Care Ethics, Democratic Citizenship and the State

Edited by
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International Political Theory

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CHAPTER 1

Introducing the Contexts of a Moral and Political Theory of Care

Petr Urban and Lizzie Ward

Our aim in this chapter is to introduce the reader to the contexts of a moral and political theory of care by telling a less common version of the story about care ethics. There are numerous stories about care ethics that differ from each other depending on what the person who tells the story foregrounds, which plots and connections she decides to include or leave aside. The localisation of the beginning of the story plays an important role as it often determines the plot line and the style of the narration. One of the main stories about care ethics is that it began in moral psychology with Carol Gilligan (1982), then it slowly made its way into the realm of theorising about the social and political, and became engaged in the debates in political theory only in the 1990s (cf. Pettersen 2008; Molinier...
et al. 2009; Hamington and Miller 2006a; Koggel and Orme 2010; Dingler 2016; Timmerman et al. 2019). This is why numerous authors (cf. Hankivsky 2004, 2014; Engster and Hamington 2015b; Vosman 2016) draw a distinction between two (or three) generations of care ethics arguing that the first generation focused mainly on one-to-one personal relationships, whereas the second generation shifted attention to the social and political dimensions of care. As our story demonstrates, the birth of care ethics against the background of second-wave feminism precedes the famous work of Gilligan (1982) and is not confined to the narrow view of care as a private dyadic relation and women’s activity. The social and political dimension of care was a focus of care ethics from the outset (Ruddick 1980) and received the explicit attention of care ethicists as early as about the mid-1980s (Ruddick, Tronto, Held). Moreover, most of the recent developments and applications of a political theory of care—especially in the field of public policy and public ethics—that occurred over the past two decades were clearly prefigured in the seminal works of the 1990s (e.g. Tronto 1993; Sevenhuijsen 1998; Kittay 1999). This is why we want to suggest moving beyond the schematism of the widely spread categorisation of care ethics’ generations and rethinking the complex development of care ethics with a special focus on the prominent role of a political concept of care.

MATERNAL THOUGHT TRANSFORMED BY FEMINIST CONSCIOUSNESS

Our story begins in 1980, two years before the term “an ethic of care” would appear in Carol Gilligan’s widely celebrated book In a Different Voice. In 1980, an American philosopher Sara Ruddick published her essay ‘Maternal Thinking’.¹ Let us be clear about two things from the outset. First, our reading of this essay which we provide on the following pages does not primarily aim at historical and textual adequacy. Our aim is to reveal several motifs of the essay that we consider as most relevant to our story. Some of them are to be found only in the footnotes of the essay, some are even in tension with other motifs and arguments of the same essay. Second, as we locate the beginning of the story of care ethics in

¹We are indebted to Virginia Held for drawing our attention to the pioneering character and relevance of Ruddick’s 1980 essay (Held 2006, 26; personal conversations with Virginia Held between 2013 and 2014).
Ruddick’s early reflections on maternal practice and thought, we do not by any means want to foreground motherhood as the moral and political ideal of care ethics, let alone equate care ethics with the concept of ‘women’s morality’.2

Ruddick (1980) conceives of ‘maternal thinking’ as a distinctive style of reflecting, judging and feeling which is guided by distinctive goals and interests of ‘maternal practice’. Though Ruddick links the concept of maternal practice primarily to the activity of taking care of and raising a child, she concedes that maternal thinking expresses itself “in various kinds of working and caring with others” (Ruddick 1980, 346). Maternal practice that gives rise to maternal thinking, Ruddick argues, is a response to three basic interests or demands of a child, namely for preservation, growth and acceptability. What style of reflecting, judging and feeling corresponds to a practice governed by these interests? First, it is important to note that Ruddick makes a distinction between degenerative and non-degenerative forms of maternal practice which correspond to degenerative and non-degenerative forms of maternal thought. Ruddick characterises these through typical attitudes, values and capacities of the actor of the respective form of maternal practice. In Ruddick’s view, the actor of the non-generative form of maternal practice would typically feature attentive love, humility, understanding, respect for the other, sense of complexity and reality, the capacity to change along with the changing reality, to explore, create and insist upon one’s own values and to see and name the existing forms of oppression and domination. In contrast, the actor of the degenerative form of maternal practice is characterised by rigid and excessive control over the other, self-refusal, uncritical acceptance of the values of the dominant culture or obedience—a sense of wanting to ‘be good’ in the ‘eyes’ of the dominant culture and society (Ruddick 1980, 354f.).

