Care Beyond Repair FREE

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Summary

To care about and for others—that is other people, collectivities, plants, animals, or the climate—is a mundane and ubiquitous act. At some point in life, almost every human being needs to be cared for, encounters care, and eventually provides care. In anthropology, the critical notion of care provides an analytic tool for seriously considering life's contingencies and for understanding the ways that people ascribe meaning to different kind of acts, attitudes, and values. This chapter argues that the concept's normative dimension forms part of a cultural binarism that hierarchizes the world according to differently valued spheres of existence. Concentrating on this normativity as inherent to the notion, the chapter distinguishes three complementary empirical fields: care as (globalized) social reproduction, care as institutionalized asymmetry, and care beyond human exceptionalism. It becomes clear that care oscillates between two different perspectives, producing a particular tension. On the one hand, the care concept features a protective and conservative dimension that is congruent with the past. On the other hand, the concept incorporates a transformational dimension through its notions of development, progress, and improvement. To move beyond our own (potentially or inevitably) academic, Eurocentric, or human-centric understanding of the notion, this essay suggests moving "care beyond repair." We can do so, first, by asking what role research plays in this differentiating ethics and, second, by identifying perspectives and positionalities that, at first glance, appear indistinct or inarticulate and hence do not confirm already-familiar categories of evaluation and distinction. Seen this way, care beyond repair draws attention to the making and unmaking of human existence.

Keywords: ethics, kinship, welfare, social relations, aid, humanitarianism, support, in-/exclusion, trans-species, life

Subjects: Sociocultural Anthropology

The Field of Care Studies

Addressing care as a conceptual anthropological foundation is comparable to walking across barely connected ice floes. Although the individual elements, whether derived from feminist economies, kinship studies, medical anthropology, humanitarian studies, or trans-species studies, appear consolidated, the field's fragmentation remains vivid, no matter where you stand. This essay attempts to synthesize a field of study that has provided the anthropological discipline with new and important impulses over the past 40 years. The paper understands

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care as a mundane, everyday practice—or, as Jessica Barnes and Mariam Taher phrase it, “casual care” (Barnes and Taher 2019)—that includes activities, affective attitudes, and ethical values joining bodies, subjectivities, policies, and materials in everyday life (Buch 2015; Drotbohm and Alber 2015; Puig de la Bellacasa 2011; Ticktin 2011, 2019).

Usually, the meanings of care are assumed as given. As a term, activity, or attitude, care is omnipresent in everyday life. However, its inconsistent meaning oscillates between empirical entities and theoretical categories. Examining the historical development of the notion, Reich (1995) distinguishes four clusters of meaning. The first one originates in the Middle High German word *kar*, meaning “trouble” or “grief,” which can also go into anxiety or mental suffering. Second, care implies a basic concern, namely the idea that something matters to the person concerned. Third, care implies the acceptance of responsibility—as in the English expression “to take care of something or someone.” Finally, care implies having a regard for somebody’s well-being in the sense of caring about.

Research has explored matters of care in a wide range of empirical contexts with the aim of understanding the ways that significant ties—between human beings but also beyond—are created, maintained, and acknowledged as well as how they are questioned or dissolved. Empirical examples include a broad range of different activities, such as child-rearing and other forms of kin-based support; domestic and cleaning work; intimate labor such as sex work, escort services, and body service work; institutionalized services provided for the young, elderly, ill, or disabled; humanitarian aid and disaster relief; welfare provision; and the tinkering done in clinics, garages, or livestock farms (Agustín 2007; Boris and Parreñas 2010; Constable 2009; Drotbohm and Alber 2015, 1; Duclos and Criado 2019; Liebelt 2011; Nguyen, Zavoretti, and Tronto 2017; Sargent and Larchanché 2011; Thomas 1993; Tronto 2010; Yeates 2004). That even acts like killing or the extinction of a species have been subsumed under the notion of care reveals the contentiousness of the concept (Bocci 2017, 462; Mol, Moser, and Pols 2010, 7).

