Trajectories of Horror and (Impossible) Care in Sophie White's *Where I End*

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Abstract

This article seeks to provide an initial account of care horror, expanding on Eugenie Brinkema's proposition of reading horror as concept by contrasting it with approaches found in care and disability studies. Through a close reading of Sophie White's 2022 novel *Where I End*, this article will illustrate how violence and care are both systematized through the formal modes of horror; then, it will focus on how those formal modes can be read to reveal the structural lack of interdependence motivated by systemic injustice that renders good care impossible. Finally, it reflects on whether or not said impossibility of care can be reclaimed and if it should be reclaimed at all.

Care is an unwieldy concept. A leading figure in the study of care ethics, Joan Tronto, defines it as "a mental disposition of concern [as well as the] actual practices that we engage in as a result of these concerns" (16)—a serviceable description, yet undeniably vague. The unwieldy element of care becomes evident when attempting to map the many ways in which situations of care are depicted within horror narratives: sometimes care horror means being confronted with the incremental and abject decay of a sick body (such is the case for the baby in David Lynch's 1977 film *Eraserhead*), other times it has to do with the cruelty of a caregiver (for example, in Stephen King's 1987 novel *Misery*), or with the proportions, implications and consequences of the characters' failure to access, provide or seek proper treatment (see Wrong Organ's 2024 narrative videogame *Mouthwashing*).

Due to care's polymorphous and ubiquitous quality, care horror does not present a set of recurring characteristics fixed enough for it to be examined as a subgenre in its own right; it could instead be called a trajectory. In said trajectory's course, the collection of practices and circumstances that constitute care are coupled with what scholar Eugenie Brinkema names, in her book *Life-Destroying Diagrams*, horror's "narrative procedural drive"—that is, the tendency for actions and dynamics within a horror text to gradually escalate towards increasing levels of violence (48). The very notion of care horror as a trajectory is inseparable from Brinkema's method, which she terms *radical formalism*, as it endeavours to look beyond horror-as-genre by disentangling it from its affective outcomes and proposes instead considering horror as concept. If horror-as-genre implies, according to Brinkema, reducing horror to the tautology 'horror is what horrifies,' seeing horror-as-concept means instead defining it as "the attestation of any general state in which torture is ethically neutral but aesthetically affirmative" (*Diagrams* 279) as well as the context "in which the body is formalized, given textual shape only to be subjected to the bare destruction of its form" (*Diagrams* 22). These definitions lead up to conceptualizing horror as a certain attitude towards bodies and violence which expresses itself formally—namely through processes, diagrams, measures, relations, and their

brutal disruption, horror's procedural narrative drive functioning as a defining characteristic of each of these formal modes.

The initial aim of this article is to expand Brinkema's definition of horror-as-concept by examining how care can become one of the forces participating in the formalization of the body in horror texts, producing a first conceptualization of care horror by illustrating its mechanics as depicted in Sophie White's 2022 novel *Where I End*. Its further endeavour is that of developing a literary analysis in parallel to the friction between two claims, which are at the core of radical formalism and of care studies respectively. The first claim, Brinkema's demand that one should resist the temptation to instrumentalize form, avoid twisting its reading "into confirming the logic of the political or social, which retroactively gets established as prior to and external to the formal," as that would mean disregarding the possibility for form in itself to pose the question of the political (*Diagrams* 259). The second claim, that of care studies scholar Marìa Puig de la Bellacasa who states that "[c]are is omnipresent, even through the effects of its absence," that "[l]ike a longing emanating from the troubles of neglect, it passes within, across, throughout things," and that said omnipresence bears constant political resonances that must be named (1). While both approaches maintain a speculative orientation, said speculation is sustained by diverging impulses: for Brinkema, the speculative is synonymous with proceeding unencumbered by the anxiety to repair, since "[i]s anything worth something without some risk?"—the risk being that of deriving nothing generative from the process of analysis (*Diagrams* 260). For Puig de la Bellacasa it means instead broadening the definition of what could be considered generative with the capaciousness of the "as well as possible," maintaining an open attitude towards frameworks and readings "aware and appreciative of the vulnerability of any position," yet with the imperative of "provoking political and ethical imagination in the present" (7). This article welcomes Brinkema's provocation to "read without guarantee" (*Diagrams* 258), while also highlighting the politics of care that emerge from the system of ethical neutrality and aesthetic affirmation of violence that underlies horror—that is, the potential to

point at an alternative system in which care is possible, as well as care horror's inherent inability to fulfil it.

