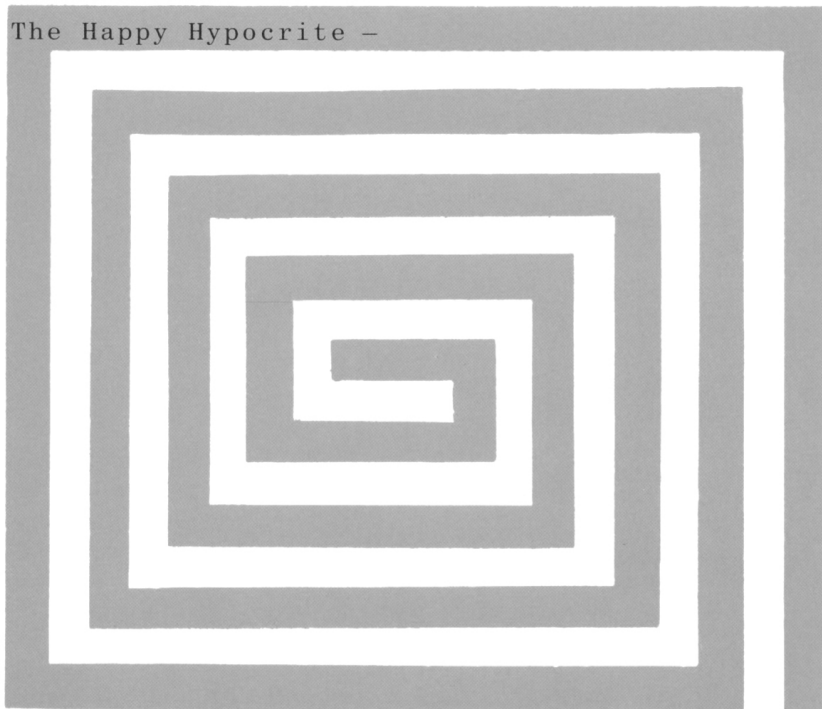


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– The Happy Hypocrite –



THE GOLDEN YEARS OF

# GREEK SCULPTURE

for and about experimental art writing

# SORT OF LIKE A HUG: NOTES ON COLLECTIVITY, CONVIVIALITY, AND CARE

PARK MCARTHUR

For Tina

On 13 August 2011, which was a Thursday – no, the calendar says it was a Saturday – I bought a notebook.<sup>1</sup> Inside it I wrote:

*a space to process care collective stuff – be open with myself – in combination with what I'm reading about dependency and care with or vs. justice. 'Collective' feels like using a language adopted – a language I am trying to learn – as I learn how to operate in a collective in general. A collection of people. A collective.*

The week prior to 13 August was my first experience participating in a care collective: a group of nine people working to help me shower, change my clothes, and get into bed each night. Nine individuals – seven people for each weeknight, two people to swap in when needed – built and sustained this collective.

Throughout the fall of 2011 and the winter of 2012, I wrote in this journal almost daily, so regular was my need to record these initial experiences receiving care in this way. Outlined here is what was established and what continues to be created. This account seeks to

<sup>1</sup> 13 August is Catherine Harrison Walker's birthday. She turned 28 in 2012. She is one of my closest friends. We met twelve years ago in college. She moved from New York to Nashville, Tennessee, yesterday, 5 April 2014. Her birthday is 13 August 1984 and mine is 14 September 1984. We moved to New York together in the late summer of 2010. My parents paid the rent of our apartment. I went to an art programme called the Whitney Independent Study Program and Catherine worked at Whole Foods. Catherine provided all of my care from August 2010 – July 2011, except when we weren't together (as when one of us was out of town). Our relationship, and the way that it layered living with care with rent, was one of the things that encouraged my thinking about receiving care from a group of people. This kind of arrangement (parental financial support for housing in order to receive care from my roommate) is still how one of my current roommates, Amy, is asked and agrees to participate in my care.

describe the form of care collective (cc), as well as the relations that formed it and were formed by it.

