

# 12 Speaking of care from the periphery

## The politics of caring from the post-colonial margins

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Postmodern culture with its decentered subject can be the space where ties are severed or it can provide the occasion for new and varied forms of bonding. To some extent, ruptures, surfaces, contextuality, and a host of other happenings create gaps that make space for oppositional practices which no longer require intellectuals to be confined to narrow separate spheres with no meaningful connection to . . . the everyday . . . a space is there for critical exchange . . . this may very well be the 'central' future location of resistance struggle, a meeting place where new and radical happenings can occur.

(hooks, 1990, p. 31)

No doubt, bell hooks, as an African American cultural critic, seeks in this introductory quotation to rescue from the ashes of modernity the new possibilities of the post-colonial era. To me, she challenges intellectual elitism: the thinker that embraces all things 'post-modernity' but from the comfortable chair of Western epistemological privilege. She fundamentally challenges the accepted norm. Through this quotation, hooks states that to truly embrace diversity, we have to let go of our Western need to make all things neat and tidy. Her words affirm that diversity, by its nature, is a mess-making process. In this chapter I attempt to make a mess of what have become accepted ideas about care and the ethic of care. I do so by welcoming the post-colonial. Post-colonial theory has entered social work thinking not as a demand for inclusion of all that has been excluded but for what Raghuram et al. (2009) say is a demand for not becoming the same. Inclusion on the basis of *being* different and that difference being about the ambiguous, the contradictory and the in-between space results from being ruptured from accepted norms. I engage in a dialogue about the politics of care, a dialogue that will sound unfamiliar, non-normative, uncomfortable, precarious, but nevertheless a dialogue that in an age of privilege by few at the cost of many I argue is essential to social work's relevance. West (1990) argued that this 'gesture' of speaking about the non-normative is not just about a new history of critical thinking; it is also about a cultural politics. It is about an attempt to speak of what makes up difference, what disorders our accepted and unchallenged understandings of difference, what representation is given and not given to the intersections of cultures, colonies, colonialists, classes, races, gender, sexuality, age, ethnicities, power and privilege. This

introductory commentary is my setting of the scene, my revealing of my positionality in the discussions I offer in this chapter. It is my nervous jump into the abyss from the precipice of the politics of caring from the margins. Like many scholars of colour, as a First Nations woman of refugee background living and working in the West, I am nervous because I know what I am adding to this book disturbs the epistemological and ontological privileging of Euro-Australian perspectives. Moreover, these kinds of contributions from people like me have historically been considered as contributions from the ‘other’ – an ‘other’ that is ‘made special room for’ but is seldom valued and heard from as equal (Walter and Baltra-Ulloa, 2016).

### **The aims of this chapter**

This chapter is not about seeking special room in the reconstitution of what it means to care from a ‘different’ perspective. The chapter constitutes a cultural politics founded on a belief that multiple ways of knowing, being and doing can have equal value in understanding care and the critical ethics of care in social work. I also believe that the perceived scarcity of room to speak with validity has been created to keep “different” views as alternatives and continue to affirm “a norm”, an undisturbed “mainstream bench mark” that struggles against a paradigm shift (Walter and Baltra-Ulloa, 2016). As I write these words, I echo the feelings expressed by Narayan (1997). She too felt strange and annoyed that for many ‘Southern theorists’ we must again and again be the ones to highlight and account for our differences, explain our location, find ways to tell our stories so that the West hears us. We want to be heard for our differences, for our split from the accepted and unchallenged Western norms and not merely be heard as “problematic products of our Westernization” (Narayan, 1997, p. 3).

This chapter begins with some mess-making about accepted ways of thinking about the ethic of care in Western social work. I explore how care is conceptualised in the West, from the *centre* of privileged knowledge, and how these conceptualisations from the centre, even when they claim to be culturally and politically progressive, retain a blind spot. There is no consideration of Western privilege; the taken-for-granted ways of thinking that are the foundations of cultural practices that reinforce Western epistemological and ontological superiority remain unsettled. Essentially, even when thinking about care and the ethic of care is disrupted, these disruptions retain an unspoken assumption that thinking from anywhere else is thinking from the margins. Much like the section in this book, “Unsettling Care”, in which this chapter is located, I wonder: is there an assumption that ‘*unsettling care*’ can only come from perspectives that are different from the norm? What is lost, what is never truly seen by this unsettled *centre* is the essence of marginality, is the value of epistemologies that offer completely new ways to understand care. The wisdom that other worlds, other ways of thinking and being in the world offer is omitted and placed on the margins as though its true value is only as periphery to the accepted and unchallenged norm. This omission serves a purpose: for social work, it helps the profession to retain its role as a *helping* and *caring* profession, prodded to make room for differences but essentially unchanged at its roots.

