Editorial Introduction: Care of the body: spaces of practice

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Care - concept, emotion, practice, politics, moral exhortation – is a starting point for critical geographies that cut across diverse fields of interest. Whilst, conventionally, care remains predominantly associated with systems of social support and health care, intellectual engagements with feminist theory, moral geographies, post-colonial theory and reflections on academic practice have all mobilised explorations of care as a central focus. Care, it seems, affords geographers a richness of possibilities through which to critically engage with a range of politically charged discourses. The papers in this special issue focus on critically engaging the trajectory of public discourse which increasingly privileges embodied individuals as primary sites for agency, responsibility and wellbeing as expressed through a logic of autonomy and choice (Mol, 2006). This trajectory is often exclusively attributed to the emergence of a dominant neoliberal politics (Miller and Rose, 2008) but it has diverse roots, some of much longer duration, including classical liberalism and conservative politics (Staeheli and Brown, 2003), but also in working class solidarity and resistance in the face of imposed values (Fox and Smith, 2011). Within this trajectory, new technologies, whether biomedical or discursive, appear to afford new possibilities for self-actualisation but must also intersect with the histories of existing material, moral and ideological landscapes. This intersection of landscapes, which allows for inequality and exclusion coupled with a trajectory that privileges a logic of individual

autonomy and choice, may erode even the most limited and bounded spaces for care.

Several special issues in geography focussed on care precede this collection. The first two came out in 2003 and were both situated within debates on health and social welfare politics (Conradson, 2003a; Staeheli and Brown, 2003). Three recent collections demonstrate growing interest in care, published in rapid succession over the last three years. Two couple the practices and values of care with responsibility in a globalised and postcolonial geography and reflect an expansion of concerns with care into domains beyond conventional spaces of welfare policy (Raghuram et al., 2009; McEwan and Goodman, 2010). The most recent collection revisits health care to engage with new sites and debates, particularly those related to the production of health (Boyer, 2011).

Geographical research on care has been characterised as constituting two strands distinguished by scale. First, care of bodies, premised on proximity, emotional attachment or practical need (Conradson, 2003a; Milligan and Wiles, 2010), reflects Conradson's definition of care as 'physical and emotional labour' (2003a: 451). Secondly, researchers question why and how we might care about embodied experiences and destinies unfolding beyond the immediate spaces and times of our daily lives (McNamara and Morse, 2004; Silk, 2000, 2004; Smith, 1998, 2000), described by Conradson as 'the proactive interest of one individual in the wellbeing of another' (2003a: 451). But whilst this distinction emphasises different spatialities of care, it should not be overstated. Milligan and Wiles (2010) imagine relations of care through a metaphor of landscape to enable the examination of connections

between proximate and distant relations of care. While research on informal care has examined the relationships and meanings between interpersonal, proximate encounters and the materialities of everyday lived spaces, within wider policy contexts, closely related research on social reproduction attends to the time-spaces of women's lives in managing productive, reproductive and community roles through a metaphor of 'caringscapes' to capture wider social values and power relations (McDowell, 2004; McDowell et al. 2005; McKie et al., 2002, 2004; Staeheli, 2003). We build on Popke (2006), suggesting that the feature differentiating geographical research on care is less a focus on scale and more an emphasis on scope. Whereas scale reflects Noddings' (1984) elaboration of caring for and caring about in distinguishing a focus on proximate and distant care, scope reflects how we imagine the potential place for care in society and how we might engage critically with competing discourses of independence and interdependence (Gilligan, 1982).

Research may engage with the dominant placing of care as a spatially and temporally bounded practice in which the 'proper' and dignified citizen is constituted as independent, self-actualising and productive. In this framework, research on care explores collective provision either as a temporary input to facilitate return to the norm or as a long-term input to approximate the norm. By contrast, research may be situated explicitly beyond the spaces of social policy to furnish a normative critique of this foundational positioning and bounding of collective care. In this work, caring relations are not bounded but pervasive and interdependent and, as such, should constitute the ends of social policy not merely the means (Lawson, 2007; Sevenhuijsen, 2003; Smith, S. 2005; Tronto, 1987). However, this differentiation does not treat the latter as, of necessity, more critical or politically vocal than the

former. A critical analysis of how contemporary caring practices contribute to inequality and exclusion can be effected from different starting points. In this we are mindful of Massey's critique (2004) that while geographies of care present a nested hierarchy in which proximate bodies and sites garner most research attention and are treated as the most authentic sites for meaningful and moral interactions, approaches to globalization reduce the local to recipient, rather than producer, of global processes whether as victim or site of resistance.