To be clear, this account of care and connectivity is not about an intra-disability community or about relationships formed between people with disabilities. It is about a group of people – only one of whom identifies as disabled – caring for me, a person living in New York City with a diagnosis characterised as degenerative and neuromuscular. Unevenly descriptive, this incomplete narrative seeks to frame questions I have concerning care's obligations and desires. In an effort to think about interpersonal care on a social scale, I map my specific experiences of physical dependency onto queer theorist Jasbir Puar's outline of 'convivial' relations. Convivial relations consider categories such as race, gender, and sexuality as events – as encounters – rather than as entities or attributes of the subject.<sup>2</sup> Without forgoing what identity categories and processes of identification offer, this essay focuses on types of relations coded as 'dependent', and the experiences, feelings, and knowledge such encounters with dependency engender.

#### CARE AND ACCESS

The first time I received care from a rotating group of people who were neither my family nor people I paid was as an attendee of the 2010 US Social Forum in Detroit, Michigan. Five, occasionally six, friends shared a hotel room for the week-long event. Our group did not formalise a schedule of how and when to provide care, but kept in close touch with one another, trading off anticipated jobs: helping me in and out of bed and the bathroom, meeting up for meals. The labour of care was by no means portioned equally between each person sharing the hotel room; the people I was closest to emotionally shared their time with me the most regularly.

Across the city of Detroit, in the Wayne State University dorm rooms, organisers of the conference's Disability Justice Track

<sup>2</sup> Jasbir Puar, 'Prognosis Time: Towards a Geopolitics of Affect, Debility, and Capacity', *Women and Performance: a journal of feminist theory*, vol. 19, issue 2, pp. 161–172

created a care-shift collective called Creating Collective Access (CCA) <http://creatingcollectiveaccess.wordpress.com/>. CCA, whose organisers invited individuals to pool their resources, skills, and abilities, was envisioned as:

*a community-built-and-led collective access network of crips and our comrades, wanting to help create access in ways that also build community, care, crip solidarity, solidarity with non-disabled comrades and is led by crips!*

Care girded the structure of CCA, and it determined the pace of living together in Detroit. Each person's daily care needs were folded into each day's rhythm and activities. CCA attempted to keep care self-determined and non-exploitative. It sought to make care group-negotiated. This shift in the discursive and organisational parameters of justice indicates an understanding of reproductive labour's inherent relationship to any praxis of solidarity.<sup>3</sup>

Organisers of the US Social Forum – like many groups using a one-to-one customer service approach to accessibility – provided hand-outs and hotlines for questions concerning structural access: which buildings and forms of public transportation were available to people getting around on wheels; where to locate roomy elevators and gender-neutral bathrooms. Access needs were addressed through the circulation of information to people perceived or self-described as benefitting from this information. But CCA – and most disabled people, for that matter – plan for the realities that enliven and trouble the common denominator of structural access, foregrounding the caring labour needed to complete structural accessibility's promise. The promise of access and egress can often only be fulfilled with another person. Accessibility is social. How does one use public transportation if maps are illegible and directions difficult to remember? Who will be there to

<sup>3</sup>Though collective care, as part of social justice movements for disabled people is somewhat recent in both its articulations and its practices, there are many examples of groups and organisations that place reproductive labour at the centre of organising forms and processes. For decades, and mainly through the necessity of collective childcare, feminists across nations and political campaigns have highlighted the ways in which care is integral to social justice.

make transfers to the toilet within the ADA-compliant bathroom safe? If the Forum's convention centre houses thousands of people – along with their noise, their motion, their activity – who will be a calming counterpart? These questions of touch and weight, relationality and recognition interrogate the psycho-somatic, phenomenological, and haptic fields and feedback loops of public and private life. They are questions sublimated or ignored in conceptions of public life, unaccounted for within rights-based discourses, and largely unrecognised within formulations of just societies. They are questions that do not end at the end of the workday. They are not answered by the hiring of a sign language interpreter for a half-hour of programming.

In America, part-answers to these questions have been historically situated and bound to private family life and/or the State's administering jurisdiction – two spheres of social activity maintained as repositories for the excess leftovers of capitalist accumulation. The people whose lived realities call these questions into being – and, of course, the questions themselves – remain, for the most part, politically obscure and socially atomised. Such questions involve intention and consent, dependency, safety, exploitation and abuse, translation and effect. Such questions are concerns of people who receive-give-need-want care. They animate the relational, intra-personal, asymmetrical, non-reciprocal, non-recuperable parts of life.

