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## INTRODUCTION

### Social Inequalities, Uneven Space, and Care

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#### **Inequality and Care**

Social inequality has long been a concern of feminist care ethicists. Not only did early accounts point toward the exclusive role of ethno-racialized, classed, and gendered minorities (e.g., women, slaves, and labor migrants) in the work of care, but they also showed that it was predominantly performed in marginal and privatized spaces. From tending children in homes to treating the mentally disabled in isolated shelters, the reclusive nature of care work marked it a problem of idiosyncratic individuals rather than a structural social concern (Tronto 1993).

This inattentiveness to social and spatial inequality is not surprising. Indeed, it is precisely because of the strong emphasis given to the particular spatio-temporal contexts within which social relations unfold that scholars of care have acknowledged the uneven geographies of care. In contrast to justice-oriented theories, which underscore abstract issues of rights, and seek to ‘equalize’ competing interests, care ethicists dwell on social differences, cultivating social ties and cooperation between unequal others. Thus, as Virginia Held (2015: 21) states:

from the perspective of justice one looks for universal rules to apply impartially to particular cases, one considers fairness and the rights and obligations of all, one assumes each person involved to be a free and equal agent. From the perspective of care [...] one attends with sensitivity to particular others in actual historical circumstances, one seeks a satisfactory relation between oneself and these others, one cultivates trust, one responds to needs, aiming at and bringing about as best one can the well-being of the others along with that of oneself.

Unevenness thus remains a salient characteristic of caring relationships at the present, in a world plagued by a global pandemic, rising socio-economic disruptions, and environmental crises (Fitz et al. 2019). It is against this backdrop that scholars have sought a more compassionate, context-sensitive social science, asking how care and responsibility are “woven into the fabric of particular social spaces and communities” (Conradson 2003: 453) and how justice is “shaped by the acts and structures of caring across public and private spheres” (Staheli

and Brown 2003: 774; see Chapter 10, this volume). Care is also considered a political practice that always involves power relations. Victoria Lawson (2007: 7) has similarly suggested a relational and caring approach that helps us “move beyond acknowledging different subject positions” to fundamentally alter unequal power relations across the globe.

Social and spatial inequalities in caregiving and receiving have been more salient in urban settings. After all, it is in contemporary cities that the need for care emerges forcefully and it is there where residential ‘others’ are continuously denied access to material and symbolic care. From undocumented migrants who face hurdles in claiming their right to healthcare and housing (Kapsali 2020), to stigmatized single mothers struggling to access and retain sustainable employment and welfare benefits (Edin and Lein 1997), the urban is a fundamentally uneven spatio-temporal terrain of care, or ‘caringscapes’ (Bowlby 2012). Hence, to understand the underlying implications of urban care work, we must first recognize the inherently uneven nature of social relations in past and present cities. It is particularly by exploring and appreciating long-conceived class, race, ethnic, and gender relations in the city (among others) that we could capture the variegated ways in which the needs for care are expressed, denied, and sometimes struggled for, in and through urban spaces.

### Care Work and Care Materialities

The urban is also where (some of) those needs of care are met and fulfilled. It is where the homeless are sheltered, orphans are fostered, and migrants are given sanctuary. Yet, despite their noble image and undoubtedly critical importance in bettering the lives of those mentioned, these acts of care are also subjected to—and impacted by—the social and spatial unevenness of the city. Race, class, gender, and age of caring subjects play a decisive role in care-full recovery trajectories taken by urban residents, activists, and administrators alike. Performing the (urban) work of care and mitigating the inequalities that underpin it require a massive mobilization of individuals, and of more or less institutionalized groups (Milligan and Wiles 2010). These vary considerably along the socio-professional axis and possess vastly different levels of skills and expertise, despite their diverging openness and capacity to enter into affective relations. Physicians, nurses, kindergarten teachers, and social workers, for example, immediately come to mind when one thinks of qualified care providers. As the current pandemic proves daily, these professionals bear much of the brunt of care provision across the globe in various domains—from health and economic welfare to children’s education. Yet, as recent events have shown, multiple other, less trained persons, or laymen, are equally salient in generating, transmitting, administering, and applying care to home stranded and socially distant urban residents, from (un)trained social activists who visited childless senior citizens secluded in their private residence to couriers who continued to deliver goods and services to families in need, to the many occasional volunteers supporting the mourning work of hospices. Caring subjects not only provide an array of care-related services to individuals with distinctly unequal social identities but are themselves differentially situated along the socio-spatial spectrum. Care work, in this sense, can be acknowledged as the work that encompasses activities linked to “the material means of subsistence, such as securing housing, preparing food, taking the bus, and accessing healthcare” and to “the affective elements of social reproduction linked to kinds of labor, such as providing domestic care and emotional support, spending time with friends and generally all of the activities that generate love and care to the communities we participate in” (Kapsali 2020: 17).

