

Troubling Care Webinar Transcript

February 4, 2022



>> Amy: Welcome, everyone. As we wait for more people to join, I invite you to introduce yourself in the chat and share an object, place or activity that represents care to you. And as those come in, I'll read some of them out.

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Thank you so much for joining us today. We call the community conversation troubling care. I wanted to begin by introducing our team I'm Amy Kipp a Co-Lead of the Integrating Care and Livelihoods research cluster with the Live Work Well Research Centre.

Dr. Roberta Hawkins, a co-lead from the cluster, played an important organizing role for today.

We have been wonderfully supported by Rana, Victoria, Kate, and Benedicta from the Centre who have dedicated so much time and care to organizing all of the behind-the-scenes details of today's conversation. We're also joined by Diane, who will be providing live captioning today. Which can be accessed by clicking the cc button at the bottom of your screen and selecting show subtitle.

As we enter this virtual space together, I want to let you know about a few important access considerations. These are based on the good practices shared at a recent Arts-based Virtual gathering by the ReVision Centre for Art and Social Justice who have done a lot of work thinking about how to make virtual spaces more accessible. We want to acknowledge and thank them for their work.

First, we invite you to make space for both sharing and listening as well as people who might participate differently than you. We encourage you to share your name before speaking and indicate when you're finished. Add any pronouns you use to your zoom name. We ask that you avoid posting comments in the chat during the panel discussion until the question-and-answer period. And keep yourselves on mute unless you are speaking. This conversation will be recorded. If this is a concern at all, please feel free to leave your cameras turned off. And if you have any technical issues, direct message Victoria Watt from the Live Work Well Research Centre in the zoom chat

Finally, we want to acknowledge that troubling care is hard work. It's emotional, political, embodied, and joyful work. At times, difficult content may be shared. Please do what you need do to take care of yourself. As a part of this, to those speaking, please inform the audience if you're going to address a difficult topic so folks can choose to engage in a way that works for them.

We're delighted you made time to be here today for this conversation about troubling care. As we trouble care today, we acknowledge the original caretakers of the land the University of Guelph resides on. The Guelph campus is located within the Between the Lakes Treaty

Agreement, known as Treaty 3. This is the treaty lands and territories of the Mississaugas of the Credit. Both Anishinaabe and Haudenosaunee peoples have long-standing and ongoing relationships with each other in this area underscored by care for and with the land. The City of Guelph is home to many past and present First Nations, Inuit and Métis people who enrich the community of Guelph in many ways.

In a conversation troubling care, it's important to note for many Indigenous communities in so-called Canada, care and interdependence have always been central to ways of knowing, being and doing. However, we also recognize that the language and practices of care have often been used as a tool of colonialization to oppress many Indigenous communities. As we at the Integrating Care and Livelihoods cluster work towards imagining more caring futures, we reflect on the responsibilities we have in this context, such as honouring Indigenous ways of knowing, working to support more equitable access to community and academic spaces and problematizing how care is understood and practiced.

We also want to recognize what is and no with us in the space today that we've called "A community conversation." Those of us here all have access to the technology needed to join this virtual space, something that many folks in our own and other communities don't have access to. During these pandemic times, and a time in which there are multiple intersecting crises of care, we call attention to the unequal distribution of care responsibilities which impacts people's ability to be here today.

So, as a way to ground us in what brings us together, I want to share a quote by Maria Puig de la Bellacasa who describes why care must be troubled, complicated and reimagined. She states,

"Care, caring, carer. Burdened words, contested words. And yet so common in everyday life [...] Most of us need care, feel care, are cared for, or encounter care, in one way or another. Care is omnipresent, even through the effects of its absence. To care can feel good; it can also feel awful. It can do good; it can oppress [...] But what is care? Is it an affect? A moral obligation? Work? A burden? A joy? Something we can learn or practice? Something we just do? Care means all these things and different things to different people, in different situations."

Digging into this complexity is what we're hoping to discuss today in conversation with four amazing panelists who have engaged with troubling care and what this looks like in their community and academic practices.

Following this introduction, I'm going to invite panelists to introduce themselves and a bit about their work. I'm then going to ask a few questions about care, inviting each panelist to share and then after this panel discussion, we'll take a quick five-minute break before moving to a more open conversation where we can all be in dialogue together.

So, to begin, since I have done so much talking, I'm going to turn things over to the panelists to share about themselves and their work on care. And perhaps also their answer to our opening question, which was what is an object, place or activity that represents care to you? Nasra and Kevin, since I have known you the longest, I thought maybe I could start with you. So, I will turn things over to you now. Thank you.

>> Nasra: Thank you, Amy, for that amazing introduction to care and introducing folks to the topic. My name is Nasra Hussein. I go by the pronoun she/her. I identify as Somali-Canadian, Muslim, Black woman. And I'm excited to be a part of this conversation today. I currently work as the health equity lead at the Guelph neighbourhood support coalition. I also am a community organizer with Black Lives Matter Guelph and do some work with the City of Guelph on their anti-racism community plan. I guess to answer the question of what objects, activity or place that represents care for me, what resonates for me is community, growing up Muslim and growing up a first generation Somali-Canadian, it was important for my family and for us to connect with the Somali community and the Muslim community to find that sense of belonging and community. And for me that was a sense of care and what represents care for me. Even to this day, it's connecting with others, as well outside of that realm. Thank you.

