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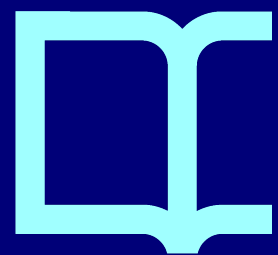
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# Care in Trouble: Ecologies of Support from Below and Beyond

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*Over the last decades, care has proliferated as a notion aimed at capturing a vast array of practices, conditions, and sentiments. In this article, we argue that the analytics of care may benefit from being troubled, as it too often reduces the reproduction of life to matters of palliation and repair, fueling a politics of nationalism and identitarianism. Picking up the threads of insight from STS, “new materialisms,” and postcolonial feminist and indigenous scholarship, we discuss care from “below” and “beyond,” thus exposing tensions between the enveloping and the diverging, the enduring and the engendering, that play out in care practices. We propose “ecologies of support” as an analytic that attends to how humans are grounded in, traversed by, and undermined by more-than-human and often opaque, speculative, subterranean elements. Our proposal is for anthropology to not simply map lifesustaining ecologies, but to experimentally engage with troubling modes of inquiry and intervention. [care, ecologies of support, trouble, more-than-human, medical anthropology]*

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## *Troubling Care*

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Over the last decade, care has proliferated as an analytical and technical term aimed at capturing a vast array of practices, conditions, and sentiments. While these are often related to health practices, they have also expanded to many other reproductive domains of life, where care has been mobilized as a conceptual lens that affords privileged access to the human condition. This essay is premised on the conviction that, in spite of and perhaps also *because* of its rising popularity, the analytics of care is in trouble. This proposition can be understood in two ways. First, to place care in trouble is plainly to suggest that anthropologists’ attachment to the analytics of care may well benefit from being troubled. Care, to put it bluntly, is at risk of calcification — of becoming a placeholder for a shared desire for comfort and protection. Second, and perhaps for this reason, care seems to have lost some of its capacity to grasp and respond to troubled times. This article is concerned with the appeal of primarily palliative usages of care, in which the possibilities for making a wide variety of forms of life flourish are replaced by a politics of comfort and minimal existence that are problematic (Caduff 2015). The article is also concerned with claims to commonality and wholeness — e.g., to shared anxieties and material possibilities — that an analytics of care often conveys, thereby concealing the importance of antagonisms, exclusions, infinitudes, and terrors of many sorts in the historical shaping of care, its objects, and its practices.

This article explores the often fraught, but also at times complicit, relation between the *conservative* and *generative* sides of care. As such, it resonates with the particularly lucid call by Michelle Murphy (2015) for a politics of care that unsettles its often-hegemonic histories as well as contemporary alignments and circulations. Warning against the temptation to equate care with good feelings in the reimagining of politics, Murphy insists

on the need to vex care and some of the ways it has been historically performed, including its entanglements “in histories of persistent racism, class privilege, colonialism, and American imperial ambitions of the late 20th century” (Murphy 2015, 723). Our vexation of care, following Murphy, aims to disturb, decenter, and set into motion “what is sedimented” by working with “the unhappy affects of staying in the trouble” (2015, 731) and is responsive to Donna Haraway’s invitation to stay with the trouble by resisting the temptation to “address trouble in terms of making an imagined future safe” (2016, 1). Finally, we take seriously Carlo Caduff’s (2015) provocation according to which the replacement of the capacity to imagine possible futures by a politics of minimal care reflects a broader collective paralysis which must be attended to.

Following Murphy, Haraway, and Caduff, among others, we feel the need to insist on resisting the lure of reparative fantasies. We argue that, far from promising future harmony, or a return to an imagined integrity, care is often ambivalent, for instance in the way it stages a continuous interplay between affective decentering and longing for minimal consistency. On the one hand, there is no denying the need for crafting spaces that support life whose existence cannot be taken for granted. Whether it is in the form of everyday infrastructural violence or decay, welfare provision spending cuts, ecological devastation, pervasive racial discrimination, mounting attacks on academic freedom, or the shutdown of the operations of rescue ships in the Mediterranean, the deterioration of such spaces has become increasingly explicit. Spaces that allow life within these regimes of violence must be effectively maintained and taken care of. On the other hand, there are reasons to be concerned that in reaction to such repeated assaults, care may become complicit with desires to avoid problematic encounters – as the anthropological literature on trauma and humanitarianism has repeatedly shown (Bornstein and Redfield 2011; Fassin and Pandolfi 2010; Ticktin 2011). Here, avoidance can easily slip into a proper retreat, mistaking the need to learn how to care for forms of sheltering and security that are complicit in violence and in damaging life they are putatively protecting. Signs of this are ubiquitous: authoritarian leaders campaigning for the “care of their own,” the growing, convenient association of any act of destruction with a form of guilty carelessness, and the blatant militarization of care interventions in response to perceived epidemic or disaster threat. These are only a few examples of care’s potentially numbing (and often harmful) effects.

This article is an exploratory orienting essay, not a deep dive ethnography of care practices. One of our key aims is to tease out resonances among a wide range of conceptual efforts and available ethnographic scholarship disentangling care from a conservatism that makes it complicit with desires for wholeness, conformity, and civility. We take up recent calls by medical anthropologists to cultivate an ethnographic practice that breaks open totalizing abstractions (Biehl and Locke 2017), and to interrogate the assumed coherence, durability, or knowability of shared social worlds (Wool and Livingston 2017). We also draw inspiration from STS, “new materialist” work, and the writings in black, Indigenous, anticolonial, feminist, and crip studies that undermine the possibility of a common ground on which to settle by attending to the deviant, the excessive, and the departing (Hamraie 2017; Jackson 2018; Lyons et al. 2017; McKittrick 2014).