Regardless of a certain skepticism regarding its scope and applicability, the notion of care is now considered a highly relevant anthropological conceptual lens for understanding how people attach meaning to different types of relations and how human agency is hierarchically conceived. Given that caring for everybody and everything appears simply impossible, the act of care implies choice, selection, and disconnection. Thus, care can be understood as a classificatory boundary-drawing practice that both includes and excludes humans and other entities, including animals, spirits, plants, or the general environment.

Probably the most often cited and particularly generic definition of care derives from the work of political scientists Joan Tronto and Berenice Fisher, who understood it as

> a species activity that includes everything that we do to maintain, continue, and repair our “world” so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.
>
> (Fisher and Tronto 1990, 40)

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This definition illustrates not only the broad scope of the concept but also its normative dimension. Here, care is associated with an idea of repair carrying a particularly positive connotation in that it supposedly contributes to a betterment of the world. According to María Puig de la Bellacasa, this early definition referred to the "pursuit of a 'good' life" (2017, 4). For some, this perception of the notion is suspected of serving as a "placeholder for a shared desire for comfort and protection" (Duclos and Criado 2019, 153), especially among scientists, which reduces the notion's analytical precision. However, more recent works have changed this, positioning the concept's normative dimension as the focus and enabling new and more productive insights (Buch 2015; Cook and Trundle 2020; Murphy 2015; Puig de la Bellacasa 2017; Rapp 2020; Thelen 2015b; Ticktin 2019). We now know that care oscillates between perceptions of comfort, conservation, and repair on the one hand and improvement, progressivity, and change on the other hand. Hence, the moral underpinnings and the normative dimension of the concept are part of a cultural binarism that divides the world and hierarchizes it according to differently valued spheres of existence, such as good/bad, female/male, nature/culture, private/public, past/future, tradition/modernity, and human/non-human.

This essay interrogates the ways that academic scholarship forms part of or contributes to this binarism, integrating a critical reading of the normative dimension of care throughout the text. The first section, "Care as (globalized) social reproduction," addresses the now-classic discussion of the division of care into privatized and public spheres of existence. Through a praxeological application of the care notion, I then consider the social consequences of the globalization of care and the renewal of an anthropology of kinship. The second section, "Care as institutionalized asymmetry," concentrates on the peculiarities of care in institutionalized contexts, where the recognition or refusal of the support requested has consequences for mutual, asymmetrical forms of subjectification. As a rule, these bureaucratized evaluations of a request for care are accompanied by further legal consequences, based on which the inclusion or exclusion from a political context is marked. The third and last section, "Care beyond human exceptionalism," follows the care concept into trans-species research, which considers highly relevant the unspoken hierarchy between human and non-human health in capitalist economies and concerns regarding the kinds of epistemic communities that are entangled through recentered but also uncertain practices of knowledge production and care.

Care as (Globalized) Social Reproduction

Experiences of caring and being cared for occur throughout the course of one's life, and individuals occupy changing and often multiple roles as both subjects and objects of care practices, which not only accompany but also constitute the individual's social embeddedness. In general, ideas about lifelong care are based on expectations of a circular balance, especially in the family context, where the roles assigned to individuals change over time. Ideally, the intergenerational contract, whether informal or formalized, guarantees a kind of reciprocity between the phases of receiving and providing care to dependent family members (Drotbohm and Alber 2015). If we understand the caring relationship as a total social relationship, the notion shows certain overlaps with a Maussian gift theory. In his revision of

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this intersection, Philippe Chanial (2012) suggests distinguishing between “visible, masculine, and even glorified gifts” on the one hand and “discreet, invisible, even hidden feminine gifts,” here labelled as care, on the other. According to this reading, care constitutes a devalued or even negated gift, as it objects to the “cult of individual autonomy” (Chanial 2012, 17; see also Tronto 1993).

