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THE ETHICS AND POLITICS OF CARE IN TIMES OF CRISES

This thematic issue is based on *The Global Ethics of Care* round-table discussion which was organized by the *Institute for Philosophy and Social Theory* at the University of Belgrade in June 2021. The idea for organizing a discussion on this topic emerged as all societies were, and still are, facing a myriad of pressing moral and political issues that the outbreak of the COVID-19 pandemic in 2020 triggered or, perhaps more precisely, intensified in a dramatic and abrupt way. If it had not been obvious before, indeed, the (ongoing) COVID-19 pandemic highlighted the fact that human beings are needy and vulnerable creatures who depend on one another for physical and emotional care; speaking quite generally, moreover, it deepened various pre-existing inequalities both within and between sovereign states. What are the implications of recognizing human neediness, vulnerability, dependence and interdependence for the ways in which individuals act, the manner in which many societies are currently organized as well as existing domestic and international political practice? What do the values of freedom, equality and care require in times of crises on both the individual and the collective level? Can the ethics of care revitalize our moral commitment to equal human worth as well as to a decent life for all? In this essay, we explore and attempt to provide answers to these and other pertinent questions from the standpoint of the ethics and politics of care.

Marko Konjović: The COVID-19 pandemic has placed humanity in quite a paradoxical situation as both individuals and societies are trying to figure out what the right thing to do is. Indeed, the pandemic has united people as it makes it painfully clear that human beings are vulnerable, dependent and interdependent beings with a profound need for both physical and emotional care regardless of the various differences that exist between individual persons.

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At the same time, this global crisis has separated people: namely, people have been forced to physically distance themselves from others, to retreat from social life as well as to prioritize care for themselves and their loved ones thus narrowing what might be termed as *the circle of moral and political concern*. How have societies and individuals responded to this situation? Have they responded in the right way if we consider the perspective of care?

Fiona Robinson: At the micro-level or at the level of the everyday, I think we have seen a lot of caring responses in terms of individuals and social communities reaching out to one another. This is evident as people helped one another by delivering meals, helping with groceries, driving people to vaccine appointments and performing other life-sustaining acts of care. These everyday acts have led to the recognition of our close entanglements and interrelatedness. Moreover, I think we have also seen a small-scale transformation of gender relations within households which are promising; the sudden switch to working from home, for example, has brought care work to the fore which has been easily hidden in the past. Recognizing both the importance of human interconnectedness and the importance of caregiving labor within the home, which is mostly done by women, has certainly been one of the long-standing key themes in the writings of many care ethicists. At the macro-level or the institutional level, however, I think we have seen a less caring response. In many contexts, in fact, we have seen failures of responding in caring way in terms of how institutions have responded to human needs. In terms of how countries have been behaving, that is, we have seen a strong emphasis on individualism rather than on vulnerability and interdependence. A caring institutional response, I believe, would have to pay attention to socio-political context of differently-located individuals.

Sarah Clark Miller: I think there have been multiple modalities of response to the COVID-19 pandemic which have been driven, in part at least, by different forms of local ethos that govern responses in times of crises including the pandemic crisis. In a way, then, evaluating whether the responses to the crisis have been caring or not is remarkably difficult as care ethics stresses the importance of context. The pandemic has certainly brought into light human neediness and interdependence in a way in which we have not experienced them for quite some time. It has also landed us in a complex intersection of grief, trauma and care which I explore in my own recent work (Miller 2020). There are, I think, a couple of concepts that are particularly valuable for coming to understand some of the varied responses we have seen. In addition to the ways in which we have grown acutely aware of our shared physical, psychological and emotional vulnerability, dependencies and indeed interdependencies, this crisis has also bestowed upon many of us and increasing awareness of what I call moral precarity which I understand as a kind of relational harm. In order to answer whether we have responded in a caring way, I think we need to pay attention to precisely this concept. Namely, it is not only as

individuals that we occupy a position of moral precarity but also our relationships themselves are quite precarious. Moral precarity arises in circumstances where fulfilling the responses we take to be central to our sense of identity proves circumstantially impossible without also incurring some kind of considerable loss or harm. When we are experiencing moral precarity, it becomes increasingly difficult, and I would say ultimately unfeasible, to adhere to ethical principles that comprise the core of our personal integrity. In the institutional context of neoliberalism and caregivers particularly, we can think about the appropriate response in terms of moral injury. When events turn more dire, as has been the case with the COVID-19 pandemic, the true depth of moral injury that caregivers can experience emerges. This distress is concerned with not being able to care well about one's own. In this type of environment, I think, we face unavoidable and excruciating distribution of harm: we are faced with choices no one should have to make. So, I think it is a kind of a myth we have been working with in the background: namely, that we can take responsibility for circumstances which are beyond our control. This is why I think it is extremely difficult to fully analyze what caring responses are.