What motivates Ruddick’s focus on maternal practice and thinking? Ruddick insists that the practice of ‘working and caring with others’ and the corresponding thought plays a crucial role in human life. Her point is

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2 Robinson’s (2014) interpretation of Ruddick’s thought is in many respects similar to the arguments that we propose in what follows. Robinson contends that “the importance of Ruddick’s contribution, not just to feminist thought but to the transformation of the entire terrain of moral philosophy, cannot be underestimated” and that “the moral and political import of the intellectual legacy left by Sara Ruddick has yet to be fully recognized” (Robinson 2014, 102 and 106). However, while Robinson’s focus is on Ruddick’s 1989 book Maternal Thinking, we make our case exclusively on the reading of Ruddick’s 1980 essay.
that although this practice and activity forms the core of human existence it has historically been marginalised and devalued and its description suffered from sentimentalisation and romanticisation. Thus, Ruddick’s aim is to provide an adequate description of this practice and thought, point out its distinctiveness and explain its value and potential as an important source of an alternative moral, social and political theory.

An attentive reading of ‘Maternal Thinking’ reveals that its author is well aware of the fact that the description of maternal practice and thinking, as well as the description of any other form of human practice and corresponding rationality, is inevitably bound to the position and situation of the one who is describing. This position is determined by a given historical, cultural, social and political context, which in Ruddick’s case is the context of the “heterosexual nuclear family” within the “middle-class, white, Protestant, capitalist, patriarchal America” of the second half of the twentieth century (Ruddick 1980, 347). Ruddick’s awareness of the necessary particularity and limitation of her description of maternal practice and thought is clearly demonstrated by the following statement: “I am dependent on others, morally as well as intellectually, for the statement of differences, the assessment of their effects on every aspect of maternal lives, and finally for radical correction as well as for expansion of any general theory I would offer” (Ruddick 1980, 365, note 15). Ruddick is also explicit about the theoretical and intellectual situatedness of her account, as she traces its roots back to the notions of thought and practice in the philosophy of Wittgenstein and Habermas, the feminist critiques of the oppressive structures of the dominant society (Rich 1976; Bartky 1975), feminist psychology and psychoanalysis (Miller 1976; Chodorow 1978), feminist epistemology (Rose 1971), Weil’s account of attention (Weil 1952) or Murdoch’s notion of love (Murdoch 1970).

An important question is whether Ruddick constructs her account of maternal practice and thinking as necessarily related to ‘womanhood’ in either the biological or any other naturalist or essentialist sense. For Ruddick “‘maternal’ is a social category” (Ruddick 1980, 346), which entails that her account focuses on the practice itself and, by “concentrating on what mothers do” rather than on what they are, suspends any question about the ‘essence’ of this practice. Ruddick rejects “the ideology of womanhood” and argues that it was invented by men and caused the oppression of women (Ruddick 1980, 345). Moreover, any identification of maternal practice with biological or adoptive motherhood is false, Ruddick argues, since it “obscures the many kinds of mothering
performed by those who do not parent particular children in families” (Ruddick 1980, 363, note 11). Together with ‘the ideology of womanhood’ Ruddick rejects “all accounts of gender difference or maternal nature which would claim an essential and ineradicable difference between female and male parents” (Ruddick 1980, 346). Hence, we contend that what Ruddick describes as maternal practice is in her view a fundamental human practice that has been historically associated with women (and other marginalised groups) but in fact has no essential relation to any sex or gender identity.

Ruddick finally borrows the notion of ‘feminist consciousness’ from Sandra Bartky (1975) and concludes her essay by envisioning ‘maternal thought transformed by feminist consciousness’. It is a task of the ‘feminist consciousness’ to critique the current economic, social and political structures that perpetuate the marginalisation and devaluation of the practice of ‘working and caring with others’ and which foster the dominant association of this practice with women and other oppressed groups. When shaped by ‘feminist consciousness’ maternal thinking reveals “the damaging effects of the prevailing sexual arrangements and social hierarchies on maternal lives” (Ruddick 1980, 356) and raises a voice “affirming its own criteria of acceptability, insisting that the dominant values are unacceptable and need not to be accepted” (Ruddick 1980, 357). In order to create a society based on the values and rationality of this practice, Ruddick argues, we must “work to bring transformed maternal thought into the public realm” and to make it “a work of public conscience and legislation” (Ruddick 1980, 361). This would require, on the practical level, a transformation of politics and “moral reforms of economic life” (Ruddick 1980, 360) and, on the theoretical level, “articulating a theory of justice shaped by and incorporating maternal thinking” (Ruddick 1980, 361).

