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JOURNAL TITLE: Research in drama education

USER JOURNAL TITLE: Research in Drama Education: The Journal of Applied Theatre and Performance

ARTICLE TITLE: Towards an aesthetics of care

ARTICLE AUTHOR: Thompson, James

VOLUME: 20

ISSUE: 4

MONTH:

YEAR: 2015

PAGES: 430-441

ISSN: 1356-9783

OCLC #:

Processed by RapidX: 2/6/2020 8:51:36 AM



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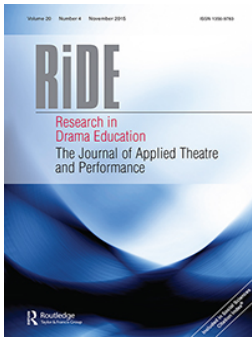
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# Research in Drama Education: The Journal of Applied Theatre and Performance

ISSN: 1356-9783 (Print) 1470-112X (Online) Journal homepage: <https://www.tandfonline.com/loi/crde20>

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To cite this article: James Thompson (2015) Towards an aesthetics of care, Research in Drama Education: The Journal of Applied Theatre and Performance, 20:4, 430-441, DOI: [10.1080/13569783.2015.1068109](https://doi.org/10.1080/13569783.2015.1068109)

To link to this article: <https://doi.org/10.1080/13569783.2015.1068109>



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## RESEARCH ARTICLE

### Towards an aesthetics of care

James Thompson\*

*School of Arts Languages and Cultures, University of Manchester, UK*

This article is an enquiry into the possible shape of *an aesthetics of care* drawn from the experience of looking after a Congolese colleague after he was injured in a massacre in the DR Congo. The mix of different professional and personal circumstances directs the writing towards concerns with the ethics and aesthetics of caring for others, and how these relationships might provide a productive orientation for work in the field of community-based performance or applied theatre. The article explores debates within feminist care ethics to argue that the relations that emerge in many arts projects can be understood as forms of affective solidarity and mutual regard that, in turn, could be powerful counterweights to the exclusions and disregard in a *careless* society.

[B]y focusing on care, we focus on the process by which life is sustained; we focus on human actors acting. (Robinson 1999, 31)

In 2012 my colleague Antoine Muvunyi, a drama worker from eastern Democratic Republic of the Congo (DRC), lived in Manchester with my family and me for over six months. He survived an incident in which seven of his co-workers and friends had been killed, and spent his time in the UK having surgery and physiotherapy on his injured elbow. The article that follows, and the orientation it proposes, makes sense only in light of caring for and observing the care for Antoine. It is an enquiry into the possible shape of *an aesthetics of care*, drawn from the collision of professional practice, personal politics and domestic circumstances that inevitably occurred when a Congolese drama worker with whom I had conducted theatre workshops in the DRC, ended up sharing my house. The political, ethical and ultimately intimate challenge this made, forced me to rethink the boundaries of my practice. There is no claim in this writing that the experience was in any way easy, heroic, or exemplary. It was in different ways and at different times inspiring, moving, and challenging for my family and myself. But ultimately it taught me very directly that if I failed in this call to take care of a colleague, then the ethics – and as I will go on to argue here aesthetics – of my professional work was worth very little.

I had worked with Antoine and his colleagues on teacher training, girls' education and community theatre programmes for over five years. This work was based in the particularly conflict-affected South Kivu province of eastern DRC and was a partnership between Children in Crisis, an NGO based in London, and a Congolese organisation called Eben-Ezer Ministry International (EMI). In a broader school building and

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\*Email: [james.thompson@manchester.ac.uk](mailto:james.thompson@manchester.ac.uk)

teacher development programme, sponsored by Comic Relief amongst others, my responsibility had been to train local community animators in interactive and participatory theatre techniques so that they could subsequently create performances on the subject of girls' education and women's rights. EMI believed that by encouraging communities not to discriminate against girls in access to schooling and challenging the common assumptions about early marriage, the overall mission to improve educational attainment in the area was more likely to be successful. The programme was developed across the inaccessible and poorly served High Plateau region of the province, and my visits had involved working with Antoine on the theatre training courses, watching performances and offering support to a local young people's arts organisation that was a key partner in the work.

