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Quilting Care Patterns: Remaking our social fabric

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Quilting Care Patterns—Remaking our social fabric

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This exploratory project uses quilting as a metaphor and a means of reflecting on and reimagining the social fabric of care in society. Through a process of critical making, an interactive exhibition and quilting workshops, an inquiry is undertaken into the social structures guiding our care systems. This project builds a "care pattern library" that materialises social structures into quilted patterns to cultivate collective consciousness regarding our evolving social fabric. It makes visible unjust patterns of domination that "sneak in through the backdoor", reproducing oppression in mundane, everyday caring relations. Furthermore, this project encourages an intentional enactment of social structures that work toward liberatory aims by bringing forth a broad spectrum of patterns from communities that are resisting domination in their care configurations. Through a collective quilting process, a dialogue emerges about how a multiplicity of liberatory care patterns can respectfully co-exist within a dynamic social fabric.

KEYWORDS: care patterns, social fabric, social structures, pattern library, critical making, materialising relations, oppression, liberation

RSD TOPIC(S): Health & Well-Being, Society & Culture

Introduction

"What we practice at the small scale sets the patterns for the whole system." – adrienne maree brown, Emergent Strategy

What patterns are we designing into our social fabric of care? How we care is guided by widespread and enduring social structures, such as norms, rules, roles, values and beliefs. For example, the structures that constitute the nuclear family—a cohabitating husband and wife responsible for their biological offspring (Murdock, 1965)—often determine who will care for someone at home when they are ill. While these dominant structures may be supportive to some, for many, they are also exclusionary, oppressive and cause significant harm. For instance, the structures of the traditional nuclear family actively discriminate against those with different constellations of intimate relations and those not interested in or able to procreate in adulthood. When our social fabric remains taken for granted, the dominant structures of care end up being reproduced, and their harms continue to be amplified in our subtle, everyday actions and even in our more intentional processes of designing.

At the same time, our social fabric is not monolithic or static. It is something that is continually being remade by collectives. In this ongoing collective process, there are fundamentally divergent and more liberatory structures being brought to life through the enactment of caring relations in communities resisting domination. For example, care webs are being constructed by and for disabled people where a community is intentionally mobilised to engage in particular ways of caring, not as a chore or as charity, but as something mutually beneficial (Lakshmi Piepzna-Samarasinha, 2018). These less-dominant structures often pushed to the periphery, offer hopeful alternatives for radically reimagining and reenacting our evolving care systems toward liberatory aims.

This paper presents an inquiry into the care patterns that make up our social fabric. My exploratory research employs quilting as both a metaphor and a practical means of stimulating collective reflexivity and imagination around the radical remaking of our care systems. What are the implications of the dominant patterns of care that continue to be reproduced? What patterns are being pushed away or erased in our evolving

social fabric? What care patterns should be amplified, protected and strengthened to move toward liberation? How should the different layers and plurality of patterns be sown together? I consider these and other questions through the crafting of a care pattern library made up of quilted patterns intended to be material representations of social structures guiding care. This ongoing research project taking place in Scandinavia started at the beginning of 2022 and has to date included a practice of critical making, an interactive exhibition and two quilting workshops.

By materialising these structures as compositional and quilted patterns, this practice offers a means of denaturalising dominant structures so that they become contingent and open for repositioning within the overall social fabric. Furthermore, the care pattern library brings to the fore the often-underappreciated social structures that are being enacted along the periphery that offer an alternative, hopeful and more liberatory patterns of care. By making care patterns together, this project supports community dialogues about how the respectful co-existence of liberatory care patterns can be supported in our shared social fabric.