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3 Ruddick quotes in an affirmative tone Chodorow’s claim that “we cannot know what children would make of their bodies in a nongender or nonsexually organized social world. … It is not obvious that there would be major significance to biological sex differences, to gender difference or to different sexualities” (Chodorow 1979, 66, cited in Ruddick 1980, 364, note 13).

4 Robinson (2014) similarly concludes that “contrary to the arguments of some critics, Ruddick’s work neither upholds gender roles nor idealizes the values and activities of mothering. On the contrary, Ruddick’s philosophy politicizes motherhood and draws our attention to the ambivalent relationship that mothers have with the societies in which they live” (Robinson 2014, 106).
As we already said, our decision to tell the story of care ethics starting with Ruddick’s 1980 essay is an important move in our attempt to understand both the core and the development of care ethics. It is our contention that Ruddick’s essay not only is an exemplifying instance of a particular intellectual, historical, cultural, social and political constellation from which care ethics arose but also clearly expresses several key elements that became central for the subsequent forty years of care ethics’ development.

Let us highlight the following six elements which are evident in Ruddick’s account:

1. the aim to describe a human practice which, though fundamental to the human condition, was historically marginalised, devalued and kept outside the scope of the dominant Western moral, social and political thought;
2. the aim to provide an adequate description of ‘the rationality’ of this practice, which would replace the widespread sentimentalising and romanticising distortions that go often hand in hand with the socio-cultural and political devaluing of the practice;
3. the focus on the practice itself, which entails a rejection of the naturalistic and essentialist accounts;
4. the awareness of the socio-cultural and political positionality of the description;
5. the transformative potential of the description, which inspires critique of the social, economic and political structures that hinder realisation of the non-degenerative forms of this practice and rationality; and
6. the insight that the ideals of this practice and rationality are connected with the ideals of justice and that promoting both requires a transformation of our social and political institutions.

We certainly do not want to claim that care ethicists have always rejected the view of care as an essentially feminine practice, perspective and attitude. Some care theorists have proposed accounts of caring that build on an essentialist view of the difference between the sexes and conceived of care ethics as a distinctive ‘feminine approach to ethics’ (Noddings 1984). Other care theorists have strongly opposed this view and argued against the link between care ethics and feminist essentialism (cf. Tronto 1987; Ruddick 1989; Fisher and Tronto 1990). It is our claim here that it was the latter approach which was decisive for the success and further development of a moral and political theory of care.
The Different Voice of an Ethic of Care

It goes without saying that the idea of focusing on care as a core human practice, whose values and goals inspire a profound critique of the prevailing moral, social and political devaluation of this practice, cannot be considered as a discovery of a single author, let alone a single theoretical work. It obviously arose from a particular historical, intellectual and socio-political situation of North America and Europe in the 1970s and 1980s, especially from second-wave feminism with its critique of the dominant ‘hegemonic masculinity’, which manifested itself in the image of an autonomous independent individual as the cultural, social and political paradigm. In the early 1980s, the shift to the description and revaluation of care and caring labour was reinforced by numerous works across many academic disciplines, such as epistemology (Rose 1983), sociology (Ungerson 1983; Graham 1983; Waerness 1984), social policy (Finch and Groves 1983; Finch 1984; Parker 1985), political economy (Hartsock 1984), philosophy of education (Noddings 1984), social philosophy (Held 1983, 1987) and developmental psychology (Gilligan 1982). It was the field of developmental psychology where Carol Gilligan coined the term ‘an ethic of care’, which strongly affected the following development of theories and accounts of an ethic of care.

In her widely read book *In a Different Voice* (1982), Gilligan, as is well known, characterises an ethic of care as a distinctive style of moral judging and constructing moral problems. In this view, an ethic of care centres around the responsibility for human relationships, builds moral judgement on concrete knowledge of a particular situation and context, emphasises the priority of connection and starts from the insight that there is no contradiction in acting responsibly towards oneself and others. An ethic of care, which “ties the activity of thought to the activity of care” (Gilligan 1982/2003, 149), foregrounds the ideal of non-violent and non-hierarchical relationships based on responsibility, respect, understanding, cooperation, sensitivity to the needs of the others, compassion and tolerance. Or, as Gilligan puts it, “the ideal of care is thus an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection that no one is left alone” (Gilligan 1982/2003, 62).

