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Joan Tronto's Moral and Political Theory of Care¹

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ABSTRACT

In today's liberal democracies we face the deficit of care in various forms in specific areas of our social life. In the mainstream of social and political philosophical thinking, there are no concepts that would examine care as a moral, political, and social practice at the same time. Creating effective strategies and making changes that would be an adequate response to the deficit of care requires the identification and application of effective theoretical tools for the study, analysis, and understanding of this complex phenomenon. The article presents the current feminist ethics of care as a theory in the space of feminist thinking, that offers inspiring and useful conceptions in this context. The text focuses on the analysis of the moral and political theory of care, as elaborated by the American philosopher Joan Tronto (1993, 2013), one of the leading representatives of the current feminist ethics of care. Author explained how Tronto's concept makes it possible to understand how the deficit of care conditions the crisis of care in their various forms, and how this deficit is linked to the deficit of democracy and the crisis of the trust in democratic institutions. The article examined how careful research of care and critical analysis of the power relations as a part of its context are a prerequisite for the democratization of care practice. It is concluded that the research practices enabling contextual and critical understanding of the particular care practice, could be a starting point for social change toward better care and more democratically caring society.

Key words: feminist care ethics, Joan Tronto, democratic care, contextuality, critical theory of care, caring research

Introduction

At present, feminist ethics of care belongs to the most inspiring and dynamically developing schools of thought. From what was originally a relatively narrowly focused concept and theoretical approach, it is now becoming a

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meaningful and useful set of concepts in the field of Philosophy, Humanities and Social Sciences, Applied Natural Sciences (Ecology, Medicine) or Technical Sciences and Arts (Architecture, Design). This is related to the deeper, more consistent reflection on the nature of our human existence as part of a network of relations which inseparably connect us to our complex environment. Awareness of this interconnectedness thus becomes more a pressing moral, and therefore a political challenge. It is no coincidence that the subtitle of the book *Care Manifesto* (The care collective, 2020) is the politics of interdependence (mutual dependence). At the same time, a change of perspective can be contemplated in this context because of those different voices, experiences, and perspectives in the public sphere, which so far have not been heard, and not given sufficient importance. These are the voices of those for whom caring is a daily practice, those who have had caring imposed on them as a duty and no one is interested in their opinion, and those for whom caring is the most important thing, because they are dependent on it. It continues to be shown that care is often undervalued, invisible, underpaid and without adequate support, - and so are those who give it as well as those who receive it. At the same time, we witness daily how we fail to care, for others and for ourselves, our families and friends, our communities, our values, our environment, and our future. We can see every day the consequences of our bad, inadequate care, and carelessness or disregard for the responsibility to care. Thus, we could speak of an awareness of the need to transform the value perspective of knowledge, morality, and politics, political and social practice. The ethics of care can be understood as both an expression and a tool for this change.

The first part of the text is devoted to the origin and formation of the feminist ethics of care from the 80s of the 20th Century to the present and thus from the ethics of care in the level of interpersonal relations to the formation of a full moral and political theory of care. In the second part of the text, I focus on clarifying the thinking of Joan Tronto, as one of the most important and influential representatives of the current feminist ethics of care. I focus on the concept of democratic care practice and privileged irresponsibility. Finally, in the third part, I examine the possibilities of applying the ethics of care as a relationalist and contextualist moral theory in different contexts beyond the social, cultural, and political context of its origin. I share the view that the application of ideas and conceptual tools of feminist care ethics, and thus some globalization of its influence on the formation of relationships, practices, and

institutions of care in different contexts, depends on its ability to develop as an empirically grounded critical theory of care. In conclusion, I develop the idea of interconnectedness democratization of specific care practices in various areas of social life with gaining a comprehensive knowledge of the actors of care practice, their needs, desires, experiences with different types of harm and suffering. I ask to what extent a careful and comprehensive knowledge of social reality, its actors and their relationships, is possible in current research institutions, such as universities.

1. Feminist Ethics of Care²

The ideological traces of the theory of care can be found in the thinking of the philosophers of English moral sentimentalism such as David Hume and Adam Smith (Tronto, 1993), whose thinking influenced, for example, Mary Wollstonecraft (Engster, 2001; Kalnická, 2007). The roots of ethics of care are also to be found in materialistic and social feminism of the 19th Century, as well as in its connection with American pragmatic philosophy in personality, thinking, and procedures of Jane Addams (Hamington, 2004). According to Virginia Held, the history of the development of contemporary ethics of care is a history of the recent progress of feminism, when the ethics of care arose from the fruitful whirling of the second wave of feminism in the late 1960s (Held, 2015, pp.47). Usually, the formation of the ethics of care is connected with the American feminist psychologist Carol Gilligan and her research summarized in the work *In a Different Voice: Psychological Theory and Women's Development* (1982). However, many contemporary leaders of ethics of care point to the essay *Maternal Thinking* (1980) of the philosopher Sara Ruddick, which put thinking and actions of mothers in the centre of philosophical reflection (Held, 2015). Especially, Nel Noddings with her book *Caring: A Feminine Approach to Ethics and Moral Education* (1984) significantly contributed to the establishment of ethics of care as a new original ethical theory. In contrast with the dominant ethical theories, such as Kantian deontological ethic and utilitarianism putting an emphasis on universalism, abstractness of general rules and rationality, the ethics of care approach emphasized relatedness, particularity of judgment and

