuum wherein they may access the historical and ongoing wounds of injustice fueling them, 2) gleefully travel to students' multiple worlds, and 3) forge liminal spaces of joy for Mexicanx/a/o youth to shape futures of thriving. This work offers ancient, practiced tools of resistance and healing in this new and yet historicized moment of racialized hostility and hate against Communities of Color in the United States.

Introduction

[C]onstant trafficking, negotiating, and dialoguing across borders results in a profound new mestizaje…eschew[ing] the racial hierarchies inherent in older mestizaje. We do not allow ourselves to shelter in simplistic colonialistic notions of…difference…We must unchain identity from meanings that can no longer contain it… (Anzaldúa, 2015, 73)

A revolution of mind, heart, and hand is within our grasp if we imagine the world differently—not as a utopia or fantasy but as leveraging what we know about the power of effective care. (Hamington, 2024, 12)

Beginning in 2016, I published a culturally specific critical feminist ethic of care for Mexican/Mexican American[1]–students and their families, which was lived and enacted by four female (Nuevo)Mexicana/o educators teaching along the U.S./Mexico Border. Their Critical Feminist Ethic of Care was a moral, ethical commitment to live, breathe, and enact *good care* (Hamington, 2024) for (Nuevo)Mexicana/o students aimed at transforming, enriching lives, and expanding sociopolitical realities and futures. What I found in seeking to perceive and more deeply understand their culturally specific ethic of care not only led me to *imagine the world differently*—it transformed my every notion of what it means to wage a social justice revolution on behalf of marginalized (Nuevo)Mexicana/o youth. The Revolutionary Care (Hamington, 2024) of these four female (Nuevo)Mexicana educators *unchains* dominant notions of social justice revolution from *externalized forms* that simply *cannot contain it* (Anzaldúa, 2015, 73).

A *Revolucionista Ethic of Care* (Sosa-Provencio, 2018) is a wily, tactical, and reframed social justice revolution that lives and breathes underground, within a protected space made fertile by intergenerational *mestizaje,* the ambiguous, blurring wisdom of survival that Mexicanx/a/o Peoples "of mixed race, people who have Indian blood, people who cross cultures, by necessity possess" (Anzaldúa, 1996, 54). As these educators fight for the sanctity of students' culture, language, residence, academic success, and sense of self, they conceal their work "with centuries of practice guiding their hands" (Michaels, 1996, 39); Mestiza/os have long relied upon our ability to hide in plain sight by reconfiguring, blending and bending reality.

While I, as a (Nuevo)Mexicana researcher, am situated culturally and geographically in relation to these women, I could not fully perceive the unfamiliar sinews of their care revolution

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[1] When referring to Mexican-born Peoples, I utilize either *Mexicana/o* or at times *Mexicanx/a/o*. When referring to multigenerational U.S.-born, indigenous heritage, Spanish speaking Peoples of New Mexico, I utilize *Chicanx/a/o* or *Nuevomexican(x)as/os* and while the 'x' is a signifier of gender inclusivity, it is used less in line with community usage. When combining these terms, (*Nuevo*)*Mexicanx/a/o* honors the shared beingness of our larger Peoples who have resisted occupation and colonization distinctly yet who share bloodlines across man-made Borders and ancestral connectedness to land inconceivable within colonial logic (Anzaldúa 1987; Moraga, 2011). When referring to the U.S. diaspora of Spanish-speaking Peoples, I utilize Latinx/a/o.

because my own light-skinned *güera* privilege, English dominance, and unquestioned U.S. citizenship has enabled an out-loud revolution on behalf of my People. *Testimonios* of low expectations, segregation, linguistic shaming, and corporal punishment—of being called *dirty Mexican*—have only ever been passed down by the generations above me. In this research, I learned to see beyond my own conspicuous social justice advocacy—to see and more deeply understand theirs and how their Ethic of Care is a revolution not akin to the wars of men. Theirs is a regeneration, a turning, a *revolución* carried in their mind/body/spirit toward a new day of hope.

For these four female educators, care is the labor and ethical rootedness of teaching to nourish and equip Mexicanx/a/o youth exists beyond strained resistance, for locking in a resistance stance will not liberate us: "At some point, on our way to a new consciousness, we will have to leave the opposite bank…somehow healed so that we are on both shores at once" (Anzaldúa, 1987, 78). Their Ethic of Care is, "fine-tuned for impact and effectiveness as they aim toward the growth and flourishing of others" (Hamington, 2024, 42). These (Nuevo)Mexicana educators heat, hammer, and fold the implements of their Revolucionista Ethic of Care to meet the unique challenge or challenger they and Mexicana/o students face.

Ten years have passed since this data was first collected and analyzed. Since that time, I have come to understand that the sustainability of a Revolucionista Ethic of Care lies in the elusive, identity-dissolving, fluid wisdom of *a new mestiza, La Revolucionista* whose constant negotiation of borders has given rise to a radical psychic confluence beyond the biologic which lives "in between different worlds, in nepantla…in intersections, in cusps…that defy binaries of gender, race, class, and sexuality" (Anzaldúa, 2015, 71).

One of the key mechanisms of their *revolución* is a shapeshifting, boundary-defying humor. While in 2016 and 2018, I outlined the multitude of unseen tactics comprising a Revolucionista Ethic of Care, I did not then include humor as one of these because I could not yet perceive it. Over time, I have come to understand and therefore glimpse the edges and ephemeral forms of their humor and play which emerge in individual interviews, focus groups, and classroom curriculum and pedagogy. Through this land-based Chicana Feminist Testimonio Methodology, I unearth a resistant, healing Critical Feminist Ethic of Care framework for (Nuevo)Mexicana/o children and communities which enriches the field of Care scholarship through its embodied, land-based epistemologies. I explore the ways in which four (Nuevo)Mexicana educators operationalize *play* and *humor* within their Ethic of Care to 1) open access to a mythic time/space continuum wherein they may access the historical and ongoing wounds of injustice fueling them, 2) gleefully travel to students' multiple worlds, and 3) forge liminal spaces of joy for Mexicanx/a/o youth to shape futures of thriving. This work offers ancient, practiced tools of resistance and healing in this new and yet historicized moment of racialized hostility and hate against Communities of Color in the United States.

Literature Review: Black, Chicana/Latina Critical Feminist Ethic(s) of Care

In the U.S. Borderlands, schooling has been one of the most powerful weapons of U.S. imperialism as both Native American and Spanish-speaking children were forced into abusive boarding schools (Lomawaima & McCarty, 2006) and segregated English-only schools (Blum-Martínez & Habermann López, 2020) engineered to break them [us] of our names, languages, cultures, sense of community, and dignity. This work stands on the shoulders of centuries of history wherein women of color have cared for, educated, and learned alongside their community's children as the practice of community flourishing and freedom. Drawing from Black Feminism (Collins, 2009; Hooks, 1994; Lorde, 1978), Chicana Feminism (Córdova, 1994; Moraga, 2011; Moraga & Anzaldúa, 1983; Martinez-Cruz, 2011), and Latina Feminism (Delgado Bernal et al., 2006; Latina Feminist Group, 2001), Critical Feminist Ethics of Care are woven by centuries of women engaged in community (re)building in the context of adversity, scarcity, violence, and oppression in all its forms.

Within school spaces, legacies of womanist, collective, antiracist, anticolonial, mind/body/spirit caring—Critical Feminist Ethics of Care—have been most thoroughly documented within the Jim Crow South wherein Black children had unique access to Black and mostly female educators who taught as the practice of freedom (Cross, 1998; Hooks, 1994). Herein, Black female educators cherished and challenged Black students and their families, perceiving and fostering their academic and intellectual richness as a means of community uplift for the transformation of inequity, nihilism, and lovelessness (Siddle Walker, 2000; 2001; Siddle Walker & Snarey, 2004).

Critical Feminist Ethics of Care within Mexicanx/a/o, Chicanx/a/o, Latinx/a/o communities are likewise evident, though documented to a lesser degree due to colonial practices placing White educators as teachers for Latinx/a/o youth in order to strip culture, language and dignity (Blum-Martínez & Habermann López, 2020; Gonzales-Berry & Maciel, 2000; Moreno, 2003). In the rural Southwest U.S. where community educators of color have taught Mexicanx/a/o, Chicanx/a/o youth, educators have embodied and operationalized Critical Ethic(s) of Care as a means of resistance and healing for youth facing anti-Blackness and anti-indigeneity targeted across their generations (Gonzales-Berry, 1994; Maestas, 2011; Sosa-Provencio & Sánchez, 2023). Herein, community youth have found intellectual rigor, cultural/historical/sociopolitical consciousness, holistic epistemologies of mind/body/spirit and land connectedness, and love for one's people—the necessary nourishment to see and love themselves beyond the distortions of White dominant schooling (Rolón-Dow, 2005; Sosa-Provencio, 2016a, 2016b, 2018; Valenzuela, 1999, 2016).

Black and Latinx Critical Feminist Care Ethics continue to challenge and reach beyond white Feminist Ethics of Care, which center on White maternal caring, inert practices of feeling *with*

another, and silence regarding the white supremacy, eurocentrism, and power and privilege that racialized communities navigate daily (Thompson, 1998).

Attuned Empathy, Knowing Situated in the Corporeal Landscape

Hamington argues that "…the body is the repository of caring knowledge…" (2015, 83), and I offer that perhaps the bodies of especially female educators of color store the body's knowledge of authentic care through the bloodline wisdom surrounding the historicized contours of what community youth face and, perhaps most importantly, the historicized tactics for engaging *Revolutionary Care,* an "internal transformation that leads to relational and institutional change…a revolution of heart and mind that we can all participate in through everyday interactions that aggregate and congeal into a social renovation" (Hamington, 2024, 12). Within the root systems of Mexicana, Chicana, and Latina Critical Feminist Ethics of Care lies epistemologies of mind/body/spirit and land-connectedness to generate new and otherwise unseen paths toward wholeness and the liberation of all Peoples (Anzaldúa, 2015; Delgado Bernal et al., 2006; Moraga & Anzaldúa, 1983; Trinidad Galván, 2016). Situating Body as living language of both resistance and healing *made flesh* (Cruz, 2006; Hurtado, 2003) honors the historicized, chromosomal knowing knitted into the very bodies of those who are the inheritors of conquest, colonization, and slavery (Moraga, 2011). According to Trinidad-Galván, centering theory this way enables a guttural-ethereal knowing which has the power to "shatter dichotomous thinking and underscore the need to act, resolve, rewrite history, and suture the violated mind, body, and spirit" (2016, 6). If, to achieve the necessary *attuned empathy* of Hamington's Revolutionary Ethic of Care, one must practice "humility to reflexively check our imagined link and understanding against what we learn through inquiry" (2024, 38).

Chicana Feminist theories of knowing beg the question: What forms can this inquiry journey take? Does delving into one's own chromosomal, *en-fleshed* knowing and the collective histories and knowledge systems stitched into our Brown Bodies underscore or complicate Hamington's *acquisition of knowledge,* which is necessary to care for others (2024, 40)? Does *attuned empathy* into one's own historicized corporeal consciousness of *in-the-flesh* knowledge systems contribute an unforeseen cardinal point to the emotional-vs.-intellectual dichotomy of attuned empathy? Hamington describes good care as either taking the stance of intrinsic caring or in response to the needs expressed by the cared-for, but in the case of Chicana/Mexicana/Latina Critical Feminist Ethics of Care, can *attunement* move one into further communion with their own Brown Female bodies and collective ancestral histories of healing, struggle and resilience? If, as Anzaldúa (2015) urges, "a wound provokes an urgent yearning for wholeness and provides the ground to achieve it," can infusing Critical Feminist Ethics of Care with Chicana feminist mind/body/spirit and land-based epistemologies of

healing resistance enable reciprocal healing and further underscore that, "you don't heal the wound; the wound heals you" (Anzaldúa, 2015, 89)?

According to Anzaldúa the knowledge and wisdom to operationalize education to protect, fortify, and heal our own community lives in our flesh and bones, for "we know what it is to live under the hammer blow…*Humildes* yet proud, *quietos* yet wild…Stubborn, persevering, impenetrable as stone, yet possessing a malleability that renders us unbreakable" (1987, 44). Perhaps the *acquired knowledge* to wage a Care Revolution on behalf of Mexicana/o youth, which tends to their needs and connects with their deep goodness and promise, *has already begun* (Hamington, 2024)—forged and handed down by our *antepasadas/os,* our ancestors, over centuries as a means of survival and a footpath toward thriving.

Materials and Methods

I utilized *Testimonio* Methodology which challenges dominant ideology and research epistemologies by placing Chicanas/Mexicanas/Latinas across identity and gender expressions as central authorities to their own experience through narratives of resistance, survival, and resilience amid structural oppression (Delgado Bernal et al., 2012; Latina Feminist Group, 2001). According to Moraga, Chicanos and Chicanas have long "told stories aloud: as weapons…as historical accounts and prophetic warnings, as preachers and teachers against wrongdoing…as prayer…. through this storytelling one's awareness of the world and its meaning grows and changes" (2011, xvi). *Testimonio* utilizes a confluence of creative methods to uncover guarded experiences navigating race, class, gender, sexuality, spirituality, circumscribed foreignness, (im)migration, language, colonialism, transnationalism, and Catholicism (Cervantes-Soon, 2014).

Research questions:

1. What are the *Testimonios* of four Mexicana educators teaching predominantly Mexican/Mexican American, (Nuevo)Mexicana/o children along the U.S./Mexico Border?

2. What curriculum and pedagogy do they utilize to prepare students, and what role do these *Testimonios* play therein?

3. How do classroom curriculum, pedagogy, and individual, intergenerational knowledge illuminate elements of a culturally specific ethic of care for (Nuevo)Mexicana/o children?

Research Participants

Research participants include Diana Meza, Rosa Maldonado, Priscilla Parra, and Sylvia Rivas[1]. Diana is the daughter of Mexican immigrants who came to the U.S. as a young child. At the

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[1] All first and last names of teachers and students are pseudonyms.

time of the study, she taught 6th, 7th, and 8th grade Social Studies and History in a Dual Language Charter School centering (Nuevo)Mexicana/o culture and language.

Like Diana, Rosa self-identifies as Mexican/Mexicana. She is the daughter of a Mexican mother who came to this country as a young woman, worked in migrant labor, and supported Rosa as a single mother. At the time of this research, Rosa taught 6th, 7th, and 8th grade Mathematics in the same Dual Language Charter School as Diana.

Priscilla and Sylvia are multigenerational New Mexicans, *Nuevomexicanas*, from Spanish-speaking backgrounds. Priscilla worked in the same large comprehensive high school as Sylvia and taught Health and Law Studies to 9th through 12th grade students.

Sylvia taught 9th through 12th grade Language Arts and ENLACE (*Engaging Latino Communities for Education*), which is part of a statewide collaborative aimed at improving academic access, including toward attainment of higher education for Latinx students.

Research Site

This research takes place in a mid-size city of nearly 100,000 lying 60 miles from the U.S.–Mexico border. Per capita income (2010) is less than $20,000, and 20.4% of residents live below the poverty line (U.S. Census Bureau, 2010/2017). I chose this site because of its proximity to the U.S.–Mexico border and its large Mexican/Mexican American population. According to U.S. Census Bureau 2011 estimates, the city's ethnic breakdown is predominantly Hispanic (56.8%) and White (37.5%). The school district reported a 73.9% Hispanic enrollment with 14.2% English language learners (District Office of Accountability, Assessment, and Research, 2011), with more than 40% of residents speaking home languages other than English.

Data Collection

Participant *Testimonios* emerged across multiple data collection methods: (1) two 60–90 minute individual semi-structured interviews; (2) five 90–120 minute focus group interviews (Delgado Bernal et al. 2012); (3) ongoing field observations within and beyond participants' classrooms; (4) my reflective researcher journal; and (5) photographic elicitation (Eisner, 1993).

Data Analysis

Employing this critical lens as part of a decolonizing Chicana Feminist research epistemology validates participants as centralized subjects capable of self-definition and theory within their own experiences (Delgado Bernal, 1998; Trinidad Galván, 2006). Five focus groups provided a source for data collection and also the space wherein we as co-researchers collectively analyzed data across all other sources including individual and focus group interview transcripts, field observation notes, co-researcher reflections, and shared photographs. Interview transcripts and observation notes were made available to participants for individual and focus group analysis as emerging themes across all data sources provided the basis to sort,

color code, and draw connections between initial and subsequent data. Preliminary data analyses were further contextualized within collective cultural knowledge, academic literature, and further crystallized (Luttrell, 2010) within our own families and circle of (*Nuevo*) *Mexicana/o* friends and colleagues (Dillard, 2000; Latina Feminist Group, 2001).

Findings/Results: Humor and Play as Entry into Mythic Time, Gleeful Cohabitation, and New World Creation

These four Nuevo/Mexicana women descend from Indigenous and indigenous-heritage *Mexicanx/a/o* Peoples shaped by continued resistance and resilience amid centuries of Spanish and U.S. attempts at erasure at all levels (Acuña, 1988; Gomez, 2008)—what Vizenor (2008) terms *survivance*, the inherited survival and resilience strategies necessary to endure and resist the annihilation of one's People. Their distinct yet shared histories have fostered in them ways of being rooted in a blending, blurring camouflage that enabled the survival of their generations by allowing them to hide all they held sacred under the guise of conversion and cultural, ethnic syncretism (Moraga, 2011; R. C. Rodríguez, 2014), even within the cornerstones and altars of Catholic churches which they were forced to build (Wake, 2010). Their intergenerational wisdom of *mestizaje* provides hidden spaces wherein Indigenous Peoples and their indigenous-heritage Mexicanx/a/o Chicanx/a/o descendants have fostered sociopolitical consciousness, organized resistance, asserted humanity, joy and connection, and shaped new worlds of possibility. I detail how these four *Mexicana* educators deploy humor and play as part of their Revolucionista Ethic of Care to expose, excise and heal what has harmed them and their (*Nuevo*)*Mexicanx/a/o* Peoples. In their hands and through their *mestiza consciousness* (Delgado Bernal, 2006), the humor and play these women operationalize is not playful distraction from everyday life, "neither mundane nor masculine, but a miracle play with trapdoors and sequins and jokes on the living" (R. Rodriguez, 1996, 22). In the following sections, I describe how they deploy humor to, 1) open access to a circular, mythic time/space continuum wherein the painful, racialized childhood experiences informing their Ethic of Care are chronologically proximate, 2) gleefully travel to and *convivir* [cohabitate] within students' worlds, and 3) shape new worlds for themselves and Mexicanx/a/o students where anything is possible.

Portal into Mythic Time Wherein En-Fleshed Pain Becomes the Foundation of Care

Betrayed for generations, traumatized by racial denigration and exclusion, we are almost buried by grief's heavy pall. We never forget our wounds…For cultural change to occur, members of that culture must move through stages similar to those in the grieving process…establishing a new direction…. you learn not just to survive but to imbue that survival with new meaning…you help heal yourself and others (Anzaldúa, 2015, 88).

According to Howie's work to theorize Irigaray, any endeavors to mend, heal, and strengthen our, "collective relations…requires another style of collectivity, another relationship to space

and time" (Howie, 2008, 105)—it requires a *maternal and mythic time* beyond that which "maps social, intellectual and political history onto a linear line of historical progression" (Howie, 2008, 107). For these women, humor and play provide access to Anzaldúa's *new direction of healing* through a circular, fluid time/space continuum that defies dominant time constructions as iterative waves pushing humans forward and thus farther away from past experience (Howie, 2008). In the following *Testimonios* delivered through varying forms of laughter, Sylvia and Diana open portals into childhood experiences of racialized trauma and pain that are long past yet live freshly in their Ethic of Care.

Sylvia liberally applies humor and joy through music, dance, and performative assessment. In describing the roots of her pedagogical advocacy on behalf of Mexican and Mexican American students, the role of humor deepens even further. To underscore this, Sylvia tells me about a time wherein humor was weaponized against her and others. As such, she echoes Lugones' description of dominant constructions of play/playfulness as, "antagonistic… ultimately, [having] to do with contest, with winning, losing, battling…. [wherein] …the rules of the game…inspire hostility" and situate the winner as a *conqueror*, *imperialist* (2003, 94) who beats, fools, and manipulates the lesser Other. Through uncomfortable laughter and a shaking head communicating renewed shock, Sylvia details how her pedagogy was shaped in her childhood by 'play' framed as dehumanization to trick those with the least power:

[M]y dad's oldest sister, and God forgive me, I'm going to get struck by *lightning* for speaking bad about her but she was merciless to us (laughing, shaking her head)! My grandpa when he retired, my grandpa worked for Stahman [Pecan Farms], when he retired, he had a green thumb, he always sold chile on the side of the road…and we'd always go help him, get the little white buckets and pick the chile and the corn for the people and she'd yell ¡*La Migra!* [Border Patrol!] And we'd run and hide! And we didn't know what she was talking about but she was mean (nervous laughter). I thought I had to hide from the *migra* cuz I didn't know what that was…

In Sylvia's willingness, even at the risk of offending God or nature, to expose the cruelty of her own long-deceased aunt, she reveals her commitment to heal the iterations of pain and terror inflicted upon those who have not held U.S. citizenship. While Sylvia was born in the U.S., the panic it sparked in her is palpable in her pained facial expression and halting laughter. The racing blood and pinpricked flesh that must have electrified her small body crystalized an *in-the-flesh* knowing that defies linear time and slips her into a circular, maternal, *mythic time/space* wherein this moment is the perennial life source of knowing to protect (Nuevo)Mexicanx/a/o students' dignity, safety, and belonging at all costs.

In the following *Testimonio*, Diana likewise utilizes humor to collapse chronological time and illuminate the racialized, gendered, and classist Othering she experienced as a working-class Mexican-born high school girl. Today, this fierce, strong girl lives in Diana's ethic of care,

disentangling and disempowering the oppression that her Mexicanx/a/o students still face as immigrants in this country. Diana's use of sarcasm and caricature position her within a history of Mexicana/o working class comedians:

Aqui no hay Mexicanos [oh, there are no Mexicans *here*] (sarcastic laugh)…when I got here [to this U.S./Mexico Border town] I was expecting that…*pura raza*…I was the only *beaner* in my class…*con el nopal aquí* [with a cactus on my forehead]…I didn't look like a *single* person…I should have been in the lower level classes and then I would probably meet more of my *gente* [people]…I was in honors classes with girls walking around with their Louis Vuitton and their fricken' Hollister y yo acá con my mediocre…*mochila de la pulga* [and me here with my fleamarket backpack]…like, ok, I didn't know I needed *that* to be in honors …*Batallaba* [I battled]…But I did just as well as they did.

In many ways, Diana's wit and hyperbole equip her to *cantinfliar* in the tradition of Mexican actor and comedian Mario Moreno, *Catinflas*, who used "slapstick humor to deal with the plight of common people with wit and survival strategies. He used double meanings and other linguistic acrobatics, referred to as *cantinfliar*, to confuse and mastermind…the wealthy and representatives of the state" (Carillo, 2006, 182). Herein, Diana enlivens that girl standing on the outside looking in, simultaneously invisible and hyper-visible in her Honors English class. It is important to note that Diana is today a professional educator who in many ways has healed these wounds and works to heal others. Still, as Howie (2008) notes, maternal and chronological time need not be justified against each other—Diana is both standing in a new moment and allowing humor to unify her with adolescent Diana's *en-fleshed* consciousness. Her *Testimonio* renders an image of the distorted caricature she was perceived through—she is not a hardworking, brilliant Mexican-born American child but a *beaner* with the stereotypical Mexican cactus conspicuously growing out of her forehead. As such, Diana opens a "mythic…maternal order [which] introduces a new sensibility…an ethical sensibility…not bound by linear temporality"; Diana's ethic of care is fostered by her capacity to step into the skin of her *alterity,* which allows her to access, "the condition of historical narrative and woman-to-woman sociality" which enables "political intervention" (Howie, 2008, 110). By this exaggerated, cartoon description of herself as a strange mutation, as distorted through the eyes of White peers (Taliaferro-Baszile, 2010), Diana can touch the oppression she experienced in dominant White schooling and fashion an alternate space for reclaiming humanity, worthiness, and success for her and her students.

*Conviviendo/Cohabitating with Students and Germinating **Mirth***

An identity born of negotiating the cracks between worlds…creat[es] a hybrid consciousness that transcends the us versus them mentality of irreconcilable positions,

blurring the boundary between us and others…Proximity and intimacy can close the gap between us and them…nos/otras… (Anzaldúa, 2015, 79)

For these women, humor and play become a sacred "place of pilgrimage, of liminality…where light and dark are highlighted" (Lugones, 2003, 65); their *loving attitude of travel* to both the light and dark spaces of students' worlds allows them to *convivir* therein—to cohabitate with the unexpected, the newly found, co-created *it*. In every one of their classrooms, moments of downright contagious joy are opportunities to see students with *their* eyes, to witness them as subjects, for without this seeing and understanding *nos/otr@s* from within, Lugones asserts, "we are not intelligible, we do not make sense, we are not solid, visible, integrated*"* (2003, 85-86). These moments of bursting laughter exist for their own sake—as part of the essential diet of being human—but perhaps more profoundly, Lugones writes, they *enable our existence.* Through sharing joy, these women spiritually transport themselves toward "deep coalition" (Lugones, 2003, 98) with their Mexicana/o students, a particularly lifegiving endeavor in light of what they and their families encounter.

For Priscilla, a multigenerational U.S. (*Nuevo*)*Mexicana* who works hard to hold onto her culture for herself and for her son in the context of intergenerational erasure, the humor within her ethic of care allows her to, "resist moral echo chambers and the strict dichotomies of 'us versus them'" (Hamington, 2024, 40). By purposefully exaggerating her strained relationship to Spanish, Priscilla connects to students at diverse intersections of language,

[T]hey poke fun at me, they get a kick out of how I annunciate things and I'm finding that if I want to connect with them, I'll use my funny little Spanish…or just even in the morning, (in mock seriousness, imitating a heavily Anglicized Spanish) '*buenos días. ¿ Como estaaaas*?' and it's like, 'oh…' (rolling her eyes, imitating her students' loving embarrassment for her) …I think they feel like we have a stronger bond when they approach me in Spanish…It's almost like our own private little conversation…

As Priscilla speaks, the affection she and her students share illuminates her eyes and smile. She performs this exaggerated play as a perfected caricature of a cultural traveler, a 'gringa' of sorts who tries hard to speak new words in Spanish but who exists far outside students' world. By inviting students to *poke fun at her funny little Spanish*, Priscilla demonstrates her willingness to *risk the oppressor/oppressed binary housed in dominant constructions of educator* and instead embraces a, "playful attitude" and an "openness to being a fool" (Lugones, 2003, 96) for her (Nuevo)Mexicanx/a/o students—both heritage and dominant speakers of Spanish. The humor moving within Priscilla's ethic of care clears a space of *private conversation* within the hegemony of U.S. schooling that solidifies her bond with marginalized students whose humanity, goodness and histories of cultural denigration she sees and knows from *within*.

Another example of these educators' use of humor and play as a means of *conviviendo* within students' lives happened in Diana's classroom in early December as students were beginning to become fatigued from the long semester. On this day, Diana walks into her 8th grade U.S. History class seconds before the bell rings. All her students are already there, milling around in the classroom waiting for class to begin. She wears a perturbed look on her face, and I notice that she is carrying a folded note. As she walks to the front of the class, she announces that she confiscated the note from a student during last class. As she begins opening it, the students sit down immediately in hushed anticipation. To provide the reader background, Diana once shared with me that, in order to minimize distractions caused by passing notes in class, she often threatened to "staple it [notes] to the wall next to my whiteboard. Most students refrained from doing it after the first few juicy "*chismes*" [gossip] were posted…" As I was witnessing this scene develop, I began to get uncomfortable, fidgeting in my chair alongside the students even as I reassured myself that the care in Diana's classroom was unwavering…but so was her discipline policy. Through the crinkle of the paper in hands, she begins to read, imitating a sassy adolescent voice,

> *Whut Up*
> *I don't know how to say this so imma just say it. I am just writing this to let you know a few thingz. I been meanin' to tell you but you know how everyone is all up in our business…things have been different and we need to talk. There are a lot of thingz on my mind. U n me were so great, like everyone said we were the perfect couple almost as if we were going to be 2gether 4ever. But you been acting real cray lately. Like I feel you don't listen to me, other people and things are more important to you than me. You don't even ask me how I feel or what's good with me. I have been thinkin' about this for a minute and I don't think thingz are working out with US. I just have to say it, its over, Im breaking up with you!! It's like not going to work and I need to be alone. I need to do what I want, not what YOU want all the time. Sorry but Im not sorry, cuz if you payed attention you would have known that we are falling apart. But for real, it is your fault that US is over.*
> Bye, (pause, pause…)
> *The American Colonies*
> Gotchaaaaa (Diana screams, shrieking with delight)!!!!!!

In this moment, students are abruptly whisked away from what they believed were the enticing details of two students' relationship. The entire class erupts into euphoric laughter mixing shock and relief. Diana is laughing *hard*, relishing her performance. Students sit with mouths agape. Diana regains some composure but maintains a giant smile as she speaks, "*Ay, a los más chismosos eran tan preocupadas por quien era* [ooh, the gossipiest kids were trying hard to figure out who this was from!] …Alejandro, you were even moving around in your

chair, like all, 'ooh, I *told* him not to go out with her! *Ooh*!!!'" As she says this, she playfully imitates the fidgeting intrigue that manifested in students' faces and in their bodies. They respond with surrender at being so thoroughly tricked in this manner and this air of delight lingers for the rest of the class as they begin their American Revolution unit.

This surprise left us all feeling unified as giddiness coursed through the embodied space. As I read through Diana's 'breakup' letter after class, perhaps most intriguing was her familiarity with students' lexicon and handwriting. When talking to her afterwards, Diana conveys how hard she works each year to authenticate this artifact: "When I decided to write this breakup letter as an introduction to the lesson…. I even wrote it in the messiest handwriting I could produce…Also, I would change it depending on the year and what the new lingo was…" She even makes students promise her and each other to hold the 'secret' from next year's class in order to preserve this joy. Indeed, the rules that govern Diana's creative play *are not situated in competence but in sacredness* (Lugones, 2003, 95-96): through her Revolucionista Ethic of Care, humor and surprise move through this ceremony of delight and connection as Diana places a candle at the altar of (*Nuevo*)*Mexicanx/a/o* students' emotional and romantic lived worlds, generational and cultural linguistic competencies, and their mind/body/spirit connectedness to each other and to curriculum.

In this third and final section, I outline how these four (*Nuevo*)*Mexicana* educators likewise maneuver humor and performance to sculpt a new world beyond this one where anything is possible for their (*Nuevo*)*Mexicana/o* students and families.

Humor and Performance in the Creation of New Worlds

For Rosa, her own Brown and female body becomes the historicized landscape wherein students may see radical and loving reflections of themselves and their community that they do not see elsewhere. As a first-generation Mexican daughter, Rosa uses her layered, *in-the-flesh* consciousness and embodied play and performance pedagogies to craft a fresh *place of liminality* (Lugones, 2003) where futures of economic prosperity across gender, race, class, language, and geography are tangible. On Halloween, I see Rosa standing in the hallway before class, dressed more formally than usual. She describes what she has on as a costume of *former nerd turned CEO*. In my field observation notebook, I record the following:

Rosa is dressed as a nerd (used to be a nerd) who is now an executive who makes lots of money. She is wearing a pin-stripe shirt-suit with black medias [hosiery] and high heels. She looks very polished....

While at the time, I was focused on how these women were teaching for social justice in their classrooms, I did not then see the nuance of how Rosa's costume signified a theatrical stage that was itself one of the most powerful weapons of a Revolucionista Ethic of Care and its undetectable war. Through this performance which comes by way of her body, Rosa shapes

her body as mestizaje, a "syncretic form of consciousness made up of transversions and crossings…[a] political operation…function[ing] as a working chiasmus (a mobile crossing) between races, genders, sexes, cultures, languages, and nations" (Sandoval, 1998, 352) to transverse this world by challenging what her students have accepted as normal and possible at the intersections of who they are. In line with Anzaldúa (2015), Rosa's embodiment of a new psychologically hybridized identity echoes: "identity labels are stuck in binaries, trapped in jaulas (cages) and limit the growth of our individual and collective lives. We need fresh terms and open-ended tags that portray us in all our complexities and potentialities" (Anzaldúa, 2015, 66).

While this performative moment could be challenged as solidifying dominant culture notions of success, Hamington reminds, "revolution does not require perfection"—the Revolucionista Ethic of Care of these four Mexicana educators is akin to a "process revolution for a process morality of continually growing and changing humans" (2024, 220). Rosa offers her Mexicana/o students *fresh terms*, *in new possibilities of being* beyond the binaries that trap them, that trap us. As Lugones writes: "Women of Color…cannot stand on my ground that is not also a crossing…" (Lugones, 2003, 98), Rosa's performance signifies a crossing into an alternate world wherein powerful CEOs and students so personally committed to intellectual and academic pursuits that it shapes their identity (nerds) can be embodied in the Brown, immigrant, and female body. Though playful, Rosa's performance reveals the very serious nature of her ethic of care to transform the imagined into a realized world.

In another moment of humor touching ground within body, Rosa recounts the ways in which she has been marginalized at the intersection of her female left-handedness—as a *zurda*. She shares this *Testimonio* through sharp laughter for the poetic justice it delivered to those who denigrated and excluded her,

Mis primos son machistas [my cousins are sexist]. They own a welding shop and,…'*puros hombres aqui, no pueden entrar las mujeres* [just men in here, women can't enter]' …I received a lot…for being not just female, for being left-handed …*tenía primo que se sentaba en un lado* [I had a cousin who would sit to one side of me]…I'd eat with my left hand and he would hit me…'*Que, ¡las mujeres no deben de ser zurdas*! ['Women shouldn't be left-handed!]'… *a fuerza tenía que comer con la derecho* [I had to eat with my right hand] … I became, I'm right-handed…. And then he married a *zurda*! And one of his daughters is *zurda*!

At this point, Rosa is laughing heartily at the absurdity and irony of this turn of events. Not only does she recall a childhood wherein her *zurda*-ness was forced out of her; she relishes in a mythical world where those who *Other* you are then forced to see themselves *in* you and, therefore must accept your shared humanity. According to Medina, Chicanas must find ways to honor ourselves, our bodies, our intellect beyond the constructions of others—must "form [our] own healing and self-empowerment…rituals that…serve as models for other Chicanas"

(1998, 207-208). Within her Revolucionista Ethic of Care, Rosa's humor and playfulness become rituals enshrining her and her students' self-worth and dignity so they may see themselves in fullness, goodness, and within futures where anything at all is possible.

Discussion

Since the rise of Donald Trump, the United States has experienced White Nationalism and violence unparalleled in modern times (Southern Poverty Law Center, 2023). With his stunning victory on November 5, 2024 and impending return to the White House, the majority of U.S. voters have again endorsed inhumanities against Latinx communities[1] which celebrate police brutality, invalidate victims of rape while promoting their abusers to the U.S. Supreme Court and Presidency, suspend protections for those who are undocumented, cut resources to low-income families, lock migrant Latinx children in cages separated from their parents, and more. As I write this on the day after the election, Hamington's words echo: "the care revolution will not arrive through tearing down a symbolic wall or overthrowing a government…[but] as a process…Maybe it has already begun" (Hamington, 2024, 217). The Revolucionista Ethic of Care these women carry *is centuries in the making* (Martinez-Cruz, 2011; R. C. Rodríguez, 2014; Wake, 2010). Through their humor, play, performance, sarcasm, and wit, these educators reframe social justice revolution as one fought by way of spirit to strengthen coalitions among us as Anzaldúa's *interconnected webs (telarañas)*, meld unforeseen spaces and new ways of being which will continue to feed and protect us, and extend us into each other's' worlds, hearts in hand, equipped with ancient tactics of resistance, healing, and flourishing to bring about a brighter day.

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[1] The inhumanities that the Trump administration has wielded have not in any way been limited to Latinx communities; but while a Revolucionista Ethic of Care builds solidarity across identity and communities, to cite injustices exacted across all groups and individuals is beyond the scope of this paper.

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Building Sustainability:
crip time and disability justice in the Spanish medical industrial complex

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Article Info	ABSTRACT
	This paper examines the intersection of Crip Time and Disability Justice within the Spanish medical-industrial complex, uncovering the systemic barriers faced by disabled individuals, particularly those with chronic pain and fatigue. It argues for a paradigm shift toward more inclusive and sustainable healthcare temporalities that prioritize care, interdependence, and accessibility over efficiency and productivity. Building on the history of healthcare activism in Spain, with a focus on movements such as Marea Blanca, the paper integrates the principles of Disability Justice and Crip Theory to critique the rigid temporal structures imposed by medical institutions. These structures marginalize disabled individuals by enforcing normative timelines that fail to accommodate their lived experiences. The chapter highlights the necessity of rethinking healthcare systems to embrace temporalities that sustain well-being and challenge the austerity-driven logic of the Medical Industrial Complex. This paper analyzes Spanish healthcare settings and draws on previous experiments in Disability Justice activism for citizens living with chronic pain or chronic fatigue to envision a future of healthcare grounded in justice and sustainability. It advocates for flexible, patient-centered care models that respect and adapt to diverse temporalities. This approach proposes a shift in public healthcare policies toward long-term collective flourishing and equity.

Introduction

In 2015, Mia Mingus published a visual representation of the Medical Industrial Complex (MIC) to demonstrate its extensive and oppressive system beyond hospitals, highlighting its reinforcement of ableism—the discrimination and oppression experienced by individuals with disabilities (Mingus, 2015). Her graphic illustrated the interconnected histories of health, capitalism, colonization, and imprisonment as components of this complex system. These dynamics were represented through four interconnected axes, each linking an aspirational value with a problematic practice: Science and Medicine led to Eugenics; Health to Desirability; Access to Charity and Ableism; and Safety to Population Control (Fig. 1). As a structuring system, the MIC not only defines *spatial arrangements*—such as nursing homes or prison psychiatric wards—but also imposes specific *temporal profiles,* including the hormonal cycles of assisted reproductive technologies, the arithmetic of sick time in workfare, and postoperative recovery periods in medical surgeries.

Figure 1: Mia Mingus' Medical Industrial Complex Visual (Mingus, 2015).

Although extensive research has addressed the MIC in the North American context, its mechanisms remain underexplored in Western welfare states, where privatization has advanced more subtly.[1] In Europe, the MIC's logic—favoring capitalist objectives of efficiency and profit—can be observed in the ongoing privatization of public healthcare systems, including Spain's. Historically, the Spanish healthcare system has faced threats from neoliberal initiatives aimed at reducing costs through austerity measures (Burton, 2016). However, these efforts have been met with significant public resistance, demonstrating the enduring commitment of citizens to defending social rights.

One such resistive response was the White Tide (*Marea Blanca*) movement of 2012, which emerged in opposition to the "Plan for the Sustainability of Madrid's Public Health System." This plan sought to privatize six public hospitals and 27 health centers, potentially affecting over 1.8 million citizens. Rooted in the 15M Indignados movement of 2011, Marea Blanca mobilized professionals and users of the public healthcare system to demand universal healthcare as a fundamental right.

Through a vast repertoire of resistance strategies, the movement successfully reframed the government's austerity-driven notion of "sustainability." It halted the privatization plan, a victory later affirmed by the Madrid High Court of Justice in 2014. Despite this achievement, Spain's public healthcare system remains under constant threat from ongoing privatization, a shortage of medical professionals, and long waiting lists—issues that disproportionately affect marginalized groups, including disabled individuals and those with chronic illnesses.

The Spanish healthcare system's challenges reveal the broader temporal injustices embedded in the MIC. Nancy Fraser (2022) identifies contemporary capitalism as a "cannibal" force that devalues interpersonal care and precarizes structural care work, undermining the systems that sustain human and social bonds. Fraser's critique underscores how capitalism's intrinsic logic, prioritizing profit and efficiency, systematically excludes and devalues the reproductive and care labor crucial for societal well-being.

This paper argues that addressing these systemic barriers requires a paradigm shift, moving beyond austerity-driven policies to embrace models of care that prioritize sustainability, inclusivity, and justice (Kittay, 2021, 21).

The paper explores how Disability Justice, Care Ethics and Crip Time can serve as frameworks for resistance against the temporal structures imposed by the MIC. Crip Time, an experiential modality of time that embraces nonnormative temporalities, offers a powerful tactic

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[1] There have been studies exploring gender, class and disability identities overlap to create multiple discriminations and profiling both in workplace and imprisonment in the United States (Dick-Mosher. 2015; Ben Moshe, Chapman & Carey, 2014). On the economic aspect of workplace discrimination from the lens of disability in the same context, see also Friedman (2019), while Angela Jones has explored the connection between disability and sex work (Jones, 2022).

for challenging *normative* or *'normate'* time—a term borrowed from Rosemarie Garland-Thomson (1997) to critique the historically exclusionary connotations of 'normal' time. I begin by defining Crip Time and situating it within the broader context of Disability Justice, which fundamentally grounds itself in an ethics of care. Because Disability Justice centers interdependence as a core principle, it aligns with Care Ethics in recognizing caregiving and caretaking as fundamental relational practices that shape our connections with others. This section highlights how Crip Time when understood through a Care Ethics lens, challenges the efficiency- and productivity-driven temporalities imposed by capitalist systems and medical institutions, emphasizing the necessity of flexible, relational, and sustainable approaches to time.

The second section examines the temporal dimensions of healthcare activism in Spain, focusing on the Marea Blanca movement as a case study of collective resistance against neoliberal temporalities. By analyzing this movement's strategies and successes, the section illustrates the potential for citizen-led initiatives to redefine public healthcare policies.

Thirdly, contemporary rigid temporal frameworks of the MIC are shown to disable vulnerable individuals, focusing on those who experience chronic fatigue and chronic pain, perpetuating inequality and exclusion. As a case study, three temporal profiles will be defined: diagnosis and prognosis, appointment scheduling, and the intersection of workfare and sick leave. It explores how these temporalities marginalize disabled individuals and those with chronic illnesses, perpetuating inequality and exclusion.

The final section proposes Crip Temporalities as a strategy for self-advocacy and resistance, emphasizing their potential to create alternative futures centered on access, interdependence, and community care, envisioning policies of care that align with the principles of sustainability and justice.

Crip Time, as a conceptual and experiential framework, offers a powerful lens for critiquing and resisting the temporal injustices perpetuated by the MIC in Spain. By challenging normative timelines and advocating for more inclusive, patient-centered care models, Crip Time has the potential to transform public healthcare policies and practices.

Through collective activism and individual advocacy, it is possible to envision a future where healthcare systems prioritize long-term sustainability, interdependence, and justice. These Crip Futures, led by those most affected, represent not only a rejection of austerity and profit-driven healthcare but also a reimagining of care needs as a fundamental right. By embracing these principles, the Spanish healthcare system can move toward a model that values and sustains all individuals, creating a more just and equitable society for the future.

1. What is Crip Time?

Crip Time refers to the nonlinear, qualitative, and deeply embodied temporalities experienced by disabled individuals. Unlike the rigid, linear, and productivity-driven frameworks imposed by capitalism-informed institutions, *Crip Time* reflects the diverse ways disabled individuals live through and navigate time. This concept does not lend itself to a singular definition; instead, it is best characterized by its tensions with, rather than opposition to, normative temporalities.

Crip Time resists dichotomies such as measured time versus duration and chronological time versus kairological time. Although measured time refers to the objective tracking of hours and days through clocks and calendars, duration is the subjective and embodied experience of time's passage. Similarly, chronological time—the time of routine and stability—contrasts with kairological time, which denotes time as meaningful rupture, as seen in theological or revolutionary contexts (Smith 2002).

However, *Crip Time* refuses these separations. It is not an abstract, world-fleeing concept but an embodied and embedded experience that intertwines the social, political, and material realities of disabled lives.[1]

To say that *Crip Time* exists in tension with normate time means recognizing the interplay between the two. This tension challenges the view of *Crip Time* as simply "the Other" against which normative time defines itself. Instead, the two are agonistic correlatives, continuously shaping and affecting one another. This dynamic is key to understanding *Crip Time* not as a singular hegemonic experience but as a spectrum of phenomenological patterns that disrupt, modulate, and resist normate time.

Yo-Yo Lin's *Resilience Journal*, for instance, visualizes the lived experience of *Crip Time* in chronic pain (Fig. 2). By blending past, present, and future with reflections on trauma, mortality, and resilience, Lin demonstrates how time for those with chronic illnesses defies linear progression. Still images from the journal—incorporated into this text—underscore how *Crip Time* manifests as overlapping temporalities shaped by the body and its ongoing negotiations with pain.

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[1] In doing so, *Crip Time* is aligned with other liberation movements that reject dualistic separations that solidify and naturalizes hierarchical organization, such as Val Plumwood's Ecofeminist critique of dualisms: "In dualistic construction, as in hierarchy, the qualities (actual or supposed), the culture, the values and the areas of life associated with the dualised other are systematically and pervasively constructed and depicted as inferior." (Plumwood, 2003, 47)
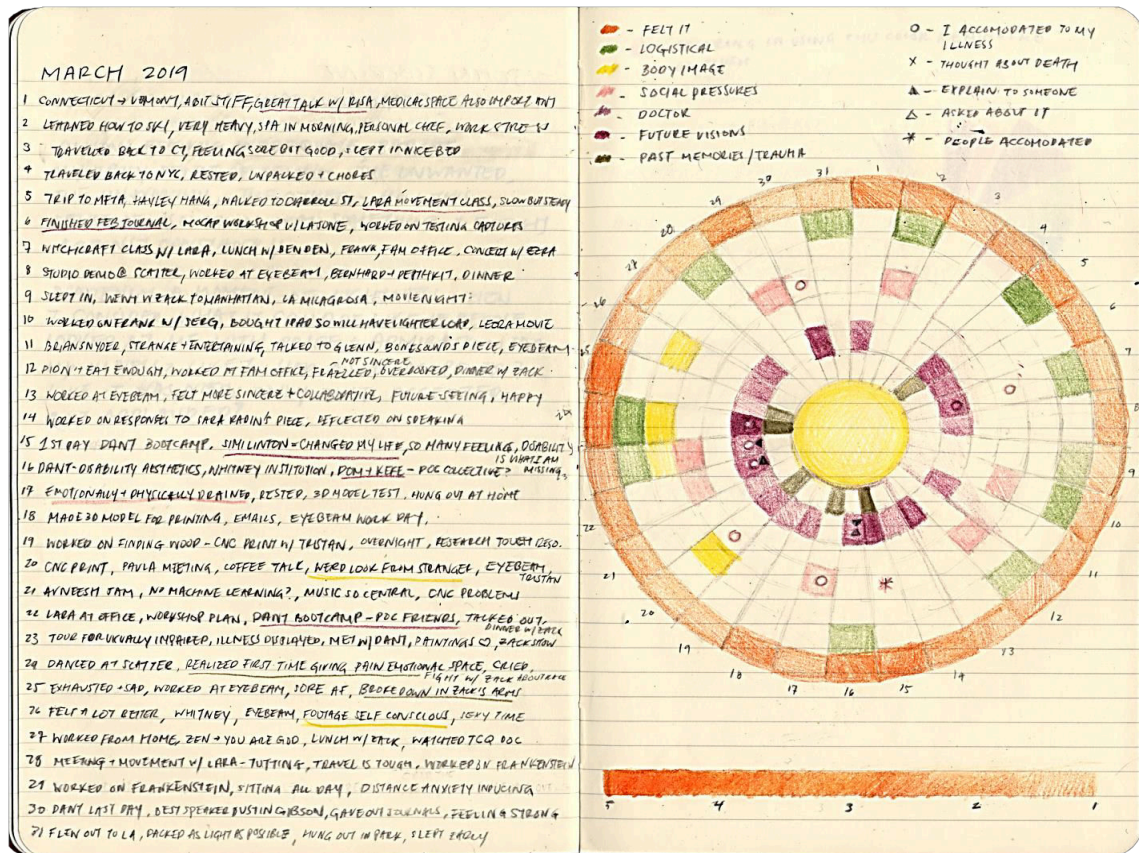
Fig. 2: Yo-Yo's *Resilience Journal* for March 2019 shows a page with daily notes (1-31) on the left and a circular visualization on the right. The circle, filled with lime green, gold, orange, yellow, purple, and grass green shades, represents the intensity of her experiences across seven dimensions: 1. Felt it, 2. Logistical, 3. Body Image, 4. Social Pressures, 5. Doctor, 6. Future Visions, 7. Past Memories. The outer ring, symbolizing chronic pain, is colored with intensity, and the inner ring highlights future visions. The text includes notes on days of poor eating, emotional exhaustion, and rest periods.

