Organ transplantation. Adult children caring for parents. The moment of disclosure of sexual assault. From these different landscapes of care we learn how vulnerability hurts, undoes, changes and shakes-up a person’s place in the world. We are also invited to imagine how it can remake us anew: “Vulnerability is not only the openness to harm or injury, but is a necessary condition of world-making and subject-making”, Ann Cahill writes.

There are two crucial themes in the chapters: vulnerability as undecided and as generative in its relationality. The themes are at odds with more commonplace imagery and figurations. So often the term connotes an exposed, etiolated passivity or depletion, cut off from possibilities to act, resist or effect; renditions that invoke an implacable need for paternalistic protection (Page, 2018). As undecided and relational, vulnerability poses profound questions about caring relationships, ethics and politics. Does the relational economy of care require some level of coincidence, be it the common ground of co-presence, shared insight, affectivity or
understanding? And if so, do we risk epistemic violence in transcoding the recesses, ellipses and immanence of vulnerability into something already intelligible? When we forge new vocabularies and narratives are we recognising alterity or recuperating it? How to make way for what is unfamiliar, strange and not-yet? Might the translation of vulnerability into category, language and story, however tenuous, wipe out the singularity of its demands? At stake in these questions are bigger themes and debates about the ontologisation of vulnerability as politics (see Cahill), wherein two events of alterity are often mixed-up and elided. As Dikeç et al. (2009) point out:

In much recent critical thought the concept of otherness depends on running together two distinct understandings of the concept of the Other...In the first, the Other is understood to be the abjected effect of a ‘power’ which works through exclusion, hierarchy, and projection. In the second, the Other is a figure for human finitude. (9)

The role of narratives and stories is another cross-cutting thematic. For all the authors, the relationality of stories—how they are informed, crafted and received—is a vital part of the vulnerabilities they examine. There are connections here to a vibrant cross-disciplinary scholarship on the nature of subjectivity, subjection, representation and sociality. This includes work on the cultural significance of “giving an account of oneself” as a structure of address in justice claims making (Butler, 2005), the exposure of the “narratable self” who entrusts their narrative to another’s storying (Cavarero, 2000), and the ethics of “narrative humility” in care-
giving, which recognises how stories act upon those who receive them (DasGupta, 2008).

But what happens when we have few narrative resources from which to piece together a story? This is Jackie Leach Scully’s concern in her examination of the experiences of liver transplantation recipients. Scully, a Professor of Bioethics, asks what a politics of care might look and feel like when there is an absence of relevant identity narratives. The impoverishment of narrative resources for Scully is caught up with the fast pace of biomedical innovation. With technological and biochemical advances in liver transplantation, experience out-runs existing narratives. Recipients can find themselves inhabiting unfamiliar and estranged life-worlds, bereft of an appropriate vocabulary and storying.

Scully identifies three main sources that contribute to the making of new biographical narratives for recipients: health care professionals who offer in situ, largely clinical materials; cultural stories from fictional accounts such as those in novels and TV; and the stories and anecdotes that circulate in campaigns and patient support groups. The paucity of nuanced narratives, together with the predominance of motifs of the gift and gratitude in these stories, mean that recipients “are rendered narratively vulnerable”. It is more difficult to explore and make sense of the ambivalence of their evolving, at times fast moving body-worlds. And so Scully calls for “narrative enrichment”, alongside a greater enabling of and receptivity to dissident and recalcitrant stories. Crucially, a politics of care must examine “not just
the nature of the counterstories but the power distribution behind who creates and who has access to them”.

There are echoes in this seam of thought of Miranda Fricker’s (2007) theorisation of hermeneutic injustice, “when a gap in collective interpretative resources puts a speaker at a disadvantage when trying to make sense of their social experiences” (1). Fricker has also recognised how social inequalities can transform such personal experiences into “structural hermeneutical injustice”. The latter defined as “the injustice of having some significant area of one’s social experience obscured from collective understanding owing to a structural identity prejudice in the collective hermeneutic resource” (155). Drawing on Fricker’s work, Carel and Kidd (2014) have shown how the narrated experience of those who are ill, debilitated or in pain can be regarded with suspicion in health care because bodily vulnerability is seen as making individuals overly emotional and unstable. A vicious cycle is set in train: because the experience of illness and the emotional and bodily chaos that it instigates can be difficult, sometimes impossible, to make sense of and narrate, patients are viewed as unreliable narrators. Preference and greater weight can then be given to third-party accounts, most often from other care professionals. In other words, bodily vulnerability and inadequate narrative resources can lead to the creation and compounding of nested exclusions, including the imposition of certain canonical narratives.

