



## The Body as the Place of Care

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### Here/there and there/here

Rosemarie left her three children when all were still under the age of eight in the Philippines to work as a live-in nanny for a family in San Francisco. She sends most all of her earnings to her family in the Philippines. Her children are cared for by her mother and a nanny. (Her husband does little childcare.) She has been abroad for ten years, but keeps close contact with her children, calling them frequently and corresponding regularly.<sup>1</sup>

*When the girl that I take care of calls her mother “Mamma” my heart jumps all the time because my children also call me “Mama.” I feel the gap caused by our physical separation especially in the morning, when I pack her lunch, because that’s what I used to do for my children . . . I used to do that very same thing for them.<sup>2</sup>*

Rosemarie, we may say, exists in a “nomad space” which, as Lisa Eckenwiler, borrowing from Gilles Deleuze and Félix Guattari, says “capture[s] the experience of those who are in some sense distributed between places, who are at once ‘here/ there and there/ here.’”<sup>3</sup> Rosemarie is *here* in San Francisco, but she is here only because what is most important to her is *there* in the Philippines. Rosemarie is, “here/there.” Her heart is *there*, but the work that supports those about whom she cares is *here*. She is “there/here.”

Unlike traditional nomads, migrant women such as Rosemarie do not move from place to place, picking up their tents, their family and community with them as they leave. Instead, these nomads leave a critical part of themselves behind. They change location, but in some sense they do more than retain their connection to their place of origin—even as they leave for a new place, they remain in their original place. As one mother put it: “I would catch myself gazing at nothing thinking about my child. Every moment, every second of the day, I felt like I was thinking about my baby.”<sup>4</sup>

These women leave homes and middle-class careers that no longer allow them a middle-class existence. They leave their families, not infrequently children who are sometimes still very young. They say farewell to elderly kin for whom they might



otherwise have the responsibility to care. They depart from their husbands, lovers, and friends. They know that when they return, their children will be grown, and might not know them at all; their mothers and fathers may no longer be alive; their husbands may have taken another woman as wife. They go because nations of wealth are very much in need of careworkers who can: tend to their increasingly numerous elderly, care for the children whose mothers are in the workforce or who are just wealthy enough to employ a domestic, and assist disabled people newly entitled to such support. These needs are a sign of ways people's lives have improved. Longevity, the movement of women into the workforce, the rights of people with disabilities are among the forces that create the pull that brings the migrants to the receiving nations.

But the need that pushes the migrations is a consequence of oppression: remnants of colonialism, postcolonial forms of domination and oppression, and a neo-liberal global economy in which the sending nations are the losers. Arlie Hochschild has called this migration a "global heart transplant."<sup>5</sup> I will not try to document these injustices or give a macro-level analysis. In this short chapter, I wish to remain on what Rhacel Salazar Parreñas calls "the subject level of analysis."<sup>6</sup> I will posit that the body to whom one gives care is itself a place, and moreover that it constitutes a *here* for the caregiver. Many of the migrant careworkers are bound both by the place occupied by the dependents they leave behind and by the place of the charges they are paid to care for. I want to consider how this bifurcated implacement, which I will call a *bi-placement*, of the migrant careworkers contributes to the harm of this global heart transplant.

## Care and place

Our lives are so place-oriented and place-saturated that we cannot begin to comprehend what sheer placelessness would be like.

Edward S. Casey (*GBP*, ix)

We always occupy a place or are moving from place to place. Places are part of the ecology in which we are situated and constitute what we are as subjects. Places are given by nature or culture, but places are also constructed by ourselves and those who are meaningful in our lives. Places are what we occupy as individuals, and places are part of the social world. As beings that move, we are always moving in place and away from a place. When we are lost, when we feel out of place, we experience "the emotional symptoms of placelessness—disorientation, depression, desolation . . . a sense of unbearable emptiness" (*GBP*, x). We find these symptoms in the reports of the migrant women: "Sometimes you feel the separation and you start to cry. Some days, I just start to cry while I am sweeping the floor because I am thinking about my children in the Philippines."<sup>7</sup> The disorientation, depression, and desolation that many of the migrant women experience is surely related to the sense of displacement. The displacement is more than the physical distance they travel. Parreñas who has extensively studied the experience of Philipian migrants writes: "The dislocations of migrant women include

partial citizenship, the pain of family separation, the experience of contradictory class mobility, and the feeling of social exclusion.”<sup>8</sup>