² Several theorists note that there is no universally accepted definition of the ethics of care. Rather, it is a set of diverse, sometimes competing understandings. This corresponds to the different use of the term Ethics of Care in English language, where we can come across the terms such as Care Ethic, Care Ethics, Ethic of Care as well as the term Ethics of Care.

action underpinned by cultivated emotionality. While in the 1980s the ethics of care developed mainly in the field of Psychology and Philosophy, from the 1990s it began to enter the field of political theory. In the first place, it responded to criticism aimed at its personalized and parochialistic view of care, as well as to the essentialist perception of care as a feminine characteristic. Joan Tronto's book *Moral Boundaries: A Political Argument for an Ethic of Care* (1993) is the most important work from this perspective. Tronto develops on the now classic traditional and widely accepted definition of care that she formulated with Berenice Fisher (1990). They understand care as "everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Fisher – Tronto, 1990, pp. 41; Tronto, 1993, pp. 103). Tronto and Fisher identified four steps or phases in the processes of care : 1) caring about – involving noticing and recognition the needs for care; 2) taking care of – which moves from the recognition of the need for care to accepting responsibility for meeting and fulfilling the identified need for care; 3) care giving – representing activities of direct care giving; and finally 4) care-receiving – a phase consisting of responsiveness, which allows for the feedback of care giving (Tronto, 1993, pp. 105-8). This concept works equally well in describing bad or dysfunctional care as well as good care. Four qualities – attentiveness, responsibility, competence, and responsiveness – need to be integrated into a whole process of care to achieve what Tronto refers to as the integrity of care. In her book Tronto also offered some suggestions as to how the ethics of care might be a tool for political analysis, and how care might become a political ideal.

Other important works that have contributed to the formation of the ethics of care as a political theory include Selma Sevenhuijsen's *Citizenship and the Ethics of Care* (1998) and the book by Fiona Robinson's *Globalizing Care: Feminist Theory and International Relations* (1999). Since 2000, several works have emerged drawing on the ethics of care and extending its approach and perspective into various fields of political theory, as well as practical politics (Noddings, 2002; Hankivsky, 2004; Barnes, 2012). In this context, we can speak of the formation of public ethic of care (Clement, 1996; Noddings, 2002) and social ethic of care (Hamington – Miller, 2006). Care ethics has grown over the last three decades from a personal ethical perspective to a full-fledged moral and political theory of care (Engster – Hamington, 2015, Urban – Ward, 2020).

2. Joan Tronto and caring democracy

2.1 Moral boundaries and care as political ideal

Joan Tronto is currently one of the leading and most influential figures in feminist political theory and the feminist ethics of care. She presents a paradigmatic shift in thinking concerning the relationship between care, justice and power, and the relationship between morality and politics. Although she published her first article on care in 1987 under the title *Beyond gender difference to a theory of care*, she became best known mainly for her book *Moral Boundaries: A Political Argument for an Ethic of Care* (1993). In it, she identified the need for a political concept of care that would become the starting point for the implementation of care policy. In 2013, she published the book *Caring Democracy: Markets, Equality and Justice*, in which she explores the close relationship between caring, democracy, citizenship and equality and asks how to understand democracy and caring differently to create caring societies.

According to Tronto, to make a world a more caring place and to put the moral ideal of good care into practice, morality and politics must make change together (Tronto, 1993, pp. 152). Tronto speaks of the need to change our assumptions about the world, of the need for a new type of political and social theory (Tronto, 1993, pp. 153). However, this is not possible unless we challenge and disrupt current moral boundaries – boundaries that mean inclusion, participation and power for some and exclusion, non-participation, and powerlessness for others. The first of these boundaries is the separation between politics and morality, the second is a sharp distinction between the abstract universalistic morality and particularistic consideration based on situatedness, context and relationality, and finally it is the boundary between public and private life. The above moral boundaries influence the formation of political strategies, and at the same time they are also a precondition for the exclusion of serious consideration of care from political discourse.