The project frequently met the obstacles faced by any initiative working in a conflict zone, and particularly in the unpredictable region of eastern DRC. This came to a head in October 2011, when a vehicle with the overall project manager, several teacher trainers, and other passengers was attacked by a militia group on its way to a training course. Those members of the team that were identified as belonging to the Banyamulenge ethnic group were selected from the travellers and killed by either gun or machete. Antoine was shot in the arm, but luckily escaped with his life. The driver, project director, and two teacher trainers from EMI were killed, along with the young sister of the organisation's cook, the elder father-in-law of the driver and another associate. My reunion with Antoine in a military hospital when I visited for the funerals, and an elaborate sequence of events too complex to narrate here, led to him arriving in Manchester for surgery and rehabilitation at the end of 2011. The first month and during the initial operation he was accompanied by the Director of EMI, but then he remained for a further five months of post-operative physiotherapy and another operation on the mobility of his fingers. He arrived with no movement in his right arm and the long-term prospect of losing it altogether and left with increasing movement in his reconstructed elbow and some tentative articulation in the fingers of his hand. We accompanied him through the orthopaedic and plastics operation, the post-operative frailty, the agonising physiotherapy and slow recuperation. His endurance, good humour and flashes of mourning for his colleagues then became a stable part of a family routine of work, hospital visits, cooking/eating, occasional wound dressing and restful afternoons of indulging a mutual passion for watching football.

While care was distributed around many people during these six months, the two main health workers – the plastic surgeon and the specialist physiotherapist – became key points of inspiration behind the argument that will be made here. My family, friends in the local community, members of a local church and the team at the hospital all became a network of care around Antoine. The way this care was exercised by these different constituent groups suggested very directly that **care is enmeshed in questions of ethics** – as will be outlined below. However, it was the proximity I had to the relationship of care between the professional physiotherapist and her patient that was the primary spur to the argument that is sketched here. Antoine required at first daily exercise on the joints in his shoulder, elbow, wrist and individual fingers. This was extraordinarily painful and needed a clarity of purpose, mutual respect, intimacy and quality of touch that I found breath-taking. The relationship that developed and the tireless, joint-by-joint work was intense and demanded a kind of eyeball-to-eyeball trust between patient and carer. My wife and I found ourselves using the same word as we struggled to capture the quality of this relationship:

independently of each other we referred to it as *beautiful*. We, thus, both used aesthetic criteria to judge the exceptional in this example of care. We were drawn to some quality in the touch, the attentiveness, and the focus of the relationship that demanded to be appreciated using a language more usually associated with artistry.

At the end of this article I will return to how the notion of *the art of care* appears in nursing studies in order, tentatively, to suggest that the argument is directed at a social care audience as well as a more familiar arts practitioner and researcher community. These concluding remarks will also suggest that the fact that the treatment of Antoine was done outside normal processes of institutional care (paradoxically for *free* in a *private* hospital) indicates some possible issues with the contemporary dynamics of quality health and social care practice in relation to the case that I am making for an aesthetic turn in care studies. The point to emphasise, however, is that the experience of hosting my colleague Antoine started a process of researching how ethical challenges and aesthetic questions might be usefully considered in light of this area of practice and research. The remainder of this article is, therefore, my first attempt to explore the significance of a new focus on care: what the relevance an aesthetics centred around this term might have for my more familiar research and practice territory of *applied theatre, community-based performance and participatory arts*. The argument of this article is that this might provide a different way of thinking about the work, but also a new orientation to the practice and the political ambition of that practice.