As a qualitative form of time, *Crip Time* dwells closer to phenomenological duration because of the ways embodiment becomes central to its experience. Ellen Samuels, in her seminal paper *Six Ways of Looking at Crip Time*, describes this vividly:

Crip time is time travel. Disability and illness have the power to extract us from linear, progressive time with its normative life stages and cast us into a wormhole of backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt endings. Some of us contend with the impairments of old age while still young; some of us are treated like children no matter how old we get. The medical language of illness tries to reimpose the linear, speaking in terms of the chronic, the progressive, and the terminal, of relapses and stages. (Samuels 2017)

Samuels' depiction captures the fluid and sometimes fragmented experience of *Crip Time*. However, the ability to "time travel" between normate time and *Crip Time* varies across disabilities. For instance, people with Down syndrome often experience constant infantilization that undermines their autonomy, while individuals with chronic fatigue may temporarily mask their disability, "traveling" between normative and crip temporalities. Yet this masking often comes at a cost, resulting in pain flares or hospitalizations. This variability highlights the agency and constraints involved in negotiating *Crip Time*.

Despite these differences, Samuels emphasizes that:

We who occupy the bodies of crip time know that we are never linear, and we rage silently—or not so silently—at the calm straightforwardness of those who live in the sheltered space of normative time … *Crip time is grief time ... crip time is broken time… Crip time is sick time ... Crip time is writing time ... crip time is vampire time.* (Samuels 2017)

Although *Crip Time* often entails experiences of pain, interruption, and grief, it can also create space for cultural and political significance. Petra Kuppers ties *Crip Time* to the act of creation: "To many disabled writers, writing in crip time becomes a sanctuary … Diving inwards. Deep core. Sanctuary. A snail in quicksand." (Kuppers, 2014, 29). However, this does not entail a romanticizing of Crip Time that equates it with an evasive time of inspiration, a kind of time connected to what Weber calls a world-fleeing impulse (see Bellah 1999). World-fleeing impulses, especially in theories of creativity, are usually accompanied by a preeminence of body-fleeing reflection that, first and foremost, open a space and time *outside* the social and the political through a separated sphere of creation (Mainemelis, 2001, 550).

Entirely on the contrary, Crip Time is notably embodied and embedded in the social fabric: "These moments out of time, out of the productive, forward-leaning, exciting time, can become moments of disability culture politics." (Kuppers, 2014, 29) These "moments out of time," as Kuppers calls them, can become opportunities for *disability culture politics*—spaces where disabled individuals collectively resist ableist norms and create alternative temporalities. Note the possibility modal in Kuppers's remark - that is, Crip Time *can* become politically significant, but not all experiences of Crip Time necessarily constitute a political act. Nevertheless, the political pregnancy of Crip Time is central for Disability Justice scholars and advocates who are building a notion of time as a resistance tactic to counteract the dynamics of austerity, precarity, and vulnerability that currently govern bodyminds in most spaces and processes ruled by the standards of capitalism.[1] The political potential of *Crip Time* aligns with Disability Justice's emphasis on countering the austerity, precarity, and vulnerability imposed

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[1] I draw on Price's choice of the term 'bodymind' to emphatically refer to a living human being that cannot be separated into a body and mind dualism (Price, 2015, 2).

by capitalist systems. Tobin Siebers' theory of complex embodiment is helpful here, as it situates the lived experience of disability within broader social and institutional frameworks. Complex embodiment "views the economy between social representations and the body not as unidirectional as in the social model, or nonexistent as in the medical model, but as reciprocal … as mutually transformative" (Siebers, 2008, 25). Crip Time emerges from this interplay, offering a temporal resistance to the relentless forward motion of productivity-focused capitalist systems.

As a qualitative time, Crip Time coexists with other temporalities, such as *Care Time,* the liminal space marked by the constant adjustment within caregiving rhythms (Stevens 2018) and *Appointment Time*, a standardized temporal mechanism, structured by clock and calendar time, that assumes equal agency in scheduling (Soldatic 2011). These interactions reflect the ways disabled individuals navigate capitalist and institutional schedules while honoring their bodies' unique rhythms. For example, while medical appointments often force disabled individuals into normate temporal structures, care work emphasizes time's relational and adaptive nature. In this sense, Crip Time is not merely a personal experience but a shared and politically charged temporality. By challenging normative time's dominance, Crip Time fosters new ways of thinking about care, resilience, and collective resistance within disability culture.

2. Politicizing Sustainability: Marea Blanca in the Spanish context

The imposition of normative temporalities on bodyminds is further exacerbated by austerity measures, which strip public services of the flexibility and resources needed to accommodate diverse needs. The struggle against these rigid temporalities is not confined to healthcare alone; it resonates with broader movements resisting austerity and reclaiming time as a collective resource. In Spain, these tensions materialized in the 15M movement, where activists challenged broad temporal and structural constraints of neoliberal governance.

On the fifteenth of May of 2011, the Puerta del Sol plaza in Madrid was occupied by a group of citizens that was unrecognizable by the public eye. They were not expressing the concrete demand of an organization, a party, or a union. They were an embodied protest against the whole political and economic systems, with a claim under which they gathered: *No nos representan ("*They do not represent us"). A claim that challenged the very principles of the representative democracy that theoretically shaped the political powers in Spain. The centrality of the advocacy *for* social rights and *against* austerity measures is manifest in the work commissions organized at Sol camp, which aimed to take over the steering wheel of basic needs such as labor, housing, education, and health - through the establishment of autonomous means of production like its own platforms and even media. The protest came to be known for its starting date, "15M," or as the movement of "*Los Indignados*," which can be translated as "the indignant ones" or more accurately as "the outraged." Soon, it spread across the country, with

many plazas across Spain being occupied with the same global demands, working both autonomously and in collaboration with the other camps. Given the exceptionality and the strong impact of this stage of embodied protest, it is not surprising that Robert McRuer, a key figure in the consolidation of Crip Theory[1] who was living in Madrid when 15M occurred, took these events as the paradigm for thinking about an alternative time profile that would be characterized as *Crip Time*. McRuer, indeed, dedicates the whole introduction to his volume *Crip Times: Disability, Globalization, and Resistance* to the Sol camp of 2011, which he understands as an opening for Crip Horizons that challenges austerity measures by reclaiming the need to honor human dignity. He describes the social and political impact of the protest as an inauguration of embodied possibilities as follows:

> In the symbolic public space of the Puerta del Sol, Los Indignados announced through words and actions their opposition to the political and economic establishment, denouncing the privatization of public resources and other maneuvers that, in Hardt and Negri's words, secure "regimes of property that exclude the common" [Hardt & Negri 2009: ix]. In direct contrast to such exclusions, one prominent banner across an entrance to the Puerta del Sol essentially declared a welcome to anyone who might join the struggle. "Bienvenida Dignidad" [*Welcome Dignity*], the banner read, materializing through that invocation a space free from what activists identified as the indignity of austerity. (McRuer, 2018, 2)

Like McRuer, many have identified the 15M as a contentious response to the politics of austerity that affected social rights in the context of Spain after the economic crisis of 2008 (Cristancho *et al.* 2020, 3267).

As a social movement, the 15M generated its own repertoire of forms of citizen participation and protest, generating high-impact democratic processes in globalized social contexts. Due to this new way of organizing the community, which can be qualitatively distinguished from previous social justice movements, two new names have been proposed to categorize the 15M and the sectoral movements that emerged from it: the 'newest social movements' (*los novísimos movimientos sociales*) and *connective* action, instead of collective (Bennett & Segerberg 2012, Lugo Sánchez 2017, Candón 2013, Toret 2013). The following characteristic features of the movement justify these new terms.

The *newest social movements* are understood to be those that "occur between the physical and virtual space at the beginning of the new millennium" (Iglesias & et al, 2018, 197), which

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[1] McRuer's volume *Crip Theory* (2006) has become a fundamental text in Critical Disability Studies. In *Crip Times,* we can find a further development of the social model of disability and how it is entangled in the politics of austerity. To find a more recent analysis of the connection between austerity politics, paid labor and disability in capitalists societies, see Galer (2012) and Ryan (2019).

point to the social crises derived above all from informational capitalism and which, despite including traditional forms of activism such as demonstrations or occupations in their repertoires of action, "calls to action occur through the Internet, while mass marches and actions are articulated with multiple forms of virtual resistance" (Juris, Pereira & Feixa 2012: 28).

Connective action is understood as those citizen movements with forms of interaction that prioritize inclusive participation, with complex communication networks that are not based solely on mass media, but also on cyberactivism and alternative media (Benet & Segerberg, 2012). Thus, connective action within the framework of the newest social movements takes a Network model that opens above all assembly spaces for direct participation both in person and virtually (Rodrigo & Iglesias, 2015), achieving coordination and a call to immediate action. As Iglesias-Onofrio, Rodrigo-Cano & Benítez-Eyzaguirre state, "at a low cost, interconnected intelligent multitudes (Rheingold, 2002) can mobilize quickly without prior organization and build collective political identities with some impact" (2018, 197; see Toret 2013). The network model, therefore, implies a technopolitics of communication based on horizontal, flexible structures, with multiple channels, and without a single fixed center.

This form of connective action that structures the newest social movements, such as the 15M and its derivatives, can be interpreted from John Dewey's understanding of social participation processes as processes for solving democratic problems (Dewey, 1939). That is, connective action as a network of 'connected intelligent multitudes' gives rise to new ways of tackling the issue from the collective and generating new imaginaries from which to rethink the social. In this section, we will focus on health activism derived from the 15M to analyze the strategies of resistance to the privatization of public health and austerity measures. Within the framework of the 15M, the formation of sectoral movements that advocated for particular social rights was promoted, which came to be known as Mareas (sometimes translated as 'wave,' but rigorously referring to a 'tide'). These Mareas took a color as an identifying mark of their struggle, the most prominent being the *Marea Verde* (Green Tide) in defense of public education, and the *Marea Blanca* (White Tide) in defense of public health.

Sánchez identifies as a feature shared by all the Mareas the fact of being "open movements that seek to socialize their demands, that are in fact defending causes that already existed in a radically new way, that are complex and not representable institutionally (Sánchez, 2013, 14) since they incorporate cyber-activist practices that challenge all citizens, due to being a local action that aspires to a global impact. San José also affirms its potential for "contagion effect" thanks to its demand for public rights through democratic processes of direct participation (San José 2013).

In the case of the Marea Blanca, their protest continued a legacy of struggle for public health that dates back to the protests of Spanish nursing for the right to decent health care between 1976 and 1978 (Germán, 2013). However, the radically new and *connective* form of protest

occurs as a branch of the 15M that manifests itself prominently for the first time in June 2011, with a protest in front of the house of the president of the autonomous government, the Generalitat, Artur Mas, in Barcelona. However, the most visible and massive action of the Marea Blanca would take place a year later, in 2012, after the announcement of the "Plan of Measures to Guarantee the *Sustainability* of the Public Health System of the Community of Madrid." This Plan, which appealed to the urgent need to reduce costs and implement cost-saving measures to "sustain" universal, free and quality healthcare, was the most significant initiative to privatize public healthcare in Spain to date (Köhler & Calleja, 2013), aiming to privatize six hospitals and 27 health centers. Months later, this universality would be *de facto* annulled with the approval of Royal Decree Law 16/2012, which denied healthcare to irregular migrants – a measure that was strongly contested by healthcare professionals through the #YoSíSanidad platform, which provided care to these people by virtue of the legitimacy of the universal right to healthcare beyond legality.

In order to chart future paths for health activism in Spain that continue the impact on public opinion generated by Marea Blanca a decade ago, we are interested in focusing on its resistance tactics and capacity for group formation. Although some theoretical frameworks have distinguished the Mareas between "cause" and "method" ones, with the former defending a common good and the latter, a practice (Sánchez, 2013, 13), John Dewey's theory of group formation in democracy allows us to think of the Mareas as groups. For Dewey, groups are formed based on a need. To meet this need, they establish their own regulatory principles, which can be just as plural as the needs, since they are adapted to each one of them (Dewey, 2015). For example, Marea Blanca would meet a need for social care, to guarantee public, universal and quality health care. To meet this need, interdependence, mutual care, and the search for quality care that guarantees well-being should be established as a principle. However, conflict can arise when a group formed to address a need tries to impose its principles and values on a different group with its own culture and history. For example, the treasury of the Community of Madrid aims to cover material needs and is governed by a principle of economic savings, trying to impose this principle of capital accumulation and even economic growth and productivity on the public Health System. In responding to this conflict of principles, the Marea Blanca group "opens a gap in the model of liberal states, that is, between the public and private spheres, aiming at new forms of the collective and the community" (Iglesias & et al. 2018, 202). It does this by inaugurating spaces for collective participation that challenge all citizens, based on a reconfiguration of space and time where the instrumentalization of the virtual is key.

Lugo Sánchez structures this instrumentalization of virtual platforms into three forms of activism that transform participation into flexible, decentralized and open models that promote media plurality (Lugo Sánchez, 2017, 38) and that are diametrically opposed to the media concentration and centralization that generates communicative inequality between valid and

invalid communicative subjects (Bacallao 2015, Huerta & Gómez, 2013, Reig, 2015). These forms are: (1) from online to offline, which refers above all to the capacity of social networks and digital platforms to convene face-to-face actions in the street; (2) from online to online, or so-called cyber-activism, which generates a sense of group and allows accessible participation to people for whom "street" activism is not an option;[1] and (3) from offline to online, with the capacity for immediate photographic and video recording, which generate a common imaginary (Lugo Sánchez, 2016, 235).

The potential of this integration of the virtual into activism to expand accessibility is especially significant in Marea Blanca's health activism. The use of digital platforms is already a common tool in self-advocacy for people with disabilities and illnesses that bar access to "street" activism. The difficulties in accessing this type of activism cover a large segment of the population that is affected by the precariousness of health care: people with environmental illnesses who put themselves at risk by being exposed to unregulated environments, people with vulnerable mental health who have difficulties in social and group contexts, older people who need spaces to rest and sit and cannot participate in demonstrations, and so on. Thus, cyberactivism, not as a "complement" or "substitute" for activism, but as a structural platform and meeting space in the case of Marea Blanca, facilitates the participation of many of those most affected. On the one hand, in online-to-online actions, participating fully in generating a collective and discussions on the networks.

On the other hand, those who could not be present in the Marea's collective events generated other kinds of actions from offline to online. For instance, they took photos for the movement's social media campaigns from their home. Marea Blanca's imaginary had a bold impact due to its dual action: the records of the people who took part in the public actions, and the autonomous media like photos and videos of those who joined from home. Both kinds of media records had an equal footing with the flow of information and were amplified by online interaction and reproduction.[2] The effect that this generation, whose identity is infused with slogans, hashtags and images, had on the recognition of the Marea Blanca as a valid social protest actor is not minor. From the dissemination of infographics on the costs of hospitals, to the dissemination of

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[1] The centrality of cyberactivism for Disability Justice has been emphasized by Leah Lakshmi. In *Care Work,* Lakshmi narrates a series of "experiments in creating collective access" for Crip Politics where online platforms were key for community support and organizing, like the virtual care web "Sick and Disabled Queers (SDQ)' which consolidated itself as a Facebook group (Lakshmi, 2018, 60-63).

[2] These kind of participation dynamics cancelled asymmetric hierarchies that value in-person activism above online action. All kinds of media shared in social networks was equalled, and the movement was built upon the interdependence and communication among network nodes. Due to this functional and decentralized structure, Marea's connective action can be connected to Eva Kittay's notion of *connection-based equality,* that is, "one concerned less with resources as such and more with capabilities and functionings" that aims to "incorporate dependency concerns into the public domain, and more public discussions before we can decide how resources can be best allocated" to provide and receive healthcare (Kittay, 1999, 187).

images that re-signified communicative objects in demonstrations, such as the sign "For Sale: Public Health" (*En venta: La sanidad pública*) using real estate sales posters, or the use of the labels that in Spain are printed on cigarette packs with health messages such as "Smoking Kills" (*Fumar mata*) that in the demonstration were replaced by slogans such as "The Government Kills" or "Cutbacks Kill" (*El Gobierno Mata; Los recortes matan*).[1] New symbols were also created, such as the images of the "Embrace your hospital" (*Abraza tu hospital*) action, which in December 2012 formed long human chains surrounding public hospitals in Madrid, or the "Sheets in the window" (*Sábanas en la ventana*) campaign, which generated images of sheets hanging in windows as a sign of solidarity and joint struggle of the Marea.

These images contributed to galvanizing public opinion regarding the duty to defend public health. This social consciousness fostered the Association of Specialist Doctors of Madrid (AFEM) to file an appeal against the Plan of Measures to Guarantee the Sustainability of the Public Health System of the community of Madrid. Through this action, on January 9, 2014, Marea Blanca's cause achieved legal recognition, when the High Court of Justice of Madrid put an end to the Plan. This recognition of the legitimacy of the fight would be reinforced days later, with the resignation of the Minister of Health, Javier Fernández Lasquetty (Mozo, López & Ruiz 2024).

3. Negotiating Time: MIC Temporal Structures in Spain's Healthcare

The previous section examined how the Marea Blanca movement resisted austerity-driven healthcare policies by reclaiming the notion of sustainability as a collective social right rather than an economic rationale for privatization. However, the struggle for accessible public healthcare does not only concern material resources—hospitals, professionals, funding, medication—but also the temporal dimensions that structure access to care. The Spanish medical-industrial complex (MIC) enforces temporalities that prioritize efficiency over well-being, disciplining bodies through wait times, prognosis-driven expectations, and sick leave policing. These temporal structures disproportionately harm those with chronic illnesses and disabilities, such as chronic pain and chronic fatigue, for whom time is not a linear path toward recovery and reintegration into productivity, but rather an ongoing negotiation of fluctuating health needs.

This section analyses three paradigmatic temporalities of the MIC in the Spanish healthcare system: diagnosis and prognosis, appointment time, and sick leave control. These temporalities position us to corresponding ways of being in the world which entail, respectively, experiences of uncertainty and projection; the wait; and feelings of frustration and burnout. Each of these temporalities will be analyzed through the lens of the social study of time and contrasted with

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[1] Jan Grue (2022) develops the intersection between austerity politics, ableism and thanatopolitics, that is, the management of death in neoliberal societies.

Crip Time self-advocacy strategies of resistance that help bodyminds "negotiate" temporalities - either stepping *outside* the MIC momentarily, or in interactions *with* the MIC.

I argue that becoming aware of and resisting these temporalities becomes urgent in a context Nancy Fraser (2022) conceptualizes as a "crisis of care," in which the demands of profit-seeking economies due to contemporary capitalism's logic actively erode the systems that sustain life, including healthcare. This crisis manifests in Spain through long waitlists that delay diagnosis, mostly those by specialists; rushed consultations in GP appointments that fail to address complex conditions; and a bureaucratic apparatus of sick leave management that defines "recovery" in terms of economic productivity rather than lived experience. These logics of acceleration stand in stark contrast to the principles of Disability Justice, which demand an approach to time that centers *sustainability* and interdependence, even if sustaining life demands slowness.[1] Therefore, Crip Time—an embodied, nonlinear temporality—challenges the medical-industrial complex's rigid scheduling and prognosis frameworks, offering a model of care that values long-term well-being over short-term efficiency. In doing so, it reconceptualizes 'sustainability' and politicizes it in a way entirely opposed to the regional government's usage of the word in the "Plan de medidas de garantía de la *sostenibilidad* del sistema sanitario público de la comunidad de Madrid", since sustainability no longer stands for "economically sustainable" or even "profitable", but rather for "able to sustain Disabled bodyminds". As the Disability Justice principal claims:

> We learn to pace ourselves, individually and collectively, to be sustained long-term. We value the teachings of our bodies and experiences, and use them as a critical guide and reference point to help us move away from urgency and into a deep, slow, transformative, unstoppable wave of justice and liberation. (Sins Invalid, 2019, 24-5)

This section examines the temporal mechanisms through which the MIC disciplines bodies and explores how Crip Time can serve as a strategy for resistance, self-advocacy and community sustainability. In contrast to Crip Time, Karen Soldatic has explored normative time as neoliberal workfare temporalities from the standpoint of the social study of time, revealing how temporality is shaped by a macro-structural process driven by capitalistic objectives such as profit and productivity. This temporality, Soldatic argues, positions disability as a deficit within an imposed hierarchy of values, and forces people with disabilities "to participate in

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[1] The ten Disability Justice principles were first put forward in Patty Berne's 2015 draft. For an all-encompassing account of how the principles of Disability Justice shape activism, see Shayda Kafai's study of the collective Sins Invalid (Kafai, 2021) and Leah Lakshmi's organizational strategies in *Care Work* (Lakshmi, 2018). The vindication of slowness as a life-sustaining condition can be found in Margaret Price's critique of academic time frames ('publish or perish') and their impact on mental health (Price, 2014), and in the Slow Professor movement (Berg & Seeber, 2016). More recently, the manifesto *Rest is Resistance* (Hersey, 2022) has defended slowness and rest as a central strategy in political practices of resistance.

workfare regimes to maintain access to social security measures and programming" (Soldatic, 2011, 408). Against normative time, Crip Time recognizes the unpredictability of chronic illness, the need for rest and pacing, and the importance of flexible temporalities that sustain all bodies. To build a truly sustainable healthcare system, time must be reimagined—not as a resource to be economized, but as a shared and flexible dimension of care that honors the access needs of citizens.

3.1. Undiagnosis, diagnosis, prognosis

In the Spanish healthcare system, prognosis operates as a central tool for enforcing temporal discipline within the medical-industrial complex (MIC). For individuals with chronic fatigue syndrome (CFS) and chronic pain, the temporal demands of prognosis intersect with disabling structures to produce experiences of alienation and disenfranchisement. Prognosis, framed by what Tobin Siebers (2008) describes as the "complex embodiment" of disability, creates a normative timeline that often misaligns with the lived durations of bodyminds managing chronic conditions. As Sarah Lochlann Jain argues, prognosis time constitutes a liminal time, interrupting "the idea of a timeline and all the usual ways one orients oneself in time - one's age, generation, and stage in the assumed lifespan" (Jain, 2007, 78) because, as Feminist Critical Disability Studies scholar Alison Kafer[1] notes:

> The time of prognosis is a single moment of telling but also an extended, if not indefinite, period of negotiation and identification. During that period, past/present/future become jumbled, inchoate. The present takes on more urgency as the future shrinks, the past becomes a mix of potential causes of one's present illness or a succession of wasted time; the future is marked in increments of treatment and survival even as "the future" becomes more tenuous. (Kafer, 2013, 37)

This temporal dissonance positions patients in a liminal state of waiting and uncertainty, where the medical prediction of their future becomes a controlling force over the strategies, they might otherwise develop to navigate their everyday lives.

Moreover, this liminal condition is exacerbated in patients with rare conditions, such as CFS and chronic pain, because it can be extended to the time before prognosis, which Kafer denominates the time of "undiagnosis." With very limited resources directed to professionals, facilities and services that can take care of them, patients with CFS and chronic pain, symptomatologies which often exceed standard diagnostic categories, find themselves vulnerable to misdiagnosis and to a lack of recognition in front of inexpert medical professionals. As Kafer emphasizes:

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[1] Kafer has proposed a Feminist standpoint in Critical Disability Studies that centers intersectionality within the lived experience of disability. In doing so, she follows the trail of Susan Wendell (1996), Rosemarie Garland-Thomson (2005), and Eli Clare (2017).

> How might we understand the experiences of those with chronic fatigue and chronic pain, or those with multiple chemical sensitivities (MCS), struggling for years to find a medical professional or social services provider to recognize their impairments? … How is the repeated experience of being denied recognition an orientation to time? … The time of undiagnosis: the shuttling between specialists, the repeated refusal of care and services, the constant denial of one's experiences, the slow exacerbation of one's symptoms, the years without recognition or diagnosis, the waiting. (Kafer, 2013, 37)

Even after finding recognition in diagnosis, CFS and chronic pain remain in a liminal time of constant anticipation and prediction, trying to prospect a future that is always uncertain. For this reason, these conditions pose a challenge to the standard usage of prognosis in favor of normate time. As Karen Soldatic's (2011) analysis of normate time shows, prognosis serves a predictive function, imposing a teleological logic tied to neoliberal productivity demands - that is, it prospects the time when a bodymind that has "fallen ill" will be able to get back to "normal," that is, to normate productivity expectations. In the Spanish public healthcare context, prognosis often assumes an economic and bureaucratic character, not only guiding clinical expectations but also structuring access to necessary social and economic supports and controlling the legally established periods of sick leave. This control is particularly evident in cases where individuals with chronic fatigue and pain must negotiate for recognition of their disability status to secure benefits, especially the Spanish Social Security's Permanent Disability Pension.[1] In these negotiations, many patients are faced not only with a lack of recognition, but even with accusations of attempted fraud by medical and legal authorities. Phenomenologically, the prognosis-driven frameworks reflect a prioritization of diagnostic clarity, certainty and measurable outcomes over the nuanced, fluctuating realities of chronic illness. This disjuncture can leave patients stranded within the system, unable to fully inhabit either a productive or a disabled identification. For patients, prognosis often operates as a form of imposed epistemic authority, projecting a timeline for recovery or stabilization that may further dissociate them from their embodied realities.

In the case of chronic fatigue and pain, prognosis rarely provides clarity or actionable outcomes. Instead, it becomes a mechanism of control, reinforcing the systemic inclination to measure value and health through notions of productivity, improvement, or return to pre-diagnosis expectations. This is particularly problematic in the Spanish public healthcare system, where medical practitioners face significant pressure to process patients efficiently due to systemic understaffing and long waitlists.

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[1] The difficulty of deliberating whether to disclose one's invisible disability or to mask it has been developed by Lingsom (2008), Evans (2017), Katari, Olzman & Hanna (2018). As they point out, the delicate balance between concealing a disability or making it legible for others entails a constant negotiation where trust, intimacy, and vulnerability need to be balanced against the exposure to ableist experiences.

Furthermore, in Spain, the temporality of illness in the public healthcare system is intertwined with bureaucratic processes that determine and coerce prognosis and subsume it to legal requirements that regulate eligibility for state support, disability pensions, and medical leave. These systems demand clear and specific prognostic evidence - demarcating a line between cases that can expect improvement or recovery, and cases of permanent disability, and thus creating a binary framework that excludes many individuals whose conditions exist in a gray zone of unpredictability. This demand is at odds with the lived experience of CFS and chronic pain, which resists predictability due to their multifactorial condition and uncertain triggering. This mismatch between the lived experience and the prognosis timeline of the healthcare system, which may seem mainly theoretical, has very real consequences on bodyminds, because this rigid structuring can leave patients without access to the resources they need, trapped in a cycle of medical appointments aimed more at justifying benefit claims than addressing their care. This barrage of appointment time invalidates their lived experiences and adds psychological strain, as the demand to project uncertain futures exacerbates feelings of instability and lack of control.

3.2. Appointment time

The long waiting lists to visit a specialist or get some diagnostic testing is one of the most salient problematics in the Spanish public healthcare system. Shortage of resources and a lack of professional healthcare providers exacerbate this situation, generating a temporal structure that retains patients in state of undetermined wait, their lived experience being on hold and without validation for long periods of time. As advanced in the previous section, the anxiety in anticipation of a diagnosis or treatment makes this long waitlist experientially harmful. It opens what Kafer denominates "strange temporalities", like a time of anticipation that leads to a constantly forward-looking stance (Kafer, 2013, 38). However, this forward-looking can entail not only anxiety but also indeterminacy and frustration for diagnosis of chronic illnesses that have uncertain prognosis.

In addition, the rigidity of medical appointment schedules within the Spanish healthcare system, together with the lack of adaptability to individual needs, represent an additional obstacle for those experiencing chronic fatigue, chronic pain or fluctuating disabilities, who cannot predict if the day of the appointment they will feel well enough to attend. The limited access to state-funded specialized care is regulated through strict time slots that are randomly assigned to patients regardless of their concrete situation. Through this temporal mechanism, the state "functions as a gatekeeper, both enabling and obstructing citizens' access to medical resources and procedures" (Montesi & Calestani, 2021, 18). Not only the limited time slots and the waitlist before even getting an appointment, but also the bureaucracy involved in getting referred to a medical specialist by your GP are challenges that patients must overcome to get

assistance. From the standpoint of people with chronic pain and chronic fatigue, this bureaucracy becomes even more draining and exhausting. As Montesi and Calestani affirm:

> It is through bureaucracy that the state often exercises its power over people's bodies and decisions to live or die. Living with medical conditions that may be rare or complex, patients and their families are forced to deal with the complexities of bureaucratic red tape to assert their rights to access health care in order to cure, manage or end their chronic conditions. (Montesi & Calestani, 2021, 18)

In the current healthcare system, bureaucracy, accompanied by strict compliance with regulatory visiting times, does not consider delays that may arise from mobility limitations, unpredictable health crises or dependency on caregivers. In this sense, medical appointment times function as a technology of exclusion, aligned with a neoliberal logic of efficiency that prioritizes productivity over patient well-being.

From a Disability Justice perspective grounded on Care Ethics and interdependence, the rigidity of medical appointment times should be challenged through healthcare strategies that embrace flexibility and personalization. As Alison Kafer argues, when considering disabilities such as chronic illnesses, the task is "not so much to refuse the future as to imagine disability and disability futures otherwise, as part of other, alternate temporalities that do not cast disabled people out of time, as the sign of the future of no future" attending to "how different populations are demarcated differently" (Kafer, 2013, 34) and demand different temporalities - Crip Time - to honor their access (needs, which may mean "a flexible standard for punctuality" and "the extra time needed to arrive or accomplish something" (Kafer, 2013, 17).

3.3. Productivity at all costs: monitoring sick leave as a surveillance device

The intersection between employment and medical temporalities generates a third axis of exclusion for people with chronic illnesses. In Spain, access to sick leave is subject to periodic reviews where eligibility for disability benefits is measured according to a normative logic of linear recovery and return to work. Lilian Kennedy has analyzed how this bureaucracy is especially difficult to navigate for people with dementia, a 'hassle' of bureaucratic processes and paperwork "in an effort to access state-funded support in the face of a future colored by expectations of growing care needs and the cognitive decline" (Kennedy, 2021, 91). A similar way ahead is expected for citizens diagnosed with chronic pain and chronic fatigue, with the added element of indeterminacy that does not need to be degenerative but will surely be nonlinear and not towards a promise of recovery. The constant obstacles to access care without the market-driven expectation of reinsertion in the workplace feed into a logic of deservingness that organizes access to healthcare:

> The way societies are organised – despite claims of equity among citizens – often makes some citizens more equal than others. … Discrimination works in everyday life through

'distributed intensities': often it goes unnoticed (having been naturalised into the social fabric), and sometimes it emerges unequivocally. Taking our cue from Moreno Figueroa, we use the concept 'distributed intensities of worth' to address how care policies and practices can sustain or deepen inequalities and shape (un)deserving subjectivities, while simultaneously normalising this stratification. In neoliberal capitalism, these distributed intensities of worth materialise through the politics of deservingness (Montesi & Calestani, 2021, 13)

Ideas of deservingness shape social and health policies that deem citizens worthy and unworthy of being attended to in the public healthcare system (Bambra and Smith 2010; Petersen *et al*. 2011, Motta-Ochoa & Arruda 2021, 182). However, the expectation of progressive "improvement" and rapid reintegration into the labor market ignores the cyclical or unpredictable nature of many chronic illnesses, imposing a time frame that violates the bodies of those who cannot adjust to this normalization of time, since without the expectation of reintegration into the labor market after sick leave, they are placed in a lower stratum than the average that considers them unworthy of care. The control of sick leave not only limits access to the economic resources necessary for the subsistence of patients but also introduces a dimension of surveillance that forces patients to perform their disability within the parameters expected by the bureaucratic system. The evaluation of disability based on standardized productivity criteria reinforces an ableist logic that measures the value of bodies based on their work performance (Kafer, 2013, 54). People with chronic illnesses are caught in a temporal paradox: they must prove that they are sick enough to qualify for sick leave, but not so sick that they are deemed incapable of returning to work in the foreseeable future. This neoliberal mechanism reinforces the precarization of disabled lives, by requiring a constant negotiation between their own bodily rhythms and state expectations of productivity.

In response, Disability Justice movements have proposed alternative models of disability assessment that are not based on work capacity but on support and well-being needs, where the right to health is not subordinated to "normative modalities" that measure time through standards of economic efficiency and productivity (Kafer, 2013, 40) or to meritocratic logics that enter into debates of loss and gain to determine deservingness of access to care.

4. Opening paths for self-advocacy and resistance through Crip Temporalities in the Spanish context

Resisting the temporal frameworks defined above as characteristic of the Medical Industrial Complex within Spanish healthcare requires us to rethink the concept of sustainability. It means reclaiming it back from the discourse of productivity and austerity, which has used it as a buzzword like in Madrid's 2012 Plan of Sustainability. In Disability Justice, the principle of sustainability politicizes the concept as the radical assertion that *bodyminds with disabilities*

deserve to be sustained over time—not merely for the sake of prolonging life, but because they can lead meaningful, livable lives. This sustainability involves developing strategies to navigate an ableist dominant culture—one that has historically sought to eliminate disability altogether. As Kafer argues: "Disability, then, is defined as a lack of productivity … We are all to be smoothly running engines, and disability renders us defective products»" (Kafer, 2013, 54). Recognizing that this framework promotes the coerced death of disabled bodyminds, defending the possibility—and even the necessity—of disabled futures, that is, defending futurities that can sustain people with disabilities becomes a radical act. Within this subversive defense, the principle of sustainability is most crucial in shaping the temporal frameworks that Disability Justice-informed futures require.[1] Rebel Fayola Rose defines this approach to time as an invitation to resist urgency with gentleness:

> That's how I think about sustainability: it's gentle. Gentleness slows down for the interpreter. Gentleness notices pressure and deescalates it. Gentleness takes the time to build relationships and allies across differences. (Rose 2022)

Amid urgency and rapid acceleration, sustainability calls for life-affirming infrastructures that support livable rhythms for everyone. Black Trans Disabled author and activist Estelle Ellison encapsulates this idea by inviting us to reflect on the question: "Can we respond with urgency to crises without settling for plans of action that leave participants vulnerable and unsupported in easily preventable ways?" (Ellison 2023). How can we create forms of collective care and liberation that attend disability while resisting the urgency imposed by capitalist expansion? More specifically, in our context, how can we challenge the time pressures of the Spanish Medical Industrial Complex when living with chronic pain and fatigue?

Resistance to these temporal impositions takes many forms. Reclaiming sustainability through the imagining and building spaces shaped by Crip Time, challenging the MIC's authority and creating spaces for collective agency. For instance, peer-led support networks and grassroots organizations provide alternative spaces for individuals to articulate their experiences, develop strategies for managing uncertainty, and advocate for more equitable policies. These efforts not only highlight the system's inadequacies but also embody a reimagining of healthcare that values access, sustainability, and the multiplicity of temporal experiences.

In what follows, three experiments in reclaiming time agency are shared as case studies that could lead to a continuation of healthcare activism in Spain, that both builds upon the legacy and expands the horizon of Marea Blanca. The following experiments offer insights into how time agency can be reclaimed by embracing the temporal aspects of fluctuation, slowness, and

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[1] The role of social imagination and speculative fiction in imagining Disabled futurities has been analyzed in depth by Sami Schalk (2018) and Leah Laksmi (2022).

body movements to regulate pain and fatigue, key elements of Crip Time. These case studies explore how the resistance to the rigid, linear expectations of the Medical Industrial Complex (MIC) create alternative temporalities that prioritize the rhythms of the body and the complexities of chronic illness.

(a) **The Pain Series**, initiated by Carmen Papalia, exemplifies a resistance to medical time by cultivating spaces where participants can embrace the fluctuating nature of their bodies. Instead of conforming to the strict timelines set by healthcare providers, this initiative fosters a collective awareness of the unpredictable nature of chronic illness and pain. The spaces created within the Pain Series allow disabled individuals to share experiences of slowness and fluctuation, allowing for mutual recognition and validation (Papalia 2023). The peer-led networks, such as those in Spain with Síndrome de Fatiga Crónica y Fibromialgia España (SFC-Síndromes de Sensibilización Central), similarly build support structures that respect the body's need for flexibility. These networks challenge the idea that recovery or treatment must adhere to linear progressions, instead cultivating a "non-linear time" where rest, recovery, and periods of fatigue are acknowledged and respected as vital parts of the healing process. By focusing on sustainability and mutual care, these networks allow participants to move through time on their own terms, resisting the urgency imposed by medical systems.

(b) In the **Alchemizing Fatigue Sessions**, the temporal element of slowness is central to the practice. These online gatherings prioritize intentional pacing and rituals of care that align with the fluctuating needs of participants:

> Part of this work is validating and acknowledging that chronic fatigue can be such an excruciating existence that many of us feel hopeless ... I am not here to sugarcoat this experience, promote toxic positivity, or individualism. I am here to offer Access-Centered support, which means that an intersectional and trauma-informed framework will hold us and does its best to meet as many needs for as many people as possible. (Springlove 2024)

The sessions are designed to allow individuals to slow down and engage with practices that support nervous system regulation, such as breathing exercises, spiritual healing, and body-centered rituals. These slow, grounding practices encourage participants to tune into their bodies and engage with the rhythms of their own fatigue and healing. By prioritizing slowness, these sessions resist the fast-paced, productivity-driven demands of the medical system and instead emphasize that healing does not follow a linear path. The intention is to create a space where participants can feel seen and heard in ways that traditional medicine often fails to offer, making room for bodies that need time to move at their own pace, without the pressure to conform to faster timelines.

(c) Finally, the **Disability Justice Dreaming Sessions** (Rose 2023) invite participants to imagine alternative futures for disabled life, but they also emphasize the importance of the

present moment and the body's rhythms in shaping those futures. The sessions engage with speculative exercises that emphasize collective survival and flourishing, yet they also ask participants to consider how the temporal aspects of pain, fatigue, and care inform these futures. For example, through reflective questions like "What would you desire others to do for you?" or "What keeps you fighting?" participants engage with their current bodily states, acknowledging the limitations that chronic pain and fatigue impose on their lives. This reflective process creates a space for reimagining a world where these fluctuating rhythms are not only accepted but integrated into societal structures. The emphasis on the emotional and imaginative labor of disabled individuals reflects a broader understanding of how time can be stretched and adapted to include the cyclical and slow-moving nature of care.

Through these three experiments, the concept of Crip Time is expanded beyond simply resisting rigid medical timelines. The temporal aspects of fluctuation, slowness, and body movements in these practices underscore a profound respect for the body's natural rhythms. By shifting away from the urgency of medical systems, these practices offer alternative ways of relating to time, focusing on care, sustainability, and the deep knowledge that bodies require space to move at their own pace. In doing so, they not only reclaim time but also reimagine a world where disabled individuals can live within time structures that honor their lived experiences, embracing the need for flexibility, rest, and care.

5. Conclusive remarks

Time is central to how we experience care. The rigidity of medical appointments, the long waitlists, and the abstract timelines of prognosis and workfare policies shape not only access to healthcare but also the quality of life for those with chronic pain and fatigue. This paper has explored the temporal injustices embedded within the Spanish Medical Industrial Complex (MIC) and the potential of Crip Time and Disability Justice to reshape healthcare activism. Through the lens of the Marea Blanca movement, public healthcare defense historically mobilized around the threat of privatization, successfully reframing "sustainability" as a collective right rather than a market-driven imperative. As healthcare activism in Spain moves beyond Marea Blanca, that fully accounts for disabled experiences, we must widen our frame to include the politics of time itself. While past movements successfully defended public healthcare from privatization, the struggle must now also address the deeper, structural issues that determine who receive care and how. A broader coalition—one that integrates Disability Justice— requires us to challenge our own assumptions about activism, solidarity, and what constitutes an urgent demand. Historically, activism has often been framed around immediate crises, direct action, and visible mobilization—forms that can be inaccessible to many disabled people. A disability-centered healthcare movement, however, invites reimagining activism

itself, making space for slowness, rest, and sustainability as essential elements of collective resistance.

In her text, "Accessible Futures, Future Coalitions", Alison Kafer asserts the need for coalition politics that strengthens the demands of Disability activism. However, she acknowledges that despite being necessary, real coalition across different movements is terrifying: "in that we often are working with people unlike us, people who might frame the issues in different ways or to different effects, people who come from different perspectives or with different histories, people who might challenge our founding assumptions" (Kafer, 2013, 151).[1] This is a burden that post-Marea Blanca healthcare activism in Spain will confront. As frame analysis of the 15M attitude objects has shown, the impact of the movement in public opinion formation between 2011 and 2013 relied mainly on consensus values (Calzada & del Pino 2011). That is, "the materialistic accounts of the crisis, which revolve around values such as solidarity and justice, would produce higher levels of approval for anti-austerity contenders than system-challenging frames" (Cristancho *et al.* 2020, 3270), whereas frames emphasizing blame attribution and which challenged our own beliefs encounter "division because of their expected ideological charge" (Cristancho *et al.* 2020, 3270). In front of this evidence, it is uncertain what impact a contentious movement shaped by Disability Justice principles, which ground themselves in consensus values *but* at the same time challenge our very internalized ableist beliefs will have on the public opinion. Only if a different conception of disability and illness is cultivated, together with a different ethical framework shaped by care and interdependence, rather than on merit and deservingness, will contemporary attempts to organize Disability Justice activism be recognized as legitimate interests (Gamson 1975; Rochon & Mazmanian 1993).

From this standpoint, a just healthcare system will not simply remain public, but one that adapts to the needs of all bodyminds over time. Ultimately, a post-Marea Blanca activism informed by Disability Justice will require us to rethink our very relationship to time, care, and sustainability. In resisting the temporal structures that exclude, disable, and exhaust, we create space for a different kind of future—to ensure that access, dignity, and well-being are not constrained by rigid temporalities but guided by the principles of justice and care. This is not just about resisting harmful policies; it is about envisioning a future where healthcare is truly inclusive, where care moves at the pace of those who need it, and where time itself is reclaimed as a shared, life-sustaining resource.

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[1] For historical examples of coalition across liberation movements, see Schweik (2011) on the participation of Black Panthers in the Disability Rights' protests.

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With Hardship Comes Ease:
Muslim-feminist meditations on miscarriage, care-based knowing, and lineage

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Article Info	ABSTRACT
	Through a critical auto-ethnographic account of miscarriage and grief, I explore what it means to inherit Islam as a tradition through care-based modes of knowing. Through Muslim-feminist theorizing, I blend Quranic narratives of care with maternal lineages of Islam I have inherited through care, that not only guide how I think about care Islamically, but also, how I practice care in my relations as a Muslim. I also illustrate the value of intertextuality of care as it is experienced across lived time, and across generations, within systems of kin and the need to let go of monolithic senses of tradition, and moral epistemology, within our practice of comparative care ethics. I draw a parallel between colonial, and white-orientated modes of knowing Muslims, and Islam, and grounded care-based modes of knowing by which we come to know and inhabit our practices of Islam in caring as, and being cared for , as Muslims.

1. A Testimony: Miscarriage, Time and Mourning

Have We not uplifted your heart for you ˹O Prophet˺,
relieved you of the burden
which weighed so heavily on your back,
and elevated your renown for you?[1]
So, surely with hardship comes ease.
Surely with ˹that˺ hardship comes ˹more˺ ease.
So, once you have fulfilled ˹your duty˺, strive ˹in devotion˺,
turning to your Lord ˹alone˺ with hope.
Quran 94:1-94:8

A dream of cerulean, blue waves washing over a shore, washing over me. A voice from a place within, and beyond, that assured me that this child would bring me peace, calm, ease. A warm embrace, a promise, a daughter. For years I have known this being's signature; I have felt her presence around me on my darkest nights, and in my quietest joys. That night, I decided I wanted to name the baby Rahma, in witness of *Ar-Rahman,* and the ease we are promised after hardship. In this dream, at 8 weeks pregnant, was the closest I had gotten to holding her in this world. In a few days, during an atmospheric river, as sheets of rain slammed the pavement, during the first ultrasound, I learned that she was gone. I was experiencing a missed miscarriage. Leaving that clinic, I was awe-struck in grief, but my body continued in making a home for this child, and just did not let go on its own. I kept hearing, healthcare providers, tell me, they were sorry, because it was very much a *wanted pregnancy*. I admired how carefully they used their language to protect the grief, and choice, of pregnant people in the difficult space of making the decision to end pregnancies for different reasons. I admired how important such boundary-markers are to navigate the complexities in holding space for the grief of people seeking abortions for unwanted pregnancies. Aurally, though, it was hard to process these words, I wanted this pregnancy, but I felt helpless, in wanting something that could not be—a choice I did not make for myself. There was grief in hearing the difference—in having something I wanted taken from me, not a matter of choice but of, accepting what had been written for me.

I had prayed every day for years for this. My father had been hospitalized in an ICU, from covid, for almost three years, now; I had prayed with all my heart for this to be our family's happiness after so much hardship and grief. Yet, I found myself sobbing, over a phonecall, as the midwifery clinic discharged me and referred me to an abortion clinic; a difficult rerouting. I cancelled my classes for the week; nervous I'd begin miscarrying while teaching. Weeping, I scheduled a D/C procedure with a kind stranger on the phone, and she gave me a time to have t*he products of conception* removed. The language, again, was jarring but offered respite and

relief. I just wanted this pregnancy to end, and the weight of carrying something unviable, something dead, was suffocating. I wanted time to splinter, so I could just get to the part where I am not pregnant and could try again. I needed to be in the moment after all of this.