>> Kevin: Thanks, Nasra. Thank you, Amy, for an amazing introduction. Very thorough. I'm probably going to steal some of the things you did. That was awesome. I'm Kevin Sutton. I go by they/them. I'm of first generation Black West Indian heritage. I'm also a community resilience facilitator at the Guelph Neighbourhood Support Coalition. I'm an activist and community organizer and poet, performer, among other things. I do all kinds of interesting artistic things. I also facilitate what would be more commonly known as anti-oppression workshops. I tend to look at them more like supportive professionalism instead of that.

In terms of what an object of care looks like, I actually brought Smarsh, my sleeping companion. I pull Smarsh to my chest like this and I feel like I'm being hugged.

>> Amy: That's wonderful. Thanks, Kevin. Sonali, did you want to introduce yourself?

>> Sonali: I'm an artist. My name is Sonali. I'm an artist based in Hamilton. I have some roots in Guelph. I was in Guelph for five years for my undergrad. Guelph is close to my heart still. What I thought about in terms of an object that relates to care that's important to me, I really think of a cup of tea as embodying care. My background is South Asian from India. And I know that tea is very important in Indian culture, tea is the thing you drink all the time. So, in my family growing up, I come from a family of six, the first person who wakes up makes a cup of tea for the whole family. I grew up and now in my adult life, I start every morning with two cups of orange pekoe tea. The first thing I offer when someone comes to my house is tea. When someone is upset, I say do you want a cup of tea? People don't always want tea. But it's always my first go-to is a cup of tea. It's that first offer. So, it's the way I care for myself and ground myself every morning. It's a way that I try and offer care to others, as well.

>> Elisabeth: My name is Elisabeth Militz. Pronouns she-her. I'm a postdoctoral research fellow in the Department of Geography at the University of Guelph. I'm a feminist geographer. I'm a guest here, I guess. I'm a White German. I grew up in Germany. But my work brought me to many other places to Azerbaijan, Kyrgyzstan, Switzerland, the United States and now Canada. I have worked with feminist scholars all around the world. I'm interested in theories of affect and emotion and the body and how the body is connected to technology and of knowledge. I brought my object of care, it's my mobile phone. It's my, the device I care through. I receive care. I'm trans nationally connected to my family, my friends, my colleagues. And the phone is

a device that we can share voice messages, pictures. I do a lot of video calling to different people in different time zones. I'm following my friend, family, and colleagues on social media. I think it's such a mundane object, but it's so important to me. And maybe to many other people. It's my most important caring device.

>> Amy: Thank you all so much for those introductions and objects of care. I was speaking with my sister about this question yesterday. She shared with me that hers is banana bread and that is what I always say when I ask this question to others. It was neat to see that we both have that connection to something as simple as banana bread. And thinking about the different versions of the recipe that have come into our family through other members of our family and how we eat it together and share it with others. Thanks for answering that question.

I guess we have begun to see how care is understood and experienced in so many different ways. A common definition of care common in the feminist world is that of Joan Trontos, who's definition is, "all that we do to maintain, continue and repair our worlds so we can live in them as well as possible." That's the definition I often use to inform my own writing and thinking on care. I'm wondering if each of you could describe how you define and understand care and practice it in your own lives?

>> Nasra: Thank you, Amy. When I was first given this question, I couldn't really think of a clear-cut answer. We have the socialized definition of care which is to attend to unmet needs. The safety needs, self-actualization. That's how I understood it from an academic world or through institutions. Over the years, it's definitely transformed. I think that care is a lot more complicated and multi-faceted than what it appears to look like through a textbook definition. It's very subjective, as well. Even posing that question at the beginning of an object, activity and a place that represents care, we all had different definitions and world views of what care looks like, right? I still think it's to attend to those unmet needs, but I think it's also to meet the needs that go beyond the physical. Also, the needs of the heart, mind, body, and spirit. And how those intersect. Of course, having those basic needs met with food, shelter, safety, social supports, and feelings like I mentioned through my response of what signifies care to me. That sense of belonging to a community and feeling love and care through that.

Yeah. And I guess how I practice care, it resonates with my love languages. If you're familiar with the five love languages, for me, the top three are quality time, words of affirmation, and physical touch. When I reflect on care, I mention community. A lot of that is spent with the people I love. Sharing those intimate moments with them. As well, I come from a tribe of camel herding Nomads in Somalia. They spent, you know, centuries outdoors constantly moving. So how I practice care too is spending time outdoors and physical activity through hiking and running. These help me care for myself and practice care through an individual lens.

>> Amy: Thank you so much for that response, Nasra. Kevin, can I pass things over to you.