In dialogue with these others, we suggest that discussions within medical anthropology might benefit from opening care from both “below”

and “beyond” in what we are calling “ecologies of support.” We have good examples of this approach. Consider the inventive ways developed recently to deal with catastrophes (Kirksey et al. 2013), with practices of containment and policing (Harrison 2014; Martin 2018), with mentally stressful and unhealthy urban environments (Bieler and Klausner 2019; Fitzgerald et al. 2016), with climate change and its effects (Hastrup and Olwig 2013), or with life in the midst of waste, toxicants, and environmental pollutants (Calle´n and Criado 2015; Fukuda 2017; Ottinger and Sarantschin 2017; Tironi and Rodr´ıguez-Giralt 2017; Ureta 2016), to name just a few. It seems to us that care would benefit from being approached in relation to broader ecologies — composed of a vast range of techniques, entities and deities, spaces, and artificial atmospheres — that provide transitory protective effects. As our insistence on the below but also the beyond suggests, ecologies of support are not stable, material structures that would determine individual and collective conditions of life. Rather, we have in mind something closer to what philosopher Peter Sloterdijk (2011, 2016) refers with the image-notion of sphere: semi-porous, world-creating media that support habitable life. Ecologies of support do not provide inert or natural ground for life to be protected, as the image might suggest. They do not merely sustain. Instead, they pass *through* bodies (Duclos 2019). They inspire aspirational, drifting movements. They can lift up and foster the creation of possible “existential territories” (Conley 2016, 342).

Ecologies of support are not to be mistaken for all-encompassing environments. Their protective effects more often than not are discontinuous and unevenly distributed. Thinking about ecologies of support entails placing a new focus on how different kinds of bodies are differentially supported, cared for, and capable of influencing their own conditions of support (McCormack 2018, 8). Because spaces of care and safety can also easily morph into forms of containment and exclusion (Ticktin 2017), what is needed are more accurate cartographies of the many intersections and frictions between the *enveloping* and the *diverging*, the *protecting* and the *containing*, the *enduring* and the *engendering*, as they play out in care practices. Our proposal is for medical anthropology to not simply seek to represent or bear witness to these practices, but also to reinvent care by experimenting with modes of inquiry and intervention that operate along new axes of movement and new relational possibilities — a dynamic ecosystem if you will.

### *Below the Human Proper*

One reason care is largely unable to respond to many of the maladies — the malfunctions, destruction, and ordinary violence — that generate the need for care in the first place is that it is persistently conflated with human exceptionalism. Hence our provocation: to take care “below the human proper.” To open an analytics of care below the human is first to refuse to reduce it to practices of bodily and human preservation. Care practices are often associated with physical acts that happen among people face to face, with a subjective presence, moral sensibilities, and reciprocity. As such, care tends to be defined as that which “makes human life, well, human” (Kleinman 2015, 241). Also central to most phenomenologically inspired approaches to care lies some kind of unproblematic immediacy of the world. This is seen in the way that care so often remains tied to a pastoral mission: to preserve the human proper against the threat of the outer world, for instance against

incursions of technology within the human, or against threatening atmospheric futures rapidly closing in. Addressing care from below means redefining our conceptions of proximity and distance by rethinking the connection of humans with the world outside and specifically, *under* – i.e., with material grounds on which humans not only stand, but effectively constitutes them in ways that may undermine the very notion of the human.

A decade ago, Judith Farquhar and Margaret Lock invited medical anthropologists to move away from critique founded on a “modernist humanism that fails to capture life of bodies” (Farquhar and Lock 2007, 11). They called for a new materialist anthropology in which subjective embodied experiences and material things are not neatly distinguished. The landmark collection they curated was expanding the anthropology of embodiment beyond the body proper, opening onto the domain of a “lively carnality suffused with words, images, senses, desires, and powers” (2007, 15). The hope of thus presenting bodily lives, the authors noted in an inspired introduction, was not restricted to medical anthropology as a discipline. Rather, it aimed at expanding “the way we humans can imagine ourselves” (p. 12). Extending the path carved by Farquhar and Lock, we ask: If the blurring of the subject and object, of interior and exterior terrains, not only changes our *imagination* of the human but derails it as a category altogether, how does this interfere with notions of care as we know them? Stated otherwise: What if care had never been just human, originating from the imaginary of the hearth, with its connotations of warmth, dialogue, and attentiveness? What would it mean to approach care as an experimentation with effects, systems, and things that not only are difficult to assimilate to the human, but that may also undermine the possibility of speaking of the human as a discrete category? What would it mean for an analytics of care to depart from any universal model of the human, instead paying attention to mediations by which the human emerges *from below* – from the subhuman worlds of peoples and things who are not, or have never been human? By this, we mean quite literally in two senses: the ground *below* the human – the material forms on which life, including human life, are not just arranged but also made possible; and that taken to be subhuman yet still part of an ecosystem, including forms of life and material things (e.g., forests, oceans) that are taken as of secondary relevance to a regime of caring for life.