Adopting a care perspective with its relationist ontology brings about changes to our political ideals regarding assumptions about human nature, both in relation to ourselves and in relation to others. If care is a fundamental aspect of human life, then human beings are not fully autonomous and must be always understood as interdependent, with dependence being a natural part of the human experience (Tronto, 1993, pp. 162-163). The care perspective then moves us to consider needs, which are necessarily intersubjective and cultural concept, influenced by social concerns. The third important shift in moral and

political thinking from the care perspective is the assumption of moral engagement of individuals. From the care perspective individuals are presumed to be in a state of moral engagement, rather than a condition of detachment. That is why the traditional problem of moral motivation is less serious, and on the other hand, the question of how resource inequality prevents citizens from equal access to power becomes important. (Tronto, 1993, pp. 164). However, Tronto does not claim that moral engagement means altruistic action because of human nature is altruistic. She claims that human nature is relational one. From the standpoint of relational nature of humans, both the doctrines of selfishness and non-selfishness is inadequate accounts of what it means to be human. Altruism or selfishness is not their choice. Instead, an elaborate set of social and political institutions are in place that support the selfishness of some and the altruism of others (Tronto, 2013, pp. 32). So, it is necessary to analyse these structural or system conditions enabling and supporting specific forms (patterns) of human actions, and so caring practices. Then we can understand how inequity of specific resources (income, health care, education, time, housing, social support, etc.) can lead to unequal participation in caring practices, and so to unequal distribution of burdens and benefits of care.

Tronto further argues that the political ideal of care forces us to consider the current definition of private and public life and related values and concepts. For example, citizenship is constituted by work, which is understood as a public good and a precondition for satisfying needs that a human being has. In a world constituted by the ethics of work, it is very difficult for care (and its actors) to achieve recognition in its various forms.³ Tronto considers the false dichotomy between care and justice to be a significant obstacle to rethinking the importance of care in political life. She rejects their incompatibility and argues that justice without care is incomplete (Tronto, 1993, pp. 167). Like several other care theorists, she argues that there is a need for a concept of justice that also informs care (Engster, 2007; Noddings 2002; Held 2006). But she stresses such necessity also for justice-theories to include elements of care. Tronto claims that there is still a difference between care theory and justice-theory in

³ For care to be recognized in the current paradigm, it must be recognized as work, which necessarily entails its quantification and performance. The question is how to quantify care, its various forms and types that are against quantification, how to subsequently evaluate and reward it fairly, and what resources to devote to its provision. But what might be the implications of reconceptualizing work from a care perspective? What does it mean to care for work, to evaluate it from the perspective of care, how to caringly create conditions for work and for caring work, how to work caringly?

ontology and epistemology. Relationism of care ethics means rejection of the crucial premise of standard justice theories – one about competing separate parties (Tronto, 2013, pp. 184 note 5). Most importantly, rather than being a set of principles from which one deduces proper action, a feminist democratic ethic of care begins by envisioning series of caring practices nested within one another. She claims: “The goal of such practices is to ensure that all of the members of the society can live as well as possible by making the society as democratic as possible. []. While living in a democratic manner is not the only goal of care, or of human life, in a democratic society it is a goal of democratic caring practices. Thus, democratic politics should center upon assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in this assignment of responsibilities” (Tronto, 2013, pp. 30). Tronto relies on the assumption, that human practice shapes the human rationality, and thus human action can change what we consider as rational.⁴ Caring as a practice can thus shape practices of democratic citizenship. The moral qualities of attention, responsibility, competence, or responsiveness do not have to be limited to the immediate objects of our care but can shape our practices as citizens. Caring can thus contribute to the democratization of political life.

So, caring certainly cannot be understood as a private, personal, or social virtue. Without changes in the context, care itself is not a sufficiently broad moral idea that could solve the problems of distance, inequality, and privilege. Therefore, to improve care, we need to critically assess the institutional and structural arrangements in which the practice of care takes place. Tronto, like other second-generation care ethics theorists, argues that care always had to be placed in larger contexts of power relationships in which care relations were part (Tronto 2020, pp.184). Care ethics is always about power, because power and conflict are involved in every phase of caring process. At the same time, the very assumption of dependency already creates a dynamic of power (Tronto 2020, pp. 185). However, this does not mean that the role of care is to perpetuate dependency and thus inequality. On the contrary, good care develops and supports the capacity of individuals, social groups, and communities to co-determine their lives. In this context, it is easy to understand Tronto’s assertion that “only if caring takes place in the context of a democratic

⁴ This belief was also shared by Sara Ruddick, who introduced the concept of social practice to the feminist debate on the ethics of care (Sevenhuijsen 1998, 20).

social order can human dependence be recognized as a necessity but also as a condition to overcome." (Tronto 1993, pp. 163). For only in such an order does the equality of all matter and its value and goal, for which conditions must be created. Tronto argues in favour of a shift in values, which, however, depends on the rewriting of the construction of our moral boundaries. She is not concerned, however, with destroying them but with making us aware of their incompleteness. Indeed, she argues, care may be a viable political idea only in the context of liberal, pluralist, and democratic institutions (Tronto, 1993, pp. 158).

2.2 Democratic care as the best care

According to Tronto, once we recognize the extent of caring as a part of human life, it becomes impossible to think politically about freedom, equality, and justice for all unless we also make provisions for all of types of caring – from the intimate care of our kin to clearing away our waste (Tronto, 2013, pp. 27). Democratic theory has not finished its work if everyone is expected both to work and to be citizen, but some are left with disproportionate caring duties. If democratic life rests upon the presumption that citizens are equal, then democratic caring presumes that we are equal as democratic citizens in being care receivers. From this perspective, citizen's needs for care and their interdependent reliance on others to help them to meet their caring needs, become the basis for equality. If all citizens are needy, although not in the same ways, from the standpoint of democratic life, it does make sense to think of an equal capacity to voice needs (Tronto, 2013, pp. 28-29).

