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Decolonizing White Care: Relational Reckoning with the Violence of Coloniality in Welfare

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ABSTRACT

This paper contributes to debates on potential connections between care ethics and decoloniality from within Global North West European whiteness. It adopts a feminist psychosocial position which understands everyday lived realities as shifting dynamic entanglements, produced relationally though complicated spatially and temporally expansive material, discursive and affective practices. First, it situates the liberal welfare state as part of a global project of North Western European colonisation which violently establishes a fantasy of whiteness as *the* human ideal rooted in individual sovereignty and rights to possession (Moreton-Robinson, 2015). Next it unpacks how the historical institutionalisation of care via state welfare sustains ‘white ignorance’; (Mills, 2007) in the face of the contemporary reality of ongoing systematised racial violence of coloniality. Finally, it offers the idea of ‘relational choreography’ (Hunter, 2015a; 2015b) as a way into resisting binary liberal individualist self-understanding underpinning this possessive logic of whiteness.

KEYWORDS

Decoloniality; whiteness; race; relationality; institutionalisation

Introduction

So there Annie [a white woman] and I [as a Black woman] were, face-to-face in the context of a project exploring the experiences of black women social workers and in which the affective atmosphere is thick with a sense of obstruction, abuse and annihilation ... I was battered in that double sense of encased in and bashed by experience as I felt stripped of my humanity ... I was incapable of hearing, feeling or connecting with anything other than this woman’s recourse to racist discourse. Totally unable to recognise or even countenance Annie’s sense of being de-professionalized and demonised if she asked for help. I was thus unable to engage with the full range of emotional experience generated between us. I was not able to use that multifaceted experience as an analytical tool and as something from which I might learn and which might have enabled a more textured analysis of the processes and experience of racialisation and gendering. To get to that place I would have had to consider questions that were too difficult to even put into words let alone face and process.

(Lewis 2010, 223–244)

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Gail Lewis's recollection provides us with a powerful sense of the toxic impact of racialisation as a violent, dehumanising, systemic organisational reality in health and welfare services. Lived daily through asymmetric, systemically unequal relationships between bodies, racialisation produces an 'affective atmosphere' 'thick with a sense of obstruction, abuse and annihilation'. Positioning welfare workers oppositionally forever as racialised victim or oppressor, racialisation creates the sorts of violent disconnection which impacts ability to listen and relate to one another. It limits ability to be attentive to the intricacies and complex non linearities of institutionalised power and inequality, where in this case recounted by Lewis, Annie is deprofessionalised and demonised within her institutional context, despite her relative racialised empowerment as a white woman. In her other work Lewis with Yasmin Gunaratnam (Gunaratnam and Lewis 2001; see also Gunaratnam 2003a; 2003b; 2013) elaborates similar toxic anti-relational distancing between welfare provider and user that is sustained and exacerbated through racialising processes at work in the neoliberalisation of institutionalised care. These are marketized institutional contexts where human fear, shame and anxiety are capitalised on as a means to reinforce the sorts of social distancing between welfare providers and users deemed necessary to increased efficiency, effectiveness and economy in welfare and which work against an ethic of care (Barnes et al. 2015; Tronto 2013).

As one of the primary tools sustaining colonialism into contemporary coloniality, racialisation is rooted in the nullification of lived experiences, and the denial of particularity and context which produces us in our entangled humanities: as Lewis puts this 'the full range of emotional experience generated between us'. This nullification works in the pursuit of an anti-relational, individualist human ideal that we know in the present as whiteness (See Tuhiwai-Smith 2021; Tuck and Yang 2012). This whiteness is rooted in a refusal of vulnerability, a valuing of patriarchal authority, virility, cis, heterosexual, biological survival of the (hu)man as the fittest. It is a white fantasy ideal of power, agency and the ability to possess and control the external world which is valorised in the everyday overrepresentation of this intersectional construct: the human 'Man' (Wynter 2003). This nullification of experience necessary to the identification with Man impedes the human ability to care other than in the narrowest culturally formalised reproductive heterosexual familial sense. It therefore impedes our ability to know ethically 'that others matter' (Tronto, 1993:18). In this recollection Lewis is writing as someone looking back at herself struggling through the complexities of such nullifications of her experience as a Black woman who wants to achieve care differently and more expansively than is allowed through this white frame. This is a struggle as a researcher with power and agency to mis- or at the least, partially represent herself and Annie; and as a Black woman 'battered' 'encased' and 'bashed' through racialisation; but also as a powerful agentic subject for herself *as an ethical subject*, as someone who has delivered, fought for and sought to critically understand and intervene in the welfare spaces of care for others from a globalised Black feminist activist position over many decades (see also Lewis 2014; 2020a; 2020b). Positioned as she is through this complexity, Lewis's experience serves as a powerful reminder that none of us are outside of the racialisations produced through our current global colonial whiteness regardless of our critical abilities and knowledges or our social positioning through age, gender, race, generation, sexuality. Racialisation is a powerful hijacker of experience and intention no matter where we are positioned within its hierarchies. But as the recent Pandemic context has so brutally

spectacularised, for those racialised outside of normative whiteness, racialisation is deeply physically, culturally and psychically crushing in ways that are systemically and fundamentally different to the experiences of those racialised as white (Gunaratnam 2021).