The work of people who receive-give-need-want care outlines an ontology of care. Care, as a term that does not intend to ignore its own politics of language, describes a spectrum of dependency and labour different than childcare, different than elder care, and different than the heteropatriarchal configurations of an unwaged labourer reproducing a waged labourer for tomorrow's workday. In this case, I mean the labour required of individuals caring for adults who can not reproduce themselves vis-à-vis the systems and working infrastructure that grant an individual the appearance of independence. Adults who do not reproduce themselves vis-à-vis such infrastructure are often characterised as disabled. To acknowledge the tenuous, collapsible relationship between debility and capacity – within both disability and non-disability alike – proposes an ontology of care not yet socialised and theorised, much in the way that philosopher Laura Hengehold writes, 'our bodies

should always be better than the societies we currently have.<sup>4</sup> Without ignoring the importance of the societies we currently have or could have, this quote speaks of a future that flips the assigned metaphors of disabled fire alarms and paralysed systems of an insane marketplace for a world in which every disabled, paralysed body and insane mind is already better than the conditions we take to be their linguistic approximation. Setting aside a body politic to talk about bodies and minds that always exceed a politics means caring for ontological being – caring for flesh – along a spectrum denser and more complex than what passes for our fanciest thought-projects.

Care is a plastic term. Care Studies's acceleration as an academic trend does not mean someone necessarily wants to identify themselves as 'needing care' or as a 'care worker.' Campaigns for domestic worker justice, for example, show how the term can be used to exploit workers by placing an emphasis on work by a 'family member' rather than the work of an employee for her employer. In campaigns for disability rights, the term care is understood to be infantilising and antithetical to struggles for self-determination. Additionally, the caring labour of a gendered, non-protected constituency of citizen and non-citizen workers is made as recuperable as possible to home health and healthcare industries.

But in CCA, as in many kinds of kinship networks, the question of two or more bodies in correspondence with one another – care-receiver and care-giver – push access further afield from its traditionally understood legislative base of equality, anti-discrimination policy, and structural access, towards generative grounds of communal commitment, collective affinities, identities, labours, and desires. Articulated and theorised as 'access' in addition to 'care', CCA lays bare the relationship between these two realities. When care *is* access, access is made to be a communal effort and constitutive goal of personal and group care. As a condition of justice, care-as-access prioritises something else other than the limitations of rights-based accommodation and anti-discrimination policy: it seeks to understand and nurture the social realities of reproductive labour.

<sup>4</sup>Laura Hengehold, *The Body Problematic: Political Imagination in Kant and Foucault*, Pennsylvania State University Press, 2007, p. 300

## RELATION

I did not participate in CCA, but heard about it, read about it, witnessed it, admired it, and compared it to my own hotel room version of group-provided care. I think about it now as it exists in various iterations around the United States, including this experiment with my own care in New York City. Like CCA, my care is a group-based effort, both in how it came to be and what it is.

Seeking regular care from places other than biological family, a monogamous partner, government agency, or private business means casting a net wider than the people I live with, wider than professional home health agencies. In New York City, Consumer Directed Services, a weekly email and website maintained by Edward Litcher, circulates the needs of individuals seeking to hire care providers [www.consumerdirectedservices.com](http://www.consumerdirectedservices.com). This online entity's main audience is disabled people as well as professional care providers, both Medicaid-certified and not. Not knowing of Consumer Directed Services in 2011, I sent a series of emails, Facebook messages, and listserv announcements describing my care needs to friends, acquaintances, and strangers. To each respondent willing to share two hours helping me, I offered money or a skill I could provide in return. Seven friends replied saying they would participate, giving their time without remuneration. Four strangers agreed to initial meetings. Post-interview, two of the four individuals began working with me for fifteen dollars an hour.

Finding care-givers within social communities to which I am loosely linked makes apparent whom I spend time with, for what reasons, and with what openness we allow work to enter our relationships. The majority of people who care for me are artists, academics, educators, or non-profit workers, many of whom are queer, with a day-to-day capacity to be with me past nine o'clock in the evening. They are white, in their 20s and 30s. Our ages are proximate; they are not caring for someone far older or younger than they are. Care collective members share mutual friends and professional ties, apartments, and connections to each other through people and organisations unrelated to me. Crucial to the success of cc's hybrid form is the foundational care my roommates provide. My roommate's

ability and commitment to getting me out of bed in the morning, every day, eliminates the need for someone to be at my apartment at 8 a.m. My other roommate – my younger sister – who is also disabled, coordinates her care needs in collaboration with mine.<sup>5</sup> Both roommates' patience and flexibility make my weekly care schedule possible – a schedule supplemented and interrupted by close friends who come for dinner and stay to help me afterwards, by my bandmate after band practice, by someone I have sex with, by visitors from out of town.