Tronto further developed the idea of care as a political ideal in the book *Caring Democracy* (2013), in which she elaborated on the concept of democratic practice of care. To the four ethical elements and phases, Tronto adds a fifth phase of care – caring with, which corresponds to the values or moral qualities of plurality, communication, trust, recognition, and solidarity. The fifth phase refers to the repetition of the caring process over time, during which habits and patterns of caring are formed and the moral quality of trust and solidarity are developed. The conditions for the growth of trust are created by the reliability of care practices performed by others. If people can expect their needs to be met, both by themselves as well as the other people, their trust in others increases and they experience solidarity as a universal value which defines their relationships with others. This phase is characteristic of a democratic form of care, i.e., care that leads to equality. Co-care is thus a

necessary precondition and a constitutive element of the creation of a caring society. A caring society can then be a society that tends towards an egalitarian relationship of co-care and can thus become a caring democracy in which care is exercised as democratic care.

Tronto thus highlights the link between care, democracy, citizenship, and equality. According to Tronto, being a citizen in democracy means "caring for citizens and caring for democracy itself" (Tronto, 2013, pp. x). She claims that the practice of care describes the qualities necessary for democratic citizens to live well together in a pluralistic society, and that only in a just, pluralistic, democratic society care can thrive (Tronto, 1993, pp. 135). Tronto's opinion can be characterized as radical democratic, when arguing that "democracy policy should focus on the allocation of responsibilities for care and ensuring that democratic citizens are able to participate as much as possible in this allocation of responsibilities of care" (Tronto, 2013, pp. 140). Therefore, democratic citizens are all and together involved in the provision and need for care, and this co-existence is a political concern that must be addressed through politics. Participatory and inclusive care is thus crucial for care in democratic societies. The democratization of care, by involving and including more people in the practice of care, both as providers and receivers of care, enables a greater variety of different perspectives. This, in return, benefits an adequate and comprehensive understanding of care needs and ways how to meet them (Tronto, 2013, pp. 156 - 157). Inclusive (equal) participation in care thus facilitates a more complex understanding of other people and can contribute to a fuller satisfaction of their care needs, and, ultimately, to their wellbeing. Tronto explains why democratic care is better care than hegemonic forms of care: 1. care, like other aspects of human life, benefits from more people participating; 2. solidarity creates conditions for caring among people and increases receptivity to democratic values, while sharing a common purpose with others increases the likelihood of concern for others and commitment to others; and 3. democratic care weakens hierarchy and thus improves the quality of care, as less hierarchical patterns of authority are more likely to produce shared beliefs that are more likely to lead to social capital and wise action (Tronto, 2013, pp. 156-157).

2.3 Privilege irresponsibility

The concept of responsibility is in many ways crucial for Joan Tronto's concept of care, including the relation to her understanding of democracy and

citizenship. If politics as the allocation of responsibilities for care (who will care for what, when and how) is shaped by moral boundaries, then these boundaries constitute not only moral responsibilities but also various forms of irresponsibility. At the same time, these divisions are deeply embedded in our collective habits, practices, institutions, and political life. According to Tronto, the feminist democratic ethic of care seeks to expose how social and political institutions permit some to bear the burdens (and joys) of care and allow others to escape them (Tronto, 2013, pp. 32-33). Tronto believes that it is both the responsibilities (for care) and the passing out of responsibility for care that need to be examined (Tronto, 1993, pp. 47). Tronto draws attention to the fact that the gender, race, ethnicity, age, health capability, class, or economic situation, as well as institutions such as state, market, and family, influence the exclusion or, conversely, the inclusion in responsibilities for care. However, in a just democratic society, such a privilege, of not having to care, should be subject to public assessment and evaluation (Tronto, *ibid.*). From the ethics of care perspective, citizens in democracy simply need to care whether and to what extent their institutions embody democratic values, i.e., equality, freedom, and justice.

Tronto's notion of "privileged irresponsibility", which she already used in *Moral Boundaries* (1993), or the term passing out of responsibility, which she used in *Caring Democracy* (2013), refers to and characterizes those who, in receiving services of care to meet their needs, fail to recognize that their ability to live a better life depends on these services. Privileged irresponsibility comes from the unequal, unbalanced nature of roles of care and responsibilities in society and implies that those who are relatively privileged, are afforded the additional privilege of simply ignoring and not caring about the suffering and hardships with which others are faced (Tronto, 1993, pp. 120).

