

Care Ethics Research Consortium
Conference 2021

*Decentering Ethics:
Challenging privileges,
building solidarities.*

May 3rd – May 7th 2021

Local organizers: Sophie Bourgault (University of Ottawa)
and Fiona Robinson (Carleton University)

Final program



Carleton
UNIVERSITY

FACULTY OF
Public Affairs

Program and Organizing Committee

Sophie Bourgault, University of Ottawa

Miriam Hatabi, University of Ottawa

Monique Lanoix, Saint Paul University

Stéphanie Mayer, University of Ottawa

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Fiona Robinson, Carleton University

Joan Tronto, University of Minnesota (Emerita)

Merel Visse, University of Humanistic Studies and Drew University

Special Thanks

The Centre interdisciplinaire de recherche sur la citoyenneté et les minorités of the University of Ottawa

Faculty of Public Affairs, Carleton University

Faculty of Social Sciences, University of Ottawa

Robert Sparling

Julie Daigle

All panel chairs: Vivienne Bozalek, Sophie Cloutier, Émilie Dionne, Maggie Fitzgerald, Ann Fudge Schormans, Maurice Hamington, Miriam Hatabi, Helen Kohlen, Monique Lanoix, Carlo Leget, Marie-Josée Massicotte, Stéphanie Mayer, Alistair Niemeijer, Petr Urban, Inge van Nistelrooij, Karine Vanthuyne, Merel Visse, Lizzie Ward, Didier Zuniga.

To attend this conference (if you are not a presenter), please register via Eventbrite: <https://www.eventbrite.ca/e/cerc-2021-decentering-ethics-challenging-privileges-building-solidarities-tickets-147876892767>. Please note that space is limited.

Program at a glance

- Please note that the schedule is based on the Eastern Daylight Time (Time zone in the following region: Ottawa, ON (UTC-4)). **All Zoom links will be sent to conference participants three days prior to the conference.**

Monday May 3rd

13:30-14:45	Welcome by Fiona Robinson and Carlo Leget & Keynote Speech by Vrinda Dalmiya
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Tuesday May 4th

8:30-9:45	Panels 1 & 2
9:45-10:15	Break
10:15-11:30	Panels 3 & 4
11:30-12:00	Break
12:00-13:15	Panels 5 & 6
13:15-13:45	Break
13:45-15:00	Panels 7 & 8
15:00-15:15	Break
15:15-16:15	Roundtable “Decentering the University: Indigenizing Teaching and Research”

Wednesday May 5th

8:30-9:45	Roundtable on Care Ethics in the French-Speaking World
9:45-10:15	Break
10:15-11:30	Panels 9 & 10
11:30-12:00	Break
12:00-13:15	Panels 11 & 12
13:15-13:30	Break
13:30-14:30	Roundtable in Honor of Joan Tronto

Thursday May 6th

8:30-9:45	Panels 13 & 14
9:45-10:15	Break
10:15-11:30	Book workshop: “Making time and space for care in our academic practice”
11:30-12:00	Break
12:00-13:15	Panels 15 & 16
13:15-13:45	Break
13:45-15:00	Panels 17 & 18

Friday May 7th

8:30-9:45	Special Panel on COVID Politics & Care Ethics Research
9:45-10:15	Break
10:15-11:30	Panels 19 & 20
11:30-12:00	Break
12:00-13:15	Closing Keynote Speech by Sandra Laugier & farewell by Joan Tronto and Sophie Bourgault

It is with profound sadness that we inform you of the passing of Elena Pulcini. Professor of social philosophy at the University of Florence, Elena made a major contribution to care ethics. She succumbed to COVID on Friday, April 9th. Many of us have lost a precious interlocutor, a source of inspiration and a friend. She will be sorely missed. We wish to extend our deepest condolences to her family, colleagues, and close friends.

“La cura deve diventare una forma di vita. Noi la dobbiamo considerare l’applicazione pratica del principio di responsabilità.”

Elena Pulcini

Instructions for paper presenters

- Each presenter has a maximum of **14 minutes** to give his or her talk. While we know that this is very short, we hope that sufficient time can be saved for interaction between panelists and the audience. (For roundtables, the length of the presentations may vary. Details to be sent by the chair/organizer of the roundtable.)
- We ask that you please send your paper (or your presentation notes/slides) to the **chair** of your panel and to **your fellow panel participants before April 26th**. The email addresses of your chair and co-panelists can be found in the program.
- We kindly ask paper presenters to read their co-panelists' papers prior to their session in order to help enrich discussion and nourish post-conference conversations.
- All panel sessions will be held on Zoom. We ask that you please join your panel's Zoom meeting **at least 10 minutes** prior to the start of your session, so that any technical difficulties may be resolved in advance.
- All Zoom links will be sent to conference participants three days prior to the conference.
- If you have never used Zoom and wish to familiarize yourself with this application, you can find some helpful video tutorials here: <https://support.zoom.us/hc/en-us/articles/206618765-Zoom-Video-Tutorials>.

For chairs of panels

- We ask all panel chairs to **please arrive 10-15 minutes early** to their assigned panels, so that hosting powers of the panel meeting be transferred to them.
- The chair should make all panelists co-hosts of the Zoom meeting as soon as they join the meeting.
- Chairs should start panels promptly, briefly introduce panelists (i.e., just mention name and title), and keep presentations to a maximum of 14 minutes. Before the presentations begin, please remind all attendees (except the panelists) to keep their cameras off during the presentations, but to turn them on during the discussion period when they wish to ask questions.

- Chairs can leave the Zoom meeting running after the 75 allotted minutes if there is a lively discussion (for another 15 minutes maximum). But chairs should still officially announce the end of the panel's scheduled time and thank the panelists, in case some attendees need to leave.
- If the panel chair cannot stay longer than 75 minutes on the Zoom meeting, he/she can simply assign hosting responsibilities to one of the panelists before leaving the meeting.
- Should panel chairs have difficulty with their Zoom link or face another technical issue, they should write immediately to: cerc2021@gmail.com.

For all attendees of the panels

- Because some panels may have a high number of attendees, we kindly ask all audience members attending the regular panels to leave their cameras off during the presentations. However, all panelists and chairs should keep their cameras on at all times please.
- During the discussion period, attendees are encouraged to turn on their cameras when they ask a question.
- Should you, as an audience member, wish to share some further comments with the presenters (or should you wish to obtain a copy of their written papers), please do not hesitate to write to them after the panel. All email addresses are included in our program.

Monday May 3rd

13:30-14:45

Welcome by Fiona Robinson & Carlo Leget

Keynote speech by Vrinda Dalmiya

Chair: Fiona Robinson, Carleton University

Co-chair: Carlo Leget, University of Humanistic Studies

Moderator: Merel Visse, University of Humanistic Studies and Drew University

“Different Decenterings: Corporeality and Care in a Comparative Context”

Vrinda Dalmiya currently teaches in the Philosophy Department at the University of Hawaii, Manoa. She has been a Fellow at the Indian Institute of Advanced Study, Shimla. She is interested in analytic feminist theory with a focus on care ethics, epistemology, gender and the environment and comparative philosophy. Besides publishing in anthologies and journals, she is the author of *Caring to Know: Comparative Care Ethics, Feminist Epistemology and the Mahabharata* (India: Oxford University Press, 2016) and the co-editor of *Exploring Agency in the Mahābhārata: Ethical and Political Dimensions of Dharma* (New York: Routledge, 2018).



Tuesday May 4th

8:30-9:45 (** all times are based on Eastern Daylight Time – i.e. Ottawa time **)

Panel 1: Technology and Care

“Care and Technologies: delegation, discretion and virtualization”, Alain Loute, Catholic University of Lille (alain.loute@univ-catholille.fr)

“Theorizing e-carity: Where Care, Technology, and Precarity Meet”, Shelley Park, University of Central Florida (Shelley.Park@ucf.edu)

“Artificial Intelligence: why should we care?”, Vanessa Nurock, Paris 8 University (vnurock@univ-paris8.fr)

Chair: Helen Kohlen, Philosophisch-Theologische Hochschule Vallendar (PTHV) (hkohlen@pthv.de)

Panel 2: Exploring Forms of Care in Social Work – Towards a Contextually Sensitive and Critical Theory of Care

“Conceptualising relations of care in social work with vulnerable children and families”, Mie Engen, Aalborg University (maan@socsci.aau.dk)

“The emotional and embodied practices of care in social work with vulnerable children and their families”, Maria Appel Nissen, Aalborg University (engen@socsci.aau.dk)

“Time for care and the timing of care: processes of negotiating needs”, Andreas Moller Jorgensen, Aalborg University (anmj@socsci.aau.dk)

Chair: Inge van Nistelrooij, University of Humanistic Studies (i.vannistelrooij@uvh.nl)

9:45-10:15: Break

Tuesday May 4th (continued)

10:15-11:30

Panel 3: Relations, Hierarchies, Care

“It comes so naturally to you! Recognizing the role of essentialist discourses in the commodification of paid care work”, Monique Lanoix, Saint Paul University (mlanoix@ustpaul.ca)

“The Embodiment of Hierarchy and the Habits of Care”, Felicity Aulino, University of Massachusetts Amherst (felicity@anthro.umass.edu)

“The Moral Value of Care in the Politics of “Women’s Work” in the U.S.”, Nell Lake, Brown University (nell_lake@brown.edu)

“Vulnerability, Relational Autonomy and adaptative preference formation”, Yaël Sebban, Collège de l’Outaouais (ysebban@outlook.com)

Chair: Merel Visse, University of Humanistic Studies and Drew University (mvisse@drew.edu)

Panel 4: The State, Foreign Policy and Democracy

“Care Ethics as a Means of Challenging Power Hierarchies in Foreign Policy: How Can We Make Foreign Policy Truly Feminist?”, Megan O’Donnell, Center for Global Development (modonnell@cgdev.org)

“The conditions for responsive government – public ethics of care and citizen trust”, Helena Olofsdotter Stensöta, University of Gothenburg (helena.stensota@pol.gu.se)

“Caring Democracy for South Korea”, Hee-Kang Kim, Korea University (heekangkim@korea.ac.kr)

“Relationality and Care Ethics in Canada’s Feminist International Assistance Policy”, Fiona Robinson, Carleton University (fionarobinson@cunet.carleton.ca)

Chair: Petr Urban, Institute of Philosophy, Czech Academy of Sciences (petr_u@yahoo.com)

11:30-12:00: Break

Tuesday May 4th (continued)

12:00-13:15

Panel 5: Sexualities, Masculinity and Respectability

“Theorizing Trans Care Work, Trans-ing Care Ethics”, Hil Malatino, Penn State University (HMalatino@psu.edu)

“Epistemologies of Care: On Caring Masculinities”, Riikka Prattes, Duke University (riikka.prattes@gmail.com)

“On the Shattering of Self and World in the Aftermath and the Need to Care for Survivors of Sexual Violence”, Mohna Khan, Penn State University (mohna.n.khan@gmail.com)

Chair: Stéphanie Mayer, University of Ottawa (smayer2@uottawa.ca)

Panel 6: Care and Women’s Bodies

“The Surrogacy (Regulation) Bill”: A Critical Perspective on Indian surrogacy legislation from Care Ethics”, Amrita Banerjee, Indian Institute of Technology Bombay (abanerjee.phi@gmail.com), and Priya Sharma, Indian Institute of Technology Bombay (pspriyaa059@gmail.com)

“Taking Moral Failure Seriously: Care Ethics and Breastfeeding Promotion”, Phyllis L. F. Rippey, University of Ottawa (Phyllis.Rippey@uottawa.ca)

“‘Tu ne m’as rien donné pour guérir’: Disruptive Care in Contemporary Poetry by Women in Quebec”, Dominique Héту, Brandon University (hetud@brandonu.ca)

“Failing to Care: A Case Study of Atwood’s Handmaid’s Tale”, Gabriella Colombo Machado, University of Montreal (gaby.cmachado@gmail.com)

Chair: Émilie Dionne, Université Laval et CIUSSS de la Capitale-Nationale (emilie.dionne@mail.mcgill.ca)

13:15-13:45: Break

Tuesday May 4th (continued)

13:45-15:00

Panel 7: Care in Education and Academia

“Care Ethics, Technologies of the Self, & Postsecondary Education”, Lianne Fisher, Brock University (lfisher@brocku.ca); Robert McGray, Brock University (rmcgray@brocku.ca); Dawn Shickluna, Brock University (dshickluna@brocku.ca)

“Equity Enacted: Doing equity through a critical ethics of care in early childhood practice”, Rachel Langford, Ryerson University (rlangfor@ryerson.ca); Lisa Johnston, York University (lkj@yorku.ca); Alana Powell, Association of Early Childhood Educators Ontario (apowell@aeceo.ca)

“Facing Ethical Dilemmas: A Care Ethics Training Proposal for Vulnerable Healthcare Workers”, Luigina Mortari, University of Verona (luigina.mortari@univr.it); Marco Ubbiali, University of Verona (marco.ubbiali@univr.it)

Chair: Carlo Leget, University of Humanistic Studies (C.Leget@UvH.nl)

Panel 8: Care for Care: Queer, Indigenous and Islamic Convergences

“In the Courtyard: Practicing Intersectional Islam on Turtle Island”, Sarah Munawar, University of British Columbia (sarahmun0@gmail.com)

“A Holistic Ethic of Care grounded in Okâwîmâwaskiy”, Denali Youngwolfe, University of British Columbia (youngwolfe@gmail.com)

“Miyo-Ohpikâwasowin – Successfully disrupting child welfare apprehensions through an Indigenous ethic of kinship care”, Kathy Walker, University of British Columbia, (kathy.walker@usask.ca)

Chair: Maurice Hamington, Portland State University (maurice4@pdx.edu)

15:00-15h15: Break

Tuesday May 4th (continued)

15:15-16:15

Roundtable:

“Decentering the University: Indigenizing Teaching and Research”

Welcome by Marie-Josée Massicotte, University of Ottawa

Participants:

Amohia Boulton, Whakauae Research Centre Director (Research for Māori Health and Development), Adjunct Professor, Faculty of Health and Environmental Sciences (AUT), and Adjunct Research Fellow, Health Services Research Centre (Victoria University of Wellington)

Kahente Horn-Miller, Kanienkehaka (Mohawk), Assistant Vice President (Indigenous Initiatives), Office of Vice President Academic, and Associate Professor (School of Indigenous and Canadian Studies, Carleton University)

Mona Tolley, from the Kitigan Zibi Anishinabeg First Nation and Ottawa University Indigenous Curriculum Specialist (University of Ottawa)

Chair: Karine Vanthuyne, School of Sociological and Anthropological Studies and Co-Cordinator of the Faculty of Social Sciences’ Indigenization and Decolonization Committee, University of Ottawa

Moderator: Miriam Hatabi, University of Ottawa



Wednesday May 5th

8:30-9:45

**Roundtable:
Care ethics in the French-speaking world**

in French with simultaneous English translation, kindly provided by the CIRCEM

Participants:

Fabienne Brugère, Université Paris 8 Vincennes–Saint-Denis
Aurélié Damamme, Université Paris 8 Vincennes–Saint-Denis
Marie Garrau, Université Panthéon-Sorbonne
Stéphanie Gaudet, Université d’Ottawa
Monique Lanoix, Université Saint-Paul
Alain Loute, Université catholique de Lille
Vanessa Nurock, Université Paris 8 Vincennes–Saint-Denis

Chair: Sophie Cloutier, Université Saint-Paul

Moderator: Stéphanie Mayer, Université d’Ottawa

From more information on the CIRCEM, please visit: <https://sciencessociales.uottawa.ca/circem/>

9:45-10:15: Break

Wednesday May 5th (continued)

10:15-11:30

Panel 9: Knowledge, Injustice and Settler Colonialism

“Ecological and Anishinaabe social imaginaries of knowledge making: The Ethics of care, and politico-ethico-onto-epistemological research practices”, Andrea Doucet, Brock University (adoucet@brocku.ca); Eva Jewell, Ryerson University (eva.jewell@ryerson.ca); Vanessa Watts, McMaster University (wattsv@mcmaster.ca)

“‘We are the land defending itself’: Three ethical decenterings for caring-with the Wet’suwet’en”, Jorma Heier, University of Osnabrück (jorma.heier@hs-flensburg.de)

“Thinking of diversity differently: the possibilities of dialogue through vulnerability”, Laurie Gagnon-Bouchard, Université du Québec à Trois-Rivières (lauriegagnonbouchard@gmail.com) and Camille Ranger, Université du Québec à Montréal (camille.c.ranger@gmail.com)

“Voice and Relationship: Insights from Care Ethics and Accounts of Hermeneutical Injustice”, Christine Koggel, Carleton University (ChristineKoggel@cunet.carleton.ca)

Chair: Miriam Hatabi, University of Ottawa (mhatabi@uOttawa.ca)

Panel 10: Moral Authority, Authoritarianism and Populism

“Decentering the Moral Authority of Ethical Theory: Performing Care”, Maurice Hamington, Portland State University (maurice4@pdx.edu)

“Care-crisis, affect, and political mobilization: Making sense of social and family politics in recent (far) right-wing parties in Germany from a care and gender perspective”, Paula-Irene Villa Braslavsky, LMU Munich (paula.villa@lmu.de)

“Dependency, Care and the Rise of Authoritarianism”, Bonnie Mann, University of Oregon (bmann@uoregon.edu)

“Fake news! Decentering what it means to know and understand as a care-ethical researcher in a polarized era”, Alistair Niemeijer, University of Humanistic Studies (a.niemeijer@uvh.nl) and Merel Visse, University of Humanistic Studies and Drew University (mvisse@drew.edu)

Chair: Lizzie Ward, University of Brighton (E.Ward@brighton.ac.uk)

11:30-12:00: Break

Wednesday May 5th (continued)

12:00-13:15

Panel 11: Care, Trust, Privilege

“A Relational Ethics for the Relational Fiduciary”, Helen Mussell, University of Cambridge
(MussellH@cardiff.ac.uk)

“When Caring Sustains Privilege. From Tactics to Transformation”, Pieter Dronkers, University of Humanistic Studies (P.Dronkers@uvh.nl)

“Race and care labours: uncomfortable postcolonial conversations”, Masaya Liavaneras Blanco (Huron University College (mllavaneras-Blanco@balsillieschool.ca))

“Privilege as denial of vulnerability”, Marie Garrau, Université Panthéon-Sorbonne
(mariegarrau@gmail.com)

Chair: Maggie Fitzgerald, University of Saskatchewan (maggie.fitzgerald@usask.ca)

Panel 12: Epistemology and Political Theory of Care

“The Epistemic Responsibilities of Caring Well”, Sarah Clark Miller, Penn State University
(scm24@psu.edu)

“Feminist Care Ethics and Two Left-Wing Approaches to Knowledge”, Lee Maclean, University of Ottawa (leemargaretmaclean@gmail.com)

“Care as Event: Decentering Ethics in Contemporary Political Theory”, Sacha Ghandeharian, Carleton University (SachaGhandeharian@cmail.carleton.ca)

“Knowing Caringly”, Naomi Scheman, University of Minnesota (nschema@umn.edu)

Chair: Émilie Dionne, Université Laval et CIUSSS de la Capitale-Nationale
(emilie.dionne@mail.mcgill.ca)

13:15-13:30: Break

Wednesday May 5th (continued)