In a language apposite to an exploration from below, recent work in medical anthropology but also in feminist technoscience, postcolonial studies, and STS has challenged phenomenological and humanist uses of care, dissected the term, and given it further ethnographic grounding. In that work, care has been discussed in relation to the more-than-human assemblages that pervade everyday life yet elude human-centric accounts of lived experience (Duclos et al. 2017; Rottenburg and Farman Forthcoming). Care has been addressed from its specific topology (Milligan et al. 2010) and its concrete spatialities, with distinct connections and sometimes un/clear boundaries (Schillmeier and Dome`nech 2010). It has been addressed as a more-or-less stable low-cost or do-it-yourself arrangement (Lo´pez 2015) or as an infrastructure (Langstrup 2013; Redfield 2016). Care has been understood as a mode of dealing with thorny epistemic and ethical issues arising from living alongside (or with) sometimes unfathomable or unaccountable beings (Cohen 2008; Taylor 2008). It has been approached as a matter of tinkering (Mol et al. 2010) or experimenting with controverted and case-specific social and material arrangements – e.g., health care markets, modes of service provision, and technologies – to explore how to lead a better life or have a better

death, trying to discover the good in practice. Others have suggested that digital self-care technologies might not so much aim at enhancing human autonomy but might, in fact, decenter it through forms of delegation and relief (Duclos 2017; Hunt et al. 2019; Schu"ll 2016). In general, these approaches have led to proposals to foreground "matters of care" (Puig de la Bellacasa 2017) that expand ethical concerns of an all-too-human understanding of care practices to wider socio-material worlds (Denis and Pontille 2015; Martin et al. 2015).

Challenges to human exceptionalism have been taken further in the form of a new materialist attention to the inhuman forces within the human (Connolly 2013). Thus Karen Barad's (2012) suggestion, inspired by quantum field theory, that it may well be by way of the inhuman – the insensible, the irrational, the unfathomable, and the incalculable which is "always already within us" (Barad 2012, 218) – that humans come to care, respond, and be in touch with the other. Challenges to the integrity of the human form have also come more directly from below, by way of all sorts of geophilosophical descents into the underworld of "dark matter," subterranean forces, and geological strata. Media studies, for instance, have literally gone underground and undersea to make visible the geophysical, infrastructural, nonhuman elements that shape the many media spheres humans inhabit (Parikka 2015). Such an excavation comes with significant implications as far as an understanding of care is concerned: It directs our attention toward ecologies of support from what is below both conceptually and materially. Here, ecologies refers to the material strata, as well as the habitual and gestural substrata, that pave the way for, afford, or suggest specific care practices.

Paying attention to subterranean spaces also calls forth ethical and political implications. On the one hand, making visible the messy and unsteady material ecologies that support life may provide a critical counterweight to totalizing tendencies, preventing care from being complicit with narratives that stress the wholeness and self-identity of the individual, of the nation, or of the world. By teasing out materiality, ecologies of support may also help avoid productivist biases that have plagued historical materialism for a long time. By insisting on material commonalities between humans and nonhumans, they may derail narratives by which nonhumans are objectified as natural resources, as "standing reserve," "the distribution, access and use of which can then become a point of contention among human subjects" (Blaser and de la Cadena 2017, 186).

New materialisms, however, have at times been charged with overlooking racialized and sexualized conditions of discursivity (Jackson 2018), and of being susceptible to dubious economic alliances (Last 2017). It is, for example, not difficult to imagine an eventual connivance between global capital and a materialist insistence on the manifold connections that compose ecologies of support. For instance, both might share the same slogan: "Liberate the flows!" We propose to attend to this connivance, pointing to it as a site for renegotiation and for recognizing tradeoffs in lieu of perfection or repair. Flows may be costly. Similarly, ontologizing the interconnection between people, things and environments has been criticized for skimming over historical processes of differentiation and the potentially toxic effects that connections may have (Fortun 2014). Our view is that the grounds humans are attached to do not merely support; grounds pass *through*. Faced with rampant mobilization and machinic capture of attention, what if care also

entailed building partial boundaries (Olson 2018)? What if it entailed some forms of *detachment*: finding “the right distance” (Puig de la Bellacasa 2017, 5)? What if the ethical and political importance of subterranean spaces went beyond insisting on messiness and interconnection, to also include interruptions, subversions, and generative forms of opacity? Care might require new approaches to the very idea of sacrifice.

Materialist efforts to undermine fantasies of wholeness from below are not new. As was noted by Kyla Wazana Tompkins, the “new” ideas in new materialisms are often rather familiar to, among others, First Nations and Indigenous peoples; those humans who have never been quite human enough, as explored for instance, in postcolonial and revolutionary black thought; to some strands of feminist thinking, for instance, de Beauvoir’s thinking about the objecthood of women; and to other non-Western medical and spiritual modalities. (Tompkins 2016). Many invocations of new materialism and posthumanism reinscribe generic Western versions of humanity by eliding insights from black, indigenous, queer, and crip work about political formations and the possible creation of other forms of life (Hamraie 2017; Taylor 2017; Weheliye 2014; Yergeau 2018; Yusoff 2018).

