

'Well, you go there to get off'

Visiting feminist care ethics through a women's bathhouse



Feminist Theory
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 SAGE Publications
 (Los Angeles, London,
 New Delhi, and
 Singapore)
 vol. 8(3): 243–262.
 1464–7001
 DOI: 10.1177/1464700107082364
<http://fty.sagepub.com>

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Abstract This paper examines normative feminist care scholarship through the lens of a sexual bathhouse. At first glance, a space dedicated to casual sexual pleasure seems at odds with feminist care. Drawing on the Toronto Women's Bathhouse (TWB) as a case study, this paper argues that bathhouse spaces *can* exemplify feminist care norms. At the same time, as a casual sexual space oriented towards personal autonomy, carefree conduct, and self-care, TWB also challenges certain feminist care assumptions. Drawing on these challenges, in the light of wider problems with normative care theorizing, particularly the sanitization and idealization of personal relationships, the paper seeks to revision care along non-normative lines.

keywords *bathhouse, care, feminist ethics, lesbian, sex*

Well, you go there to get off, like why should you care about somebody else's orgasm or what they're experiencing as long as you go and fulfil your need, right? On the flip side I wouldn't go in and have that attitude personally. I would probably want to make sure that the other person was OK with what we're doing. (Pussy Palace participant)

Introduction

Care has become a central frame for feminist scholarship, providing a primary term through which intimacy and labour are configured. While a previous generation of feminist writing focused on the problem of women's domestic care-work (Land, 1978), the growing influence of feminist care ethics has shifted the terrain from critique to valorization. This has not produced consensus. Scholars argue over care's purpose and remit, whether care can be provided (effectively) by persons at a distance (Clement, 1998; Dahl, 2000: 477), how power in caring practices should be allocated and managed (Kittay, 2001), the relationship of care to values such as justice, trust and autonomy (Bubeck, 1995; Clement, 1998), and to wider social processes such as environmentalism, sustainability, and peace (Tronto, 2006). However, despite considerable debate about what care should look like, what remains largely unaddressed within present-day

scholarship is any reconsideration of care's terms: in particular, its focus on need; an asymmetrical orientation towards the other; largely sanitized and idealized approach to human connection; and the basic claim that care is good. I use the term 'normative care' to refer to this cluster of feminist work, for despite differing perspectives and orientations, which range from care as a form of moral reasoning or ethical decision-making to care as a kind of labour, social relationship or orientation in the world, scholars largely agree on three things. These are the need to perfect care conceptually (so it can provide a moral basis for judgement); recognition of care's contribution as moral or social practice to achieving desirable objects; and the relationship between care and virtues, such as responsiveness, responsibility and attentiveness.

Many scholars have engaged in this normative project. My aim, by contrast, is to explore critically the problems which surface when a feminist rendition of normative care is refracted through the lens of a women's sexual bathhouse. The bathhouse provides an interesting case study of care. On the one hand, it is a space, neither domestic nor public, where physically intimate face-to-face encounters take place. It thus coheres with much care scholarship which focuses on proximate, embodied encounters within civil society. At the same time, the bathhouse is a space of casual, transient, sexually explicit and often publicly visible stranger interactions (Cooper, 2007a, 2007b). The hybrid quality of the bathhouse, I argue, allows it to both exemplify feminist care norms while also stretching, troubling and contesting them. And it is this latter capacity which provides a springboard to arguing against a normative reading of care. In the final section, I turn therefore to a different approach, which rejects care's inherent goodness (or rightness) to treat care instead as a non-normative term of analysis.

Toronto Women's Bathhouse

Toronto Women's Bathhouse (TWB), also known as Pussy Palace, was established in 1998 by a small group of queer women activists 'who believed in women's right to fuck and saw the need for a place to do it' (Gallant and Gillis, 2001: 154). Since then, TWB has organized irregular events two or three times a year in two local men's bathhouses. In large measure, the distinctiveness of Pussy Palace comes from its deliberate sexual character. Unlike many other women's bathhouses that emphasized sensuality, relaxation and socializing,¹ TWB was established to facilitate explicitly sexual interactions. The organizers of TWB had a mission: to provide a good, sexy, fun night out for queer women – where they could explore, express and learn about their sexuality (Gallant and Gillis, 2001). More generally, the bathhouse aimed to celebrate the range and diversity of women's sexuality, invest queer female culture with a more overt eroticism, and signal women's sexual agency to a wider society. It thus built on, and spoke to, a libertarian political strain within Toronto's lesbian, bisexual and queer community networks which, in its public sex advocacy of fantasy, roles, and casual anonymous sex, took on a history of sexual state regulation as well as countered more conventional lesbian-feminist politics (see also Nash and Bain, 2007).

In contrast to the extensive literature on men's sexual spaces (Bapst, 2001; Bérubé, 1996; Corzine and Kirby, 1977; Delph, 1978; Humphreys, 1970; Moore, 1995; Styles, 1979; Tattelman, 2000; Tewksbury, 1996), there is little on women's. This is unsurprising given the rarity of public female-centred erotic sites; perhaps equally unsurprising, given its novelty, is the recent literature TWB has spawned. Scholars have explored the cultural and sexual politics of the bathhouse (Nash and Bain, 2007), the methodological issues of conducting observational research within it (Bain and Nash, 2006), and the response TWB encountered from police and judicial institutions during and following the police raid in September 2000 (Bain and Nash, 2007; Gallant and Gillis, 2001; Lamble, 2006).