Tronto described several ways how privileged groups absolve themselves of the responsibility for care: 1.) protection, 2.) production, 3.) caring for my own, 4.) personal responsibility, 5.) charity. The protective approach is based on the image of the protector of the vulnerable, weak, and powerless from harm and injury, but for which the protected person is expected to be submissive and compliant, as well as inclined to serve the needs of the protector. The remark to the importance of production or work, through which economic resources are obtained, is the overwhelming justification for non-participation in the realization of care in contemporary neoliberal societies. Work and the payment for it are perceived as more important than care. Caring for my own represents a

parochialistic approach that is used to justify the lack of social responsibility. It is expressed by the claim that it is my relatives who need my care in the first place. Tronto points out that such privatization or closing of care in the private sphere, creates the conditions for an epistemology of ignorance in relation to the exploitation of others or the abuse of power in the private sphere, in private and personal lives and relationships. Personal responsibility is an expression of the moral values of the neoliberal political position. It assumes that we all have equal opportunities to care or not to care. If you do not have the same opportunities, it is because you have not understood them, accepted them, or used them. Tronto considers the neoliberal concept of personal responsibility to be anti-democratic because it takes no account of the impact and influence of historical inequalities and exclusion from public life (Tronto, 2013, pp. 46-64). In charity, people claim that they have already fulfilled their caring responsibilities by doing good deeds according to their own choice.

The various forms of privileged irresponsibility essentially involve the violation of all moral values of care – inattention (opposite of attention), irresponsibility, incompetence, and indifference, and ultimately the diminution of trust and solidarity. This, of course, results in the creation or deepening of inequalities. Privileged irresponsibility thus allows those who have benefited from superior positions in a hierarchical system, to remain oblivious to the role they themselves play in maintaining this system.

In societies where there is less hierarchy and less authoritarianism, there is not only less fear, but also more cooperation and a higher level of trust, which, in return, increases the willingness to care for others. On the other hand, solidarity as a moral value creates the conditions for caring for people and increases sensitivity to democratic values (*ibid.*). Solidarity, equality, and democracy are thus interdependent. Therefore, according to Tronto, the deficit of democracy and the deficit of care that we face in many areas of life in contemporary liberal democracies are only two sides of the coin. If we want to care well, we must care more democratically. This means promoting inclusive collective responsibility for different forms and practices of care in different spheres of life.

3. Contextualism, critical theory of care, and caring democracy

3.1 Contextuality or universality of care?

Care is always contextual (Tronto, 1990; 1993; 2013; 2020). It always takes place in a specific time and space. Specific actors of care (individuals and institutions) are connected by care relationships and carry out caring activities in a comprehensive network of specific social, economic, political, historical, and other relationships. Without understanding the context, without taking it into account, the needs of care cannot be adequately met. Rather than developing and promoting the wellbeing of care recipients, their vulnerability may increase, it may directly harm them, and otherwise impede their wellbeing. Without an understanding of the context and its aspects, the success and effectiveness of care may be difficult or even totally impossible.

In what sense, and in what context, can the notion of universality be considered in the context of care and the ethics of care at all? Iris M. Young (1990) argues that the ideal of impartiality in moral theory expresses a logic of identity that seeks to reduce differences to unity. She also claims that the ideal of impartiality generates a dichotomy between universal and particular, public and private, reason and passion (Young, 1990, pp. 97). This would mean that the very notion of universality need not be excluded from our relational vocabulary. We need to think about it relationally, to rid it of its metaphysical, transcendental character. The 'universal' will then not mean "valid always and everywhere, and therefore necessarily valid". The 'universal' will then refer to the extent and frequency of occurrence, which will have legitimacy requiring attention, but not absolute validity. Indeed, the situatedness of each care practice in a specific context calls for the recognition of the limitations of each legitimacy. T. Pettersen states that "the experience and knowledge of care are practically universal: everyone knows what it is like to feel care, on the part of its recipient and as the one who gives it. The values and principles on which care is based are not limited to private subjective emotions and feelings, nor are they embedded in religion, culture, academic qualifications, or the classroom. They are a shared human experience." (Pettersen 2011, p. 58). Similarly, M. Barnes argues that ethic of care is universal in scope but requires practical applications specific to contexts. According to Barnes to understand care we must look at the practices of care or the activities that comprise care in concrete situations, not just principles that should guide these (Barnes, 2012, pp. 17). But this does not

mean that care ethics does not offer a normative framework within which to assess practice in diverse circumstances (Barnes, 2012, pp. 18).

As a moral theory, the ethics of care has a normative core, which enables the evaluation and critical reflection of a specific practice, relationships, and forms of care. Its normativity has empirical roots because it grows out of a specific experience of care. The empirical investigation of particular practices of care is a prerequisite for the constant openness of theoretical knowledge to questioning, validation and enrichment. At the same time, theory influences lived experience on the empirical level. On the one hand, the contextuality of the practice of care is part of its factuality, on the other hand it constitutes an important normative dimension, from the perspective of which a specific practice can be evaluated, critically reflected and its changes proposed. According to Barnes it can be expressed in terms sensitizing principles⁵ to guide, but not determine, practice (Barnes, 2012, pp. 18). This means that particularity, plurality, dynamic of power and the definition of its purposes must be considered and considered both in understanding, particular practice of care, in evaluating and critical reflection, as well as in developing strategy for its change and improvement (Tronto, 2013, pp. 159).