Yet, I also wanted time to bend to feel this child's presence around me. I wanted time to bend in another direction, into another world, where my arms felt full in embracing the children who had chosen me as theirs. I asked the woman on the phone if I could ask the doctor for an ultrasound, just in case, before the procedure to make sure there was nothing there anymore. She assured me, I could. I asked her if it would be painful or traumatic while medically awake. She assured me, I will be okay, that most people do not even feel or remember the event. She noted that no partners or support persons were allowed to accompany me to the abortion clinic for the safety and privacy of others. I was terrified to walk this journey alone, but grateful that such services were accessible and prioritized the safety of all. I learned in the coming days that there are some trials of life as a mother that Allah intends for you to walk alone through in the dark, with no one to hold your hand, that are meant to propel within you profound healing, peace and enduring courage within you.

In the week between this phone call and the procedure, I woke up every day with morning sickness, food aversions, spikes in hormones, in a body trying its absolute hardest to keep building a home for a baby that I no longer was carrying; a baby that had returned to the spirit world, to surround me. This pregnancy and loss unfolded in the same string of days I laboured and birthed my now four-year-old son. There I was, on his birthday, still tiringly developing a gestational sac for no reason, watching him open his presents with no more news to share, of a sibling, of hopes that it would no longer just be us three—that our family was growing. I felt so guilty as a mother for stealing time and care from him, spending the past few months exhausted, nauseous, and anxious in the first trimester for nothing. I wanted this birthday to be so special for him, and knowing I would only spend the coming months crying and in mourning made me feel like I had failed us all—again and again.

I also learned that in life, there is senseless suffering too, of a series of horribly cruel things that have also been written for us, and happen to us for absolutely no reason at all and leave us shattered. There are parts of this loss, sleepless nights of crying, I will never ever be able to weave into a purpose, or a narrative—that there can be suffering to which we as humans are not able to, or meant to, inscribe meaning to—that only Allah knows the answer to, why did this happen to me? These answers can unfold only in his time, in our dialogues, as they unfold in this life and in the Hereafter. *A blighted ovum*, for example, in which you are left to grieve a pregnancy with no fetal pole, and in its place, you are left with so much wisdom, spiritual sense, and visions of a child that you will never come to hold. An experience, a relationship that existed for you, but remained outside the senses, and witness, of everyone but God. I learned that some parts of our loss will remain forever absent, yet ever-present in the make of one's self and one's

self alone. That a necessary part of being Muslim, is loneliness, in that there are some parts of our ethical selves that only exist, care needs that can only be seen and met in our relationship with our Creator.

I called my mother and friends for counsel and support before the procedure. They prayed and meditated with me. They helped me do visualizations, shared stories of their pregnancy losses, and reminded me that I am not alone. Some echoes from Muslim stories of pregnancy loss, that my family and friends shared,

> *"Pain is energy, breathe through it and it will pass."*
> *"Recovery after a miscarriage is even harder than birth, take care of yourself."*
> *"God is love, imagine his love surrounding you in every step of the procedure."*
> *"Our children choose us in the spirit world as theirs, and will be waiting for us, keeping open the doors of Jannat, demanding their reunion with you."*
> *"Our children are with us eternally in God's time"*
> *"Sometimes our children stay in the spirit world as our protectors, in the company of our ancestors."*
> *"Our children will find us again in this world, and be in our arms, soon."??*

The day of the appointment, I walked in alone, cried as much as I could in the hallway leading up to the reception desk. Every step I took from there to the waiting room, to grief counselling, to surgery prep, to the actual procedure, felt like a unit of time—with a weight and duration of its own. In a missed miscarriage, my body had not begun bleeding yet, it remained with Rahma in a time-space I had been ejected from; I was still hormonally pregnant. There was no natural process, or rhythm, to the loss; it was only through a medical intervention that I could safely let go and move on. The idea of even anticipating such a loss, waiting to bleed at any time, while working, parenting, with no community or support system was terrifying.

The D/C marked this shift in time, the point of Rahma's departure from my womb, and her return to the spirit world, to the womb of our creator—Ar-Rahman. In birthing my son, I was left with a deep understanding of the place of mothers in Allah's gaze, who have been gifted with the power of creating and carrying life to earthside. In miscarrying, I witnessed in a deeper way, that I as a human, am not a creator, and that only our Creator, can breathe life, and spirit, into our bodies. That no matter how much I willed, or plead, that I could not mould clay into life.

I sat in the grief counsellor's room, asking more questions than I needed to, trying to suspend time. I wept. I froze. I stuttered. I learned that just as I could not create life, I had no control over time—its flow was relentless. I have written extensively on, and experienced, medical injustice, on the violence and impersonality of healthcare spaces. I received the most empowering and compassionate care for the first time in my life, at the most scared and vulnerable I have ever been. She did not rush me and was committed in her promise to ensure

my safety, consent, and voice throughout this process. I asked again, feeling embarrassed, will they do a follow-up ultrasound before the procedure, just to make sure that there was really nothing there? She assured me that it was necessary for my consent. In this weird time-space, the outside world, all the relationalities within which I am situated, my responsibilities, did not exist for me. Someone engaged with me, just as me, not as a mom, daughter, wife, or worker. Someone asked me, how I needed to be cared for. I did not know if the care during the next steps of this procedure would be as compassionate, and I joked, that I did not want to leave her office. I think a part of me will forever remain in clinic, in that office, on that hospital bed in the prep room, in the procedure room.

As I settled into my hospital bed to prepare for the surgery with antibiotics, a nurse explained the procedure and recovery process to me. She, too, was incredibly kind, gentle, and spoke in the softest, compassionate voice. Before administering medication, and checking vitals, she asked me who I was, listened to my stories, witnessed what this pregnancy meant to me—tried to pronounce perfectly the name I would've given the baby. She held my hand, and did not rush me. She stayed with me in my grief, in ways that not even friends of family have been able to in this journey as did every other nurse in that room, they listened, stayed, and witnessed. I wondered how much time and labor they offered to make sure we felt safe and empowered, not just to me, but to every patient there. It was care that was life-affirming, competent and consent-based. I knew the value of their labour—that abortion clinics are life-affirming and essential for reproductive justice. But this all was taking place in a slice of time in which their time and labour was not valued and under siege—days after Donald Trump was elected for a second term as President and as conservative leaders across Canada, also threatened ending access to abortion care. I am intentionally documenting this experience of just care, because as a racialized, neurodiverse and Muslim woman, my experience of settler-colonial healthcare systems has been anything but safe. This experience felt like a welcomed exception, but also a glimmer of hope—that such care is possible, and that I too deserve it.

As I waited to be called into the procedure room, an hour had passed, where I was alone again. I chose to recite *dhikr* and meditate to surround myself with love, and hope, with the reminder that whatever the experience will bring, I am capable, strong and protected in the care of Ar-Rahman. In recitation, and in a state of sleep, I felt around, one last time, the same warmth, I have marked as my daughter Rahma. She brought me a message that I found unsettling—that she chose me as her mother, that she would not leave my side, and that I was deserving of love. I also witnessed in this message that it is only with love, that Allah had willed me into existence, that my life had a purpose and weight of its own; in becoming a mother, with my first pregnancy, my sense of self, had withered so much, that to accept this truth felt harder than the impending D/C. I wept, and wept. I had lost so much of my self in pouring into others, in caring, without any sense of a village, that I had forgotten that I deserved care too—that

Allah had accounted for my nurturance, well-being and safety too. It was the first time in my life that I felt, that I too was provided for, by Allah as Ar-Razzaq, the Provider. I did not know at the time, but the peace, and safety, I was given at that moment was to stay with me, and move within me, just a gentle breeze creates ripples within water.

The time had come, for me to not to be pregnant anymore, to be freed from the invisible, embodied, and out(side)-of-time labour of making within myself, a home, for someone that was no longer here. Before the procedure, the doctor also took the same time to listen, witness and stay with me in my fears. I asked her how to best advocate for myself if I am in pain. She assured me, that this was not birth, and that I should be expected to push through pain, and that she would stop immediately and check in whether I needed another dose of pain medication. Her words will also stay with me, as possibly, one of the only times I was assured by a healthcare provider that my account of pain, and demand for pain relief, matters and that the expectation to endure pain in reproductive healthcare is unjust—and gendered and racialized. Out of anxiety, and shame, of looking desperate to see something that does not exist and knowing that seeing an empty gestational sac would crush me again, I hesitated to ask for that second ultrasound. She offered, pre-emptively, without prompt, to assure that my consent was informed. She asked if I wanted to see the ultrasound, I declined and trusted her judgement. I would've wondered for the rest of my life if I did not confirm with a second ultrasound. All week I had wanted this second ultrasound; I needed to confirm again that this pregnancy really was over. To have a caring healthcare provider steward this desire and demand, in the process of consent, was deeply healing. It was in this moment, that I knew I was ready to let go, with ease. It meant something to me to trust her in being the last to witness, see, the image on the ultrasound, as the place I had made for Rahma. The nurses administered the pain medication, and I fell asleep, remembering nothing of the procedure itself, other than being supported in walking back to the prep room. All I remember is that during the procedure, I dreamed of Taylor Swift inviting me to the Eras Tour; no memory, or experience, of having a place for life vacuumed out of me.

The same, kind, nurses offered me juice and cookies, and tucked me in. They spoke with me in the same loving voice I speak with my toddler when he is hurt, upset or afraid. I thanked them, profusely, and will always remember them in my prayers as doing God's work, in watching over my life and my grief in that space. In birthing my son, I felt constantly displaced as a mother, as healthcare providers prioritized the safety of only my baby in medical decision making. My birth was rushed, in a timeline not of my own; I felt unheard and alone, even when surrounded by people. In that abortion clinic, I felt seen, heard, and mothered as a mother, and as some mother's child. Full-spectrum reproductive care means investing in services that mother, nurture, and care for people who experience miscarriages, abortions and stillbirth, too. Our post-partum experiences also matter, yet remain unmet, invisible and illegible needs within

healthcare systems and our communities' horizons. Because of the exceptional care I received, I felt suspicious of how calm I felt afterwards, attributing it to the pain medication or disassociation, but that calm continues to stay with me today as the most peace I have ever felt within. I left that experience grieving but not traumatized. Although I felt the D/C to be an artificial marker of time in a miscarriage, or intervention, into what should've been a *natural* process of letting go, I felt that just and safe conditions of care protected the *natural* timeline of my grief. Because I did not accrue additional, or compounded, medical trauma, I did not have to grieve the excess grief of racialized, gendered or ableist violence, that one picks up in moving through healthcare systems. Instead, what was centered was just the pain of pregnancy loss and the procedure—the actual injury from the process and event.

Recovering from the procedure, I bled a lot, saw tissue, of what should have been that home and felt traces of that time be returned to the earth. No tangible parts of my pregnancy will remain, no one will remember how much I endured in that first trimester, how beautiful the pregnancy had been, before the loss. The marks of miscarriage-time on my body slowly became invisible. I spent the first two weeks in recovery, still pregnant hormonally—which was a cruelty and sadness of its own. I felt in my uterus, a black hole, a portal to this great beyond, a place where I could feel Allah's love, this child's sweet spirit. But also, a place marked by the absence of something that had been taken from me. In this place, I felt embraced, safe. Yet, at the same time, the grief of losing this pregnancy, this connection, this place, within me and beyond, captured me and left me standing over a cliff overlooking a vast dark abyss. For months after, as my body finally let go, I felt this darkness haunt every thought, threatening to consume me whole. I could feel my hormones spike every evening, trying to jumpstart the body back into pregnancy, and then feel a brutal physiological and emotional crash that would leave me crying at night for hours, for months after. I lived the same day for months, where I was reminded every evening that I was pregnant, and then I was not anymore. The process of miscarrying, of grief, possessed my body to radically possess a time of its own. Recovery felt like an abridged version of postpartum, all at once, with no newborn to hold as you rebalance yourself.

   With the end of bleeding, this moment in time would be capsulated, and enclosed within my body, and memory. I resented how the world, and time, moved on—how quickly my friends, colleagues and family forgot that I was still grieving. Noone cared anymore and, soon, no one would remember that I was pregnant September-November of 2024. As I continue to hope to be able to carry life earthside again, in the process, in tracing ebbs and flows of menstrual cycles, I find myself abruptly brought back to that same, lonely place, seeing over the vast abyss, watching it all slip through undeserving hands again. This time, however, every time I felt absenced in my relations of care, I felt the same ripples of water, within me, propelling me, reminding me, to interject, to refuse, to make demands, to claim a place in time. Reminding

others of this pregnancy, and demanding witness to my grief, is interjecting in the marking of time itself and carving a space within it for what I uniquely, and solely, experienced. It is a rupture into all captures of the "I" that I possess and inhabit.

Because I remembered that "I", as a sovereign ethical subject, in my miscarriage was and have always been cared for, by Ar-Rahman, and my children, and this care, will find me relentlessly in this life and beyond. The closing of time, occurred for me as the end of bleeding, and hormonal pregnancy, aligned with an unexpected journey home to visit my family. My sister miraculously secured face value tickets for the Eras Tour the day after. I got to fly to Toronto, from Vancouver, for a weekend, my first time being away from my son, to visit my family. I was finally able to grieve outside of the schedule of parenting and be in solitude. I was cared for in the witness of my parents and siblings. Just as I walked into that abortion clinic alone, I also walked into the Eras Tour, still bleeding from the D/C, all alone to experience a joy that is deeply, and profoundly, mine alone. A joy, and healing, that Allah intended for me, perhaps even a joy that my daughter herself beseeched Allah to deliver to me. I also know that the pain of this miscarriage was written for *me*, it was mine to carry. It felt like the first time in my life I had time and space to process a pain, that was uniquely my own to inhabit and claim—not my family's, not society's, not pain created by abstracted and material systems of oppression. In a strange way, I had finally learned what a boundaried self, as a Muslim ethical subject, felt like, one that is not always pouring into, and being displaced, in caring for the pains of others. I do not know how this loss will come to fold into time, if I'll ever meet this being earthside, in this time-space. But on quiet nights, I still see, and feel, Rahma's silhouette sitting next to my son, as we read him his favourite bedtime stories. On rainy days by the Salish Sea, I can feel her in the air, as a lightness, a force that uplifts, and pulls our little family closer.

2. In the Belly of the Whale, again: Care-Knowing, Epistemic Linage and Time

La illah illa unta subhanaka inni kuntu minazalimeen.

In this essay, I offered above a narrative portrait of a miscarriage I experienced in November 2024 to share how different layers of care-based knowing are activated in the process of grieving, and experiencing time pass, as a Muslim woman and carer. In this paper, I explore the epistemic aspects of pregnancy loss—the knowledge that grief yields. Such knowledge travels through contexts of reception, which I name as lineages of care—which in this case, are uniquely Muslim, and Islamic. I frame lineages of care as relational ecologies, as divinely placed infrastructure, or even a kind of wealth, intended for us all individually, and collectively, by our Creator that shapes our ethical formation as Muslims. A critical part of all ethical selves, in a Muslim perspective, is the knowledge, and contexts of reception through which we inherit and activate it, that has been written for us by Allah—as a form of care itself.   An   Islamic ethic of receptivity helps us be mindful of how care-based knowledge travels, how it how it

places us, and the responsibilities it entrusts us with as its inheritors. Care as stewardship, for Muslims, means activating such knowledge towards the end of building justice and livable worlds for all.

This essay reflects how care-based knowledge folds into time, across ruptures, to become lineages of knowledge that inform how we care as Muslims, and how we think about care Islamically. To begin by reciting the Quran is my way of embodying "epistemic humility" in my knowledge relations (Dalmiya, 2016). It is also my way of creating a continuity in textures, and in lineages, that shape my ethical subjectivity. On one hand, in navigating Islamic knowledge, and inhabiting my Muslimness, in miscarrying I felt deep, embodied, conviction in my encounters with Ar-Rahman. These were truths written for me, of which I am the sole interpretive authority. On the other hand, I often feel unsure, lacking confidence, in my interpretive authority as a Muslim in company, and in dialogue, with other Muslims. As an Urdu-speaker, my pronunciation of Arabic is not perfect. My understanding of these verses is not complete. It terrifies me to even recite, and cite it, so incompletely and imperfectly in the witness of Allah, fellow Muslims and fellow academics. Each interpretive community, and audience, summons a different ghost. What haunts how I give breath to this prayer are intergenerational and embodied histories of spiritual abuse, of military dictatorship, of gendered Islamophobia, of white supremacy, of imperialism and of heteropatriarchy. These interlocking systems of violence in Judith Butler's words, "enter the limbs, craft the gesture, and bend the spine" (Butler, 1997, 159).

Violence can shape not just the ends to which we recite the Quran, but also, how we hear its recitation. Sidrah-Ahmed Chan, for example, offers us an anecdotal example in which a racist and a Muslim survivor of spiritual abuse both feel an aversion to hearing the *adhaan* (call to prayer). Although they share an acoustic setting, their feelings do not share the same sonic lineage. Their relation to the aversion, and how they receive the sound, have a different affective history. The epistemic plight of Muslim feminists is that our inheritance of de-colonial and intersectional Islamic knowledge and praxis has come by way of both harm and healing. Epistemic lineages are embodied, relational, and affective; they come to shape how we feel in possessing the knowledge of the Quran, and how we evoke it to serve the ends of care. In miscarrying, to recite the Quran to beseech Allah for relief I had to push through the thickness of feeling like I had been punished for my failures as a Muslim, as if I was unworthy and undeserving of carrying life. I placed my duas, and these feelings of shame and guilt, in Allah's care—charging him, and trusting in his duty, of delivering me through this darkness. I knew with my full being, that there was child, a being, around me, and I just was not able to carry her here, to bring her home. Yet, she is home, with our Creator. I have no place to put this truth, yet I cannot stop being moved by it and sharing with others the lessons I have learned in receiving it.

In this essay, I hope to offer care-based knowledge, and the way it moves within and beyond our horizons as healing, as a part of the ease, and relief, that is promised by Allah after hardships we endure. Care-based knowledge is medicine, we receive, as we are plunged into the darkness, that reaches us in transforming our sense of place in the world; how we are cared for by our relations in this time is what delivers us and helps us in receiving such knowledge as medicine—ensuring its lessons carry forward to impress upon generations to come a sense of Islam in which they feel seen and heard during hardships of their own. Writing from within the temporal horizon, as well as the embodied experience, of a miscarriage, I wonder a lot about my spiritual experiences, in feeling my daughter's presence in dreams, in meditations and in mourning. I wonder where the knowledge, I gained in miscarrying, will go; how this experience will fold into larger lineages and traditions of care within our family. We never got to tell our son the truth of why we had been crying; there is no child to remind us, of this time. The pregnancy is already slipping beyond the horizons, and memories, of our loved ones. In this article, then, I inscribe in text a place for it all, a place that comes to exist spectrally, where we come to retreat to, and descend from in forming our ethical subjectivities as a lineage of care.

I map the process of miscarrying, and rebuilding my sense of place, and self through it, to the process of building a repository, or lineage, of knowledge of the Quran, to call our own. As Muslims, Allah has intended for us to unlock meanings of Revelation through gifts, miracles and losses—all with unique care-based contexts of reception. Simply put, the relationships within which we are grounded, our interdependencies, with land, (spectral and present) humans and more-than-humans, are divinely placed infrastructure through which our Creator has intended for his care to reach us. Parts of our moral epistemologies, as Muslims, then are activated in being relational selves. Tradition, or epistemic lineages of Islam, then, is not just the work of studying the Quran, through independent practices of worship, but also the, intricate work of weaving through lived experience personally and collectively to form lineages of knowledge, that labour as care itself, to nurture, keep warm, and hold place for its recipients. In the words of Sa'ddiya Shaikh, despite the darknesses we navigate that pull us from our faiths, and threaten to sever us from our Creator, it is with a radical, and critical, "fidelity" to the Islamic tradition that we continue to re-claim our interpretive authority as knowers of Islam and our relationship with Creator (Shaikh, 2023).

This is the difference that Ayesha Chaudhry marks between the harm caused by patriarchal and white supremacist lineages of Islamic studies and the healing potential of Islam, as an inherently intersectional, life-affirming and anti-oppressive force (Chaudhry, 2018). Decolonial and intersectional Islam requires us to be willing to "sit in difference", in Fatima Seedat's words, and create a critical conversation between what we are given, what we can be, and what we can make of what we have found (Seedat, 2018). In reciting the Quran, any feeling of tension in my body, inflicted by human-built systems of oppression, dissolves considering

the contexts of care through which I came to know of different verses. The prayers I recited in dhikr during the D/C procedure were: *Hasbunallahu wa ni'mal wakeel* (Allah is sufficient for us, and He is the best disposer of affairs) (Quran 3:17) and *La ilaha illa anta subhanaka inni kuntu minaz zalimin* (there is no deity except You; exalted are You. Indeed, I have been of the wrongdoers) (Quran 21:87-88). I inherited these pieces of Revelation as a gift from my mother.

She taught me how to recite them in August 2012 in a hospital waiting room in Ontario to advocate for my father's right to life as a survivor of a severe stroke. My mother invoked the story of Prophet Yunus and how he recited the *Ayat al Kareema* verse when he was swallowed by a whale (Munawar, 2022a). He was submerged within multiple layers of darkness: the darkness of a moonless night, the darkness of the whale's belly, and the darkness of the bottomless sea. This "view from nowhere" seized Yunus' senses. Yet, he continued to move his tongue and heart in the remembrance of Allah. The story ends with this miraculous image of a wounded man delivered from the belly of a whale onto a shore and sheltered by the shade of a gourd plant. This story offers us a vision of Allah as *Ar-Rahman*, as the compassionate, as a merciful carer and as our mother's care. This piece of Revelation has moved me for over a decade to write about, and demand readers to witness, every story of medical injustice experienced by my family in settler-colonial healthcare systems (Munawar, 2022b). With Yunus, Rahma too remains without a place in this world and has come to take on a spectral spatiality from where so many parts of me epistemologically have come to inhabit and descend from. Yet, in the marking of time and place, she is absent in the witness of others. The experience of pregnancy, and loss, remain uniquely enclosed in a space that I inherit alone with my Creator, a foundation of my ethical subjectivity.

In the aftermath of multiple miscarriages, I found myself in the belly of the whale with Prophet Yunus, yet again — disoriented, dark, submerged. And in that space, I began the interpretive work of rebuilding my ethical subjectivity. Rebuilding my relationship with time, with the world, with Allah. I realized this would be a place I'd return to again and again — a sacred geography, not to escape from, but to pull from. To sift through. To descend from. To root within.A part of grieving this miscarriage has been the heartbreaking truth that I felt something so true as a part of this journey, that the world we inhabit would mock, ridicule and discredit, as illusory—a kind of testimonial injustice (Fricker, 2009). Yet, this experience is a foundational component of how deeply I believe in the promise of Revelation, that with hardship comes ease. It is lived testimony that comes to fold into every action, and thought, by which I (re)make myself as a Muslim in this world, in the witness of my Creator. It is a space that all Muslims inhabit as a point of orientation, and container, for care-based knowing, as well as a place we all retreat to in cultivating a caring ethos (Hamington, 2024). It is crafted not in resistance, but rather, in witness and in care of Allah, the primary relationship we inhabit as ethical subjects.

Through this essay, I generate inter-textualities within and through situated and inherited knowledge of Islam that I have acquired through modes of care-knowing across the experiences, of becoming a care-giver for my father, becoming a mother, and experiencing a miscarriage. These context-specific narratives of care I have written about all illustrate the dynamism, and evolution, of what thinking about care Islamically, and caring as a Muslim, feel like for me. It is important to not freeze the situated knowledge of an individual into categorical demands, needs and ethos of all within a particular group; rather, I argue that theorizing care Islamically, by and for Muslims, to map needs, demands, judgements of care require letting go of monolithic senses of tradition, difference and religion as a category of analysis. Instead, we must do the care-work of connection-based equality, of treating people in our knowledge relations, as humans who think, look and act, differently than us (E. Kittay, 1999). We are all carers, and need care, in different ways, and deserve to be cared for in caring.

Comparative care inquiry, then, on care is not just placing different traditions in dialogue with one another or facilitating epistemic encounters and exchanges between individuals from different social locations, to expand the epistemic horizons of care ethics (Dalmiya, 2021). Rather, it is also allowing for complexity within our understandings of care as they are grounded within our relationalities, contexts and worlds. Activating care-knowing, by drawing upon epistemic lineages of care and what it means for you, to cultivate a caring ethos through different experiences is a process that unfolds over time, is grounded within webs of relationalities and stretches across multiple spaces (Dalmiya, 2016). In this paper, I argue that unlike matricidal notions of epistemology, that dispossess us as knowers from our relations and worlds, Muslims inherit their sense of Islam through care-based contexts of reception that require upkeep, and preservation, for it to be sustained as a lineage—storied, and embodied, tradition. Such giving, or passing forward of knowledge, as *sadaqah*, requires careful tending to, and the work of living justly within, the relations within which are situated.

3. An Ethic of Receptivity: On Matricide, Grounding Knowledge and Labouring for Return

In navigating profound grief, I was left wondering: Where does this kind of knowledge go? How is the time spent grieving — time that pulls us out of the visible world — accounted for, measured, valued? The knowledge we gain in the throes of mourning — knowledge that is embodied, broken open, uninvited, and still sacred — what becomes of it? We are delivered through grief in being cared for. Such knowledge, is inherently gestated in receptivity. I began to think: maybe some of this knowledge — this grief-soaked, time-bent, spirit-filled knowing — seeps back into the world. Maybe it enters the soil. Or finds its way to us through the breath of a friend. Or in the pouring rain, of atmospheric rivers. Maybe it finds us in sunflowers, and Quran verses, and Taylor Swift songs. Such knowledge becomes medicine. A way of sustaining life in places that feel unlivable. In miscarrying, it has felt as though time itself has broke open

— not just as rupture, but as portal. A portal to something otherworldly. A terrain of care not easily seen or measured, but no less real. My essay is an attempt to trace, in writing, a place for what is spectral — what resists containment — and yet still demands care. As Muslims, we believe our children choose us in the spirit world as theirs. Children, we miscarry, wait for their mothers, keeping open the doors of Jannat/paradise, demanding Allah to be reunited with their parents. In the process of writing this paper, I have since experienced, multiple losses. This text becomes a way of inscribing a place for all the children I could not meet earthside, a place in this world, too. A place in text, yes — but also in the design of my care. It has been an act of mourning, but also of witnessing. Of refusing erasure. Of insisting on continuity, and carrying forward these losses to be ever-present in who I am. A portrait of all the places of care I visited, the ways I had been cared for, to navigate a new mourning.

Care-based Knowledge borne in grief is fragmented, imperfect, incomplete — and still, it carries. It carries onward as lineage. As care. As maps — maps that help us fare safely through harsh terrain of this dunya/worlds-on-earth. In Islam, we are not alone in these moments. The Qur'an reminds us: "With hardship comes ease", not after, but with. Care-based contexts of reception — divinely intended for us by Allah in the shaping of our ethical subjectivities shape how we come to know. How we come to be. How we return. All through caring, and being cared for. The auto-ethnography I share is a testimony, of the contradictions, power and processes of grief, of pregnancy loss, as I experienced it in a Muslim way. It is a continuation of my approach to care ethics, in which I document what it means to think about and practice care Islamically, and to give and receive care as a Muslim. In each story I have shared, I break medical frames of illness, birth, disability, and in this case, miscarriage, to show the dynamism with which Muslims make sense of their bodies, the world, and their relationships. In this testimony, I share dreams, visions. Moments where the veil thinned. Portals into the unseen — '*alam al-ghayb* — where care, knowledge-keeping, and moral witnessing from Muslim women who had also miscarried became my guides.

In miscarrying, what helped me heal, and rebuild my strength, was being witnessed and held in my grief by friends and family who generously shared their stories of pregnancy loss with me. I learned that one person's story alone of what care means to them has epistemic, and therapeutic, relational value; it tells us about the worlds (and material systems of oppression) they navigate, the unmet and invisible needs they carry and how these needs fold into the complexities of moral personhood, and the dynamic ways they have stitched through layers of knowledge to act upon ethical obligations. It also tells us how we are responsible for the plight of others, and the ways the vulnerabilities of others, and our relational attachments, obliges us to act ethically. Studying the epistemic lineages of care, as it is enacted spatio-temporally within larger structures of care by individuals to respond to concrete relational care needs helps us do the intersectional and interpretive work of mapping our entanglements, not just within

systems of oppression, but also, with one another in our shared struggles to build a just and more caring world (Tronto, 2013). The stories I have shared, across my career as an academic, have all been examples of care-knowing that help us expand the meaning and praxis of: 1) culturally-safe and culturally-competent care for Muslims within healthcare spaces, as well as, 2) meeting unmet needs, and ethical demands, of disabled, elderly Muslims, as well as, carers within relations of (chosen) kin and our communities.

We can only open the poetics of how we inherit Islam as a living tradition by studying its human and historical dimensions, which Shahab Ahmed calls the "spatiality of Revelation" (Ahmed, 2015). The story of Prophet Yunus (Jonah) in the belly of the whale, for me, for example, represents the epistemic violence with which political theorists are expected to absolve ourselves of our relations, our bodies and our histories when facing the writing table. I identify this as a *matricidal epistemological* orientation that underpins white supremacist and heteropatriarchal horizons of inquiry. Here, epistemic authority is b/ordered by and predicated upon the appropriation of caring labour, the denigration of care-work and the erasure of interdependency in our knowledge relations. Because mother-work — the slow, intimate, embodied, everyday labor of care — is a primary location for Islamic knowledge keeping. It is where the Muslim caring ethos is primarily cultivated and housed. The impulse of white supremacy and of heteropatriarchy, is to destroy, absence and make invisible our lineages of care-based epistemologies. We cannot care, or think about care, from nowhere. To do so, compromises our capacity to be witnesses in our knowledge relations by absolving the function of *place* in the work of relating, of building knowledge. In addition, epistemic Islamophobia has always worked in and through unstorying lands, knowledge, and histories of the people that possess them. Therefore, in my accounting of Islamic knowledge, I always center place, and care, in mapping the way that senses of the Quran have travelled to reach me, and to what effect, and with which intentions.

Developing the notion of receptivity in Islamic-feminist hermeneutics, in his essay, "Veil of Islam", psychoanalyst Fethi Benslama interprets the scenescape between Prophet Muhammad (p.b.u.h) and Khadijah in Surah Al-'Alaq (The Blood Clot) to centre the receptive faculties of Khadijah as the first witness, hearer, of Revelation (Benslama, 2015). After nights of clairvoyant dreams, one night the Archangel Gabriel visited Prophet Muhammad (p.b.u.h) in the cave of Mount Hira and said, "Recite!" Carrying in his heart the first of the Quranic verses to be revealed in his heart, he ran in fear to Khadijah and asked, "What is wrong with me? I fear for my soul" (Quran 96:1-5). In an intimate and vulnerable state, unsure if he could trust his sensorial capacities, Prophet Muhammad (p.b.u.h) turns to Khadijah in doubt of himself and asks for her to cover him with a blanket. I read in this scene that truth in Islam began with the Prophet doubting his bodily capacities, as someone who is illiterate and in a meditative state, as a truth-bearer only to be affirmed through the loving ear- and eye-witness of Khadijah.

In another scene, while Prophet Muhammad (p.b.u.h) is sitting with Khadijah he sees another creature and lets Khadijah know of its presence (Adil, 2012). As a test, she uncovers her hair and asks Prophet Muhammad (p.b.u.h) if the creature has left the room to confirm it was an angel from Heaven and not an evil entity; at the sight of her uncovered hair, the creature left. Khadijah brings her husband to meet with her cousin, Waraqah ibn Nawfal, a blind elder and knowledge keeper who confirms the revealed verses as *Nāmūs* (nomos, divinely revealed law) (Nasr 2015, 7224). In walking- with the Prophet in his disorientation, through her caring labours Khadijah, in her witness, holds space/way not only for Islam's entry to the world, but also for Muhammad's entry into the world as a truth-bearer, as a Prophet by becoming the first Muslim. However, Benslama's reading has similar patriarchal undertones as seen in Lacan's reading of miracle, through such caring labours "man enters the certitude of his Allah" and "that (through) which he believes becomes that which believes in him" (Benslama, 2015). He observes:

> Woman is thus the origin twice over: the origin of belief and belief in the origin. She is on the side of the origin and of its result. Woman turns. *Veiled, unveiled, reveiled*: these are the three sequences of theology's feminine operation. Veiled originally, unveiled for the demonstration of the originary truth, then re-veiled by the order of belief in this truth of origin... (Benslama, 2015).

In my reading, I want to center that what is critical in the reception of Revelation, is care. Care is an animating force that delivers the Prophet through the experience of receiving Revelation. Revelation was not just shaped in abstraction, or solely embodied practices of the Prophet, it was delivered, and *grounded*, within and through caring labours and the Prophet's relations. Trembling, cold and afraid, in this scene we are provided access to Muhammad as a human, and not as the Prophet, who becomes a prophet through the nurturance of being heard, witnessed and seen in a relation of care. Not only is Muhammad dependent on Khadijah as the first witness of Revelation, the surah within which this scene takes place is titled the blood-clot in reference to the process of gestation and the creation of life. Revelation is the divine truth that is awaiting delivery through the body of the Prophet and it is Khadijah who must play the role of the mid-wife. And as a midwife of Islam, man must "pass through her in order to believe" (Benslama, 2015). Building upon this metaphor of birth, in his translation of Farīd ud-Dīn and ʿAṭṭār's poem, "Muhammad the Maternal prophet" (Safi, 2018, 45) in which the poet asks to the Prophet to suckle him with compassion and mercy, Omid Safi reinterprets an honorific, *Ummi (*which translates into the Unlettered Prophet) to shift attention to the root of the word *Umm*, which means mother, to signify the Prophet as he "who loves the community the way a mother does"(Safi, 2018, 267).

Feminist scholar of Islamic law, Hina Azam teaches us that stories within the Quran convey ethical norms narratologically (Azam, 2021). How we as Muslims make meaning out of a Quranic narrative, and to what effect, holds epistemic potential and prescriptive power. Fatima

Mernissi calls this the "dual attitude towards sacred text"; the texture of exegesis depends on the "person who invokes it" (64). Despite heteropatriarchal attempts at displacing Muslim women from Islamic spaces, marking female bodies as impure, and delegitimizing women as interpretive authorities and knowers of the Islam, "the whole earth is a mosque" (69). What I interpret in Mernissi's definition of the *qibla* as a cosmological orientation is that it is like our mother's home that holds and opens space not just for our return, but also, a place that has never been taken from us, conquered or subjugated—a place held by Muslims for one another. It is a place that all carers hold for their children that do not make it earthside. A place I will always hold for *Rahma*. In affirming that Rahma existed, for a short while in this *dunya*, every healthcare provider, friend and witness also inhabited, and stayed in this place with me as a Muslim mother.

4. A Care-Based Epistemology of Islam: Spectral Places, Memory and Time Travel

Knowledge cannot descend from nowhere. The harm Yunus endures in the belly of the whale is that he has lost his relations, his sense of place and his situatedness. With the Ayat al Kareema prayer, he seeks return and repair. The narrative contexts of care, through which care-based knowledge "travels", matters (Said, 1983, 226). In my re-telling of my birth story, my father's hospitalization and my miscarriage, I use care-based knowing, to return, to witness, and to capture how my sense of time and place were ruptured—in hopes of repair, too. The interpretive work, of (re)building my sense of ethical subjectivity in the wake of such a vast grief, and the ways I experienced Allah's care through it, will be a *place* I will return to evermore—to pull from, to sift through, in building a continuous thread of time that uniquely has been written for, and belongs to, me. Memory, too, then serves as place, and these places are tied together within verses of the Quran, as they become embodied *dhikr*—as containers of care. In Aaniyah Martin's sense, containers of care are ecological environments, such as tidal pools, that exist within a larger ecosystem and work to sustain unique forms of life and relationships in response to context-specific challenges (Martin, 2024). In a connected sense, what I label as a container of care, are the relational ecologies, the spectral places, we inhabit in our Creator's witness, from which we pull, as Muslims, to propel ethical action and judgement. In returning to the place where I stood under sheets of rain outside the ultrasound clinic, through prayer, I also return to the hospital waiting room where my mother taught the story of Yunus. In teaching me how to move through darkness, my mother taught me that Islam is inherently a care-based tradition, and moral epistemology, that is nested within: 1) storied and situated knowledges, 2) an ethics of moral witnessing and 3) care as stewardship. Such knowledge demands us to situate, to place, ourselves within care-based obligations, to possess our moral faculties of witnessing, and to build worlds that are inclusive, caring and just for all. Islamic knowledge, then, labours through embodied, relational and interpretive work, performed by all Muslims, uniquely, to fulfill these three functions.

Rooted in my mother's care, I learned that an Islamic ethic of receptivity asks of us as Muslims, to perform three epistemic (and interpretive) labours. First, it asks us to recognize that care-based knowledge travels. It doesn't arise in a vacuum. It carries with it intention, labor, history — it is inherited. How I turn towards and orientate around Islam in my theorizing is deeply rooted in the work I perform as a carer. My situatedness in my father's care web`, and as a parent of a toddler, pulls at my capacity to attend to the writing table and shapes what I pay attention to in my writing. I extend this lesson to account for how material and political economies of attention, our social location and historical orientations shape how we turn towards and orient ourselves around *Islam*, whose bodies we identify as interpretive authorities, and which types of knowledge we authorize as *Islam*. An ethics of receptivity and the ways in which we come to know, inherit and embody Islam as a tradition require us to ask, who can inherit a tradition? What exactly do we inherit as Muslim feminists, what do we leave behind and what of our theorizing will we be accountable for in the Hereafter?

Knowledge can heal — or it can harm. We are responsible for the way we move Islamic knowledge. We must ask: To what ends are we moving it through care? As medicine? Or as zulm — as oppression? How we travel — across time, through containers of care, into different contexts of reception — is not always towards the ends of care. I argue, that it should be. In caring, we leave our mark and claim the ways that Allah has intended Islamic knowledge to reach us. I want to challenge here the assumption that thinking Islamically as a feminist is a passive, following of a religion. Humeira Iqtidar argues that within the Islamic tradition, knowledge production and consumption engages both method and sensibility (Iqtidar, 2016, 3). Method is a way of doing things, such as textual interpretation. Sensibility means that we identify ethical goals through our subjectivities. We enact Islam, through the dynamism between *taqlid (to follow) and ijtihad* (independent interpretation) (Iqtidar, 2016, 3).

In different yet connected ways, heteropatriarchal and white supremacist readings frame *taqlid* as a practice of governance, or in Iqtidar's words, "a blind following" by which Muslims obey "established norms or tradition" through "servile imitation" (6). The problem here is two-fold: 1) the situation of dependency writes one off as ontologically and epistemically incapable of sensing and knowing the Islamic and in turn, 2) the work of interpretation, and cultivating Islamic sensibilities, is attributed to legal scholars, religious authorities, white and secular male scholars. The methods of knowledge keeping in Islamic thought and praxis are inherently connection-based, embodied and interdependent, the human and historical dimensions of knowledge production by which we learn Islamic sensibilities and orientations are dismissed as insignificant. More particularly, *how* Muslims come to embody and emulate *sunnah*, hadith and Revelation through care-based modes of knowing is segregated from the work of knowledge-production. The past three decades of Islamic-feminist thought and praxis focus on dismantling

this epistemic hierarchy and the gendered and racialized notion that Muslim women can only be passive followers of a tradition.

On one hand, there is the "colonization of Islam" by ablest heteropatriarchy (Chaudhry, 2018). Interpreting the Quran is also not solely the domain of men. Authority comes not just through formal chains of transmission, or doctrine, but also, through care-work. Patrilineal conceptions of Islam as a tradition that can only be inherited and interpreted by men rely on epistemic gatekeeping and a conception of citizenship as a birthright. Instead of valorizing stories of Muslim women as pious, obedient and sacrificial care-givers, we must denaturalize care in an Islamic ontology of maternity and invite investigation into the differential allocation of precarity and precariousness within our care webs and its consequences for the ecology of Islamic knowledges (wadud, 2006). The deliverance, reception and textures of a text are shaped by systems of ability and ableism which aim to domesticate social reproduction as women's work and knowledge production as able-bodied man's work. Here sense and sensibility are differentially allocated. I am drawing a parallel between the unequal and unjust division of care-work within Muslim kinship networks and the refusal to recognize the epistemic contributions and interpretive authority of Muslim women and disabled Muslims.

I present matricide as a colonial epistemological orientation that not only strives to alienate Muslim women from the Islamic tradition but also destroy the relational ecology of Islamic knowledges. Here, women-identifying, queer, non-binary and disabled Muslims are treated as "despised" genders and bodies, in African-Christian feminist Musa Dube's words (Dube Shomanah 2012, 41). They are seen as unfit to embody interpretive authority as knowers and makers of Islam. For example, hadith transmissions by deaf, blind and disabled Muslims are received as "transgressive, faulty and unreliable" (Richardson, 2012, 102–106). There are vast histories of Muslim women actively engaged in Islamic knowledge production as jurists, poets, interlocutors, knowledge-keepers, receivers of Revelation, witnesses, and scholars. Yet, Muslim women continue to be seen as *intellectually deficient and unfit* to embody interpretive authority.

If we do intervene through the written word, we are perceived as inciting social unrest (*fitna*) and are marked as a sign of the apocalypse (Geissinger, 2008). Suspicions about women's epistemic and ontological capacity as knowers of Revelation fold into either the absence or erasure of tafsir and hadiths by women or a blighted location within the *isnad*. It is through such b/ordering of interpretive authority that "the Home" is territorialized as a place for care-work and not epistemic or political activity (61). Just as the patrilineal b/ordering of kinship excludes women as inheritors of property, heteropatriarchal and ableist conceptions of personhood deny Muslim women and disabled Muslims from inheriting interpretive authority.

What remains unquestioned within Islamic-feminist hermeneutics is the interpretive authority of patriarchal readers of Revelation, particularly the authority of Muslim men, as

authors of the Islamic. The violence of patriarchal textual interpretations is accepted as "plain-sense" or "traditional" readings of Revelation against which Muslim feminist readers build their negations. In the #metoo era, for example, various cishet male Muslim scholars, and their supporters, have been called upon by survivors of spiritual abuse to account for the sins and harm they have caused Muslim women. Yet the scholars and their scholarship on Islam remain morally inscrutable and authoritative. If we consider sense as an ability, a care-based epistemology of Islam urges us to consider Islamic ontologies of self-making and we, in Rudolph Ware's words, "shape lowly clay into the walking Quran" through bodily discipline and moral character (Ware, 2014, 42). We refuse to ask how such scholars, as perpetrators of violence, tarnish their textual sense-abilities to interpret the Islamic. Such violence darkens the critical sense organ of the heart and affects the narrative texture of their embodied tafsir. If only chains of *isnad* could speak of the hearts and hands of the men we have inscribed as interpretive authorities.

On the other hand, while white and non-Muslim political theorists have built their careers on thinking Islamically, Black, Indigenous and racialized Muslims , are "made to feel" as if our belief in Islam, and our identity as Muslims, somehow compromises our "intellectual integrity and objectivity" (Chaudhry, 2018). Non-Muslim scholars naturalize travel and empathy as the desire to discover uncharted epistemic terrain, expand dominion and see the face of the Other. The aim of travel here is to submerge and "domesticate" Islamic knowledge into the netherworld of the self-same. Whiteness as a straightening device determines what makes it into the canon, into the reach of white bodies (Ahmed, 2006, 2007); here, colonial occupation, displacement and genocide here are read by Roxanne Euben as the "ambivalence that comes with travel" and the pursuit of knowledge (Euben, 2006). There is a desire to know the Muslim Other and Islamic epistemologies without opening our selves and asking why such gaps in our disciplines exist in the first place. I argue that such scholarship is oriented by what bell hooks calls, "an imperialist nostalgia" in which white theorists seek to rehabilitate gaps within their self-understandings while policing, gatekeeping and erasing the caring labours of Black, racialized and Indigenous Muslim scholars in preserving Islam as a tradition (hooks, 1992). It is a desire to know what they have absenced, a yearning for what one has destroyed. Such scholarship centers white lineages, and contexts, of knowing Islam.

Second, lineages of care-based knowledge place us. I place the relational ecologies, and the spectral places we inhabit, as Muslims in our Creator's witness as containers of care—a concept theorized by South African care ethicist Aaniyah Martin (2024). We don't arrive at knowledge. We are placed in it, enwombed by a particular set of relational ecologies, without which we would not be able to process and receive it. These containers are sacred infrastructure — divinely embedded architectures from which we, as Muslims, pull to enact ethical action and moral judgment. Here, I re-interpret Judith Butler's note on grief, in which they wrote, "Who

am I without you? When we lose some of these ties by which we are constituted we do not know who we are or what we do….I think have lost you only to discover I have gone missing as well" (Butler, 2004, 22) . Within the paradigm of recognition, oppressors compete to control us through realms of representation. They claim that their stories capture a part of who we are in this world. I argue that such sacred hermeneutical infrastructures of care, belong to us, and exist for us to make meaning of in ways that serve the ends of life. They are a part of our ethical subjectivity, that exists in the eyes of our Creator, that cannot be seized, captured or denied.

The attachments by which, and the intimacy of how "I came to know" of these verses from the Quran will always shape their narrative texture and how I embody them in rituals of care. Reciting this verse in community, or in solitude, is a way of healing from "multiple colonialisms" but also refining our capacities to bear witness to our complicity in authoring and authorizing *zulm (*oppression*)* in all our relations (Da Costa & Da Costa, 2019). What is important here is how Islamic knowledge is mobilized to not only discipline and refine our faculties of moral witnessing but also generate medicine for ourselves, our (chosen) kin and the worlds we inhabit together. Post-colonial anthropologist David Scott notes that "an ethics of receptive generosity also requires us to cultivate the willingness to relinquish the desire for masterful giving" (Scott, 2017, 21) Gift-giving in the Islamic sense follows what Scott may call a tragic ethic of hospitality. Sura Al-Asr (Quran 103: 1-3) (The Flight of Time) from the Quran captures this perfectly:

> *In the Name of God, the Compassionate, the Caring:*
> *By the age, the epoch*
> *The human is always at a loss*
> *Except those who keep the faith*
> *who works justice*
> *who counsel one another to truth*
> *and counsel one another to patience*

Sensing the finitude of time compels within the Muslim feminists a sense of urgency to make the most of the time we have left, and to use our limited time on earth to serve justice, and counsel our companions to truth and patience. Yet, within an Islamic cosmology, this limit on time does not mean that the time for faith is over, but rather, the time to act ethically is now. How we read and write, what is at stake in our theorizing and the normative ends of our interpretive labours is oriented by this sense of losing time. It was in inheriting this urgency from my mother that I was able to contest the moral inscrutability of political theorists, and the doctors, and make an intentional choice to disinherit white supremacist and colonial sensibilities of knowing.

In another sense, this surah helps us understand the finitude of care and crip time. As I was writing my dissertation to bear witness and speak truth to the injustices my family experienced

in that hospital waiting room, the stress of care-giver burnout had seriously accelerated my mother's chronic illness. The lack of institutional and community support for informal care-givers endangers their life. It is because of this lack of structural care for primary care-givers, I am losing time with my mother. This loss of time not only limits time for knowledge-keeping within my family but also endangers the inheritance of knowledge itself.

