

Ethics of Care

When we work in a professional capacity caring for people, or supporting others, we inevitably face stress in relationship. We are confronted with colleagues, clients and others who think differently and act differently, because they are different from ourselves. Communication demands clarity and courage. It isn't always easy. We have set reaction patterns, which spring into play when we have too little time to think before we act. Like much of society, we become habituated in our communications with others, as we place more and more demands on our time and agendas. Self-care suffers as a result and we might start flipping from one extreme to the other. Balance is all but lost.

My book - *Affect Matters* – is about relationship. It is about the centrality of affect in our relationships to others, and in particular, it examines the precariousness and ambiguity of our affect-filled lives. Based on years of ethnographic research with asylum seekers and refugees, I examine how institutions and systems are alive with affect and note how affects not only prompt us to engage with others in compassionate and caring ways; but can also be vectors for hatred, aversion, numbing and dehumanization.

Moshtaba, a young refugee from Afghanistan, lay dead for several days in his room at an asylum centre in the North of the Netherlands. He committed suicide. The Dutch Parliament decided that his death was unavoidable; there was no further investigation required. His older brother described the manager of the asylum centre as a “monster”. “She has no heart”, he said. His words echoed what many asylum seekers and refugees told me throughout the years of my research.

What does this mean for the ethics of care? Asylum seekers and refugees, having left behind their homelands, have also lost their cultural grounding; families and friends are separated, and many spend years of uncertainty before being granted residency status, if at all. Whilst acknowledging the complexity of the asylum system and the multiple networks operating within it, I suggest that we must take account of our affective natures, including negative affects, and their capacity to damage relationships and to cause harm.

Asylum seekers and refugees are ‘lost’, and far from providing a sanctuary which promotes growth fostering relationships, I found in my research that the Dutch asylum system is seeped with negative affects, resulting in relationships which serve to reinforce mistrust and frustration. The asylum system is itself traumatized.

Affect Matters adds to other research on affect by highlighting how affect in the Dutch asylum system has been institutionalized into harmful practices and violence relationships, numbing and dissociation. Too often we feel done in, overwhelmed and dismayed at situations which we believe are beyond our control. And in our despondency, we activate self-protection mechanisms which switch off our capacity for caring relationships. I argue that as researchers, but also as professionals working with vulnerable groups, we should not only bear witness to the suffering of the other; we also have a moral duty to enter into caring relationships and to do something about the suffering. We cannot afford to be bystanders.

Young refugees commit suicide; mothers and their children are placed in detention centers, behind bars; unaccompanied minors sleep on the streets; traumatized youngsters are moved on from one asylum centre to another for causing problems, whilst their traumas are left undiagnosed; and once a procedure is closed, asylum seekers receive a free train ticket and are told to vacate the asylum centre. Turned onto the streets, they are made homeless, with no right to accommodation and no financial support. Are these the characteristics of a system which cares?

Full with good intentions to 'save' the other, many in caring professions are hopeful that they can do good, even in the most tragic of situations. All too often, however, professionals may find themselves overwhelmed with feelings of hopelessness, or may become disappointed when the other is not 'grateful' enough, or dismayed by bureaucracy and the increasing protocolization of care systems. Recognition of our multifaceted affective selves can be liberational. Acknowledging the ambivalence which pervades our lives also enables us to face more readily the ambiguities and absurdities present in our professional arenas.

We need to find ways to accept that all human beings are *affective* human beings. That means that we hold the capacity for great love, care and compassion; as well as for hatred and cruelty. Acknowledging this ambivalence, and learning to balance our affective lives in relationship with the other, in ways which engender solidarity and mutual recognition are, I argue, the greatest challenges of our times.