An example of this can be found in anticolonial attempts to undermine the colonial gaze and its imposed modes of being. Take the writings of postcolonial essayist Édouard Glissant on opacity: “Agree not merely to the right to difference but, carrying this further, agree also to the right to opacity that is not enclosure within an impenetrable autarchy but subsistence within an irreducible singularity” (Glissant 1997, 190). The opaque, in Glissant, is a revolt against the violent reductiveness of European humanism, a specific order of discourse, vision, and rationality. The opaque is not *sustaining* the human. Rather, it is *undermining* it. To “the Human,” Glissant opposes the “exultant divergence of humanities” (1997, 190). As was suggested by Sylvia Wynter, Glissant rises against the “Word of Man” and the related “role imposed on the black population groups of the New World as the embodied bearers of Ontological Lack to the secular model of being, Man” (Wynter 1989, 641). Along with Césaire, Fanon, and others, Glissant practices what Wynter refers to as a “gaze from below”: To universally encoded discursive formations, it opposes a poetic force radiant with potentialities – the “demonic grounds” of a liminally deviant perspective (McKittrick 2014:50).<sup>1</sup>

### *Beyond Repair*

Care thinking can become complacent, if not complicit with a tendency to subsume the organization of collective life under a project of repair, understood narrowly as a mere recovery of lost function. As such, the political potential of care tends to be deactivated, or worse, activated in violent projects of conservation and defense. Almost 30 years ago, Berenice Fisher and Joan C. Tronto famously defined care 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” (Fisher and Tronto 1990, 40). Care was originally coined as an analytics in feminist works that allowed doing a very specific political work. As a descriptive tool, it conveyed the importance not only of invisible or undervalued work – i.e., the everyday reproductive tasks of supporting fragile and interdependent beings in both informal and formal settings – but also of affects and emotions going against the grain of modern societies obsessed with efficacy,

justice, and rationality. As a category of political intervention, the concept of care helped give value and articulate a wide variety of forms of interdependence.

However, what has become increasingly obvious in recent years is that care can also be too conveniently mobilized as part of reactionary responses, aimed not so much at the betterment of life as at its mere protection, if not its negation. This is visible in the way care figures in the recent Euro–American resurgence of a politics of cocooning, underpinning a return to identity-driven, overly racist, homophobic, and nationalist projects, by which key modern political constructs— such as the individual body or the nation— are not only nurtured but also stabilized and reinforced. Such a militaristic, hetero-patriarchal capture of care emphasizes its *reparative* function, but also its role in crafting group resonances, and producing a sense of belonging. Exemplary here are words of President Donald Trump: “It’s time to rebuild our own country and take care of our own citizens” (CBS News 2018). We suggest that the conflation of care with belonging, and with a desire for likeness, presents us with a challenge that may be trickier than it seems. Here, we suggest a move *beyond* repair to disrupt care’s capacity for harm. This, in turn, entails thinking about how care might be indexed by other-than-human scales and forms of relationality (Danowski and Viveiros de Castro 2017; Kohn 2013; Rottenburg and Farman Forthcoming), but also as a provocation to engage more speculative iterations of what it might mean to care.

The questions raised by the political cooptations of care demand from us more than just acknowledging the potential intercalation of violence and care (Tronto 2013, 76). Medical anthropologists have done a good job illustrating how care interventions in different development, humanitarian, or public health settings contribute to perpetuating violence and inequality (Fassin 2008; Giordano 2014; Nguyen 2010; Ticktin 2011). We also call for special attention to another kind of violence— i.e., the *anesthetic* side effect of care in which what’s better collapses into what *feels* better (Berlant 2016, 399; Schu“ll 2012). If the political capture of care runs the risk of turning care into a matter of mere protection, the anesthetic effect also needs undoing for its similar inherence toward violence. Both offer a human-centric mechanics of care that accepts humanity as a given category, foreclosing opportunities to imagine other conditions under which life might flourish in a wide variety of ways. When premised on the notion that “humans are national beings” (Rees 201, 467), care may become doubly troubling, when attending “to our own” means building a *proper* humanity, and securing the nation as the *proper* space in which this should all take place.

The very possibility of care, as Roberto Esposito (2013) suggests, is premised on a dissolution of the self: To care is to be sensitive to the constitutive otherness of both self and community. It is this very incommensurability that is being threatened by the current drive to address care solely as a form of preservation, restoration, and repair. Can relationality, in turn, be defended without it turning into forms of harm? Recent anthropological work points us in the right direction, for instance by insisting on how care proceeds amid uncertainty while nevertheless being entangled with economic processes and structuring forces— including failing health systems, lacking material resources, and the global circulation of meanings and things (Livingston 2012; McKay 2018). This care “exceeds the self” in the way it is being shaped by layered and overlapping configurations of power



and inequality (Kenner 2018). Such work disentangles care from possessive individualism and identity politics.

In her ethnography of the biopolitical forms of care proffered by the Canadian State to the Inuit people, Lisa Stevenson (2014, 173) tracks how, amid both tuberculosis and suicide epidemics, colonial and humanitarian regimes of life engendered “very specific ways of listening, of speaking, and of knowing” that interpellate Inuit as citizens and statistics, reducing life to a set of vitalist inclinations. To care here, Stevenson suggests, is to make room for hesitation in relationship to a life whose uncertainty is never to be “neatly resolved” – a life never fully present to itself. Cultivating relations of care beyond survival and repair entails staying with a troubling opacity that can’t be explained away but that becomes visible in that which lies beyond the human, including song and image, a raven.