Gilligan formulates her idea of an ethic of care within a conceptual and theoretical framework, which is fundamentally characterised by a duality. An ethic of care is the ‘different voice’, which differs from the voice of an
ethic of justice (or rights). In contrast to an ethic of care, in Gilligan’s view, an ethic of justice emphasises the priority of the individual, derives moral judgement from formal and abstract rules, foregrounds the ideal of equality and impartiality and considers the struggle for individual rights as the fundamental dynamics of social relations. Despite the numerous harsh contrasts in her exposition of an ethic of care and an ethic of justice, Gilligan ultimately contends that the “two views of morality … are complementary rather than sequential or opposed” (Gilligan 1982/2003, 33) and that “to understand how the tension between responsibilities and rights sustains the dialectic of human development is to see the integrity of two disparate modes of experiences that are in the end connected” (Gilligan 1982/2003, 174). Yet, perhaps due to the fact that she expresses this view with restraint, or due to her failure to provide an account of how the two views of morality should be connected in the real life of individuals and communities, most of the critics as well as admirers of Gilligan’s work have focused on the contrast and opposition of the “two different constructions of the moral domain” (Gilligan 1982/2003, 69).6

As we know, Gilligan’s conceptual and theoretical framework is fundamentally marked by yet another duality, namely the duality of the female and male ‘voices’, the female and male ways of telling the story of what it means to be oneself, to be an adult human being. On Gilligan’s account, the male voice typically speaks “of the role of separation as it defines and empowers the self”, whereas the female voice typically speaks “of the ongoing process of attachment that creates and sustains the human community” (Gilligan 1982/2003, 156). This dual way of defining the self and its relationships to other selves and the world, Gilligan argues, is rooted in the difference between the psychology of men and “the psychology of women that has constantly been described as distinctive” (Gilligan 1982/2003, 22). Gilligan considers this view as supported by a body of previous work in psychology of feminine and masculine identity formations (McClelland 1975; Miller 1976; Lever 1976; Chodorow 1978; Erikson 1968) and as confirmed by the evidence gained through her own empirical research. However, this highly debated and contested aspect of Gilligan’s theory is not our concern here. We rather want to draw

6 However, it is fair to note that in her later work Gilligan did elaborate on how care and justice may be connected in the real life of individuals and communities. See in particular her studies on patriarchy and democracy (Gilligan and Richards 2009) and African-American young women (Taylor et al. 1995).
attention to the question of whether and how Gilligan connects the two distinctions or dualities that are firmly rooted at the heart of her project.

On the opening pages of her book, Gilligan assures the reader that the different voice of an ethic of care, which this book describes, “is characterized not by gender but theme” and that “the contrasts between male and female voices are presented here to highlight a distinction between two modes of thought and to focus a problem of interpretation rather than to represent a generalization about either sex” (Gilligan 1982/2003, 2). Yet, the rest of the book abounds with passages that reveal a strong identification between women’s voices, distinctive female personal identity and an ethic of care as a “different construction of the moral problem by women” (Gilligan 1982/2003, 19). It is obvious that the more or less clear traces of this identification inspired the widely spread interpretation of Gilligan’s work as proving and advocating a distinctive ‘women’s morality’. Although we sympathise with Tronto’s view that “the equation of Gilligan’s work with women’s morality is a cultural phenomenon, and not of Gilligan’s making” (Tronto 1987, 646),7 we think that the conceptual and theoretical ambiguity of Gilligan’s early work laid the ground for the formation of this cultural phenomenon.

Gilligan’s (1982) view of an ethic of care bears certain similarities with Ruddick (1980) as regards our six points listed earlier. However, as a consequence of the dualistic framework of Gilligan’s theory and the more or less overt identification of the ‘voice’ of an ethic of care with distinctive feminine personality, the interpretation of her early work as an argument for ‘women’s morality’ (cf. Voet 1998, 118; Wendel 2003, 40) obscured its potential for building a full-fledged moral and political theory of care.8

Towards a Full-Fledged Theory of Care

In her important though rarely cited paper “Beyond Gender Difference to a Theory of Care”, which appeared as early as in 1987, Joan Tronto proposes to look critically at the philosophical promises of an ethic of care and construct “a full-fledged moral and political theory of care” (Tronto 1987, 657). In particular, Tronto argues that “only when care is assessed in its

7 Soon after her 1982 book, Gilligan herself made it clear that this was a very limited interpretation of her research (cf. Gilligan 1986).