This article aims to complement existing TWB scholarship. Alongside published ethnographic accounts of the TWB, I draw on semi-structured interviews conducted with 18 participants who attended the bathhouse as organizers, volunteers or members of the public from 1998.² My aim was to be attentive and respectful towards the meanings TWB had for participants, without necessarily being personally committed to the sexual agendas advocated. Discussions took place face-to-face in Toronto and by phone between 2005 and 2006, and explored, amongst other things, the significance of care to bathhouse practice. Interviewees represented a cross-section of TWB attendees – predominantly but not exclusively white, from their mid-20s to mid-40s, and largely lesbian or bisexual identified (though four described themselves as 'bi-curious' heterosexual women and two as trans/gender-queer).

Can impersonal casual sex be care?

Normative care scholarship, since the late 1980s, has been strongly affected by Carol Gilligan's (1982) work on women's moral reasoning. Subsequently Gilligan (1995: 122) wrote, 'A feminist ethic of care begins with connection, theorized as primary and seen as fundamental in human life'. This connection or interdependence provides the moral and social foundation for a range of virtues and practices, including sociality, trust, and responsibility to and for others. Against liberal valorizing of individual autonomy, feminist care ethics asserts people's need for others and the impossibility of living – fully and sometimes at all – in a context where human relationships are severed (e.g., Sevenhuijsen, 2003; Tronto, 1993).

But how do people need each other, and, more particularly, does a women's bathhouse constitute a space in which caring needs are met? To explore this latter question, I want to distinguish between three categories of characteristics imbuing feminist care: the normative principles to which care is articulated, such as sensitivity, trust, generosity, empathy, and commitment; care's delimiting properties such as its orientation towards (core) needs (Tronto, 1993), and its focus on asymmetrical relationships (Held, 2006: 10),³ and non-transient connection (Noddings, 1984: 16) and, for some authors, its bracketing of desire and pleasure (Tronto, 1993: 104); and third, its component features of responsibility, responsiveness and attentiveness, configured in differently gendered ways as caring for, taking

care of, care-giving and care-receiving (see Sevenhuijsen, 2003: 184; Tronto, 1993: 106–7; also Blustein, 1991).

Popular understandings suggest a chasm exists between the values of care and those of casual, male, public sex practices within a commercial venue. While some research on men's bathhouses complicates this picture, at least to a degree (Adam, 2005), women's bathhouses – exemplified by TWB as a not-for-profit community initiative – occupy an even more equivocal space. Here, temporary connection and the pursuit of sexual pleasure intertwine with other-oriented caring activities. I begin with this latter form of bathhouse care, focusing on three configurations: i) organizers' care for the bathhouse in general, and specific constituencies attending; ii) attendees' caring as compassion and considerateness; and iii) participants' and particularly volunteers' care-giving through services and assistance. I then turn to explore the presence at TWB, as a specifically sexual space, of care's limits – demonstrated in the organizers' expectation of participant autonomy, some women's desire for freedom from care, and the orientation of many towards care of the self.

Toronto Women's Bathhouse – a space of care

Taking care of

My first care configuration concerns the relationship between an assumption of overarching responsibility, motivated by 'caring about', and individual acts. This governmental register of 'taking care of', demonstrated principally by TWB organizers (including through the organizational form of the Bathhouse Committee), took shape in three ways: taking care of queer women in general, taking care of attendees in general, and taking care of particular constituencies attending.

TWB organizers did not largely see themselves as *responsible* for the general queer or lesbian community. However, the very establishment of the bathhouse, and organizers' ongoing involvement, was motivated by a broader caring about women's sexual health and pleasure. The bathhouse was seen as a way of taking care of this, as several women described: 'I know they care and stuff, and I think it's in the range of events . . . they give the people. . . . You know it shows that they're really conscious and really caring and looking out for the best interests of the community'. While this interviewee admitted friendship with the organizers might have clouded her views, many I spoke with saw the bathhouse organizers as motivated by their desire for women to have a space in which to explore and express confident, desirous, polymorphous sexualities.

This broad 'caring about', which created and maintained the bathhouse, materialized in two more specific modes of 'taking care of'. The first and more general 'coordinated security' was a product of the formal and legal obligations placed upon the organizers to ensure a safe evening (Gallant and Gillis, 2001: 155). However, organizers also strove to take care of particular groups attending, for instance by providing a safe environment for women engaged in particular sexual practices. So, volunteers discreetly

monitored the SM (somasochistic) areas, as one woman explained. '[I]t is a safety feature to make sure that boundaries are respected and somebody is not going too far and actually hurting the person.'