That pain can shatter thought and language, to the extent that we become more susceptible to imposed interpretations, is not only a matter of who owns the means
of description, Elaine Scarry (1985) believes. In part, it is also a phenomenological problem, rooted in bodily precarity. This instability of sensation and perception is entangled with a depletion of interpretive categories that might guide and support how we make sense of what is happening when our worlds are rocked or fall apart. Scarry writes, “Our susceptibility to the prevailing description must in part be attributed to the instability of perception itself: the dissolution of one’s own powers of description contributes to the seductiveness of any existing description.” (279).

It is important to recognise that Scully writes from her experience as a recipient of a donor liver. The autoethnographic does not gloss the turbulent bodily and emotional upheaval that is a vital part of Scully’s academic investigations. Enfolding these constituent conditions of knowledge-making into the analysis is itself a personal and methodological vulnerability as well as a “narrative enrichment”, at odds with the unmarked ableism so often occluded in academic scholarship, which presumes an integral, stable self and body (see also McRuer, 2006 on “composition”). “One of our most tenacious cultural fantasies is a belief in bodily stability, more precisely the belief that bodily transformation is predictable and tractable”, Rosemary Garland-Thomson (2007) has observed. “Our cultural story of proper human development dares not admit to the vagaries, variations, and vulnerabilities that we think of as disability.” (114). As a wounded story-teller (Frank, 1995), Scully’s contribution is then both about and of narrative vulnerability.

Stories of woundedness and care infuse Jason Danely’s piece on adult children caring for older parents in Japan and England. Care stories are constantly being revised and
tinkered with in their circulation between personal and cultural narratives, Danely argues, prising open opportunities for compassion when canonical stories falter. One example is the metaphor of “kaigo tsukare,” (translated from Japanese as “eldercare fatigue”), a term associated with the killing of older people by relatives. Danely feels that there is understanding among his research participants for the vulnerabilities that circumscribe kaigo tsukare: “Stories of woundedness and care also need a space between that allows the roles to shift and exchange” Danely asserts, “for the listener to tell the other’s story as their own, and the teller to listen to their own story reshaped by the other”.

Compassion in care is ethically charged and ambivalent. It can always topple over into something more malign. The risks of compassion are at their most apparent in the stories of Paul and Tomomi. Paul’s father has bouts of erratic lucidity and violent confusion; Tomomi’s mother is unable to speak and is often in intense pain. Without speakable or coherent narrative, each carer must intuit needs and motivations. For example, Danely describes how Tomomi’s interactions with her mother, “called on her to use her senses to question and imagine her mother’s sensations, feelings, and pain”. At the limits of language, misunderstanding or the assumption of understanding under the guise of an “intersubjective hinge” (Csordas, 2008), hangs precariously between care and negligence and/or abuse. It is impossible to know the extent to which such forms of storied communion are dialogic or monologic. We must also be mindful of the dangers of reinscribing carers into dominant representations, which have a tendency to romanticise care-givers as self-sacrificing heroes or to portray them as victims. Care-giving, as Danely shows, involves a
distributed and ambivalent susceptibility; a bodily opening out of the carer that can be consciously worked for and given but is also a more mundane and non-reflective part of all of our relationships.

“Corporeal generosity” is the term used by the feminist philosopher Ros Diprose (2002) to name our non-volitional relationality and openness to the demands of others. Corporeal generosity entails “the dispossession of oneself, the being-given to others that undercuts any self-contained ego” (4). Generosity so understood is prereflective. It happens “at the level of corporeality and sensibility, and so eschews the calculation characteristic of an economy of exchange” (4). A crucial difference in this formulation to tropes of the gift and gratitude in the dominant transplantation stories that Scully chronicles is that generosity is not framed as a personal moral virtue. Nor is the gift located within a system of social contract and exchange. The menace, as well as the ethical potential of vulnerability as a bodily exposure and porosity in this mode of thought—influenced by Derrida, Levinas and Merleau-Ponty—is that it puts our own interests and capabilities into radical question (see also Guenther, 2006).

These philosophical discussions are both animated and grounded in Cahill’s analysis of policies on sexual assault and harassment in North American colleges and universities. Her particular focus is on the moment of “informal” disclosure of sexual violence to those such as peers and teachers. It is the sharing of a story or stories of sexual assault that bring the experience into the world, Cahill argues. Whether this is an enabling or more damaging relationality, cannot be pre-known. In this sense,
while “sexual abuse may be described as a violation of interrelatedness”, a
“distortion and negation of the mutuality that is existence” (Mani, 2018: n.p.), the
intersubjectivity of disclosure is itself a vulnerability, emerging in the “shimmering”
undecidability of the possibilities that the disclosing moment offers. Disclosure in
these circumstances evokes a call-and-response architecture: “The relationship
between the survivor and the trusted person to whom they turn reveals itself as a
kind of emergency scaffolding thrown up around an edifice that has been shaken,
but not destroyed”.