A significant transformation of “care” from an everyday term to a scientific concept occurred in the 1970s, when the feminist social sciences began to problematize the relationship between market production and unpaid reproductive labor. At the center of this critique stood the naturalization or romanticization of duties classified as “female,” which were socially framed as “labor[s] of love” (Finch and Groves 1983). These debates focused on care duties taking place in both the private and the public (monetized) context, such as caring for the sick, the elderly, or other people with special needs; the raising of children; the provision of intimate labor (such as massage, manicure, or waxing); and the performance of domestic work, namely tasks provided disproportionally by women in their roles as mothers, daughters (or daughters-in-law), nurses, sex workers, and domestic servants. Responding to the association of care with a particular emotional depth and “authentic feelings,” feminist anthropologists criticized the blindness to normativity underlying these assumptions and the moral burden placed on care providers, who were (and remain) considered responsible for carrying out tasks often thought to be not only boring or even deplorable but also economically and socially devalued (Buch 2015; Glenn 2010; Sevenhuijsen 1998; Tronto 2013).

Within anthropology, particularly those approaches became relevant that demonstrated that women, especially disadvantaged women from lower social strata, were responsible for fulfilling unattractive and underpaid care work. According to Shellee Colen (1995), “stratified reproduction” not only determines the asymmetries between men and women but also cements the differences between the economically better-off, often white, women and the poorer, often Black or migrant, women. Hence, care became seen as an intrinsic part of underfunded and compromised instruments of governance, within which racialized, gendered, and class-based inequalities are reproduced. Against this background, Eleonore Kofman suggested understanding care as part of a broad and globalized process of social reproduction, recontextualising it as the “different activities undertaken throughout the life cycle to sustain and maintain households, some of which are multi-sited and multi-national” (2012, 154). A focus on the (re)production of social inequalities, understood as the most significant element of the global entanglements of the North with the Global South, is also at the center of Arlie Hochschild’s (2000) concept of “global care chains,” which received substantial attention within feminist and globalization research. This iteration focuses on the transfer of care labor, understood as a critical human resource, from poorer to richer world regions through the employment of migrant women. Hochschild particularly problematized the emotional ramifications for these women’s countries of origin, which subsequently are left with a care deficit (DeVault 1991; Ehrenreich and Hochschild 2003; Hochschild 2000; Parreñas 2001; Yeates 2004). Essentially, both approaches—those understanding care as a mode of social reproduction and those seeing care as an expression of global interdependence

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—are characterized by a certain degree of ambivalence. On the one hand, care is understood as a key human resource and valued positively as a “shared value,” which argues for abandoning the idea of the autonomous subject in favor of accepting considerations of dependency as part of any human’s biographical becoming. On the other hand, the same incident is interpreted as part of a coerced and usually womanized sacrifice forming part of globalized capitalist patriarchal exploitation.

Parallel to these theoretical and political strands, since the 1990s the care concept has developed considerable innovative potential in the anthropology of kinship, which remained central to anthropology but had also been fundamentally criticized (Borneman 2001; Schneider 1984). The work of British anthropologist Janet Carsten provided an essential impetus, recognizing care as a lens through which relationships could be re-examined beyond a Eurocentric conception of kinship. Henceforth, not only questions of ancestry and the alliances between families and groups but also other cultural practices—such as living in a household, eating together, providing mutual support, and reciprocating sometimes lifelong ties—have been understood as “modes of relatedness” (Carsten 1997, 2003; for a critical review, see also Miller 2007). This “practice-turn,” sometimes labelled “new kinship studies,” allowed the use of new instruments to examine not only the creation and evaluation but also (possibly) the dissolution of meaningful ties (Leinaweaver 2008; Weismantel 1989).