Social structures of care

Building on the work of feminist scholars, I understand care to be "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Tronto, 1993; p.103). Perhaps due to its mundane, everyday enactment, care has been historically neglected and considered not worthy of examination (Mol, Moser & Pols, 2010). However, as inquiry into care grows, care is understood as multiple and contradictory, including an emotional state, a material doing as well as an ethicopolitical obligation (Puis de la Bellacasa, 2011). Care is not in and of itself one common good but involves practical tinkering and attentive experimentation across and between different 'goods' or ways of supporting livable realities (Mol, Moser & Pols, 2010). A focus on care emphasises an embodied relationality and interdependence. It is for this reason that I believe the common metaphor of the social fabric yields its power, highlighting many threads woven together into a textured cloth.

Our collective weaving of the social fabric of care is guided by social structures. These are entrenched, widely-shared typifications of what is appropriate behaviour for groups of people who internalise these structures (Barley & Tolbert, 1997). For example, women who give birth are assigned the role of "mother", typically denoting certain responsibilities of feeding and taking care of the child. Over time, some social structures become institutionalised in that they are perceived as objective and are generally taken for granted (Berger & Luckmann, 1967). These structures in our society are often understood as "natural" and remain unquestioned (Voronov & Yorks, 2015). Often enactments of care are dominated by particular interdependent sets of institutionalised social structures, such as the many roles, rules, and values that make up professional medical practice in western medicine (Scott et al., 2000).

Black feminist scholars, in particular, have played a strong role in calling out the ways in which many institutionalised social structures reproduce intersecting oppressions. Referred to as the "matrix of domination", Black feminist scholars point to how varying characteristics of a person because for them to be subject to multiple simultaneous forces of institutionalised discrimination (Hill Collins, 2000). For example, Patricia Hill Collins (2000) highlights how slavery has shaped both gendered and racialised care roles for Black women. Hill details how this system of capitalist exploitation and exclusion shapes Black motherhood, such us through oppressive images and practical constraints, showing up in the mundane everyday aspects of care. Despite these oppressive templates, Black feminists also demonstrate powerful examples of resistance and self-determination through the enactment of more liberatory models of care that are grounded in situated approaches to meet specific needs of collective survival. Learning from Black feminist scholars, this work aims to build consciousness around dominant, oppressive structures and intentionally work to build resistance through more liberatory caring relations.

Crafting a pattern library

To explore both the dominant social structures that make up our social fabric of care and also build an understanding of liberatory alternatives, this work employed quilting as a metaphor and means of collective critical making. The practice of quilting, which involves the stitching together of different layers of fabrics, has a long history with great variation across many cultures. The practice of quilting in this ongoing project was intended to support reflexivity around how we are actively crafting our social fabric of care and greater intentionality about its composition.

This process builds on the research approach of critical making and the systemic design practice of materialising relations. Critical making bridges the gap between creative physical exploration and conceptual exploration through a shared construction of material things to support critical and explicit concept elaboration (Ratto, 2011). The materialising relations approach leverages the insight and nuance we have regarding tangible materials to create a collective vocabulary and dialogue about social relations (Aguirre-Ulloa & Paulsen, 2017).

This process applied tangible thinking in the understanding and imagining systems, a process that goes beyond representing and externalising to include making, negotiating, placing and so on (Lockton et al., 2019). The use of the interconnected metaphors of the social fabric, quilting and care patterns acted not just as linguistic devices but also as a physical manifestation of relations that typically rests solely in the invisible in-betweens of our society (for more on tangible metaphors see Rygh, 2018).

Through this process, the aim is to build a care pattern library, the beginning of which is shown in Figure 1. Here care patterns act as metaphors for particular social structures in society that guide our relations. They are also physical compositions and quilted representations of these structures to aid in opening them up for collective inquiry. The library includes both material patterns and textual descriptions of the social structures represented. By bringing these material care patterns together, a quilt can be formed, and the makeup of that quilt is actively discussed among those involved.

