Towards the Practices of Care

A Place Beyond Authority and Identity

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There is a place beyond authority and identity that I cannot define. A place of care, freedom, and uncertainty. The unknown. The goal of this essay is to somehow navigate through language to its very precipice and look at the abyss.

Let's start by examining what authority is. When I say "authority," I am specifically referring to external socio-political prescriptions and will use it as such for the rest of the essay. By "external" I mean from one person or one group of people to another. Any and every form of prescription is an attempt to set a standard of how people ought to be. This naturally introduces an idea of morality and of qualification. If there is a prescribed way to do things, then that is right, and what does not agree with it is wrong. This goes against the very ethos of liberation, and I claim that it does not seem to solve any real problem. In fact we can ask ourselves some questions to examine if what I claim is really true.

Do we need external standards to ensure someone is beautiful? Or has enough masculinity to be a man? Or enough femininity to be a woman? Do we absolutely need to prescribe roles for this? Such as what to wear, what to eat, how to look, or where to urinate? Do we need external standards to ensure a child is good enough? What about establishing if someone is trans enough? Or good enough as a painter? It's quite easy for many people to answer with a resounding no. After all, these are subjective enough things that we need not consider ourselves with any prescriptive roles or standards.

Those are very easy questions. What about external standards to qualify someone as competent to drive? What about standards to qualify someone as a pilot so we can trust them not to crash the plane? What about external standards to ensure someone is good enough to prescribe medicine or cut someone open and perform surgery? Surely these things need some objective, external standards for otherwise, our very lives would be in jeopardy. But how true is that really? Let us try a thought experiment. Let us assume that the standard for practicing medicine is a license issued by an authority after completing the relevant degree.

Let us say that I have to visit a doctor. I happen upon two clinics right next to each other. One is licensed with a medical certificate, and the other is not. Naturally, I go to the one with the license because I trust a doctor who has completed MBBS more. Now let's try that again.

What if they both have medical certificates, but one has forged a medical certificate and the other has a real one? How do I verify and choose which doctor to go to?

What if they both had medical certificates but one of them has 40 years of experience and the other has just graduated? How do I decide which doctor I go to?

What if I have a doctor who has apprenticed with a practicing allopathic doctor for 30 years but never obtained a license and a doctor fresh off the MBBS mill? How do I decide which doctor to go to?

What if one is a homeopath and the other is an allopath and both have licenses issued by the relevant authority? Are they both equal? How do I choose which doctor to go to?

What if two doctors are licensed in two different countries by two different authorities? Which authority do I trust?

What if I am unlettered and don't even know what counts as a qualified doctor or not? How do I choose which doctor to go to in any of the above cases?

In any of these cases, it would appear to me that the best thing to do is to employ my skepticism of the doctor and visit both to see what they say or to ask around my community and see what has worked or not. I go by reputation and evidence I can find. In practice, this is still what most of us do. We call our friends and relatives and ask them to suggest a good doctor for us. This does not mean to say community is the final arbiter but that lived experiences are one of many aspects to consider in decision-making.

With external standards, I have outsourced this thinking to an authority that decides who is qualified to be a doctor. Why should I trust this authority at all? Who should get to set these rules? One can, of course, suggest that a board of excellent doctors can set a professional standard for all doctors, and they can rotate and evaluate over time. How do we know these doctors are excellent in the very first place? What if all the people who are presently doctors belong to one social category, such as cis Brahmin

men, simply because of existing systems that allow this category to have better access than their peers from other communities? Would this affect what kinds of medical standards they set, or would there be biases sneaking in?

If there really is such a bias implicitly or explicitly, would the medical standards they set improve access to healthcare and improve it or make it an exercise in gatekeeping as to who can or cannot become doctors? What about authorities that try to keep homeopathy alive in the face of evidence as the current government does? Should I trust such an authority? Didn't evidence-based medical practices evolve before it was prescribed as a norm and not after? So exactly what problems did having medical standards solve? The real problem appears to be information asymmetry and incomplete information and/or misinformation, and external standards don't seem to solve that.

Without externally prescribed standards, I am in a position to be absolutely critical of what another person has to say and, further, participate in collectively creating community standards because my survival or that of my loved one depends on it, and therefore, I directly evaluate any doctor and practices with every ounce of evidence I can find. It does not mean that I am against standards as a whole; quite the contrary actually. Without authoritative standards, I am able to question and be a part of a set of standards that is alive. That evolves as we grow as a community. Science, statistics, open-source software, and modern medical practices evolved from communities of people who were curious and skeptical. Left to the kings, popes, and priests, we would have little left but salted earth and ashes.

We have looked at personal and professional aspects of authority. Now let's look at the overtly political aspects. Here, in some sense, there appears to be little difference between the authoritarian left and the fascist right. While they are significantly different in scope, aims and objectives and demands, with a certain level of abstraction it becomes clear that they are both susceptible to a similar form of gate-keeping. See, the former aim to develop class consciousness and over throw the bourgeoisie but this exercise appears to require a set of external standards based on class and consciousness, but how can someone ensure another is proletarian enough to participate in the workers' movement or bourgeois enough to overthrow? On what basis do we establish if someone has enough political consciousness to lead a vanguard? Historical evidence readily offers multiple genocides in the name of the authoritarian left precisely because of this flaw. The facist right on the other hand attempts to set external standards to go back to an ill-defined golden age often based on purist ideas of religion, race, caste, gender, and so on which has similarly resulted in genocides and pogroms. Very different ideas but unified but a similar flaw.