Furthermore, the idea that care practices can constitute or confirm kinship provided new insights for the field of transnational family research. For example, in regard to social constellations tolerating physical distance over long periods of time and large geographical distances, care has been used as an analytical lens to understand social ties beyond embodied practices of intimacy. Specifically, sending remittances and gifts, making home visits, and sponsoring relatives from abroad have all been examined as family-constituting constellations (Åkesson, Carling, and Drotbohm 2012; Baldassar and Merla 2014; Coe 2011; Drotbohm 2013, 2016; Palmberger and Hromadžić 2018). Within this transnational research, the normative dimension of the care notion can be identified in at least two ways. First, several studies have examined care not only as constituting kinship but also as a normatively charged sphere within which genders, generations, or family members with different legal status have negotiated their positions of power and influence. Complementing earlier kinship studies, these works emphasized the ways that care provision within households and networks of kin not only occurred along fixed lines of role ascriptions but also needed to be understood as “negotiated commitment” (Finch and Mason 1991), indicating an evaluative practice that can both confirm and question ascribed social relations. Accordingly, the question of who provides and who receives kin-related care has been turned into a moral question of capacity, willingness, and “deservingness” (Drotbohm 2015; Gaibazzi 2014; Poeze and Mazzucato 2014). In this context, we can better understand the problem of whether or how people who have no family or no longer have a family (such as orphans or widowed persons) are cared for. Second, different types of care provision, including kin-based, intimate, and institutionalized forms of care considered “anonymous” or even “cold,” have been distinguished on normative grounds as “good” or “bad.” Interestingly, there is substantial empirical variance between individual actors placing more moral value on kin-based or institutionalized forms of care (Buch 2015; Pols and Moser 2009; Thelen 2015a).

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Care as Institutionalized Asymmetry

By no means did the institutionalization of care begin—as some of the extant literature suggests—with the emergence of state authorities or the modern welfare infrastructure. To understand how care functions beyond the intimate social sphere of kinship and friendship, it is logical to begin with forms of support established within loose communities and subsequently turned into routines of obligation, responsibility, and eventually even eligibility and administration. A wide range of historical works indicate the diversity of the early antecedents of modern civil society—which include church congregations, confraternities, and monasteries as well as fund-raising initiatives and philanthropic and "benevolent" societies—that offered alms and practical care for those in need in particular localities (Barclay 2021; Brodman 2009; Cohen 2009; Hamilton 2013). Additionally, inspection of patronage constellations reveals key characteristics of care when that care is embedded within specific relations of power and structural inequality. Guardianship, patriarchal, and other types of hierarchically consolidated relationships of dependency generate a certain type of social structure, which is designed to reproduce a system of behavior incorporating particular social attitudes, such as fidelity and loyalty (Feingold 1987).

It is crucial to understand that, in the context of care relations taking place in institutions, both the reception and the provision of care modify the dynamics of mutual subjectification. That is, as well as answering questions regarding who deserves to be cared for and who is capable of providing care, social differences are articulated concerning the perception and recognition of need and vulnerability as well as power and capacity. Although such dynamics of subjectification—as mentioned in the "Care as (globalized) social reproduction" section—can also be identified in intimate relationships, this is particularly relevant to discussions of institutions, where recognition often is intertwined with access to further social or political rights. Anthropological studies concerning negotiations of eligibility for bureaucratized forms of care—whether in the context of welfare institutions, post-disaster relief, access to health care, land rights, or asylum—have demonstrated the ways that the emotional regime of care has been transformed in the domain of political or politicized institutions, subsequently constituting a form of governance and control (Adams 2013; Bock 2016; Clark 2007; Povinelli 2011; Svendsen et al. 2018; Ticktin 2011).

When the normative standards of institutional evaluation refer to certain personal characteristics (such as by tying notions of "vulnerability" to gender, age, or ethnicity), the close entanglement between care, evaluation, and control can have psychological implications for actors seeking institutional support. On the one hand, as several studies at the intersection of (im)migration, kinship, and the state have made clear, the politicization of care often generates a particular kind of legal consciousness that may produce a sense of belonging (Boehm 2008; Huschke 2014). For example, in her work on Cameroonian migrant mothers living in Berlin, Pamela Feldman-Savelsberg (2016) recognized her subjects' interactions with community representatives, hometown associations, and representatives of non-governmental organizations as well as with state authorities as key interactions through which they were able to create their own means of participation and overcome their state of not belonging.