These questions will be explored throughout an analysis of White's *Where I End*. The novel follows Aoileann, a young woman living with her bedridden mother on a remote Irish island (their access to conventional support rendered impossible by the unwillingness of her family to seek aid from medical providers and to their institutional alienation from said resources) and her misguided attempts to care for Rachel, a single mother struggling to look after her sickly newborn. This article will be divided in two sections: first, it will illustrate how violence and care are both systematized in the novel, in accordance with Brinkema's idea of procedurality, ordinality, and escalation as formal modes of horror; then, it will focus on how those formal modes can be read to reveal the structural lack of interdependency motivated by systemic injustice that participates in rendering good care impossible within the (figural, socio-economic, relational) order of things presented in the novel. Finally, the article will refer back to its second query and address the implications of care's impossibility, and whether or not such a reading of care horror could and should be meaningfully reclaimed.

Violence, Care, and Procedurality

In her book *Communities of Care*, literary studies scholar Talia Schaffer suggests—contradicting Tronto's aforementioned definition of care—that one should think of care not as a feeling but as "a difficult, often unpleasant, almost always underpaid, sometimes ineffective practice" (54). Aoileann's experience of caregiving as depicted in White's novel embodies the hardship and sullenness of this definition to a painful degree. In a sense, her acts of care are purely figural, a kind of choreography with the aim "to maintain, continue, and repair" (Tronto 16) her mother's continuously failing body, which she names "the bedthing" (White 2). Since childhood, Aoileann has been entrapped in the position of a reluctant, unfit, and increasingly rancorous caregiver. Her history is sharply defined within the confines of the routines of care which Móraí, her grandmother, trained her to perform. Her days proceed according to a pre-established rhythm: waking, hoisting her

mother up, changing her overnight diaper, feeding her, moving her into the bathroom, helping her defecate, washing her body, dressing her wounds (some of which are self-inflicted, others simply caused by her body's natural decay), changing her clothes, putting her back into bed. This "dialect of unthinking, throwaway touch" (White 24) is mediated by an apparatus of objects: ropes, loops, hooks, harnesses, buckets, rags, and a wooden kitchen chair. The repetitive dragging of the kitchen chair around the house causes Aoileann's every movement to become imprinted on the floor, providing both the diagrammatic proof of her labour and tracing the confines within which her life unfolds:

> The legs have worn routes around the house. The floors are gouged with gutters made from the chair, they're the map of her world—the deepest ruts lead from her bedroom to the toilet and from her bedroom to the kitchen. The lines from the kitchen to the sitting room, on the other hand, are no more than faint claws on wood. (27—28)

Much like the series of actions that make up her routine and the tools that facilitate it, her mother's body is also handled as a mere enumeration of parts, a series of items that must be regarded and checked off: she "only take[s] her face in piece-by-piece," she "regard[s] her body only in small morsels" (29). The rope, the loop, and the hook are joined then by the bed-thing's lacerated mouth, the worn skin of her hands, her protruding bones, her sores and scabs, which must be assessed and maintained to avoid further deterioration. Both of these lists are ever-renewing (fresh wounds open, old chairs and ropes are replaced) and everlasting, representing "permanent fixtures" for corresponding "permanent problems" (9).

This recursivity is embedded in the nature of care labour, something that researcher Qian Zhang has defined as "feminine repetition" (46): Aoileann's itemizing and her repeated choreography establish her trajectory "as cyclical and nonprogressive," they "suspend rather than animate duration" (51). Cyclicality within the context of her mother's care is synonymous with success, the opposite of degeneration.

However, through the lenses of horror-as-concept, these lists appear as a promise and a measure of future escalation: they become part of horror's narrative procedural drive, "engineered contraptions to carry out a process whose telos happens to be a dead thing" (Brinkema, *Diagrams* 48). As I will go on to illustrate, Aoileann's acts of violence run on the same habit-gouged routes as her acts of care.

The procedural unravelling begins because of the appearance of a new element in the diagram: Rachel, or love. Rachel is a single mother who moved to the island a little after giving birth. The need to get close to Rachel and provide her with support prompts Aoileann to initially lose commitment to her duties, only for that commitment to return stronger, yet twisted. At the start of her infatuation, Aoileann disregards her mother's needs. As the days go by, she begins re-engaging in her routine acts of care with an increasing level of intensity: meals become torture when Aoileann forcefully spoon-feeds raw food to her mother until the point she vomits; the daily body examination of her sores and wounds concludes with Aoileann inserting a blade into a necrotic lesion; the usual hoisting and propping up is executed so as to cause the utmost amount of discomfort; needles are inserted on the inside of her cheeks, the skin between her fingers is cut and drenched in vinegar.