13:30-14:30

Roundtable in honor of Joan Tronto

Participants:

Daniel Engster, University of Houston

Jorma Heier, University of Osnabrück

Sarah Munawar, University of British Columbia

Steven Steyl, University of Notre Dame Australia

Joan Tronto, University of Minnesota, Emerita

Chair: Carlo Leget, University of Humanistic Studies

Moderator: Fiona Robinson, Carleton University



Thursday May 6th

8:30-9:45

Panel 13: Disability Research as Care Work: DiStory, Silence and Intimate Citizenship

“An Ethic of Silence: Rethinking Silent Moments in Disability Research”, Chelsea Jones, Brock University (fiona.cheuk@ryerson.ca) and Fiona Cheuk, University of Toronto (fiona.cheuk@ryerson.ca)

“Working-With: Exploring Tensions and Possibilities within Relational and Inclusive Practices of Knowledge Creation in the DiStory Project”, Ann Fudge Schormans, McMaster University (fschorm@mcmaster.ca) and Erin Kuri McMaster University (kurie@mcmaster.ca)

“University research ethics committees and research involving people labelled/with intellectual disabilities: Pushing back against ‘care’ that silences”, Alan Santinele Martino, Carleton University (alan.santinelemartino@carleton.ca)

Chair: Ann Fudge Schormans, McMaster University (fschorm@mcmaster.ca)

Panel 14: Ableism and Disability, Relationships and Care

“How can the ethics of care help us to move away from an « ableist » attitude?”, Aurélie Damamme, Paris VIII University (adamamme@yahoo.fr)

“‘If it Works, We Might Become like Sisters’: Forming Sisterhood within Institutionalized Sites of Care”, Ella Hillstrom, Stockholm (ella.hillstrom@gmail.com)

“Transcultural Feminist Bioethics: Relational Autonomy and Chinese Confucian Care Ethics in Dementia Care”, Yuanfang Dai, Michigan State University (daiyuanf@msu.edu)

“Shifting the Burden: Decentering Privilege and the Affiliative Work of Care”, Elizabeth Lanphier, University of Cincinnati (Elizabeth.lanphier@cchmc.org)

Chair: Alistair Niemeijer, University of Humanistic Studies (A.Niemeijer@uvh.nl)

9:45-10:15: Break

Thursday May 6th (continued)

10:15-11:30

Book Workshop: Making time and space for care in our academic practice

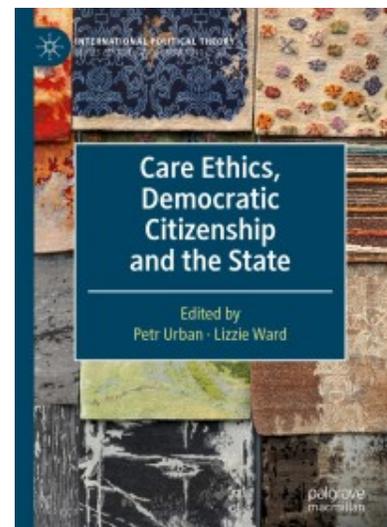
Chairs and organizers: Lizzie Ward of the School of Humanities and Social Science (University of Brighton) and Petr Urban of the Institute of Philosophy (Czech Academy of Sciences, Prague).

The workshop organizers will offer reflections on their experience working on the edited collection *Care Ethics, Democratic Citizenship and the State* and will briefly discuss this as an example of work that was both productive and caring. Other examples of ‘caring practice’ in academia will be presented by workshop participants to generate a wider discussion on the possibilities for ‘caring practice’ within academia.

This workshop aims to generate discussion of ‘practicing care’ within our everyday work in academia through sharing positive examples of experiences of these, from micro interactions to larger tangible change.

With the participation of:

- Amrita Banerjee, Indian Institute of Technology Bombay
- Fiona Cheuk, Ryerson University,
- Salma Essam, Carleton University
- Maggie FitzGerald, University of Saskatchewan
- Lisa Johnston, York University
- Chelsea Jones, University of Guelph
- Erin Kuri, McMaster University
- Rachel Langford, Ryerson University
- Alan Santinele Martino, McMaster University
- Alana Powell, Association of Early Childhood Educators Ontario
- Ann Fudge Schormans, McMaster University
- Priya Sharma, Indian Institute of Technology Bombay



11:30-12:00: Break

Thursday May 6th (continued)

12:00-13:15

Panel 15: Care beyond Modernity

“Diffracting care and posthuman ethics: New insights for privileged ir/responsibility”, Vivienne Bozalek, University of the Western Cape (vbozalek@gmail.com)

“Towards a (Dis)Associative Political Theory of Care”, Maggie Fitzgerald, University of Saskatchewan (maggie.fitzgerald@usask.ca)

“Ecologizing democratic theory: agency, representation, animacy”, Didier Zuniga, McGill University (Didier.zuniga@mail.mcgill.ca)

“On the Dialogue between the Ethics of Care and the Ethics of Liberation”, Ruben Flores, Higher School of Economics (Moscow) and University College Dublin (ruben.flores@ucd.ie)

Chair: Maurice Hamington, Portland State University (maurice4@pdx.edu)

Panel 16: Health and Community Care

“Ethics of care: a conceptual framework in Canadian stroke rehabilitation”, Catrine Demers, University of Alberta (catrine.demers@ualberta.ca)

“What can an ethics of care offer people on community based compulsory treatment orders?”, Aisha Macgregor, University of Stirling (aisha.macgregor@stir.ac.uk)

“Ethno-cultural diversity and conflicts of care in the hospital setting: An empirical study of three health care settings in Germany”, Helen Kohlen, Philosophisch-Theologische Hochschule Vallendar (PTHV) (hkohlen@pthv.de)

“Centering community care: Collective Care as an Embodied Ethical Praxis”, Loree Erickson, University of Toronto (loree.erickson@utoronto.ca)

Chair: Inge van Nistelrooij, University of Humanistic Studies (i.vannistelrooij@uvh.nl)

13:15-13:45: Break

Thursday May 6th (continued)

13:45-15:00

Panel 17: Migration and Care

“Care Ethics and Migration”, Steven Steyl, University of Notre Dame Australia
(stevensteyl@hotmail.com)

“Caring for the invisibles: transforming ourselves, society and political practices”, Caterina Botti,
Sapienza University of Rome (caterina.botti@uniroma1.it)

“Research Ethics and the Complexity of Refugee Subjectivity in International Relations (IR)”,
Salma Essam, Carleton University (SalmaElRefaei@cmail.carleton.ca)

Chair: Merel Visse, University of Humanistic Studies and Drew University (mvisse@drew.edu)

Panel 18: Care, Capital, Capitalism

“Care and Capitalism”, Kathleen Lynch, University College Dublin (kathleen.lynch@ucd.ie)

“Market Relations and Relational Markets: Recentering Relational Ethics within a Market Economy”,
Daniel Engster, University of Houston (daengste@central.uh.edu)

“Normative Ambivalence, Political Justification, and the Possibility of a ‘Critical’ Care”, Mercer Gary,
Pennsylvania State University (meg319@psu.edu)

“Care capital and care ethics: the case of working carers”, Camille Allard, University of Sheffield
(cvmallard1@sheffield.ac.uk)

Chair: Monique Lanoix, Saint Paul University (mlanoix@ustpaul.ca)

Friday May 7th

8:30-9:45

Special Panel on COVID Politics & Care Ethics Research

“Beyond Wealth Care: Caring Democratically as the Path to a Multiracial, Non-imperial, Caring”,
Joan Tronto, University of Minnesota (jctronto@umn.edu)

“A Care Ethical Analysis of COVID-19 Policymaking: how to set up research with societal impact?”,
Carlo Leget, University of Humanistic Studies (Utrecht) (c.leget@uvh.nl)

“Crisis of Care: Vulnerability, Responsibility and Needs in Times of Corona”, Adrienne de Ruiter,
University of Humanistic Studies (Utrecht) (a.deruiter@uvh.nl)

“Giving Voice to Vulnerable Groups: Doing Action Research during a Pandemic”, Pieter Dronkers,
University of Humanistic Studies (Utrecht) (p.dronkers@uvh.com)

Chair: Fiona Robinson (fionarobinson@cunet.carleton.ca)

Moderator: Merel Visse, University of Humanistic Studies and Drew University (mvisse@drew.edu)

9:45-10:15: Break

10:15-11:30

Panel 19: Resisting Negation: Building Solidarity with the Maternal

“What is obstetric violence? An attempt at a care-ethical genealogy”, Rodante Van Der Waal,
University of Humanistic Studies (rodante.vanderwaal@phd.uvh.nl)

“Exploring the integrity of an undergraduate medical curriculum: towards a response-able ethical
response to injustice”, Veronica Mitchell, University of Cape Town (veronicaanmitchell@gmail.com)

“Silenced voices of self-sacrifice: the experiences of mothers caring for a child with PIMD”,
Inge van Nistelrooij, University of Humanistic Studies (i.vannistelrooij@uvh.nl)

Chair: Vivienne Bozalek, University of the Western Cape (vbozalek@gmail.com)

Discussant: Alistair Niemeijer, University of Humanistic Studies (a.niemeijer@uvh.nl)

Friday May 7th (continued)

10:15-11:30

Panel 20: Caring beyond Humans

“Ecofeminism, Feminist New Materialisms, and Care Ethics, the New Alliance?”, Emilie Dionne, Université Laval et CIUSSS de la Capitale-Nationale (emilie.dionne@mail.mcgill.ca)

“An Ethics of Care across Species: Loving Dogs as Companions in the Context of Yulin Dog Meat Festival”, Ying Liu, University of Warwick, (Y.liu.10@warwick.ac.uk)

"Re-composing climate justice through permacultural ethics", Nathalie Grandjean, Université de Namur (nathalie.grandjean@unamur.be)

“Complexities of caring in a more-than-human world facing ecological crises: the intersection of the personal and the political seen through a lens of ‘active hope’”, Carlo Leget, University of Humanistic Studies (Utrecht) (c.leget@uvh.nl) and Vivianne Baur, University of Humanistic Studies (Utrecht) (v.baur@uvh.nl)

Chair: Didier Zuniga, McGill University (didier.zuniga@mail.mcgill.ca)

11:30-12:00: Break

Friday May 7th (continued)

12:00-13:15



Closing Keynote Speech by Sandra Laugier

&

farewell by Joan Tronto and Sophie Bourgault

in French with simultaneous English translation, kindly provided by the CIRCEM

“Care ethics as a return of ethics to ordinary life”

« *Le care comme retour de l'éthique à la vie ordinaire* »

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Chair: Monique Lanoix, Saint Paul University

Moderator: Stéphanie Mayer, University of Ottawa



Abstracts

Panel 1: Technology and Care

“Care and Technologies: delegation, discretion and virtualization”, Alain Loute, Catholic University of Lille (alain.loute@univ-catholille.fr)

The objective of this paper is to understand how theories of care can be mobilized in the field of e-health and telemedicine, a peculiar and recent field situated at the crossroads of digital interactions of care, management of digitalized medical data, prostheses and/or digital implants that could repair bodies or increase body’s capacities. The theories of care (a. o. Tronto, Gilligan) have renewed the vision of care and health, particularly in the manners in which care is provided. The fact that caring for the vulnerable (esp. children, the disabled, the elderly, the demented) is most often devolved to women, black people, migrants, e.g., people at the intersection of gender, class and race domination, interrogates such the value of care as the classical ethical values, traditionally erected as universal.

Besides, care activities are entrusted mostly to women, care activities also tend to be entrusted and delegated to the technology. Numerous research and innovations in e-health are emerging, thanks to political and economic strategies of promotion and funding¹. They appear to be able to enhance or to second the traditional care actors, ranging from medical or paramedical actors. Another common point between care activities and digital device of care is its discretion, considered as a virtue. This dual characteristic of the delegation and the discretion of the care concerns both the care produced by technological artefacts and the care provided by the traditional providers of care. This comparison of technologies and care providers has various effects that need to be addressed.

On the one hand, it questions the very status of technologies and care practitioners. Are technologies available to supplement caregivers? Or are technologies real actors, possessing of course characteristics of care but obeying nevertheless to instrumental rationality? On the other hand, it raises new questions about the significance of the delegation of the care in the field of ethics of care. If one thinks that one goes from a delegation of the care to the dominated to a delegation to the machines, how to understand this choice? Is it a choice that denies the recognition of the dominated, in favor of machines? Or on the contrary, a choice which, thanks to the machines, makes it possible to free oneself from domesticity? Do the technologies favor "attention" to others or are they more precisely a form of capture and disciplinarization of attention²? Do the delegation of care to technologies mean that the care could be “robotized”? Finally, we must also question the meaning given to *discrete* and efficient machines. The discretion of care can be reflected, in technological terms, in the *virtualization* of artifacts. Virtualization of digital technologies is neither neutral nor harmless; its effects are reflected in terms of the extension and intensification of the purposes of technology: temporal and spatial extension of the supervisory power and intensification of the normalizing effects of technology³.

¹ Cf. Jean-Philippe Cobbaut and Alain Loute, “What ethics for telemedicine?”, in L. Menvielle and A.-F. Andrain-Pontevia (eds.), *The Digitalization of Healthcare: new challenges and opportunities*, Palgrave MacMillan, to be published.

² Cf. Bernard Stiegler, *Taking Care of Youth and the Generations*, Stanford, Stanford University Press, 2010; Crary, Jonathan. 24/7: *Late Capitalism and the Ends of Sleep*, London and New York: Verso, 2013.

³ Cf. Grandjean & Loute, “The Materiality of Virtuality: Towards an Intensification of Invisibilities”, In *Critical Studies on Security*, submitted 2nd of December, 2016.

“Theorizing e-carity: Where Care, Technology, and Precarity Meet”, Shelley Park, University of Central Florida (Shelley.Park@ucf.edu)

To date, there has been sparse dialogue between those thinking about care, those thinking about precarity, and those thinking about technology. I forward the notion of “e-carity” to highlight the meeting place of care, technology and precarity, a place that requires attention to the material and affective dimensions of global supply chains of technologically mediated care.

Precarity studies focus on conditions “in which certain populations suffer from failing [socioeconomic] networks” with greater exposure “to injury, violence, and death” (Butler 2010, 25). Care ethicists highlight human dependency on the physical, social, economic, psychological and affective care of others. Precarity emerges when these systems of care are fragmented by uneven impacts of capitalism, racism, sexism, ablism and other inequities. As a material condition, precarity is experienced by poor, marginalized, and disenfranchised people who are exposed to economic uncertainty, physical and psychological violence, and forced migration. As an existential condition, precarity exhibits itself as feelings of vulnerability, displacement, hopelessness and anxiety experienced across social classes.

Feeling unable to care adequately for oneself, much less for others, 21st century workers—including care workers—frequently depend on technologies of care from dating apps and social media networks to smart homes and carebots to build and sustain relationships and communities of care. The result is e-carity, a condition in which we develop intimacy with (as well as through) technology, and reproduce (as well as resist) precarity.

Attention to the space of e-carity raises urgent new questions for care ethicists. These questions include (among others): How are technologies of care distributed? What are the geo-political contexts of their production? How are such technologies gendered and racialised? How do posthuman relations of care both mimic and resist colonial relations? How do technologies of care reproduce systems of surveillance?

“Artificial Intelligence: why should we care?”, Vanessa Nurock, Paris 8 University (vnurock@univ-paris8.fr)

Artificial Intelligence is now both a widespread and fast developing technology. It has been recently shown that this technology is prone to reproduce our gender, race and social bias on the one hand, and to blur responsibilities, on the other.

My talk aims at showing how the ethics and politics of care may help us to analyze these two issues, from an ethical and philosophical standpoint. First by showing that the biases in AI are not only a conjunctural issue of data but have to do with the infrastructure of AI which needs to be decentered from its current axis. Second, by proposing a relational view of responsibility, which may help us to better understand what responsibilities are at stake with AI.

Panel 2: Exploring forms of Care in Social Work – Towards a Contextually Sensitive and Critical Theory of Care

“Conceptualising relations of care in social work with vulnerable children and families”, Maria Appel Nissen, Aalborg University (maan@socsci.aau.dk)

In the past 10-15 years the Danish welfare state and social policy have been transformed in significant ways. Social analysts have termed this a transition from a universal welfare state to a ‘competition state’, which introduces market logics into public services and increases responsabilization. Accordingly, the governance of social services for vulnerable children and their families increasingly focuses on prioritising cost-effectiveness and mobilising resources in families and their network in order to increase self-sufficiency. An obvious risk of this focus on the parents’ responsibility and resourcefulness in resolving their own

problems, is social work practices that neglect the families' need for care and support and the social constituents of their suffering creating their unprivileged and difficult conditions.

This points to the need for elaborating the concept of care for professional social work with vulnerable children and families. Relations of care in professional social work are fundamentally asymmetrical (Engen & Nissen, 2020), and thus, conceptualisations of care within this context must develop possibilities for building solidarities and care practices that reflect power, hierarchy and class. By using the work of Axel Honneth and Nancy Fraser the paper discusses, how it is possible to define three interrelated forms of care in professional social work: (i) intersubjective care, (ii) care as social rights, and (iii) care as community and solidarity. A main claim of this paper is that care in social work is about addressing the social mechanisms that create unequal access to recognition, authority and resources, create social suffering and determine possibilities of care and welfare in specific political and social contexts. The paper concludes that this way of conceptualising care in professional social work makes it possible to develop knowledge about forms and possibilities of care under changing political priorities and to critically reflect on issues of power and privilege.

“The emotional and embodied practices of care in social work with vulnerable children and their families”, Mie Engen, Aalborg University (engen@socsci.aau.dk)

This presentation views care as human and socially enacted ‘infrastructures’ shaped by everyday practices embedded in an institutional and political context (cf. Duffy et al. 2015). More specifically, this is explored with a focus on emotional and embodied practices of care that emerge within and across different institutionalised areas of social work with vulnerable children and their families. Research shows that emotional and embodied practices are an integrated part of social work (Engen, 2017). However, there is an ambivalence regarding how these relate to professionalism (O’Connor, 2019). We view emotional and embodied practices as doings and sayings that involve languages of care. These languages indicate how it is possible to care, how emotional and embodied practices are valued, and ultimately how feelings are enacted and distributed. Besides identifying these languages of care, we discuss how they relate to discourses of policies and strategies that shape ruling relations of social work (Smith, 2005). Social workers are positioned within an agenda of ‘productivity’ (Nissen et al., 2018) that emphasizes ‘relational performance’. The languages of care represent different strategies for balancing the economy of and resources for care, but are – in social work practice – generally described as relating to personal differences. Therefore, we discuss if viewing emotional and embodied practices as a part of an infrastructure that shapes institutionalised possibilities for care, can create a more explicit professional language and community of care among social workers.