Above all, the place they leave, with all its familiarity—the sounds, the sights, the food, the familiar modes of interaction—is a *place of care*. They cannot feel at home in their new place because their children are elsewhere. The places they left are ones where the women had been, or would have been expected to be, the prime caregiver to children and sick, disabled or elderly kin. In a particularly odd and perhaps cruel twist, they leave precisely because they see themselves as caregivers. The women leave because they believe the place they inhabit has failed them and their families in making it impossible to obtain the resources and support they need to care properly. Thus they enlist others to tend to the physical daily needs of the ones they care about while they undertake labor in distant lands that will allow them to send the remittances needed to obtain nourishing meals for their families, assure an adequate education for their children, get medical attention for the ill, disabled and frail for whose welfare they are responsible, and provide the material trappings of a good life in the twenty-first century. Because the nations who are wealthy enough to pay for good, reliable, educated caregivers are looking for women just like them, these women are in the unique position to provide the role of the provider in the family. In a male-dominated society, the caregiver role is often regarded as nonfungible and gendered female. The role of provider is gendered male and is more fungible. But in the cases we are considering, the caregiver role becomes fungible while the provider role can be filled only by a singular person. The gendered identification of the provider role is suspended; although the role of hands-on caregiver remains highly gendered and either a female kin or a paid female domestic takes it on.

Yet the women redefine caregiving as involving more than the daily hands-on care. Care is an attitude, a virtue as well as a labor. The affective relationship that makes the well-being of another critical to our own well-being is what drives the women to migrate, and that affective relationship remains a powerful force even in the face of long and continuous absences. Care as a virtue is clearly exhibited in the extent of hardship and deprivation the women are willing to undergo to assure that their loved ones are well taken care of. Care as a labor is less easily accommodated in the case where hands-on care is impossible. Care as a labor is often understood to require being in the physical presence of the one in need of care. This is especially so when we are speaking of caring for those who cannot meet those needs for themselves because of physical or developmental constraints and not because they prefer to have another do the work for them.<sup>9</sup> Although most of the women feel they are doing just that—meeting the needs of the ones for whom they care—the meeting of daily needs, of the hands-on care, is not care that they are able to provide at a distance. The actual body of the loved one, which was the site that defined the place of care, is no longer where they carry out the labor of care. This consideration brings us at last to the important relationship between care and place.

How place-dependent is care? The labor of care requires an attentiveness to another that is best achieved by direct visual, auditory and (even) tactile contact. Furthermore, caring is often facilitated when we have come to know the other well, and are motivated by strong affective bonds. Such closeness is achieved only with difficulty when we

do not inhabit the same place. Responsibility and responsiveness are facilitated by proximity.

Not only do the caregiver and the cared for need a place to share together, when I am the caregiver, especially when a strong affective bond is the motivational source of my care, my own sense of *here* is given (in part, at least) by the person for whom I am responsible and for whom I care. This experience is perhaps best illustrated in the case of a nursing mother in the earlier months when her child is entirely dependent on her milk. There is a sense of disorientation, as if something is missing, when one leaves a baby in those early months. When one is caring for an ill relative, one may be desperate to get away, but there is a lingering presence of the other borne of a concern that does not depart, even when we are physically absent. In the case of the nursing mother, hormonal changes account for much of that feeling, but in other cases it is clear that a sense of responsibility to those who are so very dependent upon oneself clings to us, and we are attuned to what might be occurring elsewhere. One never feels fully *here*. For the migrant woman, the *here where she is not* is not only her native land, but the very body of the one she cares about. Her new *here* furthermore requires her to tend to a different body, a different place *in* a different place.

The conviction that the migrant women have that they are continuing to care for their loved ones, even in an absence that extends for years at a time, and even as they take responsibility and do the hands-on care for the persons in their charge, is tied to this sense of here. They are not only bringing in earnings which they send as remittances back home, but their thoughts, their concerns, their attention is directed to a significant extent to what is happening to those dependents that they leave behind—even as some of the same sort of attention has to be directed to the here where they are physically present, as is so apparent in the reflections of the woman who speaks of the difficulty of preparing the lunch of the child in her charge.

From an objective perspective, *here* is where her body is and where the people whose care she is charged with are. *There* is where the ones she most cares about are. The objective *here* enables the remittances she sends *there*. But from everything these women tell us, subjectively the *there* where their loved ones are continues to be a *here* for them. It is the *here* that one utters to the person they care most about, “I will always be here for you.” The *here* of her own body is in some ways a *there* for her. “I will always be here for you, even when I am there; I am there only because I am here for you.”

