

Care as Resistance: Vulnerability and Agency in Ifeoma Okoye's *The Fourth World*^[1]

Ana Victoria Mazza (University of Glasgow)

Abstract

According to *The Care Manifesto*, care is our individual and social capacity to provide and receive support from human and nonhuman systems, in order to thrive and foster the advancement of all human and nonhuman nature. Yet, our contemporary world order boasts of an extreme 'carelessness', which makes true caring an act of resistance against neoliberal and neocolonial capitalism (2020). Moreover, the widespread conception of vulnerability and resistance as mutually exclusive terms renders vulnerable communities not only powerless, but also unable to care in any form (Butler 2016). This notion also feeds into and is reinforced by asymmetrical relations embedded in international aid enterprises (Sabsay 2016). The present paper suggests that fictional literature is especially well-suited to offer alternative (re)imaginings of care. It thus proposes to explore the idea of care as resistance in Nigerian Ifeoma Okoye's novel, *The Fourth World* (2013). Extending *The Manifesto's* claims to a postcolonial country of the Global South, and building on Judith Butler's and Leticia Sabsay's ideas on vulnerability and resistance, as well as on impulses in the field of geography both to emplace and decentre care (Raghuram 2016), the paper analyses carelessness and care practices in the extremely vulnerable community of Kasanga Avenue. The study argues that, while care practices carried out by the novel's author and characters outside the settlement are resistant because they challenge neoliberal and neocolonial individualism and charitable morality, care within Kasanga Avenue is doubly resistant, since the residents' survival can constitute a form of resistance in and of itself. Nonetheless, the paper also demonstrates that, because of the interdependent and relational nature of care, these acts of caring at the levels of kinship and community are not enough. Caring individuals and communities need to be supported by caring states and economies, and by a caring world.

Keywords: interdependency, vulnerability, resistance, Ifeoma Okoye, urban Nigeria.

[1] The present paper is based on research carried out as part of my doctoral project in English Literature at the University of Glasgow. A later version of this work will be integrated into the fourth chapter of my thesis.

According to *The Care Manifesto*, care constitutes a personal and social capacity, and involves all aspects of both human and nonhuman lives:

Care is our individual and common ability to provide the political, social, material, and emotional conditions that allow the vast majority of people and living creatures on this planet to thrive – along with the planet itself. (2020, p. 6).

Yet, declares *The Manifesto's* opening, '[o]ur world is one in which carelessness reigns', as the COVID-19 pandemic has painfully demonstrated (p. 1). This is the result of a long-standing tradition of care devaluation, 'due, in large part, to its association with women' and 'the feminine' (p. 3). A devaluation, moreover, that has been aggravated 'over the last forty years, as governments accepted neoliberal capitalism's near-ubiquitous positioning of profit-making as the organising principle of life' (p. 3). In our contemporary neoliberal capitalist world, then, care practices have been restricted and reduced to the bare minimum, so that the majority of the global population is finding it increasingly hard to give and receive care. For the opposite to happen, for us '[t]o think of care as an organising principle on each and every scale of life', *The Manifesto* argues, 'we must elaborate a feminist, queer, antiracist and eco-socialist perspective, where care and care practices are understood as broadly as possible' (Care Collective 2020, p. 22). In other words, real care in today's world calls for a radically inclusive conceptualization. And it is because of the radical nature of this call that care can and should be understood as a form of resistance.

Being truly and completely caring today means going against neoliberalism, reactionary politics and continuing ecological destruction. That is, care necessarily implies a high and multimodal form of agency that recognises human dependency on both human and nonhuman systems, from an individual through to a global scale. However, this kind of agentic resistance, Judith Butler et al. note, is usually construed in an opposing, mutually exclusive relationship with vulnerability (2016, pp. 1-2). Following the logic of this assumption would thus make vulnerable individuals and communities unable to resist and, consequently, unable to care; a conclusion which, as the authors argue and this paper illustrates, is both false and biased. Indeed, fictional literature, with 'its peculiar form of power over the real' provided by its 'imaginative dimension' (Prieto 2013, p. 2), is a very compelling means of challenging this coupling of vulnerability and powerlessness and of foregrounding care as a form of resistance.