8 For a thoughtful early criticism of the dualistic framework of Gilligan’s account, see Broughton (1983).
relative importance to other values can it begin to serve as a critical stand-
point from which to evaluate public life” (Tronto 1987, 656). Tronto es-
pecially warns against the risk of confusing an ethic of care with private-
life-oriented women’s morality and presenting it as a supplemental moral 
theory, both of which she identifies in Noddings (1984) and the dominant 
interpretation of Gilligan (1982). Such a confusion not only leads to an 
easy dismissal of the ‘different voice’ in the context of dominant moral and 
political theories, but it can also have potentially harmful consequences 
such as sidestepping the structural problems of domination, exploita-
tion, oppression and marginalisation, and reinforcing the reductive view of care 
as a private activity of women. Tronto (1987) suggests dissociating an 
ethic of care from the maternal ideal of caring, since it entails a fundamen-
tally hierarchical view of human relationships and obscures power relations 
that often affect the content, distribution and boundaries of caring activi-

Fisher and Tronto (1990) took up the task of constructing a full moral 
and political theory of care by offering a broad definition and analysis of 
caring that enables the inclusion of the whole range of human activities 
that serve to sustain human life and allows for taking into account the 
political dimensions of power and conflict entailed in all caring activities. 
Finally, it problematises the traditional division of the world into public 
and private spheres where care is usually associated with private life.9 Fisher 
and Tronto (1990) famously define caring as “a species activity that 
includes everything 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” (Fisher and Tronto 1990, 40). This defini-
tion, which emphasises the processual dimension of care and implies that 
the caring process may be directed not only towards people but also other 
living being and things, has been widely influential in further development

9Virginia Held’s valuable work (cf. Held 1990, 1993) represents a parallel attempt to 
construct a full-blown feminist moral theory as an alternative to dominant moral and social 
theories. Held’s approach, in contrast to Fisher and Tronto (1990), foregrounds mothering 
as the paradigm caring practice and puts greater emphasis on the feminist origin and core of 
this new ethic. Held views the feminist debates as a ‘transformation’ of moral theory, as she 
contends that “feminist reconceptualizations and recommendations concerning the relation 
between reason and emotion, the distinction between public and private, and the concept of 
the self, are providing insights deeply challenging to standard moral theory” (Held 
1990, 342).
of a moral and political theory of care and served as a starting point for numerous applications of a care ethical perspective which we will discuss later on. The same holds true for Fisher and Tronto’s related distinction and analysis of four intertwining phases or components of the caring process: (1) caring about (paying attention to something with a focus on continuity, maintenance and repair); (2) taking care of (taking responsibility for activities responding to the facts noticed in caring about); (3) caregiving (the concrete tasks and the hands-on care work); and (4) care-receiving (the responses of those towards whom caring is directed) (Fisher and Tronto 1990, 40).

In a way similar to Ruddick’s reflection on degenerative forms of ‘maternal practice’, Fisher and Tronto describe ineffective and destructive patterns in caring activities. They think of them as characterised by fragmentation and alienation in the caring process, as opposed to the integrity of caring where the four phases of the care process fit together into a whole. Such ineffective patterns in caring occur, for example, when caregivers suffer a shortage of time and/or other resources necessary for caring, or when care-receivers have little control over how their needs are defined in the caring process. Against the background of the insight that how we think about care is deeply affected by existing social and political structures of power and inequality, Fisher and Tronto conclude that the patterns of fragmentation and imbalance of the caring process are mainly created by deficient social and political arrangements. Hence, a full-fledged moral theory of care needs to be developed hand in hand with a social and political theory of care that scrutinises the workings of our social and political institutions (e.g. the household, the market, the state) from a critical perspective inspired by the ideal of good caring. Such a social and political theory must address the following questions: “Where does caring come from. … Who determines who can be a member of the caring society? What should be the role of the market in a caring society? Who should bear responsibility for education? How much inequality is acceptable before individuals become indifferent to those who are too different in status?” or “How to make sure that the web of relationships is spun widely enough so that some are not beyond its reach?” (Tronto 1987, 661).