## The body as place

Casey makes the case that not only is the body always in a place, but the body itself can be seen as a place, as a “here.” But when Casey speaks of the body as a place, he is speaking of our *own* body as a place, while I have been speaking of the body of another—the cared for—as a place, a place of care. The body of the other is not only a place, it is the place where I am a caregiver. It is the bodily *here* for the caregiver *qua* caregiver.

Casey suggests five ways in which the body itself, that is our own body, is a place. I will consider how the different senses function when the body of the cared for is the

caregiver's here and whether these help guide us to the wrong done to the place-making agency of migrant caregivers such as Rosemarie.<sup>10</sup>

*Here in part.* Here in part is the familiar notion of viewing our bodies as a form of extension that we differentiate into parts, different *here's*. We say, for example, "the pain is *here*, not *here*" and we point, in both instances to different parts of our body. The body in this case is constituted by a set of *here's* that, insofar as it is my body, are all "*here's*" to me.

Similarly, we can, and I believe do, think of the body of a beloved for whom we care as one more part among the many parts of our own body. When we tend to the cut on a child's finger, we feel their anxiety, wince as we apply the astringent, feel the relief when the bandage is applied and the child smiles. We treat the child's finger as if it were our own, a part of our own body. That body remains a *here* for me as long as I have the attitude of care for it and as long as I feel responsible for that individual's care. The migrant leaves a sort of *here* with her dependents, even as she parts from them.

*Here of my body proper.* As we locate ourselves in a place, say a room, it is *as a body* that we do so. Just as each place is implaced in another, for example, a room may be located in a house which is located in a street which is located in a city, etc., so the reverse iteration ends in the place that is our body, our body in its totality.

If instead it is the body of the cared for that situates the caregiver in a *here*, then she locates her *here* through that other body. A migrant mother whose *here* is the body of her children—ones who live in place that she leaves—leaves her *here* in the sense of the "*here of [her] body proper*" as well as in the sense of "*here in part*". This subjectively given *here* of the caregiver is also needed for the cared for who needs to know that she can count on the constancy of the other.<sup>11</sup> At the same time, objectively, she is in a new *here*, (in New York or London, or Singapore) taking care of other dependent beings for whom she also needs to be *here* when they need her. She struggles with this dual implacement. She is thus not so much displaced as bi-placed.<sup>12</sup> However, adopting the *here* of her new charge threatens to displace the *here* of her children. Pierrette Hondagneu-Sotelo and Ernestine Avila,<sup>13</sup> in an article aptly entitled "I am Here, But I am There," remark that "migrant women, socially defined as primary caregivers, have to distinguish their transnational motherhood from an act of abandonment or disowning of their children."<sup>14</sup>

*Here of my by-body.* This is the experience of the body as place in movement. "At the limit, this leeway becomes an entire range of free actions when we consider all of the various paths which my body can pursue" (*GBP*, 53). The body in executing an instrumental role relative to our will is experienced in this way. I go from my house to the grocery store: I am *here* along the entirety of that path.

When we think of the body of the one for whom we care as this sort of *here*, our *here* is similarly the moving *here* of the other. My child goes to school and I accompany her and the *here* of my body and the *here* of her body coincide. As she is in school and another takes responsibility of her, being at school is her *here* and is no longer my *here*,

except insofar as I continue to think about her, worry how she is doing, etc. But when I feel confident about her care, I can let go of that here.

The migrant woman has to relinquish this here of her loved ones. Their comings and goings cannot be her own here, and she has to trust that they will be in good hands as they move around in their world. She has her own here and that of the “by-body” of her charge to be concerned with. The abandonment of by-body here of the people she leaves behind can cause great sadness in the migrant as she is unable to follow her child’s movement through the world and through time. Pei-Chia Lan writes about a Filipina migrant mother, Evelyn:

Evelyn: I feel very upset about my children. They don’t talk to me. This one . . . I left her studying in college, but now she got married and has a son already . . . She never told me she got a [boy]friend! She never told me.<sup>15</sup>

The child she leaves becomes frozen in her memory. It is hard to envision her child as she goes to school, enjoys her friends, feels sadness and disappointment in her endeavors, and so on. The migrant woman with an elderly parent cannot accompany her mother or father to the doctor’s office, comfort her in a hospital bed. This separation from the body of the loved one is a form of alienation, indeed a self-alienation, that comes with the migrant experience. Both a bitterness and a comfort is found in the fact that the caregiving situation into which she is thrust (and that provides both for her livelihood and for those back home) does make the by-body of another her place as well—but it is not fully her place. Her relationship to her charge is temporary. She will be dismissed when the child gets older, when the ill person gets well, when the elderly person dies. It is rare that a real and lasting relationship is formed with either the dependent or the family. Her relationship to those for whom she labors, whose well-being are her long-term commitment comes unraveled through distance and time, and has somehow to be mended if she and they are to feel whole.<sup>16</sup>

*Regional here.* The regional here is the expanse constituted by the various paths we can pursue as a body. We are here “in this house” or “in this neighborhood.” Within such a region, we experience a *here* that has a direct relationship with the *here* that is our body. As against these *here*’s that constitute the region, there is a *there* where I am not.

