

Introduction: caring performance, performing care

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Kate: Ok, so the Home Office are saying you're more than 16.

Tariq: I am 16.

Kate: They think that the way you look and behave makes you older than that. So you'd be an adult, not a minor.

Tariq frowns, shakes his head.

Kate: you know what that means, yeah? That we wouldn't need to look after you, give you the same support. If you were a grown-up living here [at this supported accommodation] we'd ask you to leave.

[...]

Tariq: You think I am lying too?

Kate: It doesn't matter what I think. I am on your side – they have to be apart – objective. That means making the right decisions without their emotions all muddying it. (Extract from *Dear Home Office*, Harrison *et al.*, 2016: 20–1)

Devised and performed by unaccompanied minor refugee actors, *Dear Home Office* was the inaugural production of the newly founded Phosphoros Theatre.¹ In the extract above, we see Kate, a key worker at the housing association that supports Tariq, trying to explain the UK asylum system's assessment processes and the culture of suspicion and distrust that pervades it. It is a poignant moment in the play, highlighting both the somewhat arbitrary limits of the UK's care and support of young asylum seekers and the practical difficulties that confront any young accompanied minor refugee who is required to prove they are under the age of eighteen, and are therefore technically a child and 'vulnerable' in the eyes of the law.² In the production of *Dear Home Office* at the Pleasance Theatre in 2016, the actor playing Tariq appeared visibly to be an adolescent, caught somewhere in-between a boy and a young man. The real identity of the actor playing Tariq heightened the poignancy of the scene. Tariq emerged as a typical teenage boy, concerned not so much about the important legalities of the asylum system but of what Kate, his key worker, thought of him. The scene is all the more affecting because we, as audience members, are aware that the actor playing Tariq

is likely to have also confronted these kinds of issues in 'real life', where, of course, the stakes are so much higher. In real life, a wrong answer or a false step can mean all care being removed, deportation back to punishing and brutal political regimes or a precarious existence living on the streets.

The character of Kate in this scene was played by Kate Duffy, one of the directors, who, at the time the play was made, was a key worker for a housing association that supports refugees and migrants from different parts of the world resettle in the UK. Throughout *Dear Home Office*, we learn more about the lived experience of the protracted, complex and highly politicised assessment processes of Britain's asylum system to which Tariq is subject and in which Kate and her colleagues are implicated. Audiences witness the carelessness of this process through the eyes of the young men, who are not only living it in 'real life' but who have become the actors in this play to share their experiences and stories with us. The stories are personal, moving and on occasion shocking as the focus shifts from arrival in the UK to accounts of life in the young men's home countries, where they were the victim of forced illegal conscription into armies, imprisonment without trial and beatings. There were also moments of humour as we witness the many errors the young men themselves made during the asylum process, such as mixing up the number of the day and month on a form and ending up appearing one year older. These simple but potentially catastrophic mistakes are very familiar to anyone who lives with teenagers, who are prone to slip-ups as they find their way in the world, and, in the play, these moments also serve effectively to remind us just how young and vulnerable these young men actually are.

The personal narratives of refugeeism and asylum are juxtaposed with video footage revealing the creation of the project itself. The footage depicts a residential trip for the cast to Derbyshire, where the young actors are seen rehearsing, walking and playing together in the countryside. Through glimpses of teenage buffoonery and moments of the cast relaxing and experiencing some quirky British cultural traditions together, such as an impromptu Christmas dinner and an Easter egg hunt, new and multi-dimensional representations of unaccompanied minor refugees emerge. These representations and the narratives accompanying them serve to challenge and replace the all too often threatening and negative stories about child refugees that have tended to dominate popular media in recent years.³ In this way, the play dismantles the label of 'unaccompanied minor', transforming these young men into people with whom we can relate and, crucially, *care for*. Furthermore, the play moves beyond simple representations of acts of caring. Methodologically and dramaturgically, *Dear Home Office* performs a mode of care for its actors and a deep respect for these young men's experiences. Borrowing from theatre maker Peter Sellars the play moves beyond 'the furtive and presumptuous look of the culture of surveillance' and instead generates an 'eye-to-eye meeting of equal beings' (2016: viii), inviting audiences to recognise unaccompanied minors simply as young people they can relate to and who are in need of their support. In this

sense, caring within this play emerges not only as part of its material content but also as an aesthetic practice. The caring structures of the play's development process, visible through the video footage, also reveal how performance of care can enact a mode of resistance to 'care-less' state processes that are structured around the concept of care as quantifiable economy and are designed to be measured and distributed only according to tightly predetermined formulas.

Refugees and asylum seekers are, of course, not the only care receivers to be subjected to this form of bureaucratised form of state care. As governmental care services across the world are increasingly being determined not by need or quality of care but by a politics of austerity and cost reduction, it is a timely moment to reflect not on how care is to be distributed and measured, but how care might be understood as an embodied, practised and artful phenomena.