Taking care of also manifested itself in a commitment to tackling acts seen as perpetuating socially embedded forms of inequality or harassment.⁴ The Bathhouse Committee defined these as *public* wrongs and harms. As one Bathhouse Committee member described: 'We said we'd take care of discrimination . . . the woman wouldn't have to take responsibility for dealing with it . . . it was [seen as] a crime against the bathhouse'. The strongest of these responsibilities to emerge over the first few years was the organizers' explicitly articulated commitment to taking care of transpeople (see also Nash and Bain, 2007).⁵ With an active transwoman for some while on the organizing committee, the committee stressed that hostility towards transmen and women would not be tolerated.

Caring between participants

The second care configuration, participants described, was a caring sensitivity between participants to each other's feelings. So, interactions were attuned to both verbal and non-verbal forms of expression (see generally Dahl, 2000: 487). 'I expect the person to say, like, don't do that or this but I also take it upon myself as my responsibility to ask. Like is that OK? Do you like that? Do you not like that? And really being attentive to cues . . . as to how a person is experiencing it' (participant). Another recalled how women returned each other's smiles and hellos, even when they did not want any sexual exchange. 'Even . . . [with] emotionally detached sex, there is still a level of emotion and love and caring. That's just sort of, for me anyway, inherent in that space . . . everyone is there and is supportive of each other's attractiveness, even if I'm not particularly attracted to this person, and I don't particularly want to do anything with them, I want them to have a really good time.'

Caring can be seen as an ethos or orientation, evident within and constituted by the social site of the bathhouse, as well as a display manifested between individual women. While an attitude of caring sometimes informed sexual exchanges between particular women, for the most part it was not produced or conditioned by individual relationships. It did not depend on women knowing each other personally, but was shown – *reciprocally* as well as *unilaterally* – to unknown women, incited by the shared experience and vulnerability that came from being bodies together in a new and unfamiliar space.

People are a lot more conscious that everybody is feeling pretty vulnerable and I think they tend to . . . be more kind, I think, than they would be even in a club environment. That kind of once you get everybody stripped off and in a towel, you know, everyone is a lot more caring to each other. (participant)

Care-giving

For the most part, women did not describe themselves or other non-volunteering participants as care-givers; nevertheless, interviewees offered several examples of care towards others' perceived needs. 'I remember at

one point even mentioning now that I was hungry and there was a woman there that said, oh I have an apple in my locker' (participant). Another commented, 'if I see people who are a little shy [I would] just sort of talk . . . with them or you know I would just give a back rub to someone . . . And so I get a lot out of that and just helping other people relax and open up to their bodies and their own sexuality.'

Alongside spontaneous care-giving acts, TWB organizers laid on more general care services. These were available to all women attending, and sought to address women's fears and insecurities, as well as their sexual 'needs' and desires. Services ranged from the provision of food, ice-breaking games and tours of the bathhouse for new participants to sexual services that included a 'temple priestess',⁶ lap-dancers, sexual massage, and 'G-spot' volunteers.⁷ Developing new bathhouse services was a major focus for organizers and volunteers who saw the services, particularly in TWB's early years, as a way of promoting sexual interaction, minimizing inhibition, and enhancing women's erotic skills. So, while services were provided for women to utilize or consume, women were encouraged to become care-givers to others through learning how to lap-dance or provide erotic massages. This changeability of roles, anchored in recognizing the benefits to the care-recipient in becoming an active, facilitative sexual agent, was an important aspect of the bathhouse ethos.

Nevertheless, lap-dancing and sexual massage raise the question of whether providing sexual services constitutes a form of care in the way offering refreshments or making sure the venue's facilities are safe might. On the one hand, in a non-commercial space, sexual provision shows sensitivity and commitment towards another; on the other, following Engster's (2005: 52) distinction, it addresses pleasure rather than basic survival needs. We could argue that the needs that care services can be extended, rejecting the idea that because something is pleasurable it can no longer count as a relevant need, but how do we define which sexual pleasures constitute need in a non-reproductive economy? Conversely, we could argue that need is not a fundamental attribute of care. But this more radical stance raises difficult questions while care remains a normative concept. Scholars, such as Engster, suggest we can identify those needs which ought to be met; this is much trickier in the realm of desire. While pleasure, in general, may be deemed worthy of social enhancement and cherishing (if for some to a lesser extent than need), there is less confidence in identifying the things that *rightfully* give people pleasure, particularly when it means they should be supported through the facilitating actions of others.

The public and casual dimension of TWB as a sexual space thus troubles normative care's delimiting properties, even as its presence as a feminist space exemplifies care's articulation to virtues of sensitivity, empathy and generosity, and demonstrates care's component features of responsibility, attentiveness and responsiveness. However, I now want to address how even these virtues and features are challenged, or at least circumscribed, by bathhouse counter-practices articulating different conceptions of care, namely caring for autonomy, carefreeness, and care of the self.

Limiting care

The organizers' assumption of a governmental care-giving took shape in conjunction with a belief in individual responsibility. Committee members described many things planned to make women feel comfortable and safe; yet, the proposal/provision of 'time-out' rooms, food selling, childcare, arrangements for people with physical disabilities, and the managing of the presence of non-operative 'shemales'⁸ was limited by, and coexisted with, an expectation that women look after themselves. As one organizer commented, 'You have to do your own picking up . . . the cupid game is *it*. You have to take the initiative' (speaker's emphasis). Women were assumed to be responsible for and experts in their own sexual needs and preferences, and organizers would not be quick to intervene. 'The philosophy of the Committee is not to police safe sex . . . It's caring because there's less policing and leaves to you to decide what risk you've negotiated with your partner' (organizer).