Guillaume Le Blanc: At the beginning of the crisis, I think we have had a caring attitude and response as it stressed that we are all equally vulnerable in virtue of being exposed to a deadly virus that transgressed all boundaries. Humanity was, in fact, vulnerability. This places all of us in a position in which we have an obligation to care generally. At the same time, however, it seems to me that we have quickly faced more differentiated perceptions of different forms of vulnerability. The distribution of care, by which I mean both medical and social care, has not been equal in our world. Indeed, the institutions of medical care and social protection depend on the quality of political life and policies of each individual country. Democracies are not, that is, necessarily caring democracies. Although the neoliberalism of generalized competition was for a time overshadowed by the solidarity of shared care, the construction of protection, which is tied to restriction, quickly brought back and created new boundaries. We have protected ourselves, for example, by reaffirming our national belonging to the detriment of a more global solidarity. We have reinstated, that is, a division between the so-called "us" and "them". The return of such borders, including both physical and various social boundaries, darkened the prospect of a radical and democratic care.

Estelle Ferrarese: I also agree that we have responded in a mixed way depending on the context we are looking at. Certainly, on the one hand, there was a caring response at the individual level. On the other hand, I think, there was a kind of caring fatigue. By caring fatigue, I mean that even in the smallest interactions gave less and less importance to small gestures of respect: think, for example, of people simply disappearing from Zoom meetings. This was plausibly a response of self-preservation as people had to cope with many issues; nevertheless, it was a non-caring response to the circumstances in which

we all found ourselves. I would also like to emphasize that there has been a growth of ethical consumption such as buying products at local shops. This way of consuming goods and supporting local producers seems to me to be a caring response.

Zona Zarić: There are a couple of terms which come up the most in discussions about the COVID-19 pandemic including this one. These are, among others, the notions of fragility and vulnerability. Estelle, in your book *The Fragility of Concern for Others: Adorno and The Ethics of Car*e, you explore these concepts at some length. So, what is the difference between *fragility* and *vulnerability*? To live is to be exposed, and for some – exposed much more than others. How can we think from this exposure. How can we recognize that it is not an exclusive attribute of certain subjects, and at the same time avoiding the trivialization of the universal vulnerability (or fragility) that we all have in common - that of our human condition doubly exposed to death and to others? Can giving consideration to vulnerability lead to more than just ethics? Can vulnerability become the object of an ethics and a politics? Can vulnerability fully think the political beyond simply the need to respond to emergencies or violent forms of injury?

EF: What I call fragility refers to the need for maintaining life such as the physical maintenance of our bodies that are prone to being destroyed. Vulnerability, at its root, contains the idea of injury. Because of this, I understand vulnerability as being exposed to the other or being at another person's mercy. Vulnerability, hence, always arises as the other side of the power to act or power not to act. This is why there is always, I think, a moral evaluation that comes with the notion of vulnerability but not with the notion of fragility. For this reason, I think, vulnerability has to be framed in terms of moral obligations. But, it is important to recognize that there are many vulnerabilities that are usually related to one another and work together. One form of vulnerability, thus, will trigger or reinforce other forms of vulnerability. Because vulnerability is a moral notion and systematic, it has significant implications for politics.

MK: Continuing with the topic of vulnerability, you are working on a book manuscript with the working title *Relational Ethics: On the Meaning of Vulnerability and Interdependence for Moral Life*. Can you tell us more about the ideas you put forward? What is the meaning, or rather, what are the meanings of vulnerability in your view? Moreover, can vulnerability serve as the foundation for an ethics of care or is some other, related, concept more useful? In your previous work, more precisely, in your 2012 book *The Ethics of Need: Agency, Dignity, and Obligation*, you put human needs at center stage. What is the place of needs in moral theorizing?

