The uncomfortable politics of care and conflict: Exploring nontraditional caring agencies

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ABSTRACT

Care ethics provides us with not only the framework for understanding people's relationality but attention to the very fact that relations matter in structuring society. However, not all caring relations result in care, despite their power in structuring society. This paper follows Raghuram's (2016) argument to "trouble care" in order to bring more attention to the diversity of caring practices, actors, and politics in our worlds to better explore contentious caring relations. Through analyzing a high profile campus sexual assault case, this paper extends research on care beyond traditional caregiving relationships and demonstrates how these nontraditional caring actors exhibit a diversity of caring practices in a variety of spaces. The concept of "caring agencies" is introduced to bring deliberate attention to the ways that diverse caring practices have political ramifications that stretch beyond the immediate situation of care and expose systematic power differentials among care-givers, care-receivers and those beyond these categories. The case study in this paper, *People v. Turner*, offers insights into the pervasive culture of sexism that enables and results in harmful and unjust caring agencies which perpetuates conflict in society. Further research is called for to expose provocative and uncomfortable case studies of care to expand our analyses of care and relations of power.

1. The unlikely case of care

The evening of January, 17 2015[1] began like many evenings across university campuses. A college freshman started the night having a few drinks in his dorm room with a friend on his athletic team. They made their way to a fraternity party where he drank more alcohol and hoped to find a girl to "hook up with". Two sisters also started their evening with a few drinks at their home before making their way to the same fraternity house. They also continued to drink while dancing and "acting silly" with each other and a group of girlfriends. Late in the evening, the younger of the sisters escorted a drunken friend home to her dorm room, leaving behind the older sister at the party. When the younger sister returned, she couldn't find her sister and spent an hour searching for her.

Two international male graduate students happened to be riding their bicycles in the area of the fraternity that night when they noticed something they perceived to be odd: on the ground behind a dumpster was a young man thrusting his hips on top of a woman who didn't appear to be moving. Concerned and confused, they called out to and

approached the young man who quickly stood up and ran away. They ran after him, tackled him to the ground, and called for help; he was Brock Turner, the college freshman from the fraternity party. The woman he left behind laid on the ground next to the dumpster with pine needles in her hair and on (and inside) her body. She was breathing, but unconscious and nearly naked; she was "Jane (Doe)," the older of the two sisters. Jane regained consciousness later that night in the hospital where she agreed to a variety of tests aimed to uncover evidence in the case of rape. She had no memory of leaving the fraternity house or being intimate with any man; she had blacked out from over-consumption of alcohol. Months later in court, Turner testified that the two of them were dancing, kissing, and having a good time before they "hooked up" which resulted in them lying on the ground by the dumpster. Jane was unable to testify otherwise.

Turner, a then 19-year old freshman Stanford varsity swimmer, was charged with five counts of felony sexual assault for the events that occurred that evening. After pleading "not guilty" a month later, he was released on $150,000 bail. In March 2016, Turner was convicted of three felonies: assault with intent to commit rape of an intoxicated

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woman, sexually penetrating an intoxicated person with a foreign object, and sexually penetrating an unconscious person with a foreign object. Sentences for these crimes could reach up to 14 years in prison. The prosecutors asked for 6 years. In June 2016, Stanford alum and once captain of the lacrosse team, Judge Aaron Persky, sentenced Turner to 6 months in county jail; Turner was released after 3 months.

Disturbingly, events such as these may not necessarily be unusual across university campuses (Anderson, 2016; Martin, 2016) and yet this case was highly profiled for a variety of reasons. In Section 3, I discuss some of the events that contribute to this controversial case to argue that the political agencies of the actors involved demonstrate the complicated relationalities between care and conflict. Suggesting that the Brock Turner case (from here on referred to as *People v. Turner*) involves care may unsettle some readers. It is therefore important to return to some of the basic underpinnings of care ethics that enable a more complex reading of care's radical politics, as I do in Section 2. At a basic level, feminist scholarship on care has inspired a fundamental shift in how we understand the political subject. Rightly destabilizing the concept of the liberal self-made autonomous man, care ethics exposes how people exist, thrive, and even suffer through the caring relationships they have or fail to have. Care ethics provides us with not only the framework for understanding people's relationality but attention to the very fact that these relations matter in structuring society. I argue that relations of care are relations of power (Robinson, 2011); my analysis of *People v. Turner* emphasizes how these relations reflect a culture of sexism that perpetuates gendered injustices (Fraser, 1995; Valentine et al., 2014). In recognizing that "relations of care are not always good or pure" (Robinson, 2011:5), I extend Raghuram's (2016) claim that more work is needed to "trouble care" in geography.