Similarly, discussing the need to foster *Black AfterLives* against the reproductive system of racist violence, Ruha Benjamin calls attention to the co-presence with spiritual kin – “materially dead/spiritually alive” – troubling the line between the biological living and dead, yet providing vivifying supports for those passively neglected, or actively pushed six feet under. Vindicating their absent presence, she recasts the potential of the beyond lying in the underground:

Yes, subordination, subjugation, subaltern, literally “under the earth,” racialized populations are buried people. But there is a lot happening underground. Not only coffins but seeds, roots and rhizomes. And maybe even tunnels and other lines of flight to new worlds, where alternative forms of kinship have room to grow and to nourish other life forms and ways of living. (Benjamin 2018, 47)

Thinking care *beyond* repair implies attending to that which remains hidden in the present – the potential and the absent lying within and, once again, below the human. An ecology of care here refuses things to be fixed once and for all in the attempt to foster counterhegemonic forms of care below and beyond the vital politics of repair.

### *Diverging Ecologies*

Thinking care below and beyond repair entails attending to the socio-material modes of togetherness, to the precarious connections and solidarities that we refer to as ecologies of support. The example of climate change narratives and policies provides a case in point. As we are writing these lines, the *gilet jaunes* (yellow vests) have many times taken the streets in France, protesting a new generic gasoline tax and broader rises in the cost of living across the country. Sensational pictures of angry crowds and cars on fire at the heart of Paris’s wealthiest neighborhoods are making newspaper headlines. Dazed observers are left wondering: How could tax hikes levied to push people toward more environmentally friendly vehicles lead to such anger? Protesters, some pundits suggest, are most probably ill informed about the energy transition to which they expected to contribute – thus, they are acting against their own good, if not altogether irrationally. But protesters themselves voice their distress in precise, direct terms. They describe an increasing economic strangulation. They express the ordinary stress of privation and of taking care of themselves and of their families. There is a spontaneous uprising against the enduring explosion of

economic inequalities that make it difficult for the many – the working-class, lower-middle-class suburban, and rural people – to stay afloat. The protest is notably *not* specifically against the tax raises, or the energy transition per se but rather about more fundamental rights to survival that make environmental collapse irrelevant. As was noted by a gilet jaune: “The elite speaks about the end of the world, while we, we are talking about the end of the month” (Re´rolle 2018). Hence, theirs is a fight for care for their everyday life.

Care in this case, is multiple and complexly intercalated. Climate change, the story goes, entails uniting in the face of a common danger. But while a shared vulnerability may create conditions for new types of care to emerge, the gilets jaunes situation reminds us that, as many medical anthropology works have been highlighting forcefully (Biehl and Petryna 2013), vulnerability is not distributed evenly across class, gender, race, and geography. Much less so under conditions of persistent settler colonialism and neoliberal rule, given the sometimes slow yet relentless impact on social welfare and integration, provoking severe asymmetries in service provision and access (Nixon 2011). Against such a background the gilets jaunes make visible constraints, anxieties, and engagements that exceed and cannot be articulated by a unifying project of care, here at once national and planetary. The question is raised, and we need to stay with it: Whose protection and privilege is at stake when narratives and policies are designed in the name of a humanity, or of a world to be cared for? What is being challenged here is the attempt to untie ecological forms of care *for* the world from the economic, material, and physical organization *of* the world. Ecologies of support are like this: They are not singular or unifying but vexed, multiple, and often contradictory.

The gilets jaunes have been particularly effective in urban protests but also at quietly interrupting circulation flows in hundreds of blockades across the countryside over a prolonged period. The divergences they make visible, however, are in no way unique to their situation, or to climate change and its policies.<sup>2</sup> Indeed, analogous displacements around ecological concerns could be witnessed in decolonial struggles for environmental justice, such as the #BlackLivesMatter movement (Taylor 2016), or the #NoDAPL indigenous mobilizations at Standing Rock (Estes 2019). However, these diverging ecologies cannot just coalesce in a more inclusive we, since as many scholars in critical race studies remind us: “To be included in the ‘we’ of the Anthropocene is to be silenced by a claim to universalism that fails to notice its subjugations” (Yusoff 2018, 12), the centuries-long conditions of colonial and capitalist exploitation, when not the extinction of black and indigenous peoples. These ecological divergences – aptly summarized in Yusoff’s (2018) plea to discuss the “Billion Black Anthropocenes or None” – disrupt attempts at homogeneously and hegemonically uniting the world, communities, and nations, through all sorts of technological, economic, and biopolitical operations – contemporary examples include global health and the new space race, in which corporations compete in colonizing outer space and digitally connecting the remotest corners of the world. What these ecologies share is their staging of divergences between care understood as an abstract project – to take care of a population, or the planet, as if it was a unified whole – and care understood as an art of the singular.

In all parts of a not-that-common world, the practices and interests of a wide variety of diverging ecologies drift away from and oppose epic narratives of care (Blaser and de la Cadena 2017). Everywhere communities painstakingly

hold together fragile connections, cultivate their consistency, and create the political conditions for life to endure (Liboiron et al. 2018; Shapiro 2015). They try their hands at what philosopher Isabelle Stengers (2015) refers to as the art of the *pharmakon*.<sup>3</sup> This is the art of knowing how to hesitate, learn doses and preparations, and experiment with practices that can be at once cure or poison and whose effects can't always be known in advance. The instability of the *pharmakon*, notes Stengers, has been used again and again to condemn it. In contrast, troubling care is *precisely* concerned with such tentative dosing of shared materialities and productive divergences, endurance and engendering, strategic groundings and interruptions. Above all, exposed to the dazzling light of imminent collapse, troubling care entails embracing the inexplicable as source for a speculative ethos (Benjamin 2018): a certain disposition toward a future whose opacity is perhaps one of the most precious tools at the disposal of the many who are denied a future and a present by the (post)colonial and modern project. Indeed, as some colleagues argue, drawing on the decolonial imagination of Afrofuturism: "the future-as-possibility must exist if we want to break the foundations of a seemingly inescapable, unrelenting, fascist now" (Oman-Reagan 2018). Finding ecologies of divergence entails struggling to make alternative presents and futures exist – disputing and cracking open other pathways to the thwarted prospects that haunt them.