Critical Geographies of Care within a bounded model

A critical geography within a bounded model makes visible the complex, interdependent and potentially exploitative relationships across a range of spatial and temporal scales through which autonomy is enabled and legitimated. This is not a critique of the underlying goals of social policy but rather of the modes of its implementation. Within a transition from medical to health geographies (Parr and Philo, 2003), researchers have critiqued the unproblematic conceptualisation of care typically found within a standardised medical practice. Closely inter-woven with the emergence of emotional geographies (Davidson et al., 2005), an experiential and relational approach emphasises the mutual constitution of caring practices and caring spaces, particularly with regard to proximate, interpersonal and embodied care (Brown, 2003; Dyck et al., 2005; Milligan, 2003, 2005; Moss and Dyck, 1996; Wiles, 2003). Research provides nuanced elaborations of the emotional attachments to places and the sensitivities demanded of carers (Dyck et al., 2005). The implications of different or, more commonly, changes to systems of care are explored through local and interpersonal experiential and affective accounts (Milligan, 2001; Power and Kenny, 2011). The evident complexities of the

interrelationships between people, places and materialities reveal both ambivalence and paradox in the spaces of care so as to unravel any project working towards a standardised practice (Brown, 2003; Conradson, 2003b; Johnsen et al., 2005). Such studies provide a powerful critique of evaluations of care that focus on efficiencies and effectiveness only in terms of measurable and medical indicators and which treat the sites of care as important only in so far as they have an influence on such measures (see Ward et al., 2008). This body of work makes clear that users of health care systems require not only effective but also affective dimensions to their care (Lee and Kearns, 2010).

Working from within the bounded model of care inevitably brings biases in research subjects and assumptions. Recent geographical research within social policy still predominantly focuses on i) care of those traditionally defined as dependent such as the elderly (Milligan, 2009) or children (Boyer, 2011; Fox and Smith, 2011); ii) spatialities of care from the point of view of carers rather than recipients of care (Power and Kenny, 2011) and iii) interfaces of public and private provisions through the primacy of familial connections and gendered caringscapes (Barker, 2011). These biases notwithstanding, new research continues to expose the spatial complexities of situated caring practices. Exhortations for embodied 'carework' by pregnant or breastfeeding women meet both spatial and temporal constraints on compliance (Boyer, 2011; Gatrell, 2011). A globalising market for care-workers foregrounds multiple connections across truly global distances that underpin caring practices that are nonetheless framed as domestic and private (England, 2010). Recent encounters with postcolonial theory challenge us to care across time as well as across spaces (Massey, 2004; Pickerill, 2009) including attention to the

processes through which we care for the socialisation of future generations and future professionals (Bondi, 2003; Newstead, 2009). Whilst much research on the geographies of care has built on feminist and gendered analyses, attention is beginning to be paid to other categories of inequality, particularly class, race and ethnicity (Fox and Smith, 2011; Veninga, 2009).

Not all research within the bounded model treats care as a desirable relationship. The highly successful social disability movement rejected the very notion of care because of the discriminatory associations with weakness, dependency and invalid citizenship (Oliver, 1998; Shakespeare, 2000). New policy gains that recognise people with disabilities as fully competent actors succeed by redefining those actors as neither dependent nor in need of care. However, this work does not attempt to redefine the concept of care or to challenge dominant discourses related to individual autonomy and responsibilities. Much feminist literature on care arguably does something similar in making visible the extensive care work underpinning a model of the independent and productive individual. However, even as success in getting measures of reproductive work included into GDP and systems of national accounts (Gideon, 2002) valorises reproductive work, it does so within existing economic foundational values through which society is imagined rather than through critique of those values (see Green and Lawson, this volume). Other geographies have examined specific sites of care within this framing, building new understandings of how lives may be improved through more appropriate support within this bounded model of care. The provision of safe spaces of care makes literal the metaphor of an enclave model of care (see Hall, this volume), whether a drop-in centre (Conradson, 2003b), a day centre for the homeless (Johnsen et al., 2005), counselling sessions