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Lauren Heidbrink (2014) offers a complementary perspective, having followed so-called unaccompanied migrant children through the complex bureaucratic and spatial trajectory of detention, legal custody, transfer, and family reunification policies in the US to reveal the incommensurable tension between evaluative regimes of humanitarianism and national security. Similarly, Naomi Glenn-Levin Rodriguez (2017) has contended with the classificatory power of child welfare interventions in the US, which shape Latina/o families and the boundaries of their national belonging. The often-discretionary decision-making practices of social workers and legal actors, who are authorized to make custody recommendations, can be read as a politics of "worthiness" that operates according to particular moral understandings of, for example, "good" and "bad" and "stable" and "unstable" parents. Hence, immigration enforcement actions, including not only reunification but also detention and deportation, are ingrained into child welfare categories. In these exemplary cases, the caring and protecting hand of the state is directly intertwined with the controlling and punishing hand.

This disciplinary nature of care becomes even clearer in studies focused on even more severe conditionalities of institutionalized care. For instance, considering processes of categorization involved in the provision of auxiliary assistance to poor Roma migrant women in Spain, Vrăbiescu and Kalir (2017) examined the penalties applied to women not complying with the ideals of "good mothers," "decent wives," or "diligent workers." Punitive interventions—including the cutting of social benefits, eviction from dwellings, and especially withdrawal of custody and forced removal to alleged countries of origin—again reveal the repressive, or brutal, side of the "caring" state. Meanwhile, Miriam Ticktin revealed a still different—yet eventually even more severe—dynamic in her seminal work on humanitarian aid. In the context of French immigrant politics, a large range of different types of social service providers share a set of affective goals around narrowly defined notions of suffering and innocence. To match these characteristics and hence comply with the authorities' expectations and norms, irregular(ized) migrants eventually sacrifice even their biological integrity and make themselves get infected with severe diseases to gain access to permanent residency or citizenship (Ticktin 2006, 2011). These and other studies also indicate the global dimension of internationally provided governmental care, which not only cares for (and controls) one's own territory but also targets populations living in other regions, where humanitarian aid, often accompanied by (neocolonial) military interventions, contributes to dividing communities and to the already-discussed North–South divide (Bornstein and Redfield 2011; Fassin 2011; Feldman and Ticktin 2010; Shotwell 2016). In her work on land rights and cultural recognition of indigenous communities in Australia, Elisabeth Povinelli shows how the absence of care—in this case, state welfare—and the withdrawing of economic support can be perceived as a form of political abandonment that is part of the lethal conditions of late liberal societies. If care goes along with the assessment of a correspondence with a certain lifestyle, she argues, the outcome can be particularly harmful. She writes: "the *arts* of caring for others always emerges from and are a reflection on broader historical material conditions and institutional arrangements" (Povinelli 2011, 160).

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These examples all suggest a close connection between care, coercive institutions, and legal recognition, which can promote not only social inclusion and protection but also exclusion, marginalization, neglect, abandonment, and the worst forms of suffering. The two-faced nature of care is revealed when a person's access to institutionalized care is linked to an evaluation of their care capacities. Furthermore, as Ticktin demonstrated, the moral dimension of these normative evaluations often does not constitute a one-off, superficial interaction between the authoritative giver and the vulnerabilized recipient of support but implies a profound transformation of the support-seeking subject, who no longer liberates themself from classifications such as "vulnerability" and "neediness." Generally, in contrast to investigators focused on less institutionalized social relations (such as kinship or friendship), anthropologists working on care offered through organizations and policies have highlighted care's harmfulness and even its complicity with insecurity, militarization, and violence.