Care collective is a collective endeavour insofar as it requires seven people working the week's seven days, but we do not spend time all together; some participants have yet to meet each other. We haven't yet made decisions collectively. Care collective is not a collective in the ways that a communal house or organisational structure commits itself to yanking at edges of hierarchies in an effort to topple gendered, classed, and race-based divisions of labour. It is, however, populated by people already committed to reconfiguring social relations in the ways they choose to live and work. A number of participants care for people with disabilities, people old and young in addition to the work they do in cc. For others, our weeknight together isolates their physical care work to a few hours of time.

Across this spectrum of caring labour vibrates a charged interest in what possibilities exist or are created in the ways we relate to one another. The relational events we make cross and re-cross divides of nakedness and coverage, emotional closeness and reticence, attention and bored inattention – manifesting as actions that look like embracing, making dinner, drinking alcohol, cutting hair, falling asleep, reading poems and essays, watching YouTube videos, massaging limbs, recounting stories. These activities ornament the basic goals of showering, changing into pyjamas, and getting into bed. My own interest in these acts of relating scale disparate spatial and temporal registers – from the shapes our bodies make during a lift-and-transfer, to the alternative commitments we decline in order to meet at the same time and place.

'Collective' is likely a misnomer, a pseudonym for something else

<sup>5</sup> My sister and I no longer live together, but she and her husband (whom she now lives with) provide support when gaps in my care schedule arise.



finding its form, its routine and sway within sequential, differently-shaped chains of day-to-day, one-on-one pairings. Care collective situates my care requirements centrally, around which additional needs, desires, and force fields orbit and pull.<sup>6</sup> Processes of unravelling and restabilising occur as we make ourselves vulnerable to one another while working to deliver our bodies safely from platform to platform, surface to surface. The strain of someone's body lifting mine; my body's strain in keeping myself upright; learning how they, as the bearer of their bodies, and I, as the bearer of mine, work our mutual instability together. I observe, and am given, this open materiality as an instructor of my own care. I compartmentalise my discomfort and desires in order to describe how I want my shirt to be lifted over my head. I experience my care partner's translation of this request into motion and pull. I say I will be home at 9.25 p.m. and I am late. Someone waits for me. Or I wait for her. Rarely comfortable mergers such as these ask us what we want from each other, despite the fact we are most practised at conceiving of the care we provide one another in terms of needs.

#### EVENTS AND EXCHANGES

Care goes alongside life itself – an always ecology, an often commodity. The effects of care's commodification strain and make violent the relationships between people giving and receiving care. These violences are heightened as caring labour is de-centred from contemporary life through rigid demarcations of how much support one can need and still be considered 'adult', 'productive', 'worthwhile' on one side, and what kind of work one does in order to be considered 'adult', 'productive', 'worthwhile' on the other. De-centring care from its social ecology also creates an avoidance of end-of-life care that can only be repurchased as an exploitative commodity. When one is not able to maintain and renew

<sup>6</sup> As we gather, couple, and link ourselves to one another through reproductive labour, particular movements and durations effect the ways we relate to one another. By this I mean the ways that we feel with one another, and the ways we feel one another, which, for me, within cc, is different with each person and, therefore, different each night of the week.

her world by herself, the task becomes how to involve other people's labours in her world-making. As an adult in need of substantial, sustainable, and increasingly committed care, I am recognisable as a life worth caring for, a life worth preserving through resources and labour taken and distributed to me. I asked my adult communities to care for me. They said: 'OK'. But behind this 'OK', this 'yes', echoes a chorus of 'nos' – the 'nos' I hear and have heard personally, and the 'nos' more widely directed at most people needing long-term care.

