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Care and Social Movements

Felipe G. Santos, University of Manchester

f.santos@manchester.ac.uk

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Care is “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment” (Tronto 2013, 19). It consists in “attending to and meeting the needs of the particular others for whom we take responsibility” (Held 2006, 10), including protecting others from “extraordinary incursions of violence or other forms of disruption into our daily lives” (Tronto 1993, 104). Care places emphasis on the relationships and dependencies among humans and, to have political relevance, it must be a relational action that goes beyond the act of thinking.

From the perspective of social movements, care refers both to a logic of action as well as to certain types of interactions among activists (Santos 2020b). As a logic of action, care provides a framework to understand why aggrieved individuals sometimes do not collaborate to confront their oppression, as well as why non-beneficiary constituents join collective action to advance the interests of other, often less privileged, groups. From the perspective of relations among activists, care refers to the exchanges aimed at addressing the needs that hamper mobilization as well as the efforts to facilitate engagement in social movement activities.

Aggrieved groups may not engage in collective action to confront their oppression because they have some uncovered needs that prevent them from taking action. The grievances that many collectives experience have consequences beyond the source of their troubles. Grievances may generate “avoidance-oriented emotions” (Klandermans, van der Toorn, and van Stekelenburg 2008), which discourage taking initiative and interacting with others. For instance, shame about not meeting societal expectations led mothers experiencing postpartum depression to avoid going public about their problems (Taylor 1996). Furthermore, socially stigmatized groups develop identities that emphasize their low self-efficacy, low self-esteem

and alienation (Link 1987). These self-concepts discourage individuals from taking action (Gecas 1986), including participating in social movements (Gamson 1992). For example, the stigma and spoiled identities experienced by many members of LGBTQ communities during the 80's discouraged them to contribute to the efforts of the AIDS Coalition to Unleash Power (ACT UP) to demand action against the AIDS epidemic that was spreading around the United States (Gould 2009, see also ACT UP entry in this Volume).

Moreover, it is also common that institutional and economic structures eliminate individuals' possibility to confront their oppression through contentious collective action. Institutional settings may limit the possibilities of certain aggrieved groups to organize collectively and act politically. For instance, migrants and refugees trying to cross the borders of the Global North to escape from economic precariousness, climate disasters and wars, face barriers to contentious collective action stemming from their lack of political rights and geographic position. Thus, even when grievances alone are not paralyzing, the context in which they occur may make them impossible to confront.

Care also provides a framework to understand why non-beneficiary actors mobilize to defend other people's rights (see also Altruism and Social Movements entry in this volume). From a care perspective, it is possible to identify four steps in the process of mobilization initiated by people who will not benefit directly from achieving the goals of the mobilization.

1. *Caring about*: Care-based mobilization starts motivated by the empathy of a group towards the needs of another collective. Solidarity early-risers need to place themselves in the position of an outgroup and understand its struggle.
2. *Caring for*: After the detection of the need, solidarity early-risers need to assume responsibility to address it. To inspire a social movement, this requires the recognition that the roots of the unmet needs are political.
3. *Care giving*: During the process of mobilization, solidarity activists engage in activities that address the needs of the aggrieved collective that prevented its mobilization. This process is iterative. Certain caring efforts may be unsuccessful or new needs may appear during the process of mobilization. Care giving can take place both in more private, free spaces as well as through contentious actions.
4. *Care receiving*: If care is successful, there should be a reaction from the person or collective who received it. A central difference between transformative political action

and assistance-based collective activities is whether the collective that received care progresses towards being able to take ownership of their struggle.

As a type of interactions among activists, care refers to the exchanges among social movement participants aimed at addressing the needs that prevent the mobilization and internal solidarity of certain groups and individuals. These exchanges can be placed in three categories. First, emotional care refers to exchanges and activities that foster approach oriented emotions. This “emotion work” (Hochschild 1979) may take place through “intimate social networks” (Goodwin and Pfaff 2003) or through rituals where certain emotions are cherished and shared by their participants (Collins 2004).

Second, identity care are the interactions and dynamics that foster the development of positive “self-concepts” and providing members with a community where they feel accepted. On the one hand, identity care aims at improving members’ self-esteem, perceptions of self-efficacy and encourage them to experience themselves as authentic and meaningful. On the other, it refers to the activities aimed at providing members with a community that shares similar values and where they identify as peers.

Third, participatory care refers to the efforts to facilitate participation in social movement activities. Social movements offer a wide array of activism opportunities that have different levels of accessibility so every member has the change to contribute. Moreover, social movements may reduce the time and energy that their members dedicate to some of their alternative commitments by coordinating some of their personal obligations. For instance, members of the Spanish Platform of Those Affected by Mortgages designate a person in charge of childcare during assemblies so parents can easily participate in the meetings (Santos 2020a). Finally, participation in social movement activities can also be encouraged by increasing members’ skills through trainings and other ways of knowledge exchange.

A care perspective to social movements is particularly timely. During the recent years, we have witnessed the growing number of solidarity movements in support of refugees (Della Porta 2018, entry Asylum Rights Protest Campaigns, entry Migrant solidarity action, and entry Refugee Aid and Solidarity as a Movement in Response to the Syrian Crisis), victims of transnational state violence (Russo 2018), workers from the Global South (Bloomfield 2017) and animal rights (Pellow 2014). Hence, care is becoming a central logic of mobilization and struggle.

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