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Life. Time.

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ABSTRACT

This article juxtaposes different and conflicting temporalities as configured in the context of care and caring. Weaving together (1) an autobiographical narrative in which I share parts of my own breast cancer journey with (2) research with men employed as care workers in Australia, I attempt to get at how differentially experienced temporal densities, trajectories, and orientations can be found when receiving and giving care. The slow and deep time of experiencing sickness, and the protective, forgetful time induced by medical trauma – both often perceived as nonlinear time –, clash with the neoliberal, sped-up, linear temporality of the late-capitalist medical industrial complex; leaving care workers and cared-for squeezed between temporalities that can be, and are, at odds with each other. The theoretical framing holding my consideration of these different 'kinds' of time, is a composite of feminist care ethics scholarship, critical time studies and the literary work by the Aboriginal author and scholar Mykaela Saunders. Specifically, I draw on Saunders's short story 'Buried time', in which she connects with Aboriginal deep time and writes the abolition of colonial clock time into being. Taking a cue from Saunders narrative, I maintain that the temporalities of colonial/racial capitalism evince segmentation, fragmentation, and, ultimately, destruction. This is a mechanistic time not suitable for human and more-than-human life's flourishing (that includes living and dying as well as possible); as such, it is a temporality that stands against the relational paradigms of care theory.

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Prologue

> ‘Breathe in. Breathe in your imagination. Stay here. Stay and rest’ (Hersey, 2021).
>
> ‘Care is an ongoing process; it takes time, it requires ongoing attentiveness, response, and it must be revised and assessed as needs shift. Care thereby resists capitalist logic, according to which work and production are for profit instead of use. The focus on meeting the needs of vulnerable bodies which cannot, in the end, be controlled or tamed (Hoppania and Vaittinen, 2015) continually confronts capitalist tendencies toward efficiency and profit-maximization’ (FitzGerald, 2022, 123).
>
> ‘People simply matter, and that is reason enough to care’ (Woodly, 2022, 92).

Introduction: What time is it?

‘But I can’t, I don’t have time’. In retrospect, my very first reaction to my diagnosis of breast cancer pains me; it also amuses me. What a ridiculous thing to say. Indeed, at the time the Viennese apartment of my partner and I was all packed up, the removalists transporting our belongings into my sister’s basement confirmed for the following day, the flight to Naarm, where I was to start my next position only a week away. Still, the silliness of the utterance of ‘not having time’ to have breast cancer is beyond me and actually makes me laugh out loud now. During the weeks after my diagnosis, I learn again what I do and do not have time for. How one’s calendar can be cleared ‘just like that’. How many things do not ‘have to’ happen now. What is possible when a life is on the line. I experience this deep knowledge as a true blessing. Learning, once again, what, indeed, matters.

Within progressive, unidirectional, linear time, dominant and dominating within neoliberal ‘racial capitalism’ (Bhattacharyya, 2018; Gilmore, 2007; C. J. Robinson, 1983), time needs to be used effectively and efficiently.[1] Productively (Weeks, 2011). In the temporal logic of ‘white time’ (Kennedy, 2023), or ‘colonial time’ (Saunders, 2019), it is possible to ‘have *no* time’ to be sick. Mykaela Saunders (Koori/Goori and Lebanese) has engaged with the question of clashing temporalities within a settler colonial context (Saunders, 2019; 2024). Writing from a land-based culture, Saunders criticizes how the colonial adherence to clock time, wedded with racial capitalism, is at odds with the temporalities of Aboriginal sovereignty. ‘To create capital through labour’, she writes, ‘it was necessary to measure time; this threw up clocks, which are energetic fences’ (Saunders, 2022, 119). While I have lived in so-called Australia for many years, my social location is that of a settler; an uninvited guest. I do not share Saunders’s relation to place; nor do I have access to the Aboriginal temporalities she has access to. Saunders’s harks

[1] The term racial capitalism denotes that *all* capitalism is racial. Since its inception within Europe, capitalism involves processes of colonization – such as invasion, settlement, and expropriation – that proceed along hierarchies that involve racial logics.

back to Aboriginal deep time and envisions temporalities of a sovereign Aboriginal future, beyond the current (temporal) constraints of settler-colonialism, in which Australia 'always will be' – as the title of her book insists – Aboriginal.