Caring labour and dependency demand we think 'couple' and 'collective' simultaneously. Or, put another way, prying into the ways care is beholden to obligation and desire generates multiple trajectories. Within cc, I experience the process of incorporating care into existing friendships as well as the process of incorporating loving friendship into arrangements first based in care. Encountering each other not through the intimacies of fighting or sex, team sports or rivalry, care-as-event obeys and follows through transferences of weight and fluid and affect, creating, over time, an aesthetics in addition to an ethics. Born of dependency, these events' ethics are a holding and being held, an attention and an attending to that are sustained through tomorrow and tomorrow's tomorrow. Constitutive of each event is the reality that care must be repeated and replicated. And safely. What haunts any open materiality of bodies as places to meet (Puar's description of 'the event'), are these meetings' quantities and qualities – the fact that events are both numbered and textured. Events navigate sensitivities, variables, and factors in bodies' meetings – meetings are not ahistorical or atemporal but are often set up through ideological, state-approved calculation. The real and potential destruction of bodies across time and space is any event's contingent prediction.

The social realities conditioning care today renders it a matter of class access. Social death occurs when care is withheld and exploitation is made routine. Though violence inhabits care, the ethics beholden to an ontology of care is not a matter of 'good' or 'bad'. The ethics described earlier concern the event itself, not whether care is good or bad or if a caring person is better than a non-caring person. Rather than 'good care' and 'bad care' there is 'care' and 'not care'. Or 'care' and 'without care'<sup>7</sup>. For example, to describe care collective to strangers and

acquaintances is to routinely hear ‘wow, you must have incredible friends’ in a response that affirms my friends’ goodness. My friends’ perceived goodness, their decision to help me without pay, sits inside an ethical expansiveness generated by an ontology of care that finds reproductive labour everywhere. It is true my friends are not only incredible, they are the best people alive, but it is care’s everywhere-ness, care’s everyminute-ness that is ecological, not moral. An ontology of care makes ‘good care’ a redundancy.

I wager care collective is, most likely, not a replicable mandate for new forms of sociality. Too many particularities exceptionalise its existence. More importantly, the kinds of relationships described here already exist and will persist after cc dissolves. But cc is a playing out of what need-based, care-based relationships between disabled and non-disabled adults might be – a playing out of what adult peers do and *can* do together is what notates care collective’s conviviality.<sup>8</sup>

#### CONVIVALITY

Conviviality, as a potential ground for group formation, expands collectivity’s colour-coded categorising, its distribution of skills and identifications assumed to be even, similar, self-contained, and consensus-based. Again thinking through Puar’s essay ‘Prognosis Time: Towards a Geopolitics of Affect, Debility, and Capacity’, care based in dependency invites or, more specifically, requires inequivalence and

<sup>7</sup>On pp. 50–51 of her book *The Life of Poetry*, Muriel Rukeyser writes, ‘a work of art is one through which the consciousness of the artist is able to give its emotions to anyone who is prepared to receive them. There is no such thing as bad art. [...] It seems to me that to call an achieved work ‘good art’ and an unachieved work ‘bad art’ is like, calling one colour ‘good red’ and another ‘bad red’ when the second one is green.’

<sup>8</sup>I want to be clear that I am not proposing non-wage care work done by friends as a more socially or economically progressive alternative to waged domestic work; my friends’ capacities to care, are, in fact, dependent on the time and energy available to them in addition to their jobs. It is this tension and slide between community-based care and non-wage care work that I want to think through. I do not want to reproduce the precise logics of gendered, classed, and raced exploitation in the name of ‘alternative care structures’, nor do I want to think about unpaid care relationships as ‘outside of’ economies of care presently in need of further regulation and wage increase.

asymmetry to produce uneven relations, events, and also the place from which I write: the squeeze. There is the squeeze, and there is the mandate. There is the loop of two arms anchored at my lower back, legs on either side or in between mine and a charged space, a space somatic but not exclusively sexualised, smooshed breasts and chests, arms that change with the days but come back within a week. And then there is what is compelling about something useful and something ordinary. To share something that I can't make sense of on the occasion that someone else can assign it meaning and utility beyond what it already serves me. I write from the squeeze, but I also write from my anticipation of the squeeze, a readying. I write from its release, too.