### *Experimenting with Care: A Prolegomenon to Future Work*

On such unsteady grounds, how can anthropologists respond? Some might feel inclined to carry out what Ortner (2016) recently addressed as a "dark anthropology": a critically engaged project of emphasizing "the harsh and brutal dimensions of human experience, and the structural and historical conditions that produce them" (2016, 49). Medical anthropology might have always been a project of a similar kind, with its long trajectory of critically informed political commitments. From singular militant engagements in the field (Scheper-Hughes 1995) – postponing or displacing fieldwork, or stepping down to give a hand and help in critical situations – to different versions of public anthropology seeking "to make public issues, not simply to respond to them" (Scheper-Hughes 2009, 2), medical anthropologists have long refused to remain on the sidelines to simply document the hardships of the many communities they shared their life with, deciding instead to take action. In this conclusion, we offer a short survey of some of the creative experimentation with ethnography and method that is now emerging in our field. Our goal is not to suggest that we have a definitive or formulaic method that will attend to the effort to work below and beyond the human in an ecology of care. But we do see hopeful opportunities for exploring such an approach in these works, as a prolegomenon to future work – much in the same vein of the spirited avenues for medical anthropology that animated Lock and Scheper-Hughes (1987) three decades ago.

Medical anthropologists have experimented with a wide repertoire of critical intervention, such as strategies of public denunciation, advocacy work, and engagement in care management and provision (Biehl and McKay 2012; Fassin 2017). Experiments in joint analysis and accounting also abound, and the vast multimodal media transformation of contemporary fieldwork sites are providing means not just to remain in contact but also to enable the exploration of diverse commitments, leading to a politics of invention in relational modes of public intervention (Dattatreyan and

Marrero-Guillamo´ n 2019). For instance, thanks to increased connectivity, ethnographic insights can now travel at many different speeds and reach wider arenas. This has sometimes expanded the reach beyond the slow time of ethnographic research: the heated discussions around the 2014–2015 Ebola pandemics in open-access journals, such as *Limn*<sup>4</sup> or *Somatosphere*,<sup>5</sup> provide a case in point of newly designed venues or scholarly platforms for the circulation of ethnographic work and, most importantly, public debate. These are important sites for the renewal of ways to care, as anthropologists. How can anthropologists further contribute in crafting ecologies of support, below and beyond the ethnographic proper (Ingold 2011; Rees 2018)? And how can such diverging ecologies open possibilities to experiment with care in new, and unforeseen ways – not only conceptually, but also through other forms of inquiry and intervention?

We have argued that care cannot be taken as a neat moral standard for any practice, including that of anthropology. A naturalized understanding of care carries the violence of knowing what is at stake, and how to speak and go about it. Hence, the need to remain hesitant and to cautiously gauge the effects of grounding our ethical and political engagements in the notion of care. The current subsuming of care under identity-driven and totalitarian projects seems to particularly demand that anthropologists craft an art of living and carrying research “counter to all forms of fascism” (Foucault 1983, xiii). Such an art would make care inconvenient, enabling explorations that foreground, provoke, and generate uncomfortable positions. It would obstinately unsettle care and break it open, resisting its abstraction and its totalization.

At the intersection of anthropology and STS, two works have provided major contributions in this direction. A decade ago, Annemarie Mol’s *The Logic of Care* (2008) proposed conceiving care as a constant tinkering, distributed in mundane and experimental socio-material activities searching for the good in practice. More recently, Maria Puig de la Bellacasa’s (2017) *Matters of Care* reinvigorated care as a repertoire of socio-material intervention, which is simultaneously an “affective state,” a “material vital doing,” and an “ethico-political obligation” (p. 42). Care, in both these works, appears not just as a vocabulary to talk about a troubled research object but as a speculative ethics that might well be calling for new research practices. That is, not only to describe the diverging ecologies and sensibilities composing careful responses to troubled times, but also – and maybe more importantly – a particular ethical and political repertoire. They hint at what Isabelle Stengers (2015) calls “the care of the possible” (*le soin des possibles*) – a commitment to take care of futures yet unknown, but that anthropologists should be careful to keep open (Conley 2016).

The care of the possible may be here seen as a speculative mode of thinking and doing research: “a going-on of experience that, by cultivating its material in the mode of imaginative propositions, seeks to create the possibility of an experimental faith in the transformation of experience” (Savransky 2017, 30). As Savransky notes, speculating requires producing conditions of appreciation of the present as “unfinished.” A generative unfinishedness is also key to Biehl and Locke’s (2017) call for ethnographic attempts at open thinking and experimental writing, aimed at attending to the granularity of the ongoing and the indeterminate. This may come in the form of interrogations – questions for which there are no clear answers, allowing to experience “vibes for something that is not yet there” (Parisi 2012, 235) – putting us to a test and making a difference when enabling us to

plunge into the very unattainability of experience in its own becoming. Such speculative attempts suggest a widening of the repertoire of critical engagement in medical anthropology, toward what Murphy identifies as “the potential of experiment for generating life otherwise, for yearning toward the possibility of other worlds and other arrangements that might be less violent and more affirming to life” (Murphy 2017, 81).