The Manifesto draws on a myriad of historical examples, mostly from the Global North, to show how care can and has been radically put 'front and centre' on different scales and in diverse ways (Care Collective 2020, p. 5). This paper proposes to extend the application of *The Manifesto's* arguments to fiction and to the Global South, by exploring the idea of care as resistance in Nigerian Ifeoma Okoye's novel, *The Fourth World* (2013).[2] Drawing on Judith Butler's and Leticia Sabsay's examinations of the relationships between vulnerability and

[2] While this paper acknowledges the lack of theoretical exactitude of the concepts 'Global South' and 'Global North', they are utilised here for the sake of practicality, and with full awareness of the risks of generalisation involved in their use.

resistance (2016), as well as on notions of care 'beyond the global North' (Raghuram 2016), the study analyses how Okoye and her characters attempt to challenge the social and environmental violence of abject poverty in the slum of Kasanga Avenue, in Enugu, Nigeria. The paper is divided into three main sections: the first one examines key concepts and the theoretical framework that forms the basis of this discussion; the second one analyses the representation of carelessness in Okoye's novel, the context in which care as resistance actually takes place in the narrative; finally, the third section examines the various care practices that develop in Kasanga Avenue and why they can be considered forms of agentic resistance.

Crucially, the paper argues that both author and characters in *The Fourth World* indeed resist the violence of abject poverty, a consequence of Nigeria's neocolonial capitalist relations, by caring for and about each other. Moreover, Kasanga residents' care practices are, following Butler (2016, p. 26), doubly resistant, through agentic vulnerability: not only do they challenge capitalism and neocolonialism in general, but also resist, by continuing to exist, the specific material conditions that have put them in such a precarious state. However, several community members are lost to poverty and abandonment throughout the novel. While Chira, the main character, seems to succeed in her efforts to find a way out and forwards, thanks to the help of isolated individuals and her community, the novel illustrates *The Manifesto's* claim that 'our capacities to care are interdependent and cannot be realised in an uncaring world' (Care Collective 2020, p. 6). In other words, *The Fourth World* is simultaneously a testament to the power and agency of kinship and community care in vulnerable groups, and to the utmost importance of acknowledging interdependency and relationality when discussing matters of care. Ultimately, this analysis offers a deeper understanding of a relatively ignored Nigerian novel, whose depiction of Kasanga Avenue and its inhabitants goes against the 'moral appeals' and consequent depoliticization of '[h]umanitarian pleas for aid' (Sabsay 2016, p. 280). The study can thus be framed as answering Parvati Raghuram's call to '[emplace] and [displace] care ethics' in the light of specific 'geohistories' (2016, p. 524), since it allows us to focus on an extremely vulnerable community and explore alternative forms of care in a postcolonial nation of the Global South.

Care, Interdependency, Vulnerability, and Resistance

To start with, I would like to go over some definitions and theoretical connections that frame and justify the present analysis. *The Manifesto* is a call to action, to make care the utmost priority according to which societies, governments and economies are organised and run. Emma Dowling puts forward a similar proposition when she suggests that 'we look at the economy from the perspective of care', which would affect the way we think 'about the problems we face and the solutions to them on a local and global scale' (2022, p. 5). The reason for this call lies precisely in the comprehensive definition of care given at the beginning of this paper. Because it is both a 'capacity' and a 'need' (Nussbaum in Lynch 2009, p. 410) affecting all living things, because it is more than "hands-on" care' (Care Collective 2020, p. 5), care is a public, social and political issue (Lynch 2009; Tronto 2013; Raghuram 2016; Care Collective 2020; Dowling 2022).

Moreover, care is also, by necessity, an environmental matter. Indeed, another aspect closely linked with this expanded definition of care is that of our interdependency, the fact that

we all depend, to different degrees, on each other and on human and nonhuman nature in order to thrive. In their approach to the notion of care in a postcolonial context, Raghuram et al. emphasise the need to think about ‘responsibility and care’ taking into account notions of ‘interdependence and coexistence and the limits to these’ (2009, p. 10). In a later paper, Raghuram again explains that ‘[c]are is produced inter-subjectively, in relation, and through practice’, and not on an individual basis (2016, p. 515). Similarly, for Butler, the human body is ‘less an entity than a relation’, which is at least partly defined by the body’s ‘dependency on other bodies and networks of support’ (2016, pp. 19 and 16). *The Manifesto* further claims that ‘to put care centre stage means recognising and embracing our interdependencies’ (Care Collective 2020, p. 5). This means that care and support are thus ‘active and necessary across every distinct scale of life’, and ‘[p]ractices more conventionally understood as care [...] cannot be [...] carried out unless both caregivers and care receivers [...] are supported’ (p. 6). Nonetheless, interdependency is sometimes ‘denied’, for the sake of strength and autonomy (p. 22); or, conversely, ‘pathologised’, to weaken and humiliate ‘those who should feel most *entitled* to care’ (p. 23, emphasis in the original). Interdependency is thus a key concept that must be acknowledged and grappled with: care is not something simply given by some and received by others.