SCM: In my earlier work, in the book *The Ethics of Need: Agency, Dignity, and Obligation*, I drew on the centrality of need for care ethics and tried to link

that conversation with the conversation in more mainstream ethical theories which also stressed the moral importance of human needs especially bodily needs. In that book, thus, I argue that needs have normative force: namely, we feel compelled to respond to those in need though we also sometimes feel repealed by the burden that arise in the face of need. Because of this, I think that human needs and the accompanying human dependency is foundational for care ethics in a way that human vulnerability is not. This is not to say, however, that vulnerability is not significant for moral life. Vulnerability, after all, exposes us to injury and receptivity to a wider range of experiences and affects that can be delivered on us by others and the external world. But, the mutual vulnerability does not provide us with a reason for why we are responsible to one another and why we must care for one another. Protection in light of our vulnerability, I think, is not all that we require as a matter of morality. Imagine a world in which we are completely protected from injury. In that world, amazing as it would be, we would still perish if our fundamental needs were not met. Injury represents one significant aspect of how our lives can crumble but this is not the full picture. When our needs are not met, we occupy the position of dependency. To my mind, then, the most foundational component of our human existence is not our vulnerability but rather our dependency. When we are needy, we require care and it is the interdependence of our lives that provides that care. Vulnerability fails to adequately serve as a foundation of moral responsibility not only because it does not properly encompass the whole of what is needed for a moral foundation but also because of very common human experience. We can encounter a vulnerable other and fail to identify what they are suffering. Depending on our view of their social position, we may in fact believe that we have a reason to increase their vulnerability and suffering if we are in a position of dominance. While shared ontologically, however, dependency is situated differently conceptually. Dependency is not a matter of identification with others; rather, our dependency and interdependency are constitutive of coming to be and continuing to exist as human beings with full agency.

ZZ: Guillaume, some public figures are concerned that "the protection of life" is done at all costs, in particular at the expense of our freedoms. What do you think of this debate? An alleged sacralization of life, or some lives, or rather is it a debasement of life. As you described in your 2017 book *La fin de l'hospitalité* (*The End of Hospitality*), written with Fabienne Brugère hospitality proceeds from a pre-understanding of the vulnerability of all life. Should it not then be protected then in the same way as soon as it is in danger each time, as notably the precarious life of migrants?

GLB: What emerged during these crises, the migrant crisis and the pandemic crisis too, is raw fact of inequality. The sacralization of life, what these crises have revealed, is in fact a sacralization of a certain form of life especially in the Western world. These crises were initially seen as problems of the so-called

Third World; as such, they were perceived as not relevant to "our" lives. Perceiving the vulnerability of others, thus, is strongly dependent on our "mental map" in which we situate lives that are distant to us and their relation to our own lives. In fact, our mental map implies a radical order which is experienced as "our First World" and "their Third World". At the beginning of the crisis, for this reason, we have failed to see the common vulnerability of all humans and the high risks for us too. Once we recognized this common vulnerability of "us" and "them", we became responsive. This was a moment of equality in this sense. But, this equality did not last. We quickly constituted ourselves by taking over the discourse of protection. This is evident in the unequal distribution of vaccines for example among the world's societies. So, I would say that life has become an absolute universal that is to be protected but protection has become an instrument of power by creating social, ethnic, and gender boundaries between those who protect and those who are protected. Life has thus become unequal because of unequal possibilities to be protected; new social divisions, that is, have been created between lives especially between the First and the Third World. We should thus return to a radical questioning of democracy by asking ourselves how to institute a true democracy of care in order to fight against the neoliberal organization of our societies. In her book *Caring Democracy*, Joan Tronto nicely summarizes this when she writes that:

> From the standpoint of the ethics of care, citizens should be able to expect more from the state and civil society in guaranteeing that their caring needs, and those of their loved ones, will be met. At the same time, citizens must become more committed to producing the kinds of values, practices, and institutions that will allow democratic society to more coherently provide for its democratic caring citizens (2013: 44).

So, it seems to me very important to recognize that we have a need for protection but that there are deep inequalities in protecting the fact and the value of protection. Who is really protecting the other? Are the protectors also protected? Are there social boundaries between people who are in need of protection and people who are obliged to protect others? These questions become especially important when we take into account the division between "our First World" and "their Third World".

