

# Handle with Care



*Jill H. Casid*

*What was so special about this song? Well the thing was, I didn't used to listen properly to the words; I just waited for that bit that went: "Baby, baby, never let me go..."*

—Kazuo Ishiguro, *Never Let Me Go* ([2005] 2006:70)

Restating the ethically critical gap of empathy in terms of the problems of understanding the qualitative *how* of the way someone feels, in the language and techniques of the quantitative, Emily Dickinson begins her poem: "I measure every Grief I meet / With narrow probing eyes / I wonder if it weighs like Mine / or has an Easier size" ([1863] 1999:248–49). I begin this essay with some numbers, some quantitative measurements pertaining to the costs of the affective and material labors of care that are at the heart of our compounded condition of precarity and about which I wonder no less. Under a global capitalist system in which the terms of monetization have become the sign of value, how does one measure grief, affective and material labor, or what I call throughout this essay the "labors of care"? One answer has been to measure the labors of care in terms of "cost," rendering the physical and emotional toll on "unpaid caregivers" (usually family in the enlarged sense or friends) in the quantitative fiscal language of lost

*Figure 1. Barbed wire fence in the film adaptation of Kazuo Ishiguro's Never Let Me Go (2010, directed by Mark Romanek). (©2010 Twentieth Century Fox. All rights reserved)*

wages to caregivers and lost labor (and, by implication, profit) to companies. For example, the findings of an AARP/Metlife study report on the sharp escalation in the cost of health care provided by unpaid caregivers in the US grabbed headlines in 2008 (Ginzler 2010). *The Wall Street Journal* reported that 34 million caregivers provided unpaid health care valued at approximately \$375 billion to family and friends in 2007, an increase, the AARP and MetLife calculated, from \$350 billion only the year before (Greene 2008). These statistics have given way in the headlines to debt numbers and the cost to the state of various forms of what might be called “care” for its citizens. While what I have sketched with these numbers may be an American story measured in dollars, it also recalls the drastic cost-cutting measures in the UK and elsewhere in a global situation condensed in a striking phrase by Lauren Berlant at the “Public Feelings Salon” held at Barnard College on 12 April 2011: “all over the world the public has become too expensive for its own State” (2011a). Precarity is not just a matter of the conditions under which we labor or the immaterial outcomes of that labor. We are now, it would seem, too expensive even for our lives.

Meanwhile, now that these efforts to monetize the value of care have given way in the headlines to the language of cuts, the numbers that index the escalation and intensification of physical precarity continue to mount in the margins as the edges of life and death press up against the austerity state and economic precarity. Besides the question of how these numbers are derived, there remains the problem of what they mean. Using the language of increased burden (the Metlife Study of 2006 estimated that full-time employees with caregiving responsibilities cost employers \$33.6 billion per year [Everbicare 2006]), risk (caregivers are at greater risk of becoming patients themselves), and epidemic (the report “Caregiving in the U.S. in 2009” issued by the National Alliance for Caregiving [2009] puts the number of unpaid caregivers at 43.5 million), the numbers signal “crisis.” But, as Berlant cautions in her essay “Slow Death (Sovereignty, Obesity, Lateral Agency)”: “strong data, florid prose, and sensational spectacles” fail to capture the scene of “slow death,” the banal condition of being worn out and worn away by the activity of reproducing life (2007:758). Instead, the construction and management of “crisis,” Berlant maintains, “produces dramas that obscure the motives and temporalities of these aspects of living,” the just “getting by, and living on,” and dying slowly (759). But, then, if the framing language of crisis does not give meaning to such numbers, what *does* make them matter, and why should we *care*?

We live in a moment of profound and compounded precarity, in which social infrastructural support for so many kinds of care—from the established but threatened Welfare system and health care (criticized as “Obamacare”), to what one might call agecare, educationcare, and general *lifecare* (which has never been assured for most of the globe)—are threatened by increasing global wealth imbalances. At such a moment in which public support for care cannot, in any way, be assumed to have social value, I call for close attention to the particulars of affective labor that are the (im)material support of care. Such close attention affords a means to “test,” if you will, the possibilities for a good death at the edges of, if not completely beyond, the “natural,” the “moral,” and even, indeed, the “human.” My thoughts surrounding these questions depend on a willful misrecognition of the term precarity, tracing in it a deliberately false etymology to find what is outside the scene of precarity as we know it: care. Even pre-care. In a sequence of six “scenes” that promise not just to bring us close to the ob-scene of care for death

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but also to suggest props that might enable us to better enact care for death, I move across media from numbers and statistics to a personal narrative about caregiving for a grandmother who made the decision to die while she was still healthy and had no more of a death prognosis than the precarious condition of mortality we share; from the media conglomeration of a torch song on cassette tape, a novel, and a film, all entitled *Never Let Me Go*, to Mona Hatoum's *Interior Landscape* installation piece. In staging what I shall call "intimate distance," these readings come close to these scenes while nonetheless maintaining an ethically critical spacing for difference and agency in order to reframe the question of *deathcare*.

## Pre-carity

Enter art. And artworkers. Teaching us or performatively demonstrating how to care would seem to be the special role of a particular class of workers who, in the post-Fordist global economies of what is variously characterized as immaterial, cognitive, or experience capitalism, function as both the exemplars of the immaterial character of everyday labor and its ostensible vanguard (Aranda et al. 2011). There is a narrow edge, however, between displaying the affective drama of the enactment of care in theatre, performance art, movies, television, digital media, or visual art and outsourcing the labors of care such that the vicarities of art and media entertainment become substitutions for care, where artworkers end up doing the affective labor on our behalf, performing public feelings so that the public doesn't have to go to the trouble.