In this surah, there are also so many different temporal locations and orientations beyond the secular-western political imaginary; there is an orientation of action with a sense of the Hereafter; there is a sense of organic decay and loss in this world (as opposed to enlightenment, progress etc.) that is juxtaposed to the *real* loss in the Hereafter; there is a sense of God as a timekeeper. Here I interpret Creator to be a witness to the "robbery of time", in Tehnisi-Coates' sense (Coates, 2015, 91). What I mean by lost time is the energy Black, Indigenous and racialized scholars must expend on translating and capturing realities of white supremacy. Saidiya Hartman teaches us another sense of losing time as losing one's heritage and lineage because of white supremacist violence. She notes, "Because of the slave trade you lose your mother, if you know your history, you know where you come from. To lose your mother was to be denied your kin, country, and identity. To lose your mother was to forget your past"(Hartman, 2007, 85)

Whereas Eva Kittay's assumes the mother-child relationship as a point of universal identification (E. F. Kittay, 2019), and the mother as a figure that pours her love into the child, historicizing maternity as a category of analysis enables us to consider how colonial violence estranges and displaces us from our mother(land)s and how motherhood itself can be a site of colonial violence. Boundaries are marked not only through epistemic racism, but also, through material hierarchies of care that cast spectral others into the netherworld of dependency. How we consume knowledge through affective registers of inquiry provides insight into the boundaries we inherit that distance us from the mothers we write about, the mother that gave birth to us, and the ghosts of mothers that haunt us—as well as our children who did not make it earthside or were taken from this world too soon.

How we travel, across and through contexts of reception that we inhabit, is not always towards the ends of care—building a just and livable world for all. De-colonial Christian feminist Musa Dube (1997) asks us to interrogate the method and sensibilities with which we travel and whether they are guided by the colonial desire "to take control of a foreign land—culturally, economically, politically and geographically" (67). What needs to be interrogated is "how we authorize travel" within our modes of inquiry (ibid.) and how we represent foreign land and people "as in need or desiring" to be translated by "superior and exceptionally favoured" white, western intellectuals and their agendas of cosmopolitanism (117). In the work of building for ourselves, and for our (chosen) kin and communities a sense of Islam, we must also be attentive to how harmful renderings of Revelation come to sit in our epistemic lineages

to inform how we care. On the Day of Judgement, parts of our bodies, such as our feet, our hands, our tongues, and the land which are *incapable of speech* in this world will speak and bear witness to that which they used to earn and the intentions of their travels (Surah Yaseen, Quran 36: 65-74). Our desires, yearnings, to know Islam may be induced by shared histories but what matters is our point of entry into a tradition and what gives us access. How I move and activate Islamic knowledge between moments in time, of storied life, from my father's hospitalization to my miscarriage, must carry with it the same signature and intent of healing and repair. It would lose its meaning, and power, if I were to activate to justify harms I am committing, or enabling others to perform. Severing it from the care-based context of receptivity would rupture how it is carried forward in the witness of others, and within my lineages, and return it to be found again, with Allahs' will, by those who come after.

Similarly, harm enacted from within, and harm that is done to us, can both displace us from specific care-based contexts of reception, by which we come to inherit epistemic lineages of Islam. The point of entry, or access, that racialized, Indigenous and Black Muslim scholars have for studying Islam, then, is different in texture and in desire than white political theorists desire to know, and to travel. A Black-Muslim scholar's desire to travel to Africa to know her ancestor's songs is made accessible to her through subjugated histories of care-based epistemologies that her ancestors preserved for her, that Allah has intended for her to know and recover. Such knowledge belongs to her community. A question that de-colonial and feminist readers must ask when reading a text is: does this text encourage travel to distant and inhabited lands, and if so, how does it justify itself? A de-colonial and Islamic ethic of witnessing requires the practitioner to first assess how the traditions she has inherited impress upon her heart; and in what ways coloniality orients her ethical sensibilities and intentions in knowledge production.

Whether its Hajar, a single Black-Muslim mother running between the hills of Safa and Marwa in search of water, or Maryam's exile to the desert to give birth or the Prophet's migration from Mecca to Medina, travel, in the form of migration, is a projection of diasporic sensibility. The narrative textures of Islam as a tradition carry many scents from the journeys of Muslim diasporas and their struggle for liberation. Such travel is not a desire to journey to other shores, but rather a continual journey of return. The return sought in these struggles is not just the return of history, but also, the repatriation of land and epistemic authority as makers of Islam. We must also hold space for safe passage to the afterlife, our return to our Creator. Turkish scholar, Asli Zengin's work on queer-Muslim community of care in Istanbul arise around the "transgressive death" of transgender Muslims (Zengin, 2019). Because the human body is given in trust to us by Allah, we are "responsible for taking good care" of it until its return to Creator. Zengin teaches us that care can also be performed in a violent and non-consensual way in the name of Islam (Zengin, 2019). The location of Islam is not centralized

but rather diffused within these diasporic histories and movements of return and seeking refuge. Whether it's writing a critical historiography of Black Islam in the US, or Cape Malay Muslims writing against Israel's occupation of Palestine through the lived experience of South-African apartheid, or Palestinian-Muslims in Vancouver standing in solidarity with the Wet'suwet'en land defenders, Islam as a tradition labour for *return.* It can be return to the Creator, to the motherland, to our land as mother; however, the way we embody this desire to return and what we demand to be returned and restored is shaped by our social location and positionalities.

Third, I inherited the *work* of carrying out my mother's intentions to hold my family together in face of medical violence, to keep myself safe in a healthcare space during my D/C. Lineages of care-based knowledge bring with them not just epistemic insight — they also entrust us with care-work. As Muslims, we possess our bodies, our relationships, and our knowledge as trustees — as stewards. Care is stewardship—a spiritual and ethical responsibility to "render trusts to whom they are due" (*amanat*) (Quran 4:58). Lineages of care-based knowledge command us to move— as pilgrimage. As path. Alone and together. Toward building a more caring, just, and livable world for all. For example, the forces of heteropatriarchy, capitalism, ableism and Islamophobia displace and endanger my father by marking him as a *misfit*, my family and I enact this intention collectively by sustaining and holding in place a fit between my father and the world. Here, I am using critical disability scholar Rosemarie Garland Thomson's notion of mis-fitting to introduce accessibility as a collective Islamic responsibility, and as a function of care-based knowing (Garland-Thomson, 2011). Whether it's the intentions of colonial geographers or abusive spiritual leaders, a care-based epistemology of Islam calls us to account for the direct sense-contact history by which knowledge is transmitted; the materials by which it is inscribed (the ink, the tablet, the clay bowl etc.); the relationships and situated context within which meaning is co-authored (teacher/student, mother/daughter, land/*khalifah*); and the body which comes to be a keeper and enactor of the knowledge. Bilal Ware (2014), for example, explores how the study of the Quran in Western African societies is an embodied, interdependent and relational practice of reading, writing and recitation rooted in *hubb* (love), *khidma* (service) and *hadiyya* (gifts) and realized through *yalwaan* (alms-seeking), *yar* (bodily discipline) and *yor* (internal possession) (8-9). Inheriting Islamic knowledge through care-based contexts of reception, means not just memorizing teachings or specific prayers, but watching over, preserving and creating just, nurturing and caring context of reception, within systems of kin, as well as, our communities, through which we come to know Islam. Aspiring for a continuity in care-based contexts of reception, to contribute to building just and caring worlds for all, is one way to harness barakah (blessings) as a form of generational wealth in our relations.

Assessing the moral impact, or even the illocutionary force of the text, in the Islamic tradition obliges us to interrogate: 1) the moral character of the knowledge sharer, 2) the legitimacy of

disembodied and de-contextualized knowledge practices, and 3) individualized, isolated reading practices in which the only sense organ engaged is sight (such as in the colonial politics of recognition). Therefore, I as a Muslim reader am empowered to make normative judgements about the traditions I inherit. I can disinherit, unlearn and disrupt the *reach* of their colonial sensibilities. As readers we have the choice of what to make of our inheritance and how to (re)enact tradition. This process of critically (dis)engaging with our inheritance does not take place in isolation. Because knowledge is inseparable from "the person of its possessor" (Ware 2014, 55), unlearning cannot exist solely in the relationship between a reader and a text . It requires human connection in the forms of companionship (*ṣuḥba),* physical proximity, and affective sentience. Chains of authority (*isnad*) by which Islamic knowledge is transmitted are held in place through our relations of care with our bodies, the lands we inhabit, and sentient others.

My concern here is that if we are not critical about how we inherit stories through our instruction in colonial knowledge practices, as Muslims we can also inherit whiteness, and colonization, as orientations. I argue that the imperialist desire does not end with the journey from one shore to another, but rather, continues within the inheritance and upkeep of the settler-colonial state, and the ways in which, in Jodi Byrd's words "we continue to make space" for our arrival (Byrd, 2011, xxvi). Refusing to open *how* we make a home as Muslims in a settler-colonial society, for example, compromises our witnessing capacities—makes us unaware of the scents we have carried over in the journey of arrival. This requires asking: How are our "epistemological, ontological and cosmological" relationships to space and land, as well as our Islamic practices of world-building, as Muslim-settlers on Turtle Island predicated upon and complicit in the colonial violence of resource extraction, land theft and genocide (Tuck and Yang 2012, 5)?

I ask Muslim and non-Muslim feminists, in what ways is our ability to witness, to respond to, to address, and care for the histories and (con) texts of *others* interrupted through the inheritance of colonial models of inquiry? Which practices, or sensibilities, of textual interpretation, delimit our capacity to care, or (dis) orient us to care for others in violent ways? Feminism, like Islam, as a tradition also has colonial baggage. This inheritance is not a dead thing, or a dead body, that is hidden in the chambers of the past, but rather an active ethical orientation that shapes our textual sensibilities and world-building practices to continue to presence coloniality into our horizons—making us deeply complicit as its authors.

5. Knowledge sharing as giving sadaqa: carrying loss

In experiencing miscarriage, my mother counselled me to give *sadaqa*, as those who give charity, and have *tawwakul*, are promised ease (92:7). What helped me heal were the women, such as my mother, who generously shared with me their stories of miscarriage, abortion and pregnancy loss. They counselled me, consoled me, and asked for nothing in return. To give of

ourselves, whatever we can, knowledge that will bring someone ease, even while putting out fires of our own, is *sadaqa* too. In writing this narrative, imperfectly and incompletely, I hope some part of it will bring a reader respite and ease. Knowledge sharing in Islam has always been a mode of *sadaqa* by which we deepen and extend ties of kinship, generate love between communities and begin new relationships. I mean *sadaqa* not as charity but rather as continuous mode of gift-giving that does not end with the giving of the gift, or the death of the giver, but rather has a value of time of its own that extends beyond our worlds, a reach that cannot be grasped or captured by human-built systems of violence. Rather, it is the gift that keeps on giving through the work it leaves behind as its inheritance and in the intentions of its inheritors. How we inherit ideas and what we do with stories has consequences in multiple worlds, past, present, future and in the Hereafter. Sami political scientist Rauna Kuokkanen (2007) and Anishinaabe legal theorist, Aaron Mills teach us that the logic of the gift requires both the guests and the hosts to look after the well-being and needs of the other (Mills, 2019, 21). As theorized by care ethicist Joan Tronto, to receive a gift is not a passive act but rather in receiving care we carry the power of response and critique. In giving, the giver, and the process of giving, are not morally inscrutable and can be complicit in (re)producing the structures of violence that endanger the person they are gifting. We must take responsibility for how we give and how we receive through our faculties of witnessing.

Muslim subjectivity, the actions by which one makes herself as a Muslim, are rooted in the critical moral capacity to self-witness, to bear witness and to be witnessed by Creator. The imprints of our action remain not only in our remembrance, or in representations of us in the spoken or written word, but also in what is inherited in our name, and in the Creator's name, as the ceaseless work of care. Although our capacity to do good deeds ceases with our death, we are still acknowledged for acting virtuously through what we have gifted our inheritors in our name for the service of humankind. What kinds of work are we leaving behind as our inheritance? How will our descendants enact this inheritance? What is acted upon is the mark of our gestures as it travels like a scent that impresses upon those who carry our stories as witnesses.

Before extending a gift, an Islamic ethic of witnessing requires me to first unlearn harmful sensibilities I have inherited through various traditions and systems of oppression. As migrants, we have gained access to these lands and waters through the settler-colonial state's borders and policies of immigration and citizenship. Opening the "self-same" as a Pakistani-Muslim and settler requires me to unlearn and unsettle various emotional plots through which my sense of self has been built. This includes uprooting anti-black, casteist and anti-Indigenous lineages from within Islamic epistemologies and disconnecting from multiculturalism as a mode of relating (Patel, 2022)

Guided by these lessons from my mother, I offer care-knowing as a de-colonial register of analysis by which we can critically inherit a tradition. Just as traditions require continual care-work to be sustained, the work of holding a place together, does not end with mutual imbrication, or the suturing of a wound. Although these multiple colonialisms co-conspire to displace us from our mothers and our motherlands, the connective tissue with which Islamic knowledge is held in place, by which we hold one another is the force of *Ar-Rahman*. Intersectional knowledge helps us sense and repair this tissue. I visualize the ecology of Islamic knowledge not as a chain but as a multi-directional care web of diasporic knowledge that is held in place through different journeys of migration, of separation and reunion with our mothers. Maternity as a cosmological structure houses our knowledge relations. It is constituted by multi-generational attachments, grounded relationalities, nested interdependencies, emotions, caring labours, economies of attention and historical orientations. An Islamic ethic of knowledge production requires the practitioner to first assess how the traditions she has inherited impress upon the state of her heart and in what ways coloniality orients her ethical sensibilities and intentions in knowledge production.

Instead of imagining tradition as a birthright, I imagine tradition as birth work. It is the inheritance of care-work watched over by multiple witnesses. Knowledge production and consumption, in this sense, is a relation of care that is animated by the breathwork of *Ar-Rahman* and truth is like the *Panja-e-Maryam*, a medicine that assures safe passage for (m)others.As Seemi Ghazi, a friend and Muslim-feminist scholar, who counselled my through my miscarriage, reminds us,the same root that Maryam grasped as she was overcome by the pangs of birth in the desert in Medina blossoms today in bowls of water across the world (Ghazi, 2006). The *Panja-e Maryam* is a wooden flower that resembles a clenched fist, or a woody ball, if rooted it blossoms into white flowers, if blown away by the wind or picked from the earth, it rolls and rolls into the hands of expecting Muslim mothers. When submerged under water by a midwife, it unfolds, branching radially from its base to resemble a miniature tree with vast roots. Maryam's root has travelled "from its ancient home" to become a garden in foreign lands for many Muslim women as they soak it in a bowl of water in the delivery room and hold onto it while birthing, to call upon "Maryam to stand by them in their pain." (Ghazi, 2006). Just as this uprooted flower of the desert blossoms elsewhere and otherwise, the same water that sprung from the desert in search of Hajar as she circled the hills of Safa and Marwah, lives on today in a water bottle in my mother's kitchen closet, as a gift from her mother. After performing Hajj, pilgrims return to their loved ones with gifts of *Zam Zam* water and the *Panja-e Maryam* in hopes that they will bring nourishment to their homes, bodies and relations. I hope the day I get to share the truths of this miscarriage with my son one day, that I can offer knowledge that labours to deepen our commitments to the relations we must hold closer, and the work that holds us in place, in the darknesses we navigate alone and together.

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Life. Time.

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Article Info	ABSTRACT

This article juxtaposes different and conflicting temporalities as configured in the context of care and caring. Weaving together (1) an autobiographical narrative in which I share parts of my own breast cancer journey with (2) research with men employed as care workers in Australia, I attempt to get at how differentially experienced temporal densities, trajectories, and orientations can be found when receiving and giving care. The slow and deep time of experiencing sickness, and the protective, forgetful time induced by medical trauma – both often perceived as nonlinear time –, clash with the neoliberal, sped-up, linear temporality of the late-capitalist medical industrial complex; leaving care workers and cared-for squeezed between temporalities that can be, and are, at odds with each other. The theoretical framing holding my consideration of these different 'kinds' of time, is a composite of feminist care ethics scholarship, critical time studies and the literary work by the Aboriginal author and scholar Mykaela Saunders. Specifically, I draw on Saunders's short story 'Buried time', in which she connects with Aboriginal deep time and writes the abolition of colonial clock time into being. Taking a cue from Saunders narrative, I maintain that the temporalities of colonial/racial capitalism evince segmentation, fragmentation, and, ultimately, destruction. This is a mechanistic time not suitable for human and more-than-human life's flourishing (that includes living and dying as well as possible); as such, it is a temporality that stands against the relational paradigms of care theory.

Prologue

'Breathe in. Breathe in your imagination. Stay here. Stay and rest' (Hersey, 2021).

'Care is an ongoing process; it takes time, it requires ongoing attentiveness, response, and it must be revised and assessed as needs shift. Care thereby resists capitalist logic, according to which work and production are for profit instead of use. The focus on meeting the needs of vulnerable bodies which cannot, in the end, be controlled or tamed (Hoppania and Vaittinen, 2015) continually confronts capitalist tendencies toward efficiency and profit-maximization' (FitzGerald, 2022, 123).

'People simply matter, and that is reason enough to care' (Woodly, 2022, 92).

Introduction: What time is it?

'But I can't, I don't have time'. In retrospect, my very first reaction to my diagnosis of breast cancer pains me; it also amuses me. What a ridiculous thing to say. Indeed, at the time the Viennese apartment of my partner and I was all packed up, the removalists transporting our belongings into my sister's basement confirmed for the following day, the flight to Naarm, where I was to start my next position only a week away. Still, the silliness of the utterance of 'not having time' to have breast cancer is beyond me and actually makes me laugh out loud now. During the weeks after my diagnosis, I learn again what I do and do not have time for. How one's calendar can be cleared 'just like that'. How many things do not 'have to' happen now. What is possible when a life is on the line. I experience this deep knowledge as a true blessing. Learning, once again, what, indeed, matters.

Within progressive, unidirectional, linear time, dominant and dominating within neoliberal 'racial capitalism' (Bhattacharyya, 2018; Gilmore, 2007; C. J. Robinson, 1983), time needs to be used effectively and efficiently.[1] Productively (Weeks, 2011). In the temporal logic of 'white time' (Kennedy, 2023), or 'colonial time' (Saunders, 2019), it is possible to 'have *no* time' to be sick. Mykaela Saunders (Koori/Goori and Lebanese) has engaged with the question of clashing temporalities within a settler colonial context (Saunders, 2019; 2024). Writing from a land-based culture, Saunders criticizes how the colonial adherence to clock time, wedded with racial capitalism, is at odds with the temporalities of Aboriginal sovereignty. 'To create capital through labour', she writes, 'it was necessary to measure time; this threw up clocks, which are energetic fences' (Saunders, 2022, 119). While I have lived in so-called Australia for many years, my social location is that of a settler; an uninvited guest. I do not share Saunders's relation to place; nor do I have access to the Aboriginal temporalities she has access to. Saunders's harks

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[1] The term racial capitalism denotes that *all* capitalism is racial. Since its inception within Europe, capitalism involves processes of colonization – such as invasion, settlement, and expropriation – that proceed along hierarchies that involve racial logics.

back to Aboriginal deep time and envisions temporalities of a sovereign Aboriginal future, beyond the current (temporal) constraints of settler-colonialism, in which Australia 'always will be' – as the title of her book insists – Aboriginal.

I learn from Saunders, and other Indigenous thinkers, that everything has its time and, truth be told, I am uncertain if this is the right time to share this glimpse into my own cancer journey. When writing this text, my diagnosis and subsequent treatment for breast cancer is not much more than two years 'away', and I am acutely aware that this life-altering experience is not 'behind' but with me; I continue to live with its by-products and consequences. I experience the temporality of my life as cyclical, spiral-shaped, my life's topics as emerging, shapeshifting, re-occurring slightly altered, but still. Ongoing, ever changing. Thus, while my approach to my cancer experience has, from the beginning, been one of transparency and sharing[1] (if only to stop people from mindlessly talking about the 'big C' in my presence), there are risks that come with writing this down; the risk of exposing too much, of mischaracterizing my own experience, of getting it wrong. Still, I decide to write it down, including this note to myself: I am sorry if this was the wrong time.

Among the things I have learned, or continue to learn, through my cancer journey, are a deeply embodied knowledge of the fluidity and ambivalence of 'health'; of the changeability of priorities (it turns out that my body, too, *knows* what time it is and tells me so, if I care to listen); and about the complexity of time and what vastly different concepts this term can hold – the focus of this article.

Disability justice scholars have long thematized radically different experiences and understandings of time for those of us (chronically) ill, neurodivergent, and/or disabled. Crip time (Kafer, 2013, 27), 'is flex time not just expanded but exploded.' The notion of crip time makes visible how 'expectations of "how long things take" are based on very particular minds and bodies' (Kafer, 2013, 27). For Kafer, crip time is not merely about temporal accommodations of non-normative body/minds, but 'a challenge to normative and normalizing expectations of pace and scheduling. *Rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds*' (Kafer, 2013, 27, emphasis added). This theme of 'meeting the clock', of subjugating oneself and others to the dominance of 'clock time' (Saunders, 2019), of bending to fit into the expectations of racial capitalism, in this stage of neoliberal biopolitical governmentality, which ignores and denies the temporalities of rest and healing that *life time* requires, is what this article is about.

During my diagnosis with breast cancer and subsequent treatment, I encountered care workers who 'had time' for me, who saw me as a human being, a person with agency, going

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[1] I do not wish to say that my approach is the 'right' way to deal with cancer. To the contrary: it is extremely important that people experiencing chest/breast cancer are granted the relational freedom to find our own best way to handle this life altering experience. To some, like a friend of mine, this entails telling virtually no one that they have/had cancer. I believe that there are as many ways to deal with cancer as there are cancer patients.

through something difficult that they were trying to help make easier. I had myriad good experiences with the wonderful people I crossed paths with; among them many care workers, an amazingly kind team at the radiation unit including such kind receptionists and assistants, multiple nurses, and a team of two women – one an oncologist, the other a breast surgeon – who all cared about me, cared for me, and gave care to me (Fisher and Tronto, 1990). Throughout this journey, however, I also met people working within the medical industrial complex – their actions no doubt shaped by the structural conditions within which they find themselves – who seemed to have 'no time'. It is through one of these negative encounters that I narrate a small part of my breast cancer journey here – as it gives me a gateway to discussing the different temporalities I experienced as a patient within the space of one hospital in Vienna.

But first, let me weave together the theoretical framing for this article in the next section which briefly summarizes some core theoretical tenants from care ethics, critical time studies, and literary work that envisions sovereign Aboriginal futures that make do without the dominating temporality of racial capitalism.

Feminist care ethics, critical time studies, and an Aboriginal call for the abolition of 'clock time'

Feminist care ethics emerges as a response to dominant modern moral philosophy. Its origin within US-American feminist theory of the early 1980s make it so that while care ethics, and feminist ethics more broadly, share some characteristics – such as relational ontologies and epistemologies – with non-modern schools of thought, 'care ethics … is undoubtably "modern"… [while it] also poses a fundamental challenge to the modern onto-epistemology' (FitzGerald, 2022, 109). Dominant modern moral philosophy is grounded in rationalism and 'relies on taking the standpoint of the "generalized other"' (FitzGerald, 2022, 106), who 'can only be a disembodied other, separated from their context and contemplated using abstracted reason' (FitzGerald, 2022, 107). Care ethics, by contrast, is interested in concrete others, and 'their embodied needs, interests, and desires' (FitzGerald, 2022, 106-107). This shift from the abstract to the concrete importantly implies 'tending to [other's] embodiment, their emotions, and our embodied and emotional relation to them' (FitzGerald, 2022, 107).

While care ethics has become a broad and interdisciplinary field of inquiry, several throughlines can be said to unite the field. Among these, as Maggie FitzGerald highlights, are that the ethics of care 'does not prescribe caring in some idealized form' (FitzGerald, 2022, 113), and instead remains a critical and, as FitzGerald emphasizes, political ethic (see also Tronto, 2013, 2017), grounded in a relational social ontology, in which vulnerability is perceived as the rule, not the exception, and in which we are all 'inextricably intertwined' (Kittay, 2015, 57). The relational *ontological* foundation of care ethics is significant; it is not simply that we all '"have" relations (although this is of course true); rather, the relational claim

at the heart of the ethics of care refers to our very being' (FitzGerald, 2022, 109). What is more, care ethics subscribes to a situated epistemology,[1] in which 'context matters' (FitzGerald, 2022, 110; see also Code, 1991; Collins, 1991; Dalmiya, 2016; Dalmiya & Alcoff, 1993; Haraway, 1991; Munawar, 2022a; Prattes, 2020).

Another central characteristic, uniting the field of care theory, is an understanding of caring as an embodied practice. Joan Tronto defines care as both a disposition and a practice (Tronto, 1993, 104) and cautions against setting the 'idea of caring — having the proper attitude as originary' (Tronto, 2013, 48-49). This, so Tronto explains, 'misses the ways in which caring attitudes themselves arise out of caring practices … attentiveness to needs can and must itself be trained' (Tronto, 2013, 49). As a practice, care is iterative in nature. 'Care can never be finished, it can only be engaged in over and over again to the best of our abilities and revised when necessary' (FitzGerald, 2022, 205). Relatedly, for Maurice Hamington (2024, 54), 'care theory represents a process morality whereby one seeks to improve care through iterative mind-body habits of humble inquiry, inclusive connection and responsive actions.' Rather than an endpoint, care is constituted of processes 'and thus requires the hard work of presence and *time*' (Hamington, 2024, 54, emphasis added).

Time, or better, the clashing of contradictory – even antagonistic – temporalities are the topic of Mykaela Saunders's short story 'Buried time' (2019). In this story, Saunders narrates that before the apocalypse, there was an old woman who 'kept the seasons in her body, the land rose and slept when she blinked. She held the tides in her breath, and the earth spun around the sun in rhythm with her heartbeat' (Saunders, 2019, 42). Everything has its time, laid out by the old woman and taught by her to the people. These 'laws for life were codified in […] songs, laws for proper relationships between everything' (Saunders, 2019, 42).

> In her country, when the fish were running it was time to shift camp, which meant time to burn and cleanse and move on, to let the place sleep and revive through rest. When the wattle was blooming it was time to hunt roo. The people farmed by the stars using fire. When the gum trees shed it was time to make tracks, to the hills and the caves, to make camp and wait. People honoured her by honouring her cycles, tapping into her rhythms, the rhythms of the stars (Saunders, 2019, 42).

The cyclical time that Saunders lays out here is deeply relational. Everything is connected. Everything depends on that which it is connected to. Everything has its proper time.

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[1] It should be added that situated epistemologies, while niche in the Western tradition, are hardly novel to Indigenous thinkers. See, for instance, the work of Bawaka Country including Laklak Burarrwanga, Ritjilili Ganambarr, Merrkiyawuy Ganambarr-Stubbs, Banbapuy Ganambarr, Djawundil Maymuru, Kate Lloyd, Sarah Wright, Sandie Suchet-Pearson, and Lara Daley (2022); Aileen Moreton-Robinson (2013); or Leanne Betasamosake Simpson (2017), to name but a few.

With the arrival of the first colonizers to her country, the body of the old woman in Saunders's story becomes 'marked with the shallow scratchings of time' (Saunders, 2019, 42). Seeing the multiple layers of violence the colonizers bring with them the old woman becomes very tired and goes to rest in the woman's place (Saunders, 2019, 42). Among the violences perpetrated by the colonizers is the subjugation of people to artificial clock time – a temporality that is completely out of tune with the rhythms of life on Country.[1] Now asleep, the old woman will only open her eyes again at the end of Saunders's story, once the people have destroyed every single clock in the land and all other devices measuring colonial time. In other words, once colonial time as a tool of racial capitalist extraction – that is positioned against life, and, we should add, 'good' death and dying as essential part of life – has been abolished.

Saunders writes against a temporality within which life must, somehow, 'fit' into parcels of time, not the other way around. With Tanya Ann Kennedy we could name Saunders's abolitionist approach to clock time as a practice of 'reparative time' (2023). The reparative, 'is a temporal frame for addressing present injustice through a reorientation to the past, recognizing the necessity of repairing past harms to any transformation of the current domination of white time' (Kennedy, 2023, 4). Feminist care theorists (FitzGerald, 2022; Munawar, 2022a; 2022b; F. Robinson, 2011; Tronto 1993; 2013) share with critical time studies scholarship that they never lose sight of the unequal relations of power within which (caring) relationships and practices take place:

> Power shapes care, care practices, and caring relations in a fundamental way; the relation between care and power only serves to heighten the political nature of care. A critical and political ethics of care orients us to contemplate and attend to the ways in which care, politics, ethics, and power are all intertwined (FitzGerald, 2022, 122).

Critical time studies (Kennedy, 2023; Sharma, 2014) are equally attuned to the hierarchical relationships within which different temporalities are entangled with each other. Engaging with 'the uneven multiplicity of temporalities' (Sharma, 2014, 9), critical time studies scholars argue that temporalities exist within power relations (Sharma, 2014, 9; Kennedy, 2023, 12). Most populations encounter 'the structural demand that they must *recalibrate* in order to fit into the temporal expectations demanded by various institutions, social relationships, and labor arrangements' (Sharma, 2014, 138, italics in original). This recalibration 'occurs in the lived experience of assimilating one's time to the dominant temporal order' (Kennedy, 2023, 12). Relatedly, and similar to Saunders's notions of 'colonial time' or 'clock time', Kennedy uses the term 'white time' in her work to indicate a relationship of 'temporal domination' (Kennedy,

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[1] 'Country is the term often used by Aboriginal peoples to describe the lands, waterways and seas to which they are connected. The term contains complex ideas about law, place, custom, language, spiritual belief, cultural practice, material sustenance, family and identity' (AIATSIS, np).

2023, 5). Such temporal domination structures the relationship between dominating and dominated groups. Kennedy maintains, 'In effect, capitalist time is the expropriation of others' times in daily labor and in life shortening, and in the binding of racialized and gendered bodies to the precarious timings of capitalism' (Kennedy, 2023, 16).

Saunders's narrative works towards the abolition of a temporality that does not respect the rhythms of life; that does not respect relationality; that does not respect the specific – and, thus, we may add, also stands against the main pillars of care theory. 'Colonial time' (Saunders, 2019) is separated, unconnected. As Saunders writes,

> Time was money; existence in a state of timeless-ness was compressed, flattened, and parcelled like land, all to make wealth for the colonising project. The new language shaped minds that could make sense of capitalism: time could be spent, saved, and wasted, only because money could do all those things too (Saunders, 2019, 43).

> Colonial time is artificial time. One has to learn to adhere to it:

> A small girl's first clock held the energy of her future: a lolly-coloured chunk of plastic, shiny and pink, that she covered in stickers and sprinkled with glitter. It taught her to wake in time for school, which taught her to be on time for her boss which trained her to boss her future children with her watch (Saunders, 2019, 46).

> Until finally,

> Every clock [becomes] the centre of a web of lies, a network of control of jump-how-high, and ring-ring-ring, up-you-get and go, despite what you need for health and healing (Saunders, 2019, 46).

It bears repeating that this dominant temporality is one of separation; clock time, or colonial time, separates that which was previously marked by continuity and interwoven within an ontology of interconnectedness into separable, measurable units: minutes, hours, days, etc. 'Energetic fences' (Saunders, 2022, 119) are erected where there was previously relationality. Specificity is replaced by abstraction, and time becomes a 'neutral' unit, apparently unrelated to its world. Kennedy (2023) discusses how, within capitalism, we might frame the dominant temporality 'as a radicalization of the abstraction of time' (Kennedy, 2023, 16); that is, 'empty, equivalent, temporal units are freed completely from particular order or location' (Kennedy, 2023, 16). Notice how this stands in contrast to the ontology Saunders is writing from, which is all about specificity and the interdependent rhythms of life in place, where everything is connected and dependent on everything else.

The next two sections bring together 'neutral' and relational concepts of time, as well as the unequal relationships of power that exist among them, with my experience of illness and its temporality – or, better, temporali*ties*.

The art of chest breathing

I am on my back. Lying on a table of sorts. A crisp medical sheet underneath my body. The voice coming from behind the glass speaks to me again: 'Now take a deep breath in. As deep as you can. And hold.'... 'Don't breathe into your belly. Try to breathe into your chest.' I think of how all the yoga I have ever done has prepared me for this moment. This is the most important work I will ever do: breathing.[1] (My) time stands still.

I am nervous. Afraid. I tend to breathe into my belly, not my chest. 'Now that was very good', the voice comes on again, 'but I think you can do better. I think you can breathe deeper. Let's try again'. It's a woman's voice. She sounds kind. Calm. I breathe again. Hold again.[2]

The medical assistants who have told me where to lie on the table, wearing my underpants only, who have shuffled and tweaked me into position, so that my flesh aligns with the orientation of the grid they are projecting onto me, come back into the room. They draw markings onto my chest now. Single straight lines that cross. Smaller circles that seem to be of importance. It's only later, back in the changeroom that I see these markings on my body. Maybe I am not able to see them properly before because I am not allowed to move. Maybe I am too scared to pay attention. It's too close. Everything is too close to my body; to me. I dissociate. They keep drawing onto my chest. My breast. The markings will later help the radiology technicians and nurses to know how to place me onto yet another table where I will receive 19 units of radiotherapy. Fourteen 'globally', meaning my whole left chest area, and five 'locally', where the tumor has been cut out of me.

I will have to breathe deeply during radiotherapy, I am told. This is necessitated by the location of my tumor on the left side of my body. The same side as my heart. The radio-oncologist, let us call him *young guy* – almost too young for comfort – explains that the deep breathing and holding of my breath is necessary to get my torso to expand as wide as possible to get sufficient safe distance between the location of the tumor and my heart. My inflated chest should safeguard against, or at least minimize, the damage done to my vital organs. My heart. My lungs. The appointment with *young guy* a week or so ago – it is difficult to keep track of cancer time – is a tough one. The list of really bad things that *could* happen to my body, while being cured, is long. Way too long. To me, the scariest item on that list is the potential damage

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[1] 'You know what is necessary? Breath' (Gumbs, 2020, 24).

[2] At the time, I had not yet read the work of other feminist thinkers on breath and breathing, such as Sarah Munawar's scholarship on the breathwork of Ar-Rahman (Munawar, 2022b), or Alexis Pauline Gumbs Black feminist lessons learned from the breathing of marine mammals (Gumbs, 2020, 21-27). Tricia Hersey's work accompanies me in my early cancer journey. Rest is resistance. 'You can just *be*' (Hersey, 2021). I trust that it is true. In fact, everything I long for during this time is to 'just be'. I try to extricate from the always busyness of academic live. Try to truly embrace and deeply believe that I do not have to always run with capitalisms' demands; demands to work, even to leisure, to be always on but never really *be*. *Dasein*. I have never felt so close to being than during sickness. Quiet, deep, simple being. Slow. At life's time.

to my heart. Poor little heart. *Young guy* is going through the list, and must get through the list, of course, on time.

Back in the room where radiation markings are scribbled onto my body. I am in the change room now, afterwards, seeing the markings drawn onto my chest. I breathe. That whole process of aligning my body on the table/bed for radiation, of making me breathe the correct way, of marking my chest up for later reference takes... I really cannot remember; like I do not remember so many other things. My brain forgetting to protect.

I am told to apply lotion to my skin and to wash very carefully. 'Don't wash the markings off'. The markings, drawn on in this fiddly, irritating session – I am told repeatedly – the markings are really important. They guide where the radiation will go. My breathwork in tandem with sensors responding to my chest movements that automatically stop as my chest becomes too deflated will safeguard 'undue' damage to my heart.

The temporality of my sickness is not shallow at all. My time deepens, expands; it moves in circles, spirals, I loop back in on myself, surface again in my bed – in the clean sheets that my beloved changes for me – resting. In the time I spend away from the radiation unit, I read – accounts from other people living with illness, about Indigenous relations to the earth. I also immerse myself in the fantasy world of the Marvel universe, watch my favorite – *Thor: Love and Thunder*. Why does Dr Jane Foster have to die of cancer in the end though? And why is there a cancer story in virtually every novel I pick up, every film I try to watch?

No time

Radiotherapy starts. When I enter the room on the day of the first session, one of the radiotherapy assistants tells me where to lie down on the table. I do not have to do anything, he says. 'Just put your body there, we will do the rest'. I assume that his intention is to reassure me. But where am I, when my body is on the table? What am I, I think, other than my body in this moment?[1]

A week later. I am sitting in front of *young guy* again. I asked for this appointment. During radiotherapy, I breathe in deeply, bringing as much space as I possibly can into my chest so that my heart can stay safe. But now I am breathing too deeply, it seems. The radiotherapy assistants tell me, again via speakers in the room, to breathe out a little, so that the markings drawn onto my chest a few weeks back, and the grid that guides the rays of radiation, align. My unruly body does not 'fit' into the grid. I must have been really nervous in that first session. So I let out a bit more air, deflate my chest, until the assistants confirm that the marks on my chest match the

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[1] 'There simply is no escaping the body in care or, better said, there is no escaping relations of care in the body' (Hoppania & Vaittinen, 2015, 74). 's/he has, or rather is, a body, and that body has uncontrollable needs of care that cannot be provided by the self alone' (Hoppania & Vaittinen, 2015, 83).

grid, bringing the location of my (ex-) tumor closer to my precious heart. 'That's not good', I think. We need to redraw this map.

So, here I am, again with *young guy*, to ask for a second session to draw new markings onto my chest that allow me to breathe to my fullest ability during radiotherapy; to give my heart a bit more breathing space. I can immediately tell that he is not a fan of the idea. This is not meant to happen; no schedule, no time, for a second session. I am too specific, too embodied. I am/my body is in movement, not static through time. My shifting body, teaching my breath to deepen within a highly stressful context, becomes an inconvenience. *Young guy* is hesitant. It must be that the time of all the assistants, the use of the specialist machines, the specialist rooms, is too valuable. And who am I to ask for more time with specialist people and specialist machines, I think. 'It won't make much difference, anyway,' he finally says. But it would make a difference? He does not really answer me. Meaning my heart will be damaged anyway? Much difference to whom? I ask myself. Not much difference, statistically speaking? What difference would it make for me? A few years more of lifetime? Maybe a few months? A big difference.

My request is denied. Radiotherapy continues like before. With not as much space as possible between my (ex-) tumor and my heart. I am left with the feeling that my request would take too much time, be too inconvenient. I need to get with the program. Make my body and breath fit. If, in a parallel universe, *young guy* and the system within which he operates were guided by a care ethics perspective, rather than by a logic of efficiency that separates, calculates and estimates, he might be able to hear me. Hamington (2024, 8) argues that 'when someone truly listens to someone else to ascertain how to best respond to their needs, even before any action is taken to meet those needs, the one listened to often feels cared for because they have been heard.' Had he listened to me, *young guy* might know that not 'much' difference still would have made a huge difference to me. Even if it were to make *no* difference, medically speaking, I would not have to endure the rest of radiation therapy fearing how my living, beating heart is being damaged in the process.

A friend offers an alternative – more generous, or more complex – reading of *young guy's* actions. As many care workers on different levels of the hierarchies within the heatlh/care system, he too might struggle to navigate not primarily the mandate for efficiency within a neoliberal system, but rather be guided by trying to 'manage' time in order to make care available for as many people as possible within an under-resourced system. In other words, instead of a total adherence to a capitalist temporal logic*, young guy's* time management could also be read as *caring* within an imperfect context. This might be the case (though, of course, he does not tell me so). Still, the fact that *young guy* has to navigate a system within which care is (made) scarce, at least in this context, is connected to care's underfunding, which – again – is connected to a capitalist logic of efficiency and profit maximization. In my personal interaction with *young guy*, I read him as uneasy with my unpredictable, unruly body. An

uneasiness that aids in the reproduction of the 'shallow time' (Saunders, 2019), of productivity (Weeks, 2011; Hersey, 2022) that marks racial capitalism: 'time is money, and lazy wouldn't make none' (Saunders, 2019, 43). Though my assessment might sound harsh[1], I absolutely do not want to condemn one person (that I hardly know at all for that matter). Rather, the aim of this article is to discuss how not only *young guy*, but me and most people have to navigate diverse and conflicting temporalities. What is more, these different temporalities do not exist in a power vacuum.

Navigating diverse and conflicting temporalities

My own time slowed down and deepened during my diagnosis and initial treatment, which resulted in a stark contrast of my time and the temporalities of the hospital space. The temporality of illness I experienced felt at odds with some of the other time scales at work in that hospital. What is more, within the 'other' side of the care relation: that of support staff, nurses, medical doctors, and hospital management there seem to be multiple temporalities going on as well that follow different logics and – at times – stand in conflict with each other. I turn to the frustrations of care workers who are caught up within irreconcilable temporalities. They face the tangible gap between the temporalities of illness, of vulnerable, human bodies, and the slow and deep time required to tend to them on the one side, and the (colonial) time of the market, of efficiency, of expanding productivity, which requires slashing slow (life)time into countable, standardized units on the other.

In the study[2] with men employed in support roles in the Australian health care and social assistance/HCSA sector that I worked on following my own cancer treatment, I noticed how many of our interviewees also struggled to navigate different temporalities, such as the sloweddown time that caring for clients and patients often required and the managerial, fractured time demanded by employers in the HCSA. While the former temporality is characterized by being present with clients in a way that allows for responsiveness to another[3], the latter logic, often prioritizes what, and how many, tasks can be checked off a list within a given time, which can lead to intense discomfort for the care worker who is pushed to 'efficiency' at the price of engaging with clients and patients as human beings who have their own contextual temporal demands. Care workers start from 'other-centered dispositions' (Hanlon, 2012), their work (and related work temporality) is focused on the needs of the care receiver. The fulfillment of the needs of this other, however, is routinely frustrated by a 'neoliberal biopolitical governance

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[1] or like unprocessed grief seeking to place blame for feelings of injury and loss, which is probably true. Again, I shout-out to my future self to forgive me for writing this down when and how I did – with all my human feelings and failings.

[2] I worked on this project together with Steven Roberts and Karla Elliott. The study was funded by the Australian Research Council (DP220103315).

[3] 'Care requires personal attention, bodily presence of another, the capabilities, possibilities, time and resources that allow for this particular corporeal relation.' (Hoppania & Vaittinen, 2015, 84)

[that] seeks to rationalise human life in all its forms to enable more efficient and expansive profit extraction and accumulation' (Hoppania & Vaittinen, 2015, 79). In the Australian study, several men shared that their efforts (and indeed, their desire) to care well, were routinely frustrated because of structural (time) constraints. Let me share some very brief glimpses from our data with support workers in the Australian aged and disability care sectors.

In one of the focus groups we conducted, Tom[1] shares how, particularly when his unit is short-staffed (something that happens routinely), he can hardly get the essential tasks of personal care he is responsible for done. This lack of time, according to Tom, 'limits my ability to, you know, sit down and listen to a patient, you know?' Again, in Tom's words, 'I would definitely like to have more time to allow for those patient interactions to be a little more organic and a little less pressed for time.' In other words, the (limited) quantity of time that support workers are assigned for a given task, heavily impacts the quality of the time they can spend with patients. A situation that many of the care workers we spoke with experience as painful, as it becomes virtually impossible to do their work in a way that satisfies their own assessment of 'good' care. This time pressure can lead to frustration, burn out, and people leaving the sector altogether. Caden says it is 'pretty frustrating 'cause, I mean, we just don't have like the time or the resources or the structures to provide like meaningful support to some people.' Caden shares his frustration with management who adds more and more administrative, bureaucratic reporting items in the name of 'quality' control, but will not listen to the care workers when they continually say that 'we have no time to do the things we are already asked to do'. Matt maintains that he does not feel supported by management in his caring; management, according to Matt, has 'no time,' because they are 'busy chasing numbers.'

The frustrations and desires that the care workers we interviewed formulated align with a care ethics approach that centers on the specific, embodied, contextual encounters of caring that can encompass, or better that is structured around, 'unruly' bodies. Instead of operating within a system that supports their caring and helps them 'make time', however, they are confronted and forced into a system of 'neoliberal biopolitical governance' to stay with Hoppania and Vaittinen's (2015) formulation, characterized by a systemic inability to hear patients. This is experienced as deeply frustrating and painful not only by patients but by care workers as well. Responding to 'requirements of regulation, technical documents and reports, the care-giver might in fact fail to care, fail to respond to the corporeal situation at hand' (Hoppania and Vaittinen, 2015, 85). Yet, while 'it is, directly, the care-giver who fails to respond to the need at hand, her/his incapacity is produced by the neoliberal governmentality that structures her/his (im)possible field of action' (Hoppania & Vaittinen, 2015, 86).

Yet, there is hope. This hope lies in the antagonistic relationship between caring and capitalism. Not only care workers are frustrated by structures of neoliberal governmentality

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[1] All names used here are pseudonyms.

seeking to structure their care. As FitzGerald (2022) maintains in the quote in the prologue, caring also frustrates capitalism. Indeed, the smooth functioning of care as a product, requires the cooperation of unruly bodies. Note how the time that my radiation therapy required was also dependent on my breathing and how my body's failure to breathe appropriately, could 'cost' the system time.

> Given that needs are unpredictable, and that the body also responds to care in unpredictable ways, it can never be ascertained beforehand how long a particular care task will take. The neoliberal logic of choice and commodification, however, requires predictability that the corporeal circumstances of care cannot live up to (Hoppania & Vaittinen, 2015, 85).

My 'unruly' body breathing shallower in new and anxiety inducing situations clashes with the slicing up of (predictable) time for different tasks, such as the process of 'successfully' marking my body for radiotherapy. FitzGerald (2024, 103) argues that a care epistemology 'decenters dominant understandings of time and success'. Success, from such a care epistemological perspective is 'related to our sustained attempt to center the other, to listen, to receive, to respond, and then to listen again as the other responds to our response' (FitzGerald, 2024, 105). This requires one to slow down. It requires time.

In this article, I built on my own temporal experience of illness as slow, deep, and non-linear time. I have connected this experience with data from a study with care workers who navigate time within the HSCA sector, to highlight how they, too, struggle with the antagonistic temporalities their work demands of them and in which managerial time and time for bureaucracy is demanded from them in order to do their job 'successfully' within the neoliberal 'clock time' of late capitalism (segmented time); simultaneously, they also experience the need to take the time to care well, which involves paying attention to the cared-for (relational time) and that often includes an impetus to slow down and be present in the moment rather than rushing to the next one. I have suggested that a care ethics approach, prioritizing personal experience and relationships in moral decision-making, rather than following abstract directives and that is always relational, situational and considering a particular person in her specific context is a real alternative to the temporalities of colonial clock time.

These different temporalities are not considered equal. This inequality is the backdrop against which Saunders *abolitionist* approach to colonial time must be read. In my own ongoing struggle against the dictates of clock time – in academia and beyond – I dream with and learn from Saunders, imaging different futures.

Epilogue

And when everything was gone, we were ready to live again, ready to live deeply and cyclically again, ready to live gently and deeply with country again. The land breathed out a sigh of its

unmasking and we danced in a ceremony of sovereign celebration of how clocks used to rule us as bosses by proxy, but no more did they do so. The old woman rolled over then sat up and yawned. She raised her hands, and cicadas thrummed dryly on the hot baking leaves. She stretched her arms; frogs sang in the mangroves in a lusty throaty chorus.