MK: The idea of the need for protection as well as the requirement to provide protection is very significant especially when we turn our attention to receiving and providing health care. Fiona, what are, in your view, the most pressing deficiencies with the way in which the culture of providing health care is organized and which the COVID-19 pandemic has acutely brought to surface? What would a provision of health care that is informed by an ethics of care look like?

FR: Indeed, the pandemic has revealed many deficiencies with regards to health care around various societies. One thing that has been exposed is the need to think about health more holistically or to reconsider the structural determinants

of health. The point of medical care is to keep us healthy, to feel secure, enjoying a sense of well-being not only about our own bodies and minds but also about those who are dependent on us and those on whom we depend. Health care, thus, should not be thought about from an individualistic perspective. For example, I am not going to be healthy if my child is not healthy. As care ethics puts ethics in context, I would argue that we need to put health in a social context as well. I also think that we need to challenge the dichotomy between medical care provided by doctors and nurses and other kinds of care. We should recognize, that is, that care that keeps us healthy comes from a range of sources; we should think about health care as embedded into socio-economic structures, norms and institutions. (Of course, this is not to diminish in any way the importance of medical care and the work of doctors and nurses particularly in times like a pandemic.) To illustrate, consider what the United Nations have called "the shadow pandemic". The shadow pandemic is concerned with gender-based violence within the home. This is certainly not a new issue; nevertheless, violence against women has sky-rocketed as the result of lockdowns. Violence against women is a health issue or a cost of what Carol Gilligan (2018) calls "the persistence of patriarchy". This does not mean, of course, that all men are culpable; however, as long as we continue to socialize boys and young men towards individualism and rejection of relationality, we will continue to see this kind of response which is exacerbated by various stressful circumstances such as the pandemic. Another illustration is the power dynamics that exists between health-providers and health-receivers that is cut through with racial, gender, class and other hierarchies. This might be called a kind of epistemic injustice as health-providers may not take into serious account the experience and the knowledge of those in need of health care about their own bodies and minds because of their position in society.

MK: The pandemic has affected people along different dimensions. For example, individuals have been affected because of their worse-off economic position or because of their gender. Sarah, how can we understand this? Moreover, what can and should be done to ameliorate the disadvantaged position of some individuals?

SCM: Fiona has made some excellent points already that pertain to this very complex and fascinating question, so I will try to expand on her answer a bit. I think the crucial issue here is the social and political positioning. Let me zero in on the precarity that certain gendered and racial workers experience as well as those who are economically disadvantaged in different ways. Generally speaking, precariousness is going to exhibit the split between being shared as a basic feature of what it is to be human and being differentially positioned depending on local conditions and social situatedness. Famously, Judith Butler (2004) introduced a terminological distinction to capture this difference. She talks about precariousness as the inherent condition of insecurity in which we find ourselves as humans and precarity which refers to the degrees of instability

and insecurity that track forms of oppression and structural injustice. So, those who are disadvantaged and disenfranchised are more likely to live lives that are characterized by tremendous risk and fragility. According to Butler, then, precarity is going to be differentially distributed. This distinction has come to the fore in a very acute way when analyzing the pandemic. Who has borne the brunt of the pandemic labor precarity? To understand this, we need to think about who occupies the role of essential workers who absorb the risk of allowing other to, for example, access food and medical resources. In the United States, these are often people of color and people who are economically disadvantaged. The racial history of inequality in the US has given rise to even more profound forms of inequality and injustice in the experience of the pandemic understood as the distribution of the harms of pandemic. The other key factor is gender inequality. According to some news report, women in the US accounted for 55 percent of around 20 million jobs lost in April. This has raised the unemployment rate for adult women to 15 percent from originally 3,1 percent. By point of comparison, the unemployment rate for adult men was 13 percent. Of course, women of color have fared worse with higher rates of unemployment. What drives the "she-cession" as some have called it, specifically speaking, is the wanting and needing to care for others. No doubt, we want to care for our loved one and especially for those who are profoundly dependent either because they are children or because they are elderly. In heteronormative families in the US, women have been expected to step back from their job in order to care for children who were no longer in day-care or schools. As Fiona has mentioned, moreover, the violence against women has risen quite seriously in the context of women being in the home caring for dependent and not being outside the home in the labor market. This all shows that other assume risk on our behalf. Generally speaking, that is, the privileged pass on the risk to the less privileged. Instead of applauding those who have taken this risk on our behalf, we need to understand two things. First, we bear a strong responsibility to respond to the ways in which we passed those risks onto others from our position of privilege. Second, we are not only passing the risk to some individuals; we are also passing it onto their families and broader community. So, what is the least we can do? We can, for example, give priority in providing vaccines to those who have assumed that risk. Thinking from global perspective, we need to think about structural forms of responsibility and the ways in which risks are passed onto the broader labor chains within the global economy and to provide, to continue with the same example, provide vaccines to those who are on the losing end of structural chains of injustice more broadly speaking.