Framing the problem of care under conditions of precarity as a matter of the "how to" of public feelings is not to demand practices of empathy that would overcome, once and for all, the divisions of the bicameral stage and its uncanny doublings and echoes in the ubiquitous screens, both large and small, of everyday life. To reconsider care in terms of the demanding exercise of public feelings is not to call on us to dissolve the barrier or close the distance between spectator and outsourced actor in the scene of care. The problem of care under conditions of precarity is a tough matter of the "how to" of public feelings not so easily resolved by the simple obverse of outsourced affective labor: the dissolve of empathy. The outsourcing of such affective and material labor to proxies—be they actors and performers in art and mass media entertainment or unwaged family members (mostly women) and barely paid careworkers—is not the only problem in a situation in which economic precarity meets the precarious and vulnerable body propped on the "care" of others. The problem of care in our current conditions of precarity is not just a matter of who does the caring (outsourced actor or spectator or waged or unwaged caretaker) and whether and how such care is compensated and supported. It is also crucially a matter of how care is enacted and on whose terms.

Even the discourses and practices of "public feelings" and "affective labor" may risk bracketing, obscuring, euphemizing, patronizing, or otherwise sentimentalizing the desires, fears, and agential wishes of those about and for whom we may labor to care. Closing the gap of empathy by leaping across the boundary of the bicameral theatre risks colonizing that no less precarious ethical spacing. Such an ethical spacing makes room in which to practice the tough labor of learning to attend to and find ways to support not the empathy of "I know how you feel" but, rather, the "as if," the necessary subjunctive that subtends an ethics of care across the gap of empathy. This is an ethic capable of sustaining the conditions for the precious freedom of radical differences in feeling or, as in the pitched battles over end-of-life and end-to-life decisions, the ways in which those for whom we may believe we care may not want what we want, or may not want what we want for them or for ourselves.

Care in the situation of precarity requires an approach that holds open the gap of empathy for a radically different performance practice of the "as if." Concerned with engaging public feelings on terms other than those that would call for reason or reasonable public consensus, Ann Pellegrini turns to the ritual practices of what we do in relation to others, practices that she articulates in terms of the subjunctive potential of acting "as if" or "the ways in which we act that generate a subjunctive universe" (2009:1349). While Pellegrini stresses the ways in which

the practice of the “as if” brings the “could be” into being, I wish to emphasize that performing “as if” might also be practiced as a between-space where the “I could be you” and “you could be me” come into estranging contact with their negations (the not-you, the not-me) in a way that might also enable us to recognize the labors and strains in between. An ethics of pre-care, I suggest, depends on developing our capacities for performing in the intimate distance of the subjunctive mood.

In developing an approach to the pre-care of precarity that maintains and supports a critical, intimate distance to hold open the gap of empathy, I find myself thinking again with Judith Butler, via Emmanuel Levinas. In *Precarious Life* Butler considers problems of empathy and imagery, asking: Whose lives have value? Whose death is grievable? Butler is eager to explore practices within and against the ubiquitous public circulation of images that might enable expanded modes of public seeing and hearing—modes that can reach beyond normative limits placed on a “livable life” and a “grievable death” (2004:xv). Toward this ethical goal, I find myself haunted by Butler’s parsing of “triumphalist images” on the one hand and “critical” or Levinasian images on the other, as well as by her argument for the ethical importance of maintaining and supporting a necessary interval of distance. This distance is immanent in Butler’s work but not explored. According to Butler, the “triumphalist image” does the active and agential work of enabling us to leap heroically over the hurdles between the “me” and the “not-me” (2004:145–47). But by thus collapsing the space in which to acknowledge and negotiate precious and delicate differences, the very ground that makes an ethical relation of identification possible is pulled out from under us. In contrast, if the critical or Levinasian image succeeds in enabling identification at all, it does so by failing doubly. That is, the critical image both fails to catch its referent and makes a show of this failing. In its failure, the critical image, much like the Brechtian alienated actor, promises to maintain the ground for an ethical mode of identification that does not colonize the “represented.” To do this ethical work, the critical image preserves an interval between the spectator and the image, between the reach of empathic imagination or projective identification and the “reality” that remains beyond capture by representation.

What I find especially important and poignantly provocative here is the spur to think the interval or intimate distance that certain kinds of images may open up for the exercise of ethics, a between-space I wish to elaborate as the “as if” work of performative practice in everyday life and as a critical device that may help us radically reimagine the praxis of care at the edge of death. To be sure, this approach is at odds with how performance is currently invoked in the medical practice of care. A 2010 study in the journal *Academic Medicine* offered the application of performance theory to clinical practice. The study elaborated how performance studies methodologies might enable physicians to develop cognitive skills in “empathetic imagination” that would close the distance between physician understanding and patient experience (Case and Brauner 2010). Reducing the performative, affective, and material labors of care to the scene of feeling patient and (un)caring doctor, such an approach puts at center stage the reassuring prospect of the doctor with a better bedside manner. But this traditional image of doctor re-dressed as empathetic performer also works to keep off-scene the larger and less easily salved problematics of care under the austerity state and within the ostensibly new immaterial economics of sensations and affects.