Now we wake when rested, sleep when tired, work when fed and able like our old people did, never dragged out or bossed around to do what a little king-machine said so. We wake with the sun that reptilian eyes inside our skulls sense through the heating of the morning light, the rising subtle warmth of the world, the changing scents of green and earth and salted water where we sleep. We are untimed and untamed within deep time, not shallow (Saunders, 2019, 46).

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Is Care Compatible with The Tyranny of Immediacy?
on substituting rhythm for cadence

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Article Info	ABSTRACT
	The article specifies the human being based on the respiratory cycle, referring to the etymology of the word "spirit". This word shares its root with the French word *respiration* ("breathing") as well as the verb "to inspire," suggesting breath and animation. Human temporality is made up of organic rhythmicity, from a weighing body that experiences itself as inscribed in time – this is the authentic meaning of the word "to exist": to come from nowhere, without time, to somewhere, at some time. This article questions the compatibility between the demand for temporal efficiency, characteristic of the modern industrial age and the technophile ideology of communication, and the "service society" which purports to be more "caring" than the industrial one. Highlighting the suppression of the passage of time characteristic of the ideology of communication, where "time" is frozen in a self-reproducing present with no past or future, the author asserts that humane care is radically incompatible with a society that subsumes humanity, inscribed in time and in need of breath, under the ideology of a perpetual present. It is precisely on the basis of what specifies the human, namely breathing and desire, that the author proposes to consider how care might be possible in an ultra-technologized world. Drawing on an imaginary of movement and inspiration/aspiration/breathing deployed in choreographic performances and practices, the author invites the reader, as Simone Weil did, to substitute rhythm for cadence, to insert slowness into speed, and to favor the flow of time in a human reality that has become unbearable by dint of "modernization". In so doing, we must reconsider head-on the fate that binds us, namely death, which no stasis in a perpetual present can eliminate, and which the metaphor of a risk of social necrosis invites us to reconsider. Accepting the passage of time, giving death back its face, is costly; but it's at this price that time can regain its humanizing value, as a *sine qua non* component of care.

Introduction

In today's political and public health discourse, "care" has seemingly taken on an important role, as if society as a whole were indeed concerned with the "public good", and everyone's health. This consideration varies from one country to another, and in France, it seems all the more important as we have inherited a political model of the welfare state, which created, for example, the "Sécurité Sociale" and set up a number of systems designed to support vulnerable people, since the workers' trade union movement of 1936 called the "Front Populaire."

In reality, however, France, like most Western countries, has succumbed to the tyranny of immediacy. The ideal of "everything, right now" was prefigured by the Taylorist fanaticism of efficiency in the early 20th century, then carried forward by the technophile ideology of immediate communication – let's recall that "im-mediate" means without mediation, nor any relationship. This ideology aims at relationships without intermediaries; it is an ideology of the moment. The "pleasure principle," which according to Freud, governs infants and causes them to react capriciously, now takes precedence over the "reality principle," *i.e.* the ability to desire and to experience pleasure in waiting for its satisfaction, whereas it should normally evolve into it. And it is in the name of this marketing principle of immediacy that advertisers promote machines that increasingly suppress the passage of time, up to and including an "artificial intelligence" that results from no reflection whatsoever.

Logically, we might think that the ideology of immediacy is driven by the aim to maximize everyone's happiness: no need to be realistic anymore, we just have to experience an immediate pleasure, which is offered to everyone. Because that's what new technologies offer us: immediate answers, and immediacy is the new pleasure. But is this social and discursive ideology, to the apparent benefit of all, in line with the good of each individual? I question the compatibility between the technophile ideology of "everything, right now," which drives, for instance, some demands from hospital managers, but also some aggressive patients towards doctors or nurses, as well as parents demanding immediate answers to their emails from teachers – an ideology of caprice –, and the demand for a more "caring society", where hospital managers ask doctors to be more careful, school principals or ministers of education putting pressure on teachers ask them to be more careful and to work much more than in the past, condemning them for not being careful enough, and so on.

This proposal is based on the observation that human beings are characterized by a form of organic rhythmicity, by a breathing that underpins their vitality and inscribes them in time. Although we usually say that "time" passes, we should more adequately say, based on this observation, that instead of time, it is the human being that passes. The experience of this "passage" takes the name of "duration" under the pen of Henri Bergson (1859-1941). But human temporality is not the same as machine temporality, as Simone Weil points out: we are rhythmic, that is to say, we experience different kinds of temporalities, accelerations and

decelerations, moments of suspense and slowness in speed, whereas the machine follows a cadence radically inadequate to the human. The ideology of a present that does not pass but is superimposed on other presents denies the passage of time, to promote a speed that chases after itself; this ideology qualifies modern society. I highlight to what extent this is in radical contradiction with the attention to the human and the good, both common and individual, to which it claims to contribute. Drawing on the theses of Hannah Arendt, Walter Benjamin and Lucien Sfez, I show that, far from warding off the spectre of death, the monetization of time at work in the management of the care professions is instead fostering a form of "social necrosis", which manifests as the disease of the century: *burnout*. My proposal consists of going back to the breath characteristic of the human being. It refers to choreographic practice and the suspension of time at play on stage, to suggest breathing life back into care and restore to time a value that only the spectre of death, faced and accepted, can authentically measure.

1. What makes us "human?"

In most mythologies, humans are not at the origin of life: they are *made* of matter, be it earth, clay, etc. This physicality is not enough: in the Bible, for example, but also in the Islamic tradition, human beings are not reducible to their bodies. What makes them human is the breath by which God animates them. Once animated by breath, body matter becomes "flesh," *i.e.* a specifically human body, a body more than matter. In impulsing life through breath, God also gives death which will consist of a "last breath."

Although the theological account may not be realistic, like other mythologies, it does express something about how humans have conceived of the origins of their existence: from the founding myths, the humans are characterized by a breath that animates them but also frames their temporality. So, it is not primarily by thought, reason, cognitive capacity, or *logos* that human beings define themselves: it is by their animating breath, in Latin *spiritus*. In French, the word *esprit* means "mind," and thus, perhaps better than the English "spirit," it describes the junction between the animating breath and human thought. In French, the word "spirit" is better translated as *âme* ("soul"), which comes from the Latin *anima,* meaning a driving and animating principle. So, in French, the words *esprit* ("mind") and *âme* ("soul") both refer to animation by a vital breath, even if the word *âme* has taken on a religious connotation like the English word *spirit*. What is essential for me to emphasize is that, in early Western theologies, humans were defined by a breath that set them in motion, whereas in such theologies as well as mythologies, other animals[1], while endowed with movement by definition, aren't said to be

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[1] This is the reason why no "spirit" has been ascribed to animals other than humans in Western civilization [outside of indigenous nations living in America, New Zealand, Australia or the overseas terrotories]. We now know that some animals are not aerobic, but obviously mammals are; the Ancients must have observed this as well, but the idea of a breath understandable as a spirit animating a non-human animal is absent, at least in the monotheistic traditions. However, the lack of a soul doesn't mean that non-human animals don't have feelings. Even in Descartes's theory of the "animal machine," animals that don't have souls experience feelings.

moved by this kind of breath – which, for the Hebrews, is the equivalent of *the* Word, *i.e.,* the Greek *logos*, the English "mind." I'd like to make it clear at this point that I'm not in any way doing any theology, but that I see in the great myths and the ancient religious writings a precious testimony to early human wisdom, which was above all concerned with the meaning of human existence; whether or not they provide knowledge of a potential "God," they certainly provide a great deal of knowledge about the history of humanity, and the history of how humans have given meaning to their existence. So, I see these narratives as valuable documentation of how humans have observed themselves and tried to make sense of life.[1]

If we look at the history of the genesis of humanity, we then observe a paradox: it is not *logos* that specifies the human being, but the animating breath, *i.e.,* breathing; that is, also, the passage of time, marked by the rhythm of breathing, and the possibility of exhaling a last breath, *i.e.,* death. At the same time, the breath that animates the human being is actualized by a Word, a *logos*. I want to emphasize that, by animating the body and making it properly human flesh, the Word *performs* the *logos*, which cannot be conceived independently, on the one hand, of its embodiment and, on the other, of its temporal dimension (or duration). A final etymological remark: The Indo-European root of the word *spiritus*/mind indicates a common root with the Latin *spes*, meaning "hope."

In other words, the breath/*logos* that animates human flesh is so temporal that it includes the possibility of thinking what is not yet there, *i.e*., the future. This, too, is a mark of the temporal dimension of *logos*, which I posit, is the result of animation by breath – *logos* is not a motor; it is the result of animation, of the inscription of the human in a temporal reality. In the same way, I distinguish "the body" from "the flesh" (the Greek *sarx*, the French *chair*) even if it is trickier in English than in French because of moral and sexual connotations that need to be eliminated: "flesh," including in religious texts, is the animated body, endowed with moral and human virtues, unlike the body, which is thought of as pure matter. In this sense, contrary to popular belief, theology elevates the flesh to an entity morally superior to the body, for it is a body through which breath becomes *logos*, *pathos* and *ethos*. In other words, because we inscribe ourselves in time and space, we simultaneously give rise to thought, speech, feelings and morality. My position concerning the place taken in contemporary society by *logos*/reason is critical: far from criticizing the emphasis on the *logos*, I consider that misunderstanding how embodied a true and real *logo* is, and nothing else exists than what is true and real, leads, on term, to the crash of human intelligence. So do I wish to warn against the decorrelation of *logos* and flesh, *i.e.* a human body, caught up in time and matter. If this decorrelation exists, in the form of artificial intelligence for example, there is nothing to guarantee that it will not be also

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[1] On this subject and a comparative care ethics, see Vrinda Dalmiya, *Caring to Know: Comparative Care Ethics, Feminist Epistemology, and the Mahābhāra*ta, New Delhi: Oxford University Press, 2016.

decorrelated to *pathos* and *ethos*, and in this sense, sterile since reduced to a present without fertility, without a future.

I aim to underline the ethical importance of time, experienced as slowness[1]. In particular, I am concerned with what separates a subject from the object of their desire, in a world governed by the ideology of immediate satisfaction. Moreover, these technologies *appear* to think, because they respond with quick and quality answers that are often preferred to slow humans who contemplate the psychological consequences of what they say. For example, artificial "intelligence" is now used as a substitute for psychologists because it is very inexpensive for everyone. This technological approach doesn't consider that being in front of a person, receiving a look, and taking the time to create a healing atmosphere is part of the healing, even as a placebo effect. Conversely, one could wonder if a world in which I can immediately reach a non-human machine, not even a non-human animal, is not a world that causes mental illness instead of providing any care.[2] My goal is to highlight that if calls for a more caring world fail, it is by virtue of a general refusal to "waste time," and that to "take time" may be sufficient for the idea of a more caring world to become a reality. Conversely, the call for a more caring world will remain ineffective if we continue to rationalize the time spent on care.

2. The human condition: enslaved to machines

In *La Condition ouvrière* (*The Condition Labor*), and more specifically her "Journal d'usine" (a factory diary), Simone Weil (1909-1943) distinguishes between rhythm, which is specific to the living beings, and cadence, which is specific to machines. She contests the inhuman working conditions of the factory workers, precisely because time no longer flows for them: they are caught in the permanent presence of a cadence, *i.e.*, of repetition emptied of all purpose, and lose their dignity in the Kantian sense, *i.e.*, the worker becomes the tool of a machine that prevents them from living and immobilizes them in a present mechanically reproduced *ad libitum*:

> Things play the role of men; men play the role of things; this is the root of evil. There are many different situations in a factory; the fitter who, in a tool shop, makes, for example, press dies, marvels of ingenuity, time-consuming to shape, always different, loses nothing by entering the factory; but this case is rare. On the contrary, there are many men and women in large factories, and even in many small ones, who carry out five or six simple gestures at breakneck speed, one per second or so, with no respite other than a few anxious runs in search of a crate, a setter or other parts, until the precise second when a foreman comes to take them away like objects to put them in front of another machine, where they

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[1] On slowness, see Leah Piepzna Samarasins, *Care Work: Dreaming Disability Justice*, Arsenal Pulp Press, 2018.
[2] And it is now recognized that non-human animals can participate in caring, without speaking, but with warmth and attunement.

will remain until they are put elsewhere. They are things as much as a human being can be, but things that have no license to lose consciousness, since they must always be able to cope with the unexpected. The succession of their gestures is not referred to, in the language of the factory, by the word rhythm, but by cadence, and that's right, because this succession is the opposite of a rhythm**.** (Weil, 1951)

Rhythmicity is manifest in all living things; it can be observed in the rhythm of the heart, in the alternation of the tides, in the cycles of the stars and so on. It contributes to harmony, thought of by the Greeks as the *cosmos* and equated with its beauty:

All sequences of movements that contribute to beauty and are accomplished without degradation contain moments of pause, as brief as lightning, that constitute the secret of rhythm and give the spectator, even through extreme speed, the impression of slowness. The runner, as he surpasses a world record, seems to glide along slowly, while mediocre runners are seen hurrying along far behind him; the faster and better a peasant mows, the more those watching him feel that, as the saying goes, he's taking his time. On the contrary, the spectacle of machine maneuvers is almost always one of miserable haste from which all grace and dignity are absent. (Weil, 1951)

In contrast to machine time, human temporality is rhythmic, involving the kind of detachments and alternations that make the individual as well as their spectator experience a feeling of grace. For instance, Rudolf Nureyev's momentum and speed increase in the perspective of a *grand jeté*, during which the dancer is seen to float in the air for a few moments; the spectator feels themselves in suspension, due to a phenomenon called in German *Einfühlung*, and understandable today as "kinaesthetic empathy" (Foster, 2010, Lanzoni, 2018, Leroy, 2025, Martin, 1939). A little before Simone Weil, Henri Bergson had already pointed out the unfortunate eviction of "duration" from all physical considerations of the physicists and biologists of his time, *i.e.* temporality as we experience it in the form of flow of consciousness, and through which we experience ourselves as alive. We could say, with Bergson, that there can be no consciousness without flux, *i.e.,* without duration:

Pure duration is the one thing which is directly given in consciousness. It is the form of succession which corresponds to the succession of our states of consciousness when our ego lets itself live, without making any separation between the present state and the states which preceded it. (Bergson, 1910).

Such a "durative" temporality is rhythmic in the sense that it fluctuates and allows for variations characteristic of the living, as opposed to the machine, which reproduces the same gesture identically and is stuck in a self-reproducing present: the machine does not "last," in Bergson's sense of the word "duration." This supplanting of the human gesture by the machine in the modern age, governed by the profitability of time, was the subject of Walter Benjamin's

(1892-1940) critical reflections on modernity, particularly in his essay *The Work of Art in the Age of Mechanical Reproduction* (first version published in 1935) and within the Frankfurt School: by replacing the human hand with machines, the modern and industrial age has substituted reproduction for creation, production for art – in the sense of know-how – so that, while we "produce" a great deal, we rather *re*produce the same in the form of a self-sterilizing present, a *re*production which, in the modern age, entails social necrosis. I borrow this metaphor from medicine: to stop the natural loss of cells when people age, doctors can artificially reduce growth and thus the aging process, *i.e.,* cell renewal. Cells that aren't replaced rot away, leading to the progressive death of part of the body, which is called "necrosis." Administering bisphosphonates, for example, prevents bone degeneration but causes necrosis that may be more serious than the osteoporosis they palliate. Thus, far from preventing death, we only hasten it when we contribute to the necrosis of the organism. Socially speaking, a permanent present is the equivalent of death. Natural life is always felt as a present, but a fluid present, not a static one. In a world dominated by re-production instead of creation, work is dehumanized, and workers are condemned to a permanent reproduction of the same present, which is the opposite of their nature as living beings. This results in the symptom of necrosis, be it called burn out, surmenage or depression, as well as many other kinds of illness – the body is still creative!

3. Service society or servile society? Time profitability applied to healthcare

We now live in a post-industrial age that tends to cloak its Taylorist underpinnings in promises of happiness. I might decide to order a book from Amazon, to save ***myself*** the time it would take to go to a bookstore, the time it would take to browse the store, the time it would take to queue up at the checkout and perhaps even the time it would take to talk to the bookseller. The time saved could then be invested in my work at home and perhaps in reading other books that are waiting for me to give them a little attention. To save consumers precious time, Amazon employees work in factories on assembly lines, but most people don't want to know they are doing it because contributing to human exploitation is generally appalling to us. So, I could just order Simone Weil's *La Condition ouvrière* on Amazon, thinking with a smile that maybe some Amazon employees will take the opportunity to look at the book, be interested in it, and read it too, and then, why not, make a revolution against capitalism. And so, I could tell myself stories to think that by ordering from Amazon I'm helping to change the world. In reality, this is not a time saving that allows for more care, but a restructuring of time that devalues care.[1]

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[1] This is discourse, and easy-beliefs: no one really saves time unless it is at the expense of someone else's time. As Ruth Wilson Gilmore points out in *Change Everything: Racial Capitalism and the Case for Abolition*, Haymarket Books, 2024, saving time is costly, not only in terms of money, but also in terms of time, because I need technologies; but when it comes to Amazon workers, for example, they seem to be predominantly racialized people, people whose time is supposed to be cheap.

We ourselves are caught up in a structure that goes far beyond the working-class condition of Simone Weil's time, governed by an ideology of time-saving that masks that of unbridled capitalism. Indeed, when consumers shop on Amazon, they play not only their role as consumers but also that of cashiers. In other words, by "saving themselves precious time," consumers are actually working. In France, self-checkout is not as common as in Anglo-Saxon countries: self-checkout saves time for consumers. How do they save time? By letting consumers work instead of cashiers.

The purpose of these concrete remarks is to underline the fact that, even if we no longer belong to an out-of-date industrial society, due to the evolution of the world of work towards a "service society," it is service itself that has been reinvested with the deleterious and inhuman Taylorist principles, principles whose core is time-saving and efficiency. The Covid pandemic has justified entrusting to individuals most of the administrative tasks in the workplace that were previously carried out by people whose profession was dedicated to such tasks. In France, it is no longer uncommon to see University Professors in charge of hospital departments spending whole days completing files that employees could just as easily complete with no qualifications, or with administrative qualifications even superior to those of great surgeons for instance. This is one of the reasons why they sometimes publicly resign from their positions as heads of health departments in large hospitals to denounce the dehumanization of health services in France due to the rationalization of time spent on care.[1] These Professors of medicine and Doctors find themselves caught up in a cadence in the exercise of their profession, which is even more the case in health professions requiring less qualifications. Care services have been rationalized, if not rationed, and caregivers sometimes no longer provide any true care, caught up as they are in the need to keep up a pace that is incompatible with care. This is what I'd like to emphasize: when it comes to care, strictly speaking, the paradigm of a society that "functions" mechanically to the cadence of work, the paradigm of a society that has imported the blue-collar model into the world of care services, shatters.

4. Radical incompatibility between care and time rationalization

Like Walter Benjamin, Hannah Arendt (1906-1975), notably in *The Human Condition* (1958), emphasizes the extent to which "modernity" as an ideology has replaced the passage of time with a succession of presents, in the fantasy of a time that no longer passes and an eternal present. These presents supplant the past instead of being part of its continuity: the new iPhone renders the previous one obsolete as soon as it appears.

New versions of Apple's software condemn their predecessors to obsolescence. The process is discursive ("always be new, stay young forever!"), but the fantasy is very much alive: you

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[1] In January 2020, more than 1,000 doctors at the head of major health departments in French hospitals threatened the French government with leaving their administrative posts; a hundred of them have since done so.

have to be "up to date", *i.e.* "present," and aging is out of the question, as it would be a sign of the passage of time. Stars of the cinema, singers, retain their youthfulness on a face often reshaped. Although cosmetic surgery has made a lot of progress, it diminishes the expressiveness of the face: the present is frozen[1].

Lucien Sfez (1937-2018) noted this early on: the ideology of communication, born in the United States with the Palo Alto School, is an ideology of the perpetual present, which he explains by the fact that the United States is a very young country in its Western form; and maybe should we add that the history of the USA is a history of oppression, something preferable to forget anyway. Such an ideology culmines in 2025 with the USA Government's decision to erase the past works of so many scientists, be they biologists, physicians, historians *etc*. This precisely witnesses how terrified by the passage of time and the possibility of a past this Government and, most of all, a technophile ideologist of the present as is Elon Musk, are. This lack of history and reluctance to memory is compensated for by an emphasis on the present, driven by the ideology of communication and "everything, right now" (Sfez, 1988). This ideology now pervades the modern world, in the form of both new technologies and services. Its ultimate realization is generative artificial intelligence, which gives the appearance of immediacy to reflection. In contrast, reflection by definition requires a mediation (etymologically and in optics, reflection is the second time of a process in which a reflecting surface mediates the observer's perception to himself; that's why Descartes decided to borrow this term from optics in order to conceive of consciousness).

Artificial intelligence produces drawings without drawing them, it produces results without calculating, it produces texts without reasoning. The ideology of "everything, right now" has suppressed the processual dimension of *logos*, and the excessive rationalization of the healthcare times in healthcare institutions, close to rationing, stems from the ideology of suppressing what lies in-between; of suppressing the human relationship. A relationship takes time; juxtaposing facts does not. Opening an Amazon Locker is so much more time-efficient than having a deliveryman come to your home. The problem arises, however, when it comes to caring for people, especially those who are more vulnerable than the average person. In such cases, the capitalist ideology of the eternal present encounters two difficulties:

1/ Death is unacceptable and unwatchable, while vulnerable people reflect it in their faces, especially at the end of their lives; but it is still even unacceptable to watch a small child about to die of leukemia. Death as something happening to us is unbearable in countries where the modernist disease of burning out increased in proportion to the capitalist organization. At the same time, quite oddly, killing someone has become somewhat banalized by video games, so that death becomes something virtual, never really happening; this, too, illustrates how Western societies exclude death from life. On the contrary, older adult in Cameroon die surrounded by

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[1] At the same time, this anti-ageing discourse results in a fruitful market. See Petersen, A. (2018).

their family, because they lived together until the end, also because there aren't so many medicalized structures where people can put and close the face of death on itself… So, let's think that this inability to bear the fact that we, human beings, are condemned to death, and that time flies, is a particular modern and occidental disease.

2/ In the Western world, shaped in Taylorist and managerial ideologies, and condemned to reproduce the tyranny of immediacy, older adults portray a present that is fleeing towards a future, with a slowness that has become unbearable. Although many care-workers in institutionalized care system fight against such a gaze towards the elderly (I think of clown companies and artists working in hospitals for old people, but they are not supposed to be care-givers), it has become unbearable to see time pass, conditioned as we are from early childhood to see images scroll by ever faster on screens. Although aging and death are part of life, whereas immortality is the opposite of life (Leroy 2023), the reign of sensory hyperstimulation permits us, and is made so, to escape the idea of death. As French philosopher Blaise Pascal underlines in France in the 17th century, we *know* that time passes and that we are "miserable", *i.e.* finite and condemned to death, but we tend to escape this knowledge by closing our eyes and divert ourselves a lot. Blaise Pascal is sarcastic towards the French aristocrats, whom he describes as "incapable of remaining at rest in a bedroom" because they want to escape the knowledge that human life on earth is not eternal (Blaise Pascal's solution to such an existential anxiety is the Catholic belief in the afterlife, which he shares with many other religions).

More than only part of French culture of the aristocrats, this difficulty in dealing with the end of life is characteristic of Western societies, which should question ourselves and our model of the world. Because on the other hand, it is heartbraking for the family of the elderly, whoever they may be – Western people or not – to see how, in nursing homes, time is supposed to stand still, everything seeming out of any passage of time, and almost everyone being resigned to a life that the elderly think no longer worth living; it's hard not to get the feeling that in our institutions – here I am talking about what we observe in France, but also make reference to *Human Forever*,[1] a brilliant and extremely moving film by Teun Toebes & Jonathan de Jong – the elderly are waiting to die, watching time pass slowly, with no rhythm anymore. This is a generalization although some institutions do their best to propose "activities" to the residents, but most of the time this doesn't hide enough the fact that most structures devoted to the end of life are only a corridor to death; which is not only heartbreaking for the family that has no other option, because of living in such a Taylorist world, but also frightening regarding our own aging. So, should we let the elderly experience the stillness of time, characteristic of death, during their life, and shirk our responsibility to care for them, *i.e.* to face death ourselves? What place should care have in a so-called "modern" world where we try to eradicate the necessary duration and passage of time, *i.e.* death? Although violent, the organic metaphor of "necrosis" is apt for thinking about a technophile society that makes the present succeed a present without tomorrow: by way of illustration, the new version of the

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[1] See https://teuntoebes.com/documentaire/

iPhone will never be "the one," "the one we stop at"; the present doesn't last, and in order for there to always be a present, marketing and modernist discourses superimpose a new present that radically eliminates the previous one, without ever throwing it back into a past that it immediately erases. There is no memory in such a present. In the words of Simone Weil, it is by introducing "moments of pause, as brief as lightning, which constitute the secret of rhythm and give the spectator, even through extreme rapidity, the impression of slowness," that we could imagine giving or breathing life into the now-timed cadençage of care, which is in fact incompatible with all rationalization. Would't there be a more cost-effective solution? Yes, but then we could no longer speak of care in the ethical sense of the word. And that's the point of useless activities like dance performances: the spectator and the dancer take time to waste it, time for themselves, which is not a waste at all.

Opening: dance

I do not develop here the relationship between dance and desire, which I have made clear in my previous works (see, for example, Leroy, 2025 [2021]); I will simply state the conclusion in a way that is as compelling as it is simple and, I believe, sufficient: dance, in whatever form, in any of its variations, whether it embraces it or rejects it, is the incarnate sublimation of desire, in all its frustrating and, as such, driving aspects. Playing with the sigh, the inhalation, the desire to fly, as well as with the exhalation and the last breath, dance stages the motor impulses, the impulses, the rhythm, the rhythmic breaks, as well as the rhythmic variations that are proper to this breath that animates and moves us, even carries and sustains us. As such, it is a definitive breakthrough in cadence, an example of how we might rethink the test of time as the *sine qua non* of a service society worthy of the name.

In his ballet *Requiem*, Angelin Preljocaj choreographs spirituality, *i.e.* breath, and flight "beyond" the body itself. From the very title, the ballet questions the relationship between the living and death, that is, the disappearance of a loved one. This loss digs a hole in being, rather than in having. To lose a loved one is to lose a part of oneself, and to feel a sense of collapse that manifests itself physically: we experience gravity, an inability to stand up, but above all an intimate feeling of being drawn to the ground. The religious imaginary associates the death of a loved one with their spiritual "elevation," as if the body's "last breath" were also the breath by which the soul rises out of the body. Astronomy tells us that there are no more flying souls in the sky than anywhere else, at least as far as our senses can perceive. But suppose these metaphors of spirituality, breath, flight and aspiration persist in the common imaginary and in metaphysics. In that case it's because they say something about the living: it is through our breath and our motor impulses that we participate in the course of human existence, and in short, there is good reason to encourage more breath in caring, more spaces for inhalating and exhalating. I'm not advocating meditation sessions in caring: everyone knows how to breathe. Perhaps caring for society requires no more than that: breathing in, breathing out, slowing down, taking the time needed to care for others as well as ourselves. If "time is money" is a maxim, it doesnt apply to caring. To gain time, to speed up the work of caregivers, makes that work lose all its value. This work, which should no longer be called "care,"

can then be done by an artificially intelligent robot, but it lacks what makes authentic care valuable: its processual dimension, its temporality, and the lived and embodied experience of caregivers (Hamington, 2004, 2015, 2024).

Conclusion

Contemporary societies are condemned to necrosis if they ignore the temporality required by care and, more generally, by ethics. The model of dance is not just an easy illustration, but a paradigm of authentic care: if care is not to be reduced to dance, we can grasp its human specificity from the practice of dance, which cares for both dancers and spectators through the play of gravity and rhythmic variation. I've insisted elsewhere (Leroy, 2024, 2025) on the importance of gravitational play for personal care, but here I'd like to insist on the *sine qua non* of such care: breathing slowness into the cadence in order to break its rhythm and encourage the flow of a duration, a lived time. Without this experience, the human species is condemned to a monstrous present of its own perpetual self-reproduction, not at all generative, as we'd like it to be, but eminently sterile.

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The Socio-Political Performances of Care:
women activists in Tanzania push for the increase of Tanzanian girls' age of consent from fifteen years to eighteen years

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Article Info

ABSTRACT

Performative care for victims of gender-based violence in Tanzania through established socio-cultural gendered policies that reinforce the disproportionate care labor that women activists carry. Women's rights activists historically sustain the care labor of protecting young girls from various forms of abuse and violence, in Tanzania, this abuse is embedded within Tanzania's constitution under the Law on Marriage Act of 1971, sections 13 and 17 that upholds the age of consent for Tanzanian girls at fourteen years or fifteen years respectively. In this chapter, I address the cost of harmful cultural or religious practices that sustain and reinforce violence against young girls in Tanzania. I explore the challenges of navigation justice in systemic heteropatriarchal societies and the exhausting but rewarding care burden of protecting young girls by women's rights activist groups or legal civil society organizations. My work adds to the voices of activists, scholars, victims, and survivors to explicitly emphasize the dangers that young girls face in societies that see children as objects for masculine domination and pleasure.

Introduction

Performativity of care for victims of gender-based violence is evident in many African countries, including Tanzania. Gender-based violence in Africa is prevalent, with data indicating 45% susceptibility. [1] Legal ramifications to the offenders are often hindered through established social, cultural, and political practices that frequently adhere to abuse, sexual exploitation, manipulation, and violence against girls and women. The focus of this article is to analyze how the state indirectly accepts violence to young girls through their support for cultural practices that maintain the injustice done to girls through child marriages, evident within the Law on Marriage Act of 1971 in sections 13 that address the minimum age of marriage and section 17 that addresses the requirements of consent as seen below;

Section 13. Minimum age

*(1) No person shall marry who, being male, has not attained the apparent age of eighteen years or, being female, has not attained the apparent age of **fifteen years**. (2) Notwithstanding the provisions of subsection (1), the court shall, in its discretion, have power, on application, to give leave for a marriage where the parties are, or either of them is, below the ages prescribed in subsection (1) if– (a) each party has attained the age of **fourteen years**; and (b) the court is satisfied that there are special circumstances which make the proposed marriage desirable. (3) A person who has not attained the apparent age of eighteen years or fifteen years, as the case may be, and in respect of whom the leave of the court has not been obtained under subsection (2), shall be said to be below the minimum age for marriage.*

Section 17.   Requirement of consent

(1) A female who has not attained the apparent age of eighteen years shall be required, before marrying, to obtain the consent– (a) of her father; or (b) if her father is dead, of her mother; or (c) if both her father and mother are dead, of the person who is her guardian. (2) Where the court is satisfied that the consent of any person to a proposed marriage is being withheld unreasonably or that it is impracticable to obtain such consent, the court may, on application, give consent and such consent shall have the same effect as if it had been given by the person whose consent is required by subsection (1). (3) Where a marriage is contracted in Islamic form or in accordance with the rites of any specified religion or in accordance with the customary law rites, it shall be lawful for the kadhi, minister of religion or the registrar, as the case may be, to refuse to perform the

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[1]   https://www.who.int/news/item/20-06-2013-violence-against-women-a-global-health-problem-of-epidemic-proportions-

ceremony if any requirement of the relevant religion or person other than a person mentioned in subsection (1) has not been complied with: Provided that nothing in this subsection shall be construed as empowering the kadhi, minister of religion or registrar to dispense with any requirement of subsection (1).[1]

According to the Tanzanian constitution of 1977, teenage girls' minimum age to get married is fifteen or *fourteen* years, with special permission from the court. However, the boy's minimum age to get married is eighteen years. This is a gross inequity. It is also stated that a father has the right to decide when his daughter can be married. The father gives parental consent for a girl's marriage, or if the father is not available, the mother permits the man, or the court decides whether the girl should be married; the girl being married off young has no choice in this decision.

Advocates for women's rights and freedoms and civil society organizations have advocated for the girls' age of consent to be increased to eighteen years to prevent sexual abuse and exploitation, an abundance of child marriages, and high numbers of early school drop-out rates for school-going girls. Still, there has been structural resistance to this fight. The consequences of young girls' early school drop-out due to unintended pregnancies or early marriages increase their chances of living in poverty, and this vulnerability exposes them to various forms of violence within their communities. Legal scholar Almohammadi Bander states that 37% of Tanzania's children marry before the age of 18 due to poverty, gender ideologies in Tanzania, and culture, which have serious consequences. (Almohammadi, 2023, 2-4)

Social inequalities such as poverty, gender-based violence, unemployment, and low-income jobs thrive in societies with low education. It is, therefore, essential to recognize the foundations of this injustice to mitigate its consequences. Using Tanzania as an example also allows us to explore the large systems at play here that contribute to the women's inability to exist in a free world just as the men do in many African societies such as patriarchy and religion that reinforce ingrained contempt for or prejudice against women in masculine dominated societies.

Advocates, activists, scholars, victims, and survivors emphasize the dangers that girls and women face in many African societies that use established patriarchal structures to control women because they are not men. This assessment may seem unrealistic to the readers, but the girls' inability to choose and make decisions concerning their lives, with almost no room to say NO to masculine power, is a violation of their rights. These girls unjustly bear the cost of not studying and a choice not to be married before eighteen years of age. Tanzania's marriage laws discriminate against women. Audre Lorde, in her book *The Master's Tools, Will Never Dismantle the Master's House*, addresses the systemic *tools* of oppression used by dominant groups to enact control over groups that they perceive as weak or non-dominant.

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[1] The Constitution of Tanzania, 1977

> *"For the master's tool will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change. And this fact is only threatening to those women who still define the master's house as their only source of support."* (Lorde, 1983, 98-101)

I use Lorde's reference to provide the context in which patriarchal establishments thrive due to fearful retaliation against them. Masculine control contributes is foundational to the gendered limitations of the rights and freedoms of women in Tanzania. I believe that Audre Lorde encourages societal resistance to abusive hierarchical structures that control women into manipulation and subordination. The legal conflict between the state and human rights advocates in parts of Tanzania that prevent young girls' decision-making for their bodies and lives is due to presumably outdated cultural and religious practices and social constructions of subservient womanhood.

The Law and society can empower girls from a young age to define a safe and equitable world for themselves. As adults, women need to thrive and not be divided and conquered as objects, as evidenced in Tanzania's constitution. (Lorde, 1983, 98-101) Systemic sabotage of the age of consent to marriage limits the freedoms of Tanzania's young girls and ultimately sets the course for subservience and dependency on men. I assess the practices of *Care in the context of Time* for young girls in Tanzania. As students, young girls need extra protection and care to support their education and make plans for a future that elevates their consciousness and independent responsibilities. This article explores how responsiveness to injustice against a large group of marginalized people can significantly disrupt a woman's life if such laws are acted upon from their childhood. There is a seemingly performative rhetoric to systemically care for the Tanzanian girls' equal opportunity in education or marriage because the mother law provides for it while deliberately upholding domination over women's lives.

Methodology

I am using scholarly literature that addresses the challenges of gender-based social and political advocacy. The publicly available data and reports from organizations advocation for women's rights, social justice, gender-based violence, prevention of young motherhood and education of girls in Tanzania or Africa to inform my paper.

Discussion

The Socio-Political Performances of Care - Feminist Organizing in Tanzania

The State

The state is a primary actor in implementing the rights of all citizens of a given country. As a member of key international bodies such as the United Nations Declaration of Human Rights,

CEDAW, 1995 Beijing and 1985 Nairobi Conventions, all of which centered transnational advocacy for the fundamental rights of women and of which the Tanzanian government has vowed to uphold the human rights of all people in Tanzania including young girls. The Tanzania women's movement, including women's rights advocates, scholars, legal practitioners, and policymakers, states women's limitations and challenges in accessing fundamental human rights in the current social and political sphere. The review and age of consent increase in Tanzania's marriage Act should not have been an issue if the government adhered to global support for women's rights and safety.

Women's contributions to Tanzania's democracy

From the beginning of Tanganyika's fight for independence in the 1950s, women have significantly contributed to Tanzania's progress. Under the leadership of Mwalimu Julius Nyerere, the first president of Tanganyika after independence, women advocated for women's rights through the nationalist women's movement. These women were led by Bibi Titi Mohamed, a key women's wing leader in the Tanganyika African National Union (TANU). Bibi Titi Mohamed and other women did this advocacy work alongside Tanzanian men before and after Tanzania gained its independence. However, as stated by scholar Rasel Madaha, the leadership of TANU actively disregarded and weakened the women's movement, and ultimately, the president, Mwalimu Julius Nyerere, a man, became the leader of *Umoja wa Wanawake Tanganyika* (UWT). (Madaha, 2014, 21- 22)

Tanganyika women could work with Tanzania men to accomplish political freedoms and fundamental human rights that the colonial government had long withheld. However, the efforts to make Tanzanian women and other marginalized groups in Tanzania fully independent and to craft spaces within TANU that allow for the advancement of women's liberation from societal gendered prejudices and masculine domination were futile. There was a need for independence, unlearning, and undoing misogynistic practices to allow for evolving social and political gender discourse and practice.

The Tanzania Media Women Association's (TAMWA) work significantly contributed to challenging and changing the narratives limiting women's ability to lead and work or own property, and they also highlighted the work women do for Tanzania's social, economic, or political sustainability. (Madaha, 2014, 21- 22) Women are still organized within the restrictive frameworks and have made some progress toward change. The brief history of Tanzania's initial attempts at gender equality gives us a preview of the continued challenges that women's social movement organizers have faced to improve women's lives.

Tanzania's patriarchal system influences gender equity in various ways. Allan Johnson argued that patriarchy is a system that must be challenged by society and acknowledged by the state to accomplish transformative gender justice. (Johnson, 2005, 29- 32) Additionally, I refer

to Audre Lorde's essay "The Master's Tools Will Never Destroy the Master's House" to demonstrate the limitation in women's ability to be free if the systems are still intact entirely. (Lorde, 1983, 101)

The 1999 Land Act provided an opportunity for women to own land equally. This Act safeguarded the women's ability to manage their land and benefit from its use. The 2000 Women and gender development policy states that patriarchy is a big challenge to the implementation of gender equity in Tanzania, as stated in the National Strategy for Gender Development (2000), "Patriarchal system, customs, and traditions that discriminate women continue to perpetuate gender inequalities, gender capacity and institutional aspects". (Decker, 2015)

Challenges in Developing Sustainable Care Networks for Marginalized Girls

I did research in Tanzania and this process exposed me to some of the systemic challenges I mentioned in this paper. The limitation to progressive policies that support women's liberation is based on the fear of challenging patriarchy which sustains the status quo. To safeguard young girls impacted by upholding the *age of consent* at fifteen years, a combination of these three limitations ought to be addressed. This, however, is not a new discovery as the work of liberating women in Tanzania has always been done by Tanzanian women since before independence and some progress has been made.

Historians Alicia Decker and Andrea Arrington, in their book *Africanizing Democracies, 1980-present,* explore the progress made concerning women's rights as evidenced by their participation in global conventions in support of gender equity that the United Nations organize, the African Union, and individual governments signing the world treaties, conferences, or policies to which Tanzania is an active member supposed to positively abide by them. (Decker, 2015) Feminist and legal scholar Sylvia Tamale, in her book "*When the Hens Begin to Crow,"* states that grassroots organizing and increasing visibility for women in positions of power is foundational to challenging the patriarchal hold on women in a given country to establish a strong resistance. (Tamale, 1997)

Political scientist and feminist scholar Aili Tripp (2001) notes, "Rarely mentioned in studies of democratization in Africa is the role played by women's groups in the political reform process of the 1990s. Like student organizations, labor unions, and human rights activists, women's organizations openly opposed corrupt and repressive regimes through public demonstrations and militant actions". (Tripp, 2001B, 142) She notes that better educational opportunities for girls and women helped to create an important pool of women in a position to compete for political power. Interestingly, "these women frequently had more experience than men in creating and sustaining associations, having participated in church-related activities, savings clubs, income-generating groups, self-help associations, community-improvement

groups, and other informal organizations and networks. They thus often found it easier than men to take advantage of the new political openings in the 1990s". (Tripp, 2001B, 144)

"Increasingly, one sees a discourse emerging in many women's organizations arguing for abandoning paternalistic notions of authority that undergird and are part of neo-patrimonial systems. Moreover, the fact that political leadership is no longer equated with male leadership is another indication of the erosion of the paternalistic ideological construct. Women sometimes draw on their domestic experiences to create a new imagery that defies the paternal one". (Tripp, 2001A, 36) So, Tripp supports ongoing progress, but it is still slow, and the idea that women are living freely is still a myth for many Tanzanian girls and women. In Tanzania, masculine domination permeates almost every aspect of society, education, government, military, etc.; it is a male-dominated, male-identified, male-centered society. From birth, one tries to fit into a socially constructed gender ideal.

Radical transformative Tanzanian feminist scholars and activists are constantly addressing gender inequalities negatively affecting women and other marginalized people. Allan Johnson, in his book *the gender knot: Unraveling our patriarchal legacy,* notes that in a patriarchal society, characteristics of manhood and masculinity are perceived as superior and more human than womanhood and femininity. (Johnson, 2005, 38) Additionally, at the center of a patriarchal culture are the core values of control and domination, and everyone participates in this socially structured system, consciously or un-consciously. Socially, economically, culturally, or politically, women are often relegated "to the marginal position of the other". (Johnson, 2005, 38)

In Tanzania, patriarchal systems have a strict code for upholding masculine domination, and it is culturally upheld from one's childhood to adulthood. The Tanzania government has participated and declared its commitment to gender equity; these state commitments look good on paper but do not often entirely translate into practice. It is worth exploring further to seek the social-cultural interpretations of women's rights given perceived hegemonic masculine authority and how the Tanzania women's movement has intensively or moderately challenged patriarchy in a country with limited accommodations for radical feminist practices to cater to notions of "intrinsic" male authority. (Wyrod, 2008, 809-812) So, understanding Tanzania's patriarchal practice allows one to understand the complexities of instituting a transformative feminist movement.

So, suppose Tanzania's perspective on gender innateness ensures that women and gender-nonconforming individuals all conform to the established roles and positions in and outside the home. How did the women's movement navigate such complex and conservative spaces to develop a movement and cater to social justice and progress for marginalized people's rights? Also, in a country that classifies gender as an intrinsic component of someone from birth, how

then do non-gender conforming groups or "disruptors" of the social norms navigate their safe existence and well-being?

This article explores the tactics of key players in the Tanzania women's movement that were used in a complex patriarchal system to achieve significant progress and contribute to the present-day advancement of equality and marginalized people's care networks in Tanzania. The slow progress is due to the institutional restraints that cater to masculine privilege and government control. (Mbilinyi, 2015)

Rasel Madaha also compares the snail pace progress of gender equality work to the second-wave feminist movement in the United States' feminist movement, compared to the current 4th wave in the global north. Madaha suggests that Tanzania still needs time to achieve substantial transformative and revolutionary gender equality. (Madaha, 2014, 20-21) Organizations challenge and advocate but still operate within the hetero-patriarchal social and political systems, and, inevitably, they may still subscribe to or fall prey to the pressures of dominant power structures. Virgina Held states, "A moral theory such as the ethics of care is needed to assure that we care enough about our fellow human beings to actually respect their rights and take appropriate account of their interests and especially that we refrain from aggressive violence." (Held, 2010, 121) Applying a care ethics analysis suggested by Held ensures that structures supporting disrespecting rights of girls are neither encouraged nor tolerated. There is a need for a better understanding of the systemic power dynamics between advocacy groups, organizations or scholars and the State that negates conflict and sustains injustice.

Advocating for the increase of the Age of Consent to Marriage in Tanzania

Sections 13 and 17 of the Marriage Act of 1971 have been sustained by the heteropatriarchal machinery that benefits from controlling a young girl's ability to marry at 15 years old. (Dutt, 2017, 307) Several bills have been tabled to change this law, but the dominance of men in parliament prevented progress. This has been a recurrent concern in my research participants' interviews.

There are laws supporting women's emancipation or freedoms that have been tabled and passed in the Tanzanian Parliament, such as the 2000 Women and gender development policy that is administered by the Ministry of Community Development, gender, and Children to advance gender equality in all government policies, plans, and development strategies. This policy was very progressive and a big win for women and children; however, even when presenting a progressive policy is a good thing, not providing the right tools and systemic support for transformative change limits the impact of change. The 2000 Women and gender development policy offered women an opportunity to be educated, be economically empowered, and have decision-making power. This policy aligns with several international treaties or policies that support gender equality, such as the 1999 UN Jomtien Resolution on

Education for All, the 1979 Convention on the Elimination of All Forms of Discrimination against Women, The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). (Ferree, 2006, 52-55)

However, the policy is still inadequate in providing equitable gender practices due to social, political, and cultural gendered practices, roles, and ideologies. (Dutt, 2017, 310)

Fear contributes to women's passive participation in social justice advocacy to avoid retaliation from the dominant group. An organization that practices transformative ethics of care embodies care practices that unapologetically address marginalized groups' social justice, freedoms, and well-being in countries with strict opposition to their identities and existence, such as Tanzania. Feminist care ethics can be supported by Ujamaa, a culturally sensitive practice of communitarian care in Tanzania.

Caring for Tanzania's young girls' education

Since independence, Tanzania has advanced women's empowerment through laws such as The Law of Marriage Act (1971) and The Land Act (1999), which attempted to grant equal rights to men and women in civil representation. Still, unfortunately, these advances have not benefitted all people equitably. Minoritized groups of people in each country often rely on NGOs whose goals are to protect girls, marginalized women, disabled people, individuals dealing with mental health diagnoses, or other marginalized groups of people to advocate for their rights, help them to exercise their autonomy, and enjoy their rights within.

Women at the margins of society (e.g., the impoverished, disabled, sexual and physical abuse survivors, sex workers, and LGBTQ+ communities) are often overlooked or underserved by government services. I add to this argument by stating that women contribute to nation-building beyond the confines of their homes, taking on un-rewardable family and community care work, or being in service and subservient to their husbands as TANU seemed to believe.

Other East African regional scholars like Tushabe from Uganda state that Women's contributions "go beyond the virtues of nurturing and caring" as women in society "are goal-driven and core to combating social, political and economic problems". (Tushabe, 2009, 47-49) Through their meticulous organizing skills and commitment, women are leaders who should not be undermined in anyway. Organizations such as the Tanzania Media Women's Association (TAMWA) and the Tanzania Gender Networking Program (TGNP) were and still are some of the major NGOs in Tanzania that have steered the boat of transformative gender equality and social justice from the 1980s to the present.

Conclusion

This article explores the need for transformative care ethics and advocacy for young girls' ability to choose when, who, and what they need in life in Tanzania. The role of sociopolitical systemic

control in reinforcing the abuse of human rights and protecting the dominant groups is a big challenge to accessing significant changes. Sustainable Development Goal 4 recognizes that there is still a lack of progress for girls' equitable education globally. Goal 5 speaks to the global challenges of achieving gender equality because all women and girls are still not empowered to achieve equitable co-existence with men.[1] Women and girls' progress is controlled at a young, vulnerable age because the fathers in a misogynistic society demand that they are seen but not heard. Many girls who grow up in these environments tend to adopt and fit into the mold of society's demands, which often limits their upward mobility in education and economic accomplishments. To provide care for women, the state and society need to release the hold on girls and undo archaic traditions or state laws. The girls will then freely evolve like the boys to create transformative and sustainable life plans for themselves and their communities.