(Bondi, 2003), spaces of leisure (Straughan, 2010) and retreat (Conradson, 2007) or care through the internet (Atkinson and Ayers, 2010; Davidson, 2010). Even as these approaches have achieved substantial gains for those marginalised by a model of care that is largely blind to both providers and recipients, critical care geographies can also go further, calling attention to the ways in which existing material, institutional and discursive framings of care as private, feminized and dealing only with exceptional needs, serve to reinscribe existing power relations.

Geographies of care beyond a bounded model

Research beyond a spatial and temporal bounded model of care constitutes a growing body of work building on moral geographies (Smith, D., 2000). Theoretical debates on welfare provision are reinvigorated through arguments from feminist theory and ethics (Tronto, 1993; Staeheli and Brown, 2003) which renders political the relational aspects of bodies and care. Although this approach shares the experiential and affective accounts found in social policy research within a bounded model (Milligan, 2005; Dyck et al., 2005), it provides an ontological and conceptual critique of the dominant positioning of care as pre-political and private within social policy and society (Haylett, 2003; Trudeau and Cope, 2003). Unbounding care in this sense focuses social theory and policy analysis on how and where care is positioned and poses questions about how this very positioning undermines goals of inclusion, social justice and the possibility of care as an end it itself (Haylett, 2003; Staeheli, 2003; Trudeau and Cope, 2003).

Care has also been coupled with the geographically resonant concept of responsibility in order to interrogate political issues of power, hierarchies of gender,

class, race and ethnicity and a postmodern humanism that includes our relations to non-humans (McEwan and Goodman, 2010; Miele and Evans, 2010; Puig de la Bellacasa, 2010; Raghuram et al., 2009). Where care is tied to a material product, as in food schemes, the connections into wider social and environmental relations are more visible, and therefore valued, by contrast to the less tangible, invisible, and devalued, care through labour (Cox, 2010). In either case, as a commodity or as labor relations, the exploitation of care in an interconnected world follows existing patterns of unequal distribution, advantage and disadvantage at local and global scales (Cox, 2010; England, 2010). A tendency to reduce care to relational obligations of responsibility however, risks losing the emphasis on emotional labour that has fuelled feminist critiques of social reproduction (Hochschild, 1983). By reimagining care as not just relational but also as a resource flow we draw attention to how both care as responsibility and care as emotional travel and are constituted globally. There is then a need for a moral economy in which care and markets intersect rather than conflict (Jackson et al., 2009; Smith, S., 2005).

Care of the body: spaces of practice

This special issue offers a suite of 'think' pieces on geographies of care which provoke further examination of three challenges emergent from this short review. First, we need conceptual strategies to explore the connections of care across different spatialities and temporalities, whether research is situated within or beyond a bounded model of care. Metaphors of landscapes, or 'caringscapes', offer one route to treat different scales as mutually constituting and to connect multiple sites of care. Central to this approach is the negotiation of different discourses, demands and actors in shaping situated practices of care. Secondly, biases in current

research on care help make invisible the multiple sites through which our practices are shaped. Particular corporeal bodies are privileged over others such as carers over recipients and the conventional welfare categories of the young, the old or the poor. Particular bodies of theory are privileged over others, including the highly gendered nature of care but not other dimensions of inequality such as class, race, ethnicity, citizenship inter alia. And particular sites of care are privileged, especially the home, albeit to challenge a simple binary of public and private. Thirdly, certain concepts within the care lexicon have gone unchallenged. Even within a feminist ethic of care, valorising interdependency emphasises contributions to a care economy. However, dependency and vulnerability still bear negative connotations and reproduce dominant ideas, theoretical categories and subjectivities that continue to devalue care. And perversely, given the primacy of a bounded model of care, safe spaces of care as retreat, havens or parallel community are viewed across the political spectrum as undesirable. Beginning from an explicit focus on care of the body (rather than environment, non-human species or markets), we offer multiple entry points for furthering a critical geography of care.