Mutual Aid

Collective coordination to directly meet each other's survival needs, recognizing the systems in which we live are unjust. It builds a shared understand about why solidarity is needed and builds movements for participatory problem solving through collective action.
– *inspired by Spade, 2020*

Relationship Anarchy

Consensual non-monogamy that recognizes each individual as autonomous and each relationship as independent. There is no entitlement or ownership of others. Rather than prioritizing the needs of one relationship above all others, all relationships – including platonic, romantic or sexual relationships are valued equally. As a counter-normative, non-hierarchical approach, involves customize life construction and designing commitments together.
– *inspired by Nordgren, 2012*

Care Web

Resisting the model of charity and gratitude, these support constellations are led by the needs and desires of disabled people. Care is not a chore. It is not done by paid attendants but a mobilized community. It involves intentionally shaped collectives based on particular circumstances.
- *inspired by Lakshmi & Piepzna-Samarasinha, 2018*

Uncommons

Heterogenous grounds people negotiate towards a coming together that is a continuous achievement. It is never final and recognizes difference is its constant starting point. A mutual transformation without sameness as the final destination. It means of living divergently together in respectful relation.
- *inspired by Blaser & de la Cadena, 2017*

Kinning

An ongoing process of relatives relating. It is not based on genetic codes but a becoming through rightly relating. Recognizing that all is in motion and that we care belonging as family together with all our fellow earth beings.
- *inspired by Kimmerer, 2013*

Saviour

A strong and independent helper provides assistance for someone in need. The saviour has authority and duty to protect the vulnerable individual. The all-knowing helper determines what is best for the other who less competent.
– *inspired by Vinksy, 2014*

Nuclear Family

A household made up of a husband and wife with their bio-logical offspring. The sexually cohabitating adults assume responsibility for their dependent children. An individual moves from their nuclear family of origin in their childhood into their nuclear family of procreation in their adulthood. Named "nuclear" for its referral to the core elements.
- *inspired by Murdock, 1965*

Social Safety Net

Structural adjustment programs for qualified poor and vulnerable people. The programs involve cash and in-kind transfers of social assistance as a last resort. The net catches people when they fall to support a minimum standard of welfare.
- *inspired by The World Bank, 2019*

Species Hierarchy

A ranking of beings in which humankind is at the top. A taxonomy in which every species has its clear category based on shared biological characteristics. Each kingdom is dominant over the one below and thus can naturally use or consume the subordinate species for their own benefit.
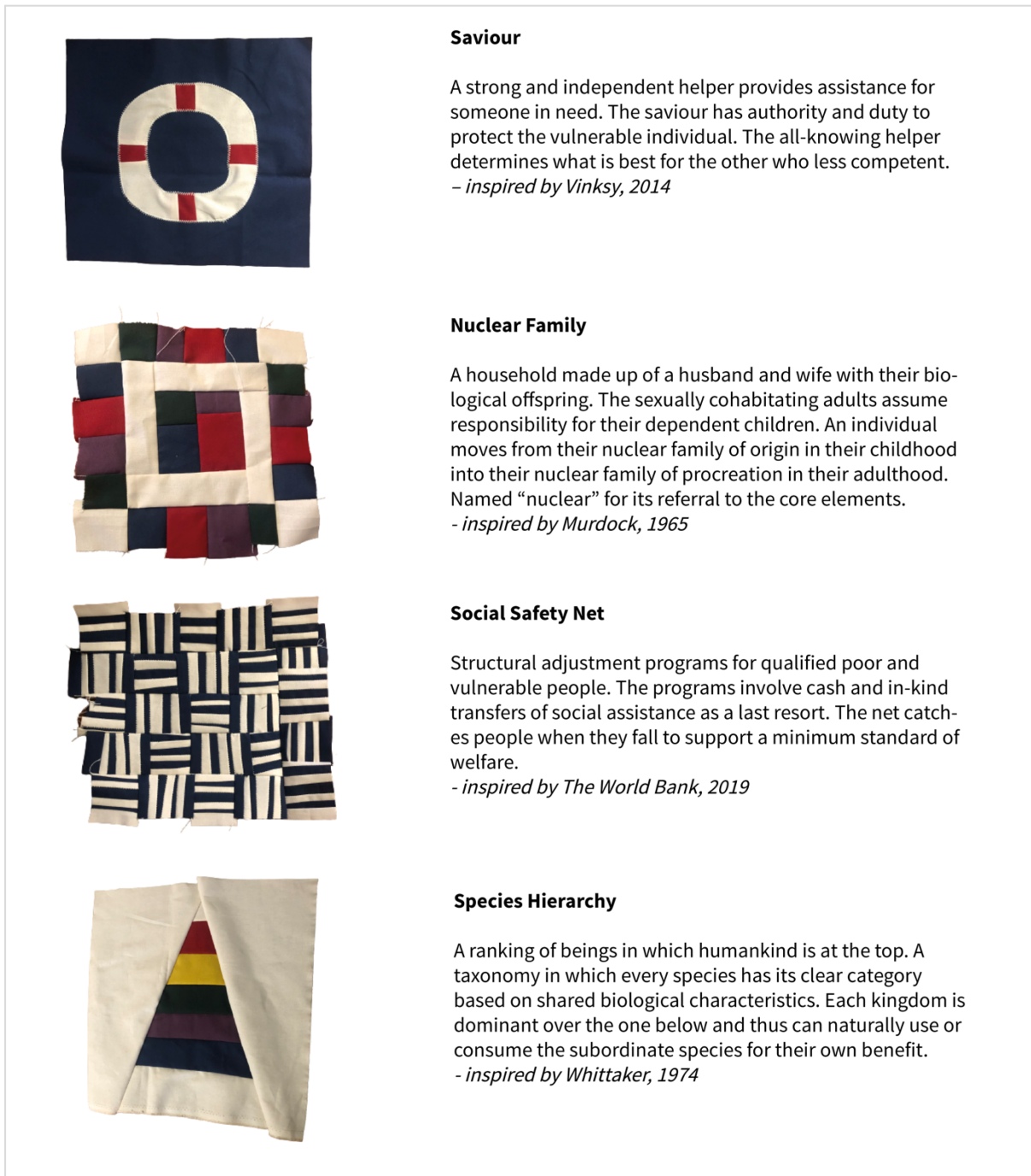- *inspired by Whittaker, 1974*