While we all experience care and many have been called to care, both the institutional and private practices of care tend to be marginalised, gendered and devalued. Similarly the public world of campaigns for justice and rights – for example, a girl's right to education – are too frequently assumed to be detached from a world of caring, which is downgraded as either a personal matter or a concern for underfunded public bodies. The argument here seeks to overcome a tendency in the literature that I discuss later to bifurcate a world of public justice and private care, with a case suggesting the productive connection of these supposed separate spheres. Intimate care, I believe, can be connected to an affective solidarity and felt sense of justice, and ultimately might be foundational to the ethics and aesthetics of a theatre and arts practice that seeks to engage with communities. The remainder of the article aims to make this case. First it will outline the field of feminist ethics called *Ethics of Care*, to illustrate the claim that *care ethics is vital for understanding any claims to justice*. The article will end with an outline of what an *aesthetics of care* may look like in the preparation, execution and exhibition of projects, and finally return to the process of caring for Antoine.

In looking to base community-engaged arts work within the framework of care, I hope to expand its radical potential rather than reduce it. Rather than dismiss the incident of a colleague drama worker living in my house as the unfortunate intervention of the professional into my personal life, I seek to challenge the very categories and suggest the 'professional' cannot be sustained ethically without a commitment to the potential for it to blur dynamically with the personal. This work, therefore, forms part of what Bourriaud called 'an angelic programme' (2002, 36) where the intimate and interpersonal rather than be ignored are acknowledged as an important source of our politics. This is not something to be elided or overcome, but should be accepted, and perhaps welcomed. While there will be a critique of Bourriaud's relational aesthetics in the work that follows, I am accepting his perspective that making art

could be a 'proposal to live in a shared world' (22). This, in turn, suggests a rethinking of some existing community-based theatre practices.

### Ethics of care

We have all experienced care, perhaps of varying quality, in order to grow and enter adulthood. Of course since this early experience, many adults might also have taken on caregiving roles supporting others, whether children and other family or friends, or patients and clients, and similarly they might have been cared for in major ways because of complex illnesses or in less substantial ways through the minor challenges many face throughout life. While *care* appears to need an adjective to endow it with value – so we receive good care, thoughtful care and so on – it often has positive value in its verbal form without adverb support. So 'I care' or 'she cared for her son' suggest positive attributes whether done for duty, love or payment. Care thus hovers between a descriptive category with no inherent moral quality, to a normative one that implies that it is a proscription of the positive values found within caring per se. The claim here is that this descriptive/normative ambiguity enables care to be considered as a source for questions of ethics, but in choosing to use it in this way, we locate these debates in a particular relational zone of human interaction with which we are all at least somewhat familiar.

So care is important because it is 'part of everyone's life' (Philips 2007, 169) but also because it simultaneously raises issues of value and practice. Care suggests, according to Judith Philips, a range of meanings including 'affection, love, duty, well-being, responsibility and reciprocity' which are then demonstrated through 'touch, action, emotion and bodily expression' (2007, 1). This combination of values and practices has become central to the field emerging from feminist ethics called the 'Ethics of Care' (Robinson 1999; Hamington 2004; Held 2006; Slote 2007) which in its earliest form, exemplified by foundational work from Carol Gilligan (1982) and Nel Noddings (2003), sought to challenge conceptions of ethics based on justice and rights, with an ethics based on the values central to the way humans care for each other. While focused on close relationships between people, the claim is that what might have been relegated to a private realm and therefore assumed not to be a concern for public ethics, is in fact an important area of ethical concern. The private space, it was argued, is a crucial site of ethical behaviour, and the public realm needs to include attention to the importance of the caring relations between people. Rather than situate ethics solely within a vision of the individual rational actor operating in public, care ethics analysed the connections between people, so that 'a caring person will cultivate mutuality in the interdependencies of personal, political, economic, and global contexts' (Held 2006, 53).