ZZ: Guillaume, since the publication of your book *Vies Ordinaires, Vies Précaires* (*Ordinary Lives, Precarious Lives*) you have defined and worked on the concept of precariousness. You are one of the first, along with Judith Butler in the United States, to have worked on this question. What is the difference between poverty and precariousness? Is it a social and mental state? A state that

affects the subjective capacities of those who are immersed in it? An intermediate state between inclusion and exclusion? Why is precarity doubly interesting? And what about the way we look at precarious people?

GLB: Indeed, Judith Butler and I came to work on precarity around the same time. Butler, however, was thinking about this notion from the politics of crying and the experience of mourning following the September 11 attacks. She was asking what it means to be exposed to violence and death as well as what it means that a truly mourned life is one that is fully lived. Life is precarious, according to Butler, insofar as it is exposed to the possibility of death and insofar as life is not being mourned and therefore does not appear to be a life fully lived. It is interesting that she moved from this concept of precarity to another concept: the concept of social precariousness including a reflection on neoliberal conditions of putting lives in competition and forcing into logics of survival. For her, then, the political question of all precarious lives became more relevant. My research into precarity followed a different path. I start from a social understanding of precarity because I was amazed in a negative sense by all those who were claiming that precarity is something natural that we should simply accept. I tried to define precarity as a social construction: that is, as a kind of intermediate social state between a regime of pure inclusion and a regime of exclusion. I became interested in all forms of life situated both inside and outside in order to give sense to precarity. In this sense, I think that precarity is related to poverty but cannot be reduced to poverty insofar as extreme poverty could be characterized by the imposition of radical exclusion as is the case with homeless people whose social properties have been erased. In contrast, I would say that life is precarious when one of the major social properties for an existence is unavailable. By a precarious life I mean a life that is designated as foreign or unemployed. We need to understand which forms of experience are revealed and which forms of experience are obscured at the same time by the designation. The way of characterizing a life as precarious depends largely on language games which circulate in social norms including social protection in relation to special language games which construct precarity in a certain sense. So, the questions that arise include how we can live when we are designated in a precarious way, what is a kind of life that is forced into designation, under what conditions can one de-designate oneself or counteract lives that are produced by designations. The experience of the pandemic, I think, forces us to discover or to rediscover not only ourselves but also others as vulnerable. This gives us the chance to imagine a common experience of vulnerability involving the experience of social precarity which is a kind of special vulnerability.

MK: The COVID-19 pandemic has triggered a number of important ethical and political issues. One important ethical issue raised by the pandemic has been and still is the distribution of scarce resources such as hospital space, ventilators, and vaccines. Fiona, what can a care ethics approach to moral deliberation

offer as a response to such urgent issues? What do countries owe each other in times such as a pandemic? In particular, what do wealthier countries owe poorer ones? What should we think about wealthy countries *legally purchasing* supplies in a way that prevents other countries from accessing them?