Nevertheless, some participants still found the care too pastoral – one described the bathhouse as 'a bit like a kid's birthday party'. Placing personal autonomy against (rather than with) a governmental care, these attendees depicted themselves as already autonomous agents, capable of entering and pursuing their self-derived goals within a bathhouse space without assistance. I want to think of this attitude as a kind of carefreeness – in which freedom from top-down care is sought in order to pursue care as a more open-ended and curious attentiveness (Foucault, 1988c).

Participant: They had a lot of things going on . . . like they had real bondage. . . . They had this temple priestess . . . you know, you made an appointment and you would go in, and she was supposed to help you fulfil whatever fantasy you had. They had . . . if I recall correctly . . . some SM play in like a room set up. . . . They had sexual massage and they had lap dances, and it just seemed overkill to me.

Interviewer: Overkill in what way?

Participant: Well it was just they were trying too hard. . . . I like the mystery, the . . . you know, let's go in and discover what's going on, but when it's all right in your face there's no chance of that. . . . It was mechanical in the way it was set up . . . like I knew exactly what was going on in which place. . . . There wasn't any unknowing. Some of the people who were running it . . . they were doing a pretty good job but because they were so concerned about everything they were doing, they were sort of . . . cold but in a friendly way.

Carefreeness signals a further limit – that of care of the self. For the most part, feminist work treats attentiveness, responsibility and commitment towards the other (Tronto, 1993: 102) as foundational to care. Even as writers underscore the importance of women not sacrificing themselves for others, putting oneself first is largely rejected. TWB has an equivocal relationship to care's other-orientation. Organizers and volunteers evidently participated to create a particular kind of space and experience for others. However, as a place oriented to sexual pleasure, self-interest –

and I want to suggest self-interest linked to self-care – proved a significant motivation for those attending. This did not render others unimportant. Given the nature of bathhouse space, engaging with others was crucial. Self-care implicated those others present in multiple ways, including as threat and guide/co-player; the first stands against carefreeness; the second is articulated by it.

Carefulness proved a recurrent theme for TWB participants entering a new and unusual space where norms and expectations were emergent, fractured and changing. But carefulness was not mainly about health. Many interviewees indicated unconcern about the viral risks of casual sex with unknown others. While some said they did practise safe sex (for their own and others' benefit), several suggested it was not particularly significant to sex between women. One participant, herself a health-worker, commented, 'There were condoms, there were lubes, there was all that. Did I see women using dental dams when they had oral sex? No. Certainly not.' In addition, few women associated carefulness with the need to shield oneself from a sexual partner who failed or refused to comply with casual sex norms by seeking subsequent contact. While some described deliberately withholding email addresses or telephone numbers, few identified unwanted future contact as a major worry.

What seemed of more concern was participants' need to place boundaries on sex with unknown, casual partners. This was particularly evident amongst women engaged in 'kinky' or sadomasochistic sex. One described, 'You are in a room full of strangers so I think you have to have your wits about you. . . . You've got to play safe and not get yourself into a situation with people you don't know and give them trust when they really haven't done anything to earn it.'

The mastery of self required for sexual play with strangers raises a second understanding of self-care, associated with a Foucaultian (1988a, 1988b) reading of care as a cultivation of the self. Through the changing practices, knowledge and relationship one has with oneself, including through reflection, auditing, self-discipline, mentorship, and interactions with others at (and beyond) the limits of inter-psychic, social, and discursive acceptability, the self evolves. In the TWB context, two interconnected clusters of practices aimed at a self-care oriented to cultivating and enhancing self-pleasure, self-knowledge and self-freedom. The first involved learning, through tasks and practice, how to approach someone, give sexual massage, lap-dance, find one's G-spot, have anal sex, anonymous sex, group sex. Such training depended on having guiding experienced others with whom 'newbie' or other less experienced participants could forge short-lived asymmetrical relationships. But care of the self also occurred in less disciplinary or governmental ways, as knowledge, pleasure and freedom of the self became tested, advanced and accentuated through the self-mastery, skill and risks of unpredictable, agonistic sexual play.

The trouble with care

Sexual servicing and, even more, care's limits trouble any simple claim that TWB exemplifies an integrated space of feminist care. Rather, as a hybrid site entwining casual sex with feminist organization, TWB is pulled both towards and away from conventional feminist care practices and norms. What should we make of this? I suggested above that one response would be to argue for a broader conception of normative care. We might also emphasize the necessary (indeed essential) interdependence of caring for others and looking after (or cultivating) oneself. However, I want to take a different track and, using this case study, argue instead for a non-normative conception of care.

Why should we make this move? Care currently does considerable work signalling, and providing a philosophical, political and juridical language through which to explore how relations of interdependency ought to be inhabited. Arguably, from a feminist or progressive perspective, there is much at risk in rejecting normative care. Yet, my argument for making this shift is also grounded in a critical, radical orientation. It follows the work of scholars, such as Beasley and Bacchi (2005), who highlight important problems with how care is currently conceptualized. While their critique takes them to a different concept, namely of 'social flesh' to perform some of the ethical work currently performed by care (Beasley and Bacchi, 2007), I want to take a different direction and argue instead for a non-normative conception of care. My reasons for doing so are several-fold, underpinned by four particular problems with care theorizing: the normalization of particular harms, slippage, abstraction, and the cultural specificity of care as currently theorized.