Care collective will change its current state; it may disperse entirely. Dispersal and dissolution is the promise of convivial relationality. As Puar writes, conviviality is open to its own 'self-annihilation and less interested in a mandate to reproduce its terms of creation or sustenance, recognising that political critique must be open to the possibility that it might disrupt and alter the conditions of its own emergence such that it is no longer needed'. This is true for the care group as a whole, for participants' relationships with one another, and for my relationship with each person. Convivial care expands and refines ways of being together, ways that don't seek care solely in relationships among partners, children, biological family members, or relationships mediated by government agencies or not-for-profit entities. Conviviality is also a project that feels like a thesis – not a conclusion, or even a proposition worked out, but an old definition of the same forcefully sonic word: a thesis as hands or feet keeping time. Not only counting, but counting down. 4, 3, 2, 1, hit it.

#### POSTSCRIPT

A version of this essay was presented at the conference 'Cripples, Idiots, Lepers, and Freaks: Extraordinary Bodies / Extraordinary Minds' on Friday, 23 March 2012, at the Graduate Center of the City University of New York, as part of 'Crippling Community, a panel moderated by Akemi Nishida (Critical Social Psychology PhD candidate at CUNY, and cc participant).

Since then, I've reshaped large parts of the essay three times. First, to re-write the paper's ending after my friend, an artist and cc participant Tina Zavitsanos, said that to invoke survival as I did in the original essay's last sentence, seemed both unnecessarily tragic and vague. Then, in seeking contemporary psychoanalytic theory's help in understanding cc, I added professional writers' voices to the essay, namely Leo Bersani and Adam Phillips, from their book *Intimacies*. And finally, for this iteration, the other writers' voices were removed, and a postscript was added in order to focus on what a singly-authored narrative about group-created care means when writing something to which I am simultaneously witness, participant, and subject.

Though such processes of editing and re-editing are hole-making, there is also, everywhere, the presence of patch-makers and their patches. I rewrote and rewrite this text as I learn things: the patch-makers being my teachers. The teachers being people I know and don't know, their lessons being a casual comment, a serious conversation, a decision to continue or not continue participating in care collective, the social movements for care and labour justice at large, an academic paper read at a conference, other accounts of friends' experiences with care shared socially. I couldn't not alter this essay after experiencing changes to the form of cc while thinking through what those changes mean. In many ways, this essay is all a postscript.

I edit this text because it dissatisfies me. The language and concepts I use to describe care and its relationships dissatisfy me. Partial descriptions and inconclusive commentary show how much I want to show how much cc matters, past and present. Both how, and how much, it has made me. What else it makes.

'What else it makes' is a placeholder for my desire to talk about what we're doing together, now – what we are together – when it feels that so much attention is given to the potential, the possible, the future, the receding horizon of action and significance. Care makes us now. So difficult is it to be attentive and sensitive enough towards our events, places, experiences, and occurrences as we deal with them and as they deal with us, that descriptions and assessments of these events may only produce bogus theories. I want the bogus theory. I want it instead of the repetition of 'might' and 'possibility'. Contingency is not only a quality

and texture of futurity. An already-thereness is a reality and a constraint to be taken as given. I edit and re-edit this text to be wrong, to be more precise in the ways I am wrong in order to provide a place for additional re-edits and accounts other than mine to land.

Since 2011, cc has changed and gained participants; people have joined for both long and short spans of time. Participants move away from New York and also return. New York City has allowed cc to shift and shrink, grow and morph in ways difficult to imagine occurring without the city's communities of artists and its critical mass of disabled people living close to one another, its public transportation, its accelerated relationship to knowledge and information. Void of any one of these components, care collective might not be able to reproduce and respond to itself.

I participated, for example, in a friends' short-term care collective in the fall of 2012, not as the provider or receiver of care, but as someone who connected other people to my friend. This temporary collective was organised in response to the power outages caused by Hurricane Sandy. To make plans around my friend's and his partner's needs after the hurricane meant joining a collective of dozens of people living across the United States. In communication mostly via text but also online, the networks to which I am connected supplemented the collective's main group of care providers. I called on groups of artists and acquaintances to purchase, find, and deliver supplies to lower Manhattan and to drive my friend's care providers (some of whom lived in New Jersey and Queens) to and from his downtown apartment. Many people did a part of each activity in order to accomplish necessary goals: providing a car-ride one way, or picking up and delivering one supply item. This short-term care collective was initiated by two participants who also sustain my collective. Parts of this care collective's activities are recorded here: <http://littlefreeradical.com/2012/11/04/unconventional-aid-helping-nick-dupree-part-ii/>