Lewis's recollection also takes us to the heart of what is at stake from the standpoint of an ethic of care within a situation of coloniality which reduces human connection through racist discourse. Following Joan Tronto (2015:, 4) 'care is about inequality'. Any given act of care, whether intersubjective, interbodily or intergroup is about engaging with human vulnerabilities and assisting others in terms of need. This requires recognition of relationship, reciprocity and intimacy. From this (Tronto 2013) perspective care involves elements of attentiveness, responsibility, competence, responsiveness, trust within a context and understanding of power. My view is that such an ethic achieved well in practice works against coloniality. But this achievement to care well is monumentally difficult. This is only more so in contexts of highly asymmetric institutionalised inclusion/exclusion operating on the basis of who is defined (fully) human and who is not; where care is denied because of dehumanisation and this denial in turn compounds dehumanisation. It is for this reason that issues of racialisation and whiteness interest me, because the idea of race produces the basic barometer of humanness through which other categories of inequality come to be within an overarching code of whiteness (see Hunter and van der Westhuizen 2021). Whiteness operates as a systemic form of human ordering. As such it positions one and all either in a particular relation within it, as in the cis heteropatriarchal patterning of the White family of Man (McClintock 1995) or as with its excluded Others, outside of it. It is also for this reason that whiteness has become so visibilised in our public conversation over the period of the COVID-19 pandemic. This is because the gross failures of institutionalised care for Black, racially minoritized and indigenous people², has yet again shown up the specificity of those who matter socially and culturally to be racialised white. This is a specificity long since and continually highlighted through a range of race resistant politics, and currently emblematic in Black Lives Matter. The infrastructural violence of this situation is exacerbated by the white complicity evidenced in the Relative White Silence around this situation (Gunaratnam 2021) as compared to the spectacularised outpouring of emotion in relation to the unlawful death of George Floyd at the hands of the police in the Summer of 2020. From this point of view whiteness has been shown to frame a deep global form of 'privileged irresponsibility' (Tronto 2013) which is fundamental to sustaining the vicious cycles of inequality exacerbated in privatised care. This situation of privileged irresponsibility in the context of care, that I elaborate later in this paper through the idea of an 'epistemology of ignorance' via Mills (2007), has also been exposed in its sociohistoric continuity. This failure to care is the central issue of our times connected to the 'existential crisis that humans have brought about through political, economic, military, and scientific practices since at least [the] 1492' beginning of our current coloniality (Krishna in Fishel et al. 2021). This is a much broader set of issues than I can do the fullest justice to in this paper. My aim here is limited to making a case for understanding the daily lived operation of whiteness in caring contexts as fundamental to this continually unfolding global existential crisis of care.

From the point of view of a critical analysis of institutionalised, white supremacy, whiteness functions as an orientation to power and domination which is counterintuitively rooted in ideas of innocence, goodness, benevolence and in turn related to ideas of desert, and merit (Hunter 2010). This structuring code of whiteness works

epistemologically to accord the right to act, judge, define and frame the terms of the debate over individual merit, need or desert and the ability to offer or withhold care, to those positioned within the code: those racialised as white. From this point of view whiteness is systematised ontologically through the uneven patriarchal positioning between care giver and care receiver which sits at the heart of the White Saviour Industrial Complex (WSIC) (Willer and Aronson 2021). Constructed through coloniality this WSIC constitutes care through a racialised black/white dualistic dependency relation whereby blackness is always already framed through its dependency to powerfully possessively oriented whiteness.

This possessive orientation of whiteness relies on commitment to a particular idea of the rational individual sovereign subject as able to extend its will outside of itself in order to own land, bodies. Following Aileen Moreton-Robinson:

To be able to assert 'this is mine' requires a subject to internalise the idea that one has proprietary rights that are part of normative behaviour, rules of interaction, and social engagement. Thus possession that forms part of the ontological structure of white subjectivity is reinforced by its socio-discursive functioning. (Moreton-Robinson 2015, 50)

Established through the act of possession fundamental to settler colonisation and the attempted erasure of indigenous peoples (their subjectivities and epistemologies as well as their bodies) in order to possess the land and resources with which they dwell; and then to the possession of bodies racialised as other to work and process those stolen resources via slavery and indentureship. The possessive dynamic continues in the present via the racialised dependency dynamics at work in the WSIC where care provision functions as another form of internal colonisation via control and extraction. This is because the care that is provisioned was never the sole property of the offeror to be bestowed in the first place. The need in the recipient of care is produced through the violent extraction that has already taken place. At the same time there are specificities between external (exogenous or exploitation) colonialism, internal colonialism and settler colonialism (see Tuck and Yang 2012). This possessive dynamic constitutes the basis of the way whiteness works globally onto-epistemologically (Hunter and van der Westhuizen 2021); materially (via practical action), discursively (via definition and decision) and affectively (via feeling and subjectivity) (Hunter 2010) across deeply interconnected forms of coloniality. These are forms of coloniality which must be understood as interconnected to fully understand the contemporary moment and any possibility for transformative social change.

Recognising this white possessive dynamic at work in care leads to questions around how it is possible to think about care in a way which honours the complex reality of the experience of dehumanisation in care as a form of institutionalised white violence, but which does so in such a way as to not reinforce a white/black dependency dynamic where whiteness holds the framing cards. This dependency dynamic characterises the situation where Black, minoritized and indigenous people are objectified through a narcissistic white gaze as done to victims, always in needy deficit, constantly re-racialised through the vehicle of trauma. 'Look a Negro!' (Fanon 1986 [1967]:109). What a shame; how can we help; what can we do? This critique of white generosity is very hard for well meaning, good intentioned white subjects like me to hear: that their 'good feeling' may not always be welcome, or maybe that it is indeed not good at all, or at

least not all good for everyone involved, or maybe not for anyone involved. But being able to take in this reality of the contestability of our own goodness is a crucial part of moving somewhere different in a contemporary politics of racialisation which is characterised by the sorts of toxicities being brought to our attention by Lewis at the beginning of this piece. That is towards a different politics which seeks change in the dynamics of power ordering the world. Not in the sense of a reversal ‘for everyone to swap spots on the settler-colonial triad - a break not a compromise’ (Tuck and Yang 2012, 31). In this regard, the *globalised* and interconnected nature of our contemporary coloniality and its historical roots in Western European colonisations, made visible in the pandemic, provides an opportunity to face and engage with our complex, multiple interconnected experiences in dehumanising whiteness.