The scholarship addressing the role of repetition and escalation in horror narratives spans from Sigmund Freud's essay "The Uncanny," which considers repetition as what distorts the familiar (11), to Noël Carroll's idea of repetition and incremental intensity as fundamental to the logic of suspense, expressed in the seminal 1990 text *The Philosophy of Horror or, Paradoxes of the Heart* (156). From the perspective of radical formalism, this escalation is to be seen in a seamless continuum with the routines of care initially set up in the novel: the choreography is the same, the items on the lists still enumerated. To hurt her mother, Aoileann does not need to jettison her training as a caregiver; it is enough to invert its polarity and bring its intensity up to the maximum. The procedural narrative drive of horror, in this case, corresponds to a trajectory that leads to precise, sequential processes being re-enacted increasingly and inevitably wrong. Expanding Brinkema's definition of horror-as-concept, the novel presents a body that is formalized by care

before being formalized by violence, with both formalizations being enacted through different versions of the same practices. That the two are inseparable is perhaps, then, the essence of care horror.

What is revealed in looking at this repetitive structure's neatness and economy—all objects or chores present in the setup are fully exploited, all body parts cruelly revisited—is what it inherently fails to address: the unfulfilled potential for the situation to be different. Even at its most well-meaning, Aoileann's care is improper, with her tools being rudimentary and her education in medical matters sparse. "There's enough rumours about us. We don't need them seeing us bringing a wheelchair up here," says Móraí (White 40). And then, again: "The worst thing, Móraí says, is if we had to get her to a hospital" (25). In both cases, access to adequate help is denied for reasons that are never explicitly explored. Indeed, what could happen if the divide between private and public (the latter representing the healthcare system and other forms of institutional aid, but also more broadly the island's community and people) was breached? What makes that breach impossible? Is it the concrete threat of repercussions, of bad care being brought into a space in which it will be unavoidably identified as such? Care studies scholar Akemi Nishida states that "within the care economy, which is not only built on but also further inscribes cisheteropatriarchal, racialized, and class- and migration-based inequality, people are differently capacitated to care" (60), meaning that care labour is both devalued and expected from certain populations, more often women.[1] The punishment for caring badly, then, is proportional to the different degrees of capacitation, which are in turn informed by the structural inequality that often produces that failure in the first place.

The imbrication of capacitation, failures of care, and punishment is translated in textual terms not just through the public being said to be inaccessible, but also through the lack left by that inaccessibility being a

1 According to Nishida, capacitation describes the process of both symbolic and concrete priming towards care labour experienced by women, and overwhelmingly so by migrant women of colour, through the "[manipulation of] how their labor capacities and skillsets are represented and marketed" as well as by "training their bodyminds and conditioning them to fulfill [others'] care needs and desires." Processes of capacitation "are profoundly entangled with and rely on the racial and gendered stereotypes that further facilitate the targeted marketing and commodification of [...] women's caring capacities" (63).

constitutive part of the shapes and choreographies according to which Aoileann's acts of care are performed. That lack lingers in all of her blind spots, in the empty spaces between the lines trailing the routes of her labour, as a reminder from within the system that the system has no outside. As it will be further explained, this leads to the formulation of violence and care—not only within the narrative but also in care horror at large—as processes that are diagrammatically traced around absence.

Two or Three Absences/the Impossible

While care horror expands Brinkema's notion of horror-as-concept by positioning care in a procedural continuum with violence as a force that formalizes the body, said formalization continues to take place when care becomes absent, specifically through the violence and neglect that stem from that absence: as Puig de la Bellacasa states, care's "lack undoes, allows unraveling" (1). In White's novel, care's absence operates on two levels: one of these absences corresponds to a situated moment in time; the other, instead, is a structural absence that feeds into the first, speaking to the unsustainability of the system of capacitation as a whole and to the inherent impossibility for good care within the trajectory of care horror.

The first kind of absence initially appears in the form of Aoileann's circling back to a series of questions about her mother: "What happened after I happened? Is she sick? Will she get better? What was she like? Who did this to her?" (White 34). Aoileann's impulse to retrieve access to the history behind her mother's decaying body is the second vector of movement within the novel, diametrically opposed to the one rushing towards an exponential increase in violence. These questions seem to inform even Aoileann's attraction to Rachel, as her fascination for the woman's body being "large and generous, spilling and quivering" immediately leads back to her queries: "The wrecked thing in the bed at home once resembled this, I realise, and I feel a dormant horror wake. What happened to that thing, what happened to its body?" (69). In accordance with Brinkema's argument, developed in the article "Aesthetics of Absence/Monsters of Love," that formalism should