>> Kevin: Yes, thanks, Nasra. I will build on what Nasra said. I think that was a great context. There are expectations of what care is supposed to be or maybe more appropriately called a myth. For me as a poet, I started to drill down into this question and find ground. It did feel shaky, messy all the way down. What I landed on was, we are all land. We're all part of one

giant biosphere. We're one organism. A lot of times when we're talking about these things we labeled, our conduct is separation trying to connect. Whereas I feel if we're all intimately connected already. There's this estrangement we have from each other, I kind of come to this understanding we talk about care. We talk about love. I think about it as being instead of an interaction, it's the context in which we're living. Sometimes we can surrender to it. Give over to it and connect and sometimes we can't. That's the basis of how society kind of functions. and struggles to live up to its core tenets of fairness, empathy, reciprocity. In that, I feel like care and justice are inextricable from one another. There is a fundamental balance that needs to occur within this process of connecting with one another. I think that I'm building up to something. The process of justice. Seeking it. Finding that can allow for us to surrender to love and care for one another as a natural way of being really revolves around consent.

Each of us have our own perspective what care is supposed to look like. As Nasra said, it's subjective. Sometimes we can care for people the way we want to care for people. But they don't receive that as care. Therefore, it's not happening. It's not happening. A good example I think for myself is my mom. May she rest in peace, who was a very, very loving mother. But her means of care didn't feel like it. It felt like being nagged. Oppressed. Troubled all the time. And it wasn't until I was an adult where we managed to come to an agreement, where mom was allowed the first five minutes of any interaction to ask me why am I'm not wearing a hat? Where is my scarf? Then after five minutes, we're adults interacting with each other.

Negotiation of care was happening between us. We could care for one another, by actually feeling connected. It is subjective. I think boundaries become an important aspect of care. I think I define care as building up to this level where we're having solid boundaries. Understanding where our boundaries are. Having healthy boundaries and consent is a really important way that I define care.

The way I practice care? I would say in these times my approach really revolves around mental health and stress. In terms of my school-aged child, navigating around school is for their mental health. If they are starting to feel stressed, screw school. We're not going to do school right now. The most important thing for me is their level of mental health. Also, for myself, as well, it becomes an exercise in self-care so I can be doing that complex negotiation of consent and boundaries with people around me. Otherwise, when we're in the state where our mental health is compromised and our stress levels are high, we tend to focus on ourselves and give less room for others. When I take care of myself, I am actually making room to care for others. Being able to shift my focus away from what my needs might be in a given moment to take into account the needs of others for me that has to be a constant. It has to be dancing in the kitchen. And doing art. And performing. And playing ridiculous games with my kid. And connecting with others and hugs and Smarsh. A whole bunch of things. It has to be constant. When I'm practising that, I'm also tuning in in a way that others need to be cared for in that process of caring for myself and recognizing. Multiple facets and some surprising, some unknown. But I have to discover in other people. Not all of us are sharing our boundaries. Often, we step over boundaries. Care becomes something complex and rich and nuanced and artistic, I would say. I'll leave it there.

>> Amy: Thank you, Kevin. I'll pass it over to Sonali.

>> Sonali: Thank you so much, Nasra and Kevin for your wonderful, beautiful reflections on care. What was really resonating for me, Nasra, was when you were talking about love languages and the ways that care means different things to different people. So, one of my love languages I realized, which I discovered through relationships with people, is that I really resonate with acts of service, physical touch and quality time as caring. One of the things I don't like, I don't like gifts.

[Laughter]

>> Sonali: It's not my love language. So, I don't need to receive gifts. It's funny. Someone might put together a lot of thought into giving me a gift. But it doesn't resonate in my brain as I'm being cared for by this person because I received acts of care. One of the things that I'm trying to do in my life in terms of thinking about care and the ways I enact care, especially as an artist, was during the pandemic, a lot of artists were sort of re-evaluating what our relationship to our art is in this big moment of crisis in the world. The crisis of the pandemic. I think the crisis of what's happening with the climate. I think it's undeniable. The crisis of capitalism and all these things being interconnected. Why should I make art? What does art have to do with any of this? And so, for me I have a big zine practice. I started working on this zine depression cooking. It is a zine of simple recipes. What I like to say a manifesto for survival for mad people living under the crushing weight of capitalism. I can share that in the chat at the end of the discussion during the question and answer. It was my way of making something in the world that was not profit-driven. 100% didn't want it to be profit-driven. That was what I called "a love letter to my depressed kin." I think a lot of artists are rethinking how can we make art in the context of care? Maybe it won't work for everyone in terms of love languages. Maybe a zine I'm calling a love letter is not what every depressed person needs. But maybe it's what a few people need. I'm offering it to the world in the hopes it will meet someone's needs. And maybe it will resonate with some of you. That's how I'm trying to enact care at a distance during a pandemic. In the introduction, what I really want to do is all my friends and family who are struggling during the pandemic, so many folks I know have been struggling with food and eating food and cooking for themselves. For folks who have been used to eating in the community or eating out or picking up a falafel on their way home from work. They're working from home or they're unemployed. I want to cook for everyone. But I can't physically do that. I don't have the spoons to cook for everyone. I also don't have the resources or a way of bringing food to my grandmother in north York Scarborough. This zine is my way of doing that for everyone. By offering my pot of soup, my zine, it is a spread sheet on additions to instant noodles to make it more interesting, instant ramen. I'll leave it at that.