I learn from Saunders, and other Indigenous thinkers, that everything has its time and, truth be told, I am uncertain if this is the right time to share this glimpse into my own cancer journey. When writing this text, my diagnosis and subsequent treatment for breast cancer is not much more than two years 'away', and I am acutely aware that this life-altering experience is not 'behind' but with me; I continue to live with its by-products and consequences. I experience the temporality of my life as cyclical, spiral-shaped, my life's topics as emerging, shapeshifting, re-occurring slightly altered, but still. Ongoing, ever changing. Thus, while my approach to my cancer experience has, from the beginning, been one of transparency and sharing[1] (if only to stop people from mindlessly talking about the 'big C' in my presence), there are risks that come with writing this down; the risk of exposing too much, of mischaracterizing my own experience, of getting it wrong. Still, I decide to write it down, including this note to myself: I am sorry if this was the wrong time.

Among the things I have learned, or continue to learn, through my cancer journey, are a deeply embodied knowledge of the fluidity and ambivalence of 'health'; of the changeability of priorities (it turns out that my body, too, *knows* what time it is and tells me so, if I care to listen); and about the complexity of time and what vastly different concepts this term can hold – the focus of this article.

Disability justice scholars have long thematized radically different experiences and understandings of time for those of us (chronically) ill, neurodivergent, and/or disabled. Crip time (Kafer, 2013, 27), 'is flex time not just expanded but exploded.' The notion of crip time makes visible how 'expectations of "how long things take" are based on very particular minds and bodies' (Kafer, 2013, 27). For Kafer, crip time is not merely about temporal accommodations of non-normative body/minds, but 'a challenge to normative and normalizing expectations of pace and scheduling. *Rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds*' (Kafer, 2013, 27, emphasis added). This theme of 'meeting the clock', of subjugating oneself and others to the dominance of 'clock time' (Saunders, 2019), of bending to fit into the expectations of racial capitalism, in this stage of neoliberal biopolitical governmentality, which ignores and denies the temporalities of rest and healing that *life time* requires, is what this article is about.

During my diagnosis with breast cancer and subsequent treatment, I encountered care workers who 'had time' for me, who saw me as a human being, a person with agency, going

[1] I do not wish to say that my approach is the 'right' way to deal with cancer. To the contrary: it is extremely important that people experiencing chest/breast cancer are granted the relational freedom to find our own best way to handle this life altering experience. To some, like a friend of mine, this entails telling virtually no one that they have/had cancer. I believe that there are as many ways to deal with cancer as there are cancer patients.

through something difficult that they were trying to help make easier. I had myriad good experiences with the wonderful people I crossed paths with; among them many care workers, an amazingly kind team at the radiation unit including such kind receptionists and assistants, multiple nurses, and a team of two women – one an oncologist, the other a breast surgeon – who all cared about me, cared for me, and gave care to me (Fisher and Tronto, 1990). Throughout this journey, however, I also met people working within the medical industrial complex – their actions no doubt shaped by the structural conditions within which they find themselves – who seemed to have 'no time'. It is through one of these negative encounters that I narrate a small part of my breast cancer journey here – as it gives me a gateway to discussing the different temporalities I experienced as a patient within the space of one hospital in Vienna.

But first, let me weave together the theoretical framing for this article in the next section which briefly summarizes some core theoretical tenants from care ethics, critical time studies, and literary work that envisions sovereign Aboriginal futures that make do without the dominating temporality of racial capitalism.

Feminist care ethics, critical time studies, and an Aboriginal call for the abolition of 'clock time'

Feminist care ethics emerges as a response to dominant modern moral philosophy. Its origin within US-American feminist theory of the early 1980s make it so that while care ethics, and feminist ethics more broadly, share some characteristics – such as relational ontologies and epistemologies – with non-modern schools of thought, 'care ethics … is undoubtably "modern"… ⊥while it ¯also poses a fundamental challenge to the modern onto-epistemology' (FitzGerald, 2022, 109). Dominant modern moral philosophy is grounded in rationalism and 'relies on taking the standpoint of the "generalized other"' (FitzGerald, 2022, 106), who 'can only be a disembodied other, separated from their context and contemplated using abstracted reason' (FitzGerald, 2022, 107). Care ethics, by contrast, is interested in concrete others, and 'their embodied needs, interests, and desires' (FitzGerald, 2022, 106-107). This shift from the abstract to the concrete importantly implies 'tending to ⊥other's ¯embodiment, their emotions, and our embodied and emotional relation to them' (FitzGerald, 2022, 107).