“Time for care and the timing of care: processes of negotiating needs”, Andreas Moller Jorgensen, Aalborg University (anmj@socsci.aau.dk)

In this presentation, we will convey preliminary findings related to the time for and the timing of care with a focus on how this is connected to the negotiation of needs. Our assumption is that this knowledge can contribute to discussions on preconditions to care in policy contexts emphasizing efficiency and effectiveness. Care and the ethics of care is characterized by a commitment to a relational ontology (Robinson, 2011), and the idea that human relations and networks of care are fundamental to human existence and maintenance of the social across contextual variations in time. Moreover, care is considered as a practice that involves forms of attentiveness, responsibilities, practices and actions that responds to needs - not only in micro- and everyday practices but also in society as expressions of collective responsibilities for enabling care (Tronto, 2009; 2013). Enabling care is related to if not dependent on time, and therefore we will also present different conceptions of time. In our presentation, we will present findings related to this: What is the time for and the timing of care in social work with vulnerable children and their families, and how does this connect to attention to needs? Our findings will exemplify different time

horizons; how social workers caring practices relate to the time for as well as the timing of care. Moreover, we will relate this to possibilities for and conflict related to attentiveness to needs and thus to basic questions regarding the power of social work as an agent of care. Finally, we will discuss how time for and the timing of care relates to governmental expectations about efficiency and effectiveness in services aimed at taking care of the needs of vulnerable people.

Panel 3: Relations, Hierarchies, Care

“It comes so naturally to you! Recognizing the role of essentialist discourses in the commodification of paid care work”, Monique Lanoix, Saint Paul University (mlanoix@ustpaul.ca)

The changing demographics and the social transformations in Western societies have brought about transformations in the familial sphere of caregiving. Paying someone to help one’s older relative is increasingly perceived as the best solution to help older persons to ‘age in place’. Because of a shortage of workers in North America, more and more women come from low to middle-income countries to perform this type of work. In this paper, I discuss this particular type of caregiving, which consists in the paid activities that assist individuals in the performance of the activities of daily living. More specifically, I examine the essentialist discourse that is implicit in the commodification of caregiving. I show that the marketization of caregiving negates the logic of the gift, which is implicit in an idealized version of familial caregiving. However, there is an attempt to recapture this lost constituent, which takes place through essentialist discourses.

First, I make the case that paid caregiving is structured as a productive endeavor. Regardless of its commodified status, care work nevertheless relies on an idealized understanding of caregiving. Second, I explain how this interpretation stems from the paradigm of loving family care and that, consequently, familial caregiving is perceived as a spontaneous response to a perceived need. I show that within this framework, caregiving proceeds from the logic of the gift. Third, I argue that if this can take place within the familial sphere, it is all but erased when caregiving enters the market. However, there remains an implicit expectation of the gift and the attempt is to reintegrate the logic of the gift within paid caregiving. This takes place through essentialist discourses that rely on racist and sexist assumptions about caregivers. Finally, I argue that paid caregiving should be structured along a model of covenant and not of contract.

“The Embodiment of Hierarchy and the Habits of Care”, Felicity Aulino, University of Massachusetts Amherst (felicity@anthro.umass.edu)

Work on care ethics is at constant risk of projecting scholars’ own values, conceptions of self, or ideals of relationality as universal. This presentation will describe care practices in northern Thailand in order to make the case for ethnographic attention to habituated action as a major inroad to understanding and working with care ethics in context. My work shows how norms of social engagement prioritize what stands out in the environment, how interpersonal interactions are evaluated, and how certain patterns of etiquette template moral actions as well as ethical reflection. In particular, I trace how Thai social worlds continually train people’s attention on status and the embodiment of appropriate forms, with little emphasis placed on cultivating particular authentic desires to provide for others. This stands in sharp contrast to focus on “sincerity” and other valorized forms of internal orientation, originating from individuated selves and their intentions, often portrayed as essential to care. Drawing from a Pali philosophical lineage directly relevant to Thai tradition, I argue that moral agency can productively be understood as a function of habits of perception, which are themselves conditioned by social practice. This changes the moral calculus of care as it is commonly conceived, allowing the stakes of everyday habits of care, and their transformative potential, to come into focus.

“The Moral Value of Care in the Politics of “Women’s Work” in the U.S.”, Nell Lake, Brown University (nell_lake@brown.edu)

My research applies the lens of *moral politics* to social inequalities in women’s care labor. How does “care” as a moral value get deployed in bids for power? How does it shape who bears the burden of care? Whose care labor is morally privileged? The concept of *care* gets deployed in bids for greater recognition and rights. It also gets mobilized in ways that reinforce gender, race, and class inequalities.

For my conference presentation, I will briefly analyze messaging in two American political campaigns: the National Domestic Workers Alliance’s drive for workers’ rights and a 2018 campaign in Massachusetts to set limits on nurses’ patient loads. These campaigns use the moral value of care in advancing rights and recognition. Yet they also operate within a larger political context in which care values are often deployed to resist advances in equality. I will analyze and highlight this tension.

The CERC Decentering Ethics conference seeks to address how arguments for *care* can overlook the politics of *justice*. My project helps bridge this gap. While care ethicists have argued, in effect, that “we should care about care” and other scholars have examined women’s-work inequities, no scholar has explicitly examined how the moral value of care gets deployed in struggles over power. My analysis provides new understanding of both the politics of care and of social hierarchy.

“Vulnerability, Relational Autonomy and adaptative preference formation”, Yaël Sebban, Collège de l’Outaouais (ysebban@outlook.com)

Debates about autonomy in the mainstream philosophical literature seek to analyze the characteristics of self-governing agency and to explain how it can be undermined by external and internal threats. Feminist relational theories of autonomy are motivated by the intuition that gender oppression can threaten women’s abilities to lead self-determining lives. Gender oppression encompasses overt forms of domination, such as gender-based discrimination and inequalities of opportunity as well as gender-based stereotyping schemas, the internalization of which can undermine women’s sense of themselves as autonomous agents (Meyers, 1989; Benson, 1994, 2015). This approach to autonomy is thus premised on the fact of our inescapable dependency on, and hence inherent vulnerability to, others (Fineman, 2008, 2010). I focus here on an argument claiming that the inculcation of oppressive norms damages autonomy in a particularly insidious way. Lately, a different set of theories of autonomy has become dominant, namely, procedural theories. In such account, an agent’s preference is autonomous if and only if the process of the formation of the preference has satisfied certain standards of critical reflection. Procedural theories seem to be compatible with the feminist emphasis on the relational features of persons. However, feminists should be cautious about adopting a purely procedural account of autonomy.

I first propose to complement Fineman’s call for a universalist analysis and her claim that vulnerability is a constant feature of the human condition by introducing Catriona MacKenzie (2014) taxonomy of different sources and states of vulnerability as a finer-grained analysis of the sense in which many kinds of vulnerability are the result of not unavoidable biological processes but of interpersonal and social relationships or political structures.

I try then, from the vantage of relational autonomy theorists, both to explicate the social constitution of autonomy - that is how our self-identities are shaped and constrained by the social relationships in which we are embedded – and the ways in which environments characterized by corrosive disadvantage (Cudd, 2006) or social relationships characterized by abuse, coercion and internalization of oppressive socialization (Stoljar, 2014; Khader, 2011) may seriously hamper the skills and attitudes required for personal autonomy. I finally argue that to explain the *feminist intuition* (Stoljar, 2000) we need to set aside the procedural theories of autonomy paradigm and to endorse a substantive account of autonomy.

Panel 4: The State, Foreign Policy and Democracy

“Care Ethics as a Means of Challenging Power Hierarchies in Foreign Policy: How Can We Make Foreign Policy Truly Feminist?”, Megan O’Donnell, Center for Global Development (modonnell@cgdev.org)

Principles and lessons drawn from the field of care ethics have the potential to address privilege and hierarchy in one of their staunchest manifestations: the realm of foreign policy. Within the context of international development, perhaps the most power-laden dynamic lies between representatives of high-income countries, often positioned as donors providing financing and technical assistance, and those representing low- and middle-income countries that receive such ‘assistance.’ These power hierarchies privileging those from the ‘Global North’ relative to their counterparts from the ‘Global South,’ as well as in effect those of Caucasian descent and particular geographic origin, are also reflected in broader foreign policy, as decision makers from high-income country contexts exert disproportionate leverage and power through trade agreements, diplomatic negotiations, and defense arrangements.

A recent and growing trend – championed by gender equality advocates and a subset of governments (Sweden, Canada, France, Mexico) – is the attempt to make foreign policy an increasingly ‘feminist’ domain in an effort to improve the lives and well-being of women and girls. But in order to be truly feminist, governments seeking to aspire towards this model must first unpack the power dynamics entrenched in traditional foreign policy. This presentation will explore the ways in which care ethics can be inserted into debates and discussions focused on feminist foreign policy to interrogate how relations between nation-states and their representatives can be increasingly egalitarian rather than paternalistic or exploitative.

Concurrently, recognizing that not all governments are directly representative of the needs, priorities, constraints of their citizenries, especially women and girls subject to vulnerability and disenfranchisement, I will also explore how the concepts of donor leverage and loan/grant conditionality can be understood with the context of care ethics to identify when these tools for accelerated progress on global gender equality may be appropriate and effective.

“The conditions for responsive government – public ethics of care and citizen trust”,

Helena Olofsdotter Stensöta, University of Gothenburg (helena.stensota@pol.gu.se)

Few problems are more important than how to organize a state with strong implementing capacity, predictability and power to foster citizen trust. Prominent scholars have argued that impersonal and/or objective bureaucracy is the key to this problem. However, this proposition does not consider the problem with domination, intrinsically intertwined with state power. In order to address this problem, we must consider how the state can also be responsive, and scholars have here suggested to draw on the ethics of care, as it is precisely directed to enhance responsiveness.

The project identifies a public ethics of care (PEC) as a promising venue for responsive government fostering citizen trust. While there is agreement that PEC exists empirically within public bureaucracies and there are suggestions for how to measure it both quantitatively and qualitatively, we do not yet know more in detail the range of its usefulness. A number of problems can be regarded as arising out of insufficient care ethics: psychiatric ward treatments where rules for access are inflexible leaving some without care; infrastructure- and city planning organize people’s relations; even the increasing failure of many boys to do well in school can be regarded as a matter of failed relations. The plan is to develop further these attempts into a more thorough theory on public ethics of care and responsive government based in empirical assessment. In the paper, a theory of how a public ethics of care may enhance quality government and citizen trust in various settings (tasks, nations) is elaborated, intended to be tested empirically in a second step.

“Caring Democracy for South Korea”, Hee-Kang Kim, Korea University (heekangkim@korea.ac.kr)

The purpose of the paper is to evaluate the democracy of South Korea from the perspective of care ethics and suggest better democracy. South Korea has spent the past 30 years, since its democratization in 1987, the so-called ‘consolidation of democracy.’ This was the time to institutionalize democratic demands to achieve not only electoral democracy but also substantive democracy in various sectors of society. In particular, the 2016 candlelight revolution, in which elected power was constitutionally overpowered by citizens, has become a subject of global attention and envy, and is said to have matured the quality of Korean democracy to the next level.

In light of care ethics for Korean democracy, however, the task for better democracy still seems to be present. Because care is a political issue and an issue of inequality, hierarchy and power (Tronto 2013), it has not become a political agenda in the process of consolidating democracy in the last three decades. More specifically, in the midst of various demands for democratization (e.g., democratization of labor, democratization of gender, and democratization of welfare), the value of care was not publicly recognized, caregivers and care receivers fail to have the political language and space to express their voices, and the responsibility for care was reduced to family’s and women’s responsibility, and care inequality was only imprinted as a burden on the individuals. That is, not only has Korean democracy overlooked care in the last 30 years of democratization, but care has also been repeatedly excluded, marginalized and instrumentalized in the democratic processes and dynamics of various sectors of society.

The result of neglecting and personalizing the value of care over the past 30 years has become present as a childbirth strike and, as a result, Korean society now is experiencing a low birth rate which threatens the existence of society. Therefore, this paper intends to argue that the future course of Korean democracy should embrace caring democracy amid calls for better democracy in the new era, symbolized by the candlelight revolution. It thus stresses that care is the core task of democracy that Korean society should address for better democracy.

“Relationality and Care Ethics in Canada’s Feminist International Assistance Policy”,

Fiona Robinson, Carleton University (FionaRobinson@Cunet.Carleton.Ca)

In Canada, while ‘feminist foreign policy’ is widely referred to in speeches, foreign policy documents and press releases, the only actually existing policy to date is the Feminist International Assistance Policy. It advocates ‘investing in women’ as the way to achieve gender equality in developing countries, emphasizing women’s human rights and ‘economic empowerment’. Using a critical care ethics lens, this paper considers the implications of this approach to ‘feminist’ development. It argues that the approach taken in the FIAP sees *care only as an obstacle* to full participation in the paid labour force, rather than a set of activities and practices that have value in their own right. Furthermore, the narrow aim of ‘investing in women’ fails to recognize how gender operates relationally, thus excluding from consideration a range of issues that are crucial to the goal of mitigating gender oppression.

Panel 5: Sexualities, Masculinity and Respectability

“Theorizing Trans Care Work, Trans-ing Care Ethics”, Hil Malatino, Penn State University

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What would care ethics look like if it were rooted in the experiential knowledge of trans subjects, collectives, and communities? For trans folk, the locus of care work is not the white, bourgeois, heterocisnormative home. Consequently, care ethics cannot be limited to the exportation of the feminized values associated with this work to the public sphere. Rather, trans care work is about devising ways to make the multivalent and necessary care hustle that structures so many trans lives more sustainable, especially as trans subjects are often actively engaged in inventing or piecing together the units – domestic, familial, intimate – that are too often assumed a priori in literature on care labor and care ethics. This essay

derives an ethic of care that is rooted in the intricately interconnected spaces and places where trans care labor occurs: the street, the club, the bar, the clinic, the community center, the classroom, the non-profit, and sometimes, yes, the home—but a home that is often a site of rejection, shunning, abuse, and discomfort. Decentering the emphasis on the domestic and the reproductive that has so long informed feminist theorizations of care, it foregrounds the emergent wisdom derived from networks of mutual aid and emotional support developed by communities subject to transphobia, transmisogyny, and transmisogynoir.

“Epistemologies of Care: On Caring Masculinities”, Riikka Prattes, Duke University
(riikka.prattes@gmail.com)

In this paper, I will look at the positive epistemic implications that embodied performances of care work hold, with a particular view of men’s learning from domestic and care work. “Knowing how” and “experiential knowledge” of practitioners are central to knowledge formation processes – and caring masculinities – yet remain invisible under the dominant paradigm of epistemology. An approach committed to social justice requires a transformation of the hierarchical way that domestic and care work is currently organized. I claim that the revaluation of care work necessitates that structurally privileged men step up their game with regards to the performance of reproductive labor. Within this presentation, I will highlight practices of men who are engaging in domestic and care work. I will connect conceptual work on alternative epistemologies from feminist philosophy with qualitative work from the social sciences on men and care to highlight the “carefulness” of caring masculinities and their rootedness in praxis in order to hint towards an epistemology of caring masculinities.

First, I will engage with alternative epistemological accounts that take embodiment in processes of knowledge formation seriously; I particularly focus on Vrinda Dalmiya’s development of a “care-based epistemology,” in which the experience of concrete situations is central to knowledge formation, and knowers are understood as embodied beings, embedded within webs of relations.

Second, I will draw on my own and other authors’ empirical research with men who care (in different locations in the global North). The driving questions thereby are: What is it that men (and women) learn about the work of care and its organization? What do we learn about the world and ourselves when we engage in the practices of reproductive work? What is more, are the processes of this learning and the content of the knowledge acquired gender-specific at all?

“On the Shattering of Self and World in the Aftermath and the Need to Care for Survivors of Sexual Violence”, Mohna Khan, Penn State University (mohna.n.khan@gmail.com)

Susan Brison’s *Aftermath* confronts us with the way in which in the aftermath of trauma, one is faced with the shattering of their identity/world. As Brison discusses, the survivor is thus faced with a reality that challenges assumptions about the self as wholly unified and autonomous. In the aftermath, one no longer feels in control of their body or surroundings, one experiences a radically altered relationship to the past and future. Yet, even in the face of such disorienting consequences, Brison’s account makes clear that the self is relationally constituted—that our ability to remake the self is made possible with the help of others. Using care ethics as an ethical approach to this problem, I draw attention to the importance of caring for trauma survivors by being morally attuned to their reality. This attunement should impel us to center and address their *particular* needs as we recognize that care must be taken up as both value and practice. In Brison’s case, this meant aiding her in the process of reestablishing her identity by empathically listening to her trauma narrative. Furthermore, I underscore the importance of recognizing and concretely responding to the *different* needs of survivors, especially in the case of survivors of color and others with marginalized identities whose narratives and needs largely remain neglected. Pushing back on Noddings’ emphasis on relation and reciprocity (that our responsibility to care only arises when we stand in close relation to the other, and that the other must be able to respond to our care), I suggest that we have a moral responsibility to care for those who face particular realities insofar as we have the capacity to be morally attuned to their suffering, and insofar as we recognize our complicity in the systems of oppression that help give rise to it.

Panel 6: Care and Women's Bodies

“The Surrogacy (Regulation) Bill,”: A Critical Perspective on Indian surrogacy legislation from Care Ethics, Amrita Banerjee, Indian Institute of Technology Bombay (abanerjee.phi@gmail.com), and Priya Sharma, Indian Institute of Technology Bombay (pspriyaa059@gmail.com)

Starting from the early 2000s India was one of the most sought-after destinations for commercial surrogacy services. However, in 2015 the government decided to ban transnational surrogacy and restrict services to Indian citizens. At present, a recent legislative proposal in the form of, “The Surrogacy (Regulation) Bill,” which seeks to ban commercial surrogacy is under consideration. The Bill allows only for altruistic surrogacy with further limitations. The primary stated objective of the legislation is to curb exploitation within the surrogacy industry. In this paper, our attempt is to interrogate the gap between the policy stance versus feminist theorizations of surrogacy as care-based labor. By drawing from care ethics, postcolonial and transnational feminisms, as well as philosophical and ethnographic work on Indian surrogacy, we offer a complex conceptualization of “care,” and argue that a simplified understanding of “care” along with distorted understandings of care’s relation to affect and labor result in several conceptual fallacies in the Bill. Removing pay for surrogates is not only a way of reducing care to “affect,” but it also negates its labor dimension. Moreover, this reinforces a naturalised and biologised conception of “care”. Our analysis seeks to reconstruct surrogates in the fused roles of care-givers, workers, care-receivers, and subsequently, as epistemic and moral agents. We argue that such reconfiguration is crucial for generating a more complex understanding of subjectivity in the context of surrogacy — ones that are exploited and yet are agents, ones that are victims but are nevertheless engaged in a ceaseless resistance to the conditions of their own oppression. Thus, we can arrive at a conception of resistant subjectivities in order to productively anchor contemporary feminist discourses around Indian surrogacy. Our analysis aimed at the care-labor link enables us to frame agency, exploitation, and empowerment within surrogacy and its regulation in novel ways.

“Taking Moral Failure Seriously: Care Ethics and Breastfeeding Promotion”, Phyllis L. F. Rippey, University of Ottawa (Phyllis.Rippey@uottawa.ca)

Since the 1970s, health agencies have been pushing breastfeeding as a solution to global health disparities. Despite scientific evidence to support their claims, breastfeeding promotion frames the act as not simply one choice among many that mothers can make, but rather as *the* moral choice. Failing to breastfeed signals failing to protect one’s child from potential dangers as diverse as low IQ, obesity, or cancer. Taking seriously philosopher Lisa Tessman’s notion of moral failure and its relationship with oppression, I explore the implications of the moralizing of breastfeeding not only for mothers, but also for wider inequities related to gender, race, class, and ability.