consider absence as more than just void, Aoileann identifies that to any absence corresponds the event of that absence, the story of which has been erased. In the latter half of the novel, Aoileann's father returns to the island on one of his customary monthly visits. In the hope of preventing further violent escalations, he finally provides Aoileann with the information she so desperately seeks: her mother, Aoibh (nameless until now; another absence), did not intervene to save Aoileann's twin sister from drowning when the girls were infants. What happened after was self-inflicted torture, the modalities of which remain vague and unexplained—like in all of their family's horror stories, "The horror was in the blankness. The horror was in the gaps" (79). The instigating incident, then, is another botched act of care, or rather an instance in which care turned not into violence but into absence, interrupting the diagram of routines and obligations. The event of an absence, the absence of the caregiver, is the event that was made absent; her mother's absence of care, purposefully concealed from Aoileann, becomes a gap, a blank, and thus an event in of itself.

This absence-as-event communicates with the second structural absence, that of the public and of any institutional structure that might aid the caregiver: the capacitation, the corresponding measure of guilt, the proportionate punishment for failed care stream from one and into the other, justifying each other, and confining Aoileann and Aoibh within the present system. "We were ready to pretend, but she wanted to be a martyr," says Móraí (188): Aoileann does not ask why pretence and martyrdom were the only two viable options, but it is clear why pretending never stood a chance. The event of failed care changes the system; the alteration in the diagram it sets in motion is non-reversible. As explained in Nishida's theory of capacitation, guilt is always pre-inscribed within some people's experience of care, together with the necessity for punishment when they fail in providing care adequately: care continues to shape the world through its lack, its reverberations perceptible in all acts and all subsequent failures. The other option, martyrdom, immediately calls attention to the position of the story within the territory of horror, its mechanics demanding that bodies be treated as nothing but conduits for form to exist, change, be demolished, and put back together

anew: in Brinkema's words, a body in horror is "a trajective process of change that is formally navigable […] which does not disappear with an encounter with violence but in fact is positively enabled by it" (*Diagrams* 22). On one hand, then, Aoibh's martyrdom is simply punishment, self-administered, proportional to the degree of capacitation: the just retribution for failed performance on the part of a woman, albeit a sick one, who dares absent herself before the labour of care. On the other hand, horror's procedural narrative drive and its trajectory allow for the penalty to be further inflated, for its violence to increase dramatically. In this way, care continues to participate in horror-as-concept's formalization of the body, even if just through its absence, its echoes, and its repercussions. The body of the caregiver, subjected to capacitation, is not exempt from enduring said processes of formalization, but it is rather their first victim.

However, Aoibh's failure could have been more than tragedy: it could have been proof of the necessity to redistribute the responsibility of care, to eschew a structure that thrives on isolation and blame, to acknowledge how "accumulating stress of the exploitative labor—in addition to the (gendered and racialized) responsibility to prioritize another's care—have consequences for the providers' own bodyminds" (Nishida 97). Instead, while the state of things preceding Aoibh's failure cannot fully be reinstated, the logic that originally guided the system must be preserved: the choreography of Aoibh's acts of care has to be inherited, mirrored, by Aoileann, remaining purely procedural, depoliticized, entrapped in a version of the private that cannot possibly involve interdependency. Care horror seems to be unable to include change in its self-reproducing, incrementally cruel trajectory: in line with horror's procedural narrative drive, "what has taken place" is nothing but "what was seen to have certainly been going to take place" (Brinkema, *Diagrams* 56). Aoibh immolates herself to uphold the system that frames her as responsible and thus deserving of said immolation. She relodges the event of absence within the economy of the structure, itself reliant on the absence of the public, cementing the system as inescapable and any otherwise possible paths as unattainable.