While care ethics has become a broad and interdisciplinary field of inquiry, several throughlines can be said to unite the field. Among these, as Maggie FitzGerald highlights, are that the ethics of care 'does not prescribe caring in some idealized form' (FitzGerald, 2022, 113), and instead remains a critical and, as FitzGerald emphasizes, political ethic (see also Tronto, 2013, 2017), grounded in a relational social ontology, in which vulnerability is perceived as the rule, not the exception, and in which we are all 'inextricably intertwined' (Kittay, 2015, 57). The relational *ontological* foundation of care ethics is significant; it is not simply that we all '"have" relations (although this is of course true); rather, the relational claim

at the heart of the ethics of care refers to our very being' (FitzGerald, 2022, 109). What is more, care ethics subscribes to a situated epistemology,[1] in which 'context matters' (FitzGerald, 2022, 110; see also Code, 1991; Collins, 1991; Dalmiya, 2016; Dalmiya & Alcoff, 1993; Haraway, 1991; Munawar, 2022a; Prattes, 2020).

Another central characteristic, uniting the field of care theory, is an understanding of caring as an embodied practice. Joan Tronto defines care as both a disposition and a practice (Tronto, 1993, 104) and cautions against setting the 'idea of caring — having the proper attitude as originary' (Tronto, 2013, 48-49). This, so Tronto explains, 'misses the ways in which caring attitudes themselves arise out of caring practices … attentiveness to needs can and must itself be trained' (Tronto, 2013, 49). As a practice, care is iterative in nature. 'Care can never be finished, it can only be engaged in over and over again to the best of our abilities and revised when necessary' (FitzGerald, 2022, 205). Relatedly, for Maurice Hamington (2024, 54), 'care theory represents a process morality whereby one seeks to improve care through iterative mind-body habits of humble inquiry, inclusive connection and responsive actions.' Rather than an endpoint, care is constituted of processes 'and thus requires the hard work of presence and *time*' (Hamington, 2024, 54, emphasis added).

Time, or better, the clashing of contradictory – even antagonistic – temporalities are the topic of Mykaela Saunders's short story 'Buried time' (2019). In this story, Saunders narrates that before the apocalypse, there was an old woman who 'kept the seasons in her body, the land rose and slept when she blinked. She held the tides in her breath, and the earth spun around the sun in rhythm with her heartbeat' (Saunders, 2019, 42). Everything has its time, laid out by the old woman and taught by her to the people. These 'laws for life were codified in ⊥‥ ¯songs, laws for proper relationships between everything' (Saunders, 2019, 42).

> In her country, when the fish were running it was time to shift camp, which meant time to burn and cleanse and move on, to let the place sleep and revive through rest. When the wattle was blooming it was time to hunt roo. The people farmed by the stars using fire. When the gum trees shed it was time to make tracks, to the hills and the caves, to make camp and wait. People honoured her by honouring her cycles, tapping into her rhythms, the rhythms of the stars (Saunders, 2019, 42).

The cyclical time that Saunders lays out here is deeply relational. Everything is connected. Everything depends on that which it is connected to. Everything has its proper time.

[1] It should be added that situated epistemologies, while niche in the Western tradition, are hardly novel to Indigenous thinkers. See, for instance, the work of Bawaka Country including Laklak Burarrwanga, Ritjilili Ganambarr, Merrkiyawuy Ganambarr-Stubbs, Banbapuy Ganambarr, Djawundil Maymuru, Kate Lloyd, Sarah Wright, Sandie Suchet-Pearson, and Lara Daley (2022); Aileen Moreton-Robinson (2013); or Leanne Betasamosake Simpson (2017), to name but a few.