Research participants I talked to in 2024 who were concerned about the danger of maintaining laws that directly limit girls' progress ignited my interest in learning about this law. I acknowledge that more research and follow-up are needed to gauge the progress or changes made to Section 13 and Section 17 of the Tanzania Marriage Act in the future. It is then that the evident care for young girls in Tanzania will be transformative.

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Multiple Temporalities of State-Building and Care in South Korea

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Article Info

ABSTRACT

State-building in South Korea since liberation in 1945 has seen some successes. However, from a care perspective—considering that women and families bear the primary burden of care responsibilities, the discrimination and disadvantages caregivers face both at home and in the labor market, and the reality that few are willing to engage in marriage, childbirth, or caregiving—it is challenging to evaluate the overall success of state-building in South Korea to date. This article highlights the diverse temporalities that have emerged in modern state-building in South Korea since 1945 and examines how these various temporalities serve as structural constraints on care. Amid the compressed timelines of state-building, I analyze how care is systematically overlooked, silenced, and marginalized; how it is devalued; how it is relegated to women's and family work; and how caregivers experience discrimination and disadvantages, alongside the ideologies, norms, and socio-economic and political conditions and circumstances that contribute to these issues.

Introduction

The past 80 years of Korean history have been marked by a tumultuous period of state-building. Korea was liberated from Japanese colonial rule in 1945 but was divided into North and South Korea and governed by the U.S. military from 1945 to 1948, when a separate government was established in South Korea (hereafter referred to as Korea). However, shortly after, the country faced the Korean War (1950-1953), which resulted in massive casualties and completely devastated its socioeconomic infrastructure. The war was followed by prolonged periods of gloom and undemocratic military authoritarianism (1963-1979, 1980-1988) by the coup forces. Nevertheless, due to citizens' struggles for democracy and fierce resistance, Korea achieved democratization in 1987 and has since solidified its position as a democratic country. Additionally, despite enduring an economic crisis in 1997, when it received the largest bailout in its history from the IMF due to a foreign exchange crisis, the nation successfully overcame the challenge and experienced remarkable economic growth. Since the 2000s, Korea has been dedicated to establishing a welfare state and is recognized as having the fastest welfare expansion rate among East Asian countries, closely resembling the European welfare state.

Today, Korea is recognized as an economically advanced nation, ranking in the top 10 globally in economic size. It is culturally thriving, exemplified by the hit drama Squid Game, the acclaimed film Parasite, and the globally popular idol group BTS. Korea is also noted for its advanced welfare and healthcare systems, having successfully navigated the COVID-19 pandemic. Furthermore, it stands out as a technology-driven country and a democracy that has successfully experienced multiple peaceful transitions of power. However, Korea faces significant challenges. Over the past two decades, it has consistently ranked low among OECD nations in key areas, including female employment rates, women's labor force participation, the gender division of household and childcare duties, the gender wage gap, and the representation of women in leadership roles. In response to these issues, many women have united to promote the globally recognized '4B Movement' — which stands for non-marriage, non-birth, non-dating, and non-sexual relations — to confront patriarchy and the unequal division of labor (Kaur 2024). As of 2023, Korea's total fertility rate stands at an extremely low 0.72, one of the lowest rates in the world.

A recent paper by Shin and Kim (2022) presents research results that offer valuable insights into the other side of Korea, as mentioned. According to their findings, the wage penalty for care workers is a global phenomenon; however, the wage gap between care workers and non-care workers in Korea is significantly larger than in other countries. The hourly wage for childcare jobs in Korea is 46.2% lower than that for non-care employment, which is significantly larger than the wage gap observed in other countries, including Denmark (6%), France (12.9%), Japan (19.6%), and the UK (24.8%). Although their study may not account for

all aspects of the other side of Korea mentioned and its causes, I believe that the high care penalty observed in Korea reflects a direct and indirect relationship to the low employment rate (relative to men), low labor force participation rate, low average wage, a low rate of advancement to high-ranking positions, and the low birth rate of Korean women, who primarily handle a significant amount of housework and childcare labor hours.

State-building in Korea since liberation in 1945 has experienced some successes. However, from the perspective of care—specifically considering that women and families bear the primary burden of care responsibilities, the discrimination and disadvantages caregivers face both at home and in the labor market, and the reality that few are willing to engage in marriage, childbirth, or caregiving—it is difficult to assess the overall success of state-building in Korea thus far. This paper highlights the multiple temporalities that have emerged in modern state-building in Korea since 1945 and examines how these various temporalities function as structural constraints on care. Amid the compressed timelines of state-building, I analyze how care is systematically overlooked, silenced, and marginalized; how it is devalued; how it is relegated to women's and family work; and how caregivers face discrimination and disadvantages, alongside the ideologies, norms, and socio-economic and political conditions that contribute to these issues.

This paper is based on two conceptual frameworks. The first is the concept of 'non-simultaneity of the simultaneous,' proposed by the German historian Ernst Bloch (1935). The non-simultaneity of the simultaneous is an idea that Bloch used to explain the multiple temporalities of modern German state-building, and it is a concept that Korean historians and political scientists often draw on to explain Korea's complex modernity convincingly. This paper utilizes Bloch's notion of multiple temporalities to illustrate how Korea's state-building process coexists with multiple temporalities, including anti-communist warfare, industrialization, democratization, neoliberalism, and the welfare state, while navigating historical junctures such as post-colonial division, war, a coup d'état, dictatorship, democratic revolution, and the financial crisis. The second framework is 'structural injustice,' a term introduced by the political philosopher Iris Young (2000). This idea describes the multilayered yet systematic ways certain social groups are structurally excluded and oppressed. In my analysis, I employ Young's account of structure to demonstrate how different, non-synchronous times of Korea's state-building create structures in which care is discriminated against, excluded, ignored, overlooked, and undervalued.

In this article, I first introduce the concepts of 'non-simultaneity of the simultaneous' and 'structural injustice,' arguing that these ideas provide useful frameworks for discussing the diverse temporalities of state-building and the structural constraints on care in Korea. Then, I examine the various overlapping times of state-building—anti-communalist warfare (1950s-60s), industrialization (1960s-70s), democratization (1980s-90s), neoliberalism (1990s-2000s), and the welfare state (2000s-20s)—along with the norms, ideologies, and institutions that

shaped them. Next, I illustrate how the ideologies and social structures characteristic of these periods, such as anti-communist ideology, military culture, patriarchy, maternal ideology, gender division of labor in the modern family, work ideology, market orientation, elitism, and developmentalism, serve to exclude and discriminate against care systematically. Finally, I conclude by briefly envisioning the future of state-building with care.

1. 'Non-simultaneity of the Simultaneous' and 'Structural Injustice'

The German historian Bloch proposed the concept of 'non-simultaneity of the simultaneous' to illustrate the complex aspects of interwar Germany (Bloch 1935). In contrast to England and France, where pre-modernity gradually gave way to modernity over time, interwar Germany was characterized by a period of contradictory coexistence, with both pre-modern and modern cultures, politics, and societies coexisting simultaneously. Bloch introduced the term 'non-simultaneity of the simultaneous' to describe the phenomenon of different historical times coexisting concurrently.

Bloch's idea of 'non-simultaneity of the simultaneous' serves as a valuable discussion framework for prominent Korean historical and political scholars (Im 2014; Choi 1996; Kang 2014) analyzing Korea's 20th century. Through this concept, they aim to demonstrate the coexistence of multiple temporalities and orders in modern Korea. Political science scholar Im Hyug Baeg (2014) examines Korea's 20th century, where multiple non-simultaneous times coexist, collide, and evolve, by utilizing and innovating upon Bloch's concept of non-simultaneity within the simultaneous. "Unlike advanced countries that have gradually transitioned from pre-modern to modern and post-modern, Korea's defining characteristic is the non-simultaneity of the simultaneous, whereby non-simultaneous historical times of pre-modern, modern, and post-modern coexist at once" (Im 2014, 40). While in the West, state-building, ethnic nation-building, industrialization, and democratization progressed gradually over 200-300 years following the modern era, in Korea, all these developments emerged together in less than a century since liberation, illustrating the coexistence and conflict of historical times.

I also draw on Bloch's and Im's concept of 'non-simultaneity of the simultaneous' to analyze the periods of state-building in Korea. According to Im (2014), various times coexist and clash within Korea's modernity, including the eras of pre-modern patrimonialism, modern democracy, state-centered capitalism, market-centered neoliberalism, and Nordic welfarism. Im explains that these synchronized times were beneficial for rapid modernization but hindered the substantive deepening of democracy. In the next section, I demonstrate that the asynchronous time of state-building encompasses periods of anti-communist warfare, industrialization, democratization, neoliberalism, and the welfare state. I highlight that these asynchronous multiple times create structural conditions that systematically exclude, marginalize, and oppress care.

To explain the structure surrounding care, I draw on the idea of 'structural injustice' articulated by the political philosopher Iris Young (2000, 81-120). Young defines structural injustice as institutionalized oppression that restricts and disadvantages the life opportunities, capacities, and possibilities of certain individuals and groups while conversely granting advantages to others. She argues that these inequalities are naturally embedded in daily life, reflected in the language and symbols we use, as well as in the institutions and rules we adhere to, without anyone needing to exert force or resist. In other words, inequalities are perpetuated and solidified through our everyday interactions, media, and the frameworks of institutions and rules.

I aim to demonstrate that the asynchronous periods of state-building form the structures of oppression surrounding care. In describing the structure of oppression, young references Marilyn Frye's metaphor of the birdcage to illustrate the concept of oppression. The birdcage, Young emphasizes, is a social structure that limits people's capacities at the first level of intuition.

> The cage makes the bird entirely unfree to fly. If one studies the causes of this imprisonment by looking at one wire at a time, however, it appears puzzling. How does a wire only a couple of centimentres wide prevent a bird's flight? One wire at a time, we can neither describe nor explain the inhibition of the bird's flight. Only a large number of wires arranged in a specific way and connected to one another to enclose the bird and reinforce one another's rigidity can explain why the bird is unable to fly freely (Young, 2000, 92-93).

Individual wires might be viewed as random occurrences or outcomes of particular policies, but when numerous strands are considered collectively, they act as a net that constricts and strengthens certain individuals' living environments, capacities, and opportunities.

The metaphor of the cage effectively illustrates the structure of oppression surrounding care during various state-building instances. Although each instance of state-building has its own context, reasons, and ideological and socio-political dynamics, these concurrent instances are "constituted by how the positions are related to one another to create systematic constraints or opportunities that reinforce one another, like wires in a cage," thereby systematically oppressing and excluding care. This results in discriminatory ideological, socio-cultural, political-economic, and legal conditions for care (Young 2000, 94).

2. Multiple Times of State-building

2.1. Time of Anti-Communist Warfare State (1950s-1960s)

On August 15, 1945, Korea was liberated from Japanese colonial rule. After three years of U.S. military governance (1945-1948), the Korean government, led by Rhee Syng Man, was established on August 15, 1948. At that time, amid the international Cold War, Korea was

expected to serve as a bulwark against communist countries and an outpost state to block the spread of communism worldwide. Thus, the value of security was prioritized over the value of liberal democracy in Korea. In the Korean War (1950-1953), which erupted shortly thereafter, countless individuals were killed and injured, and the socio-economic system was completely devastated. Ironically, however, the war further accelerated and solidified the state-building process. It facilitated the creation of a modern army without resistance and allowed for the efficient recruitment of police officers necessary for maintaining domestic security (Im, 2014, 295-301, 313-321). Additionally, the Rhee Syng Man government sought to establish a patriarchal patrimonial state, where the president was regarded as the father of the national family. Consequently, the early government sought to exert control over oppressive state organizations, such as the military and police, and to privatize state power through patriarchy (Im 2014, 322-327).

(a) Anti-communism and Military Culture

The Rhee Syng Man government transformed the war into an anti-communist state defined by the ruling ideology of anti-communism through an authoritarian dictatorship. This ideology served as the primary guiding principle in state construction at the time. It was not an ideology that individual citizens could choose; rather, it was a mandated norm that had to be codified and internalized. The Korean War led to the widespread acceptance of anti-communist ideology as the dominant belief throughout society, regardless of social class or hierarchical status. Anti-communism was not merely a superficial acceptance of the ruling class's ideology; it reflected the collective sentiment of fear regarding the "communist invasion," the suffering and deprivation it caused, and the hostility it incited (Im, 2014, 313-321).

The Korean War led the Korean people to accept conscription through the National Recruitment System with little resistance. Consequently, the standing army grew more than sixfold, increasing from 100,000 to 600,000 soldiers. This conflict not only expanded the military significantly but also enlarged the repressive state apparatus, including the police and intelligence services, beyond societal needs. As a result, the military came to symbolize much more than the country's defense. By the war's end, it had evolved into society's most powerful, cohesive, and influential institution. Under the National Recruitment System, Korean soldiers, enlisted through national conscription, were trained, educated, and disciplined while being instilled with patriotism, anti-communism, and pro-Americanism, thus transforming them into citizens with the national character expected of modern citizens (Im, 2014, 316-318).

With the establishment of a military authoritarian regime under Park Chung Hee, who seized power in a coup d'état in 1961, military culture extended beyond the military and infiltrated society. The Park Chung Hee government (1963-1979) declared that the military was the most organized and rational promoter of modernization, disseminating military culture throughout society. The distinct 'military organizational culture,' characterized by uniformity, collectivity, a superior-subordinate system, and vertical hierarchy, evolved into 'military culture' and

transformed into a political culture that permeated society. In the three decades following the Korean War, military veterans transitioned into civilian life and became key proponents of military culture, driving economic development and industrialization. For instance, former military executives actively integrated military culture into corporate management practices. Moreover, the Park Chung Hee government not only transplanted and introduced military culture into civilian society but also imposed a military-style control system to regulate citizens in a manner reminiscent of military discipline (Im , 2014, 486-488).

(b) Patriarchalism and Maternal Ideology

The first Rhee Syng Man government actively employed and leveraged familial values to legitimize its patriarchal dictatorship. Rhee was called the Founding Father and adopted a paternalistic, king-like ruling style. For instance, in October 1954, Rhee delivered a discourse on the necessity of adopting Confucianism. This religious advocacy aimed to promote patriarchalism, which extends the paternal authority traditionally held by the patriarch within a Confucian family to a national level. It sought to broaden the paternalistic dominance of the patriarch, the father of the family, to the nation centered around the president (Im, 2014, 322-327, 391-398).

State patriarchal dominance has created an image of a 'sublime' mother who obediently follows and submits to her husband, the head of the family, while caring for her children with absolute love through dedication and sacrifice. This maternal ideology ties caring to women and motherhood, reflecting a social belief that all women (mothers) are inherently maternal by nature. Moreover, motherhood is praised for its 'nobility' and celebrated for the significant social value it brings to humanity and society. The dedication, sacrifice, and care of children are seen as natural for all women, something expected and deemed irresistible, aligning with the laws of nature. Because sacrifice and devotion to childcare are instinctive, society both celebrated their 'nobility' and took it for granted. The caring responsibilities associated with women became accepted as common sense (Yoon, 2001, 33-56).

2.2. Time of industrialization State (1960s-70s)

The Park Chung Hee government (1963-1979), which rose to power through a military coup in 1961, aimed to address the legitimacy issues surrounding its establishment and to build new legitimacy. It adopted a developmentalist strategy. Developmentalism prioritizes economic growth as essential for the nation's survival in the precarious post-colonial international landscape. These priorities indicate that state-led economic development became the primary objective of government actions. Park's regime sought to validate its inception and sustain its authority by enhancing financial performance. To achieve this, it initiated a state-led economic development plan in 1962 that revised performance targets every five years. This economic development plan persisted beyond the Park Chung Hee government for over 30 years until 1996.

The plan's centerpiece was a series of economic reforms that transformed Korea's economy into one that favored exports. The Park government implemented a developmentalist, export-led industrialization strategy that relied on exports for economic growth, which proved successful. Between 1961 and 1972, exports increased 40-fold, with merchandise exports rising 170-fold. With merchandise exports accounting for 60 % of total exports, Korea successfully transformed from an agricultural country into a manufacturing-based industrialized nation (Im, 2014, 456-463).

(a). Fordist Industrialization and Labor (Diligence) Ideology

The export-oriented industrialization promoted by the Park Chung Hee government implemented what is known as 'bloody Taylorism,' which followed Taylor's principles of productivity and management. 'Bloody Taylorism' is a form of Fordism characterized by excessive labor exploitation, including standardization, consistent production, and disciplined work processes, all aimed at establishing an efficient mass production system. The landscape of export-oriented industrialization at that time depicted workers sitting along designated conveyor belt production lines, where they repeatedly assembled standardized products. Workers had to engage in endless labor, except for a brief lunch break, much like components in a complexly interconnected production system. According to Im, the industrialization of the 1960s was defined by Taylorist Fordism, where workers became integral parts of the assembly line, mechanically engrossed in and driven to perform repetitive tasks (Im, 2014, 488-491).

The state praised the dedicated workers who wore overalls, laced up their work shoes, and went to their factory jobs to meet the growth targets outlined in the economic development plan as key players in industrialization. They were boldly given titles like 'export force,' 'industrial force,' and 'industrial warriors,' and their commitment to the nation's development and economic growth was celebrated. (Im, 2014, 491). Society appreciated these workers for their hard efforts in economic development, and the labor ideology, emphasizing diligence, served as the cornerstone of societal values. Thanks to the workers' affordable labor, along with their dedication and sincerity, Korea successfully established the foundation for modern industrialization and rapid economic growth.

(b) Family Planning Project and Modern Family in the Gendered Division of Labor

The Park Chung Hee government implemented the 'Family Planning Project' as part of its economic development plan. The family planning project, which was conducted for approximately 25 years starting in 1961, illustrates a different aspect of Korea's industrialization trajectory. This national initiative was executed nationwide by mobilizing state organizations to achieve the goal of population control. The strategy aimed to influence the reduction of birth rates through the distribution of contraceptives and sterilization techniques to individual citizens and households, as a population control policy was essential for economic development. The most significant aspect of the family planning project was the distribution of contraceptives; however, it encompassed a range of initiatives, including the distribution of

condoms, the enactment and revision of the Maternal and Child Health Act, and the contraceptive culture project, as well as the establishment of the family management research institute. Consequently, "all matters related to pregnancy, childbirth, and childrearing were included within the scope of the project" (Cho, 2018, 75-77). As a result, Korea's population growth rate decreased from 3.0% in 1960 to 1.7% by the end of 1976, and the total fertility rate fell from 5.95 to 3.

The contemporary family structure, rooted in modern motherhood and a gendered division of labor, emerged and proliferated through the family planning initiative. This initiative depicted a good mother as a capable individual responsible for organizing and managing her children's education, as well as a diligent manager with the skills and knowledge to effectively implement modern child-rearing practices. The nuclear family, composed of a father who serves as the breadwinner rather than an all-powerful patriarch, and a mother who efficiently oversees childrearing, caregiving, and household tasks to ensure her children develop into well-adjusted adults, and their children, became the paradigm of the modern family (Cho, 2018, 234-258).

2.3. Time of Democratization State (1980s-1990s)

The military authoritarian regimes of Park Chung Hee (1963-1979) and Chun Doo Hwan (1980-1988) sought to stifle the emergence of an autonomous civil society by forcefully suppressing the democratization movement. However, the torture-related death of college student Park Jong Cheol, who was arrested during a democratization demonstration in 1987, galvanized the middle class and religious groups to engage in the demonstrations actively. This participation brought together existing students, workers, and the largest coalition for democratization, consisting of the opposition party, workers, students, the middle class, and civic forces. The democratization of Korea represented a prolonged struggle characterized by confrontation, conflict, and mobilization between the military authoritarian regime and the civil society coalition advocating for democracy. Following the June Civil Struggle, the civil society coalition succeeded in securing concessions regarding democratization from the military regime on June 29, 1987. This marked a significant turning point in Korea's democratization, symbolized by the June 29 Declaration. (Im 2014, 596-601).

(a). The Politics of Elite Collusion

With the June 29 Declaration in 1987, the politics of democratization shifted from street protests to negotiations in the halls of the National Assembly and from the citizenry to the political elites. Central to the democratization deal was a constitutional amendment. These amendments included a five-year presidential term and a presidential election system; the abolition of the president's power to impose emergency measures and the right to dissolve the National Assembly; the restoration of the National Assembly's authority to investigate and audit state affairs; the strengthening of the National Assembly's checks on the executive branch; and the establishment of a new Constitutional Court to enhance the power and autonomy of the judiciary. The political landscape achieved a comprehensive constitutional amendment that

revised 37% of the existing constitutional articles. The agreed-upon amendments were passed by an overwhelming majority in the National Assembly on September 21, 1987, and confirmed in a referendum on October 27, 1987, with 78.2 % of the votes cast in favor (Im, 2014, 613-623).

However, the process of amending the constitution resulted from collusion among elites in the institutional political sphere, thereby excluding the pro-democracy coalition of workers, students, and citizens who were the primary driving force behind the popular mobilization. After the June 29 Declaration, representatives from civil society movements, including the National Movement for a Democratic Constitution, the Korea Confederation of Trade Unions, the Federation of Korean Industries, women's organizations, and farmers' representatives, voiced their desire for constitutional reform, but their perspectives were not included in the political discussions surrounding the content of the amendment. As civil society groups were marginalized from the amendment process, critical issues that needed attention were overlooked in the 1987 constitutional amendment proceedings. For instance, matters such as the military's political neutrality, the characterization of the Gwangju Democratization Movement, and workers' rights to participate in management and share in profits were either inadequately addressed or omitted from the negotiating agenda. This illustrates that the democracy the civic movement painstakingly achieved through grassroots mobilization and struggle was not reflected in the process of institutionalization through the constitution; instead, it became a byproduct of elite collusion within the establishment (Im, 2014, 613-623).

2.4. Time of Neoliberalism State (1990s-2000s)

In late 1997, Korea faced an economic crisis often referred to as a national crisis comparable to the Korean War. This financial crisis, which originated in Southeast Asia and spread to Korea due to neoliberal globalization, nearly devastated the Korean economy, compelling the country to secure the largest bailout in its history ($55 billion) from the IMF. The IMF and the United States, which provided the bailout, pressured the government and financial sector to implement structural reforms across the economy and society, including the labor market, corporate sector, public sector, and financial system, as a condition for the bailout. The Kim Dae Jung government (1998-2003), given a neoliberal restructuring mandate, aimed to establish institutional arrangements that facilitated restructuring the corporate and financial sectors, including introducing a flexible labor market to ease layoffs and allow for the replacement of workers. Ultimately, the structural reforms in the economy and labor sector, driven by both external pressure and internal demands, transformed Korean capitalism into neoliberal capitalism after 1997 (Im, 2014, 642-645).

(a). Neoliberal Ideology and Competitive Individuals

Since 1997, neoliberalism in Korea has served as a social ideological hegemony, extending beyond its economic model. Neoliberal ideology has dominated Korean society entirely. Neoliberal discourse emphasizes the principles of market competition, profit maximization,

deregulation, market opening, economic liberalization, privatization, and the inefficiency of the public sector. It also sanctifies private property and prioritizes the private sphere over the public sphere. This ideology has permeated both the conservative regimes of Lee Myung Bak, Park Geun Hye, and Yoon Seok Yeol, as well as the liberal administrations of Kim Dae Jung, Roh Moo Hyun, and Moon Jae In. Neoliberal thought has influenced not only the economy but also the institutionalization and policy directions in education, public administration, and welfare. In particular, the Lee Myung Bak government (2008-2013), which advocated for a market-based approach, attempted to privatize public sectors directly related to citizens' lives, such as health insurance, water supply, and highways. It also tended to reject and abandon the state's role as a public good in education through various pro-business deregulation policies (Im, 2014, 736-739).

A society dominated by neoliberal ideology is characterized by individuals prioritizing selfish interests, pursuing competition, performance, and profit maximization without regard for broader societal concerns. In this society, personal profit is the dominant value, leading to a decline in the sense of community. In an environment of self-reliance and winner-take-all, society becomes polarized into the haves and the have-nots, and the differences in education and other conditions between these groups lead to further polarization. Indeed, polarization in Korean society, as manifested in income, wealth, and education disparities, has accelerated since the IMF era. The income share of the top 20% of the population has been steadily increasing, while the income share of the bottom 20% has been decreasing. The Gini coefficient remains high, above the OECD average, and Korea is classified as one of the countries with the fastest-growing income inequality among OECD members (Ryu 2023). Consequently, the values of caring, solidarity, empathy, and consideration for others in an ultra-competitive, ultra-individualistic society are increasingly losing ground. Issues such as bullying, hatred of the weak, obsession with exclusive rights, extreme materialism, isolation, loneliness, and suicide are gripping the entire society. Korea's suicide rate sharply increased after the IMF financial crisis and has remained the highest among OECD countries for more than two decades since the 2000s. Korea's suicide rate is more than double the OECD average.

2.5. Time of the Welfare State (2000s-20s)

Korea became a full-fledged welfare state in the 2000s. Welfare policies were introduced under the military government of Park Chung Hee, including worker's compensation insurance (1963) and health insurance (1963), and later under another military government, Chun Doo Hwan, which established the national pension (1988). However, these initiatives were actively expanded by the democratic progressive government following the 1997 democratization. During the Kim Dae Jung administration (1998-2003), major social welfare programs were reorganized and expanded, with the state taking a more direct role in providing welfare through programs such as social assistance and unemployment benefits. Under the Roh Moo Hyun administration (2003-2008), the scope of social services expanded significantly, with the

intention of achieving universal welfare. During the Moon Jae In administration (2017-2022), the government actively sought to enhance care through initiatives such as introducing a child allowance, establishing a state responsibility system for childcare, expanding national health insurance coverage, and increasing the basic pension allowance.

Care policies have been newly introduced or significantly expanded since the 2000s. Regarding childcare, state responsibility for the care of preschool children was institutionalized through the 1991 Infant Care Act, followed by a comprehensive revision of the same law in 2004, which introduced universal childcare. For elderly care, the Long-Term Care Insurance for the Elderly was enacted in 2008, institutionalizing elderly care in the form of social insurance. This change has expanded elderly care from a minimum level of institutional support for older adults without family members or those with low incomes to a universal level of care for all elderly individuals with long-term care needs. However, other factors contributed to this expansion of care policies, making care secondary, strategic, and instrumental (Kim forthcoming).

(a). Care as a Crisis Response Strategy

In the early 2000s, the discourse surrounding the 'crisis' of low birth rates and aging came to the forefront of Korean society. In 1983, the total fertility rate fell below the population replacement level of 2.06, and by the early 2000s, it had already dropped to the low 1s. Since 2018, the total fertility rate has remained below 1.0. Concurrently, Korean society has been experiencing rapid aging, with the proportion of the population aged 65 and over increasing from 7.0% in 2002 to 10.9% in 2010, 16.7% in 2021, and 18.4% in 2023 (Hong 2023).

Care policies were introduced as an immediate response to this demographic crisis. Several childcare policies have been proposed to alleviate the care burden on families, which has been identified as the primary cause of the declining birthrate. Additionally, elderly care policies were proposed with the intent of shifting care from private to social services to ease the care burden caused by the aging population. This aim is also explicitly noted in the rationale for enacting the Long-term Care Insurance Act, which serves as the foundation of the long-term care insurance system. The rationale for the act highlights that caring for the elderly at home is challenging due to the aging population, the prevalence of nuclear families, increased social participation by women, and rising costs. This burden is recognized as a serious social issue that society must address urgently.

(b). Care by the Market

The neoliberal ideology of privatization and deregulation has spread to the welfare sector. Since the 2000s, governments have adopted a strategy of utilizing the private sector to implement care policies rapidly and efficiently at a low cost. To expand and quickly disseminate care policies quantitatively, the government opted for the marketization of care, where private institutions operate care services. In the case of long-term care insurance for the elderly, there is a high dependence on the private sector when examining long-term care service providers. Regarding

childcare, only 16.4% (5,437) of the total 33,246 childcare centers in 2021 were publicly funded. Private and family childcare centers accounted for 73.4% (24,494) of all childcare centers (Ministry of Health and Welfare, 2022).

The government anticipated that increasing childcare provision by private organizations through the market would facilitate the swift growth of childcare services and enhance quality through user choice amidst competition among private entities (Seo 2017). However, contrary to the government's expectations, the marketization of care has led to excessive competition among private agencies, resulting in a decline in care quality, poor working conditions for care workers, and limited user choice (Kim 2016; Choi 2018).

(c). Economic Growth and Job Creation by Utilizing the Female Labor Force

Since the 2000s, care policies have been framed as a strategic industry for job creation. The goal was to generate social service jobs to meet the increasing demand for care. Global economic growth without corresponding employment results in job shortages; hence, the government stresses that proactive job creation investment is essential. In particular, the government has focused on examples from other countries where the impact of creating female jobs in the social service sector surpassed that of the entire service industry (Min et al. 2007). Consequently, the care policy was viewed as part of the women's job creation strategy, and bringing the inactive female population into the labor market and utilizing them economically was chosen as the primary approach for economic growth.

The primary focus of the government's social service job expansion strategy was on low-income homemakers aged 40 and older seeking re-employment. This initiative aimed to reintegrate women in this age group from the non-economically active sector by creating social service jobs while also providing care at a relatively low social cost through their involvement. Consequently, care jobs became increasingly concentrated among women, particularly low-income, middle-aged, and older women.

3. Multiple Temporalities and the Structure of Oppression Surrounding Care

The multiple temporalities examined in the previous section did not unfold sequentially after earlier events faded away. The periods of anti-communist warfare, industrialization, democratization, neoliberalism, and the welfare state coexisted over an 80-year span. While Bloch (1935) demonstrated the coexistence of pre-modern and modern times in interwar Germany, Im (2014) highlighted the contradictions within the conflicting multiple times of modern Korea, noting that the synchronized periods benefited modernization but hindered the development of a more mature democracy. On the other hand, this section aims to demonstrate that the compressed times of coexistence form the framework of systematic oppression surrounding care.

3.1. Care That Falls Short of Standard Citizenship

The anti-communist ideology and military culture prevalent during the era of anti-communist warfare, along with the labor ideology of industrialization, established 'soldiers' and 'workers' as the archetypes of ordinary citizens. Although the Constitution of Korea was enacted in 1948 and asserts that all citizens are equal under the law, the representative image of a citizen that Korean society pursues and predominates is that of the 'soldier,' characterized by a strong physique and loyalty to their organization, and the 'worker,' defined by diligence and a commitment that allows for no leisure. The anti-communist ideology, military culture, and labor (diligence) ideology created the ideological and legal foundation that positioned individuals who were neither soldiers nor workers as second-class citizens.

Korea is the only divided country in the world that maintains a robust conscription system. All male citizens must serve 2 to 3 years of military duty, as the Constitution mandates. Those who fail to fulfill (or cannot fulfill) their military service are often perceived as defective individuals, frequently overlooked by the military, and are likely to face discrimination and disadvantages in various aspects of social life, including employment. During the Park Chung Hee military government (1963-1979), individuals who did not serve in the military faced severe sanctions, including bans on public office and overseas travel. They were branded as "factors that undermine national unity and social discipline" and "non-citizens," and were even defined as enemies of society (Choi, 2018, 116-117). Even today, those who evade military service are restricted from traveling abroad until they fulfill their military service obligations, are ineligible for passports, and cannot be employed as civil servants until they reach the age of 40. Additionally, they face obstacles in acquiring business licenses and permits from the state (Military Manpower Administration, 2015). Despite the Constitutional Court's ruling that the 'military service bonus point system'—which offers employment benefits to those who have completed military service—is unconstitutional, a survey of companies revealed that 86.5% of respondents supported the introduction of this system, 88.6% indicated that the experience gained through military service was beneficial in performing their jobs and for their organizations, and 90.6% preferred candidates who had served in the military over those who had not (Kim and Choi 2013).

Korea is also the country with the longest working hours. As of 2021, it recorded the highest average annual working hours among the 31 OECD countries, totaling 1,915 hours—314 hours more than the average for member nations (1,601 hours). This figure exceeds Germany's by over 50%, with Germany having the lowest working hours at 1,349 hours. Additionally, Korea had the highest percentage of 'long-time workers,' defined as those who work more than 48 hours per week. The OECD average for this group was 7.4%, while Korea's was significantly higher at 18.9% (Park 2023). Recently, the Yoon Suk Yeol government (2022-2025) unveiled a plan to reform the working hours system, aiming to increase the maximum working week to 69 hours. The popular recent book *The Overworked Society* critiques the situation of long

working hours in Korea, examining the causes and characteristics of the deep-rooted 'diligence ideology,' where long hours, diligence, and sincerity are viewed as criteria for success (Kim 2013).

In Korean society, individuals who do not conform to the traditional image of soldiers and workers, such as those in need of care or those who care for others, are often viewed as deficient and burdensome. They are frequently subjected to social disdain, degradation, and contempt. Numerous familiar, socially accepted slurs demean the elderly, children, people with disabilities, and mothers who care for their children. The derogatory terms '*mamchung*' and '*neugeumma*,' which refer to mothers, have become quite common. Furthermore, elderly care facilities, welfare centers for the disabled, and childcare facilities are perceived as 'hate facilities' by residents, sparking debates for and against their establishment in communities.

3.2. Care Neglected as the Responsibility of Families and Women

Patriarchal motherhood during the anti-communist era required that families and women be responsible for caring for children and supporting parents within a hierarchical system defined by strict divisions between public and private spheres, as well as male and female labor. Modernized motherhood, emerging from the gendered division of labor during industrialization, represented a distinct form of patriarchy; however, it still inherently associated housework and child-rearing as rational and scientific tasks of mothering. Both patriarchal 'pre-modern motherhood' and industrialized 'modern motherhood' establish the structural foundation for Korean society's neglect of care as a responsibility of women and families.

Despite the recent influx of public care policies, care continues to be a significant burden on families and a primary responsibility for women in Korean society. For instance, despite a notable increase in the childcare budget over the last two decades, Korea's female employment and labor force participation rates have consistently ranked among the lowest in OECD countries. As of 2023, Korea's female employment rate stands at 61.4%, while its labor force participation rate is 63.1%, placing it 31st out of 38 OECD countries for both metrics. Notably, the employment rate for women with children under the age of 15 is significantly lower than that of major industrialized nations with comparable economic and population sizes. As of 2021, Korea's employment rate for women with children under 15 was 56.2%, which is 12.0 percentage points lower than the average of seven countries with a per capita national income of $30,000 or more and a population exceeding 50 million (68.2%) (Cha 2025). This demonstrates that, despite the growing public care infrastructure, children are still predominantly raised by their mothers.

Women in Korea also spend significantly more hours in domestic care than men. According to the latest Living Time Survey, the number of hours of weekday housework for adults has not changed much, from 3 hours 22 minutes for women and 39 minutes for men in 2014 to 3 hours 10 minutes for women and 48 minutes for men in 2019. While women's hours of housework

have decreased slightly and men's hours have increased slightly, as of 2019, women spend 2 hours and 22 minutes more per day on weekday housework than men (Statistics Korea 2020). Conversely, when women are employed, their paid labor hours increase, yet their caregiving hours do not decrease significantly. This suggests that women are often compelled to choose between caregiving and paid work or face the double burden of managing both (Yoon, 2018, 192-193).

Therefore, 'pre-modern motherhood' and 'modern motherhood' have become the social standard for judging what constitutes a normal mother. Women who do not or cannot provide care face social criticism. Women who do not have children or who choose not to have children are often looked down upon and pitied, while women who cannot be devoted mothers are disparaged and belittled as selfish and deviant. Furthermore, the 'maternal ideology' is internalized by women themselves, and those in dual-income families often experience self-blame, guilt, and feelings of inferiority for not being able to care for their children properly, thereby failing to fulfill their maternal responsibilities.

3.3. Marginalized and Unrepresented Care

In 1987, Korea achieved democratization after nearly 30 years of military authoritarian rule, thanks to its citizens' widespread solidarity and tireless resistance. Unfortunately, however, the post-democratization process was anything but democratic. In a series of subsequent processes for democratic institutionalization, including constitutional amendments, the voices of civil society were marginalized and unrepresented, reducing hard-won democracy to collusion among political elites. Following the civilian government's takeover of power in 1992, grassroots democracy movements flourished, and the civil society sector continued to expand and develop. Yet, civic forces were still underrepresented in discussions on current issues and struggled to secure a seat at the negotiating table. In particular, in the field of care, it has been dismissed as a private, familial, and feminine concern, thus being marginalized from so-called 'elite politics' in both the political and civil society arenas.

Of course, some social movements can be described as care movements, such as voluntary childcare cooperatives at the local or village level and non-profit civil society organizations that support care workers for the elderly and those with disabilities. Thus, it is difficult to argue that these movements have not had a significant social impact, drawing public attention to care-related issues, publicizing them, and influencing their political and institutional reflection (Kang, 2018). However, care movements have often been perceived as mere mothers' gatherings and excluded from the decision-making arenas of civil society and mainstream politics.

The Korean domestic workers' movement exemplifies this issue. Domestic workers in Korea are excluded from the Labor Standards Act, which contains a clause (Article 11) stating it does not apply to them, leaving these workers without legal protection and regulation. Organizations representing domestic workers have consistently highlighted this injustice to the government

and the National Assembly, urging new legislation to include them; yet, mainstream political forces have failed to respond effectively to their demands. Additionally, domestic workers' organizations have been marginalized and unrepresented by traditional trade unions, hindering their ability to find active support and engagement. Although the National Assembly passed a resolution in 2012 calling for the submission of a motion to ratify the ILO's Convention on Decent Work for Domestic Workers, the proposed Domestic Workers Act was repeatedly shelved before it could be enacted (Um, 2023). It was not until 2022 that the law was finally established, but, as a representative from a domestic worker organization recalls, convincing the government and the National Assembly's standing committee required "a thousand times" of effort over the years (Choi, 2024).

Due to the entrenched barriers in elite mainstream politics, a care movement is emerging that seeks innovative approaches to political influence, diverging from traditional methods. This movement is represented by 'Moms for Politics' established in 2017. It is a voluntary civic organization comprised of mothers raising children who aspire to cultivate a caring environment that ensures gender equality through direct political participation. Since its founding, the organization has expanded its focus to encompass education, welfare, the environment, and peace, actively engaging in initiatives to address contemporary issues from a maternal perspective (Moms for Politics 2018). Participants in Moms for Politics are viewed as creating new opportunities for political engagement by identifying themselves as political actors capable of bringing care issues to the forefront and advocating for institutionalized solutions. They creatively leverage legacy media and various online platforms in this process. Consequently, it exemplifies the potential for mothers to emerge as political actors by utilizing diverse media spaces linked to their private lives and public institutions (Choi & Choi 2023).

3.4. Market-driven, Survival-of-the-fittest Care

Since 1997, neoliberalism has been the dominant social ideology, deeply ingrained in the lives and relationships of individual citizens as well as the direction of state policies. The market system, which is focused on efficiency and profit, has made us forget that we are all dependent and interdependent human beings with universal care needs. The profit motive of this market system has failed to respond proactively and sensitively to the care needs of vulnerable individuals, putting the status of caregivers at risk. Care has become a matter of self-reliance that must be managed within the market, resulting in a structure where those with financial means can access more comprehensive care (or purchase it), while those without struggle to gain even minimal care. This has led to widespread inequality in care based on socioeconomic status.

For instance, in Korea, the burden of private care expenses is rapidly rising to the extent that new terms related to care, such as 'care bankruptcy,' 'care murder,' and 'care hell,' have emerged. The number of 'care provider unemployed' individuals who resign from their jobs to care for their families due to the high care costs is also on the rise. As care expenses, exceeding

hospital bills, continue to rise yearly, the government appears to be exploring various public support options. A recent survey revealed that care expenses, which totaled 5 trillion won in 2014, surged by 38% to 6.9 trillion won in 2018. The opportunity cost, including wage losses incurred by family members caring for patients, also increased by 17% during the same timeframe, reaching 7.7 trillion won (Kim & Ahn 2024). According to another survey, hiring a caregiver at a nursing home or other facility will cost 3.7 million won per month in 2023, which exceeds 60% of the median income for households in their 40s and 50s. The cost of hiring a caregiver is increasing by about 10% each year, and it is reported that it often costs more than 5 million won per month to employ an experienced caregiver (KBS, 2024).

The government has also actively implemented a system that leverages the market to provide and manage services in the public care sector. It believes that allowing private organizations to deliver care through the market will enable efficient, rapid, and widespread access to care services while ensuring user choice in a competitive environment among private organizations, thus guaranteeing better quality of care services (Seo, 2017). However, contrary to the government's expectations, care service providers have utilized policies to reduce the number of care workers or to freeze or lower their labor costs, ultimately leading to poor working conditions for care workers and a decline in the quality of care provided to recipients.

For instance, childcare workers, who represent the essential workforce in the childcare sector, endure challenging working conditions, including low wages, long hours, and a lack of guaranteed rest time. By the end of December 2020, approximately 70% of childcare workers were employed as private and home childcare providers, with most earning only the minimum wage (Kim and Kim, 2021, 72). Another survey found that 94.7% of private and home childcare workers earned a monthly wage below the minimum wage (Kim, 2022). Likewise, caregivers, who are the essential workforce in the elderly care sector, also face job instability, low salaries, challenging working conditions, and violations of human rights. A survey revealed that the average monthly working hours for caregivers in nursing facilities were 177 hours, with an average wage of 1.55 million won, whereas visiting caregivers worked an average of only 88.9 hours per month, earning approximately 650,000 won (Lee, 2017).

Ultimately, the marketization of care driven by neoliberal principles has increased the vulnerability of those socioeconomically disadvantaged in accessing proper care and has rendered care providers themselves more socioeconomically at risk in their provision of care.

3.5. Instrumentalized and Feminized Care

The expansion of care policies in the welfare state since the 2000s involves utilizing care to address various social needs and concerns. Care is regarded as a tool for population and economic policy. Care policies have been proposed as an immediate response to the demographic crisis of declining birth rates and aging populations, as well as a component of economic strategies aimed at harnessing the female labor force and creating employment opportunities.

Care policies, presented as responses to the population crisis, needed to be expanded rapidly to ensure the country's survival. Consequently, the government adopted a policy strategy that utilized the private sector to disseminate and quantitatively expand these care policies. As a result, the government has actively promoted the marketization of care, where private institutions primarily operate care services. This, combined with the prevailing neoliberal ideology, has contributed to a deepening inequality in care. Furthermore, care policies aimed at leveraging women's labor force and creating social service jobs have led to an increase in the feminization of care. This suggests that while care has become socially institutionalized outside the home, women continue to be the primary providers of care. Although women's re-entry into the labor market has increased, and the creation of social service jobs has been successful, the new jobs are predominantly low-wage and low-skilled, with gender bias. Care workers are typically female, middle-aged, and in temporary positions.

Currently, 89% of social service workers in Korea are women, including social workers and preschool teachers, while 93.5% of care and health service workers, such as nursing assistants, caregivers, and after-school teachers, are also women. The percentage of women among domestic helpers and babysitters who focus on household chores or childcare is 99% (Kim and Lim 2020: 2-4). As of 2022, 99.5% of childcare workers are female (Ministry of Health and Welfare 2022). In elderly care, 6.1% of caregivers are male, whereas 93.9% are female, with 62.9% of caregivers aged 60 and older. The majority (53.6%) of caregivers are employed on a part-time contract basis, and the percentage of contract workers is relatively higher among women than men and tends to increase with age (Lee & et al. 2022, 26).

While the proliferation of care policies has led to an increase in care-related jobs, it has not resulted in quality jobs or positions that ensure good care. Governments have focused on boosting job numbers to meet the demand for care yet have overlooked who provides that care, the conditions under which they work, and how they are treated.

Conclusion: Towards State-building with Care

This paper introduces the multiple temporalities of modern state-building in Korea over the past eighty years, since 1945, and demonstrates that these coexisting temporalities act as structural constraints on care. In the broader context of state-building, various periods have been marked by anti-communist warfare, industrialization, democratization, neoliberalism, and the development of the welfare state. The anti-communist ideology, military culture, patriarchalism, maternal ideology, developmentalism, modern family, modern motherhood rooted in the gendered division of labor, labor ideology, elitism, and market-centrism were created and propagated during these times and formed the ideological, political, social, economic, and legal foundations for the systematic exclusion and discrimination against care.

The anti-communist ideology during the militarization period and the labor (diligence) ideology during the industrialization period viewed 'soldiers' and 'workers' as ordinary

citizens. Those who required or cared for support that did not align with the standards of normal citizens were regarded as individuals who fell short of these standards. Additionally, the ideological and cultural foundations of the system were rooted in the 'paternalistic motherhood' of the anti-communist era and the 'modern motherhood' shaped by the gendered division of labor of the industrialization era, which positioned care as the responsibility of women and families. Although the country transitioned to democracy from military dictatorship in 1987, elitism in the political structure has posed a significant barrier to the growth of civil society movements, including the care movement, as a political force. Neoliberal ideology, which has deeply permeated Korean society since the 1997 IMF crisis, has been steeped in market principles akin to religious beliefs, failing to adequately address the needs of those requiring care and leaving care providers socioeconomically vulnerable within the market. Care has also become a commodity to be addressed in the marketplace, creating and reinforcing inequalities based on financial status. Since the 2000s, care policies have emerged and expanded within the discourse of the welfare state, yet they continue to be regarded as a subset or secondary tool of population or economic policies.

In summary, individual time becomes a single wire in the cage, while multiple co-existing times form a net that intersects to create a structure of oppression surrounding care. For instance, developmentalism and the ideology of economic growth during the industrialization period established a framework for the gendered division of labor that confined the domestic sphere to women. This gendered division of labor continued during the formation of the welfare state, with many jobs created through care policies being caregiving roles primarily for women. In essence, these times reinforce each other, leading to the feminization of care and the perception of women as care providers. Additionally, the elitism that emerged during the democratization period has obstructed civil society's political participation and power. In particular, the care movement has been shaped by patriarchal ideology and the structure of the gendered division of labor, facing exclusion and devaluation by other labor-centered social movements, which has hindered its potential to evolve into a significant political force. Thus, the devaluation of care in Korean society, the feminization of care, and the various discrimination and disadvantages that caregivers encounter both at home and in the marketplace stem from multiple yet systemic structural constraints surrounding care throughout 80 years of state-building.

Korea now requires a significant transformation from a structure lacking care to one that embodies it. In this context, numerous initiatives related to the transition to care are currently in progress: a shift toward a caring society, a constitutional amendment focusing on care, and a care service system that aligns with the military service system, among others. A new era is emerging regarding integrating and responding to this national framework of care. In the face of unprecedented challenges, it will be intriguing to see if Korea can effectively translate its

experience of non-simultaneity of simultaneity into K-care and the vision it can present to the world.