Figure 1. Excerpt from the beginning of the care pattern library.

To start the process, in early 2022, I began reflecting on dominant social structures that influenced my own caring relations. Through reading about these structures and sketching different patterns, I began to play with ways that these structures might be represented through a block of a quilt pattern (approximately 20cm by 20cm). Then I quickly started crafting these patterns. Figure 2 shows an example of my process of cutting, trimming and ironing out the "social safety net" care pattern. In the slow process of making each pattern, I reflected on these structures that I often take for granted and their implications.
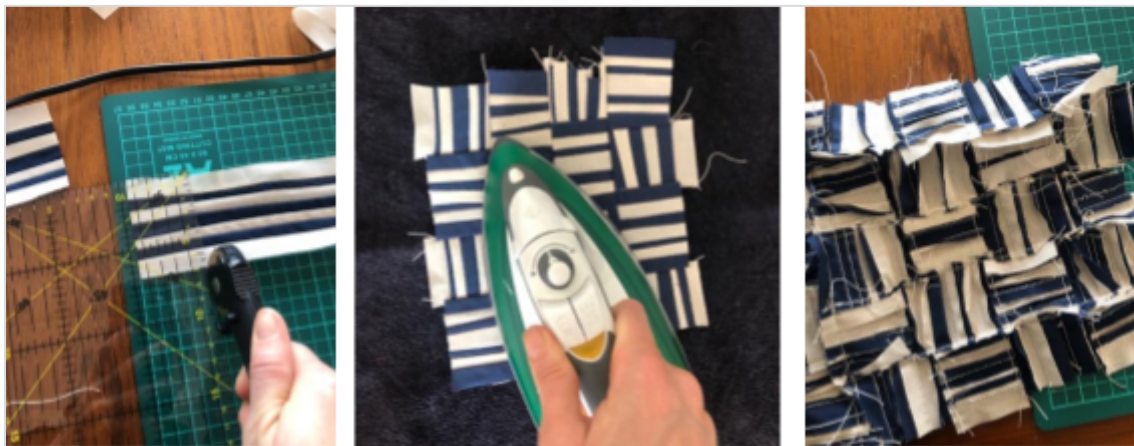

Figure 2. Cutting, trimming and ironing out the social safety net care pattern.