In that spirit, in recent years medical anthropologists have moved beyond disciplinary boundaries to explore diverging repertoires of intervention. It is possible to see some of this in the recent eruption of art-based projects exploring representational strategies and experiential registers in nonrepresentational works of speculative fiction, theater performances, art installations, or curation of exhibitions and art spaces (Giordano and Pierotti 2018; Macdonald and Basu 2007; Pussetti 2018). These interventions have a potential to produce what Elhaik (2016) refers to as “mutual intrusions,” whereby medium and object, art and anthropology blend in unexpected, generative ways. They enable experimenting beyond indexical relations to fieldwork, developing collaborative languages and genres, as well as embodied and performative presentations and formats, many times invoking forms that enable the possible to flourish in peculiar ways.

Artistic collaborations often happen through the design of public forums (Weizman 2014), provoking distinct registers of appreciation of complex materials (Meulemans et al. 2017): from the elicitation of articulate discussions around controversial issues (Latour and Weibel 2005) to sensorial immersions into liminal dimensions of experience (Pussetti 2013), such as in the nuanced works of the *EBANO* collective, developing forms of collective art to articulate as well as to provoke public reflection through visual interventions addressing the health trajectories of racialized migrant communities in Lisbon.<sup>6</sup> In other cases, like that of the *Translating Vitalities* collective, artists, anthropologists, historians, and medical practitioners get together to try their hands at crafting a variety of works – including translations of texts, video recordings, making of drawings and objects, and writings of various forms – while experimenting with thinking about translation “as a problem and an enabling space for creative trans-disciplinary engagements” (Farquhar and Scheid 2016).<sup>7</sup> These collaborations, in which one of us participates, explore the incommensurability of the vital relations that compose and sustain our worlds not as a lack but as generative of new ways of being present, of (not) knowing, and of caring.

Design has also been a driving force of creative interventions wishing to elicit and make available speculative relations with care (Mattern 2018). Examples of this can be seen in anthropological work attempting to relate with violent and messy toxicants: Not only in projects searching to care for and support practices of environmental data justice currently endangered by denialist policy-making and antievidence movements – such as the *Environmental Data and Governance Initiative* (Dillon et al. 2017)<sup>8</sup> – but also in other initiatives where design enables alternative strategies of commitment and intimate entanglement beyond present-day “citizen science.” For instance, Shapiro and colleagues’ (2017) adapted artist toolkit for the embodied, collective, and qualitative appreciation of aerial transformations – how particles and aerial bodies move about, forging toxic bodily connections – but also worked with artists and co-developed installations and performances to “invite apprehension” of air pollution.

The aim here is not to provide “counter or alternative facts to

established questions, but to reimagine what the appropriate questions (and therefore facts) might be” (Shapiro et al. 2017, 587). This is done by opening up chemical components and air as matters of wider public scrutiny and discussion, in all their troubled complexity. A good example of this could be Yellow Dust installation, produced for the first 2017 Seoul Biennale of Architecture and Urbanism by C+ architects and including an anthropologist working on air pollution in the team. In their terms, it was an “infrastructure to measure, make visible and partially remediate particulate matter through a cloud of water vapour” (Calvillo and Garnett 2019, 341), increasing or decreasing its intensity when coupled with live data sets on urban pollution. Yellow Dust, then, sought to allow intimate and embodied understandings of air pollution data that are many times very difficult to sense.

In fact, what these design investments amply show is that the ways in which care can be troubled are extremely variegated. Trouble, hence, is not something that one can simply deal with, but rather what one might need to learn to provoke into being, engendering divergent ecologies to appreciate them. This is also the inspiring contribution of the design experiments of the *Research Centre for Shared Incompetence*: approaching social scientific research in care settings through incubations that usually involve “the creation of an experimental situation, the application of pressure and the design of a careful presentation context” (Guggenheim et al. 2018, 67). For example, studying how to care for people dwelling in hospital beds because of a vegetative state, one of the Centre’s incubations involved redesigning pillows so that they could “contribute to the emergence of unexpected spaces: spaces of opportunities to enrich the dwellings of patients, moments of unforeseen relations between private and institutional spaces, new spaces of (in)dividualities” (Kra“ftner et al. 2010, 170). Incubations, rather than a one-size-fits-all research model, could certainly inspire inventive ways to bring trouble into routinized care spaces, offering the possibility to speculate on alternative practices. Producing incubations, creating practices to invite apprehension, or inventing public devices to elicit different interpretations of complex phenomena is also what contemporary experimental anthropological projects contribute to.

Medical anthropologists have also become engaged in designing and curating digital platforms. In particular, they have designed experimental sites aimed at generating different forms of archiving ethnographic data, opening up processes of interpreting, and producing public awareness and engagement in complex and controverted topics. Experiments with environmental justice databases, such as the aforementioned *Environmental Data and Governance Initiative*, but also *Fair Tech Collective* (Ottinger 2017)<sup>9</sup> or *Asthma Files* (Fortun et al. 2014),<sup>10</sup> have become relevant arenas to discuss the fragmented status of these complex research objects, such as asthma or other environmental conditions, made out of competing knowledges and practices in between disciplines and variegated actors. Engaging in sophisticated forms of ethnographic data archiving, ranging from the anecdotal to the well-articulated, but also in different digital experimentations with textual form, databases render complex phenomena – such as the nuanced understanding of the environmental violence causing diverging ecologies of asthma suffering and care – explorable in a kaleidoscopic manner: letting “objects of concern emerge, underdetermined by already-knowing subjects” (Fortun et al. 2014, 640).