According to Butler, a failure or altogether lack of support ‘exposes a specific vulnerability that we have when we are unsupported’, when we do not have access to those human and nonhuman networks ‘characterizing our social, political, and economic lives’ (2016, p. 19). Care in all its variants can thus be understood as the provision of this support. A lack of care, and a consequent lack of support from the systems we depend on, then evidences our vulnerability, the ‘exposure to harm’ that this lack produces (p. 13). This exposure to harm is thus for Butler ‘a socially induced condition’, which explains the unequal distribution of care on different scales (p. 25). Interestingly, Butler also refers to varying attitudes towards this vulnerability: like interdependency, vulnerability can be rejected or wished away, or appropriated ‘to shore up [...] privilege’ (pp. 22-23). Sabsay goes a step further and introduces the term ‘permeability’, a useful tool to differentiate between ‘two distinctive conceptual uses of vulnerability: (1) vulnerability as the capacity to be affected (which might be acknowledged or disavowed)’, termed as ‘permeability; and (2) vulnerability as a condition that is differentially distributed’ (2016, p. 286). In other words, according to Sabsay, we are all equally permeable and, because of this permeability and its subjection to diverse living conditions, we are, and perceive ourselves as, unequally vulnerable.

All this must now be considered within a capitalist world order, which ‘is uncaring by design’ (Care Collective 2020, p. 10). This is a point that Dowling makes too, and a premise on which she bases her book, *The Care Crisis* (2022, pp. 9-15). Tellingly, Nancy Fraser also devotes a chapter of her book, *Cannibal Capitalism*, to capitalist devouring of care understood as social reproductive work, which she locates as one expression of capitalism’s depletion of the human and nonhuman world (2022). In a neoliberal and neocolonial world order, which has only exacerbated a care crisis whose origins can be partly located in gendered notions of weakness, care and vulnerability, more people are likely to be left without the necessary care and support,

which in turn gives place to an ever-growing inequality in the distribution of socially-induced vulnerability (Care Collective 2020, pp. 7-9; Dowling 2022, pp. 1-5). The ultimate consequence is an 'unjust' overreliance on the traditional nuclear family and a tendency to 'care exclusively for and about "people like us"' (Care Collective 2020, pp. 17-8). In Dowling's words and contrary to what we have established, care is now 'voluntary and informed by an ethics of charity or other forms of moral obligation' (2022, p. 9). Moreover, '[a]usterity measures serve to convince individuals that the only person they can truly rely on is themselves', while they '[imply] a greater reliance on informal support and charity provision' (pp. 11-12). That is, capitalism, and neocolonialism, reinforce the false sense of individualism that both goes against Raghuram's and Butler's conceptions of care and the body as interdependent relations, and justifies a rejection of our permeable condition.

We are then left with the following picture: we all have interdependent and permeable bodies that need the support provided by diverse forms of care in order to thrive. Our degree of vulnerability, enabled by our given permeability, will depend on both our attitude toward this permeability and the level of support we give and receive through care. Interdependency means care needs to be multi-scalar, and needs to be supported as much as it provides support. The ubiquitous need and capacity for care make it not only a social and public, but also a political and ecological matter. However, neoliberal capitalism has reduced care to its minimum expression, as well as pushed it back to the realms of the individual, the private, and the moral. All of this leads to the conclusion that care practices at all levels, from the individual to the global, must go against neoliberal restrictive impulses, false individualism, and the privatisation and moralisation of care. In other words, to care and be cared for and about today means to resist a capitalist and neocolonial world order.[3]

There are two important consequences of this state of things that I would like to address before moving on to the analysis of the novel. Firstly, it has already been established that both Butler (2016) and The Care Collective (2020) identify diverse ways of understanding and reacting to care and vulnerability. One of these reactions is a denial or rejection of our own permeability, to use Sabsay's term (2016), coupled with an understanding of vulnerability and the need for care as weakness and powerlessness (Butler et al. 2016, p. 2). This means that care and vulnerability are associated with passivity –'in need of active protection'–; while denied permeability, which is 'based on a disavowal of the human creature as "affected"', is considered agentic, and thus, 'active' (p. 3). These associations, explains Sabsay, in turn account for the 'construction of "the suffering other" as a mute and helplessly un-nurtured, violated, or deprived body' by 'humanitarian enterprises'. Vulnerable groups, such as slum residents like those of Kasanga Avenue, are thus rendered voiceless and helpless by 'humanitarianism', while these enterprises appeal 'to human

[3] Interestingly, I recently came across another conception of the relationship between care and resistance in artistic activism, in research-led artist Jade Montserrat's exhibition, *Constellations: Care & Resistance*, at the Manchester Art Gallery. For further information please see <<https://manchesterartgallery.org/event/constellations-care-and-resistance/>> and <<https://iniva.org/programme/events/constellations-care-and-resistance/>>.

sensibilities' and to the charitable morality that constitutes care under neoliberal individualism (2016, p. 280). More importantly, Sabsay argues, 'these moral appeals [...] obscure the biopolitical dimension of global governmentality'; that is, they fail to 'address' the fact that 'we are all involved in the production of this vulnerability', thereby contributing to the depoliticization of care and vulnerability explained above (p. 280).