Theorisation developed by care ethicists defines care as incorporating both 'practice and value' (Held, 2006) and, while the concept of care denotes certain affective labours, acts and gestures, it also therefore incorporates intrinsic values, determining how we *ought* to act in relation to other people. In her work with Berenice Fisher, Joan Tronto defined four 'ethical elements of care', which are useful to our exploration of how care and performance can operate together and that incorporate: 'attentiveness, responsibility, competence, and responsiveness' ([1993] 2009: 127). Pointing to interrelational modes of being, care ethics acknowledges the value of inter-human relationality and dependency, invoking the affective qualities of 'attentiveness, sensitivity, and responding to needs' (Held, 2006: 39).

Placing care in dialogue with performance, in the critical engagements that follow, contributors examine how some performance work that addresses itself to the care and support of other people enacts a form of resistance to the 'care-lessness' of contemporary life. The contributors to this edited collection are interested in how performances can be caring, responsive and attentive but also how social, medical and ecological practices of care can be understood as being artful, aesthetic, rehearsed and performative. Correlatively, the critical discussions in this book also call for reflection on performance practices that are *uncaring*, that are not constructed around an affective attentiveness towards the other and that devalue relationships of interdependence; for example, practices that instrumentalise participation or that inadvertently predetermine or enforce certain narratives of change and transformation upon unsuspecting communities. In this sense, this edited collection also considers how theories and practices of care might challenge some of the assumptions made about socially engaged performance and the way efficacy is defined and measured within this field.

This introduction now turns to further consider some definitions of care by examining some of the theorisation in this area developed within care ethics. Building on the concept of care as 'embodied' knowledge (Hamington, 2004) and a form of 'emotional labour' (Hochschild, 2012), the discussions of care in this edited collection position care both as a form

of labour and a mode of performance. Care is something enacted both by social actors (such as nurses and social workers) and by performers in socially engaged performance projects. However, this is not to suggest that giving and receiving care is always an unquestionably positive experience. Through an engagement with disability studies and scholarship around performance and mental health, this introduction examines the more troubling aspects of caring, such as the capacity for care to become oppressive and manipulative and the challenges of generating meaningful caring encounters within contexts where care is in short supply. The deficits of care in contemporary societies present certain political and ethical challenges to socially engaged performance, which can find itself co-opted by neoliberal agendas that are determined by the values of autonomy and self-realisation rather than dependency and interrelationality. These challenges are considered in the final section of this introduction, which outlines the exposition of the edited collection as a whole and the way care and performance is explored within the wide range of international interdisciplinary projects examined here.

Care as performance/performance as care

Care ethics is a moral philosophy that emerged in the last two decades of the twentieth century and that has been highly influential to many theorisations of care that have been developed since then. Conceived as a normative moral theory that determines how we ought to comport ourselves in relation to other people, care ethics was advanced by feminist philosophers such as Carol Gilligan (1982), Nel Noddings ([1984] 2013), Virginia Held (1993), Joan Tronto ([1993] 2009) and Eva Feder Kittay (1999). By coupling 'care' with 'ethics', these theorists were not concerned with the development of an abstract moral principle of care but rather with concrete questions about how we relate to one another and how we think about particular situations, settings and relationships. As theatre scholar Nicholas Ridout points out, ethical theory denotes a practical approach to philosophy, addressing the central question: 'How shall I act?' (2009: 5). Of course, as Ridout goes on to argue, the question 'How shall I act?' has a double meaning in the context of theatre and performance because it not only asks how should I act in my everyday life, but also how should I act on stage? Or, what kind of theatre should I make? Or, in the context of socially engaged performance, in particular, how should I engage this community in theatre making and what might this performance *do* for this particular context?

When trying to answer the question of 'how to act', ethicists have tended to start with the premise that the person acting in the world is an autonomous subject who answers this question by engaging in a rational process of decision making and acting accordingly. Dominant ethical theories that position subjects as *autonomous* beings tend to view people, as care ethicist

Virginia Held points out, as ‘self-sufficient independent individuals’ (1993: 13). For Kantians, for example, autonomy points to the moral law that is internal to the subject, demonstrating the subject’s freedom from the world, its influences and its own desires. Kant identifies morality with disinterestedness and thus the subject’s ethical detachment from worldly cares and concerns. As Held indicates, Kantian subjects ‘refrain from actions that they could not will to be universal laws to which all fully rational and autonomous agents could agree’ (1993: 13). In contrast, care ethicists tend to view people ‘as relational and interdependent, morally and epistemologically’ (Held, 1993: 13). In this sense, the ethics of care ‘respects rather than removes itself from the claims of particular others with whom we share actual relationships’ (Held, 1993: 11). Yet, while care ethics acknowledges the interdependency of human relationships, it also ‘sees many of our responsibilities as not freely entered into but presented to us by the accident of our embeddedness in familial and social and historical contexts’ (Held, 1993: 14). This has led some care ethicists, such as Joan Tronto ([1993] 2009), to address a *politics of care* and to consider how certain structures of social injustice and ‘inequalities of power and privilege’ determine how the labour of caring is distributed and who undertakes it (Tronto, [1993] 2009: 101). Rather than viewing the obligation to care as a duty or as a rational decision-making process, care ethicists take account of the experience of caring and being cared for and the role of emotions and empathy in the structure of these encounters.