It is because questions of decolonisation go to the heart of the violent nature of the colonisation process and its continuation in the present that they push the public debate over racism and its impacts more clearly into the sorts of contested ethical questions centralised within an ethic of care. These are onto-epistemic questions which derive from an ‘ethic of incommensurability’ (Tuck and Yang 2012) around the multiple range of competing and often incommensurable experiences in care; the nature of the processes engaged to meet need; and the histories of privileged irresponsibility which are constitutive of these. The important point being made about this logic of white possession by Tuck and Yang (2012), Moreton-Robinson (2015), Wynter (2003) is that its terms disallow for the very idea of Indigenous sovereignty. This is because the latter is rooted in a different set of onto-epistemically enacted values which cannot be conceived of from the Global North Western European liberal individual logic of capital accumulation and ownership developed through colonial exploitation which splits subject-object. Indigenous values are relationally, contextually, multiply, and communally enacted. Since colonisation they have been enacted at what Maria Lugones (2010, 748) calls the ‘fractured locus of the colonial difference’; produced through the tense *intersubjective* encounter where colonisation *always* meets indigenous agency and the singularity of power *always* meets the multiplicity of difference.

The emphasis is on maintaining multiplicity at the point of reduction – not in maintaining a hybrid ‘product,’ which hides the colonial difference – in the tense workings of more than one logic, not to be synthesised but transcended . . . *The responses from the fragmented loci can be creatively in coalition*, a way of thinking of the possibility of coalition that takes up the logic of de-coloniality, and the logic of feminist of colour: the oppositional consciousness of a social erotics. (Lugones 2010, 755 original emphasis)

Building on observations by Boulton and Brannelly (2015) and Brannelly, Boulton, and Te Hiini (2013) as to the potential complementarity of care ethics and Indigenous world views, I see here a complementary project between care ethics and decolonial Black feminism united by a concern for care as multiple, relationally, and communally enacted against forces of unifying singularity which produce institutionalised domination in care. This is an ethics of care that is against whiteness as an orientation to power, domination and separation.

In the rest of this paper I tease out the historical interrelationship between institutionalised care as violence and the construction of the black/white dependency dynamic central to upholding the possessive values of whiteness through welfare. I then tease

out how this relationship between violence and whiteness is denied in the present through an institutionalised epistemology of 'white ignorance' (Mills 2007) which prioritises a fantasy of white comfort over Black experiences of trauma and violence. Finally, I offer the idea of 'relational choreography' (Hunter 2015a; 2015b) as a way of understanding the interconnection between whiteness and Blackness through violence as a way to build solidarity against white supremacy which is not rooted in the good/bad, victim/oppressor, black/white binary of whiteness. Whilst my overall project is rooted in a concern for the recovery of all subjects as ethical in the sense of being relationally free to care (Tronto 2015), I see our contemporary global coloniality as very far from a place where this is fully possible. This ethical subject that Lewis is fighting so hard to be for herself in the opening quotation is not always good. Ethics are not about goodness. They are about the ability to be free to recognise care in the sense of relational self-determination. This means reconfiguring identities through radical care and attention to being seen by the other, from their point of view. It addresses the agentic imbalance in the current racialised global order demanding whiteness sees itself through the Black gaze; that is in [violent] relationship to subjects racialised outside of whiteness.

Institutionalising whiteness through care

Building on a trajectory of interdisciplinary and psychosocially engaged feminist and Black feminist scholarship on the social and cultural politics of gendered-racialised welfare (Williams 1989; Lewis 2005), my work seeks to consider the production and expression of white supremacy in capitalist imperialist welfare state formation. Taking the British welfare state as my example: this is a state formation enacted through intersecting material practices of external and internal colonisation. This includes those policies relating to inclusion, recognising cultural difference and race equality; cultural narratives supporting those practices about race; and the affective dynamics like fear and anxiety, *which produce whiteness* as a deeply embedded institutionalised code. Within this formation whiteness is a largely unspoken, *but nevertheless known* and a protected ideal, an absent presence, a known unknown; framing understandings of professional selves, institutional spaces and broader national understandings. Within this whiteness is simultaneously global and local, deep and malleable (see also Christian 2019); a habituated bodily orientation to the world (Ahmed 2007) and a relational achievement in practice between multiply differentially positioned people, objects, and ideas (Hunter 2015a). It produces the fantasy of white benevolence at the heart of British welfare.