Sabsay's argument is in fact closely related to Raghuram et al.'s reflections on responsibility and care in a postcolonial context. These authors explain that '[p]ostcolonial responsibility means' acknowledging the '(neo)colonialism' that some parts of the world still inflict on others, which is actually a way of producing vulnerability in seemingly 'distant' places (2009, p. 9). Moreover, when thinking about 'decentering' care and responsibility, the authors point out the need to reject 'asymmetry' in the construction of care relations between a weak sufferer and a magnanimous carer (p. 10), which is precisely what humanitarianism does. We see then how the disavowal of permeability and its attendant individualism are closely linked with the commodification and depoliticization of vulnerability, responsibility and care that characterise neocolonial capitalism.

Secondly, because vulnerability is associated with a passive need for care and protection, and is thus construed into a 'mutually oppositional' relationship with resistance (Butler et al. 2016, p. 1), vulnerable groups and individuals are considered incapable of 'act[ing] politically'. A depoliticization of care and vulnerability, then, goes hand in hand with the negation of these vulnerable populations' agency and their capacity for 'collective resistance' (pp. 5-6). If we understand care as a form of resistance in our contemporary neoliberal capitalist world, and if we consider certain groups naturally incapable of offering any resistance, then we are also saying that these groups are incapable of caring and depend, for all their care practices, on the active help, the charity, of seemingly impermeable and thus powerful individuals, organizations and governments. This is not only a false statement but also feeds into the paternalistic discourse of vulnerability as powerlessness (Butler et al. 2016, p. 6). A re-examination of the relationship between vulnerability and resistance is thus key when thinking about care.

Indeed, Butler shows how the relationship between vulnerability and resistance needs to be critiqued and reformulated. Because the human body depends on infrastructures and human and nonhuman networks to thrive, it is both permeable ('acted on'), and performative ('acting'). This means that 'vulnerability can be a way of being exposed and agentic at the same time' (Butler 2016, p. 24). In public demonstrations, for example, vulnerability 'becomes a potentially effective mobilizing force' (p. 14): the exposure of bodies in 'precarious positions', of vulnerability as socially induced, both performs 'the demand to end precarity' and resists the unequal power relations that have put those bodies in precarious positions in the first place (p. 15). Crucially, in extreme conditions, Butler says, 'continuing to exist, to move, and to breathe are forms of resistance' (p. 26). Survival here becomes an expression of agentic vulnerability: the will and power to survive under conditions of extreme vulnerability is then a form of resistance.

Building on this last observation, I would like to suggest that caring done by and within these vulnerable groups becomes then another form of resistance, since, as we shall see, it ensures the communities' continued existence. Thus, on the one hand, Okoye and her characters'

caring practices are inherently resistant, or resistant in a general sense, in so far as they challenge the charitable individualism of neoliberal and neocolonial capitalism. On the other hand, Kasanga residents' shared vulnerability also makes their caring practices a form of specific political resistance, because it ensures the settlement's survival despite almost complete abandonment, and challenges the global, economic and state forces responsible for their appalling precarity. Through this reading of care as double resistance, I argue, it is possible to understand how the novel both underscores the importance of interdependency, and undermines humanitarian enterprises' construction of vulnerable groups as powerless.

Registering Carelessness in Kasanga Avenue

Published in 2013, Ifeoma Okoye's *The Fourth World* follows the struggles of Kasanga resident 18-year-old Chira. She arrives home for the school holidays to find her father in hospital. He soon dies, which means Chira needs to find a job to support both herself and her sick mother. All along, Chira also tries to find a way to finish school and go to university, a dream of hers that her father supported from the start, and for which he seems to have worked himself to death. Chira is resilient and extremely hard-working, but she fights against forces much bigger than herself in order to take care of her mother and succeed in life. Okoye's novel has been the object of a number of studies focusing on the violence of poverty, the novel's gender and environmental concerns, and the author's social and political consciousness, all of which are of course relevant and integral to an examination of the work from a care perspective (Onyemachi 2016; Iwuchukwu 2018; Mayer 2018; Odinye 2018a, 2018b; Okoye & Asika 2020; Ogbazi & Obielosi 2021). Such an analysis, however, does not seem to have been carried out, and this paper thus offers a different lens through which to interpret Okoye's fictional rendering of urban poverty in Nigeria, which attends to one of the novel's central concerns.