While contemporary conceptualisations of care owe much to the work of the feminist care ethicists in the 1980s, a number of other disciplinary fields have also explored both the concept and practice of care and how caring structures might determine our relationship with others. In *The Emotional Labour of Nursing: Its Impact on Interpersonal Relations, Management and Educational Environment* (1992), for example, Pam Smith examines the caring work of nursing as a mode of emotional labour. Positioning care as a mode of professional labour that incorporates practical skill and various modes of empathic engagement with others, Smith’s thesis draws on Arlie Hochschild’s theorisation around ‘emotional labour’ as developed in her book, *The Managed Heart: Commercialization of Human Feeling* (2012), where she considers the unacknowledged caring work of air hostesses. The emotional labour of caring has also been explored in other disciplinary contexts, such as social work, albeit in a differently nuanced way. For example, the issue of care, stress and emotional ‘burn out’ forms the focus Kate van Heugten’s book *Social Work Under Pressure: How to Overcome Stress, Fatigue and Burnout in the Workplace* (2011).

The work of the care ethicists in the 1980s and 1990s did much to highlight the importance of care to the management and sustainability of medical and social practices. However, caring labour itself, at least in contemporary Western societies, remains as Joan Tronto aptly described it, a form of labour that is continually ‘gendered, raced, classed’ ([1993] 2009: 112). In contemporary societies, where care continues to be perceived largely as women’s

work, it is positioned as the remit of lowly paid workers who are largely drawn from lower socio-economic income groups. Domestic care is often outsourced to migrant women workers, who leave their own communities to undertake caring responsibilities for families in the developed countries of the West. While care might be crucial to the successful functioning of a society as a whole, its value is persistently denigrated and ‘the work of caring for young and old seems to have moved down in honour and monetary reward’ becoming ‘work to get out of, to pass on to someone who can’t get a better job’ (Hochschild, 2003: 2).

Care has therefore become something of a commodity, something we ‘buy in’ rather than something we expect to *do*. The devaluation of care and the gendering of caring labour has been a long-standing concern of feminist theorists and is a problem in which many of us find ourselves implicated. While feminism has celebrated increased equality and the inclusion of more women in the workplace, the question of who now becomes responsible for childcare and the care of elderly family members remains a thorny issue. Furthermore, the ‘advancement’ of professional women in the West, as Premilla Nadasen argues, ‘is dependent upon the labour – and often the exploitation – of poor women to carry out the work of social reproduction’ (2016).

Although primarily theorised in relation to ethics and emotional labour, in *The Encyclopaedia of Bioethics* (1995), Warren T. Reich shows that the term ‘care’ itself has a much longer and broader history – one that discloses a much wider range of connotations and meanings. In his etymological account of care, Reich takes us back to the figure of the ‘vengeful Cares’ (*ultrices Curae*) that appear in Virgil – guarding the ‘entrance to the underworld’ (1995: 349), which he argues etymologically connects our understanding of care today with an association with loss and grieving. Here we encounter the dual meaning of the word ‘care’, since, as Reich points out, it is a term that denotes both *anxieties* and *concerns* as in ‘care as burden’, but also a sense of *engagement* with the other, as in ‘care as solicitude’ (1995: 350). The different meanings and inferences associated with the concept of care highlighted by Reich’s etymological work usefully draw attention to care’s multitudinous meanings and the different ways care is theorised and understood. For the editors and contributors of this edited collection, ‘care’ is a term that has many interconnected dimensions: it has a practical and emotional element (how we practically engage with other people); it has an ethical and political dimension (disclosing values that determine how we should act in the world and within the limited resources we might have available to us); and, crucially, it has an aesthetic component (determining how artistry and the feeling evoked by an engagement with the arts frames inter-human relationships in solicitous ways).

This edited collection’s engagement with performance and care, in many ways, sets out to challenge Joan Tronto’s assertion in *Moral Boundaries: A Political Argument for an Ethic of Care* ([1993] 2009) that ‘to create a work of art, is not care’ ([1993] 2009: 104). Tronto’s refusal to see art as a mode of care emerges from her reading of the ‘Aristotelian idea of nested ends’,

and her argument that an activity or a practice becomes conceived as a form of 'care' when it is 'aimed at maintaining, continuing, or repairing the world' ([1993] 2009: 104). The work of art, for Tronto at least, is viewed as something that is created to be an end in and of itself and is associated with self-fulfilling activities such as: 'pleasure, creative activity, production, destruction' ([1993] 2009: 104). Notably, in a footnote to this discussion of art, Tronto moves to a slightly more equivocal position where, drawing on the example of dance therapy that she positions as both creative but also therapeutic, she argues that some creative activities can be used 'to a caring end' ([1993] 2009: 204). However, what is omitted from Tronto's account of art are creative practices that are generated through an interrelated engagement with artistic creation and social responsibility and obligation; it is precisely these types of performance practices that we seek to interrogate in this edited collection. Rather than seeing creative practices as simply having a 'caring end', as Tronto suggests, we offer a conceptualisation of socially engaged performance that moves beyond social utility and positions performance as a mode of care that emerges somewhere in-between art and social practice. In this sense, we agree with the performance theorist Shannon Jackson's view, when she says: '[w]hether cast in aesthetic or social terms, freedom and expression are not opposed to obligation and care, but in fact depend upon each other' (2011: 14).