Care Beyond Human Exceptionalism

The ways in which care constitutes—and orders—the relationships between people and their natural environment constitute an anthropological research perspective that essentially returns to the discipline's early writings on animism and totemism. Research addressing the close social, spiritual, and material interdependence of people, animals, spiritual entities, and landscapes uses the notion of care to indicate the entanglement and interdependency of lives that cannot be resolved individually (Bird-David 1999; Bollig 2018; Donovan and Adams 2007; Fijn 2011; Kirksey and Helmreich 2010; Kohn 2013; Orr, Lansing, and Dove 2015). Generally, as a practice that moves beyond the limits of humanity and that focuses on the sustainable well-being of all forms of existence, care is seen to constitute the essence of the collective pursuit for a better and healthier life on the planet (Puig de la Bellacasa 2011). However, it was not until the 2000s that the field focused attention on questions concerning whether care for other species is constitutive for human existence in general and whether humans differ from other animals on the basis of different classificatory care practices (Shotwell 2016).

The work of Donna Haraway was crucial for what is now known as anthropology's "species turn" (Kirksey and Helmreich 2010, 545). In *When Species Meet*, Haraway wrote, "If we appreciate the foolishness of human exceptionalism, then we know that becoming is always becoming with, in a contact zone where the outcome, where who is in the world, is at stake" (Haraway 2008, 244). Subsequent research has focused on the ways that the boundaries between humans and non-human organisms are much more porous than commonly assumed (Shotwell 2016; Tsing 2015) and the ways that care is understood as a zone of interaction in which the boundaries between species of different kinds are imagined—namely constituted, maintained, or eventually dissolved (Archambault 2016; Candea 2010; Mol, Moser, and Pols 2010). Meanwhile, anthropologists studying the political sphere of animal ethics and advocacy through, for instance, avian conservation (Münster 2017), chimpanzee sanctuaries (Hua and Ahuja 2013), or wildlife preservation (Bocci 2017), have provided insights for rethinking how the human's boundaries are drawn through perceptions of differences and likeness as well as mutual entanglement with other species. In Anna Tsing's

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ethnography “The Mushroom at the End of the World,” Canadian mushroom pickers cultivate a particular “art of noticing” (Tsing 2015), which might serve as an example of the “ethico-onto-epistemologies” (Shotwell 2016, 116), which study how the intertwinement of ethics, knowing, and being is thought of. According to this understanding, care acknowledges the pain and suffering of other species and hence aims at a collaborative form of survival (Donovan and Adams 2007). The uncomfortable ethical questions regarding whether killing individual animals or driving a species to extinction can be justified as a form of care for another species are already embedded in these zones of interaction (Bocci 2017; Law 2010).

As a relational practice, the ways that humans care for themselves and for other species and the kinds of species that are moved closer to humans’ own existence through differentiating practices such as consumption and domestication are “good to think with” (Mullin 1999) because they provide an important lens for understanding human sociality in general (Kohn 2013; Shir-Vertesh 2012). However, whether care for other species constitutes mainly a symbolic field or whether “other” worldviews and their relationship with the human being can be “taken seriously” still constitutes an important ontological debate (Archambault 2016; de la Cadena 2015). In an article on the interactions between biologists, popular filmmakers, and Kalahari meerkats, Matei Candea asked, “What counts as a social relation and who can participate?” (2010, 243). According to Candea, social scientists work within a greatly simplified dichotomy that compares and evaluates commitment and detachment in a moralizing way. Following his call for more openness to the variance of interactions, we should instead ask when an interaction becomes meaningful, when an act of care turns into a relationship, and when a relationship implies responsibility. Addressing these concerns can provide deeper insights into the ways that the boundaries between different kinds of entities are drawn.