Historically the rhetoric of care is a central justification for British colonisation represented as a form of civilising practice whereby the materially extractive practices of colonisation are re-visioned as a moral activity (Narayan 1995; Hunter 2010). Violence and care are intertwined. Colonisation, similar to slavery is re-positioned (by the colonisers, and slavers) as bringing the 'gift' of care (in the form of the material and cultural 'offerings' of Western medicine, education, housing, religion) to people in colonial 'peripheries' who supposedly could not care for themselves. In the process indigenous systems of family, community and administration are destroyed. Furthermore, colonisation supposedly provided the dubious 'gift' of enabling salvation to the colonised and enslaved through their participation in caring labour either within the colonial family,

as nannies, cleaners and maids, or through their work in public care services primarily benefitting the colonisers (Narayan 1995; Glenn 2010). This historical human resource extraction foregrounds the future racially exploitative *dynamics* of the 'perverse subsidy' (Mackintosh, Raghuram, and Leroi 2006) built into late welfare capitalist labour mobility between Global South and North and the central dynamic of the WISC complex whereby the role of white people is enacted through 'saving' Black people. Care is a constituent part of racial capitalism. As such, it also sustains the cis gendered heterosexual masculine ideal through the complex positioning of women as carers. White cis hetero women are bound into coloniality via their positioning within the private sphere as producers, protectors and enablers of white, middle-class, heterosexual, masculinity at the pinnacle of the racialised hierarchy. As part of fulfilling this function white women are situated within this racialised formation as managing the dirtier, lower status, domestic service labour allocated to Black women in the home (McClintock 1995). This racially extractive labour mobility dynamic further fuels the racialisation of the ongoing Pandemic catastrophe whereby so many workers, and especially women workers from groups racialised as Black and minority ethnic are dying in their roles sustaining economic and social systems in which they themselves are denied adequate care (see for examples Nazerono et al. 2021; Ro 2020).

Care operates as a discourse of self-justification and superiority for the colonisers as supposed knowers and judges of the best interests of themselves and others. This intersection between superiority in knowledge and care framed the basis of the welfare paternalism underpinning the 1948 British Welfare state settlement inaugurated through the establishment of the National Health Service (Hunter 2017, 168–169). In its revered architect, Aneurin Bevan's words: it was 'the biggest single experimentation in social service that the world has ever seen undertaken ... a great tribute to the vitality and genius of the British people' (Bevan cited in Webster 1991, 140). Cotten Seiler (2020) identifies a similar dynamic to the one I show to be at work in the post war English context, in the 1930s American one. In this case it is Roosevelt's establishment of the post-depression New Deal inaugurated the 'apogee years of white care' (Seiler 2020, 32) instantiating the unprecedented rise in the standard of living and material equality of the American people included in whiteness, whilst expanding those included in whiteness by bringing newly whitened European migrants into welfare receipts. The constellation of affects on display in this New Deal that make-up care: sympathy, empathy, pity, generosity, and justice constitute the 'evolutionary achievement' of whiteness. They mark its distinction in affective as well as administrative superiority. On the basis of these examples, care can be seen as a form of 'white affect' (Baldwin 2016). Whereby the sensibility of mastery and possession developed through coloniality (Moreton-Robinson 2015) goes hand in hand with the advancement of care and protection. Capacity to care is lauded as the highest expression of civilisational whiteness (Hunter 2010).

On the basis of this analysis, the institutionalisation of white care, [as part of an organised and standardised (supposedly) universally redistributive system of social administration of welfare for the broader societal good], can be understood as the means to establish and to *expand* whiteness as a codified way of being. It produces whiteness discursively and materially via inclusion. This inclusion into the receipt of public welfare operates as a means to come into whiteness. When understood via this biopolitical

analysis there are important continuities between liberal and neoliberal welfare and care as a cultural practice rooted in the excise of social and cultural difference. The neoliberalisation of welfare is a methodological but not a substantive difference to its liberal incarnation (see Hunter 2015a, 12–14). Neoliberalism is ‘a desocialising methodology which works more aggressively than traditional liberalism to bring certain particulars [like racialised difference] into line with the general good [represented by whiteness]’ (Hunter 2015a, 13). Looked at in this way, neoliberal reductions in state welfare can be understood in racialised terms as a more aggressive economically regulated means to sustain whiteness through the redrawing or ‘rolling back’ of the boundaries of welfare rights and citizenship. As Seiler observes of the American situation: ‘The possibility of inducting Americans of colour into the population eligible for care ... would be foreclosed by an ascendant neoliberalism that would eviscerate all state-superintended care, if it could no longer be white’ (2020, 32). These shifts into the formal inclusion in care produce certain subjects as white, they constitute part of the changing nature of whiteness itself.

Defending white innocence

There is a cruel irony at play here. Welfare institutions provide a locus for positive national identification and a source of liberal democratic pride in the [supposedly] successful achievement of human progress signalled by the expansion of universal social protection for citizens. However, these same institutions that provide care are the means by which an aggressive deathly whiteness is expanded. Already riven by the inequalities laid bare and exacerbated through the Pandemic the welfare space has long been at best unpleasant and exclusionary and at worst a daily traumatising space of denial, degradation, fear and anxiety for many providers as well as recipients. For Black and racially minoritized staff this is experienced through the crushing pain of racialisation. Looking again at the British NHS, the latest workforce research evidences high levels of fear and mistrust arising from within a toxic bullying culture where nearly 30% members of racialised minority staff report bullying, and 88% said they would not speak out due to fears of reprisal in relation to their employment and migration status (Farah and Saddler 2020). The qualitative data evidences a clearly articulated coloniality in this experience.

‘We have staff that call it the plantation coming to work, so there’s some very deep-rooted stuff happening in the organisation ... I think as the Black staff are generally [employed in] lower bands and the managers are all white, so it becomes like a slave-master type situation ... There’s a lot of hurt and pain in that to say that you’re coming to the plantation but I know exactly why they’re saying it ... you know that constant reinforcement of we’re here and you’re there, we progress, you don’t. [You’re more likely to go to disciplinaries, you’re more likely to get sacked, all those things, messages that are proven with data. They’re constant’. (Anusha, in The King’s Fund, 2020)

Listening to these staff suggests that a neoliberal crisis of institutional care must be understood as lived through racialised positioning.