The 'Ethics of Care' frequently sets itself against an 'Ethics of Justice', offering a different basis from which to debate and question issues of positive action and a search for a more equitable society. An ethics of justice became shorthand in the care literature for different moral philosophies of the European Enlightenment which in themselves have different traditions and orientations. While early writers in care ethics, particularly in the work of Noddings and Gilligan, tended to essentialise differences between justice and care in gendered terms – so care is associated with 'mothering', and justice belongs to a public 'masculine' world – more recent work, notably that of Jean Tronto (1993, 2013), Marian Barnes (2006) and Maurice Hamington

and Dorothy Miller (2006) creates a more nuanced account of care as a habit that is learnt and practiced in different ways and to different effects across varied settings and these in turn inevitably blur distinctions between the private and public. While ethics of care challenges the vision of the autonomous actor as the sole source of ethics and questions the idea that it is through the defence of individual autonomy that the best source of protection and promulgation of a just society is found, in more recent writing justice and care become imbricated rather than oppositional (notable in the work of Tronto 2013; Hamington 2004). The key point for the argument here is that care ethics draws attention to our reciprocal relations with others, or reliance on others, as a source of ethical enquiry. It does not reject justice, but instead calls into question 'the individualist, atomistic ontology, the liberal-impartial view of persons as "generalized" rather than "concrete", and the concomitant reliance on abstract moral principles' (25).

While I am wary of the danger of essentialising caring as a particular practice of women, Michael Slote's critique of the 'traditional masculine thinking in terms of justice, autonomy, and rights' (2007, 2) does point out that the preference for morality drawn from the rational, has historically been a validation of a very particular rational *man*. The ethics of care sees autonomy as partly illusory, fostering the myth that 'society is composed of free, equal, and independent individuals who can choose to associate with one another or not' (Held 2006, 14). Instead, care ethics values real attachments between individuals and groups, where there is a felt responsibility for the other and concomitant commitment to aid that other. These close relationships become the source of a morality that starts from valuing certain dispositions to the other, whether it be love, affection, or trust, and then viewing positive caring relations as a source for concepts of justice that might be relevant beyond the interpersonal. Care ethics thus deliberately refuses a boundary between private realm and public, to argue that 'the values of trust, solidarity, mutual concern, and empathetic responsiveness' (Held 2006, 15) can be the source of ethical behaviour between groups and within wider society. As Robinson argues, care ethics should not be viewed as a parochial concern: it is 'relevant not only to small-scale or existing personal attachments but to all levels of social relations and, thus, to international or global relations' (1999, 2). More recent writing on care ethics (Barnes 2006; Myers 2013; Tronto 2013) has thus tried to emphasise the way care ethics can contribute to debates that are more assertively tied to questions of social policy and no longer 'start at home' to paraphrase the title of Noddings' second major book (2002). Put more simply by Slote, this is the belief that 'someone who cares deeply or genuinely about someone else is open and receptive to the reality – the thoughts, desires, fears, etc. – of the other human being' (2007, 12). Care ethics, then, suggests we can learn about seeking justice and a practice that urges a fairer world from relationships where we are called to care for or have experienced the care of some other: where our interdependence and reciprocal needs are highlighted.

It is best, therefore, not to see the ethics of care as somehow opposed to an ethics of justice, but as a mode of enquiry that seeks to draw attention to interdependent human relations as a platform from which to enunciate broader conceptions of justice. The political aspirations for a fairer world should draw on the realisation that we are mutually reliant and that a better world cannot come about without a closer awareness of our reciprocal attachment to others. This is in many ways an extension of the post-second World War Levinasian challenge to the preoccupation of ethics