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A Disruptive Ontology of Caring Time:
overcoming moral harm in care through an emancipatory ethics of time

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Article Info	ABSTRACT
	Care ethics emphasizes the incessant nature of the work of care. The other-oriented focus of care work and the asymmetric relation between the one-caring and the cared-for entails a normative commitment to a cyclical conception of living time on the part of the one-caring. Moreover, in care, we must think of the time of the self as intertwined with the time of the other, thus constituting a mutual temporality. However, from the perspective of a feminist phenomenology of time, potential moral harms can be identified in the temporal structure of care, which may cause caring time to degenerate into uncaring time for the one-caring. To avoid such a predicament, it is imperative to develop an emancipatory ethics of time at the heart of the relational ontology of care. I argue that when various modalities of living time in care sediment into a coherentist ontology of time, only then is there a degradation into uncaring time. To positively reconstruct a radical notion of caring time, we must build a disruptive ontology within our conception of caring time, which highlights the significance of rupture, dissonance, disruption, and distortion within the everydayness of care. The argument in the paper serves a normative purpose since it draws our attention to what we owe morally to the one-caring in terms of their time. My analysis weaves together care ethics, feminist phenomenology and feminist writing from India through a philosophical engagement with Amar Jiban by Rassundari Devi.

Introduction

Scholarship in care ethics emphasizes the incessant nature of the work of care, that is, its everydayness and the repetitive nature of responding to the needs of the other for whom one is responsible. Additionally, in light of the other-oriented focus of care work and the asymmetric nature of the relation between the one-caring and the cared-for, an underlying commitment to a cyclical conception of time as lived (henceforth, "living time") on the part of the one-caring may come to constitute an integral normative element of care. I believe that not only is the arch of temporality in care extended, but providing care involves a constant turning back or concretization in the here and the now, which we may characterize as phenomenological turning points. The moral ontology of care also pushes us to think about time for the one-caring as intertwined with the cared-for. This entanglement means that thinking time for the self within a care relation is impossible without thinking time with the other. I characterize this peculiar phenomenology of caring time, with its focus on betweenness, as having the structure of mutual temporality.

Feminist phenomenologists such as Simone de Beauvoir note that particular temporal structures, including cyclicality and repetition, have been the plight of living time by women and other marginalized groups. Beauvoir also links these modes of temporal being with a phenomenology of oppression. Time, from a feminist phenomenological lens, can be seen as playing a crucial role in creating obstacles to freedom from oppression by freezing marginalized subjects into specific orientations of living time. Beauvoir, however, is not often read in relation to an ethics of care; in fact, some even consider her a traditional liberal feminist, which may make her point of view appear as a counter to the commitments of the care tradition. On my part, I approach Beauvoir's *The Second Sex* through a hermeneutics of care. I then bring a feminist phenomenological perspective on temporality to bear on the discussion of the temporality of care to argue for the need to attend to potential dangers in the underlying temporality of care. As I put it, we must prevent caring time from degenerating into uncaring time for the one-caring. When this happens, the one-caring gets lost in the work of care. If the meaning of care is predetermined for the one-caring, then this will obstruct their possibility of constituting both the meaning of care as well as exercise moral agency through caring over time. I argue that this kind of degradation in the underlying structure of the temporality of care must be considered as a form of moral harm. To avoid such a predicament, it is imperative to develop an emancipatory ethics of time at the very heart of the relational ontology of care.

I finally turn to the work of Rassundari Devi,[1] one of the early women writers from Bengal in nineteenth-century colonial India, and draw out resources, which can help us to reflect further

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[1] The paper uses Enakshi Chatterjee's translation, which first appeared in 1999. The edition of the translation being used is the 2022 Writer's Workshop corrected and expanded third edition. Chatterjee notes that it was not

on the nexus between care and time. Rassundari was an upper-caste Hindu housewife who wrote an autobiography in Bengali titled, *Amar Jiban* (translated as *My Life*). This book is the first autobiography to be written by an Indian woman, and it consists of two parts. Rassundari finished writing the book when she was eighty-eight years old.[1] Although the text has been approached so far through the lens of women's writing, the genre of autobiography, and as a text in social history (see, for instance, Sarkar, 1999; Tharu and Lalita 1991), engagement with the text from the lens of philosophy is absent in the scholarship. My paper offers a philosophical lens by approaching the text through a care-based and phenomenological lens. In this way, the reading brings unique resources for interpreting the text. By considering Rassundari's work, I further develop my conception of uncaring time to argue that only specific forms (not all) of the underlying temporality of care may be considered problematic. The temporality of care threatens to sediment into uncaring time when it degrades into, what I call, a coherentist ontology of time. A coherentist ontology of time is defined as marking the present only in terms of its consonance, resonance, and similarity with the past, and in relation to a future, which appears to be fixed. I believe that Rassundari's work, written a century before the care tradition came into existence or, for that matter, preceding Beauvoir's foundational text in feminist phenomenology, helps us to understand the dangers of a coherentist ontology of time. In light of this, I argue that the link between care and time must be conceptualized in an emancipatory vein, that is, in a way that preserves the agency of the one-caring within everyday intimate relations of care. Accordingly, we must find ways for caring time to subvert and/or not lapse into a coherentist ontology. To do so, we must highlight the significance of rupture, dissonance, disruption, and distortion within repetition and the everydayness of care. I conclude that to positively reconstruct a radical notion of caring time, especially one that retains its critical edge, we must build a disruptive ontology within our conception of caring time. A disruptive ontology of caring time lays the ground for an emancipatory ethics of time to overcome potential moral harms in care.

Section one titled, "Time of the Self *and* Time of the Other: The Constitution of Mutual Temporality in Care," outlines various intrinsic features of caring time, including its inherent

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customary at the time for women to use surnames – it had to be Devi for the Brahmins and Dasi for the rest. The Bengali text mentions the author as Rassundari Dasi. However, Chatterjee observes that Susie Tharu and K. Lalita's anthology on women's writing, in which excerpts of the Rassundari's text first appeared in English, has given her a Devi status, perhaps unknowingly. Chatterjee states that she does not correct the mistake in the translation since this designation has become popular in the scholarship and any change now would lead to confusion. On my part, I choose to use Rassundari's first name only in the paper since this suffices to foreground her voice and is in keeping with the style of Bengali narrative discourse.

[1] There is some confusion regarding the exact date of publication of Rassundari's book. Chatterjee, in her translation mentions that according to Rassundari, her book (the original in Bengali, that is) was first printed in 1868, but no such edition has been found so far. The earliest existing edition, of the first part only, dates to 1875. Chatterjee also claims that Rassundari certainly revised Part I later since the complete text in its present form, including Part II, contains references in Part I to her older years.

structure of what may be termed as, *mutual temporality*. The radical potential of the underlying order of temporality in care for constituting an ontology of connectedness as well as an ethics of care is discussed. Section two titled, "Potential Moral Harms in Caring Time Captured through a Feminist Phenomenology of Time," however, develops a critical perspective on caring time through the lens of a feminist phenomenology of time. I argue that a feminist phenomenology of time enables us to discern potential moral harms in the temporal structure of care, especially how caring time might degenerate into, what I term as *uncaring time* for the one-caring. The analysis also highlights the need to actively resist uncaring time within the structure of mutual temporality. In Section three titled, "Towards a Disruptive Ontology of Time: Overcoming Moral Harm by Resisting a Coherentist Ontology of Time," I offer an interpretation of Rassundari's book *Amar Jiban* to nuance my argument on uncaring time further by highlighting that when various modalities of living time in care (repetition, cyclicality, turning points to the present, etc.) sediment into a *coherentist ontology of time*, only then is there a degradation into uncaring time for the one-caring. Moreover, I argue that to positively reconstruct a radical notion of caring time, we must build a *disruptive ontology* within our conception of caring time. The analysis in the paper also serves a normative purpose since it draws our attention to what we owe morally to the one-caring in terms of their time.

The paper returns us to the primary impetus behind the birth of care ethics as a critical philosophical tradition. It takes us back to the private sphere, the sphere of intimate relations to which care was historically relegated, and a critical interrogation of which was at the root of the generation of the care tradition. While recognizing the importance of care for a public ethic and also endorsing its extension to our social and political lives, this paper forces us to turn some of our critical energies back to the private sphere. The intimate sphere continues to witness the highest burden of care work in most societies while manifesting various vulnerabilities associated with care. If an ethics of care seeks to translate into an emancipatory philosophy, we can never leave the private sphere behind as a domain of critical analysis on the subject of care. The paper hopes to reinvigorate our thinking about care within our spheres of intimacy by generating a radical emancipatory vision of caring time. In highlighting concerns and possibilities inherent in the everydayness of care, the text also stipulates a hitherto unknown genealogy into these debates from the lens of feminist writing from India.

1. Time of the Self and Time of the Other: The Constitution of Mutual Temporality in Care

> The functionally specific work of the professional is, we can say, interventionist, not sustaining. The functionally diffuse work of the dependency worker… sustains her charge by means of her (often daily) care. (Kittay, 1999, 39)

The quote from Eva Kittay poignantly drives home core commitments in the work of care. While considering the relation between care and time is not Kittay's project in *Love's Labor* (1999), in this quote, she brings attention to a crucial classification between two kinds of work. The professional intervenes to respond to a specific set of demands and then steps away, that is, their responsibility is over when the relevant task is complete. (Kittay, 1999, 40). Care, on the contrary, is the work of everyday sustenance. Sustenance demands constancy, stability, repetition, and the daily keeping-at-it. In this sense, the temporal arch of care is extended and cannot be captured as a series of isolated events. Therefore, care as a process oriented to constantly meet an identifiable set of needs cannot be approached through an interventionist frame. Perhaps a tacit recognition of these elements pushes care ethicists to accord a great deal of significance to epistemic virtues such as trust, engrossment and a receptive attitude (Noddings, 2013) on the part of the one-caring from the early days of care ethics. Both commitment and work over an extended time are required for these virtues to emerge.

Kittay recognizes the immense responsibilities of care with humility as she speaks about her own responsibility in mothering a child with intellectual disabilities, "Taking care of Sesha, meeting her daily needs, interpreting her needs and desires, not over the span of twenty-seven months, but twenty-seven years, has posed a substantial challenge." (Kittay, 1999, 155) While focusing on a key site of care in the private sphere, Sara Ruddick defines mothering as a practice (maternal work) that is primarily organized to meet three demands (Ruddick, 1995). Although Ruddick again, does not highlight the temporal dimensions of care in mothering, one could draw up an arch of living time in care given the incessant nature of the work. The work of care may not allow respite and stepping away is not an ethical option in most cases. This vigilance is especially so, given that asymmetry is a fundamental aspect of the relation of care.[1] An implication of this as far as the relation between care and time is concerned is that although one can be creative in how they do the work of care, and in what they can achieve through it, repetition, monotony and cyclicality continue to be key aspects of living time by the one-caring. This temporal relationality also means that in care, one needs to move from an abstract notion of time to constantly *concretizing time*.

Concretization involves breaking time down hour by hour and minute by minute as one thinks, plans and acts to meet the specific needs of the cared-for. In fact, to epistemically capture needs one must constantly keep turning back from an objective conception of time to its concrete, including its lived dimensions, which are encapsulated in the here and the now. We can characterize the latter as *phenomenological turning points*. Care would fall through the cracks without concretization. Negotiating with the present, including moment-to-moment transactions, implies that the notion of lived time must be attributed greater precedence in care

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[1] Kittay's famous dependency critique (1999) of Rawlsian liberalism exposes how assumptions of equality and symmetry between parties in a care relation breaks down.

compared to any notion of time as an objective fact. From the point of view of the one-caring, an objective conception of time independent of the time of the other (the cared-for) is virtually impossible to both think and live in a relation of care. In this sense, caring time ruptures a purely subjectivist understanding of time and draws our attention to the inter-subjective space between the self and the other. A notion of time as an ontological horizon for projecting into one's future may also crucially hinge on dialogue and negotiations with the other regarding relations of care. As far as the notion of phenomenological turning points is concerned, we understand that while one can plan one's own as well as the cared-for's future, turning back, concretizing and readjusting one's plans concerning what one learns in the concrete moments of care, along with bringing this knowledge from the past into the present, is crucial for epistemically grasping the needs of the cared-for and providing them with good care.[1]

I cannot care unless the care is received by the concrete other, and the response that is care as well as its fulfilment are, therefore, crucially dependent on the other. Virginia Held captures the moral ontology underlying the work of care very well when she observes, "Persons in caring relations are acting for self-and-other together. … the well-being of a caring relation involves the cooperative well-being of those in the relation and the well-being of the relation itself." (Held, 2006, 12) Kittay also tries to capture this dimension when she highlights how the care-worker must often put the dependent's needs before them and must look out for the latter's interest. The one-caring, therefore, cannot function as a self-interested agent. Neither Held nor Kittay, however, speak of time. I believe that when the moral ontology of care is defined in the terms mentioned, we must think of time of the self in their capacity as the one-caring to be intertwined with the time of the other in the latter's capacity as the cared-for. As a structure of living time, care is therefore marked by relationality. If I am no longer a self-interested agent and a self-validating source of moral entitlement, my moral claim and that of the other for whom I am responsible are intimately bound. A crucial entailment of this binding is that thinking *time of the self in care* is impossible without thinking *time with the other*.

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[1] A simple thought experiment may help to drive home this point. A mother may expect that her child will win a trophy in the sports event at her school this year. This is a kind of projected futurity, which may define what sorts of caring actions the mother will take toward her child. For instance, the mother can support her child in her training, cooks nutritious meals, take them for coaching, and so on. However, let us imagine that the child suddenly falls sick on the day of the sporting event. Inherent to caring well would be the capacity to turn to the present moment (the now) in order to understand the child's needs and to subsequently readjust one's projected vision for the future based on this kind of concretization of time. Care, and its goals, may have to be redefined in relation to the now. In light of such turning points, part of providing good care to the child means, for instance, bringing the child to terms with the fact that winning a trophy should not be given undue significance, that plenty of such opportunities will open up in the future, and that one must set healing as the primary goal for now. This thought experiment helps us to understand why lived time takes on precedence over a notion of objective time for a normative understanding of care. Care cannot operate with a fixed notion of objective time, but must turn back constantly to the here and the now to interpret and understand the needs of the cared-for as a concrete other.

The relational moral ontology of care calls for a framing of time which recognizes the bond between the self and the other, and in this sense, time lived in care must be conceptualized as being constituted in this *inter-subjective space between* the self and the other. Focusing on the betweenness allows us to characterize caring time as having the structure of *mutual temporality*. The framing of caring time as mutual temporality emphasizes that care does not simply happen in time, but in turn, time as lived in care also comes to be constituted in terms of care's characteristics. This formulation also challenges an individualized conception of time in the sense of "my time" versus "your time," and draws attention to the fact that the self and other are mutually constituting each other's time. Therefore, "my time" cannot be understood as freestanding of your time. The conception of mutual temporality further highlights that time cannot be taken to be linear and defined in and through the trajectory of one's own life alone; rather caring time evolves in and through feedback loops between the self and the other. In this sense, caring time is a transactional relation, which is marked by a back-and-forth movement between my time and that of the other. If so, the temporal arch of caring time must be understood as being multiple, fragmented, and dynamic as it constantly evolves in the *space-between* the self and the other.

While focusing on the mutuality in the underlying temporality of care, I emphasize that relational temporality is not simply a passive effect or a by-product of the work of care. Rather, living time in dialogue with the other actively constitutes the relation of care. It does so in two ways. First, the work of care needs to be sustained in time, as the discussion of cyclicality, repetition, etc. highlights. Second and more importantly, the relational temporal arch actively contributes to the constitution of ontological mutuality, which is at the heart of an ethic of care. Caring over time makes us realize that one is not the master of one's time and therefore, one is not an autonomous, self-contained being. By doing so, care enables us to overcome an ontology of self-sufficiency as well as an epistemology of domination towards the other. In this sense, the normative orientation of living time in a caring manner opens us up to a phenomenological orientation towards the world, which is embedded in connection. Care as both disposition and value developed over time enables us to see these connections, while care as work through an extended period of time enables us to act on the commitment of fostering connections. These aspects allow us to arrive at a model of creativity, which focuses on sustaining relationality. Routine and cyclicality are structures of living time in care; therefore, they serve a normative goal. Repetition in responding to the needs of the other makes visible the presence of others along with their needs and, in fact, stipulates entire orders of being with the other from which we ought not to turn away as ethical subjects. Caring time reminds us of our ontological connectedness and of the porosity of the boundary between the self and the other, which a self-governing conception of living time on one's own terms is incapable of revealing. Herein lies the striking normative potential of caring time.

2. Potential Moral Harms in Caring Time Captured through a Feminist Phenomenology of Time

While the radical potential of the temporality of care lies in the fact that it enables us to overcome an individualist notion of self along with any illusions of mastery, there is also a danger of shrinking the range of the self and of the world for the one-caring. This section focuses on delineating potential moral harms in the underlying structure of temporality, especially the threat of what I designate as, *uncaring time* for the one-caring. The work of Simone de Beauvoir inspires my phenomenological analysis. Beauvoir notes how cyclicality and repetition have been the plight of oppressed groups, thus creating obstacles to their freedom. Beauvoir's interpretation of transcendence underlies the connection she draws with repetition as being an aspect of the temporality of oppression. Beauvoir, however, is not read in relation to the ethics of care. On my part, I read excerpts of *The Second Sex*, especially the part on "The Mother," to argue that one of the significant concerns in Beauvoir's critique of motherhood (a primary site of care-work in the private sphere) pertains to the underlying temporality of care.[1] Approaching *The Second Sex* through a care-based interpretative lens can not only help us understand Beauvoir through different eyes, but this interpretation is useful for critically interrogating the implications of the temporality of care. In short, a feminist phenomenological approach aids in developing a critical perspective on caring time's emphasis on mutual temporality and its role in the constitution of ontological mutuality, both highlighted in the previous section. The critical interrogation is not undertaken with the intent of disavowing the notion of caring time. On the contrary, I consider the critique an integral aspect of our attempt to rethink mutual temporality in ways that open up agential possibilities for the one-caring.

In the "Introduction" to *The Second Sex*, Beauvoir writes, "… there is no justification for present existence than its expansion to an indefinitely open future. Every individual concerned with justifying his existence experiences an indefinite need to transcend himself…." (Beauvoir, 2011, 17) This quotes highlights that justification of one's existence lies in the ability to transcend the brute facticity of one's present existence toward an open future. According to Andrea Veltman, the definition of the term "transcendence" in the sense of "constructive or creative work" (Veltman, 2006, 116) is a distinct contribution of Beauvoir. On the other hand,

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[1] My aim is not to endorse or argue in favor of Beauvoir's views on motherhood or even to assume that her discussion of motherhood captures any universal experience. In fact, I do not read Beauvoir as evolving a universal position on motherhood since she attends to its context-specificity by situating motherhood within a nexus of institutions such as family, economics, society and politics. All these, she argues, create different meanings and experiences for women coming from varied social locations. Although Beauvoir's analysis might be inflicted with Eurocentrism and a Western sensibility, which is problematic, it must nevertheless be acknowledged that she attends to the context-specificity of care in a manner, which is nuanced for her time. I believe that certain problems, which are revealed through Beauvoir's analysis of motherhood (as a crucial site of care) warrant our attention as we analyze the underlying temporality of care in order to develop an emancipatory ethics of time in care.

immanence involves negating one's freedom. According to Beauvoir, "Every time transcendence lapses into immanence, there is degradation of existence into "in-itself," of freedom into facticity; this fall is a moral fault if the subject consents to it; if this fall is inflicted on the subject, it takes the form of frustration and oppression; in both cases it is an absolute evil." (Beauvoir, 2011, 16) Activities tied to immanence lack creative potential and are "... required for the sheer perpetuation of existence...." (Veltman, 2006, 115) Moreover, while transcendence is oriented towards the future through the emphasis on the projects that one pursues and thus appeals to the creative dimension of human nature, immanence entails the closing off of the future and a complete subjugation to the present.

For Beauvoir maintenance as a temporal act is concerned with the continuity of different moments, and not with their scattering in the sense of opening up multiple trajectories of action along with their unique temporalities. In other words, this mode of temporal being is concerned with repetition rather than disruption, parts of which would resonate with the discussion of caring time in the previous section. Immanence, therefore, calls for a phenomenology of time that differs from transcendence. In *The Ethics of Ambiguity*, Beauvoir connects the experience of time as mere repetition to oppression with the individual's confinement to immanence. The oppressed are denied an orientation toward an open future. Beauvoir writes in *The Ethics of Ambiguity* that the oppressed are, "... condemned to mark time hopelessly in order merely to support the collectivity; their life is a pure repetition of mechanical gestures" (Beauvoir, 1976, 83). This experience of being completely engulfed by the present and being deprived of the possibility to pursue future projects, which would enable one to make the world, results in the feeling of alienation under oppression. In passages such as this, a direct conceptual link is established between temporal structures such as repetition, stability and cyclicality with or as intrinsic aspects of a phenomenology of oppression. This understanding of temporality, I argue, is at the core of the concerns with care work that Beauvoir raises in *The Second Sex*.

For Beauvoir, the body is that through which we grasp the world. If embodied intentionality is at the core of how we apprehend the world and ourselves, then the body must be considered to be critical to living time. One of the places in *The Second Sex* where the nexus between embodiment and time is perhaps most poignantly explored is in the section, "The Mother." I focus on this part of the text in my analysis. Beauvoir writes about pregnancy and gestation, "… pregnancy is above all a drama playing itself out in the woman between her and herself. She experiences it both as an enrichment and mutilation; the fetus is part of her body, and it is a parasite exploiting her; she possesses it, and she is possessed by it; it encapsulates the whole future, and in carrying it, she feels as vast as the world; but this very richness annihilates her, she has the impression of not being anything else." (Beauvoir, 2011, 538) This passage encapsulates, I believe, the idea of caring time as a kind of mutual temporality. At the same time, it captures various quandaries of living time as a kind of inter-subjective betweenness

along with potential costs to the one-caring. There is ambiguity in an act of care, as the quote highlights. Care not only opens us up to the other, but also to a vision of the future for oneself and the other (the fetus one is gestating in this case), where the two futures appear inextricably linked. In fact, the very possibility of an open future for the cared-for hinges on the one-caring if we understand gestation as an act of care. There is transcendence from the flesh and the possibility of making the world for the other in and through care.

On the other hand, Beauvoir highlights the ambiguity of care since the same act deeply entrenches woman in immanence. The feeling of being prey at the mercy of the species and forces outside her may result in various negative intentional moods, which are discussed at length in the text. Temporally speaking, the one-caring can be said to be subjected to the now, constraining her future in particular ways. Beauvoir observes that some women feel alienated in nursing since the child confronts her as another freedom, which her own existence must now confront. They may, as Beauvoir puts it, "… resent feeling their cracked breasts, their painful glands; the baby's mouth hurts them…. He inflicts a harsh servitude on them … she feels hostility for this individual who threatens her flesh, her freedom, her whole self." (Beauvoir, 2011, 551) The woman is reminded of her body as mute flesh. As the child's temporal possibilities extend into an open future, the one-caring's world shrinks or is perceived to be shrinking. This is especially the case when she must confront her body and its temporal arch as being enclosed and subservient to the life of the species in ways that she cannot simply transcend.

The ambiguity in the underlying temporal arch of care for the one-caring as her work of care continues through time may be modified by time itself. Reflecting on a mother's care for a daughter as she matures, Beauvoir reflects how, "… every year brings the mother closer to her decline; from year to year the youthful body develops and flourishes; this future opening up to her daughter seems to be stolen from the mother…. This new woman is offered *still-indefinite possibilities* in contrast to the *repetition* and *routine* that are the lot of the older woman…." (Beauvoir, 2011, 564) This observation can be insightful since it pushes us to see that part of the challenge in care lies in assuming and negotiating the contested temporalities between beings who are connected via the relation of care. Time itself is negotiated in the act of care since the mother and child begin as mutually connected beings, that is, where the future of one is intertwined with the other's futurity. The mother invests herself (including her time) to preserve the child in time and for the sake of time (the child's future). On the other hand, these very connections are contested as care fulfills itself over time. Eventually, these connections may be disrupted as the two increasingly find themselves on differing and even opposing modalities of living time. The fact that care is a temporally extended process also challenges the very ontology of mutuality that it seeks to constitute. This may be because, as Beauvoir puts it, mothers may sometimes have the cruel realization, "She cannot accept that her daughter will

really become her double, a substitute of herself. Yet it is still more intolerable that she should boldly assert herself as another." (Beauvoir, 2011, 564). One's time, which was being extended in and through the other, in this instance, may suffer a cruel rupture as the time of the other (the cared-for) runs ahead of the time of the one-caring. However, the very success of care would lie in being able to live this rupture without imposition on or dissociation from the other so that the cared-for can realize their potential, including the ability to live their present and their future in their own person. Passages like these in *The Second Sex* echo various ambiguities of care work and potential powerlessness one may suffer, especially pertaining to the constitution of mutual temporality.

The excerpts also highlight the potential for "theft of time" in care work, to use a phrase from Bonnie Mann (2012)[1]. Loss manifests as a curtailment of the self of the one-caring if she entraps herself in the caring relation to the point that she becomes dependent on the dependent. Entrapment manifests as the folding in of one's own future for the sake of the other. In such a scenario, the cared-for becomes both the limit and exhaustive of the temporal horizon for the one-caring. Consequently, caring time becomes a trap for the one-caring. I believe that such entrapment constitutes a form of moral harm, which, if not attended to, may go on to undermine the caring relation in the long run. It must be noted that vulnerability to this kind of moral harm for the one-caring arises because of the relationality underlying the temporality of care.

Furthermore, suppose freedom is located in our ability to actively engage with the world and make it a certain way through our projects. In that case, the success of the action is fundamentally dependent on how the world responds to our calls. I would like to emphasize that the latter also has serious implications for our capacity to live time. The silence of the world, that is, obstacles in our situation (a phenomenological category to think freedom in Beauvoir's later work), including the lack of response from others, can obstruct the realization of our freedom. Such obstruction manifests as a closing off of our access to an open future, an inhibited power to actively constitute the present (and not just passively live it), and an inability to imagine the past differently. The notion of situation helps set up the conceptual framework necessary for evaluating the roles of and also critiquing institutions such as patriarchal conceptions of family and romanticized understanding of love and care in Beauvoir's framework. To this, and specifically from the lens of care ethics, I would like to add the potential threat of romanticizing the idea of caring time. From the point of view of a feminist

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[1] Mann (2012) discusses the phenomenon of "stealing time" in the context of developing a feminist phenomenological perspective on temporality in sexual harassment. She points to the potential threat of mediation of one's intentionality in and through the other in her discussion of creeps. In a distinctly Beauvoirian mode, Mann observes how the mark of freedom in any human relation, erotic or otherwise, must appear as an open structure, one in which modes such as curiosity, humility, playfulness, responsiveness, self-disclosure, etc. is possible as the relation unfolds in time. Part of the harm in sexual harassment in Mann's terms is that the creeper, "steals your time." (Mann, 2012, 7)

phenomenology of temporality, we can say that one is tied to immanence when the meanings of the present and the future (both towards care and of developing an ethical ideal rooted in care) appear to be pre-determined. When meanings are determined before action, there is a moral harm one suffers as a being living time. The harm is encapsulated when the latter no longer allows an individual to project into an open future. Accordingly, the future is already foreclosed with a sedimented set of meanings, for instance, when mothering is defined in patriarchal terms even before the work of care has been lived. In these situations, the ontological mutuality constituted through caring time, both between the one-caring and the cared-for as well as between the one-caring and the world, maybe predicated on a primordial violence through which care is defined to begin with. I believe that one of the most powerful insights we can draw from Beauvoir's reading of motherhood is that various institutions including patriarchy may map out meanings and practices of motherhood (and care) before one has had the freedom, or even has the opportunity to see themselves as having the freedom to imagine a future where this work is taken up in freedom. Only when such freedom is ensured, can care potentially transform into a site of creative activity through which one aims to transcend toward an open future, others, and the world. A critical engagement with care from the lens of a feminist phenomenology of time allows us to argue that, without interrogating the underlying structure of caring time regarding the situation in which time is lived in care or as an aspect of care, we would fail to identify and mitigate potential moral harms. The threat of moral harms arising from the care structure as mutual temporality must be avoided so that time in care can be lived in the mode of freedom rather than oppression.

There are several other passages in *The Second Sex* where Beauvoir reaffirms her claim that material conditions or the situation a woman finds herself in, heavily structures her experience of freedom. Being confined to the domestic sphere in a subordinate (and relational) position to her husband, dependent on him for mediating her grasp on the outside world or the public realm, and caught up in the cyclicality of house-work where the dust never settles and "… the child is the enemy of waxed floors" (Beauvoir, 2011, 569), may influence how the woman relates to her children. Beauvoir points to a tension when she observes, "Maternal love is often lost in the reprimands and outbursts that underlie the concern for a well-kept home. … She can never save herself by her work alone; it keeps her occupied, but does not constitute her justification…." (Beauvoir, 2011, 569) Beauvoir's analysis of the phenomenology of oppression leads her to locate the source of conflict and fraught relationship between the mother and daughter in the subordinate status of the mother herself within the home and society. In her work on Beauvoir's contribution to a feminist phenomenology of temporality, Megan Burke argues that Beauvoir's work in *The Second Sex* highlights that the triadic structure of temporality discussed in much of phenomenology as a universal human orientation towards time, is not readily available to women. While I have focused on potential moral harms arising from repetition and cyclicality,

along with the danger of being frozen in the present in the work of care, Burke's work can complement this discussion by focusing on the temporality of waiting. Burke, however, does not read Beauvoir through the framework of care.

According to Burke, "… Beauvoir understands the temporality of waiting, or a passive present, to be an underlying structure of women's existence and subordination." (Burke, 2018, 111) Burke defines "waiting" according to Beauvoir as "a temporal hiatus between the past and future, which means that waiting is a distinct experience of the present as passive – it neither reaches back to the past nor toward a future." (Burke, 2018, 117) Waiting, in short, is a "temporal suspension achieved by a break with the past." (Burke, 2018, 118) Concerning Mann's work, Burke argues that Beauvoir's discussion of girlhood shows her in the present as merely a phase of transition, waiting for "Man"; and looks into the debate on heterosexual initiation and marriage as well to demonstrate how, according to Beauvoir, that within these institutions women experience a "temporal isolation" which is complete in heterosexual marriage within a patriarchal society where women come to enjoy a relative existence and "…deepens women's suspension in the present as a temporal limbo." (Burke, 2018, 118) Drawing from Beauvoir's phrasing of this as the "icy present," Burke writes, "When she becomes a part of her husband's universe, she becomes a stranger to her past and her future and is incorporated into his time. This leaves woman exiled in a present that refers only to itself." (Burke, 2018, 118) The harm of temporality constitutes a harm and ensues in oppression since, as Burke points out, "… Beauvoir argues that to be enveloped in and thus to assume the present is to be mired in what is here and now in such a way that diminishes a woman's capacity to build her own world, an activity that relies on an open structure of temporality. As such, the passive present is an existential confinement and closure of the world that keeps a woman in her place." (Burke, 2018, 121) Burke's analysis comes together with mine in the accent on the materiality of existence and its associated temporal structure for Beauvoir's understanding of immanence. Moreover, various aspects of my discussion of the chapter on motherhood, demonstrate the potential confinement to the "icy present," which may lead to temporal isolation if one becomes entrapped in care such that the one-caring's temporality becomes completely mediated and seeks justification in the cared-for.

In conclusion, a feminist phenomenological approach may be insightful in several ways. First, it points towards potential threats within an ontology of mutual temporality, whereby the claim to time of the one-caring may become subsumed or incorporated into the time of the cared-for. Such subjugation to the time of the other may happen due to material factors, but this may be accentuated manifold when one comes to make the other a "proxy" through which "… she transcends herself through the universe and time," which Beauvoir discusses as one of the potential orientations through which one may begin to live care (Beauvoir, 2011, 568) Such subjugation, I believe, must be construed as a moral harm since it may result in the diminishing

of the self of the one-caring -- a grave injustice in the heart of care. Second, care is essentially a relation negotiated in the space between the self and the other and is, therefore, critically mediated by the other. While the positive aspects of such mediation and care's ability to constitute an ontology of mutuality has been discussed in section one, this section helps foreground potential threats in this structure of temporality. Through a detailed consideration of the temporality of immanence, I have tried to draw attention to the fact that when the temporality of the one-caring is fully mediated by the intentionality of the other, then there is the danger of being frozen in the present. Such a situation marks the suspension of freedom for the one-caring. The theft of time that it entails constitutes a moral harm. In such moral harms, caring time may degenerate into *uncaring time* for the one-caring. To retain the critical potential of an ethics of care, therefore, it is crucial to prevent such degeneration in care's structure of mutual temporality.

3. Towards a Disruptive Ontology of Time: Overcoming Moral Harm by Resisting a Coherentist Ontology of Time

I have argued that a care-based relational ontology must entail an emancipatory ethics of time. On the negative side, we must be cognizant of potential threats to the underlying temporality of care and the possibility of degrading into uncaring time. On the positive side, we must envision new resources to prevent caring time from degrading into uncaring time and realize its radical potential. This section builds on both these dimensions. I refine the concept of uncaring time further by highlighting that only when modalities of living time in care (repetition, cyclicality, concretization, etc.) sediment into a *coherentist ontology of time*, only then does caring time degrade into uncaring time for the one-caring. On the positive side, I argue that we must open up a space for thinking disruption and dissonance within caring time to escape coherentism. As I term it, we must build a *disruptive ontology* within our conception of caring time. Only then, can we truly hope to realize the radical potential of mutual temporality in a way that preserves all parties in the caring relation. With this in mind, I turn towards an engagement with Rassundari's book, *Amar Jiban*.

Amar Jiban is an account of Rassundari's life in her own words. Rassundari struggles against all odds to educate herself. Faith is an integral part of her life and every chapter or "composition" interestingly begins with an invocation of God. Two leading male intellectuals of the time, Jyotirindranath Tagore and Dinesh Chandra Sen wrote introductions to the book. Sen clearly outlines the significance of the text, "We do not have a second book of this kind in our Bengali literature where the situation of women is so exactly and frankly drawn. Come to think of it – if this book had not been written, an entire chapter of Bengali literature would have remained incomplete." (Devi, 2022, 11) While the framework of care ethics provides a hermeneutic for evolving a philosophical reading of this text which comes a century before the care tradition, the text can help radically reimagine the relation between care and time. An

engagement with this work also provides an alternative genealogy into the care tradition from the lens of the Indian feminist tradition. *Amar Jiban*, however, provides a different point of entry into the idea of care. This is because care ethics emerges as a mode of resistance to the dominantly individualistic male-stream Western intellectual tradition, which is marked by the dominance of theories such as contractarianism, deontology and utilitarianism. Hence, its emphasis on relationality and vulnerability brings a unique perspective to moral philosophy, which was dominated by the normative importance of autonomy, equality and self-governance.

On the other hand, Rassundari's work, like much of women's writing in India, begins from the point of a relational ontology and sense of self that sees itself as connected. The challenge here is to define a self, and even to preserve it amid relational existence. In Sen's words, "… a Hindu home is not just the home of a husband and wife. The woman of the house receives no appreciation unless she excels also as a daughter, sister, sister-in-law, daughter-in-law and mistress. Yet poets tend to isolate her from her total background…. We hardly ever get to see her as a complete person in fiction and poetry. Her natural reticence has prevented Rassundari from dwelling on her own love-life though other facts of her life stand out in double clarity. She has started from where poets and novelists leave off." (Devi, 2022, 12) As my reading highlights, the domestic sphere of intimate care work becomes a critical point of departure for both thinking about the normative potential of the caring self and the moral burdens of care simultaneously. I believe that Rassundari's genius lies in the fact that while her text highlights various oppressive dimensions of care work in the domestic sphere, her reflections also push us to interrogate and question patriarchal societal ideals of care and how women may reclaim agency. On my part, I focus on outlining the true temporal costs when the future of the caring self is foreclosed with a sedimented set of meanings and how we may envision resistance to this kind of negative temporality in care.

Rassundari was twelve when she got married and raised eleven children during her life (Devi, 2022, 46). On her account, she was treated well in her marital home. Her days began early and she had no respite from housework until midnight. After feeding her children, she would also need to make offerings to the family deity and cook for the rest of the family. She had one household help to assist her with care work in the inner quarters of the house. She describes a situation in the text that I believe indicates a unique but difficult-to-capture problem in the underlying temporality of care. I turn to a consideration of this to argue that it is not merely repetition, circularity, waiting, etc. that are problems, but rather, the danger lies when these interweave to form an internally coherent structure such that the one-caring cannot get out of it. Rassundari recounts the following scenario. One afternoon, she is about to sit down and eat after feeding her family when a guest arrives. Since there is no time to cook, she offers the guest her own meal. Deciding that she would cook something in the evening, she returns to household chores. She cooks, feeds the children, puts them to bed in the evening and waits for

her husband to return. However, as soon as her husband returns and she serves him food, one of the children wakes up and she tries to put him to sleep. While she says she could have eaten with the child sleeping on her lap, another wakes up. At this point, writes Rassundari, ""Never mind," I said, "I'll hold both of them and manage to eat." So I picked up the other child from his bed. Suddenly, when I began to eat, a storm started blowing. The lamp went out. This scared the children and they began to cry again. I was so hungry I would have eaten in the dark if I did not have to hold the children. … It was better that I did not eat." (Devi, 2022, 48) Once the storm blows over and the children are asleep, Rassundari is too tired to eat and goes to bed. Next day, she goes through her regular routine in the kitchen. After feeding everyone, and just as she finally thinks she will be able to eat, the baby needs milk. Then, just as she sits down with a plate of rice with the baby in her lap, the baby urinates and the rice is washed away. At this point, Rassundari exclaims, "This was an act of God and it made me laugh. I did not tell anyone that I had been without food for the last two days. It was an *embarrassing subject* and I did not want others to discuss it. So I preferred to keep quiet about it. Thus on many occasions I was forced to go without food." (Devi, 2022, 48)

The above scenario may appear extreme to the contemporary eye, but it is powerful for developing various dimensions of uncaring time. First, it points towards threats within an ontology of mutual temporality, whereby the claim to time on the part of the one-caring may be subsumed into the time of the cared-for. It also highlights the dangers of mediated temporality and the freezing of the one-caring in the present. Perhaps the point about theft of time could not be more apparent as it is here. However, the events recounted by Rassundari enables us to develop further critical points. In some cases, living temporality in care through the arch of routine, repetition, cyclicality, waiting and mediation may generate a sense of internal coherence for the one-caring. By internal coherence in temporality, I mean the danger of seeing the past, present, and future as a linear structure, where the meaning of one is pre-determined by the other, such that all events come to make sense in a singular way. No doubt, the coherentist model of time departs from a linear model of time, which sees the flow of time in one direction. However, despite admitting cyclicality along with conceiving of greater interaction between past, present and future, a coherentist ontology nevertheless closes off possibilities for oppressed identities. If the past and future appear as fixed and not open to creative intervention through imagination and action, then there remains very little hope of living the present differently in care, and of transforming the future through living time in care. For instance, at one point during the first day when she goes without food, Rassundari writes, "If others came to know that I had not eaten, they'd have made a lot of fuss – that was what I told myself. Besides the children always bother the mother if they find her eating. What was the point of creating all that *fuss*?" (Devi, 2022, 47) With these words, Rassundari goes back to her chores on a hungry stomach. The sense of feeding the hungry body as being an

"embarrassing subject" and hunger appearing as a point of "fuss" or annoyance rather than a need to be met for the one-caring is striking. The story exposes how the one-caring may forget her entitlement to care while doing the work of care. In this scenario hunger, which could have been a potential disruptor to the coherentist ontology, fails to be so when Rassundari reduces herself to a being responsible for caring through the past, present and future. As she sidelines her entitlement to care and comes to see all events in a singular way, that is, through her responsibility to care, she loses hold over the triadic structure of temporality. Here the drama of conflicted temporalities between the one-caring and the cared-for, which was discussed through a consideration of the mother-daughter relation in Beauvoir, takes on a much more contentious form since the conflict in temporalities seems to be playing out in Rassundari's own sense of self in her role of the one-caring.

A coherentist ontology of time emphasizes the continuity of different moments, and disregards any potential of their scattering in the sense of opening up multiple trajectories of action along with their unique temporalities. As Rassundari fully subsumes her moral entitlement to care under the moral responsibility of providing care, her role as the one-caring consumes her. Consequently, her bodily needs are subsumed within the over-arching extended temporality of caring for others. Perhaps this explains how hunger, which may cause pain in the moment and carries the potential to scatter a unified sense of the present to propel action into a different trajectory in the future, ultimately gets integrated into the immediacy of care in the moment. As repetition and cyclicality, waiting for others to be fed and cared for, and mediation of one's body through the needs of her dependents take precedence, all these modes within the temporality of care create a sense of internal coherence. Consequently, the one-caring encloses themselves in, what I call, a *temporal cocoon*. In this scenario, feeding the hungry body of the one-caring and satisfying their need into an open future may begin to appear as fuss, according to Rassundari's words. In light of this discussion, we must nuance a critical feminist phenomenological framework to argue that when the regular modalities of living time in care sediment into a coherentist ontology, then caring time degenerates into uncaring time for the one-caring. The presence of a coherentist ontology of time, in turn, is indicative of moral harm to the one-caring.

The world for the one-caring shrinks as they find themselves in the depths of a temporal cocoon, whose internal coherence means that one is only guided by the clock of care. The concept of the temporal cocoon is offered to signify a kind of entrapment. As Rassundari puts it beautifully, "I was so immersed in the sea of housework that I was not conscious of what I was going through day and night." (Devi, 2022, 50) When this happens, the one-caring is bound to privilege the responsibility to care while neglecting their entitlement to care. A coherentist ontology works with a self-sufficient internal logic. While the relationality of caring time (in the sense of the time of the self in their capacity as the one-caring being intertwined with the

time of the other in the latter's capacity as the cared-for) persists, the mutuality in this temporal structure collapses since the time of the one-caring gets completely folded into the time of the cared-for. The breakdown in mutual temporality occurs when caring time, which ought to evolve in and through feedback loops between the self and the other, stops being so, and the inter-subjective betweenness yields ground to a one-way traffic. In this scenario, the layered multiplicity of caring time, which ideally should be construed in a dialogical mode, degenerates into a monologue as the time of the one-caring is stolen from them. In this scenario, relationality manifests through a rigid and violent temporal arch instead of being constituted as a dynamic form of mutual temporality. The phenomenological turning points which mark the concretization of care and should ideally be taken up through an open structure of time, that is, a structure that allows for envisioning multiple possibilities for growth and action, take on an illusion of continuity of different moments and no longer carries the promise of their scattering. While the normative potential of caring time is to disrupt the fantasy of individualism and self-sufficiency, a coherentist ontology poses a challenge in the opposite direction. It threatens to reduce care to altruism, a formulation of care which is celebrated within patriarchal ideals of care and one that the feminist care ethics actively resists.

If a temporal cocoon is formed around the one-caring, then any claims to moral entitlement, which emerge from outside it and/or does not align with the temporal universe of the immediate caring relation may be summarily dismissed. As the future does not appear as still comprising of indefinite possibilities, uncaring time modifies the temporal arch for the one-caring and creates damaging costs for the caring self through entrapment. Rassundari's testimony shows us that even her hungry body fails to disrupt a coherentist ontology of caring time. Herein lies the true possibility of moral harm. The text is a call to action, as Rassundari powerfully deploys the imagery of the "caged bird" in many places. She writes, "Even now I remember those days. The caged bird, the fish caught in the net." (Devi, 2022, 36) Again in her words, "People put birds in cages for their own amusement. Well, I was like a caged bird. And I would have to remain in this cage for life. I would never be freed." (Devi, 2022, 37) The imagery is striking in highlighting various limitations that the demands of relationality put on her and is useful for capturing the potential for moral harm in care. In fact, towards the end of Part I, she writes, "Now I am a mother to everybody. The name which I once had at my parents' place is long forgotten. … I am putting a stop to my life story for the present. The rest may get written after my death." (Devi, 2022, 88)

While a coherentist ontology may be a comfortable and/or accepted way of living time in care, a feminist perspective must expose the potential moral harm that such a state of living time entails. The epistemic coherence generated by the underlying temporality may lead to further entrapment in the present, and in this way, it actively contributes to oppression when the one-caring no longer feels a need to move beyond the present towards a different future.

And, as she gets increasingly frozen in the passive present, she loses hold on an active sense of the future. Perhaps the greatest danger of a coherentist ontology of time is that it may lull us to a false sense of security in the given moment and also force upon us a sense of the inevitability of this moment. This may result in a passive acceptance of the status quo, which serves a phenomenology of oppression well. After all, the possibility of freedom from the standpoint of the oppressed lies in experiencing incoherence, and seeing how a future that appears to be inevitable now can be critiqued, challenged, and defined anew through imagination and action. I now turn towards theorizing the possibilities that dissonance and disruption might provide in breaking out of the temporal cocoon and for outlining a radical ethics of caring time.

To preserve agency of the one-caring, we must centralize notions of temporal rupture, dissonance, disruption and distortion within the everydayness of care. These can give us a way to both reconceptualize cyclicality and start laying the ground for a more radical feminist phenomenology of caring time. Again, Rassundari's text, I believe opens up critical possibilities to navigate this impasse. At the same time, she acknowledges with humility how she succumbs to what we have designated as a coherentist ontology of caring time. Incoherence needs to be created to break through the temporal cocoon of care and to not make oneself a proxy to the other. Incoherence indicates the lack of fit, which in turn has the potential to point towards an excess beyond the given moment. We have discussed how one way in which moral harm occurs within the mutual temporality of care is by folding in the one-caring's future into or for the sake of the cared-for. Thus, the cared-for becomes the limit and exhaustive of the one-caring's temporal horizon. When moral harm takes this form, then overcoming it requires securing a new ground beyond the immediacies of care and the temporality of the cared-for, that is, a third relation that would provide the one-caring with possibilities to project into the future in distinct ways that exceeds these immediate relations of care. For Rassundari, faith in God [1] opens up the possibility of envisioning a third relation, which ultimately allows her to imagine a different future and subvert the present in creative ways beyond the possibilities available to her. By establishing an embodied connection to God in the form of different deities, Rassundari can transcend both the constraints of domestic spaces and uncaring time. She can resist being frozen in the present. To this discussion, I now turn.

Since childhood, Rassundari has described herself as a vulnerable, timid and fearful girl. Her friends often bullied her and she was afraid of being reprimanded by adults, although most of her family members were affectionate towards her. Her introduction to God did not arise due to religious dogma or as a matter of conforming to social customs. Rather, faith in God as being a companion in her life is bestowed by Rassundari's mother as a gift to her child. Her mother recognizes Rassundari's vulnerabilities and knows that she cannot always be beside her child.

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[1] In the Tenth composition of Part II, titled "The Theater of the World," Rassundari proclaims in spiritual depth, "Dear Lord, you cover the entire world, taking various shapes and incarnations…." (Devi, 2022, 111)

So she gifts the assurance of faith to Rassundari. Referring to the family deity, her mother tells the young Rassundari, ""There is nothing to fear. … We have Dayamadhav, so don't worry, whenever you feel scared call Dayamadhav and all your fears will disappear." These words of my mother gave me courage." (Devi, 2022, 25) Faith here becomes a gift of care from her mother, which is not determined in abstraction but is a way to foster care-based connection. God appears to stand in for her mother when Rassundari's mother is not there with her. In Rassundari's words, "Since that day the *mantra* given by my mother – the name of Parameswar had entered my heart." (Devi, 2022, 30) It is even more interesting to note that God continues to serve as a point of connection between Rassundari and her mother even after Rassundari leaves for her marital home in a faraway village very early in her life. While leaving her parental home, Rassundari manages to ask her mother with tears in her eyes, "Are you sure that Parameswar will go with me?" to which her mother replies, "He will be with you all the time…." (Devi, 2022, 34) The deity creates a symbolic space of intimacy to exert Rassundari's relation to her mother, thus retaining the future possibility for Rassundari to exert herself as a being who is entitled to care. The relation to God allows Rassundari to relate to her past and keep it alive. In this way, she can resist subjugation to the pure moment, which includes leaving behind her relation to her parents.