In this paper, I challenge contemporary debates about breastfeeding that address these moral dilemmas by invoking claims to individual rights based on the ability of purportedly disembodied subjects to make rational choices. I suggest that this makes little sense in this context, since the act of breastfeeding itself is an inherently embodied, relational, and, often, irrational, practice; milk cannot physically be produced without at least two people and there is little control over its production. Rather, care ethics offers a much better theoretical fit for disentangling the many moral claims at the heart of breastfeeding debates, given its relational ontology and emphasis on the particular. And, at the same time, breastfeeding offers a particularly illuminating case for understanding the value of care ethics for grappling with complex moral questions, *writ large*.

“Tu ne m’as rien donné pour guérir”: Disruptive Care in Contemporary Poetry by Women in Quebec”, Dominique Héту, Brandon University (hetud@brandonu.ca)

This paper sets out to investigate the poetry of Roseline Lambert, Mélanie Landreville, and Carole David, three poets from Quebec whose collections provide a relational measurement and felt understanding of

violence and pain that challenge dominant scripts of care and healing. Lambert, in *Clinique* (2016), investigates mental health issues and self-care through the space of the asylum in a collection focused on the medical body, physical and psychological wounds, and a cumbersome medical system. Landreville, in *Vertiges de l'hospitalité* (2016), zeroes in on vulnerability, on what happens when a subject in pain, a “corps-morsure”⁴ stays close to the source of suffering and dwells on anger and assertion rather than on fragility and invisibility. And, in *L'année de ma disparition* (2015), David’s feminist poetry scrutinizes grief, shared responsibility, armed female bodies, and absence through a language of the wound/ed, – a “blessure cousue main”⁵. Lambert, Landreville, and David’s shared concerns about embodied suffering and the power of words to reclaim space uncover a promising discourse on disruptive care through poetic work. They each explore, through poetic voices that are combative, angry, and noncompliant, the emotional and physical experiences of violence against women, along with the lack of hospitality of living spaces in which their vulnerable, yet fierce and caring, bodies move. With this paper, I am thus interested in showing how their poetic language and strategies offer new ways of interrogating care-related (medical, emotional, embodied) and patriarchal violence, a network of “barbelés fabriqués soigneusement”⁶ that shape, damage, and haunt the relational bodies found in the collections.

“Failing to Care: A Case Study of Atwood’s *Handmaid’s Tale*”, Gabriella Colombo Machado, University of Montreal (gaby.cmachado@gmail.com)

In this presentation, I will explore notions of universalization in Atwood’s novel. *Handmaid’s Tale* had regained critic and public attention with the release of Hulu’s TV series in 2017 and Atwood’s sequel novel *The Testaments* in 2019. The dystopian society of Gilead illustrates the pitfalls of universalization, and lack of affect. In Gilead women are divided into rigid casts without the possibility of mobility: Wives are companions; Marthas cook and clean; Handmaids bear children. These casts fail to take into account each women’s particularity, as they are forced to dress and behave in ways that pertain to their cast. The Handmaids are the most extreme example of the universalization of women as they even lose their own names in the process, being exchanged as if they were replaceable products instead of human beings. The rigid social hierarchy does not foster potential sites for intimacy and sharing. As Offred’s narration demonstrate, even her speech has been colonized by the regime: she has a limited number of possible utterances she can say in order to be safe. The pre-made expressions of devotion (“May the Lord open”, “Blessed be the fruit”, etc.) create insubstantial conversations that act as barriers to real shared connections. Thus, the women of Gilead are also denied the expression of their inner world. The consequence of such extreme universalization of women is the impossibility of care. The women fail to know each intimately, which would foster the possibility of considering each other’s needs. They also lose their ability to be in the world as agents, because they are incapable of acting as individuals instead becoming replaceable representations of the casts they belong to. Ultimately, *Handmaid’s Tale* demonstrates the failure of care if one cannot take others in their particularities.

Panel 7: Care in Education and Academia

“Care Ethics, Technologies of the Self, & Postsecondary Education”, Lianne Fisher, Brock University (lfisher@brocku.ca); Robert McGray, Brock University (rmcgray@brocku.ca); Dawn Shickluna, Brock University (dshickluna@brocku.ca)

This research examines the ways in which care ethics decenters dominant technologies of the self (Foucault, 1997) that mediate markers of good pedagogy in postsecondary teaching. By this, we refer to the cadre of artefacts that legitimize neoliberal institutions and fetishize achievements of individuals such as course

⁴ Landreville, Mélanie. *Vertiges de l'hospitalité*. Les Herbes rouges, 2016, p. 49.

⁵ David, Carole. *op. cit.*, p. 58.

⁶ *Ibid.*, p. 39.

evaluations. These artefacts punish counter-hegemonic teaching practices while privileging dominant approaches to teaching and learning and smuggle in subtle ethics of accountability and surveillance.

We want to draw out the ways in which postsecondary institutional practices can be “technologies of the self, which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality” (Foucault, 1997, p. 225). Han (2017) extends these ideas when he says: “*the neoliberal regime utterly claims the technology of the self for its own purposes: perpetual self-optimization*” (p. 28). Self-optimization, through the guise of artefacts of effective teaching (e.g., course evaluations) or studentship (e.g., self-directed, healthy, and self-sufficient) cannot be just for self-understanding and growth but also for serving political desires.

Our focus is to explore the possibilities of spawning new artefacts in postsecondary teaching that privilege solidarity rather fragmentation. When we make a care ethic central to a way of working in postsecondary education, individuals and groups have opportunities for care of the self, beyond *production* agendas. By extension, opportunities exist to abdicate social relations that govern our lives within postsecondary education, and the institution of postsecondary education itself.

“Equity Enacted: Doing equity through a critical ethics of care to in early childhood practice”,

Rachel Langford, Ryerson University (rlangfor@ryerson.ca); Lisa Johnston, York University (lkj@yorku.ca); Alana Powell, Association of Early Childhood Educators Ontario (apowell@aeceo.ca)

The early childhood education and care (ECEC) sector in Ontario continues to be a site of converging identities and privileges. While dialogues pushing for greater ‘equity’ in the system have emerged (both at the political and personal/professional level), we suggest these conversations are entrenched in a traditional liberal morality that envisions equity as transactional, rights-based, and often abstracted from the messy, relational, lived experiences of citizens. In this theoretical work, we draw upon the ethics of care (Langford et al, 2017; Hamington, 2018; Hankivsky, 2014; Robinson, 2019; Tronto, 2013) to suggest a conceptual move which thinks of equity as something enacted in-relations in early childhood settings.

Drawing on the work of Robinson (2019), we forward the claim that “care ethics has the potential to contest racial and neo-colonial hierarchies” and allows “for the possibility that care is practised in different ways in difference places” (p. 6). We assert that feminist care ethics, when enacted in-relations and in contexts in early childhood settings, creates new possibilities for thinking with differences and challenging binaries and hierarchies. In integrating theorizations of care practices and care as an ethic (Hamington, 2018), we draw on Tronto’s (2013) phases of care to conceptualize equity enacted in-relations and to imagine how our institutions may establish the conditions within which this experimentation can occur. We also consider other potential sites of disruption and transformation such as postsecondary ECE programs, where we can interrupt the transactional conceptualizations of equity and consider other ways equity can be engendered. In conclusion, we consider how thinking about equity in-relations within a critical ethics of care creates space for new solidarities and opens up possibilities for diagnosing and disrupting privileges at the philosophical, political and practice levels.

“Facing Ethical Dilemmas; A Care Ethics Training Proposal for Vulnerable Healthcare Workers”,

Luigina Mortari, University of Verona (luigina.mortari@univr.it); Marco Ubbiali, University of Verona (marco.ubbiali@univr.it)

There are workers that are challenged by ethical dilemmas, in particular in the social and health services. Often it is not possible for them to share their dilemmas with the others in order to receive the right ethical support. They have not an “ethical voice” (Gilligan, 1982; Tronto, 1993; Noddings, 2002). In this paper, we present training courses in which health caregivers are supported down an educational path that is aimed at giving them the opportunity to participate in learning the ethics of care necessary to (a) care for themselves and (b) improve a practice inspired by the ethics of care. Crucial in this path is the development

of the capability to build a community, because no transformative action is effective if it lacks a communitarian approach (Stein, 2000).

This training path has been repeated many times so that it has acquired the shape of a transferable model that will be presented during the conference. The essence of the ethics of care is composed of virtues—generosity, courage, respect, responsibility— (Mortari, 2015; Mortari & Saiani, 2014), and only a community based on the ways of being inspired by virtues can improve a society to the point where all the people can be recognized in all their rights and duties.

Panel 8: Care for Care: Queer, Indigenous and Islamic Convergences

“In the Courtyard: Practicing Intersectional Islam on Turtle Island”, Sarah Munawar, University of British Columbia (sarahmun0@gmail.com)

Whether its designing prayer rugs in collaboration with Indigenous weavers; or invoking our grandmothers’ *duas* (prayers) to pray for the land; or giving *sadaqah* (charity) to the Muslim Care Centre to distribute food and support Indigenous Muslims living in the Downtown Eastside; or inviting Indigenous elders to the mosque for *iftar*, Muslim immigrant-settlers contribute to truth and reconciliation in Canada in diverse ways. What remains on the horizon for Indigenous and Muslim relations on Turtle Island is de-centering the Canadian state, as well as multiculturalism policy, as intermediaries and moving towards building intentional and consent-based communities of care. As Muslims how can we align Islamic ethics of hospitality and sharia law with treaty responsibilities, as well as extend our practice of Islam to be responsive to Indigenous knowledges and governance systems?

In this essay, through the Islamic paradigm of *Dihliz* (The Threshold), I seek to subvert colonial travel writings on the climate of the colony as the mark of inferiority. Instead, through an Islamic ethic of care, I invite investigation into the climate of settler-colonial societies in which we arrive and the scents of *zulm*/injustice that impress upon us. The textures of our arrival carry many scents, stench and odours of oppression we have carried in the journey, at the border, in our relations etc. The contact zone is as a contested site within which our arrival is unfolding and taking place; smell as a critical sensibility urges us to be mindful of how we smell, the stench of oppression within a gathering and its mark upon us. I attempt to re-imagine the border not as a point of entry by which we are thrown into a shared fate with the Canadian state but as a courtyard in which we dwell together in complex and contested ways. Although the courtyard is b/ordering in various ways, it always contains within it multiple possibilities for passing by one another.

“Miyo-Ohpikāwasowin – Successfully disrupting child welfare apprehensions through an Indigenous ethic of kinship care”, Kathy Walker, University of British Columbia, (kathy.walker@usask.ca)

Indigenous children are the fastest growing demographic within both the Canadian state and its child welfare population. Policies that directly impact the lives of Indigenous children continue to be shaped by the racial hierarchies that disproportionately expose Indigenous children to child welfare interventions and removals. These biopolitics of care are visible in the findings of the *Truth and Reconciliation Commission*, the *Canadian Human Rights Tribunal*, and most recently, in the federal governments' legal challenge to, and rejection of, the notion that Indigenous children have a right to care parity.

Drawing on literature exploring the efficacy of cultural continuity as a hedge against suicide I examined the role of cultural engagement in reducing child welfare apprehensions and interventions. My findings, based on over 500 hours of field research with the Lac La Ronge Indian Child and Family Services Agency in northern Saskatchewan, indicate that regionally specific Indigenous kinship care philosophies and practices have resulted in a meaningful reduction in child welfare interventions. This reframing of child welfare practice offers a model from which to develop best practices for decolonizing Indigenous child welfare, and to transition child welfare from a system of cultural genocide to one of cultural continuity.

The case study and findings I present place Indigenous ethics at the centre of the practice of care and demonstrate an effective bridge between decolonial theory and reconciliation policy.

“A Holistic Ethic of Care grounded in Okâwîmâwaskiy”, Denali Youngwolfe, University of British Columbia (youngwolfe@gmail.com)

In this paper, I build from a Cree subjectivity grounded in okâwîmâwaskiy (mother earth). I argue that this sense of selfhood is actualized through Cree practices of care that are holistic and cyclically reciprocal. This analysis expands the parameters of care of the self and others, and points to an overarching intersubjective framework of recognition predicated on care rather than justice. In so doing, this analysis articulates the barriers to a distinctly Cree ethic of care within the existing political and legal settler colonial landscape.

Panel 9: Knowledge, Injustice and Settler Colonialism

“Ecological and Anishinaabe social imaginaries of knowledge making: The Ethics of care, and politico-ethico-onto-epistemological research practices”, Andrea Doucet, Brock University (adoucet@brocku.ca); Eva Jewell, Ryerson University (eva.jewell@ryerson.ca); Vanessa Watts, McMaster University (wattsv@mcmaster.ca)

Feminist ecological and Indigenous epistemologies/methodologies/interventions have moved along parallel, sometimes intra-connected pathways, with shared attention to ethico-political legacies and impacts, ethico-onto-epistemological entanglements, and sustained critiques of the “gaze of Western imperialism and Western science” (Tuihawai Smith, 2012, 41) and “epistemologies of mastery” (Code, 2006, 4) rooted in modernity, capitalism, patriarchy, and colonialism. Within and across these fields, little attention has been given to if and how care and the ethic of care are integral to these knowledge making approaches. This paper explores how the ethic of care could be a fruitful ethico-political resource for feminist ecological and Indigenous making practices and processes. We focus on several shared principles, which are articulated, albeit differently, in feminist ecological and Indigenous (specifically Haudenosaunee and Anishinaabe) social imaginaries of knowledge making. These include: care and concern for research subjects and communities, relational ontologies, multiple ontologies, methodological pluralism, the politics and ethics of knowledge making practices, and the generative power of storytelling. We explore how we negotiate and enact these principles in research design, fieldwork, data analysis, and writing in our past and current research on Indigenous family lives.

This paper brings together three scholars from different backgrounds and generations, two who have collaborated in fieldwork with an Indigenous community partner and participants in the Niagara region of Canada over the past three years (Jewell and Doucet) and with all three of us beginning a seven-year journey in knowledge making as part of a recently awarded SSHRC Partnership Grant. Doucet is a feminist epistemologist who has written for over two decades about intersections between feminist and ecological epistemologies, narrative analysis, and participatory research. Jewell is an Anishinaabe community-oriented scholar working in Indigenous reclamation work and community-led inquiry. Watts is Mohawk (Bear Clan, Six Nations) and Anishinaabe who writes about Indigenous material knowledge production sites amongst the Haudenosaunee and Anishinaabe.

“We are the land defending itself”: Three ethical decenterings for caring-with the Wet’suwet’en”
Jorma Heier, University of Osnabrück (jorma.heier@hs-flensburg.de)

Despite care’s many resonances with interventions of Indigenous land-water protectors, care theory is not at the forefront attending to these struggles, yet. This paper takes up the political intervention of the Wet’suwet’en to defend land in Indigenous care against environmental hazards and neocolonial violations of pipeline-building. I extrapolate three ethical decenterings needed to ensure that BIPOC and our more

than human relations are theoretically and empirically woven into the life-sustaining web, so that they too may live in the world as well as possible.

First, the realm of the moral needs to be decentered in favor of “*caring for worldly things*” (Myers 2013). The scope of worldly things care ethicists care about needs to be broadened beyond the human body to other democratically disputed objects, so that the protests of the Wet’suwet’en become visible as political interventions shifting attention to “*an object worthy of attention and concern*” (Myers) formerly rendered invisible by the dominant organization of our common world.

Second, a decentering of the caring knower is needed. Dalmiya (2016) interjects that we need a care based epistemology rooted in “*relational humility*” as a “*necessary condition of successful care*” (2016, 26). Caring knowledge becomes a lens through which to access relations of oppression, exploitation, and marginalization that allow for the dominant view to dismiss Indigenous knowledge about, caretaking of, and our relationship with land-water.

The third decentering concerns the dominant boundaries defining the human realm against the other than human as well as otherized humans, so that both BIPOC and the more than human world are included in relations of care. With Puig de la Bellacasa, I propose a “*radically displaced nonhumanist rephrasing*” of Tronto’s definition, so that care may respond to situated relationships with the more than human world (2017, 163).

“Thinking of diversity differently: the possibilities of dialogue through vulnerability”,

Laurie Gagnon-Bouchard, Université du Québec à Trois-Rivières (lauriegagnonbouchard@gmail.com) and Camille Ranger, Université du Québec à Montréal (camille.c.ranger@gmail.com)

This presentation takes up postcolonial criticism head on, demonstrating the instrumentalization of the concept of diversity in favor of the (re)production of colonial and racist logics of assimilation and exclusion (Ahmed, 2012; Coulthard, 2015). Faced with the persistence of these logics in so-called “pluralist” societies, minority groups have developed self-recognition strategies (Coulthard, 2015) in order to emancipate themselves from the dehumanizing gaze of dominant groups. These strategies thus aim to develop a positive relationship with oneself. As privileged people in the Canadian colonial context, we in turn wish to explore the conditions of a relationship with oneself that would be able to deconstruct the logic of mastery (Plumwood, 1993; Singh, 2018) which constitutes our dominant subjectivities. The logic of mastery has, until now, made impossible the authentic encounter between Self and Other, continually subjecting the latter to the logics of assimilation and exclusion. Vulnerability understood as a “a condition of openness, openness to being affected and affecting in turn” (Gilson, 2011, p. 310) puts forward the constitutive relationality of our being-in-the-world and therefore is, according to us, an essential concept in order to carry out this effort to decolonize our subjectivities (Butler, 2006, 2015, 2016; Gilson, 2011, 2014). Indeed, it involves constantly remembering our position within a network of interrelationships which binds us to all human and non-human beings and, thus, obliges us to become aware of our responsibility towards them. This presentation aims to articulate this “first” moment of self-encounter - through self-recognition for minority groups and recognition of our ontological vulnerability for privileged groups - with a “second” moment which would be that of the encounter between Others. We thus wish to be engaged in a pluralist societal project through an exploration of the conditions of vulnerable listening and dialogue.

“Voice and Relationship: Insights from Care Ethics and Accounts of Hermeneutical Injustice”,

Christine Koggel, Carleton University (ChristineKoggel@cunet.carleton.ca)

In “Letter to Readers, 1993”, written a decade after the publication of *In a Different Voice*, Carol Gilligan reflects on misunderstandings of her work and attempts to clarify what she set out to do (that is often missed): “my questions are about our perceptions of reality and truth; how we know, how we hear, how we see, how we speak. My questions are about voice and relationship (1993, xiii). She adds: “To have a voice is to be human. To have something to say is to be a person. But speaking depends on listening and being heard; it is an intensely relational act” (1993, xvi).

In this paper, I unpack relational features of knowing, speaking, and being heard that open possibilities for identifying and challenging who has power and privilege. To do this, I explore connections between relational features explored by care ethicists and those explored in accounts of testimonial and hermeneutical injustice, the two kinds of epistemic injustice first identified by Miranda Fricker (2007). I move away from the individualistic readings that have tended to be attached to testimonial injustice to the promising ways in which hermeneutical injustice focuses on the central idea of “gaps” in ways of being and knowing in relationships between those with power and privilege and those whose voices are dismissed, ignored, or denigrated. Accounts of hermeneutical injustice have the potential to uncover dominant norms, structures, institutions, and even worldviews that shape relationships and can help explain injustices that emerge from not listening or not being heard. I end by discussing the ways in which power and privilege have created and continue to perpetuate injustices in Canada’s history of ignoring or dismissing Indigenous voices.