with the self and a reorientation of our attention to the 'face of the other' (Levinas 1969), and similarly Simon Critchely's account of our lack of autonomy as a source of drawing universal claims from the interpersonal (Critchley 2007). This shift is well summarised by Nicholas Ridout as an ethical position that 'encourages the spectator to stop seeing performance as an exploration of his or her own subjectivity and, instead, to take it as an opportunity to experience an encounter with someone else' (2009, loc 178). Writers on care ethics have extended this by adding a focus on the processes by which these inter-human connections might be realised. So, the activity of caring and being cared for need to develop from an 'engrossment' (Noddings 2003, loc 195) or 'attentiveness' (Tronto 2013, 34) that can translate to a sensitivity to those communities who are unattended or excluded. As Joan Tronto has so ably analysed this is not inevitable (as Levinas' 'call of the face' might suggest) but needs to be considered in relation to a contemporary world where care has moved 'out of the household' to being a crucial issue within public policy (2013, 6). The ethics of care, therefore, should also be understood as a critique of a society where the habit of caring for others is devalued, placed at the whim of the market and radically under resourced. The domination of an individualised ethic of self realisation, where a person is deemed free when able to act unencumbered by debilitating social constraint, has, I would argue, resulted in a society where neglect of others is both inevitable and also seen as positive. 'Striding out on your own' as an autonomous rational choice, becomes valued to a greater degree than deep awareness of our interdependence. This is not to say that caring responsibilities are distributed fairly, and Tronto's work in particular indicates the inequalities of care that arise in as part of the 'professionalization of nurturant care' (2). Care ethics recognises and includes a critique of both the quality and quantity of care and is best understood as a proposal: the focus on care reveals a normative plea for a better and more caring world. It is a direct commentary on what might be called an ethic of neglect which has resulted in a *careless society*: one in which there is a lack of solidarity between individuals (see Amin 2012), where being apathetic and unmotivated is championed against caring about issues and causes, and one where disregard for the wider environment has meant our world is discarded rather than sustained. *Carefree* as a social good has meant that *careless* (in all senses) has become a defining value. This is not to argue against a desire to break free from stifling interpersonal constraints, but to posit that that desire in itself can be understood as a critique of the quality and attentiveness of care and should not be used to dismiss the benefits of mutual reliance per se.

It is important to note that an argument for care is not meant to be a naive demand that we all get on a little better or a nostalgic hark back to a more communal past. I have already noted in the work of Tronto that a focus on care is very much a commentary on contemporary care institutions, the quality of care services and the retreat from commitment to public support for high quality and fairly distributed support. It absolutely focuses on a critique of how care beyond the home 'creates a new class of people, mostly women and people of color, who are increasingly left behind by economic growth in the bottom rungs of society' (2). Carelessness is a comment on the absurdity of cuts to social care in the local authorities in the UK that, in the name of 'personalisation', has led to one announcing that support will be offered at the level of 'just enough' (Salford City council 2012, 30). However, this critique has a longer history. Another way of describing what I am calling here the *careless* society is through the notion of a 'contract of mutual indifference' outlined by political scientist

Norman Geras in his work on 'political philosophy after the holocaust' (1998). His argument in brief is that the crimes of the Holocaust were in part enabled by the willingness of neighbours to be indifferent to the suffering of their neighbours; to have turned away when they were most in need. Indifference to the other is, therefore, a disposition accused of sustaining immense cruelty, barbarism and ultimately genocide. Geras' account shows that while indifference was common under the Nazi regime, there were examples where people undertook exceptional acts of 'other-regarding effort' (1998, 36) and these, in a form of prefigurative politics, were a 'possible harbinger of an alternative world' (44). An 'imperative of mutual care' is, therefore, not separate from an 'agenda of progressive change' but has to 'inform any worthwhile politics of justice or equality' (75). For Geras our imperative to help others is part of our right not be harmed and a struggle against the obscenities of the Holocaust insists that we have an obligation to aid or care – indeed 'the queen of all virtues' should be not remaining 'a bystander in the face of preventable and remedial suffering' (48). The care ethics expounded here, therefore, might be premised on the intimate moment of support exercised between two people, but it is insisting on a vision of politics that asserts a contract of mutual regard that extends far wider and demands a more fundamental realignment of human relations than one might at first assume. It is an argument for what Ash Amin has called an 'attentive society' (2012, 33) where 'caring in different ways and for many things becomes central to identity and institutional practice' (34).