If the continuities between these contemporary experiences of racialised hurt and pain and historical colonial violence are not recognised and their contemporary effects not traced, the danger is that in the face of the neoliberal marketisation and residualisation of care in welfare we continue to end up with a protection and defence of what appeared, *from a white perspective*, to be a more expansive liberal institutionalised form of welfare

(Hunter 2017, 173). This sort of unquestioning white defence is rooted in a nostalgia for a supposedly lost, pre 'roll back' welfare past which from the point of view of those racialised outside of whiteness was always exclusionary, rooted in a certain mythology of the 'the people' who were the rightful inheritors of the welfare bounty as white (Lewis 2005). As I outlined above this is rooted in a false understanding of the way that welfare rights have always been and continue to be a key part of what defines entry into whiteness. This defence of a 'pre'-marketised welfare is problematic from this point of view. This is because it excludes a range of people. The narrower the parameters of idealised cis-hetero whiteness, the narrower all welfare rights become. Liberal universal defence of welfare can therefore mitigate against the very sorts of welfare coalitions and solidarities which can resist 'roll-backs' in care. This sort of white defence is rooted in a set of historical amnesias and wilful refusals to consider remedying the systemic social inequality of welfare beyond the woefully inadequate commitments to multicultural diversity, universal inclusion and tolerance. From within that sort of formulation the main policy response to inequality in service provision is superficial; representational and managerial, with limited attention to formal rights to be included and very little to no attention to the traumatising nature of the *experience* of being part of the intricate and complex web of welfare either as provider or user.

In the words of Anne Senyah, a Black Caribbean woman in her 40s and a participant in research I undertook with community based adult learning providers in the early 2000s³:

'it's almost as if to say in changing the language and trying to steer the discourse along a different track you are trying to argue that somehow you've solved the problem, and that the most overt forms of racism that led to the likes of, you know the outcomes for Stephen Lawrence and his family⁴ don't exist anymore you know? ... [I]ts not about embracing and celebrating difference ... [t]here's nothing respectful about tolerance. You can tolerate somebody and at the same time hate them. And tolerate is not a positive term and its being used as a positive term when coupled with diversity.

(Anne Senyah, in Hunter 2015a, 104–105)

The outcomes that Anne is referring to in her comments relate to violent death and the traumatic aftermath for family, friends, community and Black people more broadly, experienced on the event of the racist murder in 1993 of the London teenager Stephen Lawrence. Like Anusha above, Steven's mother Doreen Lawrence famously made a public observation about the treatment of her family by the Metropolitan police at the time of her son's death as one of slave and master. My first purpose in drawing on these particular comments of Anne's here is to underline the recognition and articulation of necropolitical continuities in the experience of Black people in welfare in the early 2000s; with the experience of 20 years later as we are witnessing during the pandemic; and those experiences out of which emerged globalised Black feminist critique of the 1970s and 1980s like that made by Lewis and colleagues. Living while Black in the contemporary British institutional context is to live through repeated experiences of violence, epistemic, psychic and physical trauma (Kinouani 2021). Intergenerational historical trauma that is experienced like 'a bomb going off, over and over again' (Menakem 2021, 39).

My second purpose in recalling Anne's comments as part of this broader pattern of repetition is to emphasise the *active systemic collective* defence being levied against knowing

about these toxic institutional realities described above as a form of specifically 'white ignorance'. This is an ignorance *in the face of* clearly, loudly and consistently articulated critique by people racialised outside of whiteness. This white ignorance is a way of maintaining white innocence; denying the benefit of power and privilege accrued through whiteness and resisting knowledge of complicity in racism as accomplice, bystander or beneficiary. This is an ignorance 'whereby whites will in general be unable to understand the world they themselves have made' (Mills 2007, 2). Such a 'phenomenal and sustained ignorance' (Swan 2017) is achieved through a spectrum of practices including 'misrepresentation, evasion, self-deception, historical amnesia, and moral rationalisation' (Mills, 1997:190). This includes the active steering of 'the discourse along a different track', the forgetting of racially motivated murder and representation of racism-as talked about by Anne; or like the practice of understatedly equating the experience of working on a plantation as 'suboptimal' as in the conclusions to the report by Farah and Saddler (2020). Thus, white ignorance is not necessarily a direct denial of overt forms of racism, though it can and often does work in this way. At its core white ignorance is a denial of racism's systemic nature and the relationship between this system of havoc, violence and trauma imposed on people racialised as other to white, and the lived experience of being racialised as white. This systemic denial rests on the binary split established in Western European coloniality articulated through the possessive dynamic. That is the split between knowledge as cognitive interpretation and knowledge as embodied feeling, not articulatable in language or thought. This split is a key mechanism by which whiteness maintains its power. People racialised as white are positioned as knowers, people racialised as other to whiteness 'feel', and 'knowing' trumps 'feeling' within the racialised epistemological hierarchy.