While an ethic of care envisions “a different world, one where the daily caring of people for each other is a valued premise of human existence, … an alternative vision of life, one centred on human care and interdependence” (Tronto 1993, x), a political theory of care reveals that “what this vision requires is that individuals and groups be frankly assessed in terms
of the extent to which they are permitted to be care demanders and required to be care providers” (Tronto 1993, 168). In her path-breaking book *Moral Boundaries* (1993), Tronto lays ground for a full-fledged political theory of care that aims to explicate what “a just distribution of caring tasks and benefits” (Tronto 1993, 169) entails and which social and political arrangements facilitate caring and contribute to creating “a more just world that embodies good caring” (Tronto 1993, xii). A political theory of care sheds light on the close relationship between care and justice, which we mentioned earlier in the last point of our summary of Ruddick’s ideas. On the one hand, to address the problems of care and to conceptualise the prerequisites of good caring requires concepts of justice, equality and democracy, since caring is always deeply affected by unequal power and access to material conditions and recourses necessary for caring. Thus, Tronto argues, “only in a just, pluralistic, democratic society can care flourish” (Tronto 1993, 162). On the other hand, “care as a practice can inform the practices of democratic citizenship” (Tronto 1993, 177), since it describes “the qualities necessary for democratic citizens to live together well in a pluralistic society” (Tronto 1993, 161f.). Reflection on the mutually enabling relationship, foregrounded by Tronto (1993), between good caring and democratic citizenship in a just society is a thread that connects most subsequent developments in a political theory of care.

**Revised Concepts of Citizenship, Equality, Justice and Solidarity**

In her book *Citizenship and the Ethics of Care* (1998) the Dutch political philosopher Selma Sevenhuijsen offered an influential revision of the concepts of citizenship, equality and solidarity from the perspective of a political theory of care, by drawing from the feminist work of Ruddick, Gilligan, Tronto, Fraser, Okin, Young and Nedelsky, the postmodern criticism of identity ethics and politics (Foucault, Lyotard, Bauman), and the neorepublican notion of active citizenship. In accord with Tronto (1993), Sevenhuijsen emphasises that “power and conflict are involved in every phase of the caring process, as well as in our collective discussions about the way social institutions should care about and for human beings” (Sevenhuijsen 1998, 141) and that a politically formulated ethics of care should not aim to eliminate power in caring relations, but to provide an understanding that helps to differentiate between power and domination
by making power recognisable and manageable. It is Sevenhuijsen’s contention that such a goal can be achieved “only by situating the ethics of care in ideas and practices of democratic citizenship” (Sevenhuijsen 1998, 67). In the context of Western political theory, at least in its modern version, citizenship has been a central normative ideal for human personhood, whereas care was considered as a matter of private life that lies outside the scope of the questions concerning citizenship. A political theory of care, in contrast, places the considerations regarding care firmly in the public domain and incorporates care, vulnerability and interdependency into the concept of a ‘normal’ subject of politics, as Eva Feder Kittay (1999) puts it in accord with Sevenhuijsen. The content of the care-oriented notion of citizenship differs from both the liberal and the neoliberal notion by including caregiving and care-receiving on the list of ‘primary social goods’. It is ‘a good of citizens’ “to be cared for in a responsive dependency relation if and when one is unable to care for oneself, and to meet the dependency needs of others without incurring undue sacrifices oneself” (Kittay 1999, 103).

As a key notion in political theory, the notion of citizenship is closely linked to the notion of equality, for at least in the modern liberal view all citizens are conceived as fundamentally equal in terms of their individual rights and duties. Sevenhuijsen (1998) and Kittay (1999), drawing on the feminist criticism of the liberal idea of equality as sameness (Okin 1979; Fineman 1991) and Tronto’s analysis of a political concept of care (Tronto 1993, 1996), propose a revised care-oriented notion of equality. A political theory of care reveals that the failure to secure the conditions of good caregiving and care-receiving in a society impairs the capability of many—especially the most vulnerable and dependent ones—to participate as equals in an otherwise well-ordered society. Thus, as Kittay puts it, “a commitment to the equality of all requires an equality that is connection-based, and equality that acknowledges a common fate and shared humanity which lies as much in our need to care for others and be attended to in caring relationships as in properties we possess as individuals” (Kittay 1999, 183). Such a connection-based equality implies ‘full social equality’—all citizens having the right to care and be cared for.