I tell a story about my social work practice with Hope, ‘the client’, the person I thought I was *helping and caring for*. This story unfolds during the unravelling of my practice, during my unlearning and letting go of what I had learnt in social work about care. It is a story of re-engaging with the *periphery*, my ancestral feminine knowledge, with the *ordinary*, realising that caring is about doing, being and knowing ordinary things with extraordinary love (Westoby and Dowling, 2013, p. 100). In sharing this story, I attempt to speak of care from the post-colonial periphery.

I end this chapter with more questions than answers. I offer a perspective where words like ‘tangible’ and ‘clear’ seem confusing, where caring happens in relationships founded in humble vulnerability, where unlearning becomes about transforming, where all that is considered marginal is norm and where care is an act of refusing, resisting and reframing the complexity and simplicity of our shared humanity. There is no complex theory or formula to follow and no straight answers in what I offer. This chapter aims to contribute to an ongoing dialogue in social work. This dialogue is born in deep listening, in believing and trusting one another and in de-privileging much of what has afforded Western social work such power and unearned privileges (Pease, 2010).

### **Care from the centre**

The concept of care in the West is primarily understood as the foundation of relationships. It has been understood as a socio-moral practice involving the fundamentals of the human condition – our trust for each other, our mutual respect, the feelings we share and the values we treasure (Featherstone, 2010). The ethic of care delves into the moral compass we use to judge how and why we act in interactions with others. Different theoretical perspectives have added a range of aspects to consider in our understanding of this moral compass, but fundamentally the ethic of care wrestles with how humans approach relationships in ways that contribute to a positive interdependency (Featherstone, 2010).

In Western social work, ways of thinking about the ethic of care have built from Kantian deontological concerns. These concerns lead the profession to consider its role and purpose in society, how social work practice can facilitate individuals’ capacity to access their rights to self-determination and act from their sense of duty and obligation. More recently, thinking has shifted to concerns over pluralist ethics where social work is about acknowledging and accepting that cultural differences result in people holding an array of values and ways of seeing the world that are sometimes “incompatible and incommensurable” (Hugman, 2013, p. 75).

Ideas about care from outside of social work may not have been detrimental in shaping the practice of care within social work, but they have intensified the relevance of exploring how care is thought about and how it is practiced within social work. Gilligan’s 1982 work, from a feminist perspective, began framing the ethic of care as a gendered relational issue requiring considerations beyond modernist ideas about morality, rights, responsibilities, laws and rules (Featherstone, 2010). Gilligan (1982) began the project of thinking about care from a relational

perspective, self in relation to other, shifting discourse about care towards an engagement with ethics as an issue negotiated in and through relationships. Further, these relationships take place and are negotiated through a web of contexts including balancing questions about how to care, how we connect, how we retain individual freedom and yet remain connected (Hirschmann, 1997, p. 170).

How directly the work of Gilligan has influenced social work is debatable. However, this work was noticed by other ethic of care writers and thinkers in its suggestions that care and caring had political implications. Tronto (1993) and Sevenhuijsen (2000) lead the way in considering care as both a moral orientation and a social activity (Sevenhuijsen, 2000, p. 14), as both about a *being* and a *doing* intricately linked to the social, political and cultural world we live in. It is here that caring began to be considered as a practice and as a product of power. Care and caring were being theorised as requiring not just a disposition and a moral imperative, but also considerations of the needs of people. The socio-cultural, political and economic positionality of those *doing* the caring was being considered as a possible interference in the capacity to hear and respond to the needs of those requiring care. Tronto (1993) directed attention to the need to not solely focus on meeting caring needs and addressing power differentials in caring but also to engaging with the complexities of socio-political and cultural contexts that inevitably shape how care needs are identified and expressed and how caring is ultimately practiced.

Sevenhuijsen (2000) expanded on these ideas by critically exploring the work of *The Third Way* by Anthony Giddens (1998). Giddens (1998) suggested a middle ground be found in the provision of social welfare and social policy development by fusing elements of neoliberalism with “old-style social democracy” (Sevenhuijsen, 2000, p. 6). However, Sevenhuijsen (2000) suggested that there is no middle ground or *Third Way* possibility without a consideration of care and the ethic of care as elements of how social justice is achieved. For her, care is about a democratic practice and citizenship, a socio-political process that makes sure everyone can actively participate in society and benefit from it by being able to receive and give care equally. Sevenhuijsen’s work (2000) offers social work the chance to bring together care and justice as key elements of a socially just and human-focused practice.