In this regard, Tronto points out that care can function discursively to obscure injustices. She points out that care does not function as only a local practice, but also as a discursive practice that has a global impact. It is therefore necessary to examine under what circumstances theories function as forms of dominant power and how to prevent false universalism of theories. Discourses of care and the rhetoric of care can also serve as a tool to achieve ideological goals that result in the domination and subordination of others, privileges and benefits for one group of the people, and, conversely, injustice and wrong-doing for other groups of people. In this regard, Tronto draws attention to the protectionist types of care discourses applied to migrants or aliens of a different race or ethnicity. Tronto stress out that care discourse has also darker side and care can be deployed discursively for bad as well as good purposes. She argues that it also points to the limits of relying on a concept, like care, for making judgements about the world (Tronto, 2013, pp. 24).

To avoid the false universalism of the ethics of care, we must show that its

⁵ Where **Barnes** uses the terms 'principles' to refer about attentiveness, responsibility, competence, and responsiveness - **Tronto** uses the term 'qualities' (for example, "the qualities necessary for democratic citizens to live together well in a pluralistic society" (Tronto, 1993, 161).

ideas are not universal (in traditional metaphysical and transcendental meaning of the word – author's note), and therefore we must provincialize them – locate them in a particular place and time. Care ethics can be situated in a specific idea and conceptual context, represented by two specific sets of assumptions, i.e., 1) feminist assumptions, 2) feminist care ethics in the Global North made liberal democratic assumptions as well (Tronto, 2020, pp. 186). According to Tronto, the context of liberal thought shapes how the questions of justice and so autonomy, vulnerability and dependency are shaped within feminist theory. In more radical tradition the matter of injustice is not a matter of the maldistribution of resources but of the existence of forces of domination and oppression and as a deeper problem of forms of domination that shape social institutions from family to schools to workplaces, and so on (Tronto, 2020, pp. 188). It is possible – given the expansion of the ethics of care not only beyond moral philosophy into other scientific and intellectual fields, but also across geographical and cultural boundaries – that ethics of care, in its Western feminist forms, will strive for the universal validity of its claims made in particular contexts. Then there is the question of how to overcome such provincialism seeking a false universalism. To what extent is it possible to apply the ethics of care, the theory of care and its specific conceptual tools – such as the concept of democratic practice of care as the best form of care – in another, different context from the one in which this concept and this theory arose?

3.2 Toward critical theory of care

According to Tronto, a key prerequisite for the ethics of care to be applicable in other contexts is to develop its potential as a critical ethics of care (Tronto, 2020, pp. 190). Several theorists understand the ethics of care as a kind of critical care ethics (Robinson, 1999; Barnes, 2012). Tronto draws on Iris M. Young when she says that critical theory starts from the difference between the experience of human suffering and the pain and desire to end it. According to Young critical theory is a normative reflection that is historically and socially contextualized. She argues that critical theory presumes that the normative ideals used to criticize a society are rooted in experience of and reflection on that very society, and that norms can come from nowhere else. Normative reflection then arises from hearing a cry of suffering or distress, or feeling distress oneself (Young, 1990, pp. 5-6). Critical distance is then not only the outcome of the philosopher's contemplation but also the outcome of her/ his passion and desire to be happy. This critical distance is the negation of the

given that does not occur based on some previously discovered rational ideas of the good and the just. According to Young the ideas of the good and the just arise from the desiring negation that action brings to what is given. Norms and ideals arise from the yearning that is an expression of freedom to imagine, to project, and to live unrealized (different) social reality (Ibid.). Social criticism is thus grounded in the existentially experienced contradiction between ideals (normativity) and practice as forms of injustice or lacks and desires to transform actual facticity to better reality. According to Tronto rather than trying to come up with any universal answer what is good care, Young's suggestion that the way to justice is through an exploration of the nature of injustice should guide us here, and so uncaring care may teach us a lot about how to proceed (Tronto, 2020, pp. 190). This means that we must be able to listen, perceive, understand, and take seriously the specific experiences of specific beings with suffering and harm or injustices because of bad care. If the ethics of care are to be applied non-hegemonically, to avoid false universalism that suppresses diversity and creates a homogeneous unity, then we must necessarily take seriously the living experience of particular beings in specific situations and contexts. This means that the application of strategies based on the perspective of care ethics must be based on empirical research, it must be empirically anchored.