Panel 10: Moral Authority, Authoritarianism and Populism

“Decentering the Moral Authority of Ethical Theory: Performing Care”, Maurice Hamington, Portland State University (maurice4@pdx.edu)

In the Western philosophical tradition, we turn to ethical theory to help answer the question, “What is the right thing to do?” Consistent with a hierarchy that privileges the mind over the body, normative ethical approaches are often vested with moral authority to both adjudicate dilemmas and provide a moral roadmap. This quest for certainty often endeavors to eschew experience. There is nothing nefarious about seeking certainty, it is a natural human inclination in a precarious world. However, abdicating moral responsibility to a theory, formula, or text can mitigate the agency of the ethical actor and reduces the potential for responsive and effective moral actions and choices. This paper argues that feminist care ethics while maintaining normative elements, can decenter the moral authority of ethical theory placing a greater onus on the necessary moral work of the agent.

Two interrelated claims are made to support the idea of care ethics as an anti-authoritarian ethic. First, care is framed as a three-fold activity or process ethic consisting of learning, connecting, and acting rather than a formula for right action. To be sure, thinking about values, rights, virtues, and duties is worthwhile, but theorizing does not replace the hard work of learning, connecting, and acting. Abstract moral thinking can help develop moral imagination in preparation for moral decision making but it cannot address the complexity of an experiential context. The second claim is that this process approach to care ethics valorizes epistemic habits while reassigning *a priori* ethical thinking to a proportional but not overarching role. These epistemic habits include an assertive openness to learning (particularly about others), as well as epistemic humility. Knowledge acquisition, writ large, is indispensable to effective care. The conclusion asserts the significance of humility for decentering ethical theory.

“Care-crisis, affect, and political mobilization: Making sense of social and family politics in recent (far) rightwing parties in Germany from a care and gender perspective”, Paula-Irene Villa Braslavsky, LMU Munich (paula.villa@lmu.de)

The paper starts by asserting a contemporary care-crisis in Germany, framing it as produced by a highly ambivalent neoliberal model of inclusion. Drawing on the state of the art in care, welfare, and social policy research (with a focus on gender issues), and systematically addressing the East/West-divide in Germany, the paper summarizes how the now hegemonic ‘adult worker’ is, on the one hand, opposed to the traditional familialism and ‘mommy politics’ of the West German welfare state, and on the other, how it radically transforms the former ‘socialist’ model of East Germany. The paper suggests that the contemporary situation (which, as research shows, is by no means unique to Germany) makes care increasingly impossible, and that this leads to an, if vague, still massive political and politically relevant affect of discomfort. The paper argues that contemporary neo-authoritarian, populist, right-wing politics, such as

represented by the AfD (Alternative für Deutschland), feed on a generalized discontent that emerges from the structural impossibility to address care needs and issues in everyday life. In other words: As other, albeit not all, right-wing parties, the German AfD formulates welfare- and care-oriented positions – if even in a xenophobic, chauvinistic, and anti-feminist frame. To label their positions as simply traditional or as anti-feminist backlash may not be full off point in a normative sense, but it might be even more important to understand that and how a generalized care-crisis is an important factor in contemporary politics. Based on qualitative empirical analysis, the paper examines the program, policies and positions presented by the AfD in order to understand how care-issues are addressed and used for mobilization within a right-wing platform – which is gathering momentum.

“Dependency, Care and the Rise of Authoritarianism”, Bonnie Mann, University of Oregon
(bmann@uoregon.edu)

In this presentation, I take up Eva Feder Kittay’s account of dependency as a fundamental feature of the human condition which “has a crucial bearing on the ordering of social institutions and on our moral intuitions.” Turning to Hannah Arendt, whose major philosophical work, *The Human Condition*, attempts to lay out the conditions of human existence that must order political and ethical relations, I show what Kittay’s account adds to, and how it challenges, Arendt’s. Her account of natality, for example, needs a feminist understanding of dependency in order to make coherent political sense. The rise of authoritarianism in many parts of the world has brought with it a dramatic resurgence of interest in Arendt’s work. How is Arendt’s analysis of authoritarianism importantly modified when it is put in conversation with Kittay’s account of dependency relations? How does this modification allow us to elaborate a *feminist* critique of what William Connolly terms “aspirational fascism”? Arendt suggests that aspirational fascism relies for its success on its ability to erode the moral standards implicit in the notion of “humanity”; racism is the primary vehicle for undoing our sense of *responsibility* for one another. She claims both that the notion of “humanity” fails the historical test in times of crisis, and that we must ensconce a notion of humanity in the national and transnational institutions that can enforce protection of actual human beings. But perhaps the notion of “humanity” abstracted from relations of dependency and the resultant responsibilities for care, is incapable of providing a robust feminist counter-narrative to aspirational fascism in our times. How can a feminist account of “vulnerability-responsive obligations” interrupt the erosion of a sense of responsibility-for-the-other that the crass morality of fascism demands?

“Fake news! Decentering what it means to know and understand as a care-ethical researcher in a polarized era”, Alistair Niemeijer, University of Humanistic Studies (a.niemeijer@uvh.nl) and Merel Visse, University of Humanistic Studies and Drew University (mvisse@drew.edu)

‘Fake news media!’, ‘Post-Truth Age!’. Although academic researchers sometimes lead somewhat insular lives, the headlines of prominent news outlets can make us feel trapped in an actuality that feels unfamiliar. As members of universities which are generally aimed at promoting knowledge, truth and understanding, a culture of populism and neo-fascism which embraces polarization, uncertainty and mistrust nevertheless seems to soar in current western democratic society, and has a way of governing us, even as critical researchers. It channels our central preoccupation into one of dealing with chronic insecurity, splintering broad agreement on what constitutes a fact and eroding societal trust in expert knowledge. Some people respond to this insecurity by turning their precarity into a form of (tribal) activism. Although this is understandable, it endangers democratic society and leads to epistemically suspect silos which do not foster critical consciousness, as public discourse becomes increasingly focused on identity rather than arguments. This presentation will focus on what it means to know and understand as a care-ethical researcher in a polarized age by introducing an alternate perspective, which we dub ‘precarious knowing’. Precarious knowing is not rooted in a form of activism, nor passivism, but rather in an aesthetics of hope, ultimately aimed at fostering aliveness of our world (cf. Weber, 2019). Not by generating new grand narratives, but by paying attention to silent and natural transformations (cf. Julien, 2009). In doing so, we will argue that the ‘moral good’, as well as matters of knowledge and truth are inherently insecure and elusive and at the

same time grounded in a care-ethical view of the world. This care-ethical view is however in need of an enrichening and we believe generative critique offers an analytical sensitivity to consider ‘what a “responsible” telling’ (Verran, 2001) of emergent collective life in a polarized era might be.

Panel 11: Care, Trust, Privilege

“A Relational Ethics for the Relational Fiduciary”, Helen Mussell, University of Cambridge
(MussellH@cardiff.ac.uk)

Fiduciary, from the Latin *fidūcia* meaning trust, plays a fundamental role in all financial and business organisations. It acts as a moral safeguard of the relationship between trustee and beneficiary, ensuring that the beneficiaries’ best interests are met. It is often referred to as a *duty of care*. Originally formulated within English common (familial) law to protect property put into Trust while the rightful (male) owner of the property was absent, for example fighting Crusades, beneficiaries were women and children, allocated passive and subordinated roles.

The paper builds on existing work on the power relationship implicit in the fiduciary and its historical origins in gender relations, including the ethical evolution of the concept and presuppositions regarding agential capabilities (Mussell, 2020). The argument is advanced that the framework of Care Ethics can best explicate the ethical evolution of the fiduciary from its familial and care-focused roots (as evidenced by the *duty of care*). By emphasizing the structure of the fiduciary as a relationship (between Trustee-Beneficiary), and on the processual focus of the fiduciary, the relational ontology of this legal concept is brought to the fore.

The need for an ethical framework that clearly demonstrates a relational ontology and epistemology, and so aligns with the relational ontology of the fiduciary is outlined. Contrasts are made between other contending ethical frameworks used to explicate the fiduciary (Kantian deontology) to show how they fail to fully capture this relational ontology or why a *duty of care* is a central ethical component of this legal concept. The paper concludes by suggesting how Care Ethics can also offer normative guidance for future praxis including developing clear Trustee-Beneficiary relationships and responsibilities, alongside guiding Trustees in how to develop a settled habit of caring well.

“When Caring Sustains Privilege. From Tactics to Transformation”, Pieter Dronkers, University of Humanistic Studies (Utrecht) (P.Dronkers@uvh.nl)

In 1955, Simone de Beauvoir argued that leaving privilege undiscussed, runs the risk of resulting in political interventions that miss their mark. Her warning is still pertinent to citizens who seek to take concerted action to protest the precarity of asylum seekers. While their privileged position of possessing citizenship is crucial to successfully raising their voice for refugees who lack any official recognition or representation, citizens sustain that same privilege and power dynamics by doing so. The question is: can privileged citizens perform their solidarity with asylum seekers in ways that are politically truly transformative?

Consider the following example. Early 2019, the Dutch government decided to loosen the rules regarding the granting of residency permits for asylum seekers under 18. This decision came after an intensive campaign from NGOs, activist groups, and many citizens who cared for the fate of the young asylum seekers at their schools or soccer clubs. From a tactical perspective this campaign was a success. However, the focus on one group of well-integrated children, and the decision not to address the root causes of their precarity prevented the campaign from growing into a transformative political intervention. As a result, rather than challenging the immigration system, the campaign strengthened it, since the admission of the children was framed as an exception to the existing rules. Moreover, the campaign reaffirmed the identity and the privileged position of the participating organisations as both radical and reasonable advocates of the vulnerable.

Departing from Judith Butler and Joan Tronto, this presentation will argue that the ethics of care as a political theory can provide an answer as to how the privileged can perform solidarity in a more transformative way that starts from individual practices of care, but that also takes the necessary step of a broader systemic critique in which privilege itself comes under scrutiny.

“Race and care labours: uncomfortable postcolonial conversations”, Masaya Liavaneras Blanco, Huron University College (mlavaneras-Blanco@balsillieschool.ca)

Care needs and care labours are deeply racialized matters. The way a person perceives her own care needs, care responsibilities, and that of their dependents is intersected not only by gender, but also by race, and class, among other categories of difference. This article elaborates on the effects of racialization, class and migratory status in the way care needs are perceived, communicated and attended to among Haitian migrant domestic workers in the Dominican Republic. Based on interviews, focus groups and participant observation, the article enquires about the challenges of recognizing and communicating care needs across differences, especially among those whose care needs have been historically neglected. It builds on Raghuram’s discussion about the intersections of race with feminist ethics of care, as well as on Noxolo’s (2008) and Hartman’s (2016) works of postcolonial labours and responsibilities. The article argues that it is necessary to incorporate race and power in the way we investigate care labours across difference. It identifies some of the challenges of doing so as a social scientist researching care work and doing fieldwork with communities others than her own. The article closes suggesting that overt dialogues across difference are fundamental for a care ethics to be relevant and politically subversive, even if such conversations often bring about uncomfortable class, racial and other forms of inequalities among interlocutors (or perhaps because of it).

“Privilege as denial of vulnerability”, Marie Garrau, Université Panthéon-Sorbonne (mariegarrau@gmail.com)

The starting point of this communication is to be found in a paradox that many care theorists have noticed but that Joan Tronto best expressed. On the one hand, Tronto has shown that, in contemporary neoliberal societies, members of dominant social groups tend to transfer the work and responsibility of care on members of subaltern groups and resort to different social devices (like the commodification of care) that aim at distancing themselves from their own vulnerability. On the other hand, she has argued that it is only if everyone of us recognizes herself as a care recipient, and so as a vulnerable being, that we can create a caring democracy – that is a democracy where care would be recognized as a central condition of social life and where responsibilities for care would be a central object of democratic deliberation (Tronto, 2013). For care to be valued as it should be then, vulnerability should be acknowledged as a common existential condition that comes with moral obligations. However, our societies seem to be organized in a way that precludes such an acknowledgement and systematically distorts the meaning of vulnerability – making it the sole and stigmatizing property of specific social groups. The purpose of this communication will be to better understand this paradox in order to identify ways in which it could be overcome. If we can talk about a denial of vulnerability in contemporary liberal societies, how should we account for it? What are the processes – psychological as well as social – that prevent an even acknowledgement of our common vulnerability? Different answers can be found in the field of care theory, but several theorists insist on the complex relations that seem to exist between domination understood as a position in social relations of power and the denial of vulnerability. They suggest that the denial of vulnerability can be described both as a structural opportunity and as a psychological benefit associated with privilege. We will explore this hypothesis and its possible political implications by discussing recent works in care theory (Tronto, 2013; Gilligan and Snider, 2018; Molinier, 2013, 2007) and confronting them with works in sociology and social philosophy that focus on the moral and psychology of dominant groups (Beauvoir, 1949; Bourdieu, 1998; Mathieu, 2018; Medina, 2012; Paugam, 2017).

Panel 12: Epistemology and Political Theory of Care

“The Epistemic Responsibilities of Caring Well”, Sarah Clark Miller, Penn State University
(scm24@psu.edu)

This paper begins with the assertion that full recognition of privilege shifts how we both give and receive care. For those who are relatively privileged, caring well necessarily entails a series of epistemic responsibilities. Drawing on José Medina’s *The Epistemology of Resistance: Gender and Racial Oppression, Epistemic Injustice, and Resistant Imaginations* (2013), I consider both the epistemic harms that can result from oppressive forms of care as well as the practices that can promote epistemically just caring.

There are multiple practical harms that result from caring that denies the agency and self-determination of those being cared for, as many care ethicists have detailed. But there are also epistemic harms that can result, including erosion of how those being cared for regard what they know as well as their regard for the epistemic credibility of other knowers in their communities. In addition, malignant caring practices can sustain epistemic oppression. The epistemic arrogance that is part and parcel of bad caring can result in forms of deeply damaging insensitivity to the very needs to which carers are supposed to respond.

Countering such tendencies requires an abiding commitment to self-reflexive criticism designed to root out not only epistemic ignorance but, as Medina points out, ignorance about one’s epistemic ignorance. In response to such forms of epistemic oppression and harm, Medina argues that we need to develop “kaleidoscopic consciousness” in which epistemic friction between perspectives can help move us toward a form of epistemic equilibrium. I explore how practices of solidarity between those caring and the cared for can result in the expansion of the limited epistemic perspectives of privileged carers. And finally, I ask how embracing Medina’s epistemic virtues of humility, curiosity, and open-mindedness (cf. Dalmiya 2002, 2016), (as well as avoiding the vices of arrogance, laziness, and close-mindedness) might transform what it means to care well in the midst of oppression.

“Feminist Care Ethics and Two Left-Wing Approaches to Knowledge”, Lee Maclean, University of Ottawa (leemargaretmaclean@gmail.com)

This paper will consider the relationship of a feminist ethic of care to two types of knowledge in Left-wing thought and practice in order to explore how care ethics can address “privilege, hierarchy and solidarity in a contemporary context.” My argument begins from a *critical* reading of Michael Oakeshott’s 1947 essay, “Rationalism in Politics.”

Oakeshott describes the rationalist’s disposition as one to quickly reduce “the tangle and variety of experience to a set of principles.” (6) Oakeshott finds the source of this disposition in a distinction between technical knowledge and practical knowledge. Technical knowledge is “susceptible of precise formulation;” but practical knowledge “cannot be formulated in rules.” (12). Technical knowledge can be gleaned from a crib, whereas practical knowledge is imparted through practice and apprenticeship. “Rationalism,” he explains, “is the assertion that ... practical knowledge is not knowledge at all, that ... there is no knowledge which is not technical knowledge.” (15) For him, rationalism is an “infection” that comes to dominate European political thought and practice; he also links it to Locke’s *Second Treatise* and to the dispositions of America’s founders. Importantly, he contends it affects the ideas of all political stripes. I will consider the relation of Oakeshott’s theory to work of Gilligan and Ruddick. After describing rationalist and non-rationalist Left-wing alternatives, I will argue that feminist care ethics has a kinship to practical knowledge in a Left-wing context; and that it implies a critique of rationalism in Left-wing (and Right-wing) politics. Moreover, I will suggest an approach that favours a Right-wing critique of rationalism cannot ground a liberating feminist ethics of care. The paper will also consider the relationship between rationalist dispositions and the decisions of imperialist actors to undermine the local practices of indigenous and colonized peoples.

“Care as Event: Decentering Ethics in Contemporary Political Theory”, Sacha Ghandeharian, Carleton University (SachaGhandeharian@gmail.com)

Theories of ‘event’ within contemporary continental philosophy constitute an effort to re-think ethics, socio-political order, and the prospects for systemic change, in a way which privileges an underlying *contingency*. As such, they all seek to decenter ethical theory, as well as the very notion of stable foundations in the constitution of the social field.

I introduce the specific concept of *event* through critical engagements with Badiou’s notion of evental politics, Rancière’s conceptualization of the event of ‘equality’ and, finally, Žižek’s Lacanian-Hegelian reading of event and subjectivity, as residing in a primordial *void*. The result of this critical analysis is that Žižek’s notion of the event as the *act*, proves to be particularly fruitful *vis-à-vis* the effort to theorize the subject in contemporary critical theory, and, as I argue, in theorizing the *ethics of care* as a decentering – and de-centered – ethics.

In our contemporary ‘state of the situation’ (global capitalism), subjectivity *as such* becomes the ultimate ‘part that has no part’ — the void—within a neoliberal ‘police logic’ characterized by a distribution of subject-positions. The care-precarity nexus represents the (possible) formal conditions for an evental ethics of spontaneity, in which the subject — as *eros* — comes to reframe the socio-symbolic sphere as one of perpetual *relational* motion. The Hobbesian liberal-materialist portrait of politics as *matter in motion* is thus replaced by a Feminist-Hegelian subject-centered (relational) ontology of *void in motion*, in which the precarious subject is the void, and care the motion.

“Knowing Caringly”, Naomi Scheman, University of Minnesota (nschema@umn.edu)

Among the problems besetting coalitional politics are the ways in which—even without any blameworthiness—liberatory practices or survival strategies of one group can undercut the ground for the practices and strategies of others. A care-based epistemology can help to understand and interrupt this dynamic, orienting us to our entanglement with others whose forms of subordination are different from—but implicated in—our own. (E.g., the attacks of self-designated “gender-critical feminists” on the identities and social and political rights of trans women. See also Kristie Dotson on the complex complicities of African Americans in the continuing dispossession of Indigenous Americans.) Adopting a stance of acknowledgment as preceding—and as a precondition for—knowledge can help us learn *from* and *with*—not just *about*—differently positioned others. Drawing on Wittgenstein’s discussions of “seeing as” I want to explore what it means to see (and otherwise, not necessarily visually, to perceive) *caringly*, in order to counter the arrogance of a knowledge-first approach. Much of what gets dismissively derided as “political correctness” can be understood as recognizing how much morally and politically salient work is done prior to the point at which critique is seen as legitimately entering in: the language we use, what we take to matter, what is and isn’t funny, what we perceive and how we perceive it. This approach is in line with one of the central insights of care ethics: the dangers of starting moral thinking with a pre-described, abstracted account of persons and situations, and, by contrast, the importance of starting with an appreciation of contextually-inflected particularity, not pre-supposing that we already know what matters and how, along with the recognition that philosophizing is something that we (particular ones of us) *do*, and that we are responsible for the consequences of how we do it.