Almost parallel to these developments in thinking about care and the ethic of care was the work being done around issues of intersectionality. The literature in this area is extensive and explores how different social, cultural and economic contexts give way to multiple ways of understanding relationships, how care occurs and how power interacts with ethics. A detailed exploration of this literature here is not possible. However, in relation to what this literature offers debates in social work around ideas of care and the ethics of care, Featherstone (2010) describes the work by Williams (2001) and Daly and Lewis (2000) as standout and summarises their contributions as follows:

We are neither just givers nor receivers of care . . . in the right conditions of mutual respect and material support, [we] learn the civic responsibilities of

responsibility, trust, tolerance for human limitations and frailties and acceptance and diversity. Care is part of citizenship . . . Inequalities in care giving and care receiving are exposed through questioning who is and is not benefiting from existing policies.

(Featherstone, 2010, pp. 79–80)

These ideas flag the need to think beyond essentialist notions about gender, class, age, able-bodiedness, race and sexuality and communicate the need for social work to think about the complexity that issues like globalisation, cultural diversity, the experiences of colonisation, forced migration, poverty and climate change present for social work practice. In this context, care expands beyond borders of selfhood and political spaces and beyond social workers just being carers doing the caring. Care becomes about all that is personal, relational, political, cultural, social, local, national and transnational. It becomes about the tensions that exist in a globalised world where humans are interdependent and where multiple ways of knowing, being and doing are inescapable. In the face of these debates, pluralism is born.

Hugman (2013) has explored pluralism and ethics in social work. He argues that pluralism accepts that as a result of cultural diversity and the complexities, intersections and multiplicities of post-modern life, the values that people hold are often “incompatible . . . in conflict with each other” (Hugman, 2013, p. 74). Quoting Kekes (1993), Hugman (2013, p. 75) states that values can even be “incommensurable. That is, it may be impossible to achieve all shared values at the same time and impossible to compare them in such way that an order of priorities can be established”. If this is the case, then theories that explain ethics are also conflicting and cannot be compared, and thus our understanding of ethics may well require a fundamental revisiting. What pluralism offers social work is the message that to understand an ethic of care, to engage in what care means inter-culturally and cross-culturally in this post-modern era of globalisation, we need dialogue. We need to find ways to learn from one another’s differences, to discover what our values are and find ways to care and be cared for that are neither right nor wrong but rather relevant in context, to those in caring relationships.

This perspective inspires a process of learning in and through practice. In relationships, we learn about values and morals from different standpoints. This suggests social work practice is about wrestling with all contexts that shape the understandings held about care, caring and the ethics of care. Hugman (2013), again citing Kekes (1993), suggests differentiating between primary and secondary values in order to put to practice a pluralist approach to ethics (pp. 77–79). Primary values refer to widely agreed values across cultural contexts, including things like the need for food, water, shelter and safety. Secondary values are in essence the detail of how we give meaning to primary values, including how we conduct relationships and how we approach family life. Identifying and distinguishing between these categories of values is said to assist the social worker in engaging with the process of making practice choices. These choices are never singularly ‘right and ethical’ but rather are based on relational processes that value pluralism and facilitate mutual understanding (Hugman, 2013, p. 79). Intersecting

these relational processes are the law, systems and policies that, for social workers, cannot be overlooked. Hugman (2013) states that for the pluralist, caring is in being able to bring all elements together. First, finding commonalities through primary values discussions and then wrestling with the detail of secondary values where most of the cultural differences are found. Key to this process is learning to accept that disagreement is inevitable and indeed positive in the pursuit of mutual understanding.

I argue that despite the diversity in points of view regarding care and the ethics of care, there is still a blind spot. All of this theorising emerges from one way of seeing the world, that of the West. The epistemological and ontological foundations of all this work remain unsettled and unidentified as the product of Western culture. If there is to be an ethic of care derived from multiple ways of knowing, being and doing in social work, there needs to be a new geography of care (Raghuram et al., 2009).

Despite more recent critiques and discussions about care, reinforcing the importance of relationships to understanding how we make sense of each other, our actions, thoughts and differences, thinking continues to favour a hierarchical method of settling what care and caring are. Ways of thinking still talk about the need to identify categories of values, to establish some level of order and to come up with concrete suggestions for how we do care in a diverse world. To me, this is problematic and it derives from the privilege and the superiority Western culture exercises over everyone else.