As Tronto argues, since all relationships of care inevitably involve power, and often involve deep power differentials, all care relations are, in important way, political. Insofar as a central requirement of democratic political life is some relative equality of power, a feminist democratic set of caring practices is aimed in part at reducing both these power differentials and their effects on people (Tronto, 2013, pp. 33). According to Tronto, care becomes a tool for critical political analysis when we use it to expose power relations.⁶ M. Barnes (2012) similarly claims that the development of a critical, political ethic of care means that neither a theoretical nor a policy separation between care and justice can be sustained. The relational ontology of care calls attention not only to the particular, personal needs of individuals, but also to the socio-political context in which those needs are produced and experienced, and to the processes by

⁶ In this regard, she argues in favour of intersectional analysis of care, which allows attention to be focused on dimensions of the exercise of power other than gender, as care is situated within the broader context of power relations in which there operate also other factors such as ethnicity, race, sexual orientation, social status, economic status, health status, spirituality, and religiosity (Tronto, 2020, pp. 183 - 184).

which difference and consequent exclusions are constructed (Barnes, 2012, pp. 31). So, the critical theory of care considers the way in which social relations structure forms of domination and oppression. Barnes thus shares Robinson's view that a critical ethic of care pays attention to the potential of relational thinking not only in understanding moral relations but in problematizing the norms and structures that underwrite and sustain exclusionary structures (Robinson, 1999, pp. 123).

The concepts developed by Tronto allow a more thorough distinction of the ways in which power is distributed in society; where and by whom it is cumulated, where and to whom the access to it is restricted or denied. By analysing care relationships in society, we can thoroughly describe where the structures of power and privileges are located in society. This analysis can be a starting point for transforming not only specific practices of care, but also institutions and society into caring practices, institutions, and a caring society. However, for caring practices, institutions, and societies not to be hegemonic, but democratic, all concerning actors must be included into the process of creation of knowledge about the analysed context. It concerns not only the politics or policies through which changes in social reality are made. Inclusion is also essential in terms of analysis and investigation of reality or its part which we want to understand, to create quality conditions for transforming this reality towards a desirable status. For only in this way we can be heard the voices constituting the diversity of the context, only in this way can we understand the experience of specific actors of care and get to know their perspective. This is the way how to know the context and take it into account when developing a political strategy for change. As a good starting point for how to avoid hegemonic care, Tronto agrees with suggestion that care - whatever the practice of care, be it education, research, public administration, or care for the sick - should avoid doing harm. In this point Tronto agrees with D. Engster. According to him the concern to avoid causing harm whenever possible, is the second side of the commitment to meeting needs by which care ethics is usually characterized (Gilligan, 1982; Noddings, 2002). He claims that the main justifications for meeting the needs of others is to protect them against harm (Engster, 2015, pp. 18). Although this concern may seem like universal requirement, Tronto notes, that this premise does not make clear how one knows when one is or is not doing harm (Tronto, 2020, pp. 190), or if the needs of recipient of care are met or are not. Tronto is aware of the socially, culturally, and politically situated processes of formulation and interpretation of the needs.

That is why she stresses the importance of trying to make certain that the politics of needs interpretation happens as fairly and openly as possible (Tronto, 2020, pp. 190). According to Tronto, democratic processes are required to assure that the voices of all people, not just the powerful, are heard. At last, it is very important so that researchers are careful about the scope of their claims about the nature of care, and thus are sensitive to the context in relation to which they make them.

3.3 From caring research to caring democracy

If comprehensive knowing and understanding the context is crucial for the democratization of care practice and for the policymaking of such a transformation towards caring practice, institutions, and society, then the vision of a caring society based on democratic care practice is also a challenge for research work. How to make all concerned voices to be heard as far as possible, how to include all perspectives and experiences, to get a comprehensive picture of the conditions in which a particular practice of care takes place? In this context, there arises a question of strong responsibility of researchers and scientists who investigate care practices and processes of determining responsibility for care to make these processes of negotiation visible to shape the inclusion of all through their critical analysis and design of strategies. Regarding this, it becomes necessary to think critically about what structural and systemic conditions for careful examination of practices and relationships of care in various areas of our lives, and so for caring research, is created by the neoliberalization of universities and academic research environment.

Neoliberalism as economic system is characterized with the limitation of government expenditures, with marketization of allocation all social resources, the protection of private property as the first principle of government and limiting social programs to the "safety net". It is not only description of economic life, but also an ethical system with preference (priority) of economical values and personal responsibility. The permanent requirement on the growth of economy or continual sustainability means the press for efficiency and performance (productivity). From the point of view of a market, individual humans appear primarily as buyers and sellers, so the neoliberal perspective sees people primarily as workers and consumers. Analogically, this view is applied to research practices and universities as institutions where the research and educational practices are performed. Paraphrasing Tronto (2013, pp.135), what

would good research look like from the perspective of a democratic caring society? First, we would begin with the purpose of research. Currently, there is a pressure on research infrastructure (the systems of grant support, the design of projects, their content, etc.) to meet the needs of the economy. The economy needs visible, immediate, quantifiable, measurable, objectifiable, financially quantifiable results or products. A care approach would stress instead the need for creating and performing research practices improving our capabilities to care better for ourselves, for our bodies, for our environment and to be citizens in a democratic society. What does that mean? For example, if we want to create a smart city, we need to know and understand the needs, experiences, desires, perspectives of all concerned (minimally all the inhabitants of the city) and so it is necessary to involve them in negotiations, discussions, thinking and talking, hearing, and understanding, and caring together about the city and creating what can be reasonable solutions for their city. To achieve this goal, it is necessary to joint care actors not only from different field of scientific and expert knowledge (It expert, sociologists, urbanists, social workers, experts on public administrations, artists, journalists, etc.) but also common citizens, activists, but also to invent ways how to open the space for those who were not heard, who were silent till this time (minorities, people with disabilities, or other people on the margins of majority's interest). So, to care (not only) for a city requires the caring process of knowing, communicating, thinking, considering, and negotiating.