In using performance not to close the empathetic gap but to enable intimate distance, I propose a new mode of ethical engagement in which a critical space for recognizing precious differences may help us move beyond the limits of what is considered “livable life” and “grievable death” in order to imagine and even enact other scenes of care: affective and material care for something like the good death, the death for which grief is not the only mode of recognition. Such scenes—as yet still so far outside the norm of contemporary health care—would require us to stay and rehearse in the tough intermediary space that is neither that of the patient-as-ground on which the feeling doctor acts nor the safe bicameral theatre in which we pay actors onstage to feel in our place. This call for an “as if” labor of performance practice moves beyond

empathetic imagination and the salve of “feeling as” and toward an approach to care that can imagine other scenes of life and death. Even more fundamentally, this “as if” alters the very terms through which precarity is currently articulated in works, such as Butler’s, that take the life/death divide as always already a matter of grief and loss. The question of a grievable life, which Butler pursues further in *Frames of War* (2009), is a crucial one. But focusing on the work of mourning may unwittingly foreclose consideration of the ways in which a commitment to minimizing precarity may depend not just on our capacity to envision secure infrastructures for the support of life, but also on our efforts to rehearse and feel our way toward enacting death as something other and more than the negative end of life.

Butler writes movingly, “It does not suffice it to say that since life is precarious, it must be preserved. At stake are the conditions that render life sustainable [...]” (2009:33). There are indeed dangers to this life imperative. Although reckoning with the precarity of the social body is a crucial check against triumphant individualism and fantasies of the independent and impervious body, the imperative “must” of the preservation of life resonates dangerously with those other off-scene conditions of exacerbated economic and physical precarity. In the absence of any support for a form of agency in the situation of mortality beyond what is limitedly constructed as “physician-assisted death,” pre-care for death constitutes a debilitating denial of the possibility of imagining care for death, often in the extreme. Under such conditions, the slow death experienced by those who perform the unpaid, unvalued, and grinding labors of care in advance of death is and will remain the constant companion to the forced “living death” of those kept barely alive as assurance of a social contract in which economic crisis will not, cannot be the motivation for choosing to die.

## Bed of Trouble

I first came to question the performative labors of care and to wonder about the affective, aesthetic, and material support for a good death somewhat by surprise in October 2008 while writing a response to literary scholar Franco Moretti’s book *Graphs, Maps, Trees: Abstract Models for a Literary History* (2007). Not at my desk, I was working in what is called a “hospice care center” at the bedside of my centenarian grandmother who, not quite a year after she came to live near me, made the decision to die. She had outlived her sisters, husband, and daughter as well as the statistics governing life expectancy. It was easy to fantasize that she would live forever, that she would never let me go, that, if I cared, I might never have to let her go. Indeed, I remain attached to this scene at the hospice care center in ways conveyed less by “grandmother” or “granddaughter” than by the etymology of the word “care.” I had always thought care derived from the Latin *cura* and *curare*, that care was a matter of cure and curation. But, as became painfully clear in the hospice care center, care derives, according to the OED, from the common Germanic and Old English *caru* for trouble and grief as well as the Old Norse *kör* for “bed of trouble.” Beyond the basic fact of mortality, my grandmother was not in any other sense “terminal.” And this made for a bed of trouble indeed. Hospice care and hospice care facilities that coordinate and administer palliative care are designed to ease the transition to death, but only in cases in which that end has been measured by disease prognosis and determined to be inevitably near.

I have learned from feminist bioethics that the construction of the “right-to-die exception” sustains an impossible and even lethal fantasy of an isolated sovereign individual. At the same time, as Margaret Wardlaw (2010) passionately and persuasively argues, this focus on the individual’s right to die has set the terms for bioethical discourse by stealing the spotlight from the scene of the provision of care. But consideration of the scene of care appears incompatible with the ethical debate on the “right to die” precisely because the artificial ethical limit frame on probing the “right to die” remains the “terminal.” Only two states in the US (Oregon and Washington) have legalized physician aid-in-dying (PAD), a reconceptualization with the *Oregon Death with Dignity Act* of physician-assisted suicide (PAS) that allows a physician to

prescribe a lethal dose of medication to a patient with a terminal illness (*Oregon Death with Dignity Act 1997*). By turning from “suicide” to “death with dignity,” ethical and legal discourse endeavors to clear the way for “rational choice” by removing the stigma of mental illness and the notion that only those with compromised judgment elect death. Among the paradoxes here, it is the very insistence on death as terminus, as only the negative limit or end of life, that prolongs suffering and turns the good life into a version of slow death. Under the guise of the affirmation of life, the terminal terms of the right to die leave no room for a scene of care in which death is desired as something more than a negative fantasy of the end to fear or suffering.