Panel 13: Disability Research as Care Work: Distory, Silence and Intimate Citizenship

In this panel, we take up the challenge of decentering ethics through inclusive research and knowledge co-production with disabled people. We come at this work from an understanding of inclusive research as rooted in values and practices towards disability justice and thus inseparable from the aims of care work. The three papers included in this panel address some of the possibilities

emerging from research intended to refuse or push against ableist/sanist research practices and priorities, as well as related tensions emerging from efforts to create crippled and caring research spaces.

“An Ethic of Silence: Rethinking Silent Moments in Disability Research”

A familiar experience for equity-based qualitative researchers are moments when silence lingers as “dead air” in audio recorded data, or blank pages in field notes. Silence often appears as the antagonist in social research projects to be filled or overwritten. Yet, silences exist as an undeniable part of knowledge production; in the contemplative moments, in quiet gazes between researchers and participants, in vibrant gestures and embodied expressions, in the spaces between verbal expressions of knowing; in the pauses between stutters; or in the lack of words to express one’s experience. Indeed, amidst a social communication structure that prioritizes hegemonic verbal modalities made dominant through long histories of ableism and European settler-colonialism (Grande 2004; Meekosha 2011), silences hint at sites of interpretive conflicts conditioned by power relations over what counts as knowledge that are already embedded in *doing* relational, contextual research. As researchers with differently intimate relationships to disability, we draw on two examples of our experiences encountering silence in research with disabled people in order to argue for an ethics of silence in qualitative research practices. An ethic of silence reflects on the privileged position of “voice” in qualitative research and draws on the concept of *crip willfulness* to resist ableist understandings of silence as dialectical absences that holds little to no meaning as data in qualitative research. Enhanced by Mel Chen’s notion that meanings are “ability inflected” (2012), we feel it is prudent to rethink the meanings that material silences in disability research contexts may take when exploring the very privileged notion of silence as already “inflected” by “ability.” By asking listeners to reflect on significant silent moments in their own lives, this presentation invites the audience to critically explore what it means to care about silences as valid and rich modalities of communication and knowing in qualitative research.

“Working-With: Exploring Tensions and Possibilities within Relational and Inclusive Practices of Knowledge Creation in the DiStory Project”

In this paper we address tensions and possibilities arising in an inclusive arts-based community-research project – DiStory, Then and Now. The DiStory working group includes academic and community-based researchers with and without disabilities, including researchers who are survivors of Ontario’s Regional Centres for people identified/identifying with intellectual disabilities, as well as a younger generation of disabled researchers who continue to experience institutionalized forms of ‘care’ and ableism. Working collaboratively, we are developing curriculum materials to facilitate post-secondary students’ learning of these histories. With its aims of disrupting power hierarchies and the democratization of knowledge production, inclusive research for people identified/identifying with intellectual disabilities aligns with the aims of disability justice. Crippling research practices to make space for and support different ways of being, knowing, participating and doing disrupts and pushes against the ableist/sanist values and priorities inherent in research privileging an autonomous rational able-bodied/minded subject. From this lens, disability research can be understood as care work. Participatory and inclusive research practices have come under fire with concerns being raised that such practices may inadvertently reproduce the exclusions and power imbalances they meant to challenge. In the DiStory project, our efforts to counter epistemic violence resulting from the exclusion of disabled persons from research through prioritizing the stories, knowledge, and desires of disabled researchers in the development of the curriculum materials are critically considered alongside tensions emerging from concerns as to what happens when personal stories of suffering, discrimination and oppression are told to audiences with limited knowledge and experience of ‘intellectual disability.’ We question how the materials will be received and taken up? Particularly when the storytelling strays from normative ideas as to an acceptable and ‘truthful’ story. To do so, we employ a critical feminist lens, drawing on critical disabilities studies and ethics of care.

“University research ethics committees and research involving people labeled/with intellectual disabilities: Pushing back against ‘care’ that silences”

The ethical inclusion of people labeled/with intellectual disabilities in research is a serious matter considering how, historically, this social group has experienced multiple forms of violence and exploitation, sometimes consequent to ethically questionable research practices. This history has led to increasing protections for, and identification of, people labeled/with intellectual disabilities as ‘vulnerable’, a type of ‘care’ that may fail to attend to their rights to actively participate in research, share their own knowledge, experiences and perspectives, and take informed risks. Stemming from work I have done with (name redacted), in this presentation, I trouble notions of ‘care’ and ‘protection,’ sometimes evident in university research ethical governance, that serve to silence people labeled/with intellectual disabilities. Through Plummer's (2003) concept of "intimate citizenship", I focus on one area in which people labeled/with intellectual disabilities have rarely had an opportunity to convey their experiences – their romantic and intimate lives (Black & Kammes, 2019). More specifically, I reflect on our experiences undergoing ethics review at different Canadian universities for projects focused on the intimate lives of people labeled/with intellectual disabilities to illustrate the unintended consequences of ethical governance. We have found that, despite good intentions to prevent harm, practices of ethical governance exercised by university research ethics committees may reproduce discourses of vulnerability and protectionism that contribute to epistemic violence through the silencing of this particular social group. Research with people labeled/with intellectual disabilities, especially research about their intimate lives, is seen as “too risky” and not valuable enough to outweigh potential risks. We suggest that, while research governance can be a form of care, we must challenge dis/ableist understandings and practices of care that deem disabled people “too naïve” or “unable” to make informed decisions, and decenter such care in ways that recognize that protection and participants' agency are not mutually exclusive.

Panel 14: Ableism and Disability, Relationships and Care

“How can the ethics of care help us to move away from an ‘ableist’ attitude?”, Aurélie Damamme, Paris VIII University (adamamme@yahoo.fr)

Thinking together about ethics of care and disability studies (Morris, 2001; Masson, 2013) has helped me to change the way I do fieldwork about caregivers. It also helped me to reflect on the boundaries of disability.

First of all, the research I am proposing is based on an association of disabled women in Paris, France. I propose to focus on the link between care and selfcare in order to better understand the issue of peer support. On a methodological level, I want to highlight the interest of questioning our own conception of validity in order to conduct the research. The ethics of care leads us to reflect on how peer support among disabled women could be useful for thinking about solidarity, criticizing the duality of care provider and care recipient (Tronto, 1993) and its association with the identity of the able-bodied person on the one hand and the disabled person on the other.

Secondly, forms of care between disabled women and other women is important to analyze in order to reflect on other ways of thinking solidarity. In particular, what can we learn from the new forms of collaboration between disabled women and their personal assistant (Puisseux, 2015)? Reflecting on political alliances between caregiver and care receiver (Glenn, 2000) allows us to stop thinking in terms of an abstract citizen, but also to imagine concrete forms of organizing solidarity that can renew the perspective of public care. Indeed, as Jenny Morris argued so forcefully (Morris, 2001), the most important thing is to think about achieving quality care for disabled people, regardless of the means used (domestic care, in public or private institutions, etc.). This self-organisation of disabled people and carers needs to be better analysed in order to be able to lead to criticisms of gender, class, racialisation and validity bias in disability policies.

“If it Works, We Might Become like Sisters:’ Forming Sisterhood within Institutionalized Sites of Care”, Ella Hillstrom, Stockholm (ella.hillstrom@gmail.com)

This autoethnography- developed from my experience working with “Lisa,” who was born with Cerebral Palsy - is a response towards the invisibility of care-workers that is often emphasized by care-theorists. The desire for invisibility, which has been documented between care workers and receivers, comes from a belief that care-workers can serve a machinelike function. They are, in that regard, striving to become invisible, similar to the technology of grammar. Yet, my relationship with Lisa was far from invisible and seamless. Lisa responded to the Swedish Trust for Independent Living (STIL) whom were in turn responding to an increasingly hostile climate where disability benefits continued to be cut. In addition to the structural constraints which Lisa was navigating, she was calling for forms of assistance that went beyond the machine-like relationships. As we were discussing the nature of the job, she told me, “You know “Anna,” if it works we might become like sisters.” Lisa was calling for a form of care located in sisterhood and that could, simultaneously, hold onto the functions vital for her. I argue that by re-emphasizing the “invisibility” of care-work we are disregarding the long-lived interpersonal relationships formed within these institutions and that we lack languages, tools, imaginations to decipher how they are formed, balanced and their unknown potentials. How do we form friendships and solidarities that survive beyond institutional care and how can that be considered democratic?

The presentation will be a mix of auto-ethnographic vignettes with visual sketches of dancers providing structure and support towards one another. This form of speculative and distorted re-representation is used as an embodied approach to research allowing us to find new possibilities and paths towards the formation of sister like relationships.

“Transcultural Feminist Bioethics: Relational Autonomy and Chinese Confucian Care Ethics in Dementia Care”, Yuanfang Dai, Michigan State University (daiyuanf@msu.edu)

From its onset, ecofeminism identified itself as a feminism of care bringing feminist and feminine values in environmental thought, ethics, politics, activism, and aesthetics (Gaard 2011; Warren 1996, 2000; Plumwood 1994; Merchant 1991, 2012)). Yet while ecofeminism is multiple, with sub-fields in cultural or social/ist ecofeminism (Carlassare 2000), feminist science studies and feminist new materialisms (Alaimo & Tuana (eds) 2008; Shiva & Mies; Harding 1986; Enloe 2014; Haraway 1991, 1997, 2015; Braidotti; Code 2006), feminist anthropology and geography studies (Tsing; Lyons; Povinelli; Mountz; Hird; Hustak & Myers, de la BellaCasa; Despret; Kirby, etc.), the field has often been dismissed by feminism and environmental ethicists and thinkers alike for its (un)likely slippage into essentialism (Carlassare 1994, 2000). It can be argued, however, that ecofeminist considerations have long permeated feminist science studies (including anthropology, science and technologies studies, critical disability and health studies) and feminist new materialism (Casselot 2016a, 2016b). The argument can also be made that feminist scholars and scientists have shied away from the appellation of ‘ecofeminism’ to maintain epistemic and interlocutor capacity with scientific communities most susceptible to dismiss any approach deemed essentialist. In this paper, I will argue that there are important ethico-political considerations for feminists and care ethicists specifically to (re)invest ecofeminism as a field of practice and scholarship, and to consider including ecofeminist and feminist environmental insights in the new direction of care ethics, specifically as care ethics aim to *decenter* its approach and ethics. In an era of exacerbating and multifaceted precariousness, of human and environmental complexity (e.g. climate change, super-viruses and -microbes, epidemics, natural catastrophes), growing recognition of the *relational and immanent* ontology in which humans and nonhumans live, thrive, strive, and die, and increased attention to the multifaceted intersections of health, the environment, the social, and the political in health issue, considerations of care and health practices that mobilize feminist posthumanist and ecologist considerations, specifically ecofeminist ones, such as multi-species approaches and ethnographies (e.g. in the human gut microbiome considerations), “healthy cities and living” that think about cohabitation with multiple species, and the particular *caring*

practices and insights into care of nonhumans, can greatly strengthen and contribute to new directions in and decentering care ethics.

“Shifting the Burden: Decentering Privilege and the Affiliative Work of Care”, Elizabeth Lanphier, University of Cincinnati (Elizabeth.lanphier@cchmc.org)

I offer a view of care as a value and practice that enacts and responds to justice. My analysis is rooted in examples of health care, and various forms of care necessary to successful health care encounters (both on the individual and social/systemic levels). I focus on an account of health care that is an expressive-communicative enterprise encompassing more than mere medical care. Health care also includes, but is not limited to, social, economic, or political features as part of, not parallel too, health care. However, I take health care to be an occasion to deepen conceptual understanding of care rather than merely an application of theory. I expand on Rita Charon’s concept of narrative medicine to build a definition of care as doing work to develop attention, representation, and affiliation, among those who share in and shape what Margaret Urban Walker has described as expressive-collaborative moral communities. On my view, conceptualizing care as both value and practice that does work of attention, representation, and affiliation re-frames and de-centers the power dynamics of cared-for and caring-one that often emerge in intersubjective interpersonal, or inter-group care. Moreover, not only is this a fruitful way to conceptualize care, but I argue that this shape of care as generating attention, representation, and affiliation better achieves the goals within social justice literature of solidarity or allyship, without their attendant pitfalls of speaking for those most marginalized, oppressed, or excluded. Care as attention, representation, and affiliation entails both practical, tangible, forms of care, and a socio-political good of care. Unlike allyship or solidarity, in which those most marginalized are often doing the care work of identifying and expressing needs with which those in positions of privilege then stand in solidarity, my approach decenters privilege and demands attentive affiliative work from those most benefitting from privilege.

Book Workshop: Making time and space for care in our academic practice

“Making time and space for care in our academic practice – a case study”, Petr Urban (Czech Academy of Sciences) (petr_u@yahoo.com) and Lizzie Ward (University of Brighton, UK) (E.Ward@brighton.ac.uk)

As academics we often work in institutions that do not encourage care towards others. We are used to working in contexts where individual self-promotion is rewarded over collaborative processes and issues related to care may at best be tolerated (for fear of contravening equalities requirements) but are more likely seen as a personal weakness and inconvenience to the work schedule. How do we take care of each other and create spaces for building solidarity and acknowledge hierarchy and privilege within the context of our academic work? How do we cultivate the reflective tools needed to embody a ‘care-full’ academic practice?

This workshop aims to generate discussion of ‘practicing care’ within our everyday work in academia through sharing positive examples of experiences of these, from micro interactions to larger tangible change.

The questions we would like to discuss include:

- What are the possibilities for academic practice based in care ethics for challenging academic hierarchies of knowledge production and the divisions of labour within academia?
- What do ‘we’ need to think about in our own academic practices – especially as care scholars – if we are to be consistent with the concepts and theories we promote?
- What resources do we need to be ‘care-full’ academics and how might we develop them in the current contexts of academia?

Panel 15: Care beyond Modernity

“Diffracting care and posthuman ethics: New insights for privileged ir/responsibility”,

Vivienne Bozalek, University of the Western Cape (vbozalek@gmail.com)

This presentation will consider how diffracting care ethics through posthuman ethics may potentially evoke new insights for thinking about privileged ir/responsibility. While issues of race, indigeneity, class and gender are crucial to consider in relation to privilege and responsibility, it is important also to pay heed to the non-human and more-than-human. This is so particularly in the face of what has variously been called the Anthropocene, Capitalocene or Plantationocene (Haraway, 2016). We need to consider issues of privileged ir/responsibility from a wider lens, beyond human exceptionalism.

Both care and posthuman ethics are predicated on a relational ontology, which posits that entities, including humans, but not only humans, come into being through relationships. This presentation will put the political ethics of care and posthuman ethics into conversation with each other to see how new insights into notion of privileged ir/responsibility might become available to think-with. The presentation will consider, how concepts, for example like ‘*hauntology*’ (Barad, 2010), Butler’s (2009) ‘*grievable lives*’, Plumwood’s (2008) ‘*shadow places*’ (by which she means places which are unrecognized and likely to elude our responsibility), Haraway’s (2004; 2016) *non-innocent* politics of articulation and meaning-making practices, and ‘*composting*’, Gruen’s notion of ‘*entangled empathy*’ which “helps us to deepen the disposition to attend in appropriate and meaningful ways to the effects of our actions within complex networks of power and privilege” (2015, p. 94), and Haraway’s (1992) and Barad’s (2007) the ‘*in/appropriated other*’ all contribute to the curiosity to know more about our collective implicatedness in things which are difficult to discern but can never be erased, in order to come to terms with and do something about privileged irresponsibility.

“Towards a (Dis)Associative Political Theory of Care”, Maggie Fitzgerald, University of Saskatchewan (maggie.fitzgerald@usask.ca)

The field of postfoundational political thought is characterized by a debate over the nature of ‘the political,’ that is, the moment of grounding of a given socio-symbolic order. Scholars in the Arendtian tradition theorize the political as ‘associative,’ a moment of acting together, motivated by a sense of respect and care for the common life. Other scholars follow a Schmittian ‘dissociative’ view, in which the political is always disruptive and agonistic as it involves a radical break with a given social order as a new one emerges.

This paper employs a critical ethics of care to rethink the notion of ‘the political’ in the context of the pluriverse, i.e. a matrix of multiple distinct and temporally simultaneous worlds which are connected through relations of power. I argue that in the pluriverse the political moment may necessarily be both dissociative (a new configuration of the pluriverse ruptures existing relations between worlds) and associative (because of the change in relations between worlds, certain worlds may be able to (re)produce more fully). A critical ethics of care, I argue, is well positioned to grapple with such a (dis)associative political moment. On the one hand, the ethics of care is committed to constant agonism over what constitutes ‘care’ and foregrounds the revisability of our social relations. In this way, care ethics can orient us towards the dissociative aspect of the political. On the other hand, care ethics is also committed to attentiveness and responsiveness, and to the maintenance of (caring) relations; from this vantage point, care ethics is well-suited to contemplate the associative nature of the political.

This theoretical development of a (dis)associative political theory of care thus seeks to decenter key binaries, like ‘associative/dissociative’ and ‘care/conflict,’ while also contributing to a broader rethinking of the ethics of care from a decolonial – more precisely, pluriversal – perspective.

“Ecologizing democratic theory: agency, representation, animacy”, Didier Zuniga, McGill University (Didier.zuniga@mail.mcgill.ca)

Agency and representation are viewed as preconditions for democratic action. The dominant understanding of agency and representation is defined in terms of certain capacities and abilities that are considered to

constitute the basis of personhood. The paper will put into question this understanding and the assumptions that underpin it and argue that it rests on a mistaken conception of human animality—one that reduces the self to an autonomous and disembodied rational mind. The paper will also suggest that it is problematic because it marginalizes more than human forms of life—as well as those of us who are differently human—and excludes their points of view from the political processes of world making. In contrast, I will put forward an understanding of agency and representation that is attuned to the relational dimensions of all life on earth. By paying attention to the semiotic propensities that are shared by all forms of life—which entails considering nonlinguistic forms of communication—this paper will attempt to respond to the need to find more radically democratic ways of listening, giving voice, and caring for the earth’s beings and the relations that are the basis of the conditions for life to flourish.

“On the Dialogue between the Ethics of Care and the Ethics of Liberation”, Ruben Flores, Higher School of Economics (Moscow) and University College Dublin (ruben.flores@ucd.ie)

The ethics of care and the ethics of liberation are arguably among the most fertile ethical developments of the 20th century. Both have brought to the forefront of ethical reflection and practice aspects of our “ethical being” that had been hitherto marginalized or rendered invisible by other ethical frameworks. And yet there has been relatively little in the way of dialogue between these two approaches. In demonstrating time and again the centrality of caring for our existence, care ethics have opened up new vistas for re-thinking virtually any aspect of personal and political life: from our households to our economies to democracy. And yet, it seems to me that ethics of care theorists have tended to take as their starting point the social realities of the global North, and have thus paid insufficient attention to important sources of oppression, suffering and negativity from the Global South. In contrast, Enrique Dussel’s ethics of liberation takes as a starting point the experience of the victims of the modern world system (“the underside of history”). In so doing, it has developed a non-Eurocentric and multi-dimensional ethical architecture able to identify and criticize different forms of negativity produced by capitalist modernity. What could we learn, individually and collectively, when read these two ethics in conjunction? I shall argue that, through this dialogical exercise, readers grounded in an ethics of care can gain a useful compass to navigate the task of criticizing modernity’s sources of oppression. In turn, those grounded in the ethics of liberation — an ethics of principles — will find their perspectives on life greatly enriched by paying heed to a relational ethics of practices such as the ethics of care. Overall, my contention is the dialogue between these two ethical approaches can play a constructive role in de-centering ethics.