When the body that constitutes the regional here is not our own body but that of another, the regional here occupies an ambiguous relationship to our own bodily here. In the case of the migrant women, the here of the one they care about is one they shared at one point and no longer share. “I am a Filipina,” she might say and mean by that that the Philippines remains her regional here. It is both part of her identity and is the here of those who are most important to her. Yet the regional here of the charge she now cares for and where objectively she finds herself is, of necessity, a here for her. In terms of the regional here, then, she is again bi-placed.

*Interpersonal here.* Finally, Casey, drawing on Husserl, speaks of an interpersonal here in a way that excludes another’s body serving as a here for me. Casey speaks of the other’s (t)here as resisting our own here and as “an intrinsic limit to my own range.”

Where the other is, I cannot be. Thus “what is there for me as the other’s lived body is, for that other himself or herself, a here of self-presence” (*GBP*, 54).

In contrast to this “interpersonal here”, I have suggested a different sort. The caregiver sees the body of the other as the here where I locate my attention, identify my concern, and direct my activity. To the extent that I can, I step out of myself and find my own sense of place in the other. That is, I identify and empathize with the other, all in the service of meeting their needs, wants, and desires.

The two interpersonal here’s are polar opposites. In the Husserlian conception, the other defines where my here ends. In mine, the other is the place I enact an empathetic identification and her here becomes my own. Yet there is third interpersonal here. Casey speaks of an “arc” that bridges the here I experience to the here of another. This is place that is constructed intersubjectively. Such a place is constructed “not only between people who live in a place, but also between people who live in different places.”<sup>17</sup>

The very experience of relationship is placial. Relationships can feel suffocating. They can provide a zone of safety, a “place” of comfort, a “place” where we experience anger or joy. The notion of place here is perhaps metaphorical, but if place need not be a fixed locality, it should include a place—a here—between two heres, that is an interpersonal relationship.

Relationships of care include all three forms of the interpersonal here as moments in the relationship. The body of the other is our own here as we attend to it and engage empathetically. But the body of the other also resists us. The other’s needs, wants and desires are ultimately her own, and some will remain opaque or inaccessible to us. Our own needs, wants, and desires will eventually assert themselves against the other. In addition, a caring relationship, like any relationship, needs to recognize both our discrete being and our connectedness. Relationship occurs in the place between individuals, who, although individuals, are nonetheless connected. If I *fully* identify with a pain that renders you incapacitated, I too would become incapacitated and so unable to help you. If I care for and about you without recognizing our difference, I will confuse my own state for yours and so be unable to meet your needs. If I so fully identify with you that I lose my moral compass, I will be incapable of giving you guidance in living a flourishing life. And if you see me as nothing more than an appendage of you, you will lose the respect for me that is critical to my ability to function not only as an individual, but as an effective caregiver as well. Thus, while the body of the one we care for is a here for us, it can only remain so if we allow *both* of us to be in the here of a relationship.

Nonetheless, relationships, even if punctuated by periods of absence, and even if constituted across distance, generally require some physical proximity to be sustained and to adjust to changes in the lives of each. We also crave the physical warmth of another, the sensuous presence of another. The imagination may go a long way to fill in for the actual experience when absence is inevitable, but most of us possess only a limited imagination. Without a shared physical space, the place that is a relationship becomes thin and precarious. And this is the hazard faced by the migrants.

The case of the migrant caregiver offers up a skewed geography of love and care. Given the relational constitution of self, and motivational structure of care,

the care expected of a hired caregiver occupies a phantom space in this geography of relationships. The mothers speak of “pouring” one’s love into their charges. The expression is reserved for the relationship with the ward and is not used when speaking of their own dependents.