Independent of these ontological questions, trans-species research—as an interdisciplinary field traversing anthropology, medical studies, natural sciences, and science-and-technology studies—has gained relevance, especially in the wake of global health challenges that became more prevalent in the 21st century. As care is conducted in particularly intense forms both at the beginning and at the end of life, one may also consider the care role of machines in the recognition or substitution of precarious living conditions, such as under conditions of premature birth or biological death (Svendsen et al. 2018). In the light of the Covid-19 pandemic, previous anthropological research on zoonoses (i.e., diseases transmitted through close contact between humans and other animals) such as SARS, Zika, Ebola, mad cow disease, and avian influenza has provided important insights into our understanding of how agriculture, landscapes, bacteria, and animal care intersect with critical questions of intensive farming and resource extraction (Keck 2020; Parker et al. 2019; Porter 2013; Stépanoff and Vigne 2020). Nonetheless, at least two apparently contradictory conclusions can again be identified within these studies (most of which focus on the natural sciences). On the one hand, several approaches advocate a new and clearly reciprocal concept of care that overcomes human exceptionalism and contributes to the end of the Anthropocene, the current era of one species maintaining disproportionate control and power. On the other hand, the care notion has been associated with a quasi-pastoral preservation and healing mission that has been tied

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to understandings of wholeness and the recovery of lost functions. This palliative usage adopts care as a moral proxy for ideas of purity that are reminiscent of both identitarian and nationalist aspirations (Duclos and Criado 2019; Murphy 2015; Shotwell 2016).

Conclusion: Care Beyond Repair

It should be clear that the concept of care is by no means part of a good or even innocent worldview capable of correcting or alleviating the world's suffering. Instead, care constitutes an uncomfortable lens for seriously considering the contingent nature of life's transformations and persistent instabilities. To trace care across vast empirical spheres is to traverse established categories in the anthropology of kinship and social relations, economic and political perspectives, and medical, biological, and technological concerns. Hence, care offers a relevant escape from the discipline's compartmentalizing tendency. Over the course of this almost half-century history, anthropology has empirically addressed a large variety of care dynamics, ascriptions, expectations, and evaluations. Contemplating the normative dimension inherent in the concept, two different perspectives emerge, indicating a particular tension. On the one hand, the care concept features a protective and conserving dimension that is congruent with the past. To behave with care or to act care-fully aims to maintain the world as it currently is. On the other hand, the concept incorporates a transforming and thus fluid dimension through its notions of development, improvement, and expectations of healing. In the light of this dual understanding, it is apparent that sentiments with positive connotations, including sympathy, gratitude, and hope, are not outside the hegemonic structures of care and instead need to be recognized as the intrinsic components of these structures. The same can be said about the scholar's longing to generate findings that will prove fruitful in improving the conditions of life on this planet.

Concluding, I would like to draw attention to the discipline's empirical grounding and ask to what extent the notion of care can still be used to understand "others" (i.e., through non-own positions, interactions, and relationships). This includes not only other people, animals, and organisms but also different perspectives and positionalities that first have to be identified and that initially might seem indistinct, inarticulate, or incomprehensible. To move beyond our own (potentially or inevitably) academic, Eurocentric, or human-centric understanding of the notion, this essay suggests moving "care beyond repair." We can do so by asking how care, in its social, emotional, technical, and political dimension, is framed in other languages and through signs, gestures, ascriptions, and evaluations. Beyond this, we must also consider which infrastructures and spatial arrangements contribute to an interaction being valued as "care" and the ways that care is qualified and distinguished from other types of attitudes and relations. Furthermore, focusing on the hierarchical and evaluative dimension of care, one might ask: Who or what decides to provide care and decides the conditions under which it occurs? Under which conditions is the legitimacy of care doubted and by whom? How does this decision change or confirm not only the providing position but also the position that receives, accepts, returns, questions, or rejects? How is the absence of care articulated and

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commented on? Finally, I consider it important to discuss the temporal underpinnings of care: How long should a care relation last and with what kind of outcome? What are the temporalities associated with the substitution of the recipient's agency?

In principle, as always, one should identify the contours of the matter at its edges and boundaries: The care concept allows one to venture into the uncomfortable fringes of human existence: to the precarious, anxious, and often painful beginnings and endings; to the spaces where the boundaries between humans and other entities become blurred and crossed; to the moments when the difference between the not-yet and the now becomes recognizable. Seen this way, care beyond repair draws attention to the making and unmaking of human existence.

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