Feminist work on care has extensively challenged the naturalized associations drawn between care-work and women (Held, 2006: 39). However, what often remains neglected is how care scholarship normalizes particular wants, interests and desires *as* needs and, in so doing, normalizes – that is, confirms, treats as natural and simultaneously obscures – associated harms (see also Cooper, 2004). Need is a term with considerable discursive power and salience; as discussed above, if care jettisoned its dependence on need, a normative conception of care would be on far shakier ground. Thus, while questioning care's articulation to need may appear to be a critique of a *particular* normative reading, I want to suggest it goes to care's normative project more generally. At the same time, need is also not the secure foundation feminist care ethics suggests. As social policy writers have commented (e.g., Fraser, 1989; Tao and Drover, 1997), need's scope and content are highly contested; tangible needs, in particular, also speak to (and are largely premised upon) a minimalist welfare or public politics (reluctant to go beyond basic life-sustaining claims), while grounding care in need presupposes a social consensus that needs have a rhetorical power and urgency other interests lack.

But the problem with tying care to need also goes further – to the question of what care is intended to avert. We can see this in conventional examples of social or familial care, where the harms threatening to befall

the cared-for if not cared for – of malnourishment, squalor, road accident, or disease – become both apparent and understood as the threat underpinning care. What needs-based care talk does is normalize such harms in two specific ways. First, care suggests particular harms are endogenous – expected elements of everyday life – condensed within our understanding of ‘core’ needs. This distinguishes them from, and in turn redirects attention in politically significant ways to, the ostensibly exogenous threats constituted by protection discourse. Second, with its focus on needs, relationship and practices of looking after, ongoing care deflects attention from what successful looking after is supposed to secure against. Care thus performs a double act.⁹ It produces particular harms as naturally or inevitably present, while simultaneously squeezing them out of the picture – hazards whose visible menace is defused by the trumping power and loving caress of care.

Normalizing particular dangers suggests a coherence to care’s discursive (and practical) effectivity. However, in other respects, despite diverse academic attempts to firm care up, as a concept within feminist thinking care slides about. Even if we bracket the governmental register – ‘taking care of’ – care is variously used to identify relational decision-making, women’s work, intimate, domestic or therapeutic labour, repairing the world, and committed attending to another. Obviously, there are connections between these different meanings – historically, conceptually and practically – but they are not the same. The trouble with normative versions of care is that the slippage between these meanings causes the object of valorization to become a blurred and changing target. Do we value care because women do it (tying valorization to female empowerment), because it concerns affection and emotional commitment, reflects our social interdependence, prioritizes and responds to the dependent vulnerable other or because its effects enable social life to continue and develop? Each of these claims can be advanced (and contested), but the point I want to underscore here is that they are different claims.

One reason why care has been able to slide around and embrace so much conceptually is the abstract nature of much feminist care scholarship. Despite scholars’ constant injunctions to write in care’s specific context and to derive notions of good care in relation to it (Bowden, 1997; Tronto, 1995), and despite Gilligan’s influential work on women’s ‘different voice’ as something contextualized rather than abstract, the idealist tendencies of much care writing privilege a kind of disembodied, disembedded utopianism (though see Barnes, 2006). Writers repeatedly set out the conceptual properties of normative care or use care as a rhetorical figure in narratives of idealized social interaction, but what is missing, as I discuss below, is an elaboration of care’s purchase in a highly conflictual social environment. As a consequence, the lack of specificity in normative care writing enhances care’s wider discursive power without being able to effectively anchor care to a progressive or feminist project. The impact of this is evident in the readiness and capacity of right-wing forces to appropriate care, as Mason (2007) explores.

Mason (2007) argues that the far right’s deployment of care is not only

or mainly rhetorical; it also reflects an attachment to a racialized 'Christian civilization'¹⁰ – in other words, the right's love may prove as dangerous and powerful as their hate. Elastic loyalties is a problem endemic to abstract normative theorizing, but Mason's work also points to a more specific problem – the particular cultural associations of care. These associations are obscured within, yet they continue to permeate and guide, abstract conceptualization. Various writers have pointed to normative care's shaping, sometimes explicitly but often implicitly, by values and power relations of race, aesthetic embodiment, heterosexuality and class as well as gender. What has received less attention, and to which I now turn, is the way Christian norms and virtues have infused the idealization of *particular* care practices and relations.