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10By juxtaposing Sevenhuijsen (1998) and Kittay (1999) in these paragraphs we do not aim to claim that their positions are perfectly comparable. However, we contend that their views on the topics of citizenship, care and equality merge to a great extent. We also want to highlight that both Sevenhuijsen and Kittay should be credited with this particular contribution to the development of a political theory of care shortly before the turn of the millennium.
citizenship’ as participation in collective deliberations and decisions about the availability of, and access to, good care. The equality of voice in the public domain would again be impossible without equal access to social services that provide a safeguard against processes of marginalisation and exclusion and without paying sufficient attention to the diversity of needs (Sevenhuijsen 1998, 147f.). This is why the questions of social and political inclusion, “the politics of needs interpretation” (Fraser 1987) and deliberation gain a central place in a political theory of care.\footnote{For a wider context of feminist debates on citizenship, see Voet (1998) or a more recent collection edited by Friedman (2005).}

Finally, a ‘democratic politics of care’ (White 2000) implies a renewed notion of justice. A politically formulated ethics of care, as we have outlined earlier, does not aim to replace the ideal of justice by the ideal of care. It rather aims to broaden and transform the modern liberal view of justice as impartiality and fairness by stressing that “justice which does not incorporate the need to respond to vulnerability with care is incomplete, and a social order which ignores care will itself fail to be just” (Kittay 1999, 102). Full democratic citizenship requires connection-based equality which, as argued earlier, can be only achieved in a “society in which care is publicly acknowledged as a good which the society as a whole bears a responsibility to provide in a manner that is just to all” (Kittay 1999, 109). Such a view entails a notion of ‘social justice’ that is “based on values such as reconciliation, reciprocity, diversity and responsibility, and on the willingness and ability of citizens to accept responsibility for each other’s well-being” (Sevenhuijsen 1998, 149). By envisioning social justice as a matter of collective responsibility with respect to ensuring an equal voice about and access to caregiving and care-receiving in a society, a political theory of care arrives at a revised notion of solidarity. In contrast to both the view of solidarity as mutual exchange and the view of solidarity as charity, Sevenhuijsen proposes the notion of ‘caring solidarity’ as a collective responsibility for care. Only through adopting and institutionalising collective responsibility for care can a society avoid the risks of privatising and marginalising care and devaluing care as a mere preparation for full citizenship. At the same time, by speaking in terms of ‘caring solidarity’ “we can do justice to the idea that people are differently situated and that this is exactly what makes public dialogue and collective support so necessary” (Sevenhuijsen 1998, 151).
The exploration of a close relationship between caring, democracy, citizenship and equality inspired Tronto’s more recent reflection on the practice of ‘caring with’ as constitutive for a ‘caring democracy’ (Tronto 2013). To be a citizen in a democracy means, Tronto argues, “to care for citizens and to care for democracy itself” (Tronto 2013, x). This requires that citizens take seriously the collective responsibility for ‘caring with’ each other and that democratic politics recognises the centrality of “assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in this assignment of responsibilities” (Tronto 2013, 30). Tronto expands the original distinction of the four phases of caring (Fisher and Tronto 1990) by adding ‘caring with’ as the final fifth phase of the care process and identifying plurality, communication, trust, respect and solidarity as the key moral qualities that ‘caring with’ requires (Tronto 2013, 35f.).

RECENT DEVELOPMENTS AND A LOOK BACK

This section concludes our story by sketching a bird’s eye view on the recent developments in a moral and political theory of care after the turn of the millennium. Over the past two decades, care ethics has grown into “a burgeoning field of study” (Engster and Hamington 2015b, 4) and moved beyond its place of origin in several ways—geographical, intellectual, scientific, socio-political and so on. After its early European reception, which developed into several care ethics ‘schools’ across Europe, care ethics made its way into other parts of the world including Asia, Africa, Latin America and Australia. A care approach has been adopted by scholars from a number of different disciplines and applied to various fields, such as international relations and global studies (Robinson 1999; Held 2006; Pulcini 2009), educational psychology (Noddings 2003; Bozalek et al. 2014), medical ethics (Mol 2008; Kohlen 2009; Leget 2013; Groenhout 2019; Timmerman et al. 2019), animal ethics (Donovan and Adams 2007; Laugier 2012), legal studies (Nedelsky 2011), organisational studies and business ethics (Hamington and Sander-Staudt 2011),