>> Amy: Wonderful. Thank you. I'll definitely share that zine in the chat later on. I encourage everyone to read it. It's great. Thank you, Sonali. Over to Elisabeth.

>> Elisabeth: Thank you. Thanks so much, all of you for sharing your definitions and practices of care. That resonated well with me. I take an academic approach as a feminist geographer. I'm inspired by scholars doing ground-breaking work on emotions and the work. What emotions do is the core question. But also guides my reasoning. When I think about care, I'm inspired about that, to me, defining care is to attune to others. With others, I mean not just people around

me in the department I work or my family, my friends or my neighbours or the people I meet at the cash in the supermarket. But the place where I live. I attend to the nature, to the ground, maybe the animals, or the weather, the surroundings. I think that's also Maria Puig de la Bellacasa who considers these. Also, Kevin you mentioned that earlier, the intimate entanglement of our surroundings. To listen and to be in solidarity to form collectives. How do I practice that? I think one of the things I try to do is to contribute to feminist geography collectives or to feminist academic collectives. Because I'm working in geography and academia is organized along disciplines, the people I have come in touch with, collaborated with are other people working in geography. The collectives I helped to co-found or co-build, to co-nourish were feminist geography collectives in different places. This is something that brings me joy, but also - of course is work and labour.

I think - what does it mean in practice for me to care, is to take time and to mobilize for my privileges. I'm a privileged academic. I have access to resources other colleagues and friends don't have. I have access to a specific knowledge, or I have experiences I can share with others. And to take the time to do that is how I try to get to stay true to my own commitment to be a caring academic. To empower others to maybe remind them about their own power that lies within them. To move away from this comparing academia and being in a competition with each other towards collaborating. Being stronger together to transform the institution from within by not complying to the expectations of being in competition with each other. And this takes a lot of time and listening and sharing. And being together. This is how I try to practice care. Not just sharing the burden and the pain, but also sharing the joy. To make this a joyful place. A place that people want to be that is welcoming to people who have been underrepresented, who have not felt welcome in academic and university spaces.

>> Amy: Thank you, Elisabeth. Yeah. This is so great. I think that we're seeing how art, community work and academia, there's ways to engage and challenge what care means. And practice it in different ways. So since today we're specifically interested in this idea of troubling care. I wanted to invite you to expand on what that idea means to you. We have begun to talk a little bit about that. But just really digging into what does it mean to trouble care? Alternatively, people use the word to reimagine care or complicate care like in Arts everywhere's complicating series. What does troubling, reimagining or complicating care mean to you, and what has this looked like in your practice, your work? Again, I'll pass things over to Nasra, and thank you for always agreeing to go first.

>> Nasra: Of course. I love what you said, Elisabeth, about attending and attuning to others. Going beyond to just people, but to nature and ground. I resonate with that.

Maria Puig de la Bellacasa mentioned connecting with land. I appreciate that.

The term "troubling" care for me, means is to stay well the trouble. As Kevin alluded to, care is quite nuanced. It's complicated. Care isn't easy. It's messy. It's exhausting. But it's also beautiful. It's necessary for our survival. Our needs depend on that.

Relating it to the public health sector. My background, education, and training, we commonly hear the term "health-care."

And this is often to define systems that administer health services. And I recently have been reflecting on this term a little bit more. We have created a health-care system that often sees patients as numbers to go in and out of the door, lacking empathy, compassion, and care. I reflect - my parents who immigrated from Somalia, currently middle-aged. They have experienced cultural and language barriers from the health-care system for years and years. And they're starting to develop chronic disease and my mom often shares with me her experiences going to see our family doctor and being placed on a waiting list. Like a triage list and because when she does talk to the receptionist at the health-care clinic, the receptionist doesn't really take a person-centred approach. I know it's difficult especially in this period of Covid-19. But historically African, Caribbean, and Black communities are often not taken seriously for their symptoms and for their experiences of pain when they're treated. Often times my mom, when she finally gets that appointment, and she goes to see the doctor, it's usually a procedural process of talking about her symptoms and the doctor providing a referral for a prescription medication for her ailments and symptoms and she's out of the door within the span of ten minutes. I don't think this is care. There's a researcher from the University of Toronto. Her name is Dr. Kate Mulligan. And she recently released a report called "Strengthening Community Connections: The future of Public Health at the Neighbourhood Scale."

This report highlights the social prescribing, which is not a new concept. It's been around for decades. But it's not necessarily integrated in a lot of health-care systems. And this is a person-centred, compassionate, integrative health-care practice. Practitioners and doctors, they provide patients with referrals that link health and social services to address needs rooted in social determinants of health which I often reflect on because that's the type of approach I usually take with the work I do. This includes linking individuals to health services, but also social supports and community supports that exist. And this is a means of empowering individuals and communities to build capacity in their self-determination. For me, I think this is what care should look like. And once you leave the doctor's office, you're still going to be cared for in the community. You're still going to have autonomy over that.