Feminist care talk is largely secular, with a few feminists explicitly rejecting any notion that care might be religiously situated (Held, 2006: 44). However, the idealization of care, and the idealization of particular ways of understanding care (as unselfish love of another), resonate with a reading of Christian *agape*.¹¹ Care as *agape* sees love as an orientation and practice that binds people together and produces community. According to Nygren (1932: 69, 72), *agape* refers to God's uncalculating, uncaused love for humanity – a love which flows through people, and emerges in the unconditional, spontaneous love shown towards enemies and neighbours (see also Jackson, 1999). This model of *agape* has generated a small literature exploring its manifestation in care practices such as charity work and nursing (Arman and Rehnsfeldt, 2006; Cloke and Johnsen, 2005; Kendrick and Robinson, 2002); it has also generated two counter-positions. The first, more secular, stance criticizes *agape* for denying the needs of the carer and for patronizing those cared for. "'Stooping to" the weak by the self-confident strong is in the end the birth-act of domination and hierarchy' (Bauman, 1993: 97; see also Hoagland, 1990).¹² The second, by Christian feminist ethicists and theologians, has critically revisited love and care, questioning and complicating the dichotomy between *eros* and *agape*, self and other love (e.g., Andolsen, 1981; Harrison, 1985).

At the same time, despite these critiques and reformulations, an other-centred model of idealized, non-erotic loving seems to feed – in far from reflexive or explicit ways – feminist care scholarship.¹³ One place it emerges is in the central focus given to extant personal relationships in thinking through care's obligations.¹⁴ Kittay (1999: 55), for instance, suggests that obligations to care, and moral claims to be cared for, arise from particular relationships; likewise, Engster (2005) writes that it is personal intimacy that provides the essential knowledge and attachment for good care. This does not negate the obligation to care for needy strangers, particularly when no one else can do so (Kittay, 1999: 57), but this more distant, last resort care is accorded far less favour than the affective, intimate, committed relationships seen as underpinning ideal care.

While anchoring care in pre-existing relationships makes responsibility easier to locate and provides a socially acceptable basis for care's non-contractual character, it remains troubling from a critical standpoint since it suggests normative care follows, reflects and helps to reproduce already

existing social configurations of intimacy, commitment and obligation. It also converges with a tendency within the feminist care literature to idealize, in particularistic but non-explicit ways, what care relationships should look like. Influenced by notions of unconditional, non-combative other-oriented love, care-work gets tied to caring in ways that sideline or pathologize the sticky, sensory, often difficult character of lived existence. I do not want to overstate this erasure. Feminist and other scholars frequently highlight the conflict and tension within observable care relationships, especially when self-sacrifice by the giver and gratitude by the receiver are absent. Tronto (1993: 143), for instance, refers to recipients' resistance, resentful of their dependency on others, while care-givers are often frustrated and angry about their own unmet needs. At the same time, despite her explicit rejection of perfectionist theory, Tronto, like many other feminists, reveals the gravitational pull of an ideal conception of care (see also Clement, 1998). Thus, she writes, '... being well-cared for, being properly attended to as an infant, given space to develop autonomy in the context of caring relations . . . makes people happier . . . The absence of care, incomplete or disrupted care, creates anger, rage, violence' (Tronto, 1995: 146).

My discussion here has addressed a range of problems with normative care – its normalization of 'endogenous' harms, conceptual slippage, discursive abstraction, cultural specificity, and idealization of existing relationships and relationship. In the light of these problems which go both to the project of normative care theorizing as well as to the specific way in which care is theorized, I want to map an alternative *non-normative* conception of care, drawing on my case study as a way of illustrating and exploring what such a conception of care might look like.

TWB provides a springboard into rethinking care's limits and scope. It asserts forms of caring and care services anchored in stranger contact – where relating emerges as a possible consequence rather than cause of care, and where vulnerability and obligation arise from the interplay of the wider environment to the bathhouse site rather than from particular, pre-existing relationships. It centres social interactions that are raunchy, noisy, fleshy and playfully agonistic, and it reveals how non-hegemonic care practices can prove unable to normalize and conceal particular risks and dangers, such as sex that exceeds agreed boundaries which then drives (self-reflexive) injunctions to be careful or full of care.

In rethinking care I want to centre two interconnected elements: *concern about* and *attentiveness to*. While these elements are often mentioned in feminist care scholarship, the approach adopted here is distinctive in three ways. First, 'concern about' includes reasons that many would read as non-ideal bases for attentiveness such as economic profitability. Second, attentiveness is understood as a practice that may have internal or external legitimacy but also in some circumstances may not. Third, I bracket other-directed responsibility as a necessary element of care (cf. Sevenhuijsen, 1998: 61). Locating responsibility, with its attendant obligation to act and to act well, is crucial for normative care theorizing. However, if care is seen non-normatively, if we are not intent on identifying ideal or rightful care,

responsibility becomes something that may be, but is not invariably, present. This enables us to explore what care looks like when other-directed responsibility is absent, a register of care as carefreeness that is far less governed, outcome-oriented or dependent on the obligations of an identified care-provider.

Non-normative care

Concern about/attentiveness to

Care is not simply a form of doing; it also has an emotional dimension, captured in the idea of mattering. Emotional attachments – of love, responsibility, friendship, connection – have received considerable attention in feminist and ‘feminine’ care scholarship (Noddings, 1984). However, two aspects of care’s emotional processing have tended to be neglected. The first concerns *how* things matter – that is the quality or degree of concern at care’s heart. Is it mild affection, strong professional attachment, obsession, transient anxiety or something else? Second, limited attention has been paid to *why* things matter – the economic, political, cultural and professional factors anchoring concern or caring about. Normative care scholarship largely assumes that reasons for concern lie – and lie rightfully – in the feeling and obligations generated by particular relationships. However, with its focus on voluntary stranger interactions, TWB places this premise in doubt. Care is mostly not driven by relationships of intimacy, affection or (excepting the organizers) responsibility, but by motives that predominantly arise from outside the interaction in which care is shown.

