

Book Review | *Just Care: Messy Entanglements of Disability, Dependency, and Desire*, by Akemi Nishida (Temple University Press, 2022)

J. Logan Smilges

University of British Columbia

logan.smilges@ubc.ca

If living through the COVID-19 pandemic in the midst of a waning US empire, the austere defunding of welfare and social services, and the abandonment of vulnerable people by a leftist political community all too eager to sacrifice the disabled, sick, and ill has taught me one thing, it's that many people still don't know how to practice care. Despite the efforts of disability justice, queer, trans, anti-racist, and feminist movements, care remains widely misunderstood. Needing care continues to be exceptionalized as unusual and burdensome. Caregiving is persistently feminized, racialized, and displaced onto fungible populations presumed to require no care for themselves. Widespread infrastructural failure and targeted state neglect leads people to believe that those who need care are always demanding too much and that those providing care are never providing enough, the right kind, or enough of the right kind to warrant fair compensation. As a result, activists and scholars have been writing over the past decade with increasing urgency about horizontal models of care. The language of mutual aid (Spade 2020), care webs (Piepzna-Samarasinha 2018), and care labor (Assis et al. 2023) abound as people search for vocabularies to negotiate their needs and caregiving capacities. But these horizontal models of care are insufficient for addressing the underlying conditions that make them necessary in the first place. Community-based forms of care that distribute care laterally within and across marginalized and disenfranchised populations typically exist as reactionary forces against state and institutional violence. In order to effectively factor care into our liberation movements, we must also liberate care itself—untethering it from a defensive position and mobilizing it as a world-building politics unto itself. Such a mobilization effort is what Akemi Nishida refers to as *care justice*, which puts forth a politics of care rooted in the beliefs that care can be just and that justice—in its purest form—is care.

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Just Care: Messy Entanglements of Disability, Dependency, and Desire is Nishida's timely reminder to scholars, students, and organizers that neither care nor justice can be constructively practiced in isolation. Across five, highly accessible body chapters of storied prose and interview-based research with disabled people and their care workers, Nishida illustrates that if we want to practice just care, as in care justice, then we first need to recognize the justness of care. That is, care is everything; there is *only* care; there is *just* care. Nishida thoughtfully engages conversations in disability studies, feminist studies, postcolonial studies, and queer studies to argue that no justice worth pursuing is possible without systems of care that both ensure people's needs are met and interrogate the forces that exacerbate these needs beyond our collective capacity to address them. Liberation requires not only the meaningful inclusion of people who occupy varying degrees of dependency but also a critical framework for evaluating the conditions under which dependency can be generated, intensified, circulated, and cited to uphold inequities on a global scale. "Needs and care...may sound logical and rational—even rosy," writes Nishida. "In reality, they are the opposite of that" (36). Care justice is messy business, as the book's title suggests, and yet, it is only by wading into that mess that we can begin to realize how much care we need and how much is required of us in order to receive it.

Beyond the question of quantity, Nishida reminds us that not all care is good care. In fact, within the "care industrial complex," which is theorized throughout the first two body chapters, care is a regulated commodity (48). Bolstered by the outsourcing of Medicaid services to private industry, both non-profit and for-profit organizations deliver "managed care" as a source of revenue. By offering Medicaid enrollees the bare minimum amount of care they need to survive, even if it eviscerates their quality of life, the care industrial complex efficiently transmogrifies "debility and disability into capital" (54). This is a kind of weaponized care that, through algorithmic assessments of what people deserve, withholds as much as it provides. Or, put differently, care is provided in order to warrant withholding, in order to extract value from prolonged debilitation and disablement. While this form of biopolitical violence will be familiar to some readers, among the most important contributions Nishida offers is the language of "subjugated capacitation" (71), which dials in on the "increasingly blurry" line between care recipients and care providers within the care industrial complex (100).