The relationship between care and performance examined within the chapters in this edited collection varies from project to project, but tends to be underpinned by a shared interest in the possibility of some interdependence between these two embodied concepts. Care emerges as being constitutively implicated within the concept of performance. After all, it is impossible to conceive of caring practice outside the parameters of how it is performed. In this sense, care, like live and theatrical performance, exists only as a live encounter and within a specific juncture of time and space. Furthermore, as with performance, care also involves forms of embodied knowledge. Feminist performance theorist Diana Taylor defines performance as an 'embodied practice', which also has an epistemological function because, as she goes on to argue, performance is not only something that we do, it is additionally a 'way of knowing' (2016: 3). Similarly, it is through the caring encounter that the givers and receivers of care learn what caring is and how it feels. Like live performance that is presented to an audience, the caring encounter is determined both by the repeated, practised gestures of the caregiver, but also, crucially, by the kinds of responses this elicits in the care receiver. In this sense, caring practice is not simply concerned with caring actions but with how these actions are experienced by another person. Borrowing from Richard Schechner's writing on performance, we suggest that caring practice – like performance – is 'made from bits of restored behaviour' (2013: 30); in other words, while caring is transient and live, it also requires technical reproducibility. Quality care relies on the capacity to practise and perform a task, making it repeatable and 'practised' and, like live performance, care also has a distinctive singular quality to it

because each caring encounter is performed in the moment and is therefore always ‘different from every other’ (Schechner, 2013: 30). By thinking of care as performance and live performance as a mode of care, we recognise however that we must navigate a pathway through the many different meanings denoted by the term ‘performance’.

Because socially engaged performance rarely takes place in theatre-specific spaces, the discussions of performance as care examined in this edited collection tend to interconnect with the caring labour of what sociologist Erving Goffman describes as the performance of the ‘social actor’ (1990). For this reason, the various performances of care explored within this edited collection often emerge from a nexus of theatre makers and social actors who work together, variously taking on each other’s roles and exploring the tensions and synergies that emerge between the interchangeability of the performer and the performed. Within this edited collection, ‘performance’ emerges as a wide-reaching term that is applied to many different contexts. While our focus is performance in the sense of theatre making, the term ‘performance’ is also adopted to describe social performance, where it signifies a set of live, and different kinds of ‘restored behaviours’. Performance then becomes a term that refers to different embodied practices that, to borrow from Diana Taylor, ‘[move] between the AS IF and the IS’ and ‘between pretend and new constructions of “the real”’ (2016: 6, original emphasis).

Through the establishment of a dialogue between performance and care in this edited collection, the contributors consider how socially engaged performance work can enhance our understanding of care as a performed encounter in a wide range of different social and health contexts and, crucially, what this tells us about the caring potential of performance. The chapters that follow offer new interventions within recent debates that address care and the lack of quality care within contemporary societies, while also examining performances that enact a mode of care, as well as those that are uncaring or that fail to establish structures that are attentive to the needs of the other.

Care and its discontents: performing caring in sites of contestation and crisis

As indicated above, we find ourselves in an era when caring labour is increasingly sidelined and undervalued. Furthermore, the sense of an uncaring politics and an uncaring economic system has become pervasive, leading some social commentators, such as the Canadian social activist Naomi Klein, to call for radical change, and for ‘[a] society where the work of our care givers, and of our land and water protectors, is respected and valued. A world where no one and nowhere is thrown away – whether in firetrap housing estates, or on hurricane-ravaged islands’ (2017).

Concerns about the lack of available caregivers today are having far-reaching impacts across the world, leading some to argue that the West is in

the midst of a global crisis in health and social care (see Glenn, 2010; Fraser, 2016). Certainly, within the interconnected fields of applied theatre and arts and health, scholars and practitioners have recently begun to address how an engagement with the arts can ameliorate health and well-being in a range of social and settings (see Leonard *et al.*, 2016; Baxter and Low, 2017; Willson and Jaye, 2017). However, while some performance practices are designed to contribute to the process of healing and improved health, what interests the contributors in this edited collection is performance's engagement with care itself and the possibility for certain kinds of performance work to examine the connections and gaps between the processes of care-giving and the experience of being cared for.