Before delving into the endpoint of this article's theorization of care horror—that is, the implications of its framing of care relationships as always, at least in some capacity, impossible—it is necessary to first address the potential for a redemptive, course-altering shift within the system set out by the novel, as well as the reasons why that redemption fails to emerge. In *Life-Destroying Diagrams*, Brinkema states: "what a proper formalism of violence reveals is that dynamic and energetic systems give rise to their own forces, ones that precisely do not remain foreign to systems but, in their capacity for disturbance, give rise to system in the first place" (104). This tendency is exemplified by Aoileann's love interest Rachel and how her presence cannot stir the course of Aoileann's trajectory. Rachel initially occupies a more disorderly position within the diagram, which is precisely what leads to Aoileann's immediate need to infiltrate it and reconcile it with those patterns of care and violence that are so familiar to her: she helps Rachel take care of her newborn and of herself, but at the same time manipulates both her and the child so that they might find it impossible to survive without her. By fuelling Rachel's paranoia and interfering with her child's health (mixing seawater into milk, pressing her fingers against his fontanelle), she instigates the establishment of new processes in which care is already indistinguishable from violence. Much like her mother, she evaluates situations according to their potential to reproduce more of the pattern: "I muse on what could be done to her if she was just a body," she thinks while observing Rachel as she sleeps (White 172). At the same time, she disregards any potential they might offer to access an alternative state of things—such as the possibility that, by foregrounding mutuality and interdependency, she might be able to build a relationship of care in which capacitation is not the determining factor and failure might not correspond to punishment. Instead, Aoileann moves to the mainland with Rachel and her child, determined to persevere in her design. Aoibh, Aoileann, and Rachel's bad care is then punctuated by a third kind of absence: the erasure of the *point limite*—that is, the moment in their trajectory in which access to a different trajectory (one not guided by horror's procedural narrative drive) stopped being possible. The diagram multiplies, the trajectory

stays fixed. The processes of care are eternally restarted, leading to new, more gruesome failures. If *Where I End* is to be taken as a model for a conceptualization of care horror's logic of trajectorial escalation, it can be said then that the horrors of care it depicts are fuelled by systemic exploitation and neglect just as much as they are justified by horror-as-concept's own aesthetics and ethics.

Through its all-encompassing procedurality and unavoidable escalation, the trajectories of care horror seem to point to the fact that care divorced from violence is possible, but not here, not now, not in the present state of things, not within this (the novel's) system. From the point of view of care ethics, the political resonances that are evoked by the novel's use of form fail then to be consolatory. Formulating the potential for hope to then only present it as impossible to fulfil within the circumstances at hand, seems to be all the respite that this reading has to offer. Is that respite enough? What can be done with this impossibility, if anything? These questions circle back to the second interrogative this article set out to address—that is, how to bring together the discordant perspectives of radical formalism and care studies to examine a concept, that of care horror, that straddles both. On one hand, one of the plights of radical formalism is that of reading without guarantee, sitting with the risk that analysis might not only beget nothing useful, but even something harmful. If one is to follow the imperative of radical formalism, one must sit with the fact that this or any respite is indeed not enough, but also that it should not have to be. On the other hand, according to Puig de la Bellacasa, "reclaiming requires acknowledging poisons in the grounds that we inhabit rather than expecting to find an outside alternative, untouched by trouble, a final balance—or a definitive critique" (11). This article's analysis fails to formulate a definitive critique of care horror just like White's text fails to fulfil the otherwise possibilities it hints at; nonetheless, both complicate the notion of care by illustrating the violence it can produce with the level of detail, relentlessness, and intensity allowed by horror's procedural narrative drive, as well as by the systemic injustice that structures much of the labour of care happening outside the bounds of fiction. There must be something to reclaim in a text (and a reading) that provides no consolation, yet at

the same time points beyond itself and the system it operationalizes: the thought that care can be horror, and is horror in specific ways; that its trajectory can be different, just not this time, but that it nevertheless can be.

Conclusion

In conclusion, this article has endeavoured to sketch a conceptualization of care horror as a trajectory, expanding on the definition of horror-as-concept employed by Brinkema as part of the radical formalist approach. Through the analysis of the modes and features of care horror as presented in White's *Where I End*, specifically focusing on the procedurality of care and its escalation towards violence, and on the channelling of the latter both through and against the caregiver, this article has addressed how the coupling of care practices and of horror's attitude towards the body, as well as its procedural narrative drive, contributes to the shaping of a narrative system in which care divorced from violence appears inherently unattainable, while nonetheless suggesting that alternative trajectories of good care remain possible in other systems. Finally, by juxtaposing radical formalism with care studies, this article has proposed a reading that relies on methodological friction, finding in that tension a germane speculative ground to grapple with care, horror, and impossibility. Said grappling does not lead to a definitive critical or reparative theory of care horror, yet does not aim to do so. Staying with that friction and resisting the instrumentalization of form, then, means reading care *with* care, accounting for the concept's uncomfortable multiplicity, for the guaranteelessness of its trajectories.

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Biography

Irene Pagano (they/them) is a Research Master's student in the Literary Studies programme at the University of Amsterdam. Their research centres on queer theory, psychoanalysis, and disability studies explored through European literature and interactive fiction. They are currently writing their thesis, analyzing depictions of illness and caregiving within horror narratives through the critical juxtaposition of radical formalism and care and disability studies perspectives.