If there is any heroic sovereignty in the drama of an end-of-life decision or, rather, end-to-life decision (and perhaps particularly for a Holocaust survivor like my grandmother), it dissolved in the literality of the ice chips, chocolate milk (my grandmother was lactose intolerant), and water through a straw administered to “palliate” (but also sustain the barest of life) against my grandmother’s express wishes in the bed of trouble that was the hospice care center. The spare fact that it took thirty-seven days from the date of my grandmother’s decision to end all supportive treatment (or what would be called “palliative care” in cases of terminal illness) and to refuse food to the date of her actual death transformed the scene of what was supposed to be care into a different kind of agonizingly slow death. If Berlant sees slow death in opposition to the good life or flourishing—even as she is insistent on revaluing the less agential means such as the space of food (and eating to excess) by which those worn down by life nonetheless find some ballast but also pleasurable dissipation—I wonder what kinds of care it will take to turn the bed of trouble into the support for a good death. The unnecessarily slow, embattled, and painfully protracted death I witnessed (though undergone in what one might say were the best conditions that private-pay hospice facilities can provide) strained and ultimately went beyond what the current legal and ethical framing of “hospice care,” state medical benefits, private insurance, and the related industries of “care” (not only the health care industries but also the entertainment industries and machineries of distraction and monetized empathy) would support. But this bed of trouble was also *made* by these intertwined constraints. In a rather devastating twist on the old adage about responsibility, one might say that the biomedical and legal complex now says to us: “We’ve made your bed, now lie in it.”

In thinking what sort of performance of the labors of care could turn this bed of trouble into the material and affective support for a good death, I cannot help but return to my grandmother’s way of enlisting my care and support in carrying out her decision over the long haul of so many days: “You, with all your education, you don’t know how to value life.” I take my grandmother’s negative challenge to me as a variation on Freud’s exhortation in “Our Attitude Towards Death” (1915) that “Life becomes impoverished and loses its interest when life itself, the highest stake in the game of living, must not be risked” (2001:290). But if, as the lessons of psychoanalysis I relearned from my grandmother in the hospice center would have it, a good life depends on preparing for and risking death, what is a good death? And I do not mean here a death that can be mourned, but the process of dying itself. Thinking the process of dying means broadening our understanding of the biopolitics of life and death to encompass the vast, unpaid, and often unseen economy of private caregiving that is supposed to take the burden and responsibility off the state and make the difference between a bad end and a good death, or at least one with care in all its senses. But this thinking about and with the process of dying also entails the unthinkable: considering the kinds of care that might promise to make a death “good” by carrying it out—even to the point of hastening it.

Reading *Graphs, Maps, Trees*, I was struck by Moretti’s call for a more “rational literary history,” one that would replace the randomness of “close reading” with “distant reading” based on the systematic, quantitative processing of large data sets (2007:4). Both of my grandparents were statisticians committed to finding a more rational approach to the contingencies of life in the wake of the Holocaust. My grandfather prefaced the 1953 introduction to a book on statistical inference (written with statistics pioneer Helen Walker, the first woman president of the

American Statistical Association) with a claim for the redemptive capacity of statistics to help us emerge from the traumatic sink and “welter of single events”:

Statistical method is one of the devices by which men try to understand the generality of life. Out of the welter of single events, human beings seek endlessly for general trends; out of the vast and confusing variety of individual characters, they continually search for underlying group characters, for some picture of the group to which the individual belongs. (1953:1)

My coming out as a lesbian had gotten no reaction whatsoever from my grandparents. Apparently it was perfectly logical within a system of variations, particularly after the publication in 1948 of Alfred Kinsey’s *Sexual Behavior in the Human Male*, which became the source of the dubious but highly cathected statistic—the 10 percent around which homosexual movements have been organized. It took becoming an art historian and visual studies scholar—in other words, a lover of qualitative approaches—to rebel. And though art historians going back to Aby Warburg’s “Mnemosyne” project (Michaud 2004) have constructed their analytic worlds out of large data sets, I myself cannot let go of close reading. I find myself impelled by the question of what forms of care would support a good death *not* to rise above “the welter of single events.” And it is not just because, as one caregiver among many, I am both a statistic myself *and* have had experiences that are closely enmeshed with and remain particular to the protracted “event” of the bed of trouble that was my grandmother’s decision to die. Thinking the process of dying and the dynamics of care demands an attention to not just the distance and generalities of statistics but also the affective proximities, the palpably complicating and estranging particulars, of the individual case study that emerge through close reading. Such a reading, as I will demonstrate, does not enact the collapse of empathy (or the dissolve of the particular into the general) but cultivates an ethics and practice of intimate distance by reckoning with the bristle between the general and even the clonal, and the irreducibly particular and even singular.

## The “As If” Labor of Caring into Death

The beseeching torch song–grip of “Never Let Me Go” doesn’t let its listener go easily. The song repeats across Kazuo Ishiguro’s 2005 science fiction novel and the 2010 film adaptation directed by Mark Romanek, marking both versions of *Never Let Me Go* and the dystopic future for genetic clones that the novel and film project. This is a future in which technologies of genetic cloning meet the everyday realities of human organ harvesting and transplantation. That is, it is a world not unlike our present. It is a verdant place-time that promises to simplify the dense knots and “nots” of the ethico-political complexities of biopower—the powers to make live and make die. It is a place-time like ours in which the dire and the banal instances in which the rights to life and death, individual and state powers, technologies of reproduction, the global economy, and transnational exploitation cross with conditions of precarity, the problematics of sovereignty and choice, radical inequalities between different classes of human, the non-human, and the somehow not fully human; and the donation, theft, and capitalization of bodies down to the genes (see Casid 2011a). This is a countryside Arcadia, the future past in the subjunctive mood (the might have been as the “as yet” and “could be”) of a green England set in the late-20th century in which genetic human clones without the capacity to sexually reproduce themselves are raised from childhood in a specially dedicated and seemingly idyllic rural boarding school. There they are raised to become “carers” who assist at the hospital bedsides of “donors” and eventually become “donors” themselves, giving “care” in the form of their internal organs and eventually their lives so that another class of living beings—those who are not clones—can live on. Indeed, this is life on repeat. Donors do not die; they “complete” while sustaining life via a version of nonsexual reproduction in which their genes and their organs—ever vital—go on.