In her book *Madness, Art, and Society: Beyond Illness* (2018), theatre scholar Anna Harpin draws attention to some of the deleterious side effects of care. Some medicalised caring practices, she argues, lack humanity and serve ultimately to disempower those being cared for. In her critique of medicalised approaches to the care of people living with mental health conditions, Harpin draws attention to 'the erasure of agency in medical care' and 'the failure of listening and dialoguing in certain current care practices' (2018: 2). Artistic intervention in this context, she argues, 'offers valuable ways of reconsidering the performative, aesthetic, and political implications of how therapeutic encounters and experiences are structured' (2018: 5). For Harpin, then, and for many of the contributors within this edited collection, art possesses the means to break down and rethink the diagnostic models of medicalised care, which, as Harpin argues, tend to be determined by a fixed concept of identity '[implying] this is what you *are*' (2018: 5, original emphasis). Art encourages a shift towards a more dialogic approach, acknowledging the person rather than the condition and 'explores what you are currently *experiencing*' (2018: 5, original emphasis). In this sense, art – and we would suggest certain approaches to performance in particular – humanises what otherwise can be experienced as the transactional, alienating and mechanistic processes of medicalised care. This critique of care has a resonance with the accounts of care that Patrick Anderson describes in his book *Autobiography of a Disease* (2017), where care in 'contemporary medical practice' is often experienced as 'Endless imaging technologies, documentary protocols, interventional procedures and surgeries, occupational training, independent living schemes and countless other social practices gathered under the headings "convalescence" and "recovery"' (2017: viii).

The potentiality for caring practice to be encountered as an uncaring, oppressive or controlling force is an issue that has also been much debated within disabilities studies. For people living with a disability, care can be viewed with some suspicion. Often associated with paternalistic forces, unequal power-based relationships and coercive processes that ultimately delimit the possibilities for autonomous, independent and empowered living, care for many disabled people, as Canadian disability scholar Kelly Fritsch points out, has 'often been a site of oppression, disempowerment, physical and sexual abuse, and negligence' (2010: 3). One reason for this is that within the context of

disability, the term 'care' is often associated with 'dependency'. Detached from the possibility of a sense of reciprocity and interdependence, care in this context can be experienced as a transaction where the caregiver and care receiver become eternally trapped in their predetermined roles. In this context, the caregiver has agency and the person with a disability can then feel themselves to be positioned as helpless or even 'burdensome' (Fritsch, 2010: 4). These ideas have been critiqued at length by the care ethicist Eva Kittay, who in her book *Love's Labor: Essays on Women, Equality, and Dependency* (1999), argues for the need to recognise 'dependency' as a state of being shared by everyone at some point in their lives. Rather than perceiving dependency as being relegated to people who are vulnerable or those living with disabilities, Kittay calls for a repositioning of the concept of dependence as a 'feature of the human condition' (1999: 28). As many contributors to the edited collection argue, the process of making performance is always determined by relationships of interdependence and, therefore, performance making can become a means of recognising the value and necessity of interdependent relationships as a critical component of creative endeavour.

Importing the values and practices of care into performance, however, can also become a mode of critique, offering a way of reading and interrogating practices that feel careless or that seem to exploit rather than attend to the suffering of its participants and co-creators. As most of the performance work explored in this edited collection has been developed in collaboration with participants and partners from non-performing arts settings, the discussions of care that emerge must be seen as interdisciplinary and trans-sectoral in nature and relational in structure. In this sense, we see this edited collection as contributing to debates in applied and social theatre by seeking to move discourse in this area on from questions that address the measuring of efficacy and change. Instead, along with many of the other contributors in this edited collection, we pick up on James Thompson's call for an 'end' to the over instrumentalisation of performance in *Performance Affects: Applied Theatre and the End of Effect* (2009) and, rather than focusing on an evaluation of efficacy, this edited collection considers how caring performance can be artful and responsive, and how performance that cares might ultimately contribute to more artful caring processes and more caring societies. The following section of this introduction examines how the labour of caring has been developed in different disciplinary contexts and within some of the chapters in this book and considers how performance might respond to what has been described as a 'deficit' and a 'crisis' of care.

Performing the labour of caring: questions of implications and resistance

In her examination of the caring work of nurses, in *The Emotional Labour of Nursing Revisited: Can Nurses Still Care?* (2012), Pam Smith picks up recent concerns expressed in Britain about the lack of care and compassion in our

National Health Service, particularly in relation to the care of the elderly.⁴ Reflecting on whether care is the product of 'labour' or 'love', Smith asks: 'Is it natural or is it a skill? Is it about feelings or tasks? Does it come from the heart, the head or the hand?' (2012: 18). These important questions not only get to the heart of what constitutes effective care in nursing contexts, but also address the structure and experience of care in other contexts, such as when we care for children or when we care for young people or community participants within a drama or dance workshop setting. By raising these questions, Smith asks us to consider whether good care should be understood as a set of skills that can be acquired and taught, or whether it is more to do with the way we emotionally engage with others and the kinds of emotional responses this caring elicits. Arlie Hochschild positions the work of caring for others as a form of hidden emotional labour, where the management of feelings is undertaken 'to sustain the outward countenance that produces the proper state of mind in others [such as] the sense of being cared for in a convivial and safe place' (2012: 7). Adapting Hochschild's research in this area, Smith recognises emotional labour and develops an account of the emotional aspect of nursing care, which she describes as a form of 'emotion work' (2012) that is productive and a fundamental element to good nursing.