With the arrival of the first colonizers to her country, the body of the old woman in Saunders's story becomes 'marked with the shallow scratchings of time' (Saunders, 2019, 42). Seeing the multiple layers of violence the colonizers bring with them the old woman becomes very tired and goes to rest in the woman's place (Saunders, 2019, 42). Among the violences perpetrated by the colonizers is the subjugation of people to artificial clock time – a temporality that is completely out of tune with the rhythms of life on Country.[1] Now asleep, the old woman will only open her eyes again at the end of Saunders's story, once the people have destroyed every single clock in the land and all other devices measuring colonial time. In other words, once colonial time as a tool of racial capitalist extraction – that is positioned against life, and, we should add, 'good' death and dying as essential part of life – has been abolished.

Saunders writes against a temporality within which life must, somehow, 'fit' into parcels of time, not the other way around. With Tanya Ann Kennedy we could name Saunders's abolitionist approach to clock time as a practice of 'reparative time' (2023). The reparative, 'is a temporal frame for addressing present injustice through a reorientation to the past, recognizing the necessity of repairing past harms to any transformation of the current domination of white time' (Kennedy, 2023, 4). Feminist care theorists (FitzGerald, 2022; Munawar, 2022a; 2022b; F. Robinson, 2011; Tronto 1993; 2013) share with critical time studies scholarship that they never lose sight of the unequal relations of power within which (caring) relationships and practices take place:

> Power shapes care, care practices, and caring relations in a fundamental way; the relation between care and power only serves to heighten the political nature of care. A critical and political ethics of care orients us to contemplate and attend to the ways in which care, politics, ethics, and power are all intertwined (FitzGerald, 2022, 122).

Critical time studies (Kennedy, 2023; Sharma, 2014) are equally attuned to the hierarchical relationships within which different temporalities are entangled with each other. Engaging with 'the uneven multiplicity of temporalities' (Sharma, 2014, 9), critical time studies scholars argue that temporalities exist within power relations (Sharma, 2014, 9; Kennedy, 2023, 12). Most populations encounter 'the structural demand that they must *recalibrate* in order to fit into the temporal expectations demanded by various institutions, social relationships, and labor arrangements' (Sharma, 2014, 138, italics in original). This recalibration 'occurs in the lived experience of assimilating one's time to the dominant temporal order' (Kennedy, 2023, 12). Relatedly, and similar to Saunders's notions of 'colonial time' or 'clock time', Kennedy uses the term 'white time' in her work to indicate a relationship of 'temporal domination' (Kennedy,

[1] 'Country is the term often used by Aboriginal peoples to describe the lands, waterways and seas to which they are connected. The term contains complex ideas about law, place, custom, language, spiritual belief, cultural practice, material sustenance, family and identity' (AIATSIS, np).

2023, 5). Such temporal domination structures the relationship between dominating and dominated groups. Kennedy maintains, 'In effect, capitalist time is the expropriation of others' times in daily labor and in life shortening, and in the binding of racialized and gendered bodies to the precarious timings of capitalism' (Kennedy, 2023, 16).

Saunders's narrative works towards the abolition of a temporality that does not respect the rhythms of life; that does not respect relationality; that does not respect the specific – and, thus, we may add, also stands against the main pillars of care theory. 'Colonial time' (Saunders, 2019) is separated, unconnected. As Saunders writes,

> Time was money; existence in a state of timeless-ness was compressed, flattened, and parcelled like land, all to make wealth for the colonising project. The new language shaped minds that could make sense of capitalism: time could be spent, saved, and wasted, only because money could do all those things too (Saunders, 2019, 43).

Colonial time is artificial time. One has to learn to adhere to it:

> A small girl's first clock held the energy of her future: a lolly-coloured chunk of plastic, shiny and pink, that she covered in stickers and sprinkled with glitter. It taught her to wake in time for school, which taught her to be on time for her boss which trained her to boss her future children with her watch (Saunders, 2019, 46).

Until finally,

> Every clock becomes the centre of a web of lies, a network of control of jump-how-high, and ring-ring-ring, up-you-get and go, despite what you need for health and healing (Saunders, 2019, 46).