Figure 2. Cassette tape of Judy Bridgewater's *Songs after Dark* in the film adaptation of *Never Let Me Go* (2010, directed by Mark Romanek). (©2010 Twentieth Century Fox. All rights reserved)

At the same time, so does “Never Let Me Go.” The present imperative ties this not-so-far-off science-fiction future to the recent past in which both novel and film are set. The haunting refrain gives the novel, the film adaptation, and their central theme song both an imploring title and a central binding but lost object. From the novel to the film to the film’s promotional materials (including a simulacrum of the “lost” stereo cassette *Songs after Dark* sung

by the sultry Judy Bridgewater, a phantom lounge-singer of 1950s vintage who is a composite of the names, smoke, and feelings of Judy Garland, Dee Dee Bridgewater, and Julie London), “Never Let Me Go” calls out again and again and on repeat from a worn piece of dead technology. The old, cast-off cassette tape (already a rerecorded version of an even older record album) is itself an attempted replacement. A dusty tape found in a junk shop in Norfolk (the “lost corner” of England that the clone children imagine literally as a “lost and found,” the place where all precious things can be recovered) stands in for the lost cassette found at a school rubbish sale and cherished by the narrator Kathy H. in the recollected childhood of her days at Hailsham, the experimental boarding school/breeding ground for clones. How can one not respond to the call of the siren song “Never Let Me Go”? And how can one resist the appeal of such simple and obvious forms of repetitive address, the clichés, stereotypes, double entendres, and puns (their own forms of repetition with a difference) that call out for recognition and response?

Whether the childhood experiences feel somehow intimately *yours* via *A Little Princess*, *Harry Potter*, or *St. Trinians*—to name only a few reworkings of the rural idyll of the English boarding school—Hailsham is uncannily familiar (a school almost like the others) and it hails us. It certainly got me. I saw the film guiltily on a transatlantic flight during which I was supposed to be working and instead cried my way across the Atlantic Ocean in an itinerary of tear-jerking not unlike that of the cassette itself: “It’s slow and late night and American, and there’s a bit that keeps coming round when Judy sings: ‘Never let me go... Oh, baby, baby... Never let me go...’” (Ishiguro 2006:69). While this hailing is also ideological and disciplinary (there’s no getting round the obviousness of the schoolroom), “Never Let Me Go” gets you, if/as it does, with the hook of feeling. While the song itself is slow, the words stretched, its dragged tempo is also torched by the truths of loss and the impasse of never letting go (the hold on life for some being propped literally on the slow death of others). Yet, this slowed time, its repetitions and repeatability, grant extended duration, and make a kind of space in time for the illusion of an eternal presence, a felt embrace that is held and holds. “Never Let Me Go” is not just about the most intimate and passionate of attachments, the stuff of torch songs (lost, unrequited, or impossible love); it calls out to us for our rapt attachment.

And yet, at the same time, its register hovers not just between lost and found. “Never Let Me Go” from *Songs after Dark* is also caught between the pathos of the thrown away and what might, in the harsh light of the morning after, reappear as rightly so, that is, as the willfully, justifiably, or necessarily discarded, or the refused (“not the sort of thing any of us at Hailsham liked” [69]). The extent to which the old school spooling tape of the cassette is able to reel us in emotionally depends on the conversion of trash to the refuse *not* refused, to rubbish now irradiated and transformed by feeling. We might say that these are the familiar rules of camp, and yet if *Never Let Me Go*’s transformative repetitions echo the techniques of camp, it is a version of



camp sincerity that comes closer to the affective strings of melodrama and the weepy. There is strangely, uncannily, nothing arch or ironic in its simple, simplified world in which refuse is literalized: the novel insinuates that the clones take their DNA from social discards (“We all know it. We’re modeled from *trash*. Junkies, prostitutes, winos, tramps” [164]).

Importantly, it is the shot of a barbed wire fence, not the cassette tape reel, that ends the film. A powerfully simple but densely condescended image for charged material, the electrified wire that literally sends currents through the “stuff” caught up in its metal barbs is an affective register of the lifeline that rescues or re-cues “rubbish,” its barbs catching up bits of refuse—plastic sheeting and shopping bags that flap in the wind. It is, at the same time, a kind of fishing reel of rescue that cuts across the verdant landscape vista of hope’s horizon, pulling the promise of the distance point where wishes meet the ground of reality into the tangible midline. And as a thought-image and fort-da device for the reeling of fantasy, the fence works as a boundary that, nonetheless, promises to forestall the death sentence by pulling in and washing up the loved and lost along the overdetermined but no less acutely felt line of care. The narrator Kathy H., a genetic clone become carer, glimpses the barbed wire of property and control through “half-closed” eyes, a creative misrecognition in which the barbed wire perimeter of Giorgio Agamben’s diagram of “bare life” (1998)—the electrified and knotted wire of the concentration camp, the detention camp, and the state of exception that is the rule—becomes the support and vehicle for her fantasy of rescue. The barbed wire of private property, the conquest of and by the West, and colonial control transforms into the reel of fantasy, dredging with fishhook-like barbs loved and lost objects from the depths of loss to the shoreline of desire:

I was thinking about the rubbish, the flapping plastic in the branches, the shore-line of odd stuff caught along the fencing, and I half-closed my eyes and imagined this was the spot where everything I’d ever lost since my childhood had washed up, and I was now standing in front of it, and if I waited long enough, a tiny figure would appear on the horizon across the field and get larger until I’d see it was Tommy, and he’d wave, maybe even call. (Ishiguro 2006:282)

The lure of the fence is a call-and-response fantasy of love, one that promises return in every sense. Though painfully beautiful in its way, this fantasy image does not resist but rather pulls in and makes itself up out of the refused stuff of the trite. For this barbed wire fence is the armature of what is in large part a straight-up love story in which Kathy H., the carer, loses her great love Tommy, the donor. But it is also an uncannily and queerly haunting story in which, among other plot twists and devastating impasses, Tommy the donor refuses to allow Kathy H., the carer he loves, to carry him over into death because she cannot really feel what it is like to be a donor (though the film glosses over this cut, allowing a last exchanged glance between Kathy H. and Tommy through the glass of the operating room). Even more, in both the novel and the film adaptation, the would-be couple’s attempt to realize the rumored possibility of a deferral granted to former Hailsham students who can demonstrate that they are truly in love is punctured as well. The affective heart of the love story is a cloned one and it is on borrowed time. The lines between clone and human-recipient and between carer and donor are, of course, blurred and crossed: humans who are not clones become hybrids in order to live (and eventually die) and carers themselves eventually become donors. But it is not love that enables this crossing. The love that is supposed to make all the difference supports the cutting pain of the difference it intensifies: clones may be like humans in their demonstrated capacity for emotion but this resemblance does not defer their ends, and carers cannot cross the line of refused empathy dividing carer from donor.

But why should I/we care? It is precisely along our lines of attachment to the promise that love makes a difference (even if it does not change the outcome of death and loss) that *Never Let Me Go* most piercingly poses the question of how care, nonetheless, matters. It may well be a matter of not just holding on but also letting go. The poignancy of *Never Let Me Go* derives from its impossibility (we will let go and be let go), even as the school of melancholy from

Freud to the repetition and revision of melancholy in Lauren Berlant's notion of "cruel optimism" (2011b) instructs us that "people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them" (Berlant 2006:22). Politicizing Freud, as Berlant puts it, makes the double bind of object attachment not just retrospective (as in melancholy's attachment to a past it will not give up) but also prospective, and devastatingly so. That is, the politics, practices, and fantasies of future-oriented hope and their attention to the horizon of a future that is supposed to give back and return the good life may not be sustaining at all. The objects to which we may prefer to stay attached even when they become obstacles to our flourishing may be the very objects that wear us out, that become the vehicles for our slow death by attrition.

As if to demonstrate the dynamics of Berlant's cruel optimism in which attachment to the promise of our objects of desire is what erodes us, Kathy H. insists to Tommy in the crucial crossed exchange between carer and donor in *Never Let Me Go*: "...it's important there are good carers. And I'm a good carer." He challenges her: "But is it really that important? Okay, it's really nice to have a good carer. But in the end, is it really so important? The donors will donate, just the same, and then they'll complete." However, she maintains, "Of course it's important. A good carer makes a big difference to what a donor's life is actually like." And he responds, "But all this rushing about you do. All this getting exhausted and being by yourself. I've been watching you. It's wearing you out" (Ishiguro 2006:276–77). There, it would seem, is the rub of the cruel optimism of care: acting on the adhesive promise of care is also a practice of abandonment, leaving the carer alone and worn-out on the slow road to death just the same.

Despite this resemblance between Berlant's formulation of "cruel optimism" and *Never Let Me Go*'s puncture of the inflated and fantasy-fiction promise of care, I have not pursued this close reading of *Never Let Me Go* to position "art" as an illustration of theoretical formulations worked out elsewhere. Nor should this close attention to *Never Let Me Go* be mistaken as an appeal to humanist notions that art is somehow redemptive because it humanizes the abstractions of statistics by giving a face and a soul to the numbers. Calling out the inhumanness of the human and the untenable species-exceptionalism of the "humanist value of art" in "Ishiguro's Inhuman Aesthetics," Shameem Black takes *Never Let Me Go* as an "ethical experiment in the aesthetics of simulacra" that "generates a new aesthetics of empathy for a posthumanist age" (2009:799, 803). By enabling our identification with Kathy H., Black argues, the novel teaches us to feel from the place of the inhuman and the not fully human in others and in ourselves. While I find it powerfully provocative to position *Never Let Me Go* as an ethical experiment in which we are enlisted to participate, I am not at all convinced that identification and empathy are the vehicles of the novel's experiment in ethics and I deeply mistrust the ongoing assumption that care must or even should be exercised in empathy's terms. Carers may be clones and yet, as Kathy H. says of herself from the beginning, "My name is Kathy H. I'm thirty-one years old, and I've been a carer now for over eleven years [...] Carers aren't machines. You try and do your best for every donor, but in the end, it wears you down" (Ishiguro 2006:3–4). The uncanny and piercing punctum here might be that the case of Kathy H. the carer is a clone in another sense. The cruel and banal "truth" of Kathy's H.'s case history is its very familiarity, its close resemblance—especially in terms of gender—to the general statistical norms of caregiving in the 21st-century US. According to the AARP study of 2008 as reported in *The Wall Street Journal*, the typical US caregiver is a 46-year-old woman who works outside the home and spends more than 20 hours a week providing unpaid care to her mother. I could just as easily be Kathy H. This case history could almost be mine. And it could almost be yours.