There are certain - within a local context, the Guelph Community Health Centre has a navigator program). GNSC does this work with System Navigators to support and connect community members to various community resources and supports. But we are not all the way there yet. I think it requires a greater uptake through a dedicated community of practice. Definitely intersectoral, all sectors. Just to reflect that the old ways of care haven't been working. - It revolves around productivity and capitalism and all the "isms." We need to take it up a step further and this might be troubling care. Because we are escaping the status quo. And those biomedical models of healthcare created.

>> Amy: Thank you. I love what you said at the end there. The idea of escaping the status quo and how we have done care in the past and imagining things differently. Kevin, over to you.

>> Kevin: I would ditto to everything Nasra said to start with. That really, it lands for me. A huge part in the troubling of care revolves around justice. Justice goes back to that idea of our basic societal agreement, fairness, empathy and reciprocity, the process of connecting with one another. The sharing, being cared for the way we experience care. The way I want to trouble

care currently and, in this conversation, because this isn't something I have a complete answer to. But I'm going to first reference a wonderful paper by a researcher named Amy Kipp.

[Laughter]

>> Kevin: She talks about this idea caring for, caring about, and then caring with. And caring with is a place where I would like to talk about. Because it's this idea that speaks to justice. Right? Being able to care in solidarity with the person you want to care for. Here's the next level of trouble that I want to get into with this. And what I will do is I will give the content warning I'm going to talk about the Freedom Convoy right now. This is one of the things I came up against in doing anti-oppression-type work is, how do you care for people who don't care? How do you care for folks with whom reciprocity is non-existent. Often times, I'll be called to work for an organization where there may be folks in the organization or the people in my group who will be interested in learning what I have to say. But there will be a portion who have no interest. They're being forced to be there. They have to do it because of their job. And the energy from them is palpable, they don't want to be there. For me as the facilitator and also somebody who has a racialized identity, an LGBTQ identity, I'm putting myself in harm's way in order to do that work. So, in order to care for others, I'm in the space where I have to put my own care aside.

In my troubling, and to bring it to the Convoy, I know there's a lot of narratives with what the Convoy was supposed to be. Supposed to not be. What's happening. I think all of that for me ends up coming down to that there are folks who feel like they are not experiencing it. And in that they may have been misguided, misinformed. They may have some valid points. But in the core, they do not feel they are experiencing care. And in that they are - what we can see as less able to think about the care of the people around them. That's not to say they aren't. But the main goal of what they're doing is to disrupt. In that disruption, care for others is being compromised.

My troubling of care is, we're pretty much always in these circumstances where even if we have a majority of people who are interested in care, we're always going to have a portion of society who isn't. Whether it be through trauma history. Whether it be through justice who they are. Whatever comes to the table that ends up putting them in a situation where in that moment, let's say in that moment they don't care. I think all of us have experienced those moments. For myself, I have a particular stance on the Convoy that makes it hard for me to feel care for them. I have to keep checking myself in the dehumanizing I might end up doing based on the fact that my entire life revolves around care. But there's times when - I think this is the piece that becomes really difficult. Is that we have these myths of what care is supposed to be. It's supposed to be absolute and complete. I am always supposed to be a caring person! But we're not always in those spaces. There's time when my trauma history puts me in a position I'm less able to care for others. I'm focused on my own care. I don't care about certain things in certain moments. We all kind of revolve through these spaces.

There's a wonderful - a facilitator, Nadia Chaney. They talk about a care scale we move through. Sometimes we're engaged. Whatever the thing is, we're in there. Right? They call this will

care-free. I'm not worried about anything. I'm in. But it's about me. It's about me and my interest, right? I'm caring about me. Then there's this space where we care about what's going on around us. The people around us. Maybe a host of a party. Everybody is having a good time. They call this care-filled. More important is the people around us. We may sacrifice our care to make sure those around us are cared for. There's also those times when what's around us doesn't feel safe. And we're more tender. And they call this care-ful. The care is that we're withdrawing. May be fearfulness and not wanting to engage. This last one is where we're checked out. Right? They call this care-less. We're triggered by trauma. I would like to pay attention, but I have to pee. My mind is somewhere else. We cycle through phases. We're not capable necessarily of remaining in that 100% care all the time.

In this space of bringing it back to this Convoy situation, is that with all the rhetoric building up on the different sides, care is becoming lost, right? The ultimate fact this entire thing is about people who just want to be cared for the way they see that happening. Right? And how do we navigate that in ways when we might not care because what they might be doing might feel dangerous to us. We might not be able to have direct communication because the way we want to give care and the way they want to receive care don't align. Right? I'm not saying I have a great answer for that.

I think that's where I'm currently troubling care. In those spaces where dealing with the care-less and my own care-lessness and how do we have community cohesion with that.