There is nothing here that makes one external standard arbitrary and another valid. All it does is allow those who set the agenda to decide what is more important than others, which can and has been misused very easily. Consider the following scenario: there is a certain student youth revolutionary group, where rape and sexual assault happened to some members by another. Here, a core committee quietly decided it would be a bad look for the revolutionary movement, and they can't afford disunity or multiple members leaving, and so instead of having visible conversations on sexual assault and predatory behavior in the group, they hide these incidents from the rest of the members and expel one problematic person quietly. This does not prevent the incident from happening again but sets a mentality that one form of revolution, against capital, is more important than another, say patriarchy and sexual violence. And if we have standards or ideology imposed from without, no matter how loosely, they have to be enforced in one way or another. Who does that? How does one police the police?

Okay, now we can examine the idea of identity. For authority to exist, for one group to decide for another group, there must be at least two groups. In other words, we need social categories. These we navigate through the identities, which is the means of how we classify ourselves in one category or another. And there is no identity that is purely personal. To say 'I am a doctor' is an act of qualification. That one statement simultaneously determines what a doctor is, what counts as medical practice, and who isn't a doctor. And I have nothing against doctors. Take sexuality for another example. If I say I am gay or lesbian, I am also making an implicit statement about who is a man or a woman and who else is gay or not. Anytime I create a category, even for myself, another one emerges. These are

co-constitutive. In defining myself, I define the world itself. That is the feature of language itself. The very act of naming creates categories; they are inescapable.

The issue for me is not about creating categories but identifying with them. It's about persistence of these categories because oppression is rooted in persistence. This is because oppression, in my view, is distinct from one-off and spontaneous acts of violence and death so ubiquitous in the natural world. It's persistent denial of access to material necessities of food, shelter, clean water, education, and so on. It's persistent violence and/or the threat of violence. It's one thing to be scared and another to live in perpetual fear.

Take, for example, a category of doctor-patient that may emerge at the time of care. At that point maybe categories of male and female might actually be useful to someone practicing medicine to quickly narrow down possible diseases. But the problem is persistence. About not relinquishing the role when it's done. It's about saying "I am a doctor" versus saying "I am playing the role of a doctor" or "I am offering care to this person at this time." This creates a sustained identity that is susceptible to a stagnant power dynamic. The act of oppression relies on applying authority based on such a condition of identification.

After all, how can I forcibly send someone to school without creating a category of a minor, associating this with diminished mental faculties and claiming superiority by not belonging to this category? Don't patriarchy, caste, prisons, schools, and so on all work on this exact principle? So one possible course of action is to mobilize based on identity and resist oppression. However this is truly infeasible and intersectionality gives a useful lens to understand why. First, observe that people tend to show up for issues that they are affected by. It's easier to act when you have a stake in the problem so several thousands while a few thousands show up for "women's safety" protests while a mere hundred show up for trans rights protests even though women's safety is one of the issues raised. Then how many would show up for an issue that is centered around trans-masculine Dalit people? It becomes a disproportionate burden of those facing oppression along the multiple intersections to resist every on every front throughout their life.

However, fighting and organizing around an identity also fuels and strengthens any identity that opposes it. Any attempt to existentially redefine gender is often met with violent pushback from several sections of society. Another example is when militant religious identities fuel each other into greater and greater acts of extremism, leading to an identity arms race and furthering violence on each side. A revolutionary whose sole purpose is to fight some other group becomes defined through this opposition and ceases to exist without it. In other words, to resist becomes to uphold.

What can I do if I am unable to resist? Am I left with no recourse? I can try refusing identities. That appears to be an option still open. A commonly raised objection by those who wish to cling to their identities is to say something to the effect of "people undergoing oppression don't have the privilege of letting go of their identity." This I find to be a denial of agency. While I am forced into categories externally, denied access to basic things like housing and healthcare because of what food I eat and what clothes I wear, it does not mean that I have to let those categories define me. I can choose not to identify with it. When I choose not to identify with the external categories imposed upon me, my day to day practices are unveiled as they are stripped naked of the scripts of state, gender, sex, caste, adult supremacy, capitalism and so on. Without these justifications I have the opportunity to examine my practices and understand what is really in my immediate power to change. The refusal to identify with categories imposed upon me becomes a path to my liberation and an avenue for alternative practices to emerge.

What are these alternatives, and exactly how do you determine which of these emergent norms or practices create harm or offer care? How do we act without a prescription? Without ideology? Well, it would be fairly ironic if I prescribed a solution, and that's exactly the point. I cannot because the truth is, I don't know the answer to any political question. I suspect that very few of us have any answer, but I do believe that we can create something, and that's kind of the point. Towards this, I can only suggest possible courses of action. Illustrate what is possible through lived examples of others

and mine. Maybe because oppression is rooted in material reality, maybe alternative action too starts from there. At least in my case, housing, food, medicine, love, care and pretty much most things that exist in my life at present come from practices of care that I build with those around me who come from several intersections. In looking beyond our identity to our material needs, we look at things that are universal enough to resist othering and yet at the same time uniquely individual enough to not erase lived experience. In examining our day to day practices through conversations, making an effort to unlearn and change actions that create harm, we create a cascade of micro-changes that permeates through our lives.

These micro-changes in our lives might be viewed as lifestyle changes if viewed individually but because these practices are relationally navigated across intersections, they become a movement that empowers each of us while resisting definition. Built upon trust and uncertainty, it is in equal parts exhilarating and terrifying. And to you, all I can do is extend an invitation to leap into this boundless by examining your own practices and bringing your ideas of care, born from your life, into this place beyond authority and identity. A place where our lives are centered around practices of care. Here, we can discuss, create, negotiate, and act in a myriad of creative ways as true equals.

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