Open digital platforms also hold the prospect to allow for more

collaborative forms of descriptive and conceptual work, working with partners in uncertain processes of “joint problem-making” in the field (Criado and Estalella 2018). These are relevant in many insurgent care spaces, where the hierarchies of knowledge production are put to a radical test. Such was the situation confronted in recent years by one of us in taking part as documenter and digital curator in the collective *En torno a la silla*<sup>11</sup>: Situated at the crossroads of do-it-yourself and independent-living forms of activism, the collective experimented with gadgets habilitating different relations between people in wheelchairs and their human and material surroundings.

In the context of post-austerity Spain, with a dismantling welfare system in the making, *En torno a la silla* engaged in particular forms of political action and mutual support around making. The collective’s digital platforms, making publicly available documentation of processes and conceptual articulations, became tools of a disensus-based form of intellectual emancipation. Through them, rather than clearly distinguishing the knower and the known, the informed and the informant, situations became in themselves open for exploration in a distinct regime of perception and signification. Indeed, by “reconfiguring the landscape of what can be seen and what can be thought,” such anthropological practice can contribute in altering “the field of the possible and the distribution of capacities and incapacities” (Rancie`re 2009, 49). Interestingly, rather than developing clear-cut technical aids for the inclusion of people with disabilities, the very objects of making practices always were as uncertain as the means through which those actions took place or the modes of sociality there articulated. This is why they were rather addressed as “technologies of friendship” (Criado 2019), allowing for forms of “mutual access” between bodily diverse colleagues.

In their own ways, each of these experiments addresses how anthropologists engage in the production of ecologies of support in all of their vibrancy and relative opacity. In displaying fragile forms of knowledge-making and in making their own practical workings visible, they show how, in times of post-truth and new nationalist totalitarian discourses, anthropology may contribute in cultivating care practices below and beyond the ethnographic. These ecologies, affording divergent processes of collaborative thinking, need to be supported, given their precarious status. In such projects, experimenting with care requires from us to put conventional understandings of relevance, engagement, and social transformation in suspension. Care here entails a need to explore different speculative engagements with the worlds under study. The convoluted sites of care – with their contested ethical issues, knowledge practices, and worldings – many traverse nowadays might well be demanding anthropologists to engage beyond being advocates. In them, anthropologists might learn how to enact care as an opening to a wide variety of forms and norms of reimagining ways of field-working: designing sites to experiment with care, opening up venues for collective inquiry into ecological divergence, but also pluralizing types of engagement through a wide variety of genres, from the parodic to the fictional, expanding the reach beyond the publicly engaged scholar and the militant. Working with care, then, might imply further experimenting with ways to make a difference in the lives of the people we collaborate with, perhaps also acting as “careful troublemakers.” In times of renewed fascisms, thus caring as anthropologists requires us to defend a twofold dimension of such work: to “trouble distinctions” and the very features of care as a category of mere maintenance and palliation, but also to

collaborate in crafting ecologies of support, in sustaining their shaky and unstable divergences, below and beyond the scholarly spaces of anthropology.

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### *Notes*

1. As noted by Zakiyyah Iman Jackson, demonic grounds in the work of Wynters are a constitutive, “sublime-initiating absence that signals ontologizing racialization, sexuating domination, and violent gendered assignments, as well as the dense point of potential rupture” (Jackson 2018, 621).
2. In a series of media appearances in early 2019, Bruno Latour reflected on the *gilet jaunes* movement as forcing an analytic move from grand narratives of planetary climatic distress toward situated understandings of material conditions of existence. This was the core of his radio interview on January 18, 2019 in FranceInter: [hgrand-entretien/1-invite-de-8h20-le-grand-entretien-18-janvier-2019](https://www.franceinter.fr/le-grand-entretien/1-invite-de-8h20-le-grand-entretien-18-janvier-2019) (accessed January 20, 2019).
3. The ambivalence of the ancient Greek word *pharmakon*, which means both remedy and poison, has been the object of inspiring philosophical work, starting with Jacques Derrida’s examination of “Plato’s Pharmacy” (Derrida 1981; but see also Stiegler 2013). Stengers’s (2015) usage of the notion is particularly resonant with our emphasis on the instability and ambivalence of care practices while also attending to the political relevance.
4. See <https://limn.it/issues/ebolas-ecologies/> (accessed December 20, 2018).
5. See <http://somatosphere.net/series/ebola-fieldnotes> (accessed December 20, 2018).
6. EBANO standing for *Ethnography-based Art Nomad Organization*. See <https://www.ebanocollective.org/> (accessed December 20, 2018).
7. See <https://translatingvitalities.com/> (accessed December 20, 2018).
8. See <https://envirodatagov.org> (accessed July 3, 2019).
9. See <https://www.fairtechcollective.org/experiments> (accessed April 16, 2019).
10. See <http://theasthmafiles.org/> (accessed December 20, 2018) together with its spin-off, the *Philadelphia Health & Environment Ethnography Lab*, see <http://www.pheel.info/> (accessed December 20, 2018).
11. See <https://entornoalasilla.wordpress.com/english/> (accessed December 20, 2018).

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