Likely being a constant presence that could potentially cause harm in multiple ways. I'll leave it there.

>> Sonali: It's funny navigating when to talk on zoom. Thank you, Nasra and Kevin for those beautiful reflections. One thing I have been thinking about a lot in troubling care is challenging the liberal capitalist self-care model that I see is very visible in our culture. It is this idea that I think stems from liberalism where we think about the individual as the most important unit in society. The most important thing for each of us to do first and foremost is care for ourselves. But in the liberal self-care model, that is often at the expense of other people and it doesn't have a class analysis. So, a good example that I can think of for my own personal experience, is that I have been doing a lot of personal reflections about my recent move. In the last six months I lived in three different places. So, I wrote the zine while living in three different homes during the pandemic. I was living in the north end of Hamilton. And then I moved in with friends in Cork Town this past fall in September. But then I was evicted. So, my roommates and I just moved this past weekend into the place I'm in now. We're still settling in. One of the things I struggled with a fair bit throughout this process, was with the person who evicted us who is a racialized woman. She's a landlady in the so-called progressive community and needed to evict us so she could use our home for personal use. And the narratives coming out of the community about this eviction was very much about how she's looking out for herself. Which is the most important thing to do. People in the community have asked "Can't you see that's important and she needs the house?" She didn't have an analysis [of how this would impact us] my roommates, and I live in rented homes not necessarily out of choice but out of necessities. We choose to live in the community with each other. We actually don't have a choice to own a home. None of us can

own homes because we can't afford to own homes. And so, we're at the whim of landlords. We had a verbal altercation with our past landlord in our home. She was raising her voice saying "I'm trying to look after myself" but she's using hashtags on social media with her name #rising. It's like her self-caring. This eviction is part of that self-caring model for her. Anyways, it made me really reflect on these ideas of how self-care often is rooted in capitalism and liberalism. This idea an eviction can be self-care I think housing is a human right issue. We shouldn't be evicting people. That's just like my reflection. Troubling care, I think about care in ways that are not necessarily based in capitalist consumption. Also, I think people often think about self-care as consuming items, for instance "I have to buy a candle to self-care." Or "I'll have to buy a cupcake to self-care." Or "I'll have to go to the spa to self-care." It's like these things only rich people can afford to do. Eating a meal is self-care. Meeting your needs and caring for yourself. And feeding your house mates and your family is caring for them too. Anyways, when I think of my former landlady I think about how that was not self-care. Evicting is not self-care.

>> Elisabeth: I'll jump in. Thank you so much, Sonali, Kevin and Nasra. Because we're coming from different positions, places, we have very different stories to tell. When I think about troubling care, I had difficulties with this question because at the beginning I wasn't sure if I understood correctly what is meant to trouble care. I tried to translate it for myself. I talked to Amy and felt more safe about what I could share.

For me, troubling care starts with asking the question in an academic context, "how can I make sure I do not leave the most marginalized behind?" Because how can I care for those who care for me but are very often invisibilized, or marginalized because their work is not appreciated in the same way my academic work seems appreciated in the institution of the university. I want to share this story of before I came to Guelph, I was working as a post-doctoral scholar at a university in Switzerland, in the geography department. That was a nice department. They wanted to create a sense of family, of community, about how we're all the department together. They encouraged that care is not just about my experience or other people in other university settings such as the lecturers and professors and PhD candidates and the students. It's also about other parts of the department, the administrative staff and technical staff. The person who cares for the library, the person who does the budgeting, or human resources and also the cleaning personnel. On the floor where I was sharing an office with other colleagues, there was someone working for the department for more than 30 years. She has been cleaning this very same floor for 30 years. She was part of the department's community. And I really appreciated that, meeting her in the morning. Kind of having this chitchat with her, asking "how are you doing? How are your grandchildren?" Then I went to my office and she went to continue cleaning the bathrooms. I had this feeling her work wasn't as much appreciated as my work in the university. Also represented through the pay gap between us. I don't know what she earned but knowing about the salary levels in Switzerland, I'm pretty sure she didn't earn as much as I did. Her work was not as visible. I didn't feel it was as much appreciated as my work. But her work really was so essential for me to conduct my own work of teaching and researching at the university. It's troubling for me because as a feminist geography, we want to attend to people who are left out. Whose voices have been marginalized, and who have been silenced. Who have been made

invisible for political concerns. But then at the same time we are sitting in our offices next door to the marginalizing things that are happening, it's difficult to grasp. It's difficult to incorporate in our every day work. The teaching and research we do. So, this has been a challenge for me throughout the three years I have been working there. Like a joyful challenge because I like to have this experience in university spaces where this can be addressed. For example, cleaning staff is not invisible. But on the other hand, in a way sometimes I felt maybe it's just performative because people are not appreciated. Their work is not appreciated in the same way as my work, for example. The university makes me feel you are here because you do teaching and research. That's what we're there for. I think that for me, it's like staying with the trouble. How can I and the people I work with, how can we act from this discomfort also. Acting from what I also said earlier. I have this race and class and citizenship privilege. How can I make this work for others? How can I - maybe troubling care in a way of staying with the discomfort. Enduring it. That I think about it. I'm constantly reminded because I met this cleaning services woman every day. It's more like a task maybe for me because of my privileges in this academic setting to lead, to guide, to act out of this discomfort and not silence it. To not push it away. To dig deeper, to sit with it. To think about, ok, what is does it show? What could it have me doing differently? That's challenging. This is for me is how I understand troubling care.