But the *almost* marks the space of important differences: Kathy H. is younger; I am not Anglo but was born in the US to a diasporic Jewish family and my caregiving skipped a generation (queer granddaughter in her early 40s caring for her centenarian grandmother). The profile of the average caregiver shows marked variations in age when correlated to ethnicity (women of color, for example, are more likely to become caregivers at a younger age). And, as Janet

Jakobsen strikingly reminds us, the state is more than happy to transform queer bonds into normatively familiar ones because, in relegating healthcare to the “family,” it demands our caregiving labor (Jakobsen 2007). This critical space of acknowledged differences emerges palpably via a return to the cassette tape recording of “Never Let Me Go” to which Kathy H. deliberately refuses to listen properly, choosing instead to extract and replay the line, “Baby, baby, never let me go....” The novel presents us with feeling produced not by empathy (feeling, for example, what and as the singer is supposed to feel) but generated rather through creative misrecognition (a version, writes Berlant, of the optimism that recalibrates the objects we encounter into promises of fulfillment, that they might return what we desire). Such creative misrecognitions give rise to important gaps in empathy that traverse the central song that titles the novel and the film. There is, for instance, the distance between Judy Bridgewater’s sultry voice repeating the song’s come-hither address to a lover and Kathy H.’s fantasy, while slow-dancing with a pillow, that the song is about holding the baby that she was told she would never have.

But there is also the great gap between these very different calls of love to absent others and the scene of Kathy H. as it is witnessed from the outside. Madame Marie-Claire, the domestic companion to Miss Emily, the school’s headmistress, tells Kathy H. years later that her slow dance appeared to her as a heartbreaking spectacle of “a little girl, her eyes tightly closed, holding to her breast the kind old world, one that she knew in her heart could not remain, and she was holding it and pleading, never to let her go” (Ishiguro 2006:267). The scene got to me, too, but I will go ahead and admit to a rash of recoil at the devastatingly gendered and heteronormative reduction of care to maternal love and the desire for a baby of one’s own. (Perhaps I am not the only one: both scenes in the novel—the slow-dancing fantasy and the later recollection of that scene by the headmistress’s companion—as well as all references to attachments to “baby, baby,” were excised for the film.)

To take such misfires as mere illustrations of empathy’s failures—however powerful—is to miss the point of the both/and operating along the barbed wire of connectivity that constitutes *Never Let Me Go*’s fence of and for fantasy and feeling. In “Two Girls, Fat and Thin,” Berlant writes alongside what she’s learned from Eve Sedgwick about de-shaming our fantasmatic attachments so that we might take such feelings as objects of knowledge by emphasizing not the private interior lining of the subject but rather its outsides, or what she calls the “impersonal.” Rather than cause for despair, however, Berlant finds in the “impersonal” a way to see how the world is “organized around the impersonality of the structures that conventionalize desire, intimacy, and even one’s own personhood” (2002:74). As what Berlant calls an “optimistic” concept in the positive sense, the impersonal pulls the sensations that feel personal from the plotted lines of what might otherwise appear inevitable. Out of the felt blows of the impersonal—the social and historical that feels personal—Berlant fashions a tool “for interfering with the march of individualities toward liberal freedoms” (104), for showing that things have been and, thus, could be otherwise. But my point here is that personal and impersonal derive their meaning when made to bristle in proximity just as the individual case history and the generalities of numbers, the particular deviations and the general principles, only start to do their critical work when brought into transforming contact without radical reduction or euphemizing abstraction.

## Spaces of Care and the Spacing of Performance

Holding in tension the close and the distant, the qualitative and the quantitative, the personal and the impersonal brings me back to the difficult, counterintuitive but ethically crucial thought-image of the barbed wire fence. This thought-image proposes an “as if” of intimate distance that does not deny or wish away the histories or present realities of various kinds of colonization, from physical to psychic, but rather holds open the gap of empathy. Its sharp reminder of the unseen and the denied prompts an ethical reckoning with those invisible lines of power that currently frame the scenes of bare life and of slow and living death. *Never Let Me Go* paradoxically enacts its space of care via the thought-image of the misrecognized, highly

charged, and sharply barbed fence that brings substitutes for lost and desired things almost close enough to touch. And yet the fence also separates both Kathy H. and the viewer from the ever-receding horizon of their retrieval. This thought-image of “intimate distance” enables us to imagine and practice a domain of “feeling with” that holds in tension similarities and differences, individual case studies and statistical trends, the me and the not-me, the knowable and the ultimately unknowable and inaccessible.

This space of care holds us just at the edge of falling into the colonizing fictions of being able to feel as someone else does (as in the framework of laws that allow for physician-assisted death, which stipulate such aid as an end to suffering). It holds us, too, just at the threshold of the traumatic pedagogies of being made or shamed or chastened into feeling as we are told we should—that we should, for example, desire to end suffering but not desire to die.