I would like to start by briefly acknowledging the novel's registration of carelessness in Kasanga Avenue, especially at the first three levels described by *The Manifesto*: world, economy, and state. This registration of carelessness is no less than a description of Kasanga residents' living conditions, an example of Butler's socially induced vulnerability, as well as an exercise in care ethics emplacement as foregrounded by Raghuram (2016, p. 524-525). This registration is thus not only an acknowledgment of local specificities, but also a restoration of care to its social, public and political spheres, which challenges the prevailing structures responsible for the slum dwellers' vulnerability.

According to *The Manifesto*, a caring world is one that 'rebuild[s] and democratiz[es] social infrastructures and shared spaces across all scales', joining forces with international 'progressive movements and institutions' in order to provide all its inhabitants with the support they need. These institutions are not international aid enterprises, but 'transnational networks' which are built on solidarity and 'grassroots resistance', and reject asymmetrical relations of power (Care Collective 2020, p. 90). The so-called Fourth World in which the novel takes place, on the other hand, is the result of opposite practices to the ones just described. As the novel's Foreword, by Ernest N. Emenyonu, explains, Fourth World is a global category, 'whose citizenship is not

defined by race, colour, geographical location, tongue or creed'. It 'is peopled by the true "wretched of the earth", who squat in shanties', and, '[i]n full view of the billionaires [...], they feed off discarded leftovers in garbage containers' (2013).^[4] This is a universally ignored group of people, whose destitution and vulnerability is in fact produced by neocolonial capitalism. Admittedly, the Foreword characterises the Fourth World as 'voiceless and [...] defenceless' (2013), which supports the idea of this group as passive and powerless. However, Emenyonu is here referring precisely to the global scale, on which this group tends to be either humanitarianism's 'suffering other', or, indeed, invisible (see also Odinye 2018a, p. 174).

Moving down the scale, a 'caring economy' will require 'reimagining the economy as everything that enables us to take care of each other' (Care Collective 2020, p. 71). The main aim of 'all economic activity' would ultimately be the expansion and maintenance of our care capacities, which in turn means understanding the economy as part of society, and society 'as part of the ecology of the living world' (p. 72). The opposite of this leads to 'commoditised care', which means (a) that 'care responsibilities and services' are distributed 'on the basis of purchasing power', and (b) that 'self-interest and instrumentality' are 'foregrounded' to the detriment of good quality care (pp. 75-77). In sum, commoditised care means both unequal access to and poor quality of care provision. Nothing exemplifies the terrible consequences of this commoditisation of care better than the government-managed main hospital in Enugu, where Chira's father is admitted after his condition worsens, as several critics point out (Onyemachi 2016, p. 350; Iwuchukwu 2018, pp. 4-5; Mayer 2018, pp. 339-340; Odinye 2018a, pp. 177-179; Okoye & Asika 2020, pp. 115-116). According to Jude, Kasanga's 'spokesperson', 'hospitals [...] are not for those whose purses are empty', since they 'are more concerned with making money than with saving lives' (Okoye 2013, Chapter 6).

Not only do the nurses treat rich and poor people differently (Chapter 1), but also medical treatment is not administered until it has been paid for, which results in avoidable and cruel deaths (Chapter 4). Even worse, said payment barely guarantees the medical procedure needed, and does nothing to improve the hospital's unsanitary environment (Chapter 4); nor does it include the provision of medicines and other medical supplies or special meals, the laundering of 'bedclothes and hospital gowns', and even 'nurses' duties', all of which Chira characterises as 'unofficial care-giving' and 'free labour' (Chapter 5). Because of all this, 'Kasanga Avenue residents always [try] to ignore their symptoms as long as possible' before going to the hospital (Chapter 1), which of course also leads to untimely deaths. As The Manifesto explains, 'what is left outside markets', i.e., what is not profitable, 'is devalued and delegated [...] mostly to families, but also to communities' (Care Collective 2020, p. 73). Commoditised care in Okoye's novel is indeed the cause of death of many a character, both of Chira's parents among them.

The next level of carelessness portrayed in the novel is that of the state. A caring state 'is one in which the provision for all of our basic needs is assured' in a sustainable and participatory

^[4] Since the book is only available in the UK in e-book format, no page numbers are available and only chapter numbers can be given as a citation reference.

manner (Care Collective 2020, p. 59), and where everyone is provided with ‘adequate time’ and ‘resources [...] to expand their capacity to care’ (p. 65). That is, a caring state provides the necessary infrastructure for humans and nonhumans to thrive while fostering the thriving of others. However, Kasanga Settlement cannot be said to belong to either the city of Enugu or the country of Nigeria. Like so many other slum areas, it is a world in and of its own, and thus outside the realm of municipal, regional or national action; a fact acknowledged by the press when reporting on a particularly dramatic incident after heavy rains (Okoye 2013, Chapter 12). Raghuram importantly situates the lack of state care and support in some countries within the global race for ‘economic development’ (2016, p. 518). In other words, an absent state must be understood, at least in part, as a consequence of neocolonial capitalism and its attendant development narrative, which, directly or indirectly, dictates how and when money is spent.