Normalising white violence

What is being denied in an epistemology of white ignorance is the practice of whiteness as an ongoing interactive expression of systemic violence which goes '*all the way down*' (Yancy 2017, 245). That is whiteness as an intergenerationally inherited traumatic history that 'quite literally lives in our bodies, our cells, and the expression of our genes. This is the case for bodies of all skin tones; bodies of colour are not exempt' (Menakem 2021:ix). From this point of view whiteness is enacted psychosocially (materially, discursively and affectively) via intergenerationally institutionalised trauma which works through 'white body supremacy' whereby whiteness and Blackness are put in ongoing violent relationship within the persisting process of coloniality. As I outlined above via the work of Moreton-Robinson (2015), whiteness is established first through taking violent possession of indigenous lands, and resources; and then compounded over time through the *repeated* violent possession of people through various forms of exploitation, extraction and confinement. It is through this repetitive process that the origin of the trauma response is hidden by way of decontextualization. Trauma becomes internalised, appearing to be part of personality rather than as a response to fear, anxiety or confusion which can potentially be changed. At the societal level this repetition compulsion is how whiteness *becomes* something, how it gets taken for granted that it just 'is': the 'transcendental norm' 'the very expression of white embodied existence; orientation; modes of comportment, style, emotion, aesthetic responses; feelings of threat, neuronal activity;

the activity of sweat glands, breathing patterns, heart rate, auditory and olfactory responses' (Yancy 2017, 245). But this repetition compulsion is one of repeated violent possession which works to diminish and objectify those racialised outside of whiteness. It is a way of projecting the repressed trauma of being objectified, being produced, as white into another. Repetition compulsion establishes whiteness as a *violating* identification, which *over time* becomes normalised. Whiteness 'just is' and white people 'just are'. However, this just 'is'-ness of whiteness is also what makes it so familiar and comforting.

If we follow Menakem's analysis here it is the *violence* of whiteness which makes it so comforting. Whiteness relies on a denial of the history of human connection, variety and multiplicity in favour of a commitment to an ideology of self-control. A belief in one's whiteness sustains this myth of 'ontological self-sufficiency' which legitimises *and perpetuates* white possessive power. Because whiteness is no more a real or stable an object than blackness this mythology of self-containment and control can only ever be achieved through consistent and repeated acts of control of the other. It is the desire for stability and surety which makes the violent reproduction of whiteness necessary (Seshadri-Crooks 2000), whereby whiteness can only ever be stable if it is producing blackness as an object to be possessed by whiteness.

Whiteness depends on the fantasy of wholeness, authority and control of others as a way of controlling and understanding the self. Identification with whiteness is a way of guarding against the fundamental anxiety of being, of human vulnerability, of failure. (Hunter and van der Westhuizen, in press).

The desirability of whiteness is rooted in its [supposed] potential to resolve the fundamental human anxieties related to the instability of being, via the achievement of sovereign power. But this achievement is rooted in the production of blackness as an object to be possessed by and enjoyed by whiteness. Whiteness is therefore produced relationally at the *violent* expense of the production of blackness. But this protection provided by whiteness is a mythology. Humans racialised as white are as unfinished, as fractured and as humanly vulnerable as any racialised Others. There is no resolution to this aspect of being human, and that desire for resolution is a white one.

This then, is the knowledge that is so devastating to come to terms with for people racialised as white, the knowledge that comfort for the self, one's very identity is bound up in the ongoing harm of others. Understood as part of a binary relation rooted in this mythology of self-sufficiency, where the white self *produces* itself as finished through harm to the other (which is also a form of self harm), this knowledge creates the sorts of debilitating paralysis and various expressions of white defence which keep racism in place, hobbling the potential for care and solidarity (see Gunaratnam and Lewis 2001; Hunter 2010; Ryde 2009; 2019; Stevens 2018). However, the psychosocial point I want to drive home on the basis of this learning from Seshadri-Crooks, Menakem, Moreteon-Robinson is that this binary approach is internalised in whiteness. From this point of view the shame, guilt and other anxieties expressed over whiteness come to be in response to the binary edifice of innocence/guilt created by the idealisation of whiteness as goodness (Hunter 2010). It is this understanding of self which is enacted through a violent binary white epistemology where you are either good or bad, innocent or guilty, white or black which produces white failure to live up to its own fantasy ideal.

However from the feminist psychosocial view of prioritising human multiplicity and relationality we can reframe our questions in such a way as to pay attention to the violence of the relationship in order to think about how we might build on struggles to relate differently. Not as a way of seeking a return to white innocence, but as a way of understanding that the human condition is one that constantly struggles through responsibility for violence to ourselves and others. This struggle is at the heart of our relating through power.

Out of white innocence into care

The idea of relational choreography (Hunter 2015a; 2015b)⁵ resists these forms of binary thinking which potentially hobble welfare workers racialised as white in the face of knowledge about their capacity for racialising harm. I have been developing this idea through ongoing research with welfare practitioners about their grappling through cultural and institutional power as leaders, decision makers and everyday care providers working in the context of deeply fractured and toxically divided welfare contexts like the one Gail Lewis is recollecting at the beginning of this paper. I developed this idea of relational choreography to capture the dynamic process through which binarized categories of power and inequality like whiteness, blackness, femininity, masculinity, are lived complicatedly ontologically through relationships with multiple others. Ontological sense of self, a self which is a 'good enough' sort of a kind, effective and efficient practitioner is enacted through the relationally choreographed categories brought together in different configurations according to the conditions and circumstances of a given organisation and in particular practice situations as a particular sort of institutional actor, for example as a nurse, or a doctor, or a teacher, or a Chief Operating Officer (COO). Categorical histories frame the experiences of the relationships enacted, but these histories do not determine the shape of their expression between people in the context of the current enactment of relationship. Relational choreography captures multiplicity in the present and change in self over time and according to context in situation. People are always many, not sequentially, but at the same time and always in relation to one another, mother, sister, lover, friend, doctor, manager, COO etc. Who we are is therefore not an expression of an unchanging essence but of the relationships we are in. The idea of a choreography points to the way that identity is not achieved alone but is part of a dynamic often unthought relationship, of being in the present with others; enactment needs others to happen, it happens *through* relationship. Furthermore the choreography achieved in the present is one of multiple choreographies colliding in a particular time coming together situationally through other relationships in the present. These presents are framed through 'absences' from the intergenerationally communicated past, and of hopes projected into the 'future' not yet imaginable but always in potentia. Which identifications come to the fore at which points depends on the others who are brought into the choreography and which 'past' and 'future' selves are being called-up in relation to which others. This is self as internally multiple temporally and spatially extensive and dimensionally shifting in complex, non-linear ways, always unfinished, always in process and therefore always unsettled and discomforted.