It bears repeating that this dominant temporality is one of separation; clock time, or colonial time, separates that which was previously marked by continuity and interwoven within an ontology of interconnectedness into separable, measurable units: minutes, hours, days, etc. 'Energetic fences' (Saunders, 2022, 119) are erected where there was previously relationality. Specificity is replaced by abstraction, and time becomes a 'neutral' unit, apparently unrelated to its world. Kennedy (2023) discusses how, within capitalism, we might frame the dominant temporality 'as a radicalization of the abstraction of time' (Kennedy, 2023, 16); that is, 'empty, equivalent, temporal units are freed completely from particular order or location' (Kennedy, 2023, 16). Notice how this stands in contrast to the ontology Saunders is writing from, which is all about specificity and the interdependent rhythms of life in place, where everything is connected and dependent on everything else.

The next two sections bring together 'neutral' and relational concepts of time, as well as the unequal relationships of power that exist among them, with my experience of illness and its temporality – or, better, temporalit*ies*.

The art of chest breathing

I am on my back. Lying on a table of sorts. A crisp medical sheet underneath my body. The voice coming from behind the glass speaks to me again: 'Now take a deep breath in. As deep as you can. And hold.'... 'Don't breathe into your belly. Try to breathe into your chest.' I think of how all the yoga I have ever done has prepared me for this moment. This is the most important work I will ever do: breathing.[1] (My) time stands still.

I am nervous. Afraid. I tend to breathe into my belly, not my chest. 'Now that was very good', the voice comes on again, 'but I think you can do better. I think you can breathe deeper. Let's try again'. It's a woman's voice. She sounds kind. Calm. I breathe again. Hold again.[2]

The medical assistants who have told me where to lie on the table, wearing my underpants only, who have shuffled and tweaked me into position, so that my flesh aligns with the orientation of the grid they are projecting onto me, come back into the room. They draw markings onto my chest now. Single straight lines that cross. Smaller circles that seem to be of importance. It's only later, back in the changeroom that I see these markings on my body. Maybe I am not able to see them properly before because I am not allowed to move. Maybe I am too scared to pay attention. It's too close. Everything is too close to my body; to me. I dissociate. They keep drawing onto my chest. My breast. The markings will later help the radiology technicians and nurses to know how to place me onto yet another table where I will receive 19 units of radiotherapy. Fourteen 'globally', meaning my whole left chest area, and five 'locally', where the tumor has been cut out of me.

I will have to breathe deeply during radiotherapy, I am told. This is necessitated by the location of my tumor on the left side of my body. The same side as my heart. The radio-oncologist, let us call him *young guy* – almost too young for comfort – explains that the deep breathing and holding of my breath is necessary to get my torso to expand as wide as possible to get sufficient safe distance between the location of the tumor and my heart. My inflated chest should safeguard against, or at least minimize, the damage done to my vital organs. My heart. My lungs. The appointment with *young guy* a week or so ago – it is difficult to keep track of cancer time – is a tough one. The list of really bad things that *could* happen to my body, while being cured, is long. Way too long. To me, the scariest item on that list is the potential damage

[1] 'You know what is necessary? Breath' (Gumbs, 2020, 24).

[2] At the time, I had not yet read the work of other feminist thinkers on breath and breathing, such as Sarah Munawar's scholarship on the breathwork of Ar-Rahman (Munawar, 2022b), or Alexis Pauline Gumbs Black feminist lessons learned from the breathing of marine mammals (Gumbs, 2020, 21-27). Tricia Hersey's work accompanies me in my early cancer journey. Rest is resistance. 'You can just *be*' (Hersey, 2021). I trust that it is true. In fact, everything I long for during this time is to 'just be'. I try to extricate from the always busyness of academic live. Try to truly embrace and deeply believe that I do not have to always run with capitalisms' demands; demands to work, even to leisure, to be always on but never really *be*. *Dasein*. I have never felt so close to being than during sickness. Quiet, deep, simple being. Slow. At life's time.

to my heart. Poor little heart. *Young guy* is going through the list, and must get through the list, of course, on time.

Back in the room where radiation markings are scribbled onto my body. I am in the change room now, afterwards, seeing the markings drawn onto my chest. I breathe. That whole process of aligning my body on the table/bed for radiation, of making me breathe the correct way, of marking my chest up for later reference takes... I really cannot remember; like I do not remember so many other things. My brain forgetting to protect.

I am told to apply lotion to my skin and to wash very carefully. 'Don't wash the markings off'. The markings, drawn on in this fiddly, irritating session – I am told repeatedly – the markings are really important. They guide where the radiation will go. My breathwork in tandem with sensors responding to my chest movements that automatically stop as my chest becomes too deflated will safeguard 'undue' damage to my heart.