>> Amy: Thank you. Thank you so much for all of those reflections. This is Amy speaking again. I have one final question for the panel. But I also want to be cognisant that we have been talking for a while now. And that people may need to get up and move around a bit. So, I'm thinking I'll share my final question and then we'll break. When we come back, perhaps the panelists can reflect on this question as well as other questions in the chat. My final question is an invitation to the panelists to imagine and reflect on what a care-filled future would look like for you and your communities. Some of that imagining is already starting here but I was hoping we could dig into that imagination a bit later on. I'll leave that with panelists to think on during the break. I thought we could take a five-minute break now so we can move around if we would like. Fill our cups. And come back together at, let's say, 1:10. As we're taking our break, feel free to start to ask any questions or make any comments you might have in the chat. And I'll do my best to address those when we return. With that, let's take a pause and be back here at 1:10. Thank you.

[Break]

>> Amy: I want to invite you back into listen in any way comfortable. Welcome back, everyone. I want to say verbally, for those of you interested in asking questions, you can place those in the chat. I'll do my best to read them out. If you can indicate if the question is for a specific panelist or the panel broadly, that would be great. Or if you'd like to ask questions verbally, feel free to use the raise hand function which you can find under the reaction section at the bottom of the screen. Or also just jump in if I do not see your hand. So, I don't see any questions in the chat. Maybe I'll turn things back over to panelists. I left things on a cliff-hanger with my final question about imagining more caring futures. I'll invite the panelists to reflect on that question now. Feel free to jump in any order that works for you.

>> Kevin: Maybe I'll start this question. Imagining a caring future. I found this image to be elusive. The reason why I think that it is elusive is because it's not something I myself can define alone just by the very nature of it. By the very nature of how subjective care is, I feel like it's important I contribute to a collective idea of what this could look like. I feel like it's this idea I have that has been informed by so many wonderful academics, non-academics, artists, non-artists. Non-human. So vast. I feel like there's a skillset that could become culture. That could lead towards a future where a just caring could exist as the norm. It is a skillset that is around community cohesion. I think it is a process of skillfully navigating consent with each other. I think that really what we're experiencing is a crisis of consent. And part of that crisis I believe, is how we ourselves step over our own consent. One of the things that I quickly realized, given a human rights framework you realize most often we step over our own human rights a lot. Our own internal, step right past those things. Not setting healthy boundaries for ourselves when it comes to navigating how consent works. I was introduced to this idea that there's this level of enthusiastic consent with "it's ok, yeah, I want this. This is something I want."

And then a lot of us exist in this place of willing consent. Somewhere lower than that. where it's like I don't want this, but I want the thing that leads to it. I want the thing I hope is beyond it. I'm willing to do this thing to get there. Whether it be this job I hate so I can save up enough money. Whether it be I want this person to love me. I'm going to change myself and do all of these things I hope they'll like even though these things aren't me and I'm not me. I feel like there's a process of skillfully learning how to cultivate healthy boundaries. To navigate healthy boundaries with other people. And if that skillset can become culture, I think we have a chance at creating a collective process of care that is normalized throughout our life. Hopefully.

>> Amy: Thank you, Kevin. Does anyone want to jump in from the panel here?

>> Sonali: I can jump in. If that's ok. For me, also thank you so much, Kevin for those reflections. For me, when I think about what a care-filled future would look like, showing my politics a little bit here, I would say that it would be a future without capitalism. I don't see any possibility of us being able to care for the planet under capitalism or care for each other under capitalism. I would really see us abolishing systems like long term care which has killed so many people during the pandemic. It's unjust. I would see us abolishing the police. I would see us abolishing a lot of these systems that prevent us from caring for each other, you know. Really when I think about the fact that I am working a full-time job in administration to pay my bills so that I can live in a house that I can barely afford just so I can meet my basic needs. I'm not actually caring for anyone else in that process because capitalism makes it so difficult for us to care for each other because we're so focused on meeting our own basic needs and caring for ourselves and we're just meeting that bare minimum. I see caring for ourselves, and introducing a health-care system that isn't racist. That where your mom, Nasra, is cared for and that isn't profit-driven. Pharmaceuticals she doesn't want aren't pushed on her and she has a care model that is centred on her and her well-being. All our basic needs are met. So, I really see our future being a possibility of us having a care-filled future under socialism. I don't see there being any other possibility outside of that.