Next, drawing directly from literature highlighting more liberatory models of care, including from queer theory, disability justice work, and Indigenous studies, I started to craft additional patterns such as "uncommons" (Blaser & De la Cadena, 2018) and "kinning" (Kimmerer, 2013). Again, I reflected on the great variety of alternative structures and ways of structuring as I sowed each pattern. These patterns that I made myself to start the library (shown in Figure 1) were meant to be prompts to open up the discussion for others on these often taken-for-granted structures and model how they might craft their own care patterns.

Next, in collaboration with two colleagues, Marie Louise Juul Søndergaard & Shivani Prakash, we held a week-long exhibition called "Remedy". The exhibition was hosted at

the Oslo School of Architecture & Design in Oslo, Norway. It featured three projects that were meant to act as counter-responses to mainstream ways of designing for care and make visible neglected relations. One of those projects was my care patterns project; exhibiting it enabled me space to get reactions to some of the quilted care patterns that I made and open up discussions with visitors around their reactions. Through dialogues with visitors to the exhibition and interactive guided tours, I was able to interact with over 50 people who came through to understand how they related to the care patterns that I created and the themes of the project.

In addition, I also hosted two quilting workshops. The first was a three-hour workshop that was part of the Remedy exhibition. After an open call distributed both to stakeholders within the local Norwegian health system and the general public, 12 people participated. Together we moved through a process of 1) reflecting on meaningful moments of care in our lives, 2) individually crafting quilted care patterns to radically reimagine kinship with alternative (including both existing or emerging) care configurations, and 3) a collective dialogue sharing our patterns and discussing the composition of the overall quilt that makes up our shared social fabric.

A second quilting workshop was also hosted by Joseph Harrington in partnership with Experio Lab and Samhällsnytta in Karlstad, Norway. It was integrated into an all-day working session among innovators in health care to support reflection on the patterns that they are relating to and enacting through their work. Working in groups, they each created quilting blocks that reflected common patterns in their innovation work and shared the meaning and stories behind their compositions. Photos, notes from these conversations and the material patterns created in both workshops have been used to support analysis.

While the embodied, situated quilting process of building this care pattern library has supported a deepening of conceptual understanding and surfacing of diverse care patterns with liberatory aims, this approach to date certainly has some significant limitations. In particular, while not entirely, those involved have largely been connected to formal professional healthcare systems and/or other highly institutionalised structures, including universities. Thus, I hope to continue this process with a wider

variety of communities that might find it mutually beneficial but are not as closely connected to dominant structures of care.

Displaying dominant care patterns

The dominant care patterns created, shown framed on the wall at the Remedy exhibit in Figure 3, were (from left to right) "nuclear family", "saviour", "species hierarchy", and "social safety net". Each of these patterns is also described in more detail in Figure 1. The choice to frame these patterns and hang them on the wall was meant to accentuate the feeling of them being objective and untouchable. Exhibiting these patterns sparked conversations about how "natural" these dominant patterns seem and also realisations from visitors regarding the ways that these patterns exclude or cause harm. For example, the pattern of the "savior" is prominent in the relationship between doctor and patient within our curative healthcare systems and is often reflected in more intimate co-dependent relationships. These patterns revealed how easy it was for oppression and domination to "slip into" caring relations that we often take for granted and even perceive as positive or necessary.