12 The European reception of care ethics started as early as in the late 1980s (cf. Sevenhuijsen 1988, 1991). However, we shall not overlook the previous independent European tradition of research on care, especially the British and Norwegian studies in the field of sociology and public policy (cf. Finch and Groves 1983; Waerness 1984). For a detailed account of the European reception and development of care ethics, see Vosman (2016). For a reflection on a ‘Francophone voice’ in care ethics literature, see Bourgault and Vosman (2020).
public administration (Davidson 1994; De Burnier 2003; Stensöta 2010; Bourgault 2017), social policy and social work (Kittay 1999; Noddings 2002; Hankivsky 2004; Barnes 2006, 2012), youth and childhood research (Rauner 2000; Langford 2019) and many others. Care ethics has been compared and brought into dialogue with several related approaches and theories, including moral sentimentalism (Baier 1995), virtue ethics (Slote 2007), Levinasian ethics (Groenhout 2004), communitarianism (Kittay 2001a), ethics of hospitality (Hamington 2010; Bourgault et al. 2020), Confucianism (Sander-Staudt 2015) or African ethics (Gouws and van Zyl 2015). The richness, diversity and international dimension of the latest developments and applications of care ethics are well documented in three recent collections (Mahon and Robinson 2011; Barnes et al. 2015; Conradi and Vosman 2016).

Political care theorists have been increasingly interested in the role of the state and the questions of public policy with regard to the arrangements of the care provision. The idea of ‘a public ethic of care’ (Clement 1996; Kittay 2001b; Noddings 2002) served as a starting point for both the criticism of the paternalistic modes of the welfare state care provision and the neoliberal models of market-oriented care arrangements (e.g. Kittay 1999; White 2000; Tronto 2001; Hankivsky 2004; Hamington and Miller 2006a; Held 2006; Engster 2015; Barnes 2006, 2012; Tronto 2013, 2017). A number of care theorists focused on contemporary policy documents and offered care-oriented analyses and criticisms of normative assumptions of these documents (Sevenhuijsen 1998; Barnes 2006). The book Care Ethics and Political Theory (Engster and Hamington 2015a) provides a valuable selection of the recent research on both basic and applied questions in a political theory of care.

Looking back at the forty years of the development of care ethics, one can hardly avoid being confronted with the issue of the unity and identity of care ethics. Is there one referent of the term ‘care ethics’? If so, what makes it distinctive? As should be clear from the above, it is our contention that there in not a single referent of the term ‘care ethics’ and any story of care ethics has to build a narrative by foregrounding certain ideas and authors and sidelining other ideas and authors from a diverse ‘family’ of related approaches. Thus, the narrative of care ethics which we provided in this chapter cannot obscure the diversity of perspectives and contexts out of which care ethics grew as well as the plurality of versions and approaches into which it has developed. Frans Vosman’s (2016) account of socio-culturally and linguistically conditioned plurality of moral and
political theories of care, in our view, serves as a useful analytical tool for understanding the complex developments of care ethics and assessing its diversity as a strength rather than a weakness. This said, we are happy to present Tronto’s reflection on the question of whether and how the concepts of care ethics should travel outside the place and time of their birth and the ethical and epistemological challenges this implies (Tronto this volume).

We believe that our version of the story of care ethics has the potential to inspire new reflections among those who are familiar with care ethics or even contributed themselves to its development. We equally hope that our version of the story will provide a reliable guide and source of information to all our readers who encounter care ethics for the first time through this book. In the last section of this chapter we map the content and the structure of this collection.

THE CONTRIBUTION AND ORGANISATION OF THIS BOOK

This book aims to contribute to the development of care ethics, continuing the thread we traced back to Ruddick on the centrality of the social and political dimension of care. The authors of the following chapters take up the debates in care ethics by providing original and fresh perspectives on the seminal notions and topics of a politically formulated ethics of care. Some chapters elaborate in a more theoretical way on the concepts of democratic citizenship, social and political participation, moral and political deliberation, solidarity and situated attentive knowledge, while other more practice-oriented chapters explore the risks of marketising and privatising care or deal with the issues of state care provision and democratic caring institutions. In addition, this volume has an ambition to speak to current political and societal challenges. This includes in particular the contemporary crisis of Western democracy which is related to the rise of populism and identity politics worldwide. Some of the chapters speak to the issue of an ageing population and the ‘care crisis’ in the Global North, while other contributions aim to contribute to revealing the destructive effects of globalised neoliberalism. The breadth of the contributions is also reflected in that it brings together perspectives of (both junior and senior) care theorists from three different continents and ten different countries and gives voice to their unique local insights from very different socio-political and cultural contexts. Many of these theorists gathered in Prague to discuss the above-mentioned concepts of a political theory of care at the