The use of 'emotion work' when engaging with others crosses over into socially engaged performance practice that is often undertaken in partnership with vulnerable participant-performers. Writing about the practice of facilitation in applied theatre contexts, Sheila Preston engages with Hochschild's research in her consideration of the 'emotional labour of the facilitator' (2016: 50). Drawing on Hochschild's accounts of 'deep' and 'surface' acting, Preston considers how applied theatre facilitators adopt various performative strategies as a means of 'inducing and producing a playful and positive emotional state in others' (2016: 51). While, of course, facilitation is only one meaning-making process within a participatory performance project, Preston's research usefully draws attention to the complexity and problematics of using emotion work as a drama facilitator, where one must bring 'one's own personhood into the space' (Balfour, 2016: 153). In performances that take place in social or health care settings, the 'personhood' of the facilitators and indeed the performers themselves can be placed under intense pressure as project leaders and participants engage with and respond to the sometimes inadequate caring processes that are present within the particular social, community or medical context in which the project is based.

In this sense, socially engaged performance often finds itself dealing head-on with the lived experiences of individuals and communities who are directly encountering what Hochschild has described as 'care deficits' (2003), a critical moment when 'the *need* for care' has increased 'while contracting the supply of it' (2003: 214, original emphasis). The care deficits emerging in societies across the world today not only point to the lack of care available within the domestic sphere of the home (for older family members or children, for example), but also to the way that caring labour in other sectors of public life (such as education, social work, nursing and

medicine) is being persistently devalued and overlooked. The lack of investment in caring infrastructures by governments and a general resistance to acknowledge the value of the caring labour undertaken by low-paid (or unpaid) workers, has led researchers from many different disciplinary contexts to consider the ethical and political implications of this 'crisis of care' (Fraser, 2016).

Performance that engages with different caring processes and settings, or that seeks to enact a mode of care for others, often finds itself involved within a tricky negotiation of the lived experience of participants marked by a *lack* of care and care services that are struggling to make ends meet. This presents socially engaged performance practitioners with a series of complex ethical and political challenges, precisely because these kinds of practices are often positioned as vehicles for overcoming shortfalls of care and for providing (temporary) solutions to this. As Jenny Hughes and Helen Nicholson point out, these kinds of performance practices are often conceptualised 'in ways that serve neoliberalism well' (2016: 4). In this sense, if we position performance as a mode of care for other people, we must also acknowledge the political dimension of this work. We must, as Hughes and Nicholson argue, recognise the need for artists to 'seek out a presence in those networks that complements the resistant practices that are immanent there rather than adopting more acquiescent relations that flatten out practice and reflection' (2016: 4).

For many of the contributors to this edited collection, care has the potential not only to be a form of emotion work but also to enact a mode of resistance. This final section of the introduction now moves on to consider some of the political and ethical dimensions of performance as care before offering some tentative proposals about how we might start to frame the ethico-political dimensions of socially engaged practices that are structured around caring processes.

Performing care: an ethico-political framework for socially engaged performance today

As indicated at the outset of this introduction, this edited collection positions care as being intrinsically bound to performance: first, because care can only be experienced as a live, embodied encounter; and, second, because it is comprised of repeated or 'restored' practices and behaviours. In this sense, care should be understood not as pre-existing the caring encounter, but as becoming itself through the demands of the relationship that emerges between the caregiver and care receiver. Care is, therefore, always situational and relational; but while it is constitutionally formulated through reperformed gestures or caring, it also has value attached to it. As Held explains, '[c]are is not reducible to the behaviour that has evolved and can be adequately captured in empirical descriptions' (2006: 39), rather care

describes a set of values to which we, as individuals and as a society, should aspire. Care ethicists are not simply concerned with describing caring practices that already exist in the world 'as they have evolved under actual historical conditions of patriarchal and other domination' (Held, 2006: 39). Rather, care ethicists '[evaluate] such practices and [recommend] what they morally ought to be like' (Held, 2006: 39). In this sense, care 'is not the same as benevolence' but is 'more the characterisation of a social relation' (Held, 2006: 42), promoting a way of thinking and being in the world that determines (caring) action. Furthermore, while care ethics tends to focus on individuated, personal caring encounters, many care ethicists seek to shift personal moral decisions into wider sociopolitical contexts and consider how care ethics can address questions of justice, inequality, and social injustice (Held, 2006; Tronto, 2013; Engster and Hamington, 2015).

The view that care should have a social and political element stands in some contrast to the earlier work of feminist care ethicist Nel Noddings, whose foundational work in the area of care ethics positioned care as intuitive, responsive and intrinsically feminine. In *Caring: A Feminine Approach to Ethics and Moral Education* (2013), Noddings focused her philosophical approach on the voice of the mother whose perspective, she argued, was largely absent from wider discourses around morality and ethics. Up to this point, as Noddings pointed out, ethical theory had 'been discussed largely in the language of the father: in principles and propositions, in terms such as justification, fairness and justice' (2013: 1). However, while the repositioning of debates around morality and ethics into the terrain of the family was very influential to the development of care ethics, Noddings was also criticised for the unproblematised correlations she made between natural caring, femininity and motherhood. This led Noddings, at a later point, to concede that while she 'wanted to acknowledge the roots of caring in women's experience' the term 'feminine' is problematic for the evaluation of care ethics (2013: xiii). Following Held's approach, Noddings advocated the use of the term 'relational' as a better way of describing the shift away from autonomy and the focus on interdependence that care ethicists sought to advocate. Certainly, as care ethics has developed since the 1980s, it has gained further influence with the concepts of relationality and interdependence as a central tenet to new thinking in this area.