FR: Certainly, it is necessary to think about this issue globally and not in terms of our own nation-states. The challenge, however, is how to bring an ethics of care beyond the sphere of our personal relations and to the sphere of global politics. Because, there seems to be something wrong with the way in which the current international order is set up. Hording resources that are crucial for overcoming a global crisis is wrong, I think, because it is harmful for everybody. In a crisis such the pandemic, after all, it is impossible to isolate oneself. We are, in other words, inextricably entangled. So, what happens in distant societies will have an effect on what happens in our own society. But, we ought to stop thinking about issues such as this one in the classical terms of global distribution. This paradigm, I think, restricts us to a strict dichotomy between a cosmopolitan approach and a nationalist approach which is framed in terms of benevolence. Thinking about this issue, that is, in terms of what wealthy countries should "give up" for poor countries is a limited way of thinking from a care ethics perspective for it fails to account for the role of wealthy countries in creating global inequalities in the first place. So, the issue is not what we ought to give up but about what we owe based on past and existing harms. Past inequalities, after all, have shaped the current international order which keeps hierarchies in place. A care ethics approach would consider this issue in a multi-scalar way: it would look at the inter-relations between sites and spaces from the household level to the global level and think about them as interconnected. Distributive schemes are, therefore, useful in the short-term but limited in the long-term. We require, that is, long-term change of the way in which global relations have been set up in order to deal with unfair rules that currently exist.

ZZ: Estelle, in your 2020 book *The Fragility of Concern for Others: Adorno and The Ethics of Car*e you present an in-depth analysis of the capitalist form of life, strained by a generalized indifference, and demonstrate how it produces a compartmentalized attention to others, one limited to very particular tasks and domains and mostly attributed to women. One of the most recent and most flagrant examples of this type of social injustice as well as gender inequality, has been the treatment of the so-called "essential" workers. In France, for example, the government has given exorbitant amounts of money to help companies such as Renault or Air France, and yet has failed to ameliorate the working conditions of healthcare providers in any substantial way, offering only recognition through praise and the "hero discourse" which makes it seem as though their poor working conditions are inevitable or that these workers are so selfless that they are not so concerned about the risks they face nor about the income they make. How do we begin to address the many layers of this

problem and to apprehend the concern for others through the many obstacles that capitalism has put into place?

EF: In France, I think we have seen the return of the state as an active economic actor. That is, we have seen the state and the market going hand in hand in order to produce a certain discourse on vulnerability on the one hand and responsibility on the other hand. Social policies have been framed in a way to determine what counts as vulnerable through the economic system. This way of thinking resulted, I think, in the state giving money to companies. It has also contributed to the distribution of responsibility among "essential workers". During the lockdown, for example, people had to rely on delivery services in order to protect not only ourselves but also everyone. Yet, no attention was paid to those who had to risk themselves such as delivery workers. So, we have a discourse that distributes vulnerability and responsibilities of the socio-economic system and not of individuals. In the hero discourse, as you nicely call it, there was a use of a moral affect: essential workers, such as delivery people and doctors, were expected to sacrifice themselves precisely because in order to maintain the socio-economic system. These workers, thus, were exploited for the sake of the socio-economic system who had no other choice but to risk themselves. This arrangement clearly neglects the importance of caring for those people too.

ZZ: By disrupting even the life of people in the Western world, and all those better-off in the world, that have traditionally had superior means of protection from various forms of vulnerability, the COVID-19 pandemic has made us probably more aware than ever before of the unsustainability of certain ways of living: the importance of having employment security as well as institutions, and relations that we can rely on. The pandemic, then, is a perfect illustration of capitalist dysfunctionality and injustice. It reveals the inextricable intertwinement of all of the system's contradictions and crisis tendencies. We could not ask for a better lesson in critical social theory. What positive changes then might an ethics and politics based on care recommend for our individual behaviors, and various policies within nation-states, or for the interactions between different nation-states as well as our relationship with the environment? Could we end up seeing the profound importance of creating and maintaining caring relationships for our well-being, the potential usefulness of providing a universal basic income, or a reinvention of our relationship with Nature, previously based on control and domination? Do we require a paradigm shift?

SCM: Certainly, I believe that we require a paradigm shift. Care, I think, has a radical potential for thinking about the way in which we should move forward. Care can be radical, as I see it, since it requires us to recognize the ways in which care can reveal systematic inequalities and unjust power structures. Angela Davis is often quoted in saying that "radical simply means grasping things at their root" (1989: 14). I believe that "grasping things at their root" refers to