### Aesthetics of care

This then returns me to the question of an *aesthetics of care*. If as I have already argued a care based ethics helps raise questions of justice and 'other regarding effort', how might art making be judged from this perspective? The starting point is the notion of relations and the simplistic statement that art making takes place in a series of relational acts, some more explicit and intentional than others. Where an ethics of care focuses upon the values inherent, exhibited or perhaps desired within these human interdependencies, the aesthetics of care seeks to focus upon how the sensory and affective are realised in human relations fostered in art projects. The French art theorist Nicolas Bourriaud is a useful point of departure here in his work on *relational aesthetics*. Bourriaud defines a relational aesthetic as a 'set of artistic practices which take as their theoretical and practical point of departure the whole of human relations and their social context, rather than an independent and private space' (2011, 113) and his book announced from the perspective of the late 1990s French visual art scene how 'for some years now, there has been an upsurge of convivial, user-friendly artistic projects, festive, collective and participatory, exploring the varied potential in the relationship to the other' (61). Bourriaud's work appears to attach an implicit value to this upsurge, with the 'angelic programme' I mentioned at the top of the article being instigated in order 'to patiently re-stitch the relational fabric' (36) and 'turn the beholder into the neighbour' (43). However, ultimately he is more concerned with the formal aspects of this trajectory than the potential that new relational practices have for announcing or creating a fairer world. Inventing new neighbourly relations today, he asserts, is disconnected from programmes that seek to foster 'happier tomorrows' (45). As the writing above on the ethics of care would suggest, and the contract of mutual regard urged by Geras, the values that can be materialised in the convivial

should in fact be the ground on which happier tomorrows are built. The power of the concept of relational aesthetics is weakened by the fact it does not suggest why relations with others might be endorsed or what type of relations we might aspire to develop. If the socially critical inference in the notion of relational aesthetics is to have greater explicit ethical weight, and to move from a moderately interesting description of a form to a movement with more normative clout, it needs to be re-figured. And the argument here is that thinking in terms of an aesthetics of care might provide this reorientation.

An 'aesthetics of care' is then about a set of values realised in a relational process that emphasise engagements between individuals or groups over time. It is one that might consist of small creative encounters or large-scale exhibitions, but it is always one that notices inter-human relations in both the creation and the display of art projects. It is an aesthetics that is unafraid to lay bare what Shannon Jackson calls the 'supporting infrastructures of [...] living beings' (2011, 39), but importantly this is an aesthetics that could both present those mutually beneficial structures and foster them. It would not pretend to a distinction between a process and an outcome because both might stimulate affective solidarity between people – perhaps participant to participant or performer to audience. There is a sense that this aesthetics would value intimacy, but it would not be at the expense of what Nato Thompson refers to as 'explicitly local, long-term, and community-based' engagement (2012, 31). While care might be exhibited fleetingly, it is more likely that care aesthetics would be realised in more enduring, crafted encounters between people. Seeking to overcome widespread social indifference implies commitment to deep and extended processes.

At the beginning of the article it was noted that the ethics of care is a reference to both a set of values and a practice. This is repeated in this proposal for an aesthetics of care, so that it suggests both a demonstration of mutual regard, but simultaneously it instigates a process that is seeking to create or secure it. Amin asserts that there is a process of cultivation in his project for overcoming the disregard experienced in a society of strangers. It is a 'craft that requires continual attentiveness and care, such that empathy – for objects, projects, nature, the commons – can spread as a public sentiment that also serves to regulate feelings among strangers' (2012, 7). Attentiveness (a term also found in Tronto (2013, 34)) is both at the heart of the creative process, and the outcome of it. An aesthetics of care is, therefore, a sensory ethical practice, that following Robinson, involves 'not only learning how to be attentive and patient, how to listen and respond, but also how to rethink our own attitudes about difference and exclusion' (1999, 164).

The difficulty in nurturing an ethics of care through an aesthetic process should of course be acknowledged. Kester in talking about participatory modes of art making explains it as a 'temporally extensive form of social interaction in which models of expression, enunciation, and reception are continuously modified and reciprocally responsive' (2011, 112). It is a form of crafted caring where learning to create, respond and be in close dialogue with others is vital for the quality of the experience: but it is a 'temporally extensive form' because it needs to be 'continuously modified' as it is practiced. In order to outline something of the shape of that form, the remainder of this article will divide care aesthetics into *preparation*, *execution* and *exhibition*, where each of these moments might be minutely connected but they are also likely to be dispersed over a long period. First, preparation would involve an openness and

honesty of intention, the selection of artists or participants and questions of the location of a project. **Decisions about accessibility** (whether in terms of the appropriateness of the space for disabled people, the location in terms of costs of travel or the timing for people with different commitments) are not mundane organisational matters, but crucial ethical propositions. In being taken in reference to the ethics of care, they will imbue the project with an affective sense of the importance of mutual respect and regard. Jackson's 'supporting infrastructures' are not the hidden mechanism of creative endeavour but a valued component of the aesthetics. *Preparation* is, therefore, paradoxically part of the *exhibition* within this mode of artistic project: it can demonstrate and model a form of mutual regard. There is a sensory quality in the relationships to which a project that *prepares* in this way aspires.