One of Noddings' critics was the care ethicist and political theorist Joan Tronto, who, in her book *Moral Boundaries: a Political Argument for an Ethic of Care* ([1993] 2009), proposed a vision 'for the good society' that shifted the focus away from a naturalised concept of the feminine and repositioned the 'moral arguments' around care firmly within 'a political context' ([1993] 2009: 3, original emphasis). For Tronto, care is not simply about the moral decisions that emerge within one-to-one personal relationships; rather, she positions it as having a political dimension. Drawing attention to the inequalities of caring labour both at home and beyond, Tronto conceptualises care as being fundamental to social relations, and argues that

‘[f]or a society to be judged as a morally admirable society, it must, among other things, adequately provide for care of its members and its territory’ ([1993] 2009: 126). However, as we have seen, while care is arguably a central ‘aspect of human life’ (Tronto, [1993] 2009: 157), it is also perpetually devalued. This leads to social injustice in the distribution of caring labour, as Tronto writes: ‘Because our society does not notice the importance of care and the moral quality of its practice, we devalue the work and contributions of women and other disempowered groups who care in this society’ ([1993] 2009: 157).

The devaluation of caring work ultimately also conceals the problems of care from the very social policies that try to resolve how societies might respond to the current care deficits. Furthermore, the societal tendency to view the labour of care as the domain of only certain types of workers ‘means that caring needs are being met through a process that distorts reality and renders care invisible’ (Tronto, [1993] 2009: 174) and this ultimately makes it difficult to intervene in some of the problems of care we encounter today. Tronto’s account of the invisibility of care also points to neoliberalism’s preoccupation with autonomy and freedom and its failure to account for the elements of interdependence that are necessary for a society to thrive and flourish.

In the debates that are developed in the following chapters, the invisibility and the visibility of care emerges as a thematic source of much discussion, particularly in relation to what James Thompson describes as the ‘aesthetics of care’ that becomes visible and present within certain performance practices and in some medical or social contexts (2015; Chapter 13 this volume). Central to any understanding of an ‘aesthetics of care’ within performance is the question of spectatorship and the possibility of communicable caring experience. This is debated throughout the edited collection, and contributors consider whether performance can make caring processes more visible, how this might reveal new ways of *thinking* and *doing* care and, critically, whether an engagement with theories of care might lead to the development of more careful and more caring performance practices. The performances of care explored in this edited collection consider the possibility for more careful and more caring social engagements, while generating modes of critique of the uncaring elements of performance processes and of care itself. Taken together, the debates in this edited collection lay the ground for new modes of being together and a growing understanding of how certain performance practices can promote and aspire to a more caring and just society.

The exposition of the edited collection

To help readers navigate this edited collection, we have broken it into four sections. Part I, ‘Performing interrelatedness’, commences with Chapter 1 by Maurice Hamington who, drawing on theorisation in performance

philosophy and care ethics, repositions the relationship between the giver and receiver of care as an encounter of improvisation and rehearsal. By theorising care as 'improvisational moral performance', Hamington argues that the act of caring emerges from the rehearsal and acquisition of 'cognitive and bodily skills' that establish the ground work for a responsible mode of caring on 'behalf of the needs of others.' James Thompson also considers care as a performative, aesthetic encounter in Chapter 2, which originally appeared in *Research in Drama Education: The Journal of Applied Theatre and Performance* in 2015 and is reproduced here with the kind permission of the journal. The ideas explored in Thompson's chapter have been formative to the development of this edited collection and are cited widely within it. Thompson positions 'community-engaged arts work within the framework of care' and invites us to also think about the care performed by medical staff and nurses as both artful and aesthetic. Arguing that 'our tender relations with others' should be understood as 'central to the rationale of many political and art-making projects,' Thompson recognises the importance of performance practices that are not based not on autonomy and self-realisation but that acknowledge, value and enhance the relationships of interdependency upon which it depends. In Chapter 3, I consider how the performance of tenderness and mutual care in Fevered Sleep's dance-based performance *Men & Girls Dance* creates moments of resistance to gender-normative stereotyping, inviting audiences 'to imagine a context in which the performance of care in some way replaces, or at the very least challenges, the discourse of anxiety and risk that can frame and predetermine relationships between men and girls.'