Materialising alternative care patterns

The alternative care patterns drawn from communities resisting more dominant and oppressive social structures of care were exhibited more roughly and accessible to touch on a dining table, shown in Figure 4. Visitors to the exhibition were often surprised to learn about these care patterns, not having any previous knowledge of the existence of these ways of relating. By seeing and talking about patterns like "mutual aid", where people come together in solidary to support collective action in response to oppressive systems, and "relationship anarchy", a non-hierarchical approach to the intentional customisation of independent relations without ownership, people started to understand that there are many communities enacting more liberatory social structures and that there is a greater spectrum of relational configurations than they originally thought possible. Furthermore, the in-the-making nature of these patterns, particularly the "kinning" care pattern shown still in the sewing machine, provoked reflection around the ongoing process of relating that influences the evolution of our social fabric.

Figure 3. Dominant care patterns are displayed and framed on the wall in the Remedy exhibit.

Figure 4. Materialisations of alternative care patterns in Remedy exhibit.

Social fabric in-the-making

As the groups came together in the quilting workshops, a much broader spectrum of caring relations was collectively crafted, shown in Figure 5. In these workshops, there was vulnerable sharing of caring configurations in difficult moments, such as in oppressive relationships with relatives or caring for a loved one as they die. Different cultural and generational understandings of care were materialised and reflected on in the dialogue. One participant made a collage-like quilted pattern and shared an understanding of care she learned from her Chinese grandmother. Growing up in China, her grandmother always made quilt-like pillowcases for the family. When any one of the quilt-like pillows was worn out or was no longer appreciated, her grandmother would disassemble and re-sew a combination of pillowcases into a new pillow pattern. Based on this story, this participant talked about care as something that supports a hopeful remaking of relations amid vulnerability and necessity. This offered a refreshing reframing of difficult care moments or experiences others had had when they were forced to reconfigure their care relationships, such as when caring for one's own mother.

Figure 5. Quilting care patterns workshop.

Furthermore, in this process, participants were confronted with models of caring relations that did not resonate with their own. For example, after carefully crafting a quilting block out of gathered materials that connected to aspects of her family history, one participant talked about the patterns of care that women in her family had enacted in Norway for generations. This history, she articulated, supported a sense of purposefulness and responsibility but also flexibility in her own enactment of that lineage of kinship. Others in the workshop felt that their traditional family patterns of care were more limiting and less supportive or liberating for them. Another participant brought forward the importance of chosen family, a common care pattern in queer and trans communities, where supportive bonds and belonging are intentionally constructed with others, particularly when biological and legal families' support is not present or available. In the workshop with innovators in healthcare systems, the contrast between the care patterns they were aiming to enact and the dominant patterns of the existing system materialised, sparking discussions about the tensions in-between the divergent patterns.

These contributions to the quilt, and many others, offered a broad spectrum of examples of different care patterns that are not often reflected on or do not seem accessible to many. In bringing them together into a common quilt, the group was prompted to negotiate around their size and positioning in relation to each other. Discussions emerged that some patterns were more oriented to private life, whereas others were certainly public facing. There was also a conversation emerging about the need for some stability within the social fabric to support reliability while, at the same time, the need for the quilt to be able to continue to change and evolve. Here one participant suggested very loose knitting between care patterns to enable fluid movement and another suggested hook and loop fasteners as a material that could be used to allow for temporary stability and ongoing change as needed within the quilt.

Conclusion

While this quilting care patterns project continues, the initial activities show how quilting can be a productive means of leveraging tangible thinking in systemic design to open up dialogue about taken-for-granted structures within our care systems. Using quilted care patterns as material metaphors offered a means of sparking critical dialogue about the ways that oppression seeps into our everyday caring enactments. Furthermore, the growing care pattern library makes available and known a broader spectrum of social structures, especially ones that support more liberatory aims. The value of making the quilt together with people with caring relations that diverge from our own clearly deepened the dialogue and reflection. This further supports the need to continue quilting the social fabric with communities that are further positioned from many of the dominant structures. While this process did not resolve one desired to make up of our social fabric of care (and this was certainly not the intention), it did cultivate an expansive dialogue and reflection about the care structures that we enact and our potentially transformative role in care systems in-the-making as we aim to move toward liberation.

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