The temporality of my sickness is not shallow at all. My time deepens, expands; it moves in circles, spirals, I loop back in on myself, surface again in my bed – in the clean sheets that my beloved changes for me – resting. In the time I spend away from the radiation unit, I read – accounts from other people living with illness, about Indigenous relations to the earth. I also immerse myself in the fantasy world of the Marvel universe, watch my favorite – *Thor: Love and Thunder*. Why does Dr Jane Foster have to die of cancer in the end though? And why is there a cancer story in virtually every novel I pick up, every film I try to watch?

No time

Radiotherapy starts. When I enter the room on the day of the first session, one of the radiotherapy assistants tells me where to lie down on the table. I do not have to do anything, he says. 'Just put your body there, we will do the rest'. I assume that his intention is to reassure me. But where am I, when my body is on the table? What am I, I think, other than my body in this moment?[1]

A week later. I am sitting in front of *young guy* again. I asked for this appointment. During radiotherapy, I breathe in deeply, bringing as much space as I possibly can into my chest so that my heart can stay safe. But now I am breathing too deeply, it seems. The radiotherapy assistants tell me, again via speakers in the room, to breathe out a little, so that the markings drawn onto my chest a few weeks back, and the grid that guides the rays of radiation, align. My unruly body does not 'fit' into the grid. I must have been really nervous in that first session. So I let out a bit more air, deflate my chest, until the assistants confirm that the marks on my chest match the

[1] 'There simply is no escaping the body in care or, better said, there is no escaping relations of care in the body' (Hoppania & Vaittinen, 2015, 74). 's/he has, or rather is, a body, and that body has uncontrollable needs of care that cannot be provided by the self alone' (Hoppania & Vaittinen, 2015, 83).

grid, bringing the location of my (ex-) tumor closer to my precious heart. 'That's not good', I think. We need to redraw this map.

So, here I am, again with *young guy*, to ask for a second session to draw new markings onto my chest that allow me to breathe to my fullest ability during radiotherapy; to give my heart a bit more breathing space. I can immediately tell that he is not a fan of the idea. This is not meant to happen; no schedule, no time, for a second session. I am too specific, too embodied. I am/my body is in movement, not static through time. My shifting body, teaching my breath to deepen within a highly stressful context, becomes an inconvenience. *Young guy* is hesitant. It must be that the time of all the assistants, the use of the specialist machines, the specialist rooms, is too valuable. And who am I to ask for more time with specialist people and specialist machines, I think. 'It won't make much difference, anyway,' he finally says. But it would make a difference? He does not really answer me. Meaning my heart will be damaged anyway? Much difference to whom? I ask myself. Not much difference, statistically speaking? What difference would it make for me? A few years more of lifetime? Maybe a few months? A big difference.

My request is denied. Radiotherapy continues like before. With not as much space as possible between my (ex-) tumor and my heart. I am left with the feeling that my request would take too much time, be too inconvenient. I need to get with the program. Make my body and breath fit. If, in a parallel universe, *young guy* and the system within which he operates were guided by a care ethics perspective, rather than by a logic of efficiency that separates, calculates and estimates, he might be able to hear me. Hamington (2024, 8) argues that 'when someone truly listens to someone else to ascertain how to best respond to their needs, even before any action is taken to meet those needs, the one listened to often feels cared for because they have been heard.' Had he listened to me, *young guy* might know that not 'much' difference still would have made a huge difference to me. Even if it were to make *no* difference, medically speaking, I would not have to endure the rest of radiation therapy fearing how my living, beating heart is being damaged in the process.