To develop this argument, I employ a "critical lens of care ethics" to "expose the ways in which dominant norms and discourses sustain existing power relations that lead to inequalities in the way societies determine how and on what bases care will be given and received" (Robinson, 2011: 28) to trouble care in at least two additional ways. First, I bring attention to the social and political significance of care beyond traditional caregiving relationships (i.e. caregiving and receiving). I argue that actors engage in caring agencies when they consciously engage in caring practices aimed to maintain, continue and repair the world (vis-à-vis Fisher and Tronto, 1990). While care is inherently political (Tronto, 1993, 2013; Held, 2006; Robinson, 2011), I introduce the concept of "caring agencies" to deliberately remind us that caring practices have political ramifications that stretch beyond the immediate caregiving activity. The care-givers and receivers in *People v. Turner* are situated well beyond the traditional caregiving relationships, yet my feminist analysis demonstrates that the profound caring agencies these diverse actors employ are steeped in power differentials. To better understand care, I argue we need to look at such power differentials, as they are a key component of caring agencies.

The second way this paper troubles care is through exploring how caring practices do not necessarily result in care. Research on the detrimental impacts of care has thus far focused on caregiving situations occurring in healthcare institutions, humanitarian aid organizations, or within the home (e.g. Brown, 2003; Silk, 2004; Bondi, 2008; Ticktin, 2011). My paper aims to extend this research in an effort to unpack the myriad ways that caring practices may cause harm or injustices beyond such situations. *People v. Turner*, and the diversity of caring practices that it inspired, provides an example to analyze how some caring agencies can result in undesirable, harmful or other outcomes devoid of care. By taking a wider view of care beyond the care-giver/receiver relationship through a contentious case study, the potential to understand caring agencies is expanded. This is important because caring agencies, regardless of their outcomes, help structure society. Troubling care in these two ways opens up new avenues for understanding the ways that care is rooted in relations of power.

The following section provides background on some of the fundamental premises of care ethics that enable my analysis to unfold. In

Section 3, I provide my analysis of how *People v. Turner* demonstrates an example of troubling and troubled care. My analysis focuses on the caring agencies and relations that underpin this criminal case to support both the survivor and the defendant. These examples of care expose the underlying relations of power and politics that influence caring practices. Section 4 further argues that care's political potential is amplified when revealing the underlying conditions which enable or disable caring agencies to occur.

2. Returning to and expanding care

Building on questions of ethics, morality and responsibility, arguably the hallmarks of modern geography, Lawson's (2007) AAG Presidential address called for geographers to responsibly engage with care ethics as academics and as a discipline, and many rose to the challenge (e.g. Bondi, 2008; Raghuram et al., 2009; McEwan and Goodman, 2010; Milligan and Wiles, 2010). Interest on the geographies of care has expanded to include hundreds of articles covering a range of topics such as health care, consumption, and welfare at various scales from the human or non-human body to the global economy (e.g. see special issues on care in *Geoforum* 2009, 40(1); *Ethics, Place and Environment* 2010, 13(2); *Social and Cultural Geography 2011,* 12(6)). Such studies in geography pay particular attention to the commodification of care and the impact this has on personal, social and economic relations, particularly in the context of challenging norms of responsibility (e.g. Green and Lawson, 2011; Noxolo et al., 2012; England and Henry, 2013). My intention with this article is to build upon the important work of feminist analyses of the politics of care to further explore how caring agencies contribute to unequal caring relations.

The ethics of care originates from feminist philosophers who sought to challenge the dominant moral theories following Kant and rights-based ethics, which focused on abstraction, impartiality, universality, and reliance on reason. Feminist theorists find several concerns with these views of morality and their critiques have been influential for how we understand feminist politics today. Following Robinson (2011), Tronto (1993, 2013) and Held (2006), current conceptualizations of care ethics de-essentialize care's gendered assumptions and focus on care as a political project. Building on Fisher and Tronto's oft-cited definition of care as "a species activity that includes everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible" (1990: 40), there is general agreement across the literature that care needs to be understood as a practice and is a fundamental requirement for society to function. All people, regardless of age, sex, sexuality, ability, or social status at some point will need care while at other times, provide care, although this is often differentially distributed and accessed based on a variety of privileges, especially gender. No one exists as an island; all humans are vulnerable and fragile; we are all here because someone else has had an active and important role in helping us get here. Hence, we are all recipients of care. This is a universal truth. However, care is unequally provided and distributed. Those who more frequently receive care rather than provide care result in unbalanced positions of power. These power imbalances are political and enable unequal and unjust caring relations to persist in society.

Raghuram (2016) argues that this traditional framework of care ethics fails to take into account the plurality of care. Rather, (geographical) research on care tends to reproduce normative assumptions about a universal paradigm of 'good' care and legitimate care-givers. She argues that research in geography has thus far "simply *drawn down* on care ethics and *applied* it to their cases…they have not built care ethics back up through deliberate and sustained engagement with their empirical research" (524, emphasis in original). In this way, we tend to lose the nuance of care as it varies across and within different geographic locations and over time. Therefore, she argues for geographic research to "trouble care," specifically through a post-colonial lens, in an effort to increase our "…understanding of the diversity of care