Panel 16: Health and Community Care

“Ethics of care: a conceptual framework in Canadian stroke rehabilitation”, Catrine Demers, University of Alberta (catrine.demers@ualberta.ca)

In Canada, service provision in stroke rehabilitation is offered through the application of universal rules that are context-free. A high degree of standardization results in care that is not optimal, leading to serious health care inequities. Ethics of care is an alternative approach that has the potential to reduce inequities in access to rehabilitation after a stroke. However, ethics of care frameworks vary according to different theorists and this makes it difficult for researchers, stakeholders, and practitioners to understand and use this approach effectively. In order to take advantage of the potential benefits of applying an ethics of care framework for stroke rehabilitation, it is essential to clarify the values that are relevant to this specific context to develop a suitable framework. In order to reach this goal, an inductive content analysis was performed on writings of ethics of care (e.g., Molinier, Tronto). Firstly, definitions and concepts were abstracted from the specific approaches taken by theorists in order to identify the underlying values relevant to stroke rehabilitation. Secondly, these values were classified inductively. The resulting conceptual framework allows for a clearer understanding of the applicability of care ethics in the context of stroke rehabilitation. This can then translate into a greater usability of this approach in research and practice in

stroke rehabilitation. Furthermore, this conceptual framework can be utilized in the context of policy and service provision in stroke rehabilitation. Ultimately, this leads to better and more appropriate care for stroke survivors, thus reducing inequities.

“What can an ethics of care offer people on community based compulsory treatment orders?”,

Aisha Macgregor, University of Stirling (aisha.macgregor@stir.ac.uk)

People on community based compulsory treatment orders (CCTOs) have historically experienced subjugation and discrimination on the basis of perceptions about capacity. The United Nations Convention on the Rights of Persons with Disabilities has attempted to address this by requiring that people have equal recognition before the law (Article 12). This prohibits compulsory treatment on the basis of disability and requires that substitute decision-making regimes are replaced by supported decision-making systems to enable people to realise their rights, will, and preferences, even when this may result in significant harm. Whilst assumptions that individuals lack reason, and are incapable of making decisions for themselves, reinforces paternalistic practices that remove autonomy, it is important to be attentive to needs that accompany mental distress, particularly during periods of crisis.

This paper draws on doctoral research based on 35 semi-structured interviews with people on CCTOs, family members, and mental health advocates from across Scotland. It utilises Tronto’s (1993; 2013) integrity of care framework as a normative lens to examine how care was negotiated within the context of CCTOs. This paper outlines the value of an approach that recognises needs (attentiveness) and voice (responsiveness) and seeks to address oppressive power relations (Tronto, 1993, 2013). I will argue that legislation can only go so far in enhancing rights and that employing an ethics of care, with its relational ontology, focus on interdependence, and being a situated ethics, has potential to bring about positive change to improve the experiences of people who have been oppressed by the mental health system.

“Ethno-cultural diversity and conflicts of care in the hospital setting: An empirical study of three health care settings in Germany”,

Helen Kohlen, Philosophisch-Theologische Hochschule Vallendar (PTHV) (hkohlen@pthv.de)

Due to lasting migration processes, a plurality of norms and values becomes increasingly evident and does also affect institutions like schools and hospitals. German health care organisations have not yet been demanded to have an explicit strategy in place to deal with the challenges of ethno-cultural diversity. Intercultural contacts belong to the everyday practices of nurses and physicians. In the ideal case, nursing and medical care is culturally sensitive and coined by trust and responsibility. Nevertheless, studies point to conflict-situations in the reality of care practices. In order to find adequate solutions, the underlying problems need to be differentiated within the context of hierarchically ordered health care organizations. We assume that an interaction between those discussing cultural diversity at the policy level, those caring about ethical questions (ethics committees) and those caring directly for patients with diverse ethno-cultural backgrounds is decisive. The overall research questions are: Which conflicts can be identified in dealing with ethno-cultural challenges when looking at health care realities at the level of directory management, ethics committees and everyday practices in medicine and nursing as well as in the interplay of all of them? Who takes responsibility for what, who and to which extent? What are the effects of privileged positions (of irresponsibility)? What kind of acts of solidarity can be identified? Theoretically the study is informed by approaches that question (1) institutional conditions for care ethical practices (Tronto 1993, 2010), (2) structural (in) justice, practices of responsibilities and the need for transformation processes (Young 2011, Walker 1998), and (3) conflicts with regard to inequality and plurality (Heitmeyer 2018, 1996). For the study multiple methods are used: expert and group interviews, document analysis and ethnography. In the paper preliminary findings will be presented with a focus on hierarchy and responsibilities.

“Centering community care: Collective Care as an Embodied Ethical Praxis”,

Loree Erickson, University of Toronto (lore.e Erickson@utoronto.ca)

I started meeting my daily care needs (i.e., getting into bed, going to the bathroom, getting into/out of fabulous outfits, taking care of my cat, sorting student papers, cooking together, organizing sparkly things) collectively almost 20 years ago inspired by other community-based responses to state harm and neglect. The combination of the inadequacy of government funding for attendant care and homophobia of many of the agency provided attendants made it impossible for me to find appropriate paid care support. This paper shares some of the knowledge generated in countless moments of enacting care from a disability justice perspective as an embodied collective ethical framework. Collective care puts into visceral practice queercrip strategies that simultaneously make ideological and practical interventions into how we think about care, embodiment and disability while building new practices to disrupt the disposability, commodification and individualism that shape state-based/state-biased approaches to care. This work of practising collective caring is critical in this particular moment of neoliberalism and necropolitics (Puar 2017; Kafer 2013; Clare 2017) How does practising care embodying a framework of shared vulnerability, interdependence, and collective liberation transform our lived materiality of bodies and bodies in relation? Collective care also reworks ideas around privilege and solidarity exploring how we might learn how to show up for and take care of each other differently. Collective care as a generative praxis of creation and connection led by marginalized communities offering necessary, interdependent, anti-carceral, relational and political ethical frameworks for transformation and justice.

Panel 17: Migration and Care

“Care Ethics and Migration”, Steven Steyl, University of Notre Dame Australia
(stevensteyl@hotmail.com)

Care ethics has always been firmly rooted in the lived experiences of caregivers and care-recipients. As care ethicists have often noted, this engenders a perspectival shift. Because it begins at the coalface, care ethics notices those at the margins of traditional political philosophy – the oppressed, the underprivileged, and the vulnerable. In this paper, I continue this project by suggesting that an emphasis on care leads us to reconceive migrants as caregivers, and thereby decentres the branch of political philosophy addressing the topic(s) of migration. I begin by distinguishing caring character traits, actions, and relations. Together, these concepts underscore a trend spanning historical instances of migration. Examining the underground railroad and the migration of Jews out of Nazi-occupied Europe, I suggest that many of our most inspiring moral exemplars ought to be regarded as caregivers performing caring actions within the context of caring relations. This is a pattern which other moral and political philosophies have failed to notice, and I maintain that its readiness to notice these patterns is evidence of care theory’s unique explanatory power. I then argue that the ‘care perspective’ also highlights continuities between those moral exemplars and the migrants currently moving northwards into the U.S., dispersing across Europe from the Middle East, and entering or moving across Australasia. What emerges is a radically different understanding of one of today’s most pressing and controversial moral problems, an understanding which neither political philosophers nor mainstream political discussants have adopted and which has major implications for our attitudes and responsibilities towards migrants across the globe. Care theory’s attraction thus lies not only in its ability to explain ordinary moral judgements about migrants and their caregivers, but also, by virtue of the principles it uses to do so, in prompting us to rethink contemporary treatments of migration.

“Caring for the invisibles: transforming ourselves, society and political practices”, Caterina Botti, Sapienza University of Rome (caterina.botti@uniroma1.it)

My presentation originates from the assumption that care ethics should be understood as a paradigm able to account for our moral dispositions and practices in both personal relationships and wider (social) contexts. In my work I have argued that, in both contexts, caring for the others should not simply take the form of a benevolent/empathic reaction to others, whose needs are clearly intelligible, but instead amounts

to a laborious process. The possibility of seeing the others, feeling connected to them, understand their needs and act in their favour depends, in my opinion, on the one side, on an important exercise upon one's own mind (implying different levels of awareness), and on the other on a commitment to wider social and symbolic transformations. This is the background against which the question whether and how care ethics may address the issue of privilege and solidarity will be addressed in this presentation. I will argue that, if it is true that care ethics is a moral paradigm able to deal with the fragility of human life, fostering practices of interconnection and mutual sustain, we should not lose sight of the fact that in our societies there are many forces and powers that operate to order human lives hierarchically. As a result, some lives are less visible and intelligible, and therefore far more vulnerable, than others. A vulnerability which risks, in turn, to remain invisible and not cared for. While it may be claimed that rights based approaches may seem more apt to deal with this problem, I will argue, on the contrary, that that care ethics, duly reconsidered, can offer a powerful ethical and political paradigm against invisibility and injustice. I will argue that while justice theories always leave, in their universalistic presumption, someone unaccounted for, care ethics (intended as a practical disposition of self and social criticism and transformation, rising from actual experiences of encounter, from the awareness of the precarity of lives, but also of the categories through which we understand each other), may result more apt to widen the circle of attention and solidarity. I will end in claiming that "being caring" does not amount only to a qualification of personal ethics, nor to the quality of a democratic community, but it can result also in a powerful quality of a solidaristic political action. I will elaborate this latter claim examining three cases of political action concerning migrants arriving illegally to Italy. Cases in which the political action has taken the shape, interestingly, of a caring attitude which goes beyond and against the boundaries of the Italian legal framework. The cases are: the illegal docking of the NGO's boat SeaWatch3; the activities of an association which helps clandestine migrants in Rome; the experience of a mixed community in a small village in the South of Italy and the charges to its mayor.

"Research Ethics and the Complexity of Refugee Subjectivity in International Relations (IR)",
Salma Essam, Carleton University (SalmaElRefaei@cmail.carleton.ca)

This project is an analysis of how IR scholars discuss and teach about refugees. Despite challenging the centrality of state sovereignty, as a concept, in IR, refugees have been relegated to the margins of the discipline. Situated at the intersection of theorizations of subjectivity, ethics reflexivity, feminist methods, and turns to the study of the everyday, my project aims to rectify the marginalization of refugees and reorient the ethics of refugee research to highlight refugee subjectivity and affect, building alliances with refugees, and recognizing them as co-producers of knowledge. This project asks: what ethical orientation informs *engagement with refugees in IR which does not collapse the complexity of their suffering into a preconceived ethico-political project*? I posit that an ethics of care approach to research engages with refugees as complex, vulnerable, resilient and relational offering pathways to incorporate oral histories, family stories and vulnerable writing as core methods for refugee-centered research and teaching. To accomplish this, my research will proceed in three steps. First, I am reviewing articles on refugees published in 15 IR journals. In this literature review, I focus on the ethics and methods used in the research. In a second step, I will investigate the rationales behind the research designs chosen by researchers by conducting extended semi-structured interviews with 15 IR scholars whose work I reviewed in the first step. The interviews will prompt these scholars to reflect on how their ethics shaped their relationship with and presentation of refugees. Informed by these insights on reflexivity, the third step of my research will be an autoethnography of the researcher-refugee relationship based on working with a refugee research partner. Through these steps, I am aiming to reorient research in the field to mindfully bridge the distance, bringing, with care, refugees to the center of research and the classroom.

Panel 18: Care, Capital, Capitalism

“Care and Capitalism”, Kathleen Lynch, University College Dublin (kathleen.lynch@ucd.ie)

This paper examines the challenges that capitalism, especially neoliberal capitalism, poses to *doing* and, especially, to *receiving*, love, care and solidarity. Using an intersectional lens, it demonstrates how mainstreaming an ethics of care politically and intellectually will not succeed without taking account of how class positioning, colonisation, race and/or ethnicity are iteratively related to both receiving and doing caring. It demonstrates how the materiality of care relations (Federici 2012; Tronto 2013) necessitates an intersectional lens.

The paper also explores how affective relations (of love, care and solidarity) have the potential to be mobilising sites of resistance to capitalist ethics, given their relative autonomy as systems of social relations (Author 2007, 2014). It challenges the analytical neglect of other-centred, normative social actions in sociological thought (Sayer 2011, 2017; Vandenberghe 2017) arguing that care consciousness (Crean 2018) can be activated politically to valorize care ethics as an alternative to the ethics of capitalism

Affective relations are ‘cultural residuals’ (Williams 1977: 122-4); they are areas of human life, experience, and achievement that the dominant culture neglects, represses and cannot even recognise for their political salience. Though affective relations live without political ‘citizenship’, it is through them that people co-produce each other as human beings (Dussel 2003). For this reason, that they should be claimed, named, and made visible intellectually and politically.

The paper will draw on empirical research on love care and solidarity undertaken over the last 10 years, notably, *Affective equality: love, care and injustice* (Author et al. 2009) and *New Managerialism in Education: commercialisation, carelessness and gender* (Author et al. 2012). It is also informed by research on solidarity for the EU-wide SOLIDUS project (2015-2018), and by theoretical research for my forthcoming book on *Care and Capitalism* (Polity Press, 2021).

“Market Relations and Relational Markets: Recentering Relational Ethics within a Market Economy”, Daniel Engster, University of Houston (daengste@central.uh.edu)

Care theorists have challenged mainstream market theories on the grounds that they fail to properly account for the value of ethical, caring labor to a healthy society and economy. This paper broadens this critique by suggesting that this failing of modern market theories is related to a larger, longer-term process of decentering relational ethics from market relations.

At the dawn of modern era in Europe, Scholastic theorists outlined a theory of particularized, attentive and responsive ethical relations in each and every interaction between persons within markets. This relational approach to market relations was pared down from the 16th to 18th centuries and then abandoned by neoclassical economists during the 19th and 20th centuries.

This paper aims to recapture this relational approach to markets and develop it for contemporary affairs by drawing on a thin theory of care ethics. My paper first briefly traces the hollowing out of relational ethics from market relations during the modern period and then explores the implications of a caring, relational approach for contemporary economic affairs. My argument builds on recent relational approaches to markets by theorists such as Debra Satz and Elizabeth Anderson and distinguishes a caring, relational theory of economics from the relational approach of theorists in the “civil economy” tradition. Ultimately, I show how the loss of a relational perspective can help to explain a variety of contemporary economic problems, ranging from environment degradation to growing inequality, and how a reinfusion of relational ethics into markets can mitigate these problems.

“Normative Ambivalence, Political Justification, and the Possibility of a ‘Critical’ Care”,
Mercer Gary, Pennsylvania State University (meg319@psu.edu)

Recent interest in critical applications of care⁷ renews questions about the normative underpinnings of care ethics. Using the resources of feminist critical theory to bridge the gaps in the ethics of care, I examine what it would take to make "care" critical. First, this paper explains competing views of care via Nancy Fraser's recent account of normative ambivalence.⁸ As an ambivalent norm, care can easily be weaponized by struggles for domination. On Fraser's view, caring norms emanate from the realm of social reproduction that forms one of the capitalist economy's conditions of possibility, without being fully incorporated into capitalist logics. Fraser argues that the social reproductive realm thus provides alternative normative resources capable of offering anti-capitalist and anti-domination critique. Vulnerable to cooptation despite its critical potential, the ambivalent norms of care must be continually renegotiated. I argue that reckoning with the ambivalence of care forces care ethics to attend to the violences done in its own name, as well as the indeterminate source of its normativity. In the second section, I examine how norms of care are to be determined. Using Rocío Zambrana's recent work on normative ambivalence under neoliberal capitalism, I argue that political, rather than metaethical, justification is best suited to critical care.⁹ Not only does political justification situate the possibilities of care under late capitalism, it helps address an early critique raised by Joan Tronto about care ethics' potential to intervene in dominant metaethical discourses.¹⁰ I read Tronto's concern with the reduction of care ethics into a metaethical debate as consonant with Zambrana's objections to metacritical justification, which she argues is no match for the co-opting powers of neoliberalism.¹¹ Accordingly, I argue that the critical edge of care depends on its actual political mobilization and the extent of its collaboration with—or resistance to—forms of domination.

“Care capital and care ethics: the case of working carers”, Camille Allard, University of Sheffield
(cvmallard1@sheffield.ac.uk)

This presentation will discuss how a combination of sociological and philosophical analysis can help to link individual experiences of care of working carers to broader social issues. Working carers are defined as workers who combine paid work with regular help, support and/or care of an older, disabled and/or sick relative or significant other (Eurofound, 2015). Working carers can face acute dilemmas between their work and care situation which may lead them to fall into precarious situations. This presentation will demonstrate how care is always a question of power and moral issue, both intertwining with each other. One's view and decisions around care are grounded in one's world view and one's environment as class and gender position (Faur and Tiziani, 2018). Certain carers can therefore be privileged in avoiding difficult moral situations, thanks to the support they benefit from, while other may face crucial dilemmas. This presentation will therefore combine care ethics with Bourdieu's theory of capital, based on the notion of care capital developed by Chou and Kroger (2014), to discuss the link between power, resources, practices of caring and principles and emotions through which working carers frame their moral justifications for providing care. Drawing on findings from 30 interviews with working carers, this presentation will try and develop further the notion of care capital to understand how resources are fundamental for carers in enabling them to provide care and live in accordance with their moral views and choices. Conversely, a lack of care capital impact on carers' abilities to provide care, leading them to fall into precarious situations or in moral, emotional dissonance with their beliefs and motivations.

⁷ See Marvin 2019, Malatino 2019.

⁸ See Fraser 2014, 2016, 2017a, 2017b.

⁹ Zambrana 2014.

¹⁰ Tronto 1993, 124-5.

¹¹ Zambrana 2014, 116.

Special Panel on Care and COVID-19

“Beyond Wealth Care: Caring Democratically as the Path to a Multiracial, Non-imperial, Caring”, Joan Tronto, University of Minnesota (jctronto@umn.edu)

Democracy Is it possible to care justly in unjust societies? We currently live in a world in which care is lavished upon wealth, and the care of people and the planet is given short shrift. Such wealth-care produces fundamental injustices; to care well in such a society is to care unjustly. The alternative is caring democracy. To create caring democracies, people have to do the difficult work of bringing democratic practices and concerns with justice to their everyday practices of engaged care, examining racist and imperial practices of care, and to endorse a realignment away from faux populisms and towards caring for selves, others, and the planet.