A friend offers an alternative – more generous, or more complex – reading of *young guy's* actions. As many care workers on different levels of the hierarchies within the heatlh/care system, he too might struggle to navigate not primarily the mandate for efficiency within a neoliberal system, but rather be guided by trying to 'manage' time in order to make care available for as many people as possible within an under-resourced system. In other words, instead of a total adherence to a capitalist temporal logic, *young guy's* time management could also be read as *caring* within an imperfect context. This might be the case (though, of course, he does not tell me so). Still, the fact that *young guy* has to navigate a system within which care is (made) scarce, at least in this context, is connected to care's underfunding, which – again – is connected to a capitalist logic of efficiency and profit maximization. In my personal interaction with *young guy*, I read him as uneasy with my unpredictable, unruly body. An

uneasiness that aids in the reproduction of the 'shallow time' (Saunders, 2019), of productivity (Weeks, 2011; Hersey, 2022) that marks racial capitalism: 'time is money, and lazy wouldn't make none' (Saunders, 2019, 43). Though my assessment might sound harsh[1], I absolutely do not want to condemn one person (that I hardly know at all for that matter). Rather, the aim of this article is to discuss how not only *young guy*, but me and most people have to navigate diverse and conflicting temporalities. What is more, these different temporalities do not exist in a power vacuum.

Navigating diverse and conflicting temporalities

My own time slowed down and deepened during my diagnosis and initial treatment, which resulted in a stark contrast of my time and the temporalities of the hospital space. The temporality of illness I experienced felt at odds with some of the other time scales at work in that hospital. What is more, within the 'other' side of the care relation: that of support staff, nurses, medical doctors, and hospital management there seem to be multiple temporalities going on as well that follow different logics and – at times – stand in conflict with each other. I turn to the frustrations of care workers who are caught up within irreconcilable temporalities. They face the tangible gap between the temporalities of illness, of vulnerable, human bodies, and the slow and deep time required to tend to them on the one side, and the (colonial) time of the market, of efficiency, of expanding productivity, which requires slashing slow (life)time into countable, standardized units on the other.

In the study[2] with men employed in support roles in the Australian health care and social assistance/HCSA sector that I worked on following my own cancer treatment, I noticed how many of our interviewees also struggled to navigate different temporalities, such as the slowed-down time that caring for clients and patients often required and the managerial, fractured time demanded by employers in the HCSA. While the former temporality is characterized by being present with clients in a way that allows for responsiveness to another[3], the latter logic, often prioritizes what, and how many, tasks can be checked off a list within a given time, which can lead to intense discomfort for the care worker who is pushed to 'efficiency' at the price of engaging with clients and patients as human beings who have their own contextual temporal demands. Care workers start from 'other-centered dispositions' (Hanlon, 2012), their work (and related work temporality) is focused on the needs of the care receiver. The fulfillment of the needs of this other, however, is routinely frustrated by a 'neoliberal biopolitical governance

[1] or like unprocessed grief seeking to place blame for feelings of injury and loss, which is probably true. Again, I shout-out to my future self to forgive me for writing this down when and how I did – with all my human feelings and failings.

[2] I worked on this project together with Steven Roberts and Karla Elliott. The study was funded by the Australian Research Council (DP220103315).

[3] 'Care requires personal attention, bodily presence of another, the capabilities, possibilities, time and resources that allow for this particular corporeal relation.' (Hoppania & Vaittinen, 2015, 84)

that seeks to rationalise human life in all its forms to enable more efficient and expansive profit extraction and accumulation' (Hoppania & Vaittinen, 2015, 79). In the Australian study, several men shared that their efforts (and indeed, their desire) to care well, were routinely frustrated because of structural (time) constraints. Let me share some very brief glimpses from our data with support workers in the Australian aged and disability care sectors.

In one of the focus groups we conducted, Tom[1] shares how, particularly when his unit is short-staffed (something that happens routinely), he can hardly get the essential tasks of personal care he is responsible for done. This lack of time, according to Tom, 'limits my ability to, you know, sit down and listen to a patient, you know?' Again, in Tom's words, 'I would definitely like to have more time to allow for those patient interactions to be a little more organic and a little less pressed for time.' In other words, the (limited) quantity of time that support workers are assigned for a given task, heavily impacts the quality of the time they can spend with patients. A situation that many of the care workers we spoke with experience as painful, as it becomes virtually impossible to do their work in a way that satisfies their own assessment of 'good' care. This time pressure can lead to frustration, burn out, and people leaving the sector altogether. Caden says it is 'pretty frustrating 'cause, I mean, we just don't have like the time or the resources or the structures to provide like meaningful support to some people.' Caden shares his frustration with management who adds more and more administrative, bureaucratic reporting items in the name of 'quality' control, but will not listen to the care workers when they continually say that 'we have no time to do the things we are already asked to do'. Matt maintains that he does not feel supported by management in his caring; management, according to Matt, has 'no time,' because they are 'busy chasing numbers.'