The possibility of dance becoming a mode of care is further examined in the first chapter of Part II, 'Care-filled performance,' where in Chapter 4 Sara Houston explores a series of dance works by Israeli choreographer Yasmeeen Godder. Through the generation of a community dance project with people with Parkinson's disease, Houston argues, Godder established a care-oriented practice that ultimately led to the development of new choregraphical innovations 'rooted in relationality, attentiveness and caring.' This relationship between participation and professional practice is a thematic that is also examined by Dave Calvert in Chapter 5, which considers the tensions between participatory performance and directorial innovation in two performance projects where actors with learning disabilities are directed by non-disabled directors. Through an analysis of *Disabled Theater* by Theater HORA and Jérôme Bel and *Contained* by Mind the Gap theatre company, Calvert discusses how 'the dynamics of dependency, equality, interdependence and care' can be embodied or occluded within performance. Concluding Part II is Chapter 6 by New Zealand-based artist researchers Julieanna Preston and Jen Archer-Martin. In their discussion of *bit-u-men-at-work*, a site-specific live art performance created and performed by Preston in 2015, Preston and Archer consider the performance of road care. Positioning this performance as an exploration of the 'durational labour of repairing the cracked, pitted asphalt pavement with

bitumen,' Preston's and Archer's discussion expands our understanding of the 'affective and gestural qualities of material caring labour' and its relationship to the performance of 'non-human' caring practices.

The problematic of overlooked or deficient care forms the focus of Part III, 'Care deficits'. In Chapter 7, Caoimhe McAvinchey positions Clean Break Theatre as an organisation that not only provides care for women 'who have fallen beyond the reach of state systems of welfare' but that also 'critiques the intersectional oppressions that shape the lives of many women who experience the criminal justice system'. Drawing on the many different strands of the organisation's work, McAvinchey argues that for Clean Break, care becomes 'something that is both structurally planned for *and* responsive' (original emphasis). The possibility for care to enhance social relations and civic engagements also emerges in Chapter 8, where Kathleen Gallagher and Rachel Turner-King examine some key moments in a 'multi-sited, ethnographic research study' that took place across multiple locations in different continents between 2014–18. Reflecting on some of their findings from the UK strand of the project, they discuss their collaboration with the Belgrade Theatre's Canley Youth Theatre and Coventry Youth Services and examine how this research project used performance and oral history practices to explore the lived experience of austerity and cuts in the area. An arts project with young people also forms the focus of Chapter 9, where Ella Parry-Davies considers the relational art-making and care-orientated practices that developed between Lebanese community artist Dima el Mabsout and a group of Syrian refugee children who live on the streets in the Hamra area of West Beirut, selling flowers to survive. Mabsout invited the children to begin to take photographs of their flower-selling labours and, through her examination of this arts-based intervention, Parry-Davies considers Mabsout's emerging arts practice as being rooted in a performance of care that 'evidences the conditions of precarity' the children exist within, while also performing 'relational infrastructures of care that seek to work against this'.

Part IV, 'Care as performance', begins with Chapter 10 by Sylvan Baker and Maggie Inchley, exploring how caring performance practices can become a form of resistance to the precarity of care experienced by young people who are being looked after by the state. In their discussion of *The Verbatim Formula*, Inchley and Baker consider how they use verbatim theatre techniques to intervene in the 'care-less' processes of state care that often leave young people feeling objectified within bureaucratic processes that are antithetical to caring practice. Verbatim theatre methodologies, they argue, 'honour the experiences of care-experienced young people' enabling 'opportunities for self-narration'. Chapter 11 by Matt Jennings, Pat Deeny and Karl Tizzard-Kleister examines an interdisciplinary teaching project developed at Ulster University where drama techniques were adopted to provide 'nurses with a systematic approach to improving the performance of care' across a wide spectrum of different nursing practices. Chapter 12 by visual artist and researcher Jayne Lloyd examines an arts-based project she led at

a care home where many of the residents were suffering from dementia. Through her exploration of the performative, aesthetic quality of everyday domestic labour, Lloyd argues that ‘the performance of everyday practices in art sessions can provide a space for [...] attentiveness,’ generating openings to more reciprocal caring encounters. Finally, Chapter 13 by James Thompson further considers the possibility for responsible and ‘care-filled practice.’ Drawing on several contrasting examples of performance practice, Thompson examines the reliance on relationships of dependency and reciprocity within performance making, calling for a practice that forefronts ‘inter-human forms of care’ and that can lead ultimately to the generation of a ‘mutually reliant, less selfish, destructive form of sociality.’

In our contemporary moment, when carelessness and neglect appear to be the dominant mode of political and social action, we hope this edited collection will make a contribution to debates about the importance of arts practice in building and sustaining more equitable, just and caring societies.

Notes

- 1 Founded in 2015, Phosphoros is a theatre company based in London that makes theatre with actors who are refugees or who are in the process of seeking asylum. For more information see www.phosphorostheatre.com (accessed 07/02/19).
- 2 Asylum seekers under the age of eighteen are legally entitled to more care than other asylum seekers in the UK because they are children and are therefore considered vulnerable.
- 3 I am thinking here of the reporting of UKIP MEP Geoffrey Bloom’s accusations that many child refugees arriving at Calais were in fact grown men. Bloom and other right-wing politicians called for X-ray dental checks to prove these young people were under the age of eighteen (see Stromme, 2016). For a more detailed account of how negative representation of child refugees emerged in the media, see McLaughlin (2017).
- 4 For an account of the crisis confronting adult social care in the UK, see Parliamentary and Health Service Ombudsman (2011).