In the writing of the philosopher Emmanuel Levinas, exposure to the other is the
very basis of subjectivity and sociality. But it is a susceptibility marked by asymmetry
and diachrony: the other can never be fully known and is the future, in so much as
their mystery offers a break with repetition, circularity and sameness (Levinas
1979/1994). What is distinctive about Levinas’s approach to the self-other relation,
and also what I find most provocative in Cahill’s chapter, is how such thinking
interrupts and reverses the primacy given to ontology and epistemic reasoning over
ethics in the humanities and social sciences. “Responsibility is anterior to all the
logical deliberation summoned by reasoned decision.” (Levinas 1979/1994, p.111). In
place of moral responsibility arising from, and indeed necessitating knowledge of
others, Clive Barnett (2005) has identified in Levinas’s scholarship “a structure of
responsibility built into human relations that precedes other forms of relating such
as knowing and perceiving”(8-9). And whilst Levinas’s ideas are characterised by the
ethical demands of a radical, ultimately unreachable alterity, the desire and ‘hunger’
(89) for contact with the other is always present.
It is in these ethical framings of exposure that I locate Cahill’s concern with how the potential, unknowable generativity of vulnerability can be eroded by institutional frameworks that colonise and seek to encode and systematise the disclosing moment. In this regard, the “legalism” of institutional policies and procedures, such as the mandatory reporter policies found in many US colleges and universities, are seen as stunting or displacing opportunities for the “reconstituting” of the subjectivity of the survivor, where there is “recognition of the assault as a meaningful, but not totalizing, event”. We must also wonder how structural hermeneutic injustice has force in the longue durée of how histories of violence can accrue differentially in lives and institutions, affecting the trails that lie behind and the paths that open up in the axes of the disclosing moment. If, as Sara Ahmed has put it, “Moments can become movements” (2017: 217), we should also be alert to the play of “institutional airbrushing”, as higher education organisations driven by neoliberal imperatives, “reckon-up” the recognition of sexual violence (Phipps, 2017) whilst working to protect and maintain a marketable image and reputation.

Caring for and about vulnerable others remains one of the most urgent challenges of our time. This is why the discussions in this part of the collection are not peripheral or specialist academic concerns. They show the demands and the possibilities of how bodies of all kinds survive with exposure and loss and through interdependence—matters that are ethically and politically fraught. We should not forget the contributions of feminist, Black Studies and postcolonial thought, unfortunately not given enough recognition in the chapters, where writers and
activists have problematised how interdependence has been thought, drawing attention to the uneven distribution of vulnerabilities on a global scale, that renders certain populations as available for injury. Jasbir Puar’s (2017) compelling examination of Israel’s policies and violence to Palestinians for instance, has shown how the polyvalence of vulnerability is mobilised as part of a biopolitical and racialised logic to justify “the right to maim” human bodies and material and cultural infrastructures. “The might of Israel’s military” Puar argues, “one of the most powerful in the world—is built upon the claim of an unchanging ontological vulnerability and precarity, driven by history, geopolitics, and geography.”

Discourses of vulnerability can shore up and enact as much as resist inequalities and injustice. A related challenge for a politics of care is examining the implications, political ambivalence and costs of gaining recognition for vulnerability within narratives that can selectively deny and instrumentalise it. Tiffany Page’s (2018) research of self-immolation among asylum seekers demonstrates the need for multi-scalar investigations, attentive to “grammars of vulnerability” as they exist in the embodied contexts of individual’s lives. Informed by the work of Saba Mahmood (2001) on the contigent relationality of agency, Page engages the specific networks, tenses and attachments that produce different modalities of vulnerability. This approach for Page “is a more expansive way of thinking that can enable an analysis into the influence of situated cultural and historical disciplines and practices that are involved in the way subjectivities are formed and continue to evolve” (294). Underlying Page’s engagement with specific histories and locations of vulnerability are the demands of transnational engagements with vulnerability; the need to
interrogate our epistemological frameworks, assumptions, projections and practices and to render them continuously vulnerable.

Creating space for this circling back of vulnerability into methods and knowledge production is vital for critical thought, analysis and care. A politics of care attuned to vulnerability in its different formations is limited if we do not make way for open-ended dialogue and active interference, a process evoked so vividly in Donna Haraway’s (1994) imagery of the Cat’s Cradle game. These would-be openings, intersections, doubling back and “tenuous moorings” (Howe, 2015: 39), cross over with calls to decolonise knowledge, arguably the most significant contemporary challenge to disciplinary and institutional authority. Taken together, the knots of vulnerability as subject and object, call and response, pose the most provocative of incitements for a politics of care. How to flicker with the flickering?

I, The Living.

Which is my portrait?

The right hand

Bleeding the page for its marrowmarks

or the silence my left hand
inherits?

(Girmay, 2016: 14)

References