As a critical thought-image, then, the barbed wire fence also intrudes to give us the not-me (but also the not-you) with the weight and bite of the intimately personal (the stuff of attachments such as the fantasy of return and the sovereignty of personal preference and choice). And yet the barbed wire fence is not just a vehicle of personal fantasy; it is also a historical and political technology. It is the figure, in Reviel Netz’s *Barbed Wire: An Ecology of Modernity*, for modernity’s production of power through the territorialization of space from the construction of Buchenwald to the slaughter of bison in the conquest of the American West, the creation of death camps, detention camps, prisons, work gulags, Indian removal policies, reservations, and cattle pens (2004). In conducting personal fantasy along these historical and political lines, the barbed fencing alerts us to these greater shaping forces, and makes their painful bite and heavy burden just as sensed in our flesh as that which we would call “personal.” If Netz is correct that the state and global capital no longer need barbed wire because it has done its work and space is already colonized, then the barbed wire fence as fantasy and thought-vehicle makes palpable the frames of power we might otherwise mistake as the fixed, immutable, and even natural realm of personal choices presented as protected individual freedoms.

Thinking with Mona Hatoum’s recent installation on exile called *Interior Landscape* (2008) returns us to what is invisible in the scene of care at the end of life, that is, the bed of trouble and what might be analogized as its barbed wire. Hatoum’s “interior landscape” consists of a bare room furnished with little more than a mattress-less bed fitted with barbed wire where one would otherwise lay one’s body (see Casid 2011b). With this piece, one might say that the bed of trouble that is caregiving in the 21st century is lined with crossed rows of barbed wire, chaining the concept of the human subject and body as private property to the capitalization of bio-matter and genetic information; linking the state’s dependence on unpaid caregiving labor to the gendered, classed, and raced forms of unpaid and underpaid labor in the enforced maintenance of life that consigns those who perform it to slow death; mating the presumptions that care is a family matter to the characterization of care as maternal; and entangling the exercise of the right to die extended only to those who are already “terminal” with the fiction of an affirmation of life that depends on a scene of slow, hard death.

In this moment of psychic, economic, physical, and ethical precarity, how do we reconceive care’s bed of trouble, making it the frame and support for the enactment of the good death? This is what a form of close reading that preserves intimate distance can bring to “distant reading,” that is, to the abstractions, statistics, and charts of quantitative methods and, in particular, the numbers regarding the costs of caregiving with which I began. To think and to feel not just with Kathy H. but also and especially with the prompts and props of aesthetic experiments across media that bring us close to the scene of death is to give us a performance arena in which to try out the necessary “as if” of the very tough but very necessary practice of an ethics and politics of care. Such tough “as if” work is premised on the both/ands of close and distant, intimate and impersonal, state-supported, familial and communal (including the families and communities we make), agential and deeply interdependent, alone and nearby. This both/and of a practice of care that is both close and distant takes me back to the scene of the fence and its spa-



Figure 3. Mona Hatoum, *Interior Landscape*, 2008. Steel bed, pillow, human hair, table, cardboard tray, cut-up map, and wire hanger; dimensions variable. (© Mona Hatoum; courtesy of White Cube Gallery, London)

tial dynamics of both nearby and faraway: the refuse not refused but caught in the fence, the familiar wave of a lost loved one only barely in sight. The spacings forced by the barbed wire may provide the necessary imaginative but also material support for the exercise of the “as if” of a radically reimagined, posthuman practice of care. The thought-image of the barbed wire pierces the pieties and euphemisms of care, reminding us that care has its colonial histories, its capitalist social constructions and its gender, race, and class politics. It reminds us as well that care also necessarily involves painful losses of many kinds. And it reminds us that the scene not just post-mortem but the situatedness in the scene of care before and into death, of letting go and being let go is hard. And that it also hurts.

I cannot let go of this essay. As I sit typing these final words, I am listening to Schubert’s “Death and the Maiden.” This is exactly right in terms of my grandmother’s musical tastes, but so wrong because narratively the song sings a struggle in which death finally seduces the maiden to submit. How do we find a place between such conventional narratives of death and dying, an opening in the medicalized practices that reinforce the wish never to let the ones we love go and enforce the expectation or demand that we should never have to? Can we listen against the grain for chords of caring unto death? The scene of care may remain a bed of trouble, but perhaps we might imagine and enact it in a different sense. What if the bed of trouble were to call us to its sides to perform the painstaking practices of the “as if” that hold in tension what might seem like irreconcilable opposites, including a nearness or proximity that nonetheless maintains a fragile interval of distance and difference between us? What if the bed of trouble were to provide the affective and material supports that maintain a spacing for freedom, risk, and the precious possibility of not just care for life but also care for death? What if the bed of trouble were to become the mattress and the frame for a practice of care that recognizes the interrelations of the good life and the good death, that supports us even and perhaps especially in caring us into death by enabling us to let go and be let go? This is no easy performance

prompt for something as fragile as the alien and necessarily impersonal terrain of what we may yet learn by listening to and feeling alongside those who want to die and not because they have been thrown away or consigned to death, or are fearful of an end of life as the exiled rubbish of a state system that tells them they are too expensive to support, or have been made to feel, for one reason or another, that they are trash. Attending closely to those who wish to die, preparing for death, and learning to let go and be let go will surely also demand the reorganization of care for life. A fragile and daunting burden indeed. Handle with care.

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