Without any governmental intervention, Kasanga residents are systematically neglected and left to fend for themselves in every aspect of their lives, and even blamed for their appalling living conditions (Onyemachi 2016, p. 350; Odinye 2018a, p. 176; Okoye & Asika 2020, p. 118):

She [Chira] had come to see Kasanga Avenue as a cursed place, as a place where people had been deprived of good education, good health, good jobs, and basic amenities; where they were deprived of dignity and honour. A place where people’s toils would never bring any improvement to their lives, thereby making them lose faith in themselves. A place where people had begun to accept the prejudiced description of them as slow, stupid, incompetent and criminal (Okoye 2013, Chapter 9).

We can see here what Michael Bennett describes as a vicious circle in which ‘[t]he deteriorating physical infrastructure contributes to a deteriorating social infrastructure, which is then read by policymakers as a cause rather than an effect of the disproportionate hazards of urban living’ (1999, p. 183). Careless worlds produce careless economies that produce careless states, whose lack of support results in unequally distributed exposure to harm.

In Kasanga Avenue, for example, we find no running water or adequate power supply (Okoye 2013, Chapter 10), and no sewage or draining systems. These issues result in extremely poor health, untold suffering and even the death of Kasanga residents. A case in point is ‘the Great Floods of Kasanga Avenue’, ‘the annual deluge’ caused by heavy rains and ‘erosion’. This time, Mama Bebe’s ‘only surviving child’ drowns (Chapter 12). The child’s death leads a group of teenagers from the community to demonstrate against their terrible precarity. Because they care about Kasanga Avenue’s neighbours, their vulnerability becomes a ‘mobilizing force’, as Butler explains (2016, p. 14). However, their resistance is met with violence and four people are killed (Okoye 2013, Chapter 12). The deterioration, or sometimes altogether lack, of physical infrastructure is directly related to Butler’s socially induced vulnerability, and constitutes a major socioenvironmental concern in neglected communities.

What is more, such precarious living conditions reduce Kasanga residents’ caring capacities to the bare minimum. The high level of unemployment and informal labour that Kasanga

residents, such as Chira's father, face means that their time and resources are rarely enough to care for their own immediate families:

From Monday to Saturday he left home at six in the morning in the company of the other labourers living on Kasanga Avenue. [...] He and the other labourers waited in a place called Ogbo Manu for construction contractors to come and hire them. Sometimes her father waited there from morning until night for days before he got hired. He usually came home from work after dark and was often so tired he dropped off to sleep before supper was ready (Okoye 2013, Chapter 1).

This lack of time and resources affects both men and women, but it is women who often become widows when their husbands die due to precarious working conditions. Women are then left to raise their children and make a living without 'any adequate education or skills' (Onyemachi 2016, p. 351). Such is the case of Mama Egodi, Chira's neighbour, whose husband died in a construction site when she was pregnant with her third child (Okoye 2013, Chapter 8). Later in the novel, Mama Egodi's two older children are tragically 'killed by a lorry' on their way back from selling bananas on the road (Chapter 18). The devastated woman is blamed for her sons' death by other residents, because hawking is a very dangerous activity for children. Reflecting on this, Chira decides that she cannot blame her neighbour because she knows 'Mama Egodi would not have done that [...] if she was receiving help from someone' (Chapter 20). It is the state's complete desertion that leads Kasanga residents to such desperate measures and less than ideal situations.

Finally, Chira also encounters careless individuals who are products of this careless state. First, there is Chira's Uncle Amos, her father's brother, who refuses both to contribute any money towards his brother's funeral expenses and to fulfil his brother's wishes so that Chira can finish secondary school. She indeed suspects he will 'end up appropriating' her father's land portions in the village (Okoye 2013, Chapter 7). Amos's incalculable greed makes him careless even at the level of kinship, turning his back on his niece and sister-in-law in a time of need, although he is in a position to help.