The notion of *execution* focuses on the process of **collaborative working on artistic projects which forge inter-human relationships**. The emerging connections between individuals coalescing in this process have an aesthetics – a shape, feel, sensation and affect. This does not exist within one particular person or object of the work, but appears in-between those involved, so that there is a sensory quality of the process and outcome that cannot be disaggregated from the collective effort. This connects to Richard Sennett's work on the history and practice of cooperation. His conviction that a practice of working together, and his central example of the Hull House settlement in Chicago, demonstrates that a shared commitment to building caring relations turns 'people outward in shared, symbolic acts' and these in turn have a potential place in countering a society that is figured 'brutally simple: us-against-them coupled with you-are-on-your-own' (Sennett 2012, 280). For theatre this form of cooperation might involve a challenge to the quality and texture of a rehearsal or devising experience so that the reciprocity of gradual creation is valued over and above the discipline of the single-minded voyage towards the first night. Those intimate negotiations are the aesthetics of the project, and not merely an unremarkable preparatory period. Borrowing from David Gauntlett's work on craft, there is a suggestion that within a creative process the power is realised 'in gentle and quiet ways, with no need for grand celebratory announcements' (2011, 66). This is not meant as a dismissal of the art of public theatre making as part of the search for a more care-full aesthetics, but it does suggest that **'actively seeking out opportunities to be creative together'** (67) might be a good starting point where *the show is not always the thing*. I would argue that there is a boldness and important aesthetic quality in work that 'seeks no external recognition' (66) because it implies that aesthetic value is found in co-created moments and not only in public display. The execution of a project figured around an aesthetic of care, therefore, relies on building mutual activities of sharing, support, co-working and relational solidarity within a framework of artistry or creative endeavour. Aesthetic value is located in-between people in moments of collaborative creation, conjoined effort and intimate exchange: these are new virtuositys of care that do not rely on the singular display of self-honed skill.

While the preeminent place of the show or display is questioned here, the idea of *exhibition* can still be part of an aesthetics of care. Public acts clearly present relational opportunities – and are an important moment of 'regard' both in connection to the notion of 'mutual regard' from Geras and what I would argue is somewhat callous disregard championed in certain art theoretical accounts where a desire for audience 'discomfort' (see Bishop 2012, 26) is prioritised. At a minimum, therefore, performances might need to move from a suspicion of the audience, to one where the range of

life experiences of the spectators is not assumed. This means that an exhibition, whether music, theatre or visual art, might display respect for the different possible capacities of the audience and also a recognition of the different expectations and purposes for attendance. The pre-supposed need for shock and disruption that is articulated, for example, in the work of Claire Bishop (2012) is replaced by an awareness that an audience of parents, family, or neighbourhood members each brings different concerns and desires into a space that need to be acknowledged. A display of singular creative expertise or virtuosity is countered with an evocation of an aesthetic experience in the encounter between those present. Caring for an audience means thinking hard about their experience and needs. This is not to say they should witness insipid unchallenging presentations, but an event should model a caring insight into the different conditions of engagement. The affective, sensory dynamic becomes located in the mutual interaction that is only possible because of the relations that are created by the event. An exhibition in the mode of an aesthetics of care would involve an invitation, a dialogue and an opportunity for reciprocity, with an aesthetics built in the sensations stimulated in the particular moment, specific to the differences of each audience or spectator, and not located in the assumed pre-ordained power of the art work itself. The aesthetics of care is realised in affective connection between those participating in the whole event of the performance or show – in the sensations of mutual regard and respect.