Dominant constructs of care as dependency are critiqued as diminishing those in receipt of care. Indeed, this erasure of those needing support is one of the main arguments for an outright rejection of care by the social disability movement. Janine Wiles aims to redress the bias towards carers rather than recipients. She reviews existing geographical literature on the experiences of recipients of care to give voice to their perspectives. In doing so, she critically interrogates the dominant mobilisation of vulnerability as fragility and weakness. Her review illuminates the ways in which

vulnerability may enable an openness and receptiveness to alternative imaginings of the embodied self, relations and places in ways that can enhance capacities.

The rejection of care by the social disability movement has itself become a dominant discourse within disability research and policy. Ed Hall revisits this in light of a policy shift to provide personal budgets for recipients to manage their own support needs. He argues that a blanket rejection of care in favour of autonomous control does not enhance capabilities for all forms of disability. Hall raises the profile of the far less politically vocal people with learning disabilities to highlight the significance for this group of communal, caring and managed safe spaces, including protected employment.

The association of care work with either paid workers or informal family carers is undermined by Sophie Bowlby's contribution in which she demonstrates the importance of non-familial networks of support and the temporal and spatial obligations that inhere to the notion of friendship. She offers geography a new social domain through which to explore both care and the nature of friendship. The inherent reciprocity of friendships, both short-term and long-term, undermines the negative connotations of neediness. And amongst many riches, she offers a provocation to research that valorises intimate trust and disclosure by locating the relations of care through friendship into wider landscapes of inequality and exclusion.

The responsibilisation of the self for our own bodies, wellbeing and self-actualisation is a prominent theme in critiques of contemporary governance. Sarah Atkinson considers whether caring for ourselves can ever enhance capacities rather than

reflecting an oppressive discourse. Atkinson intentionally explores this through aesthetic surgery, a highly invasive form of body disciplining. Understanding care choices as the negotiation of multiple landscapes attends to not only gendered but racialised and classed relations of inequality. A dilemma for a caring research practice emerges in relation to how to handle research participants' own stories and rationales for selecting surgery.

Finally, Maia Green and Victoria Lawson challenge and critique the very placing of care within a bounded model arguing that this bounding ignores the ways in which even our critical work on social relations, institutional orders and discursive practices runs the risk of reinscribing theoretical categories that have framed care as less valuable, subordinate and a drain on economy and government. Moreover, Green and Lawson trace the ways in which our current focus on care problems and subjects facilitates an ongoing shift towards an increasingly care-less world. The care-less content of a commoditised care within the logics of neoliberal economies can be documented in local proximate relations through to global chains of care-less care connecting and exploiting global inequalities of choice.

The papers all situate their subject matter within a contemporary political landscape characterised, inter alia, by an increasing individual autonomy, responsibility and choice. Authors also reflect on and refer to changes in structures of affiliation and support, whether familial or other, changes in social and health policies, globalised chains of connectivity and new technologies for self-actualisation. Explorations of care enable a critical engagement with the implications of this dominant framing and associated discourses for how and where we care for our own and others' bodies

and how and where responsibilities for such care is located. All papers share a critique of a mythical autonomous individual, whether through demonstrating the essential connections on which we rely, the exploitative and care-less relations which enable such myths to be sustained or the inherent inter-subjectivity of individual identity. And all demonstrate the centrality of collective meanings, discourses, actions and spaces in enhancing care-full practices of the body.

We have intentionally eschewed any crisp definition of care, preferring to allow multiple encounters with the term across our papers. We end these introductory comments however by contemplating the potential of imagining care both as relation and as flow. Thinking about flows allows thinking about care as material and emotional, commodity, obligation and pleasure, embodied and virtual, close and distant. The nodal characteristic of a relational care shapes how care flows through those nodes to focus on the spatial and temporal unevenness and inequalities in care, the processes eroding situated traditions of care and the spaces and practices facilitating care of the body.

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