Second, there is Maks, a stranger who, reminiscent of Chinua Achebe's Chief Nanga with Edna Odo in *A Man of the People* ([1966] 2001), wants to marry Chira and offers in exchange to support both her and her sick mother. However, Maks does not think Chira needs to continue her education once she marries him, since he can make her 'richer than any graduate [she knows] of' (Okoye 2013, Chapter 15). Maks is in fact a perfect example of someone who ignores their own permeability and focuses solely on Chira's socially induced vulnerability, which puts him in a position of power as potential caregiver. Moreover, Maks's carelessness probably operates both at the individual and social level, since there is no clear explanation for his fortune and Chira is led to believe he is a so-called middleman in the machinery of Nigerian corruption (Chapter 25). Maks's carelessness thus contributes to both economic and state carelessness and, ironically, to Kasanga Avenue's abject poverty. Although she does not really trust Maks, Chira is forced to choose between financial security for both her and her mother, or realising her dreams. In the last chapter we find the resolution to three of Chira's predicaments: she finally rejects Maks's

offer, her mother suffers a stroke before Chira can speak to her and later dies, and the girl is offered a job at the university which would allow her to become a student there as well (Okoye 2013, Chapter 27). The fact that it all happens coincidentally at the same time seems to emphasise the impossible situation Chira is put in, for she now feels responsible for her mother's death even though deep down she knows that Maks is not the solution to all her problems.

Care as Resistance in *The Fourth World*

To start with, at the kinship or individual level, the first act of caring resistance, albeit not a double one, is indeed carried out by the author herself, when she decides to write this novel about a place and people most of us would like to pretend does not exist, as evidenced in her dedication: 'To the deprived people who are victims of greed, injustice, corruption, exploitation, discrimination, and bad government' (2013). Okoye cares about –'emotional investment'– Fourth World citizens, and with them –political activism– (Tronto in Care Collective 2020, p. 21). Not only that, but she portrays them as a complex, agentic community, while restoring care and vulnerability to the social, political, and environmental spheres. Her concerns, however, do not seem to be those of mainstream Euro-American publishing. According to Adam Mayer, even with a prolific and successful writing career behind her, Okoye had to resort to Amazon and a local publishing house in Nigeria very close to self-publication, after her manuscript was rejected by 'a number of foreign and Nigerian publishers' (2018, p. 339).

Returning to the novel, it is against this background, or rather, against the forces described in the previous section, that individuals and the community of Kasanga Avenue resist by caring. Both Kasanga residents and outsiders practise 'care beyond the nuclear family' (Care Collective 2020, p. 33). There are examples of caring individuals outside the settlement, who care about Chira and other vulnerable citizens without resorting to neoliberal charity models. Miss K, Chira's Physics teacher, guides and supports the girl and even gifts her books (Okoye 2013, Chapter 8). Mr Uche, a 'nationalist and activist' that Chira meets at the hospital, not only helps her after her father's death but also lends her books (Chapter 12). Dr Ajali gives Chira a job despite her lack of qualifications and later helps her find a way to pay for university. The young Dr Bosa has left a well-paid job to open a small private hospital called The Good Samaritan Clinic, with low charges and the option to pay by instalments, so as to make up in some way for the lack of service at the government hospital (Chapter 27). These people deliberately get involved and fulfil, in the best way they can and by making their own sacrifices, the role of a caring state, both supporting and fostering independence of vulnerable citizens. Their efforts, of course, can only go so far. As demonstrated in the previous section, they would achieve much more if they were themselves supported by the state and the economy.

Within the settlement, the novel explains, Kasanga residents soon realised that no one other than themselves would help them, 'that their survival depended on their solidarity and so they had fused into one indivisible community' (Okoye 2013, Chapter 6). In this sense, Kasanga Avenue is the '*entre-deux*' space par excellence: 'maligned, or simply ignored', like most slum areas, it is usually understood only according to what it lacks. Nonetheless, it is also a site of positive and 'resourceful' action (Prieto 2013, p. 1). Because of their shared vulnerability, the residents

understand and acknowledge their interdependency, and their caring practices are thus doubly resistant. As Chira reflects, '[f]or people in her situation, dependence [is] a lifebelt' (Chapter 3). Far from waiting for external support, they join forces and help each other out, giving and receiving care as needed. There is thus agentic resistance in this solidarity, since residents refuse to just sit and wait for some charitable entity to save them. They know very well that, if they do this, they will all die in the hands of carelessness.

Neighbours, especially women, care for and about each other and each other's children even when they have nothing to spare, either in terms of money or other resources. Mama Bebe, for example, is said to '[work] from dawn until evening and always [have] a pleasant word for residents, young and old, as they [pass] her workplace (Chapter 9). Neighbours practise expanded forms of 'mothering' (Care Collective 2020, 33), such as when Chira takes care of Mama Egodi's children by helping them with their school work or giving them something to eat (Okoye 2013, Chapter 13). They also help each other as best they can when they are going through particularly hard times. They give each other food, clothes, money, and household items (Chapters 10 and 26), and support each other emotionally and materially during a tragic loss, such as after Chira's father's death (Chapter 8). Last but not least, there is Jude Pebble, owner of Jude's Patent Medicines Store, who does his best to compensate for the residents' lack of access to adequate health care by acting as a more accessible 'general practitioner of some sort' (Chapter 17).