The exogenous character of care’s concerns does not mean context and environment are unimportant. The community aspect of TWB, for instance, troubles the kind of self-interest that might motivate conduct in a commercial sexual space. So, women lap-dancing at TWB may care about their act because they wish to actualize a confident sexual agency and provide erotic pleasure rather than make money. Likewise, bi-curious participants, concerned about experimenting sexually in a physically safe space, affirmed Pussy Palace’s exclusion of men. Thinking about how and why things matter, then, underscores the importance of a social analysis of power; at the same time the character of the connection between what matters and the relations, norms and practices of power operating cannot be assumed.

The need for actual investigation applies also to care’s second dimension – ‘attentiveness to’. While attentiveness tends to be assumed in professional or affection-based care, the recurrent, routinized aspects of care-work may subordinate reflection to an embodied common-sense (Cooper, 2004: 144), in contrast to a novel, uncertain and unfamiliar space, such as TWB. Attentiveness depends on not thinking one knows best or that the cared-for body is docile and unresponsive (although it also does not prognosticate responsiveness). Attentiveness demands, rather, a highly attuned sensitivity to one’s environment, especially to subtle and changing

complex cues, and to 'backroom' or more obscured goings on. This does not mean replacing the normativity of care with that of attentiveness. While attentiveness is often sought and desired in relationships, it can be read by others as non-ideal – critics assessing military manoeuvres, for instance. It may also lack internal desirability, as when the holder feels the opportunity cost of their attention's orientation – for instance, TWB organizers whose attentiveness towards the practicalities of hosting a large sexual event meant they could not focus on their own erotic encounters.

How should we then think about attentiveness's objects? It should be apparent from the discussion so far that my focus extends beyond feminist scholarship's orientation towards need (Tronto, 1993: 127–8). Particularly if we depart from a normative care model, the reason for restricting care's objects to need evaporates. As the bathhouse case study demonstrates, attentiveness may be to need – sexual or otherwise – but it does not have to be. More generally, I want to think about attentiveness's focus as twofold – the tangible objects (human or otherwise) care's regard is paid to, including oneself, and attentiveness's less tangible orientations and targets, including pleasure, danger, cultivation of the self and vulnerability of others. TWB illustrates the extensive objects of possible attentiveness; it also highlights other ways in which conventional feminist care scholarship is overly restrictive. So, it shows how attentiveness can be brief. While the underlying concerns driving care may prove long-lasting, the tangible objects, in particular, of care's attention may prove very transient. It also highlights how the ends of attentiveness, particularly in stranger interactions, are often uncertain; Beasley and Bacchi (2005: 57–8) explore how care does not necessarily have benign outcomes; and the play of the game may be more important, to participants and others, than any end result.

An ethos of care

I have suggested care combines two concepts: 'concern about' and 'attentiveness to'. But what form does and should care take? Is care something only individuals can do? Can it have a more collective, organizational or systemic manifestation? In discussing care of the self, Foucault (1988b: 45) suggests such care moved from being an attitude or form of behaviour to taking shape as 'procedures, practices . . . formulas . . . institutions . . . [and even a] certain mode of knowledge'. Drawing on this formulation, I want to read care as something organizations as well as people can do. In the bathhouse context, organizational care practices are clearly evident – as discussed earlier. However, I also want to think about care more systemically, more culturally, and as frequently plural in its form – to ask what kinds of care dominate a particular time/space?

At TWB, divergent and competing forms of care circulated,¹⁵ as attentiveness (backed by concern) materialized in fleshy, noisy, dramatic interactions as well as cool, composed and subdued ones (Cooper, 2007a). These forms are not free-floating. They are socially anchored in multiple, complex ways. They also shape and are shaped by TWB's broader care ethos, as it imbued local, situated practices, norms and social relations

according to varying registers of concern and varying foci of attentiveness. Talk of a TWB care ethos may suggest the ethos dominating is obvious and uncontested. I have not the space here to explore how such ethoi arise (or what they consist of). However, dominant or hegemonic care ethoi are always vulnerable to challenge, as illustrated, at TWB, in participants' attempts – discursively and practically – to counter an overly pastoral form of care by asserting attentiveness predicated on non-governmental forms of carefreeness. While this attentiveness rubbed up against the bathhouse's more governmental agenda, the challenge was also diffused and domesticated by the organizing committee, as TWB moved to pluralize its care ethos, establishing other bathhouse events ('bathhouse-lites') at which far fewer activities, services and ice-breaking games were put on.