The image of the deity in various forms, allows Rassundari to fashion, I think, a new hermeneutics of caring time. One night a fire burns down her parental home and, in anguish, little Rassundari, along with her brothers hides in the fields by the river. In anguish, they begin to pray to Dayamadhav. Finally, some people from the other side of the river rescue them and Rassundari believes that Dayamadhav has rescued them. Later her mother explains to little Rassundari that the deity they have in their house is Dayamadhav, he is God and heard their cries of anguish and sent someone to rescue the children. To this, Rassundari in her innocence asks, "But mother, how can Dayamadhav hear us from inside the building?" to which her mother replies, "… he is everywhere, that is why he can hear us all. He is able to hear the call from anyone from any place – if you call him loudly or softly or just think of him. This is because He is no ordinary person…." (Devi, 2022, 30) Her mother's word confers "moral courage" (Devi, 2022, 30) on Rassundari. This exchange, which is remarkable in its simplicity, carries a deep implication for the question of care. As Rassundari realizes that "God is always with us" (Devi, 2022, 30), she can loosen her hold on the present. As a new inter-subjective betweenness opens up through her relation to God, this space is not defined through fear, but rather through care. Moreover, God is personified sometimes as a father and sometimes as a mother (Devi, 2022, 86); irrespective of whether God is envisioned as a father or a mother, the relation to God is always voiced through the language of care – God recognizes Rassundari's entitlement to care. He/she is there with her in the present, but also at times past and in the future. For instance, Part I of the book opens with Rassundari evoking the female God of

knowledge Saraswati, "I pay my homage to you mother Saraswati, the giver of strength and wisdom… Be kind enough to dwell in the seat of my heart. … I am your weak and ignorant daughter … I earnestly hope that you will dwell in my voice…." (Devi, 2022, 21) Here God stands in for her as a mother. Writes Rassundari in one of her other invocations, "O you Lord of the world … Leaving the protection of my mother, I appeal to you in dire distress and fright. … I cried for my mother and you gave me refuge Like a true mother. … Instantly you picked me up, wiped my tears…." (Devi, 2022, 35-36) Again, expressing her relation to God, she writes, "You cannot escape Rassundari clinging to you till she gets shelter at your feet and gets a word of encouragement from you." (Devi, 2022, 67) God retains a dual character for her – He/she is a part of her intimate circle of care. He is feeling with her, listening to her, and is witnessing her suffering and triumphs. Writes Rassundari "Dear God, I can learn to read and write only if you teach me. Who else is there to be my teacher?" (Devi, 2022, 51) Again, "You have been with me through good days and bad days. You know all that I have experienced; I cannot keep anything back from you." (Devi, 2022, 44) Yet God also transcends the space and time of the intimate sphere. Therefore, through her embodied connection to God, Rassundari herself is able to transcend the present, and project into the past on her own terms for instance as a daughter. She can also imagine a radically different future, as we will see shortly.

In the context of her deep affective connection to God, Rassundari is able to dream of and ultimately pushes herself to realize a new kind of future. At the time, women were generally not allowed to read and write. Rassundari puts it thus, "Women were not supposed to get an education those days, they had to stand by demurely near the master of the house after all their housework was over, as though they had no other work except household tasks." (42). While maintaining her relational existence in the household, Rassundari defines a separate space for herself through education. The interesting point to note, however, is that Rassundari's desire to read and her imagination of her educated self are articulated in light of her relation of care to God rather than in the language of rights, autonomy or material gains. The relation to God creates a strong desire to read the *Chaitanya Bhagavata*, a religious scripture. The relation eventually enables her to question the norms pervading her relational existence in the private sphere merely as a wife, mother, and daughter-in-law. Regarding the philosophical vocabulary we have been developing thus far, it may be said that Rassundari's relation to God introduces dissonance within the internal coherence created by the temporal cocoon of care. In her words, "People used to deprive women of learning. … But somehow, I could not accept this. I was very keen to learn the alphabet." (Devi, 2022, 51) The relation to God creates a stubborn determination on Rassundari's part to pursue the path to education despite all odds. In Rassundari's words, "I don't know how to write, I am as good as a donkey. … Whatever I speak or think Are all directed towards reaching you." (Devi, 2022, 61) On the other hand, through

the relation, Rassundari envisions God as a constant companion and guide who would accompany her on the path to realizing her goal.

While functioning as a point of rupture in the temporal cocoon and thereby creating dissonance within a coherentist ontology of time, the relation to God retains an aspect of continuity simultaneously. This is because the triad of past, present and future is also imagined through this relation. However, any understanding of an open future and the self in individualistic terms is put to rest. While the threat of a coherentist ontology in mutual temporality in Rassundari's relational existence as wife, mother, etc. must be overcome, a new care-based relation to God sustains her in her project. This relation as a kind of new inter-subjective betweenness appears to provide an independent objective ground beyond the immediacy of care-work and helps secure Rassundari's moral entitlement to care. The folding in of one's time to the other is resisted not through a logic of self-governance, but through imagining mutuality in relation to God in a way that creates a new kind of betweenness.[1] This opens up the possibility for unique trajectories of living time to emerge for the one-caring. From the point of view of the relation, Rassundari can create a temporal gap within coherence and exert her entitlement to autonomy through an assertion of relationality!

The above discussion, I believe, reveals a striking dimension. By anchoring herself in the relation, Rassundari can preserve the porosity of the self that care work demands, and yet she is able to secure its boundaries to transcend the present and define a new future for herself in a creative manner. While in the Western philosophical tradition, care is emphasized as an anti-dote to a conception of an autonomous and self-governing moral subject, the perspective emerging from this text enables us to break through the autonomy/care binary. Perhaps this is best expressed through Rassundari's words, "I used to feel as though I was six-handed. Two of my hands wanted to do all the household work to the satisfaction of everyone – from the young to the old. Another pair of hands wanted to keep my children close to me. The other pair wanted to catch the moon. How strange! It left me absolutely speechless." (63) And catch the moon, Rassundari did. The reader is astounded by her journey to becoming educated when she teaches herself to read and write. All the while she imagines that God is holding her hand.

As her thirst to read the *Chaitanya Bhagavata* deepens, the first problem facing Rassundari is the procurement of the book. She believes the book must be in the house, but how can she

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[1] While developing a feminist perspective on violence in intimate relations, I have previously argued (Banerjee 2008) that while relations may need to be severed in cases such as abusive marital relationships to ensure survival, other relationships and connections (and not detachment or isolation) often help survivors to rebuild their lives. In short, new forms of inter-subjective betweenness are needed to mitigate violence suffered in existing relationships. Although the previous paper makes the argument from the lens of a feminist pragmatist ontology of interweaving and does not include an analysis of time, the basic claim aligns with aspects of a care-based understanding of relationality and its quandaries, which is the topic of this paper. In both cases, the possibility of resistance lies in envisioning new connections rather than asserting autonomy through an individualistic model of the self.

recognize it? "So I prayed to God again, saying: You are the friend of the poor; allow me to recognize the book. … You are the only one whom I can approach." (Devi, 2022, 52) Rassundari then recounts how strangely God puts the book in her hands. One day her husband comes into the kitchen, lays down the book and tells her son who was there to bring it to the outer quarters when he calls for it. Rassundari takes this opportunity to detach one page from the book and hides this sheet of paper in the kitchen. Her caring responsibilities did not leave time for study and days passed. She always has a silent conversation with God and draws encouragement from the relation. This keeps the hope alive. She begins to hold the sheet of paper in her left hand while cooking with the right and occasionally glancing at it through the sari, which was drawn over her face, but she could not recognize the letters. Rassundari was allowed to sit with some other children in primary school at a very young age and could only recognize a few letters she had seen there. The creativity she displays is astounding. She takes one of the palm leaves on which her son used to practice handwriting. She writes, "One look at the leaf, another at the sheet, a comparison with the letters I already knew, and, finally, a verification with the speech of others – that was the process I adopted for some time." (Devi, 2022, 53-54) Ultimately, she would compare the letters of the palm leaf and the sheet of the book with the memory of the alphabet she had.[1] She writes, "After a great deal of time and with great effort I somehow managed to stumble through the *Chaitanya Bhagavata*. Books were not printed in those days. The handwriting was difficult to decipher. Oh, the trouble I had to take to read!... I never through I would be able to read. The little that I have learned was possible because God guided me." (Devi, 2022, 55)[2] In fact, for some time, Rassundari recounts that no one apart from the domestic help knew that she was able to read. Eventually, she began to have secret reading sessions with other women in the neighborhood where they would go through the *Chaitanya Bhagavata* together – Rassundari would read to them while someone kept watch. In time, she confides in her sisters-in-law and begins to give them reading lessons. She writes, "Since there was no need for secrecy after that, I read from the scriptures right in front of them. … God had granted my long-cherished wish. … Housework seemed very light to me. I used to feel contented the whole day." (Devi, 2022, 65) Eventually, Rassundari can read books to her heart's content. She thanks God for being by her side, "He has made my wishes come true. … My mind, so keen to read, was satisfied by reading all the books we had in the house --

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[1] Rassundari had no formal education. As a child, however, she did sit with her male cousins in the outer quarters of her parent's house where a missionary woman came to teach. She listened to the boys and tried to learn from the alphabets written on the board. However, the school burnt down. This is the memory that Rassundari refers to.
[2] While doing a literary analysis of women's autobiographical writing and analyzing Amar Jiban as challenging a theory of autobiography which treats identity and subjectivity as givens, Aparna Mandal writes that, "… the author's sense of self can be seen as getting constructed through an identification and association with divinity. The self which gets articulated in and through the process of writing is itself conceived as an act of God's grace where the self gets sublimated into a higher metaphysical plane and it becomes rather difficult to etch out the crude boundaries of an individualistic self." (Mandal, 2021, 10)

Chaitanya Bhagavata, the eighteen volumes of *Chaitanya Charitamrita*, *Jamini Bharat*, *Valmiki-Purana*." (Devi, 2022, 69) However, Rassundari is far from being satisfied – she does not yet know how to write! She says, "I used to complain to God saying "Dear God, you have kept me in a fairly satisfactory situation. You have given me a lot of all that is needed to carry on a family life. My only regret is that I do not know how to write. Please teach me." (Devi, 2022, 70) Eventually one of her sons studying in Calcutta asks her why she doesn't reply to his letters. Rassundari replies that she is hesitant since she cannot write. The son says that he cannot live away from home without hearing from his mother and gifts Rassundari paper, pen and ink and leaves for his college. She eventually teaches herself to write with a great deal of perseverance and practice. As she puts it, "The process of my education was not easy at all. It was really a painstaking one. … It seems God was my teacher…." (Devi, 2022, 71) The temporality of waiting during the whole process takes on a new connotation in the context of Rassundari's relation to God. Waiting is no longer a mark of passivity and of mediated temporality, but in the context of a disruptive ontology of time, it takes on an emancipatory character. Waiting here is an integral part of the journey to self-definition since it indicates hard work, opening up an altogether different future.

God becomes a living, breathing intimate other for Rassundari. God serves as a horizon of interpretation, against which established traditions could be questioned.[1] Rassundari's faith allows her to imagine her past and present differently, creatively even; and it also allows her to carve out a new sense of future. She breaks out of her temporal cocoon and releases herself from an entrapment in care, while also allowing her to fashion a more robust ideal of an ethical self rooted in care. The ideal of the caring self she develops allows for a claim to herself (including to her own time), but it also helps constitute her relationality with intimate others in more agential ways. While the caring relation to God releases her from the clutches of the icy present, it also opens up new spaces of reciprocity with others in the intimate sphere where Rassundari's entitlement to care is recognized by those she cares for. Her caring relation with her sisters-in-law and sons, for instance, are retained; now she can dare to ground a claim to reciprocity in these relations in ways that contribute to her self-definition.

The analysis points to the role of disruption and dissonance and their creative potential in resetting existing relations of care and fostering new ones so that care can be sustained over time. Rupture within a coherentist ontology may make the triadic structure of time available to

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[1] While reading *Amar Jiban* to construct a counter history to the malestream hegemonic nineteenth century narratives, Nabanita Paul (2022) situates Rassundari's account within complex negotiations with both nation and the domestic sphere. In this context, Paul discusses the role of God in Rassundari's life and its implications for subverting social norms. In her words, "… Rassundari turned out to be a "bhakta" who submitted herself completely to the will of God. Thus, by subjugating herself, she gained immense agency. She could do whatever she wanted because all her wants belonged to the God she worshipped, she could even transgress social norms for it was God who wanted her to do that." (Paul, 2022, 39)

the oppressed and create the possibility for imagining and creatively redrawing one's relation to care on one's own terms. The subversion of time in this manner is critical for subverting oppressive tendencies within intimate spaces. We must frame the idea of caring time as a transactive relation, which emerges in the inter-subjective space between the self and the other. The need to centralize an appeal to reciprocity within the inter-subjective space, in turn, is critical for developing a radical conception of caring time. Part of preserving caring time for the one-caring involves being assured of temporal modes, which allow for disruptions, ruptures, and the possibility of laying out novel trajectories for future. Dissonance creates a crack in the temporal cocoon. The imagined connection to a third (namely God in Rassundari's case) provides the one-caring an opportunity to renegotiate the boundaries of her caring self. It allows the caring self to see itself as a part of the larger whole, thus disrupting its entrapment into the immediate present. In other words, the third makes possible both disruption from the immediate present as well as reconciliation with it in relative freedom. Ultimately, a *disruptive ontology of time* is critical for envisioning an emancipatory ethics of care. Through the analysis, we can also outline a new normative requirement at the heart of care ethics: what we owe to the one-caring regarding their time. We ought to centralize the moral needs of the one-caring as a being that lives time and does the work of care over time.

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Caring Space-Time Travel Through Poetry

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Article Info	ABSTRACT
	Poetry ferments space-time travel. Engaging with poetry can disrupt the drumbeat of neoliberal temporal demands by providing a mindful opportunity for intimate connections with people we do not know. Sitting with a poet's words can represent a pause that takes us out of one time and shifts us to another. A poem may connect the reader with people who have passed from this earth, suggesting that caring moral imagination is not circumscribed to the living. This article explores selections from Janice N. Harrington's collection, The Hands of Strangers: Poems from the Nursing Home. Harrington's poems delve into the physical intimacy of care workers and the cared-for, which is otherwise reserved for our society's private sphere of family settings, thereby extending the concept of poetry of witness to a small, intimate, albeit institutionalized setting that, at its core, exists to provide care to others. Specific poems are interrogated for their implications for the reader's experience of space-time travel, including strengthening the skills of the caring imagination beyond the experience of the words. Poetry allows the reader to travel back to a witnessed event, engaging with shifts in time and space within the parameters of the poem while helping us develop our imaginative skills to continue witnessing experiences and enhance our ability to care in the present and future. The caring imagination required to engage with the poetry of witness is not a static capacity. Instead, through poetry, our imaginative skills can be further cultivated to help us empathetically space-time travel.

Bedchecks"

> *How quiet they breathe, the little children in their cradles.*

> —Walt Whitman, "The Sleepers"

3:00 a.m.
Hunched small beneath cotton blankets, curled behind metal
 guards they sleep at last. The barber sleeps and dreams of nicks
 and razors.
The bus driver sleeps and the cow-hipped bearer of thirteen
 children sleep. The porter sleeps in the room with the birth
 defect. The Huntington's chorea sleeps on her padded floor.
 The teacher, the painter of greeting cards, the one-legged vert,
 all sleep.
The farm widow dreams of silos and seven gaunt and skinny cows
 swallowing seven sleep and fatted cows.
The woman beaten for years by her husband finally sleeps.
The dementia sleeps and wakes, sleeps and listens for a ship,
 hearing its sails and querulous gulls.
But it is only the chattering of our laundry carts, the scuff of us

 crepe soles moving from room to room as we go and slowly
 go—handmaids, vestals, novices—-into the ward to bless each
 sleeper in turn.
O *"how quiet they breathe, the little children in their cradles,"* how easily they
 dream and prefer dreaming.
Let nothing disturb them, not the bedpan, not the shifting sheet,
 not our steps, not our mumbled talk, not the towels folded
 and unfolded, not the soap, not the running water, not pills
 toppling into a paper cup, not the water pitcher or its melting
 ice,
not the traffic on L street, not the dawn coming through wards of
 light—the dawn coming through concussions of light beneath a
 wounded sky.
Let them sleep.

—Janice Harrington

So begins Harrington's book, *The Hands of Strangers: Poems from the Nursing Home*, in which she details the experiences of caregivers and care-receivers alike. In "Bedchecks," we witness the staff making middle-of-the-night rounds through the residents' rooms, each space populated by patients in need. We learn of torturous pasts, such as that of the "woman beaten for years by her husband," and we learn of difficult presents, including dementia, Huntington's chorea, and a missing limb. In each case, the vulnerability is apparent. Senior adults are "Hunched small" and compared to children through the line from Whitman's poem, "The Sleepers," quoted after the title and repeated within the poem. We know that their greatest wellbeing is not in the consciousness of day but in an escape to dreams at night: "how easily they dream and prefer dreaming." Yet even in that dream space, some residents are still at risk, needing metal guards on their beds to protect them from falling. These images assist readers' space-time travel to the past, where, by engaging the imagination, they experience the residents' need for care in the present moment. Readers also share in the delivery of care offered by the staff, wishing along with the speaker to "let them sleep," a repeated phrase that suggests how deeply the poem's caregiver-speaker wants peace for their charges even as they cannot always ensure that peace. The many duties performed by the staff risk waking the residents from their slumber, and yet the reader understands that such actions are also in service of care. We return to this poem later for a more detailed consideration of how its formal construction contributes to caring space-time travel.

As embodied beings, our care practices are limited by physical restrictions, even when we work collectively. We can only feed, listen to, touch, or support a finite number of people. The people we care for, whether close to us or strangers we hardly know, have lived lives different from our own. The best care, therefore, comes after humble inquiry to understand their context better. Nevertheless, at some point, our imagination must step in to connect what we know and what we don't know. Imagination extends our ability to connect and care for others through evidence-based speculations. These imaginative flights are not simply mental exercises but are firmly rooted in the merged mind/ body. Visceral reactions are part of the imaginative connection. Knowing and feeling the needs of unfamiliar others can motivate caring action. The imagination can traverse time and space to create linkages if we have the skill and willingness to do so.

Poetry ferments space-time travel. It is an imagination provocateur. Engaging with poetry–not just reading the words but inhabiting the meanings and feelings they elicit even when they are uncomfortable or complex–can disrupt the drumbeat of today's temporal demands by providing a mindful opportunity for intimate connections with people we do not know. Sitting with a poet's words can represent a pause that takes us out of one time and perspective and shifts us to another. Poetry reminds us how interconnected we are so much that we can feel with others from different times and places.

Poems can become a form of witnessing that engages a deep sense of presence and awareness. In particular, "poetry of witness" addresses specific events, such as wars or disasters. However, this genre of poetry can also address people's everyday trials and tribulations, allowing the reader to draw meaning and themes beyond history's familiar names and moments. Carolyn Forché, who writes extensively about the poetry of witness, describes it as "an event and a trace of an event" (Forché, 1993, 33). The event has occurred, and we cannot participate in it; however, we can experience the trace of the event as mediated and curated by the poet. Accordingly, poems are uniquely situated in relationships of care that may include the poet, reader, and subject(s) of the verses. The poem as an event also changes the original experience as it refracts the phenomenon for the poet and the reader, providing different types of care for each in an exercise of empathetic imagination.

This article explores selections from Harrington's collection, *The Hands of Strangers: Poems from the Nursing Home* to demonstrate how poetry can facilitate space-time travel in the interest of care. Harrington is a storyteller and poet who worked at one point in a nursing home and wanted to tell the stories of the people she met. Her poems delve into the physical intimacy of care workers and the cared-for, which is otherwise reserved for our society's private sphere of family settings. These poems are interrogated for their implications for space-time travel, including strengthening the skills of the caring imagination. Although poetry can be enjoyed as an art form, it has the potential to alter us affectively. The caring imagination needed for engaging poetry of witness is not a static capacity. Instead, our imaginative skills can be further developed through poetry to help us empathetically space-time travel.

The journey of this article begins with an exploration of care theory with an emphasis on its aesthetic, embodied, imaginative, and processual characteristics. Then, through a close reading of specific poems, we analyze the implications for caring knowledge, connection, and action to establish the epistemic value of poetic care. In the conclusion, we suggest that caring is a poetic praxis. Through poetry, we face our shared mortality and vulnerability. In discussing the value of poetry in education, Sara K. MacKenzie offers a holistic approach to praxis:

> It is within vulnerability where we might enter in spaces of praxis where mind/body/soul exist in relationship, connected, thus allowing for an embodied relationship with experience and knowing possibilities (MacKenzie, 2013, np).

In this manner, the conclusion regards caring as fundamentally aesthetic such that poetry does not just illuminate or motivate caring, but rather, care practices are poetic.

Care Theory

One of the significant trends among those who theorize about care has been to expand the scope of discussion beyond thinking about care as only a moral philosophy of norms to interrogating

ethical dilemmas. Given its feminist character, care theory will never be too far removed from ethical or political implications. Still, theorists are stretching their wings to address epistemological, ontological, and aesthetic concerns. Therefore, although "care ethics" is the legacy name for the field, it is more aptly described in general terms as "care theory," given that its implications extend beyond the normal boundaries of philosophical ethics. Because of this expansive context, there can be discussions of the relationship between care and poetry. For example, Professor of Applied Theatre James Thompson, a leading figure in developing contemporary care aesthetics, chose to open *Care Aesthetics: for Artful Care and Careful Art* with a selection from Roger Robinson's poem, "Grace." The poem celebrates the caring practice of a nurse yet, more importantly, exemplifies the relationship between everyday care practices and aesthetics that he wished to interrogate. Thompson writes,

> Care Aesthetics is inspired by individuals and relationships where acts of repair do not necessarily solve past injustices or pain, but at least start the processes of creating new networks of embodied relationships that might provide a bulwark against further injury (Thompson, 2023, 3).

In this section, we explore some aspects of care theory that lend it to engaging poetry as a vehicle for space-time travel and care forays, including that caring is a process of improvement and knowledge work that is embodied, affective, and imaginative.

Caring is a process of improvement. When we care for someone, we endeavor to improve their lives, yet because we are all connected, we improve our own lives while honing our care skills. As writer Elissa Strauss describes, "Many [care ethicists] told me that they believe it [care] can lead to substantial growth when accompanied with self-awareness and curiosity" (Strauss, 2024, np). It is common among theorists to cite the relational ontology that underpins care thinking: we exist in a web of relationships. What is less common is to understand care in the context of a process metaphysics. Like everything else in the universe, humans are in process, moving through time and space ever-changing. This position resists the modernist tendency to categorize and label the elements of existence in a manner that connotes a static posture. Care, like the agents involved in it, is not static. Therefore, care cannot be easily inscribed as present/not present or good/bad. Care is a nonbinary concept that exists within nuance and gradations and is constantly changing and adapting to the needs of the people involved. Given such a process metaphysics, if one seeks to be moral and caring, they seek to enhance the skills of caring well. Skills or habits are adaptable, allowing for the improvisational nature of care in an ever-changing environment.

One necessary skill of caring is knowledge acquisition. Vital for caring well is a better understanding of the situation and how to help. Thus, humble inquiry is a skill of seeking knowledge through listening and learning, which can lead to better care. Poetry imparts

knowledge by inviting readers to learn about the experiences, and often the needs, of others. In "Bedchecks," readers learn about the night routine in the nursing home, including the residents' conditions and the caregivers' activities and concerns. The poem provides details from which readers begin to understand what effective care in that situation can look like.

Better caring, however, is not just a cognitive activity. Caring is also improved in many circumstances through affective connection, another caring skill. Empathy and emotion can lead to better information and motivation to act as well as resonate with the one cared for as affecting support. Empathy must be balanced by knowledge lest it becomes too driven by personal experience and yet imaginatively expansive so as not to be parochial in only finding connections to friends and family. Again, poetry is one way to develop the ability to connect with others. Although the subject matter in Harrington's poems of witness provides information, the tone and imagery impact how the reader feels and engages their senses. Immersing themselves in the poem's time, place, and scenario, therefore, becomes an embodied experience for the readers. They feel empathy for the nursing home residents and, in some cases, for the workers who care for them.

Furthermore, the skill of responsive action is crucial for improving care. Care cannot simply be a disposition. Although attitude can foster an openness to care, it must be actualized in the physical world. Reading poetry is itself a care-related action. It is "an iterative opportunity to hone epistemic habits that can contribute to propagating and improving care (Hamington and Rosenow, 2019, 44). The practice of acquiring knowledge and developing empathy through poetry can lead to better caring habits.

Care is an embodied activity of corporeal beings who are always in the process of becoming. Within the context of academic investigation, it is easy to forget that everything we know about care is grounded in the body. Physical and emotional care provides succor and buoyancy from life's beginning to life's end. Food, shelter, and companionship meet essential parts of baseline needs that create the possibility for humans to engage in all of their other activities. We become acutely aware of the indispensability of care in times of deprivation in disaster or war, as well as when society abandons people as manifested in homelessness or forced migration. Indeed, abandonment is the absence of bodies to care for one another. Care is experienced through the body in its delivery and reception, and as previously noted, poetry contributes to this embodied experience.

Therefore, the emphasis on the embodiment of care should not minimize the role of imagination in caring. Both connecting and responding to others require imaginative speculation. Our bodies can fuel our imagination as we use them as baselines for speculating and understanding the experiences of others. Sarah Zager employs Jewish philosophy and theology to confront the bias against abstraction among care theorists. She argues that care thinkers' warranted wariness of universal moral principles, a hallmark of Western thinking, has

led to minimizing attention on caring for abstract subjects: "This critique of universality often comes hand in hand with the critique of abstraction, and the two terms are often assumed to be almost synonymous" (Zager, 2022, 78). Zager uses the example of care for her frozen embryos as not fitting into the extant care theory literature. A vital part of her argument is the role of imagination: "Not only do I have to imagine what it would be like to go through the experience of bringing the other I am currently imagining into an independently embodied form of particularity, which may or may not be marked by a genetic connection between the two of us, I also have to imagine a version of myself who does not yet exist in an embodied sense" (Zager, 2022, 79-80). Recently, some care ethicists have explored post-humanist caring (Defalco, 2020; Bozalek, 2017), another area in which imagination plays a vital role. The point of these examples is to shine a light on the imaginative dimension of care. The mind/body skill of imaginative connecting to unfamiliar others for the purpose of caring resonates strongly with the poetic imagination.

Reading or experiencing a poem is an imaginative process with temporal and spatial dimensions. Our embodied minds encounter a poem whose author is absent, perhaps long dead. The poem's subject can be anything, including people from distant lands, unfamiliar contexts, or different eras. The artistry of poetry does not prescribe what a poem addresses; however, a poem can often initiate space-time travel that causes an affective connection. An emotional reality might be created that causes us to care across time and space for a real or fictional other.

Our embodied encounter with a poem colors the narrative meaning, and we often come away from a poem with new knowledge and an affective connection prompting care. Sometimes, that experience stimulates a moral epiphany (a caring epiphany) that we carry into our subsequent life encounters.

Poetry, Space-Time Travel, and Care in

The Hands of Strangers: Poems from the Nursing Home

Returning now to "Bedchecks," consider how this poem engages the reader's imagination, contributes to their knowledge, and motivates them to strengthen their caring capacities through the empathy they experience. Readers encounter other human beings in a range of challenging and vulnerable situations as residents in the nursing home. The care-receivers in this poem rely on their caregivers not only for their comfort but for their survival. Again, the opening quotation from Whitman's poem and the repetition of "how quiet they breathe, the little children in their cradles," emphasizes that these senior adults are as needful, dependent, and fragile as young children in their cradles.

Several poetic techniques contribute to the empathy readers feel toward the residents' condition. First, the imagery in the poem collapses the distance between the reader in the present and the poem's scenario in the past, developing physical connections between the reader and

the people in the poem. By engaging the reader's sight, sense of touch, and hearing, the imagery makes real what might otherwise be perceived as fiction or even as a true story too far removed from the reader's life to resonate. In this way, imagery helps the reader build knowledge, seeing people "Hunched small beneath cotton blankets," lying on the "padded floor," and dreaming of "silos and seven gaunt and skinny cows swallowing seven sleep and fatted cows" while also experiencing a tactile connection with the blankets and padded floor. Readers hear the workers as they move through space with "the chattering of our laundry carts, the scuff of our crepe soles moving from room to room" while the residents sleep.

Harrington utilizes metonymic descriptions of the residents to suggest how easily people can be reduced to their greatest need or most notable condition. The speaker in the poem, a caregiver, does not refer to people by name but instead as "the birth defect, The Huntington's chorea, The dementia," suggesting a separation between the care-receivers and caregivers. This separation is formally enacted by the division of the poem into two parts, the first focused on the residents and the second describing the intrusion of the workers. True, the speaker wants to let the residents sleep, even proclaiming this wish as an admonition to other caregivers on that shift. That desire resists but does not ultimately reconcile, the separation between caregivers and care-receivers. However, it produces empathy in the reader toward workers who begin to see the residents as defined by specific conditions over time.

The difficult working conditions and tasks undertaken each night that Harrington describes erode some of the employees' capacity to empathize with those in their charge. Simultaneously, the resistance readers feel to reducing human beings to their physical or mental condition, such as Huntington's chorea or dementia, signals the self-reflective reader to avoid such minimizing of people when encountering someone who needs care. This new knowledge and the drive to genuinely see and respond to the needs of those requiring care help readers prepare to encounter others with what Nel Noddings names as "engrossment" or "receptive attention" to the other: "I receive the other into myself, and I see and feel with the other" (Noddings, 2013, 30). Noddings recognizes that this state of attention is limited and does not suggest ownership of another person's perspective, nor is it equivalent to the engrossment of a love relationship (Noddings, 2010, 31). For Noddings, engrossment often leads to motivational displacement whereby the person caring temporarily takes on the burdens of the one cared for (Noddings, 2013, 30), which is what we commonly refer to as empathy.

Empathy is a fraught concept as it is often limited by the privilege and subject position of those involved. Accordingly, empathy must be attuned by knowledge (Hamington, 2024, 40) and humility. Vrinda Dalmiya suggests relational humility as pertinent to epistemic and empathic connection: "Relational humility crucially comprises this double movement of epistemically decentering oneself while centering the epistemic agency of others" (Dalmiya, 2016, 119). A poetic encounter can be a powerful way to decenter oneself, as when Harrington

describes the bus driver, porter, teacher, or the woman beaten for years. They are lying in this ward and not me ... but it could be me. Empathy allows for a touch of ambiguity between me and the other.

The tone in this poem also contributes to the reader's feelings of empathy toward residents and workers. Harrington constructs a reverential tone through the apostrophe "O" in the second stanza and the repetition of "Let" as the speaker pronounces a deep desire to let the sleeping stay sleeping because that condition affords them the least amount of suffering. The lists in that stanza also reveal the many disruptions that risk waking people and suggest the likelihood that the actions of the workers will awaken some residents. The residents need to have their bedpans cleaned, their water refilled, and their pills dispensed. These actions provide care. The speaker's concern for their charges and the recognition that sleep is a release from suffering combines with these necessary duties to demonstrate a more holistic approach to care.

Finally, "Bedchecks" exemplifies the space-time travel made possible through poetry. Readers become fully immersed in a scenario from the past but experience it as the present. They also experience a further disruption of linear time by stepping even farther back into the residents' histories through the depiction of their dreams. The continued emphasis on sleep in the poem functions metaphorically as a reminder that death is not far off for these residents, and that it, too, will be a kind of respite from suffering. This acknowledgment of death becomes another disruption to linear time even as the events of the poem progress from a beginning to a middle to an end. The combination of linear and non-linear time recalls J. Retallack's statement in Poethical Wager that "Everything in mass culture is designed to deliver space-time in a continuous drone. One writes poetry and essays to disrupt that fatal momentum" (Retallack, 2004, 5). Harrington's poem clearly participates in this disruption and, in so doing, assists readers in stepping outside of the drone and focusing on the needs of the people in the poem, strengthening the capacity to care as they read and reread.

One reason poems in The Hands of Strangers are so effective at providing opportunities for caring space-time travel is that they are poems of witness, and many are written using the lyric form. Traditionally, poetry of witness is written by people who have undergone trauma, violence, and/or humiliation, often on a large scale, or they are written by someone else who witnessed those occurrences. Readers move through space-time to encounter these difficult experiences, inform their understanding, and increase their caring capacities.

Of course, writing about the suffering of others involves the risk of appropriation. In "Ears on the Floor: Poetry of Witness in a Post-Truth Era" (2016), K. R. Miller acknowledges this concern and notes that Carolyn Forche not only recognizes it but responds to it. Miller writes that Forche "wrote about the act of witness as 'problematic,' saying that 'even if one has witnessed atrocity, one cannot necessarily speak about it, let alone for it.' The lyric mode can all-too-easily appropriate suffering" (Miller, 2016, np). Miller continues, considering the

importance of testimonies of atrocities: "But witness nonetheless seems necessary within a society that muffles such testimonies. Language can become, Forche says, not just representation but 'evidence that something occurred'" (Miller, 2016, np). The Hands of Strangers offers such evidence.

Harrington's poems, or testimonies, are based on her own experience working in a county home, and the scope is much narrower than in many poems of witness. The specific scenarios she depicts, however, include people's daily fears, humiliation, and suffering, as well as the dependence on others who, at times, abuse their power and inflict trauma. The reality of physical and emotional pain, the risk of injury, and the threat of violence and victimization pervades the collection and informs each individual poem regardless of its specific topic.

Lyric poems impact space-time travel because they allow the collapse of the time between the reader's present and the poem's present. In Time and Timelessness in Victorian Poetry, Irmtraud Huber explains, "the lyric mode of mediation is characterised by a singular temporal structure, in which the lyric present not only parallels the present of reading but is identical with it. Moreover, in a lyrically mediated text, the distinctions between the speaker, addressee, and audience become unstable, enabling a potential doubling of roles, speaker/audience or addressee/audience" (Huber, 2023, 237). The lyric assists readers not only in space-time travel because the poem's present and the time of the poem's reading become "identical," but in immersing readers in the experiences, feelings, and needs of a poem's speaker. In "Bedchecks," the doubling of the reader's role and the speaker's role assists the reader in learning the concerns, challenges, and empathy of the nightshift caregiver, who is also the poem's speaker.

Harrington's poem "Balance" offers another instance of how this poetic form, when used as a poem of witness, collapses the geographic, temporal, and experiential distance between readers and the people in the poem.

"Balance"

In the night, we listened for breath,
nostrils flared for the sting of urine, or worse.
We shoved laundry carts draped with linen,
gowns, and towels, passing the sleepers by,
stepping into the rooms and beside the beds
of dreams with disloyal bladders.

If their sheets were wet, we changed them,
washing their flanks with tepid water, adding
lotion or not, sprinkling their haunches with talc
or not, relieved if only one sheet were soiled.
We rolled the body from side to side, changing

one half of the bed, then the other, tightening
the half sheet and spreading the absorbing paper
square backed with blue plastic.

If they lay in soil, if their beds were soaked,
we hoisted them into a chair or slanted them
on a mattress seam to wait, to tremble, to catch
their breath at each uncertain move, unsteady
and fearful. Braced against indifferent bodies,
they whimpered "I'm sorry, I'm sorry,"
or tied their arms about our waists and held on. (Harrington, 2011, 12)

Here, the reader once again enters a different space, or terrain, from their own physical locality as they encounter sleeping residents with the nighttime caregivers making the rounds. In this case, poem's subject is focused specifically on people who need to have their clothes and bedding changed during the night because they have wet and/or soiled themselves.

The reader also time travels into the poem's scenario; however, this poem is already in the past tense, so the way in which the lyric's present is identical with the reading present is slightly different. In this poem, the reader's present maps onto the speaker's reflection on a past experience that has been repeated night after night. The reader enters the speaker's present only to be moved into memory, demonstrating Huber's point that "the lyric condenses time in the moment of reception. Time in the lyric does not unfold in succession, but folds into layers" (Huber, 2023, 237).

The role of reader and speaker are once again doubled. In "Balance," the doubling reveals the distance that the night staff have created between themselves and those they care for as they clean their charges and change their bedding. The residents are referred to as "sleepers" or "the body" rather than anything more humanizing. Furthermore, the speaker describes herself and her coworkers as the "indifferent" bodies that the residents must lean against for balance. Initial auditory, olfactory, tactile, kinesthetic, and visual images help the reader understand why the staff might create such distance. Workers listen to see if people are still alive and breathing, and they have "nostrils flared for the sting of urine, or worse," to determine what substances they might have to clean up. They push carts filled with soiled gowns and towels. The distance suggests an element of self-protection for the caregivers.

Nevertheless, even as readers empathize with the workers, the indifference also creates a second response from the reader, the desire for more effective care. Later imagery is again visual, olfactory, tactile, kinesthetic, and auditory. The poem depicts people asleep in their own urine and/or feces, frightened and unbalanced when they are awakened for cleaning, and apologizing as they literally hold onto the workers who are assisting them with indifference.

The residents' needs clearly extend beyond having their clothes and beds changed, beyond the application of lotion and talc "or not." Truly attending to their needs demands that the indifference be surmounted to allow for gentle touch, kind comments, and recognition of personhood. While the speaker suggests that not all staff are as caring in their actions, she also recognizes this shortcoming and emphasizes the vulnerability of the residents. The actions in the poem are not presented as models but as the difficult reality of the situation that results in lesser care. Speaker and reader witness this reality together.

Readers recognize the need for better care in part because of the doubling previously discussed, but another important reason is Harrington's use of the first-person plural pronoun, "we." Eileen Sperry explains in "'Now Let Us Sport Us While We May': First Person Plural and the Lyric Voice."

> When the poem invokes an 'I', implicitly or explicitly, the reader must choose to whom that 'I' belongs. But what happens when the poem raises the question not just of a singular speaker, but of some kind of communal identity – when the work includes not just an 'I', but a 'we'? If first person singular deictics allow readers to recognise the binary nature of the lyrical voice, then the first-person plural allows that dialectic to be productively sustained. The lyric 'we' creates a voice that refuses the choice between 'I's, insisting instead on a multivalent identity that is both removed and present, self and other simultaneously (Sperry, 2019, 204).

Readers become implicated in the "we" of the speaker and coworkers. They become part of the community within the poem, seeing from the speaker's point of view and also recognizing the needs of the residents. They can thus witness the gap in care, desire to correct it, and envision a better, more compassionate scenario, all of which enhances their capacity for caring through the experience of the poem.

One final example from Harrington's book demonstrates how a poem can create affective connection between the reader and the people in the poem, increasing the reader's knowledge, and motivating them to develop more caring habits.

"Molly"

Unlike the others, with her it was never rough
or quick, or half-done, and never,
because it was endless, done with anger
or jaws grinding enough, enough.

It was done carefully, spreading thighs,
lifting the scrotum with its rope
of penis, the leaves of labia eased aside,

a washcloth, slicked with soap,
washing flesh and flank in a tide

    of heat

         of touch

             of water.

This was intimacy,
a shame they couldn't hide, but did it matter?
Handmaid, menial, servant, daughter,
each movement precise, each movement ceremony,
cradling these white-fleshed raku,
   each holding its fill of bitter tea.

 All the exquisite parts of her work–fingers,
palms, wrists, arms, shoulders—
intent on the motions of cleaning and drying,
the certainty that one day she too will lie waiting
in a county bed seeking compassion
from the hands of strangers (Harrington, 2011, 13).

The unnamed speaker describes the gentle, caring actions of Molly washing the genitalia of the residents as part of their sponge baths. The opening of the poem alerts readers immediately to the residents' vulnerability and the reality that some workers are less careful when performing this same action. Molly stands out because she approaches the bathing by not being "rough / or quick," not leaving the job "half-done," and not performing her task with anger. The speaker and reader witness Molly's role in this intimate action, feel the care with which she attends to the residents, and desire that she continue her work in this way.

Continuing into the poem, readers witness the details of the bathing, with Molly "spreading thighs, / lifting the scrotum with its rope / of penis, the leaves of labia eased aside, / a washcloth slicked with soap, / washing flesh and flank…" in the second stanza. They recognize the vulnerability of the residents who are once again like infants, unable to physically wash themselves and utterly dependent on others to wash them with no choice as to whether that washing occurs gently or roughly. The visual and tactile imagery instills a similar feeling of vulnerability in readers as they immerse themselves in the residents' experiences.

The third stanza emphasizes the intimacy between caregiver and care-receiver and also foregrounds the shame felt by the residents. They are as dependent as infants, yet they are senior adults with their genitalia exposed being washed by an employee. Again, the reader can also imagine feeling shame in that situation.

The poem uses these individual instances of bathing to universalize the human need for care. Whoever a resident might have been in their younger life no longer matters in this moment. Anyone in a nursing home needing to be washed by an employee becomes equally dependent and equally desirous of compassion from their caregivers. By the end of the poem, we learn that Molly's dedication to providing care is partially motivated by this universalizing. We move from the poem's present to Molly's sense of her future, as she believes "that one day she too will lie waiting / in a county bed seeking compassion / from the hands of strangers." Metaphorically, readers of Harrington's poems also become residents and staff in the county home, with the potential to provide compassionate care and in need of care themselves.

Conclusion: Caring as a Poetic Praxis

A practice is an action taken repeatedly. As embodied beings, our practices are actions taken as integrations of mind and body. Caring is one such action. Many care theorists have defined and interrogated care as a practice. In the pioneering work of Virginia Held, care is defined as the integration of values and evolving practices:

> Care is both value and practice. To the ethics of care, care is a value as important as justice and even more fundamental. Its practices incorporate caring values but are in continual need of improvement. Practices of justice also seek to reflect the values of justice but those of care are more essential. No one can survive without care; the same cannot be said of justice (Held, 2011, 184).

Care is a complex practice often involving habits or skills of the mind, including imagination and emotion as well as physical abilities. It can be described as a curated collection of practices. In a similar vein, Joan Tronto claims, "People often forget that every care-practice is nested in another care-practice that is nested in another care-practice which on the most general level means everything we do" (Jounou and Tronto, 2024, 274).

The nuance, however, goes even further than interlocking practices as the enaction of these care practices can entail various characteristics that can enhance or diminish the effectiveness of the care. In other words, how we care is not separate from the objective of caring. The staff and residents in Harrington's poems all have physical needs that others can help provide, but their delivery can be central to how the quality of care is perceived. Harrington's choice of witnessing to care through poetry is not arbitrary. The lens of poetry offers the aesthetic experience in a lyrical register that brings the reader/listener to a shared yet imaginative space/time to connect with others. Writing poetry of witness makes visible the suffering of others. It does not allow the suffering, nor the causes of the suffering, to remain hidden. Reading poetry of witness engages the imagination to create a learning opportunity whereby readers might better understand how to prevent such suffering in the future. We conclude this article by arguing that care is enriched when it is understood as a poetic praxis.

Simply understood, praxis is a bringing of theory into practice. It originates in ancient ideas regarding the ability of free people to think (theoria), make (poesis), and act (praxis). However, modern theorists have framed praxis as a thick concept with robust explications of the theory/practice relationship. Philosopher Jorge Mario Flores Osorio describes praxis as "a transforming principle [that] transcends the theory-practice contradiction and fosters the definition of interactions between action and reflection" (Flores Osorio, 2009, 14). For Flores Osorio, praxis is a mind/body skill that operates in a relational and processual world: "Praxis implies an infinite cycle of practicing-knowing-transforming, the cycle that builds the unity between knowing and doing" (Flores Osorio, 2009, 15). Similarly, Hans Georg Gadamer develops a notion of praxis that emphasizes caring through sympathetic understanding (Roy and Oludaja, 2009, 259-260). For Gadamer, praxis is not a neutral term. It must entail caring through actions of solidarity (Gadamer, 1989, 190 & 319). This approach to praxis resonates with care theory, particularly the presumed relational ontology. If human nature is relational, then many of our ideas enacted, particularly moral ones, should develop our caring practices.

If praxis is a dynamic approach to considering the relation between thinking and action, aesthetics adds a vital dimension of perception, feeling, and sensuality to the process. Philosopher Christoph Menke observes that all of our actions are a type of praxis, but aesthetic praxis engages a heightened state of awareness. Art makes the ordinary extraordinary. He refers to this as aestheticization: "The process of aestheticization reveals that the practical is, in fact, always in transition into the aesthetic: any totality that constitutes a praxis can become aesthetic when reflects upon itself and is thus set in motion and enlivened" (Menke, 2012, 60). Poetry is an aesthetic praxis, as Menke describes. Poems like Harrington's draw our attention to a moment of the mundane for which our lives are replete. Pulled from everyday practices, we can linger at a particular instant with particular people and circumstances to focus on a feeling, thought, or experience that would typically whirl past us on the trek of neoliberal time. Hunter Hilinski describes, "Aesthetic praxis, arising initially out of the conversation between freedom and necessity, thus becomes the theoretical convergence between dynamic action and human potential; a decisive call to the thoughts that connect individual to neighbor, friend to foe, and past to future" (Hilinski, 2020, 39). Menke and Hilinski illustrate the magic of poetic aesthetic experience. Although a poem draws out particularities–pulling them from one context in what can appear to be a deconstructive fashion- it simultaneously constructs a new connection between the reader, the subject of the poem, and the writer.

Poetic praxis can help us reconnect to others and create a sense of purpose. Educators Sherron Killingsworth Roberts, Nancy A. Brasel, and Patricia A. Crawford describe, "Poetry as a reflective and intentional process can help both the authors of the poetry and the audience of the poems to reach praxis or the process of being moved to action, to affect change, and to

better the next experience." (Killingsworth Roberts, Brasel, and Crawford, 2014, 168). The language of poetic praxis appears to echo the language of care. Is care a poetic praxis?

Instrumentalism is one of the spawns of neoliberalism: seeking to find the practical/transactional value in everything around us. Perhaps one could even accuse our book, Care Ethics and Poetry (Hamington and Rosenow, 2021), of seeking value in poetry to improve care. Instead, maybe in addition to learning from it, we need to be the poetry we wish to create. This is an odd claim, but if all experiences can be aesthetic, we may want to make aesthetic ones as our care practice. Ryan J. Petteway declares, "True poetry is neither a method nor a tool of extraction. It is praxis–illuminating, liberating, transforming, and revolutionary" (Petteway, 2021, 21). For Petteway, poetry's moral and political dimension remains at the forefront. His approach maps onto care theory: "Poetry as praxis can transform 'objects' into 'subjects'— agents of change prepared to transform their reality, to redress the power imbalances that functioned to produce and preserve it as unjust" (Petteway, 2021, 22).

As a poetic praxis, care forefronts the aesthetic–a connective sensitivity across time and space and difference to feel with others.

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