“Giving Voice to Vulnerable Groups: Doing Action Research during a Pandemic”, Pieter Dronkers, University of Humanistic Studies (Utrecht) (p.dronkers@uvh.com)

The measures that the Dutch government took in the first half of 2020 to curb the COVID-19 pandemic successfully slowed down the rate of contaminations and hospitalisations. However, the social and economic costs were high. From an ethical perspective, it is problematic that the far-reaching governmental decisions during those months often lacked a sound ethical argument, or were only accompanied with one-sided utilitarian justifications. This is also troublesome, since the measures especially impacted groups that already found themselves at the margins of public and political attention before the crisis started. Their voices and experiences were not, or barely, included in processes of decision making. At the same time, in the context of stories about exhausted hospital workers and the devastating impact of lockdown measures on vulnerable groups, there was a growing public awareness that care and being cared for are crucial for human flourishing and sustaining a just society.

The importance of care and voice, especially for people in the margins, has long been emphasised by care ethicists like Tronto, Sevenhuysen, and Robinson. Therefore, their work seems to be a helpful lens to look back at, and evaluate, the COVID-19 crisis response in order to learn lessons for the future. This project aims to do exactly that, by analysing the drastic policy decisions of the first months from a care ethical perspective, as well as by mapping their impact on vulnerable groups through empirical research. Combined with the reflections of policy makers, these are the building blocks for a new framework for policy making that is ethically coherent and that contributes to a caring democracy, which is resilient enough to respond to future crises in a more inclusive way.

This research project consists of four elements. The first is an analysis of the Dutch governmental COVID-19 policies and how these were translated into protocols and measures in the care sector. The focus will be especially on the underlying ethical assumptions and arguments.

The second element is a qualitative study that consists of semi-structured interviews and focus groups with people in a vulnerable position, their relatives, professional care workers, and managers. To cover a wide range of care arrangements, four groups will be included: People receiving palliative care, people with mental illness receiving residential care, the elderly living at home who are dependent on informal care, and refugees who have no stable residency. On the one hand, the aim of the empirical research is to understand how the crisis measures impacted the already vulnerable position, the experienced quality of life, and possibilities for hearing the voices of the different groups. On the other hand, the study seeks to explore what creative solutions people found to cope with the impact of the pandemic and the emergency policies.

The third element of this project is the drafting of a policy framework based on a care ethical reflection that combines the findings of the policy analysis and the empirical research. This framework will be developed together with policy makers and discussed during round tables with Dutch and international (care) ethicists, as well as policy makers from several sectors, especially education and culture. After these consultations, the framework will be finalised.

The fourth element is dissemination: the framework will be presented during a conference with relevant national policymakers. Smaller events will be organised with and for the four vulnerable groups that are at the centre of this project. Through online and offline publications of the policy framework, academic papers, and the network resulting from this project, the dissemination of the lessons learned will be ensured.

“A Care Ethical Analysis of COVID-19 Policymaking: how to set up research with societal impact?”, Carlo Leget, University of Humanistic Studies (Utrecht) (c.leget@uvh.nl)

In March 2020 suddenly the world as we knew it was put on hold. In the Netherlands the government showed strong leadership by presenting a policy with two clear aims: a) limitation of infection and mortality among vulnerable groups; and b) preventing a collapse of the health care system. Looking at the ethical justification of the policy that resulted in a number of societal restrictions, three things were striking: 1) central concepts like common good, equality and vulnerability were used without being conscious of its moral content, and different ethical theories were used for fragmentary justifications; 2) the concept of ‘care’ was being used in a new way: no longer for the health care sector, but as a common practice connected with building a coherent society; en 3) although in Dutch society autonomy and democracy are high values, many decisions about the needs of vulnerable groups were taken without hearing these groups.

Responding to a research call by The Netherlands Organisation for Health Research and Development we applied for (and received) a research grant aiming to perform a broad ethical analysis and evaluation of the policy measures, and develop a ethical policy framework for a caring society. We used care ethics as our theoretical point of departure and designed a research project in which we aim to practice what we preach, by doing our research in a care ethical way. The project contains five work packages.

We start with reconstructing the moral logic of the policy choices by making a discourse analysis of the official documents underpinning the national policy between March and September 2020 (WP1). Subsequently we do interviews with people belonging to four groups that have been labelled as vulnerable, some of which were very present and some of which were completely absent in the media: people with mental disabilities, refugees, older people living in institutions, patients receiving palliative care (WP2). Then we investigate the alternative solutions that have been developed in the practices around these four groups (WP3). We confront the lessons with two sectors outside of health care in which people are not labelled as vulnerable: education and culture (WP4). Based on the first 4 work packages, we develop a care ethical policy framework for a caring and sustainable society that is able to confront a pandemic (WP5). During the project there are various feedback loops involving academics, experts, policy makers and health care directors. With this approach we hope to develop care ethical research with high societal impact.

“Crisis of Care: Vulnerability, Responsibility and Needs in Times of Corona”, Adrienne de Ruiter, University of Humanistic Studies (Utrecht) (a.deruiter@uvh.nl)

These are interesting times for care ethicists. While the COVID-19 pandemic has placed care firmly on the agenda in political debate and policy making, the primary focus on health care, particularly concerning hospitals, intensive care units, and vaccination programs, draws attention away from the diversity of practices and needs of care that care ethicists highlight. The corona crisis exposes underlying vulnerabilities in society, yet these frequently appear to be too many for governments to be able to respond adequately to all, at least while the crisis is still ongoing. Crises are characterised by tragic choices between needs that enter into conflict and cannot all be satisfied. This state of affairs raises difficult questions about how concern for the needs of individuals can be upheld in times when decisions need to be made quickly to ensure that conditions do not deteriorate further.

This paper will consider these questions at the hand of insights drawn from our study, which develops a care ethical analysis of the Dutch COVID-19 policy. Our research includes a discourse analysis of government letters to identify underlying assumptions concerning vulnerability, needs and responsibility and to examine how these have shaped the policy decisions taken. Our study considers the experiences of care receivers and providers through interviews with elderly people dependent on informal care, persons with mental disability receiving residential care, individuals receiving palliative care, and refugees, and

through focus groups with their care providers. We analyse how care receivers and providers have responded to the rules and regulations set out in the Dutch COVID-19 policy and the understandings of vulnerability, needs and responsibility that sustain it. In a final step, we will produce policy recommendations for the Dutch government that offer guidance on how to approach vulnerability, needs and responsibility in policymaking and mitigate future (care) crises.

This paper will present key issues we encountered in the research as well as some preliminary results. We found that doing research about an ongoing crisis is complex as the policy that is central to the study continues to change, as do the conditions under which the research can be carried out. Focusing on the question of how assumptions and ideas about vulnerability, needs and responsibility have shaped the Dutch COVID-19 policy allows us to integrate insights about the ways in which these assumptions and ideas themselves change throughout the crisis.

Panel 19: Resisting Negation: Building Solidarity with the Maternal

In this panel the ethical and existential concerns of mothers are put central stage. From the early start of care ethics, in Ruddick's 'Maternal Thinking' (1980) and Gilligan's 'In a different voice' (1982), the knowledge as well as the moral voice of mothers have been promoted. Both pioneering authors have also stressed that 'mothers' should not be taken in an essentialist, but rather in the broad sense in terms of who births babies and who takes over the caring role. Currently many mothers are negated, made invisible and their rights violated. Dominant ideologies such as biomedical principle ethics leave decision making to those in authoritative positions. In care ethics, there is a tradition of decentering Kantian ethics in favor of letting other kinds of practices that contain a different ethical logic (relational, embodied) come to the fore. In this panel we continue this tradition by asking ourselves what specific kind of ethics, subjectivity and ontological assumptions have to be decentered or resisted, in order to advance another ethics in which solidarity with the relational and plural maternal can become manifest. This panel discusses three different practices in which mothers are neglected, violated, or pressured, to the detriment of their bodily integrity, their identity, their moral view, and their existential experience. We contend that de-centering is an ambiguous concept that each of us take up in a different manner. In order to de-centre subjectivity we each consider alternative perspectives that can promote more ethical caring practices in which there is closer attunement to mothers' needs that emerge with/in their relationships. The three presentations concur in their plea to recognize a mother's knowledge and to challenge the privileges and power of medical-ethical and market logics.

“What is obstetric violence? An attempt at a care-ethical genealogy”, Rodante Van Der Waal,
University of Humanistic Studies (Rodante.vanderWaal@phd.uvh.nl)

Obstetric violence is a complicated global problem. It has multiple causes and is related to, among other things, institutionalized care, capitalism, sexism, racism and classism (Chadwick 2018; Sen et al 2018). It remains unclear, however, how these axes specifically intersect in the problem of obstetric violence. What might help us to understand the hierarchies present in obstetric violence, is that obstetric thought seems to be dominated by an ethical framework that prioritizes the fetus over the mother (De Vries 2017). Within ontology, this framework is known as the ‘fetal-container model’: It separates the relational unity of the maternal through a negation of the mother while privileging the child (Kingma 2015).

Aiming to ‘decentre’ the ethical and ontological framework of the fetal-container model, this paper traces its origins through determining the moment, structure and intersections of the separation of the maternal. By discussing the witch-hunts (Federici 2009) and colonialism (Mbembe 2016), it argues that it is in the premodern era which marks the beginning of capitalism, that the separation of the maternal happened through an outburst of violent power. It examines this separation as one of the foundations upon which both capitalism and modern subjectivity was built. Thereby, this paper puts obstetric violence forward not as

primarily a problem *within* obstetrics, but as an intersection of oppression that is intertwined with modernity and capitalism. I attempt to understand the political and moral boundaries of the problem (Tronto 1993), in order to identify those specific practices, then and now, that are able to resist negation and separation of the maternal. Through this we can illuminate an ethics that is potentially in solidarity with the maternal.

“Exploring the integrity of an undergraduate medical curriculum: towards a response-able ethical response to injustice”, Veronica Mitchell, University of Cape Town (veronicaanmitchell@gmail.com)

Individuals as birth-givers are extremely vulnerable. Society expects ethical care, trusting health professionals with the birther taking centre stage, amidst the prevailing tensions arising from understandable concerns around the safe arrival of the neonate. While regulated, quantified efforts are made in birthing facilities to avoid maternal mortality and near-miss events, the quality of care given to mothers during childbirth is less visible and not easily measurable, often hidden through the privacy of the birthing process and then “discarded” as a past event.

In this paper I refer to my doctoral research project and associated teaching with fourth year undergraduate medical students entering their practical Obstetrics rotation at the University of Cape Town, South Africa. Students learn and work in public health birthing facilities where they frequently find themselves confronting obstetric violence to women in labour. Students’ ethical ideals conflict with the reality of practice that they observe. Their personal narratives reveal their sense of helplessness and powerlessness amidst these encounters with disrespectful behaviours. Students tend to feel silenced by the conflict, distancing themselves from the intra-actions rather than having the capacity to respond and develop relationships that could promote social justice and solidarity. This form of disempowerment is exacerbated by the hierarchy of medicine with associated power differentials and curricular imperatives which include a necessity for sign-offs in their training logbooks (a universal tool for setting standards in clinical medicine). The logbook-signatures generate a powerful affective force that appears to limit students’ capacity to act thereby highlighting the apparent *privileged irresponsibility* of the university in terms of processes that seem to provoke and perpetuate obstetric violence. I take a feminist new materialism perspective to explore students’ response-abilities in an environment dominated by rules and surveillance rather than trust and care, to de-centre the privileging of curricular imperatives at the expense of care.

“Silenced voices of self-sacrifice: the experiences of mothers caring for a child with PIMD”, Inge van Nistelrooij, University of Humanistic Studies (i.vannistelrooij@uvh.nl)

Research shows that mothers of children with profound intellectual and multiple disabilities (PIMD) consider their mothering practice pressured by the dominant norms of reciprocity (receiving in return for caring), of ‘productivity’ and ‘independence’ as goals of child-care, and of self-care. ‘Mothers’ are those who substantially and committedly care for children with whom they have an intimate relation; including adoptive, foster or step-parents and siblings. They not only encounter many practical, physical and emotional difficulties in everyday caregiving, but also the stigma of disability as a ‘social problem’, and the taboo of sacrificing their ‘public’ role for the sake of their ‘private’ maternal role. Their voices reveal how a privileged logic of reciprocity and exchange has become the predominant paradigm to understand intimate relations and to marginalize and discard relations that fail to meet this logic. Their moral experience of generous and self-sacrificial care as a worthwhile form of care, challenges societal pressure not to care for these children (or to prevent these children from coming into life). These mothers take a radically different stance, by highly valuing their decentered identity. As long as the logic of reciprocity predominates, these mothers’ voices are concealed to their detriment. This contribution aims to put their voices and their experiences center stage, and to theorize them with the help of care ethicists and mothers such as Kittay (1999, 2019), Isarin (2001), Bredewold et al (2016), and Van Nistelrooij (2015). This leads to a proposal to reconceive care as a practice of intertwining in which the subject is decentered and self-

sacrifice is not rejected. This re-conception makes the radical expressions of these mothers plausible and generates a societal counter story from their practices.

Panel 20: Caring beyond Humans

“Ecofeminism, Feminist New Materialisms, and Care Ethics, the New Alliance?”,
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From its onset, ecofeminism identified itself as a feminism of care bringing feminist and feminine values in environmental thought, ethics, politics, activism, and aesthetics (Gaard 2011; Warren 1996, 2000; Plumwood 1994; Merchant 1991, 2012)). Yet while ecofeminism is multiple, with sub-fields in cultural or social/ist ecofeminism (Carlassare 2000), feminist science studies and feminist new materialisms (Alaimo & Tuana (eds) 2008; Shiva & Mies; Harding 1986; Enloe 2014; Haraway 1991, 1997, 2015; Braidotti; Code 2006), feminist anthropology and geography studies (Tsing; Lyons; Povinelli; Mountz; Hird; Hustak & Myers, de la BellaCasa; Despret; Kirby, etc.), the field has often been dismissed by feminism and environmental ethicists and thinkers alike for its (un)likely slippage into essentialism (Carlassare 1994, 2000). It can be argued, however, that ecofeminist considerations have long permeated feminist science studies (including anthropology, science and technologies studies, critical disability and health studies) and feminist new materialism (Casselot 2016a, 2016b). The argument can also be made that feminist scholars and scientists have shied away from the appellation of ‘ecofeminism’ to maintain epistemic and interlocutor capacity with scientific communities most susceptible to dismiss any approach deemed essentialist. In this paper, I will argue that there are important ethico-political considerations for feminists and care ethicists specifically to (re)invest ecofeminism as a field of practice and scholarship, and to consider including ecofeminist and feminist environmental insights in the new direction of care ethics, specifically as care ethics aim to *decenter* its approach and ethics. In an era of exacerbating and multifaceted precariousness, of human and environmental complexity (e.g. climate change, super-viruses and -microbes, epidemics, natural catastrophes), growing recognition of the *relational and immanent* ontology in which humans and nonhumans live, thrive, strive, and die, and increased attention to the multifaceted intersections of health, the environment, the social, and the political in health issue, considerations of care and health practices that mobilize feminist posthumanist and ecologist considerations, specifically ecofeminist ones, such as multi-species approaches and ethnographies (e.g. in the human gut microbiome considerations), “healthy cities and living” that think about cohabitation with multiple species, and the particular *caring practices* and insights into care of nonhumans, can greatly strengthen and contribute to new directions in and decentering care ethics.

“An Ethics of Care across Species: Loving Dogs as Companions in the Context of Yulin Dog Meat Festival”, Ying Liu, University of Warwick, (Y.liu.10@warwick.ac.uk)

Yulin, a city in China, has been widely criticized for its annual dog meat festival. However, in this region, a culture of owning pet dog has become more popular in recent years, especially among young people. This paper explores what this human-dog relationship is like, how it is formed and how it interacts with the traditional culture of eating dog meat through an 11-month ethnographic fieldwork in Yulin. The researcher finds that an ethics of care emerges as a theme from this new human-dog relationship. People, especially women, both ‘care about’ and ‘care for’ dogs, and an ‘ethos of care’ is spreading among pet dog owners in Yulin. The concept of ‘cuteness’ in the modern consumerist culture may initiate the relationship, but it is through daily embodied communications, emotional connections and companionship that the ethics of care grows. The ethics of care with dogs challenges the traditional view that humans are superior to other animals and builds up solidarity between two species. However, for some pet dog owners, the ethics of care for dogs is limited within the category of ‘pet dog breeds’ while indigenous dogs called *tugou*(土狗) are thought of as dirty, ugly, aggressive and edible. This paper examines the limits of the ethics of care in

practical life by categorization and the ‘self/other’ distinction. However, some other pet dog owners, especially women, have given up dog meat eating and an analysis of their ethical reasoning shows that an ethics of care is combined with ‘rights-oriented’ ethics to guide people to refrain from eating dog meat. This paper concludes that an ethics of care emerges from significant intimate companionship across species and it spreads further with a combination with rights-oriented ethics.

“Re-composing climate justice through permacultural ethics”, Nathalie Grandjean, Université de Namur (nathalie.grandjean@unamur.be)

In climate matters, the ethics of justice generally focus on the causes of climate change, seeking to whom and what to assign responsibilities (Gosseries 2015, Reber 2016). This reflex, present in the managerial background of Western democracies, inscribes the principle of responsibility in a double logic of debt and emergency. We believe that kind of response is more governance than ethics. Indeed, while focusing only on those responsible for the deregulation and the political and the financial management of its consequences, we measure the time lost in not engaging in ecosystem restoration and, above all, in not questioning our relationship to the world and our relationship to Earth. How to do justice to the Earth?

We draw inspiration from the ethical principles of permaculture (Holmgren, 2014) to regenerate climate justice, and propose, more broadly, an ethics of the Earth, first guided by the principles of resilience and care. Permaculture, both ethical and practical, is guided by three major principles: "take care of the Earth and all its forms of life, take care of people (...) and redistribute the surpluses (to the Earth and to people)". In addition, permaculture is not dogmatic, because it is the detailed observation of the "environment" and its interactions that will determine the particular design, specific and necessary for resilience. It is therefore not a question of applying principles on a terrain/soil, but of taking care of both the processes and the living people inhabiting this space. As Puig de la Bellacasa maintains, permaculture is an ethics of care, but also an a-subjective relational ethics, addressing humans and non-humans with the idea of taking care of living environments together, including humans and more-than-humans (2017, 161).

“Complexities of caring in a more-than-human world facing ecological crises: the intersection of the personal and the political seen through a lens of ‘active hope’”, Carlo Leget, University of Humanistic Studies (Utrecht) (C.Leget@uvh.nl) and Vivianne Baur, University of Humanistic Studies (Utrecht) (V.Baur@uvh.nl)

Care theory places ‘caring’ at the centre of building and maintaining a world in which all can live as well as possible. Acknowledging the intersection of personal and political dimensions of caring practices is a key feature of care theory. It emphasizes both the importance of personal affective relationships to the world we - human beings - are part of, as well as the political- ethical dimensions of caring and its potential for thinking care in a non-human-centred manner. However, two specific problems related to the personal-political intersection of caring in the context of climate and ecological crises: 1) the psychological complexity of personal affectivity in facing the vastness of ecological disruptions and 2) the (practical?) political complexity of non-human-centred entanglements. These complexities may lead to paralysis, which is problematic: huge action is needed in order to transform the systems that have led to uncaring human practices with devastating impact. These complexities have been underexposed in care theory thus far. ‘The Work that Reconnects’ (developed by ecophilosopher Joanna Macy) offers new openings for understanding the complexities of the personal-political intersection in caring for the world in the face of climate change and ecological crisis.