>> Elisabeth: I can jump in, if that's ok. Thank you, Sonali. That was powerful. I think care, with capitalism or inside a capitalist system also cannot exist. I want to translate this system into the academic context. More small scale. For me, it means a care-filled future to enable or create the warm and welcoming and reflective academic spaces where we collaborate instead of compete with each other. Where we welcome people who are underrepresented in the university yet. So, to be very open, but still very reflective about the power relations in place. And then I think another aspect that's very important for a care-filled academic future would be... I don't understand the walls of the university. How can I care for the communities that enable my research? What do they need? How can I be of service? As a researcher, that comes with certain resources. How can I share this? How can I conduct meaningful research?

Also in my teaching, what are the themes that are important to my students? How can I create this space where we can grow together and in solidarity? And then I think the last aspect for a care-filled academic future would be to really think about our global connections that we have also been doing here in this conversation. And what we can learn from thinking about, I don't know, something like the covid pandemic that hits people differently depending on where they are. And of course, how they're positioned but also where they are. What's the health system? If healthcare is in place, or if the vaccination is available or not available, or the political system that regulates access to certain spaces. To always think in trans-national relation with others, to practice research and to teach keeping this in mind and connecting with scholars at other places. That's also part of my visioning of a care-filled academic future.

>> Nasra: I strategically wanted to go last. Taking a break from being first. I don't have much to add to what Sonali, Kevin and Elisabeth had mentioned. What a care-filled future looks like? I think it's one that may sound simple but I think it's more complicated than it is because we're also navigating through systems of oppression and capitalism. But simply put, I think what a care-filled future looks like is a future where everyone has what they need to not only survive, but thrive. Survive is having basic needs met. Like I had alluded to Maslow's hierarchy of needs. But thriving also requires the dismantling of systems of oppression. Colonialism, capitalism, neoliberalism. All the "isms." Understanding the harms and histories of the systems for equity-deserving individuals and groups. As Kevin mentioned, I think a care-filled future is meeting people where they're at. It includes elements of consent and respecting boundaries and what people are comfortable with and cultivate. Cultivating that collective care model. I often mention the social determinants of health framework. That is really important. They're factors that promote individual and population health and well-being. And so, this means everyone having access and equitable access for shelter, housing, social supports, food, an anti-racist society. Yesterday I attended a conversation around resilience and adverse childhood experiences. But resilience also involves positive and support for early childhood development. That's what they really touched on in that conversation. And how integral it is as we transition into adulthood and having the strength and resilience when it comes to navigating life. So, what a care-filled future is, is recognizing and addressing harm, either intentional or institutional, from these systems. Caring with community also requires understanding lived social realities and how they live. Elisabeth had mentioned she had a colleague, at a university with differing social locations which attributed to some inequalities. So really taking that into account, understanding

that, delving into what it looks like imagining community care and what our goal with this is, is to create equitable access to safety, health and well-being programs and services, resources, but also celebrations. One of our core values at GNSC is fun. Celebrating our joys and strengths is also very vital. I think I'll end with a quote from Martin Luther King Jr, "No one is free until we are all free." That's what a care-filled future looks like. When everyone has what they need to thrive without the burden of systemic oppression.

>> Amy: Thank you. I'm seeing lots of hands clapping here. We just have a few moments left. I want to just turn things over to panelists to see if there are any final comments you would like to make? I think this is a great spot to conclude our conversation today knowing and hoping this will be one of many talking about troubling care and what that means for us and our various communities. Any final thoughts from anyone before I say a couple of concluding remarks.

>> Kevin: One thought that came up for me listening to everybody else talk about their vision of the future. I recognize some form of universal outcome. Income makes for capitalism again. Universal outcome would go a long way towards a caring future.

>> Amy: Thank you so much. I think landing there on thinking about what would that look like and continuing to imagine things differently in a more caring way. And a way that truly meets the needs and is attuned to the needs of those around us. Also acknowledging the interdependence between all of us. Portions of that for collective care. I want to thank everyone here for taking the time to trouble care with us. I so appreciate the discussion, exploring care across distinct and interconnected communities when care is being challenged and reimaged. Nasra and Kevin, specifically thank you for the work you're doing with GNSC and reimagining community care. It's an important example of this idea of "care with" that we were speaking of. Sonali, your series is a meaningful example of the role creative practices have in the intimacies and intimacies of enacting care. Elisabeth, thank you for modelling what an academic practice can look like in geography and academia and our research team. We're hoping this conversation was one of many towards imagining more caring futures. Look for a follow-up email including ways to connect with our team and the panelists as well as where you can find a recording of this conversation and a space to share your reflections from today. So, with that, and because I love quotes and I have been reading so much about care, I wanted to end with a final quote that reflects what we did here today. The quote is; "care can be hard work: it can be messy, dirty, exhausting, burdensome and boring. At the same time, caring can be joyful, bountiful and beautiful [...] Due to our collective dependence upon care for our survival, it is not possible to give up on care rather we need to 'stay with the trouble' of care in order to rework our collective understanding of care responsibility (Williams, 2020)"

It's my hope that this conversation begins to do this today. Pushing into that trouble and messiness that so many panelists spoke about and came up time and time again. Thank you for joining us in this conversation. And we hope you all are able to take care this weekend. So, thank you for being with us today.