In applying this idea of relational choreography to thinking about whiteness specifically, we need to understand the unifying processes of white supremacy to be *experienced*

as occurring through context; not the same over time, nor as an expression of a personal essence, but as an expression of the relationships out of which it emerges. As I outlined above, in the context of our current global coloniality the categorical framing of these relationships is through the repetitive compulsion of racialised violence enacted through practices of Western European colonial domination. From within the formulation of a relational choreography this relation of coloniality does not always have to be the only configuration between people. Nor is coloniality an expression of all there is for humans in relation, even within our current presents as I have outlined them above. Challenging racialisation is not about changing the mythologically essential core selves of white people because there is no such thing. This is about recognising that what needs to be changed for a different sort of world making to be possible, is *the current expression of the past relationships we are always still in*, resisting the colonial dynamic in our practices with others, *doing ourselves differently* in response to the call from another. This is a subtle but very important shift which challenges much of the popularised thinking on racism currently circulating in the public sphere and in a range of organisational contexts, including those tasked with welfare work. This popularised narrative *goes with the binary grain of coloniality where you are either racist or anti-racist*. Relational choreography poses this resistance narrative differently: *you are always perpetuating racist violence at the same time as you (may choose to) struggle to not be*. You are never innocent. But instead of seeing this lack of innocence via an epistemology of whiteness as a fundamental failure of people racialised as white, we can see this lack of innocence as a way to liberation, as a way into being more responsible and more fully in relationships with ourselves through developing self-understanding *with* others. Not as a reconciliation, but as Lugones teaches us: at the fractured locus, at the point of difference.

This way of being *at the point of difference* requires a different sort of attention to the view of the other than is habitual for whiteness. As it also requires a different way into thinking about the self in institutional space than is encouraged for many professionals in contemporary welfare practice. This attention *at the point of difference* is developed through being open to non-linear interruptions; to stories, biographies, relationships by way of a glance, a look, a sense, a feeling; something that unsettles, rather than something that fits our understanding obviously and well. It is something that disrupts whiteness in its linearities and binaries something that attaches to our neglected multiplicity our unseens, our absent presences, our 'withdrawn' (Gunaratnam 2013). Drawing on Barthes (2000[1981]) distinction between cognitively apprehended *studium* and affectively engaged *punctum* of photographs, I bring forth a little of what this attending to the absent presence of my whiteness could mean in recounting my experience of encountering myself through the *punctum* of the photography of the Black British artist, curator and photographer Vanley Burke on our shared home-town of Birmingham England (Hunter 2015b). Burke's photography reframes the comfort and protection of my growing-up world in the lower middle class cis-hetero family of benevolent public service professionals with a doting police-sergeant father, as one where violence is metered out to Black people at the hands of public servants like these in the context of the state suppression of anti-colonial uprisings in the late 1970s and 1980s Britain.

Seeing the studium of these photographs of state violence [wielded by the police] and the violence of containment through the punctum of my family story prompts an understanding

of that violence as wielded for *my* protection, in *my* name, not in the categorically abstract as a white woman, but as a daughter, looked after, cherished and given every opportunity to thrive, on the basis of my father's material labour [as a police-sergeant] producing and sustaining this systemic violence against Black communities. The loving white family is constituted as a safe place through its rooting in systemic violence. The punctum of these images destabilises the myth of my racial origins as whole and complete, enacted through the narrative of benevolence that accompanies the privilege of (white) being. It emphasises the fractures and fissures in my being to provide clarity to a broader systemic story. This is the 'real' authentic, the true implication of seeing: Look, a white! (Yancy 2014) for someone positioned through whiteness. (Hunter 2015b, 52–53 emphasis in original).

It is important to emphasise that Burke's photography is not for me as a White person in the sense that Burke documents Birmingham from a Black perspective. As a record of Black people for Black people, his is not a work designed to flatter or even to speak to whiteness. Burke's labour is not work by Black people *in the service of white people's* enjoyment or self-growth. Therefore, the event of my paying attention to Burke's work presents an important opportunity to open myself out to the possibility of choreographing myself differently through a relation of attention valuing rather than one of exploitation and ownership. It is in this instance that I am allowing myself 'to be affected by others – or to be defencelessly exposed to another existence' where I am not in the position of innocence, or the powerful definer. My whiteness is on the back foot. For Achille Mbembe this 'constitutes the first step toward that form of recognition that will not be contained in the master-slave paradigm, in the dialectic of powerlessness and omnipotence, or in that of combat, victory, and defeat. On the contrary, the kind of relation that arises from it is a *relation of care*.' (Mbembe 2019, 175–176). There are similarities to what I am suggesting happens though a different sort of white looking occasioned through the *punctum* here and what Elaine Swan calls the praxis of listening which means that 'we white people need to stop in our tracks, and repel our urge to turn away from racism and move into doing things that we think are right and good' (Swan 2017, 560). There is something important about the subtle nature of these activities of looking and listening precisely because they do not privilege whiteness as the centre for action, they position it as suspended – resting, not taking-up all the space and air, having to listen and be defined by others. There is a refusal to position the self as central to anti-racist action and resolution.