In the following sections I share my practice story and I make links to how I see caring from the periphery in this post-colonial time.

### **Care from the periphery**

Thirteen years ago, I met Hope and her family. They were newly arrived refugees from the continent of Africa and I was their assigned re-settlement worker. We spent much of that first year getting to know each other and making room for my ignorance and my attempts at assimilating them to Australian life. One day, I was left alone with Hope and her siblings while her parents attended a computer course. I helped get breakfast and saw the younger kids off to school. In the car, Hope asked me if she could stay home because she wanted to talk with me about life. We argued about her not going to school until she said: "It's time we talk aunty Jos." Thinking this could be a breakthrough in talking about torture and trauma issues, I drove us back to her house and we went to the kitchen where Hope wanted to learn how to make empanadas. As I gathered the ingredients to start the cooking, thoughts came about how I would react to a possible disclosure of abuse, neglect or violence, who I would need to ring and what I would do to take care of such situation. Hope noticed I was distracted in thoughts and she said to me: "Aunty Jos have you seen my feet?" Her words hauled me out of my head and back into the moment. I responded: "No Hope, why?" Hope proceeded to tell me how she'd lost three toes after the rebels held her upside down as a baby to force her father to join them, when he refused the rebels cut her toes off as vengeance.

I sat in silence listening to Hope. I remember vividly feeling that something had drastically shifted and changed but I couldn't identify what. We talked all morning and never got to the cooking. Hope told me how much she wanted to tell me that story, how much she wanted me to know what had happened to her family and how much she and her family had waited for me to be ready to hear it.

I have written countless reflections about this one experience because it was a pivotal moment in my practice that challenged and changed everything I had learnt about helping and caring for people as a social worker. The first year in this relationship with Hope and her family was a whirlwind of activity, mostly dedicated to meeting the needs of bureaucracy and systems and not necessarily the needs of the family. It was also a year filled with teaching me and waiting for me to work out how to be in this relationship. I had convinced myself that I was critically aware, good at critical self-reflection and that I was doing the caring for this family labelled by everyone involved in *helping* them as vulnerable. I was the practitioner with the specialised skills and knowledge acutely aware of ethical practice, of my power as social worker and my role in making sure Hope and her family could re-settle in Australia. I had inklings that the family would also *care* for me in the relationship because there was much to learn about African families and cultural differences.

This experience made me think about the distance we create in social work between our real selves and our professional selves and from the 'clients' we work with. Hope and her family have taught me to question this distance, to examine who defines this distance and who gets to be near and far and in between by virtue of these definitions of distance. Caring for them and being cared for by them has transpired through being and doing in the ordinary – cooking and sharing a meal, talking around the table, discussing politics and our journeys to Australia, being in each other's lives. Also, letting each other down, arguing, disagreeing, and confronting each other on issues we see differently. This has meant we've learnt to face conflict and work through our differences, and most importantly we've had to find ways to lean comfortably on the constant discomfort of vulnerability.

How do I begin to put 'theory' around these relational processes when so much of what I've learnt about care, caring and the ethic of care in these practice contexts has come from the being and the unlearning of what I assimilated to in my life here in Australia? I begin by describing that I believe we are all colonised, colonised to ways of thinking about social work practice that have emerged from epistemologies of fear. Fear has had a great role in an illusion being created in social work that control is possible, necessary and results in avoiding the *wrong* social work practice. Many post-colonial thinkers agree that the influences of neo-colonialism have convinced us that our differences preclude us from belonging in each other's worlds, that acknowledging our interdependence, the mutuality of our human condition risks losing our individuality, our freedom to make independent decisions. Through a post-colonial perspective, all this is challenged to argue that we are never distant from each other because lines of caring and being cared for are always implicated in each other's lives.

## A post-colonial care and caring

A key fundamental characteristic of post-colonial thought is that it questions socio-political-cultural relationships; it seeks to understand how the past has shaped the present and influences the future. Care and the ethic of care from a post-colonial perspective are seen as representations of complex lines of connections, responsibility, raptures and disconnections. This post-colonial perspective sees everyone as part of each other, in each other's world, at the same time as there is distance and withdrawal from one another. People are seen as responsible and accountable for both how connected and disconnected they may be (Raghuram et al., 2009).

This means caring and being cared for is the product of how much we ask ourselves what spaces we occupy and not, why do we occupy them, who do we care for and why, what are the limits of our caring? When is not caring an act of caring? Is caring good for the carer and the cared for? When is caring actually an irresponsible act? (Raghuram et al., 2009, p. 9).