Conclusion

My aim in this paper has been twofold. First, I wanted to show how an unconventional space, such as a women's bathhouse, could illustrate and be understood in terms of current feminist conceptions of care. Exploring the caring, care-giving, and taking care of manifested at Pussy Palace, provided a basis for arguing that women's bathhouses, as new feminist spaces, exemplify ethical conceptions of care, particularly in the way they promote compassion, self-empowerment, and reciprocity. Yet, reading bathhouse care as care, against feminist claims that care involves the asymmetrical meeting of non-hedonistic needs, forces us to confront the values underpinning care discourse. From here two choices emerge: to hold on to an existing definition of care and see only those bathhouse practices which fit as being care, or to revisit care to explore whether there is a better way of thinking about it – an approach which not only provides more illumination of the bathhouse but also offers a better route into thinking about other social relationships as well.

My second aim therefore was to use the bathhouse as a springboard into rethinking care. Feminist normative scholarship has developed considerably since the late 1980s, responding to and building on the critiques and engagements earlier writing incited. However, it continues to over-sanitize care relationships, avoids engaging directly with the antagonistic character of social contact, depends too much on untheorized need, naturalizing and erasing the dangers need condenses, and fails, finally, to render visible the cultural specificity of prevailing care values. While feminists have extensively studied the relationship between care and gender, far less attention has been paid to care's Christian tone. Indeed, in pursuit of a universalizing conception, care's cultural specificity and links with *agape* have been ignored and, as a consequence, enhanced.

Adopting a non-normative approach to care brings different culturally coded models of care to the fore. It allows the frequently conflict-laden, intense, gritty, and fleshy character of relationships to surface *as care* rather than remaining submerged by a paradigm which sees them as messy exceptions or flaws. It allows us, within a paradigm attuned to the social and cultural, to read things as mattering for reasons other than affective

attachment, and to recognize that attentiveness can be shown for reasons other than another's needs. Thus, just as a non-normative conception of care leads us to ask about the spaces and practices where neither concern nor attentiveness is present – including, importantly, many instances where care activities are assumed – it also allows us to focus on temporalities and orientations other than social reproduction; attuned to an unfamiliar present, attentiveness can designate an openness and unknowingness of where, if anywhere, unfolding activities may lead.

One of my aims in approaching care in this more open way has been to provide a means of exploring care's plurality. Examining how divergent practices and norms of care circulate, intersect and collide makes it then possible to examine, and to understand, how and why a particular ethos of care dominates in a given context. Focusing on the production and transformation of different care ethoi does not, of course, answer whether such ethoi should be viewed positively; this is a separate evaluative question. Reading care non-normatively, and I want to underscore this point, does not mean normative questions are redundant – far from it. However, *how* people treat, and *should* treat, other beings and spaces – the claims folded into different registers of interdependence and attachment – are issues that need unpacking, exploring, and arguing over. Moral reasoning, tending, attachment, therapeutic labour and repairing the world all require teasing apart through application of an extended lexicon, as much to explore the connections as the disjunctions. They deserve not to be tied together through a unitary normative concept, particularly when the concept is as wrought by histories of subordination, religious salvation, and the valorized family as is care.

Notes

My thanks to Carlyle Jansen for facilitating the research, to Kim Brooks, Brenda Cossman, Emily Grabham, Didi Herman, Catherine Nash and the anonymous referees of *Feminist Theory* for their comments and feedback on earlier drafts, to Lois Bibbings for her advice on care and autonomy, and to Suhraiya Jivraj and Sarah Lambale for excellent research assistance. Research was made possible by a grant from the AHRC (Arts and Humanities Research Council) Research Centre for Law, Gender & Sexuality.

1. For instance, Osento in San Francisco, and the Hothouse in Seattle, USA; though see also Shedogs in Halifax, Canada – a sexual women and transfolks' bathhouse.
2. Interviewees were identified by word of mouth and through responses to an email soliciting participants, circulated on my behalf by TWB organizers.
3. For some complication of this claim, see Bowden (1997) and Sevenhuijsen (1998).
4. Thus, anti-femme prejudice was identified but excluded from protection on the grounds it was not socially institutionalized (interview).
5. One woman commented only anti-trans prejudice was capitalized on the bathhouse flyer.
6. A woman who offered to fulfil participants' sexual desires.

7. Volunteers who would teach women how to enhance sexual pleasure through manipulating their 'G-spot'.
8. Female-identified bathhouse participants with biologically male sexed bodies.
9. Care's power is evident in the harms associated with care's absence, and in the rhetoric of emergent threat which leads new care discourses to proliferate. But care practices may also produce their own specific dangers (Day, 2000).
10. Narayan (1995) likewise addresses care's deployment in the context of colonial domination.
11. Other ethno-religious influences can also be traced. Although this paper aims to highlight the particular and under-recognized significance of Christian culture and ideology, some feminist work speaks to other traditions. One interesting instance is the resonance between Fisher and Tronto's (1990: 40) portrayal of care as a species activity involving everything we do to maintain, continue and repair the world and the Hebrew concept of *tikkun olam*.
12. Interestingly, Hoagland's discussion of *agape* ignores its Christian resonance to focus on its gendered implications for women.
13. While loving may have a sexual dimension, care scholarship tends to exclude sexual care.
14. Andolsen (1981: 70–1) writes that *agape's* traditional focus was domestic and personal relationships.
15. There are resonances with Roseneil and Budgeon's (2004: 153) discussion of care as networks and flows rather than discrete, static, dyadic relationships.

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