Nishida builds, albeit indirectly, on recent scholarship by Jasbir Puar (2017) and Zakiyyah Iman Jackson (2020), who have commented on the geographic and racial dynamics of biopolitics, to argue that capacity is not a zero-sum game. Though it's true that many care recipients are dependent on the labor and skills of care workers, the capacitation of care workers within the care industrial complex is tightly regulated, indentured, and insufficient, often belying the workers' own needs and dependencies. As Nishida puts it, "To be capacitated to take up care labor in the interwoven racial, gendered, migration, and disability economies is, in a way, to receive orders regarding whose care needs must be prioritized" (72). Rarely, if ever, do these orders prioritize the compounding needs of care workers themselves, whose

bodies and minds are under intense pressure to provide life-sustaining services over long hours with poor pay. Care justice necessarily attends not only to the provision of care to those who are readily recognizable as dependents but also to the stratification of *need*—of who is allowed to have what kind of needs—and the uneven privileges that subtend one’s legibility as a “worker.” The project urges readers to think of capacitation not in opposition to incapacitation or debilitation, as it often is, but instead as a mode of induction to a wide field of variegated proximities to power.

In the third and fourth body chapters, Nishida turns her attention to how care recipients and care providers are *getting by*, despite the constraints placed on them. The strategies Nishida discusses are many, and I found myself overwhelmed by the creativity, ingenuity, and vulnerability that my disabled and queer kin bring to the world. Nishida manages to strike the exceedingly difficult balance between celebrating people who are struggling and avoiding the romanticization of their struggle. Using the language of “affective collectivity” (Chapter 3) and “messy dependency” (Chapter 4), Nishida reveals the sensuous embodiedness of care without eroticizing it. She captures the anxiety, exhaustion, and anguish of care work without belittling the people who require it. She challenges the false binary separating independence from dependence, and she reveals the interdependent care collectives that resist institutional care frameworks, even as she acknowledges the saturation of almost all care discourse in neoliberalism. This balance is evidence of the mess of care, Nishida insists. “To live and care for each other by centering our dependency is mess, and mess is the ground they continue to nurture” (151). Such messiness can be desirable not because it is without challenge or risk of failure but because its challenge and risk indicate that we are not leaving people behind, or at least we’re trying not to.

The fifth body chapter on “bed activism” is a perfect example of the mess of care and the justice that such mess can help us to envision. Culling together the “ontological resistance” efforts of queer, sick, and disabled people of color (166), Nishida offers up bed activism as a promise of the world-building *already underway* by those who are giving one another what we can, when we can, with no expectation of reciprocity or gratitude because all of us deserve more care than any of us could provide. We keep giving and, in the process, learn more about ourselves, one another, and the worlds we collectively wish to inhabit. “Bed activism is a portal,” Nishida tells us, not only to spaces beyond the bed but also to places that have yet to exist, that could not have even been imagined if it weren’t for the careful prioritization of the sick, ill, and disabled bodymind “as the starting point and core” (175).

The project ends on a gestural note about COVID-19. Although Nishida explains that the bulk of the manuscript was written prior to the pandemic, the final pages contextualize our current moment with what is perhaps the most enduring claim of the book: disabled people have so much to teach the world. There is so much crip wisdom bound up in our nonconforming bodyminds. Sometimes this wisdom is itself messy. As Nishida admits, “My thoughts are all over the place” (187). But we don’t have to be scared of the mess so long as we sit in it together, arm in arm, against calls

to relinquish ourselves to state-mandated models meant to manage us along with our care. This is when care becomes an act of justice: when we're willing to give ourselves over to justice as an act of care.

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Author Bio

J. Logan Smilges is an assistant professor of English Language and Literatures at the University of British Columbia. Led by commitments to transfeminism and disability justice, their scholarship and teaching lie at the nexus of queer/trans disability studies, rhetorical studies, and the history of medicine. They are the author of *Queer Silence: On Disability and Rhetorical Absence* (University of Minnesota Press, 2022) and *Crip Negativity* (University of Minnesota Press, 2023). Their other writing can be found in *Transgender Studies Quarterly*, *Disability Studies Quarterly*, *Women's Studies Quarterly*, *College Composition and Communication*, *Rhetoric Review*, and elsewhere.