But care requires also more than benevolence and affect. Indeed, considerable investment and allocation of material resources, both public and private, and many other care-full efforts are needed to sustain care work on a wider redistributive scale. It is through these site-specific combinations of resources, or ‘materialities of care’ which include bodies, but also buildings and other objects that urban care is provided (Power and Williams 2020). It is in these urban conduits, or ‘infrastructures of care,’ that inequality is manifested most profoundly. In these trying times of global pandemic, material infrastructures of care—hospital beds, respiratory machines, vaccines, and even centers where residents could be vaccinated—distinguish between urban haves and have nots, at local, regional, national, and global levels.

### Political Infrastructures of Care

While the work of care involves translational acts of fusing affective action into the distinct social encounters surrounded by the hard material infrastructures offering a protected space for caring activities, caring work is not always to be understood as an altering act. It can also stand in sharp contrast to caring relations’ potential to alter the quality of social encounters toward creating more meaningful ties: acts of uncare articulate the perseverance of highly exploitative social relations, of unaffected social encounters, and of material infrastructure designed to show a void of affect. This is particularly at stake when we conceive of urbanization as both the vehicle of capitalism and its recent socially divisive formants, and at the same time as liberating and political ground, to overcome such forms of capitalist urbanization. Here the need to formulate a care concept that dynamizes dichotomies between caregivers and receivers, and that creates an analytical nuance to see the altering potential of affective, immediate, and soulful caring relations not just for the well-being of all, but for shaping distinct and careful versions of urbanization, becomes manifest. First, such an altering version of care would undoubtedly have a political impetus: Matina Kapsali (2020: 13) in this respect distinguishes between (dis)embodied care practices, stating that embodied care practices are crucial for constructing “common political spaces of home and give birth to collective political subjects.” She thereby renders “equality and care as co-constitutive practices” and argues that “equality becomes embodied through the collectivisation of care while care becomes politicised through the enactment and presupposition of equality” (ibid.: 15). Urban practices of creating equality, or ‘communities of care’ (Federici 2012: 12), may advance democratic practices based on difference through focusing on embodied practices and everyday socio-material conditions. This can be realized by introducing insights from “feminist and geographical scholarship on care and social reproduction” (Kapsali 2020: 15).

This feminist twist implies that we cannot ask the care question without asking for whom care matters (differently) why, how, and where. Such a critical care analysis in urban studies is an act of localizing the caring body in (un)caring spatial settings and careful, carefree, or careless social relations. The focus on the urban as a collective socio-political project helps to situate care by envisaging how an analysis of these (un)caring social relations gets politicized or may itself become an agent to politicize, for instance by constantly unravelling the ambivalent nature of struggles around (in)equality, or by showing the altering potential of care for collectivization of new political subjects.

Interweaving care debates into other conceptual debates in urban studies may help to conceptually ‘ground’ cultural, social, and political theories of democracy, space, and urbanization through their focus on (dis)embodied social encounters (Chapter 1, this

volume), on material space and redistributive efforts, and on the quality of social relations in a world-of-being-in-common (Chapter 3, this volume). Yet it may also serve as a *Trojan Horse* if conceptually used in an ambiguous way in favor of care-washing (Chapter 2, this volume). Analytically, care helps us develop translational efforts and intellectual transfers for these theories to become meaningful for engaged empirical researchers with an interest on socio-material aspects of changing patterns of everyday life and lived space. From the sections' focus on socio-spatial inequality, it is especially the forming of political infrastructures of care around conceptions of mutually defined equality which seems a valuable path for future research, education, and action: "Fabricating political infrastructures can [...] be understood as a process of collective world-making, a process of political subjectification through which bodies, materials, ideas and beliefs come together to 'make space,' to open new spaces of living-in-common" (Kapasali 2020: 16, original emphasis). Care helps to conceptually locate and interweave the urban political not just in abstract discourse, but primarily in cities' material, embodied, and affective dimensions because considering care allows us to examine "the fleshy, messy and indeterminate stuff of everyday life" (Katz 2001: 711).

## Introducing the Contributions

This section draws together chapters that attend to the practices and discourses of care, through which social and spatial unevenness is (re)produced, negotiated, and transformed, while striving for equality in difference.

By discussing out-migration of elderly Americans into Mexico to pass their waning years, Samuel Maddox introduces *Cartographies of Care: Urban Development in Mexico in Response to a Graying America* (Chapter 5, this volume). He analyzes how this group of Mexico-resided retirees enjoys cheaper costs of living while receiving federally subsidized senior benefits from the home-state. The presence of aging Americans who re-colonize ex-colonial cities like San Miguel de Allende has completely shifted municipal public services toward the expat. This urban phenomenon has produced a severe new wave of massive suburbanization in Mexican border towns, in which now sprawling villages of luxurious eldercare are emerging from what was once communally-held Indigenous lands (*ejidos*). Examining these new spatial patterns through an intersectional lens of urban studies, border studies, and post-colonial theories, Maddox reveals a network of intersecting vulnerable agents—sick migrants, caregiving locals, Indigenous communities, and coastal ecologies—living within the hegemonic paradigm of neoliberal, transnational urbanization.