According to *The Manifesto*, this 'mutual support' and 'sharing of resources' that happen at the kinship level make Kasanga Avenue a caring community. The settlement lacks the other two 'core features to the creation of caring communities' that are 'public space' and proper 'democratic' processes (Care Collective 2020, p. 46), a logical consequence of their extreme vulnerability. Nonetheless, Jude acts as the community's spokesman and the residents hold informal meetings about their government's neglect (Chapters 6 and 12). These spontaneous meetings in the face of adversity are also a form of resistance mobilised by shared vulnerability. The community's caring practices are thus also doubly resistant: not only do they go against neoliberal and neocolonial carelessness in general, as the author and outsiders' actions do, but also ensure the community's own survival despite the ruthless carelessness that surrounds them. Given the state of neglect by global, economic and national agents, I argue, following Butler (2016, p. 26), that Kasanga residents' survival equals resistance. And this survival would not be possible without caring kinship and a caring community. Not only does vulnerability not preclude agency, but it is in fact what fosters the community's solidarity and mutual care. The multiple losses suffered by the residents, nonetheless, are a painful reminder that this individual and local care only goes so far. Extremely vulnerable individuals will keep dying unless interdependency is recognised and embraced at all levels.

Conclusion

The present paper understands care as the individual and social capacity to provide and receive support to and from human and nonhuman networks, in order to thrive and foster the advancement of all human and nonhuman nature. The paper's main premise is that, in the contemporary world order, to care is to resist. This premise challenges notions of care as

belonging to the individual, private and moral spheres, as well as of vulnerable individuals as helpless and passive, and, consequently, unable to care. These ideas are recognised as products of neoliberal and neocolonial politics and economy. The paper then suggests that fictional literature is especially well-suited to offer the kind of alternative (re)imaginings of care that both Raghuram (2016) and *The Manifesto* (2020) call for, which can also foreground the agency and resistance of vulnerable communities.

The article thus proposes to explore the idea of care as resistance in Nigerian urban literature, by focusing on Ifeoma Okoye's novel, *The Fourth World*. By extending *The Manifesto's* claims to a postcolonial country of the Global South, and building on Butler's and Sabsay's ideas on vulnerability and resistance, it then analyses care practices as forms of resistance in the extremely vulnerable community of Kasanga Avenue, Enugu, Nigeria. This analysis is also framed and justified by impulses in the field of geography both to emplace care in a postcolonial context and decentre it from the Global North. The article first focuses on the representation of carelessness in the novel, particularly at the level of world, economy, and state. It then moves on to examine care as resistance, mainly at the levels of kinship and community.

The study argues that, while care practices carried out by the novel's author and characters outside the settlement are resistant because they challenge neoliberal and neocolonial individualism and charitable morality, care within the settlement is doubly resistant: the residents' survival, ensured by their own solidarity and mutual support in the face of shared vulnerability, can constitute a form of resistance in and of itself. That is, both the acts of caring and their consequences are forms of resistance under such precarious conditions. The present study thus demonstrates Okoye's novel to align with Butler's critique of vulnerability as opposed to resistance, and with Sabsay's examination of humanitarian enterprises, while simultaneously utilising fiction to represent care as a public, social, political and environmental issue.

However, the paper also suggests that, because of the interdependent and relational nature of care, like Chira recognises, these acts of caring at the levels of kinship and community are not enough. While they may save isolated people like Josephine, another Kasanga resident sent to live in Lagos with her uncle (Okoye 2013, Chapter 8), or Chira herself, they are not the solution to the problem at large. This is something that Bennett also points out when he claims that 'only the most extraordinarily fortunate individuals can triumph over the overwhelming social barriers' encountered by inner-city residents (1999, p. 171). As Okoye's novel demonstrates with its registration of carelessness and its consequences, for Chira to be completely happy and successful, without having to feel guilty for her parents' deaths, permeability and interdependency must be recognised and valued by everyone, at all levels. This is something that the novel does not represent, since it ends with Chira's mother's death.

Although there are certain aspects touched on by this paper that would benefit from further analysis, such as the concept of resilience, or a deeper exploration of gendered divisions of care among Kasanga residents, the present analysis has introduced a different interpretational framework for Okoye's novel that takes care as a central issue. This article has tried to demonstrate the centrality of questions of care when approaching literature from the Global

South, as well as what these kinds of texts can contribute to discussion on care, interdependency, and agency. As argued by *The Manifesto* and illustrated by *The Fourth World*, caring individuals and communities need to be supported by caring states and economies, and by a caring world. Only then will everyone access the time and resources, social and physical infrastructure, needed to give and receive care, in its multiple forms and expressions. Only then will human and nonhuman nature thrive in its uniqueness.

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