Post-colonial thought also challenges the way history is treated. Bhabha (1994) explains that for a post-colonial the dominant version of history is problematic. This dominant version of history has privileged the version where the West tells the story of the South, with reference to what the South does not have that the West does. De Sousa Santos (2014) agrees and adds that this way of telling and privileging a history told by the West about the rest has created absences of knowledge. There are dismissed wisdoms and misleading linear tellings of how the South and the West have developed separate from each other, and they ignore the conjoined nature of the relationship between the West and the South.

Post-colonial thinking challenges us to imagine an "unlinear map of human progress" (Raghuram et al., 2009, p. 9), a messy past, parts of which have been selectively chosen to be left in or out of what has become accepted centre-mainstream know-how. Our shared humanity has been obscured and with it the understanding of the importance of the past and how it has shaped present forms of knowing, being and doing. This complex messy world has been homogenised, past injustices have been denied and forgotten, and important lessons and wisdoms have been ignored. Post-colonial thinking is concerned about how we speak back to this misbalance, how we find ways for people from everywhere in the world to speak for themselves about care and the ethic of care with equal validity (Raghuram et al., 2009).

The implications of speaking of care and the ethic of care from this post-colonial political perspective are that we begin to see how important it is not to seek universal definitions for anything. The ultimate aim is to have no centre or periphery, no single writer and teller of stories, and no preferred practice model other than splintering and unsettling all that we know while we honour the messiness of what we learn from each other. So, the politics of caring from this post-colonial 'margin' and the ethic of care are always open to multiple meanings derived from multiple places. Critics may well suggest this leaves everything up for interpretation, no clarity on where the moral ground lays and no firm foundation on issues of human rights and social justice. The history of knowledge from the *centre*



already captures so much knowledge. We know relationships work; we know dialogue is crucial; we know a democratic citizenship includes the ability to care and be cared for; we know power differentials make caring a political activity; we know enough. The critical terrain of post-colonial thought says “learn to unlearn”; “learn to listen from other wisdoms”; “learn to step off the pedestal of superiority to let others speak for themselves”. This is not an era of post-colonisation but of an era where we work against ongoing colonisation.

My experiences with Hope and her family have evoked many unanticipated emotions in me. I have felt the power of trust in the ordinary, the power of caring and being cared for through the mundane, the everydayness of connecting and building relationships around a simple being in each other’s life. I have learnt to value mistakes, getting things wrong like offending and being offended. I have felt anger that I was taught to think I had the answers, the skills, the knowledge and the resources to care for other people and define what that care should look like. Unlearning all that has been taught to me as valuable social work knowledge has been difficult because I’ve had to get used to being vulnerable. It has felt unfair that Hope and her family had to wait for me to be ready to hear their story. It has felt shameful to realise that these feelings of unfairness come from a deep way of thinking about Hope and her family as more vulnerable than me, and thinking of myself as superior in my capacity to self-care. Accepting fear as a constant companion has been difficult; I have felt fear of crossing boundaries, of being judged as unethical, of being called unprofessional. Fear is seductive and it generates a belief that the ways we are taught to care in the West are the only safe and ethical ways to care.

Hope and her family showed me the ethics of care are in the fragility of the web of relationships we co-create. How we come to these relationships is important. We come as learners and deep listeners; who we are in them is critical. We are genuine, vulnerable, emotional beings and what we do in these relationships is always emergent. What shifted in me the day Hope told me her story was my spirit self. It came back to join heart, head, hands and feet. It brought back my ancestors, their wisdom, their voices and messages. Messages I had heard from childhood were validated. It was ok to love; it was ok to make mistakes; it was ok to not know; it was ok to trust instincts; and, it was ok to share your real self. Hope and her family entered my heart and that complicated everything.

To conclude, the politics of caring from the margins is about anti-colonial practice. It is a painful ‘alternative’ and direct challenge to the centre norm. It is a demand for inclusion on the basis of difference, an energy for change that recognises the world could be a better place if we accepted that not becoming the same is in our best collective interest. This politics is about making a mess of all that we’ve learnt thus far about care and caring in Western social work. It involves unlearning, de-privileging Western ways of knowing, being and doing to enter the space of whom we call *other*; hear them speak about themselves while they formulate what care is in their language. The ambivalence and ambiguity this politics suggests is at the heart of an epistemological and ontological disrupting we can lead and engage with bravely through social work and social work practice.

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