An aesthetics of care can be demonstrated in the astonishing sense of connection between different people involved in making art together – whether as audiences of pre-rehearsed shows or collaborators in participatory community projects. Applied or community-based performance is about exactly this proposition, but too often it has assumed to locate its value in the individualised self-esteem or personal capacities generated through the process, or displayed on stage. An aesthetics of care, whether in the event, the preparation or execution of a project, models and exhibits the fairer and more mutually sympathetic world that is sought. The care and attentiveness between participants in the enactment of their work, and between that show and those invited to witness it, is a display of care distributed between each component part of the event. This in turn forces those people planning or devising these types of initiatives not to distinguish between the private moments of a project and more public displays. The shape and feel of the relationships at the heart of the project are its aesthetics – whether presented in front of hundreds or in a small circle in a rehearsal room. In experiencing this type of care, the aim is to cultivate the understanding that regard for others is central to making the world a better place – where remaining the bystander is an affront to shared feelings of mutual concern.

### Postscript

In the fields of nursing studies, Paul Wainwright (2000) and Louise de Raeve (1998) have analysed the work of Barbara Carper on aesthetic knowledge in nursing training (1978) to question whether there can be a notion of the *art of nursing*. While the conclusions are varied, they understand that the skill exhibited in a moment of care can be understood as a thing of beauty or grace (de Raeve 1998, 405). Without explicitly calling it an aesthetics of care, I understand their discussion as an attempt to grapple with the care aesthetics exhibited in nursing practice. Although the argument in this article has sought to elaborate an aesthetics of care in relation to deliberate

projects of art making, the reference to nursing here points to the fact that an aesthetics of care might be encountered beyond the creative arts. This in turn leads me back to the experience with my colleague Antoine. There is a tension in the argument here, in that Antoine's care was done outside the official system of care that would normally be encountered in the UK. The time he was given, the ability to get his appointments, operations and post-operative support were all done informally for free by a private hospital after intervention with some colleagues of mine at the University. Extended care was permitted within an institution but outside the standard and more familiar constraints of institutional social practice. The questions of quality care and how it is delivered within the severely limited resources of a National Health Service and welfare state, is the nexus around which debates on social care currently concentrate (see for example Barnes 2006; Hamington and Miller 2006). The 'engrossment' in care promoted by Noddings is fanciful if a carer is working with a zero hours contract, is not paid for travel between clients and has a maximum visit time of fifteen minutes to engage with an elderly person. Or she or he is working in a high pressure, overstretched ward in a cosmopolitan UK city hospital. The *beauty* identified in Antoine's relationship with his physiotherapist would have been starkly absent from these regimes. The search for an aesthetics of care, therefore, must also be seen as a critique of the current politics of the care industry and its relevance needs to be tested in contemporary health and social care contexts. I would hope that ultimately the notion of an aesthetics of care could be orientated as much to institutional care practices as it might be to community-based theatre. The tension between a personal and political call to care and a statutory, highly-regulated care industry (a tension that is particularly well articulated in the work of Illich 2001 and Cayley 2005) needs to be part of an vision of a care aesthetic and is, I hope, part of future research in this area.

In conclusion, I have argued that care has an ethics but attention to its feel for all parties is crucial for the quality it delivers and the justice it proposes. The sensation of reciprocity and inter-reliance acutely demonstrated in the profoundly moving acts of caring that I experienced and witnessed in a short period of my family's life with Antoine, made me realise how our tender relations with others were central to the rationale of many political and art making projects in which I have been involved. The proposal is that remembering the shape and sensation of mutual care, is a direct invitation to imbue that feel, that aesthetics of care, in all places where we believe our work is seeking to negotiate positive change. And now the next challenge is to seek out those projects where that fullness is witnessed, and practices of joyous affective solidarity hint that a society of horrendous and cruel disregard can be countered.

**Keywords:** care; aesthetics; theatre

### **Notes on contributor**

James Thompson is Professor of Applied and Social Theatre at the University of Manchester. He has written widely on the field of applied theatre and currently co-directs the project 'In Place of War'.



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