a Marxist critique of Hegel's philosophy of right. In line with this, I think that "grasping things at their root" represents an aim to understand and to productively destabilize current habits of thought, modes of being and economies of vulnerability and dependency that tend to prioritize the well-being of the privileged few at the expense of the harm and dispossession of the many and differently oppressed. The COVID-19 pandemic, thus, serves as an opportunity for care theory to gain material force as more and more people step into a growing awareness of care which was previously largely invisible in the way in which societies run. Care, first, can be radical as a critique that will produce crucial insights concerning the current state of caring institutions. Care is radical, second, inasmuch as it can also be understood as a human right. Understood in this way, it can serve as a public call to assume responsibility for better meeting the needs of both care-givers and care-receivers. This needs to happen through mechanisms that understand the right to give and receive care beyond the confines of white, heteronormative, patriarchal family. Third, care is also radical in the sense that it is multi-scalar: care functions at multiple level simultaneously which brings about powerful possibilities for broad scale transformation for intimate, relational and structural injustice. Understood in a radical light, fourth, care serves as a catalyst; care theories and practices encourage an expansion and a transformation of moral perception regarding which relationships and forms of relationality are seen as holding moral and political significance even beyond the human. Finally, care is radical in the sense that it is complicated. While care can function as a radical disruptor of structural injustice and an amplifier, we cannot advocate unthinking acceptance of the modalities of care because how practice and policies of care can function to maintain the status quo. So, there needs to be a type of caring vigilance in the forms of something like self-critique and epistemic humility in the face of other people's experiences. This is, I think, necessary to sustain the radical power of care. But, we also need to guard against the epistemic harms of bad care. If we recognize our privilege, this is going to shift how we give and receive care. Those in positions of privilege – intimately, socially and globally – will hold a series of epistemic responsibilities of care that require them to root out epistemic injustice in the form of testimonial injustice, quieting or smothering. In order to respond to epistemic oppression and harm, for example, José Medina (2013) gives us a good guide I believe. Medina, namely, advocates that we develop something that he refers to as "kaleidoscopic consciousness". Kaleidoscopic consciousness, as Medina explains it, requires taking the epistemic friction between perspectives and using it to help us move forward in order to achieve a better form of epistemic equilibrium. He also recommends embracing a series of epistemic virtues such as curiosity, open-mindedness and relational humility.

FR: Indeed, I think we have a kind of an opening here as more and more people are witnessing the failures of economic rationality and a myopic focus on economic growth as our only goal. I strongly believe that the facts of

dependency and the need for care are thorns in the side of neoliberalism. In other words, the need to give and receive care cannot be neutralized by neoliberalism; neoliberalism, in fact, will try to hide it. I think we need to think about the synergy between those working on care ethics and other scholars such as economists as well as indigenous, post-humanist and environmental scholars as we share a common purpose: pointing out the limitations of the focus on economic growth. Moreover, I think we need to think about care beyond the narrow Western perspective and amplify the voices of non-Western ways of knowing. To my mind, the radical potential of care for envisioning a different future lies in precisely in its critical point of view of a range of existing practices and arrangements.

References

Butler, Judith (2004), *Precarious Life: The Powers of Mourning and Violence*, London: Verso.

Davis, Angela (1989), *Women, Culture & Politics*, New York, NY: Random House.

Ferrarese, Estelle (2018), *Vulnerability and Critical Theory*, Leiden, Netherlands: Brill.

—. (2020), *The Fragility of Concern for Others: Adorno and The Ethics of Car*e, Edinburgh: Edinburgh University Press.

Gilligan, Carol; Snider, Naomi (2018), *Why Does Patriarchy Persist?*, Cambridge: Polity Press.

Le Blanc, Guillaume (2007), *Vies Ordinaires, Vies Précaires*, Paris: Editions du Seuil.

Le Blanc, Guillaume; Brugère, Fabienne (2017), *La fin de l'hospitalité* (The End of Hospitality), Flammarion.

Medina, José (2013), *The Epistemology of Resistance: Gender and Racial Oppression, Epistemic Injustice, and Resistant Imaginations*, Oxford: Oxford University Press.

Miller, Sarah Clark (2012), *The Ethics of Need: Agency, Dignity, and Obligation*, New York, NY: Routledge.

—. (2020), "From Vulnerability to Precariousness: Examining the Moral Foundations of Care Ethics", *International Journal of Philosophical Studies* 28 (5): 644–661.

—. (manuscript), *Relational Ethics: On the Meaning of Vulnerability and Interdependence for Moral Life*.

Tronto, Joan C. (2013), *Caring Democracy: Markets, Equality, and Justice*, New York, NY: New York University Press.