In *Turning the Key: How the Pink Passkey Has Shaped the Landscape of (Un)Equal Opportunity for LGBT-Friendly Eldercare Provision in the Netherlands* (Chapter 6, this volume), Roos Pijpers explores care experiences of Lesbian-Gay-Bisexual-and-Transgender (LGBT) communities in the Netherlands. Specifically, she examines the introduction of a quality certificate for caring institutions that are acting in a safe and welcoming way toward this particular community in Dutch cities. Pijpers discusses the scope and limits of the *Pink Passkey* as a tool for improving LGBT-friendliness of eldercare and service provision. Conceptually, the chapter bridges care ethics and praxis theory to identify forms of LGBT-friendly care provisions that differ in how care receivers are included. It provides a set of nuanced conclusions about different versions of the *Pink Passkey* associated with differing approaches to sexual and gender diversity; an interpretation that the passkey both curbs spatial inequality but also creates new

inequalities; and a summary about the learning processes the introduction of the passkey has sparked to enhance knowledge and awareness on the needs and agency of older LGBT adults.

In *'We Are Here to Care': Gendered Urban Safety in Argentina* (Chapter 7, this volume), Anna Bednarczyk explores the experiences of women who march against the systemic violence against women in Argentina. She analyzes their intersecting struggles against the surge in femicides, that is, murders of women. Her contribution explores the nexus of care and urban (un)safety based on two case studies from the recent *Ni Una Menos* [Not One Woman Less] Women's Rights Movements. In a society characterized by high patterns of (male) unemployment and openly expressed paternalistic and chauvinistic social attitudes, the gendered dimensions of obstacles to access urban space significantly impacts the everyday life of girls and women, as they encounter manifold spatial limitations. In their spatial struggle for survival and equality, *Ni Una Menos* activists express forms of sisterhood-based care to overcome these restrictions in an uncaring context permeated by domestic and public violence. Through elaborating the spatial dimensions which undergird resistance strategies, the chapter offers a new understanding of the potential of movements that seek to radically alter the conditions out of which their struggle emerged.

The role of urban space in activating social capabilities of urban dwellers is the key theme in Elena Marchigiani's contribution *Healthy and Caring Cities: Accessibility for All and the Role of Urban Spaces in Re-Activating Capabilities* (Chapter 8, this volume). Trends of aging cities and a growing demand for maintenance and adaptation of public space and service create the need for a deeper reflection on spatial conditions supporting urban dwellers' health. Focusing on the Italian city of Trieste, she interprets the concept of 'accessibility for all' as a right for all urban inhabitants, and 'mobility' as a crucial component of the design of related people-centered services. Interpreting incapacitation and disability of many urban inhabitants as a result of the interaction with their lived environment suggests the critical need to overcome banal urban policies. To achieve this, the usability of urban space plays a fundamental role in increasing people's ability to actively shape their own mobility and well-being. Thereby, a more egalitarian access to public space for an aging population characterized by difference and differently affected by socio-spatial patterns of inequality is created.

Self-determined mobility is also a key issue for people living with dementia (PLWD) in Canadian suburbia, a finding that Samantha Biglieri carefully explores in her chapter on *Examining Everyday Outdoor Practices in Suburban Public Space: The Case for an Expanded Definition of Care as an Analytical Framework* (Chapter 9, this volume). PLWD tend to experience a so-called 'shrinking-world' effect, in which what is near and inside them becomes more accessible than what is far and external. Understanding this medical explanation is a key ingredient for urban planners to investigate the socio-spatial relational interactions between PLWD and their environments. Being supported by their neighborhood in terms of access has many benefits, including more social interaction, sense of worth, dignity, and improved physical/mental health. The chapter draws on an innovative methodology of combining in-depth and go-along ethnographic interviews, GPS tracking, and travel diaries to provide insight into the spatial experiences and choices of PLWD. More-than-human and human encounters, the differences between perceived and lived spaces, the influence of past histories on present selves, the impact of stigmatization of dementia on movement, and embodied walking experiences can give insight into conceptualizing the neighborhood as a place of (un)equal care.

This book section set out to emphasize the unevenness of urban care work and uncover the egalitarian bodies, logistics, and technologies that have been employed to alter its detrimental effects. In so doing, it seeks to advance our understanding of inequalities that undergird everyday spaces of (urban) care but also those which emerged out of—and reflected through—more institutional and regulatory spaces of care provision and service. The overall aim has therefore been to highlight the manifold ways through which care practices unfold in urban space, through both its infrastructures and materialities, and as regards to its affective and political features.

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