Within the ethics of care, there is a discussion about the extent to which the feasibility of caring is contingent on personal competence and individual commitment to such virtues as the capability of listening or relational humility to tune in to the differences produced by specific places and contexts. The capacity to accept, reject, or deflect the assignments of responsibility for care are always processes in which relative power positions of those engaged in the negotiations shape the discussion as well as its outcome. Therefore, for example Margaret U. Walker (2007), Iris. M. Young (2008) call for going further, beyond a personal approach, to collective and shared solidarity and responsibility. It is not enough to imagine oneself in someone else's situation, but to accept that position and act from that perspective, where such solidarity starts in self-criticism. Responsibility is grounded in a response – it necessarily requires several parties who are in active negotiation and renegotiation about who should do what (Tronto, 2020, pp. 192). In this context, Brannelly points to the proximity of participatory methodological research approaches and the

ethics of care. She also points out that a meaningful transformation of specific areas, practices, and relations of social reality depends on how research processes can create the conditions and space for effective and accountable partnerships between research participants (Brannelly, 2018). From the ethics of care perspective, it is important that researchers work with research participants for a long time and accept some responsibility for letting their voices be heard, expressing dissatisfaction, and creating space for research project participants to consider further action and activities for change. Integrating the ethics of care into research is about recognizing that through research practice, relationships and partnerships are formed to transform the reality. Caring research approaches consider the experience of participating in the research process and devote sufficient time to exploring them (Brannelly, 2018). Tronto also points out that caring takes time and energy (Tronto, 2013). Thus, the phenomenon of time and time frames in which care, aimed at knowing and understanding other people's needs, ideas, attitudes, goals, and feelings should, can and ultimately does take place, plays a crucial role for conducting caring research. As White argues "Caring democracy" requires not just more time for care and more time for caring deliberation, it requires sustaining an alternative temporal regime, one that resists the commodification of care and care workers and notions of 'productive' democracy" (White, 2020, pp. 175). So, if the democratization of our care practices also depends on participatory and inclusive processes of (minimally) social science and humanities research, creating the conditions – and time frames – for such research should be a challenge for any university whose ambitions go beyond market and economic interests and which wants to care along with other individuals and institutions to improve our environment, and our lives.

Conclusion

Why should the ethics of care command our attention and how might it be useful to us? Care is a frequent topic in our public discourse. Care is talked about, care is emphasized, highlighted, and analysed. What remains a problem is what Tronto characterized by the term "allocation of care responsibilities". It is a division of care into the important on the one hand, and the unimportant, unnecessary, and expendable, on the other hand. It is not only the division of different types and practices of care, but also of those who provide and receive it, for those who receive resources to support, improve, and develop themselves

and those, who are marginal, unnecessary, and replaceable. Everyday reality, and not only in the time of a pandemic, reveals how we frequently and significantly fail in different kinds of care in many spheres of our lives. Therefore, it is understandable, that focusing attention on care may bring the necessary improvement. What the care ethics offers is a new orientation to social and political thinking and brings to light a different set of issues. Care ethics challenges us to rethink the nature and purpose of politics and the political vocabulary of justice, freedom, privacy, and the like in the terms of what is necessary for promoting and sustaining good personal care. It also shows that we need to critically examine the nature of concepts that we have previously overlooked, such as protection, safety, or preservation, which are associated with care and shape the practice of care in different spheres of social life. The ethics of care can thus have a profound effect on political life. It can change our concepts of citizenship, influence forms of political education and mobilize excluded political groups. Care approach alters the moral terrain in both understanding the issue and formulating an ethical response. It directs us to consider both how issues of care lie behind contemporary problems and how we can better address these problems by providing better care for all.

In our context of post-communist societies striving for democratization – marked by the spirit of formal collectivism, it may sound very appealing when someone wants to take care of people or a particular social group. Equally resonant are political calls for everyone to take care of themselves, which again, are a manifestation of a strong individualism of contemporary societies – Slovakia not being an exception. The rhetoric of care is thus in its various forms an effective tool for populist policy from different parts of the political spectrum. Therefore, in our context, we should be particularly sensitive to the specific potential, benefits but also threats of centralized and decentralized forms of care, and how, in different contexts and situations, they promote or, on the contrary, diminish solidarity and trust as necessary preconditions for inclusion, and thus democratic form and practice of care.

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