Conclusions

Adding in more complex, different, additional versions of historical understanding, increasing racial literacy and knowledge does not provide a way out of the binary conundrum of power for people racialised as white. This is because it is not knowledge at the cognitive level which is at stake here. Furthermore, it does very little to help us to understand the sorts of 'affective atmosphere' evoked by Gail Lewis in this article's opening epithet, where Black and racialised minority workers are embattled and embittered, stripped of their humanity, humiliated, shamed; experiences denied like Anusha and Anne. The very notion that white body supremacy can be cognitively apprehended and addressed at the level of thought and interpretation, rather than through an engagement with the body is itself a mythology of white supremacy which speaks to the fundamental violence of white subject production (See Hunter and van der Westhuizen, in

press) rooted in the binary subject/object split. Whiteness must be sensorially apprehended as a way of resisting the racialised asymmetry of white subject of power, and the Black object of domination. Generating a different way of growing together outside of the onto-epistemic parameters of whiteness at the point of difference in institutional space must be one core part of creating institutions that care responsibly, as in Tronto's work (2010, 2013).

As we learn from a feminist ethics of care from within contemporary global North Western (neo)liberal systems of care, vulnerability is a difference to be dealt with, to be alleviated through care, rather than as the generative basis of the system itself. However, care is often expressed very differently through practice. Much of the professional and practitioner tensions within care are actually tensions produced through negotiating between the demands of binary system logic and relational practice where caring is happening within a system which aims to alleviate the need for care and denies interdependence. If we explore how care happens in practice much of what we find empirically is practice struggling to go against the grain of binary systems of care in one way or another. Given that I am suggesting the primary expression of white affect is possessive control and sovereignty over the other, I am moving here to suggest that *struggles to care in practice* are often *struggles against the dominance of that white sovereign* affect. See for example the hospice staff in Yasmin Gunaratnam's study of end of life care where despite uncertainty and conscious incompetence staff do not withdraw from attending across difference through what is withheld. They listen, they touch, they engage all the same through 'inkling' or 'gut feeling', cues from sound, images, disconnected archived words, scraps of paper (Gunaratnam, 2008; 2013). They employ a 'care that is capable of recognising multiple levels of experience and where care culture does not overshadow a responsiveness to complicated, extra-linguistic and transcultural experiences of vulnerability' (Gunaratnam, 2008:13). This is where interdisciplinary exchanges become highly focused contextualising and specifying practices through which we can become variously sensitised ... to more qualities and registers of end of life pain 'including those that elude us' via attentiveness to singularities in situation (Gunaratnam 2012, 118). The status of what is 'inaccessible, mysterious or unlocatable is to think about differential histories and scales of existence and how these histories and scales are rendered approached ... from difference, and sometimes antagonistic ... perspectives' (Gunaratnam 2012, 120). Following this sort of relational analysis my aim in this paper has not been to suggest this relational work should happen instead of shifts in material practice and symbolic representation as in a settler-colonial constant deferral (Tuck and Wang, 2012), but that it must happen as a fundamental part of a system change which must, and is happening at the same time through practice.

Notes

1. I am reflecting here out of the British context specifically. Whilst there are national and local specificities in liberal state formations, the globally universalising nature of the Western European colonial project exported its liberal basis to the white settler colonial contexts like the USA, New Zealand, Australia and Canada as well as to its colonised dominions.
2. In the English context as early as April 2020 there was significant and growing evidence of disproportionate burden of COVID-19 on racialised minority groups (see Becares and Nazroo 2020; Qureshi et al. 2020) in terms of morbidity, mortality and socioeconomic

impact. By early 2020 official figures recognised Black and minority ethnic people as making up a third of critically ill patients with confirmed COVID-19 in the context of their making up 14% of the general population; the risk of hospital death is twice as high for people racialised as mixed ethnicity, nearly three times as high for British Asians and four times higher for black people as for those racialised as white British. This disproportionality relates to broader racialised social asymmetries in terms of the greater prevalence of pre-existing chronic ill health experienced by racialised minority groups; their unequal access to health care; their disproportionate viral exposure in the context of their employment in a range of 'front line' services less able to isolate; including in health and social care services working directly with the virus. See Hunter and van der Westhuizen (2021) for a global summary. See Gunaratnam (2021) for elaboration of the patterns in the roll out of COVAX in 2021.

3. This interview was undertaken as part of the research project 'Integrating Diversity? Gender, Race and Leadership in the Learning and Skills Sector' (2003-2006). Pls Sara Ahmed and Elaine Swan. The findings of this broader study have been extensively reported. For example Ahmed, *et al* 2006; Ahmed 2012; Swan 2010; Hunter 2015a. All participant names and details are changed.
4. Here Anne is referring to the racist murder of the London teenager which prompted the Macpherson Inquiry into the conduct of the police in the investigation of Stephen's murder and the subsequent Macpherson Report's pronouncement of institutional racism in the London Metropolitan police service. Leading to an Amendment of the Race Relations Act.
5. I draw inspiration from a wide range of critical cultural theorising on subjectivity Black feminist thinking on intersectionality, psychodynamically informed psychosocial theorising, queer and feminist postmaterialist scholarship. See Hunter, (2012 and Chapters One and Two of Hunter 2015a).

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Biographical note

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