The frustrations and desires that the care workers we interviewed formulated align with a care ethics approach that centers on the specific, embodied, contextual encounters of caring that can encompass, or better that is structured around, 'unruly' bodies. Instead of operating within a system that supports their caring and helps them 'make time', however, they are confronted and forced into a system of 'neoliberal biopolitical governance' to stay with Hoppania and Vaittinen's (2015) formulation, characterized by a systemic inability to hear patients. This is experienced as deeply frustrating and painful not only by patients but by care workers as well. Responding to 'requirements of regulation, technical documents and reports, the care-giver might in fact fail to care, fail to respond to the corporeal situation at hand' (Hoppania and Vaittinen, 2015, 85). Yet, while 'it is, directly, the care-giver who fails to respond to the need at hand, her/his incapacity is produced by the neoliberal governmentality that structures her/his (im)possible field of action' (Hoppania & Vaittinen, 2015, 86).

Yet, there is hope. This hope lies in the antagonistic relationship between caring and capitalism. Not only care workers are frustrated by structures of neoliberal governmentality

[1] All names used here are pseudonyms.

seeking to structure their care. As FitzGerald (2022) maintains in the quote in the prologue, caring also frustrates capitalism. Indeed, the smooth functioning of care as a product, requires the cooperation of unruly bodies. Note how the time that my radiation therapy required was also dependent on my breathing and how my body's failure to breathe appropriately, could 'cost' the system time.

> Given that needs are unpredictable, and that the body also responds to care in unpredictable ways, it can never be ascertained beforehand how long a particular care task will take. The neoliberal logic of choice and commodification, however, requires predictability that the corporeal circumstances of care cannot live up to (Hoppania & Vaittinen, 2015, 85).

My 'unruly' body breathing shallower in new and anxiety inducing situations clashes with the slicing up of (predictable) time for different tasks, such as the process of 'successfully' marking my body for radiotherapy. FitzGerald (2024, 103) argues that a care epistemology 'decenters dominant understandings of time and success'. Success, from such a care epistemological perspective is 'related to our sustained attempt to center the other, to listen, to receive, to respond, and then to listen again as the other responds to our response' (FitzGerald, 2024, 105). This requires one to slow down. It requires time.

In this article, I built on my own temporal experience of illness as slow, deep, and non-linear time. I have connected this experience with data from a study with care workers who navigate time within the HSCA sector, to highlight how they, too, struggle with the antagonistic temporalities their work demands of them and in which managerial time and time for bureaucracy is demanded from them in order to do their job 'successfully' within the neoliberal 'clock time' of late capitalism (segmented time); simultaneously, they also experience the need to take the time to care well, which involves paying attention to the cared-for (relational time) and that often includes an impetus to slow down and be present in the moment rather than rushing to the next one. I have suggested that a care ethics approach, prioritizing personal experience and relationships in moral decision-making, rather than following abstract directives and that is always relational, situational and considering a particular person in her specific context is a real alternative to the temporalities of colonial clock time.

These different temporalities are not considered equal. This inequality is the backdrop against which Saunders *abolitionist* approach to colonial time must be read. In my own ongoing struggle against the dictates of clock time – in academia and beyond – I dream with and learn from Saunders, imaging different futures.

Epilogue

And when everything was gone, we were ready to live again, ready to live deeply and cyclically again, ready to live gently and deeply with country again. The land breathed out a sigh of its

unmasking and we danced in a ceremony of sovereign celebration of how clocks used to rule us as bosses by proxy, but no more did they do so. The old woman rolled over then sat up and yawned. She raised her hands, and cicadas thrummed dryly on the hot baking leaves. She stretched her arms; frogs sang in the mangroves in a lusty throaty chorus.

Now we wake when rested, sleep when tired, work when fed and able like our old people did, never dragged out or bossed around to do what a little king-machine said so. We wake with the sun that reptilian eyes inside our skulls sense through the heating of the morning light, the rising subtle warmth of the world, the changing scents of green and earth and salted water where we sleep. We are untimed and untamed within deep time, not shallow (Saunders, 2019, 46).

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