The discomfort we feel with the idea that a woman leaves her child for years at a time to tend to some other child signals a moral harm. In another work I have argued that the nature of wrong is not easily captured by the various regent frameworks of justice.<sup>18</sup> There I claim that the harm is best understood not through a theory of justice but through an ethic of care. For an ethic of care places our relational identity front and center. As our very identity and sense of well-being is tied to the relationships we have formed, some of the most damaging harm we experience lies in the severing of relationships. In the case of migrant careworkers, even as *ersatz* relationships are forged—relationships that are made to be broken—the central relationships of their lives threaten to come unraveled. If we need to leave a vulnerable person to the care of another, but can return at close and regular intervals, we can repair the few strands that have frayed. But long absences do not allow for this mending and by the time one can be face-to-face, it may be too late to repair the damage.

If relationships are themselves places, then the migrant women find themselves in the wrong place without any possibility of returning to the place whence they came, as the grounds of the relationship has shifted over time. The difficulty of recovering the relationship is great not only because the ones left behind have changed, but also because the migrant woman who is bi-placed undergoes a self-rupturing. With her fractured self, there is no longer an integral self to stand in relationship with either of the parties for whom she cares. Without these relationships her displacement is complete and we can indeed expect to find the symptoms of placelessness that Casey so well described. The harm of severed relationships is joined with the harm of never feeling oneself as fully here.

## Notes

- 1 Rosemarie is a composite of many of the women discussed by Rhacel Salazar Parreñas in *Servants of Globalization: Women, Migration, and Domestic Work* (Stanford: Stanford University Press, 2001).
- 2 Migrant Filipina domestic worker interview quoted in *ibid.*, 119.
- 3 L. A. Eckenwiler, *Long-Term Care, Globalization, and Justice* (Baltimore: Johns Hopkins University Press, 2012), 81.
- 4 Quoted in Parreñas, *Servants of Globalization*, 89.
- 5 See, for instance, Arlie Russell Hochschild, “Love and Gold,” in *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, ed. Arlie Russell Hochschild and Barbara Ehrenreich (New York: Henry Holt, 2004), 22.
- 6 See, for instance, Parreñas, *Servants of Globalization*, 30–33.
- 7 *Ibid.*, 119.
- 8 *Ibid.*, 12.
- 9 Diemut Elisabeth Bubeck, *Care, Gender, and Justice* (Oxford: Clarendon Press, 1995).



- 10 For an account of place-making agency, see P. Raghuram, C. Madge, and P. Noxolo, "Rethinking Responsibility and Care for a Postcolonial World," *Geoforum* 40, no. 1 (2009): 5–13. I discuss the notion below.
- 11 Nel Noddings writes: "Caring over time need not be—in fact, never is—an unbroken series of caring encounters, but it must be marked by a basic constancy. The adult must convey a message to the child: 'I am here for you.'" Nel Noddings, *Starting at Home: Caring and Social Policy* (Stanford, CA: University of California Press, 2002), 26.
- 12 This analysis is of course a simplification for the purposes of isolating one significant feature of the migrant careworker's experience. There are many others who normally constitute the here that is defined by the significant persons in an individual's life. Often these individuals are dispersed and we find ourselves with many here's that orient our lives. Furthermore, the here that fashions what we identify as home involves more than the significant individuals in our lives. The sounds, smells, tastes of a place, as well as the visual contours, all define a here for us. The neighbors, the sense of community, the social and political institutions that shape our lives in less immediate but no less significant ways are also part of our experience of a here. We may bring all our significant others with us, but still not feel at home, still feel that a part of us remains in the place we have left.
- 13 Pierrette Hondagneu-Sotelo and Ernestine Avila, "'I'm here, but I'm there': The Meanings of Latina Transnational Motherhood," *Gender & Society* 11, no. 5 (1997): 548–71.
- 14 Cited in Pei-Chia Lan, "Maid or Madam? Filipina Migrant Workers and the Continuity of Domestic Labor," *Gender and Society* 17, no. 2 (2003): 196.
- 15 Ibid., 196.
- 16 Again, the picture I drawn is oversimplified. Real relationships are far more complex than the abstract ones I invoke. The relationships that arise from the situation of paid caregiving can become very deep and permanent and the relationships that are based on love and kinship can be fraught with ambivalence, may include violence, abuse, and exploitation. Nonetheless, the default assumptions and the basic narrative that underly the distinctions among these two sorts of relationships shape and color the variations in the actual relationships.
- 17 Raghuram, Madge, and Noxolo, "Rethinking Responsibility and Care for a Postcolonial World," 8.
- 18 Eva Feder Kittay, "The Moral Harm of Migrant Carework: Realizing a Global Right to Care," *Philosophical Topics* 37, no. 2 (2009): 53–73.