NB: 20 minutes talk: about §. 4: the political

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Through the eye of the needle: acknowledging the political as a primordial aspect of an ethics of care

Introduction

Getting to grips with Late Modernity

My contribution to the reflection on the issue of care ethics and its understanding of politics stems from a deeply felt unease about the present state of care ethics. While I wholeheartedly accept the basic critical insights from care ethics - as they have been developed by first- and second-generation care ethicists - and in trying to hone them, I wonder whether care ethics can continue to thrive or even to exist, if it does not pass 'through the eye of the needle' of Late Modernity. Despite their criticism of Modern categories such as autonomy - countered by proposing vulnerability and interdependency - care ethicists seem to be largely unaware of Late Modernity. Late Modernity is a phase of Modernity in which Modernity exists in the form of 'a paradox with itself' (Compagnon, 1990). The French sociologist Robert Castel (2010) has given an example of this kind of paradox: "thou shalt be autonomous" in other words: autonomy has become a duty. Here we observe a tension typical of Late Modernity: the tension between the societal urge to be unceasingly self-reliant and resilient on the one hand, and on the other the wish to determine one's own course of action and one's own destiny. I will expand on this by regarding it as the background that has to be taken into account if care ethics is to remain a critical enterprise for the good of vulnerable people. Care ethical analysis has to face up to the messiness of the tensions with which people who participate in caring practices live, suffer and act. These tensions typically come about by virtue of Late Modernity (Vosman & Niemeijer, 2017). I think it is unwise to dismiss theoretical insights in these late modern tensions, such as the insights formulated by sociologists like Anthony Giddens (1990, 1991) and Ulrich Beck (1997). In rejecting this kind of sociology because it creates knowledge from above, Joan Tronto (2012) has touched on an important issue for care ethics: with what kind of knowledge generation is care ethics willing to deal (pp. 13-37). However, refraining from engaging in deep and probing analysis of Late Modernity means blinding oneself to current self-isolation of care ethics.

Getting to grips with the political

A second condition for the further development of care ethics - a condition closely linked to the Late Modernity issue - is that it must catch up with compelling discussions on how it is possible to live together in society in a manner that is somehow orderly and non-humiliating. I will address this second issue as an aspect of the political. As far as I am aware this discussion - initiated by scholars

like Chantal Mouffe, Ernesto Laclau, Jacques Rancière and others, drawing on Carl Schmitt (his foreword to the Italian edition (1972) of *The Concept of the Political*) and Heidegger - has been carried on largely outside care ethics. There are exceptions to that, like the work of Kristin Cloyes (2002). There is quite intense feminist involvement with "the political" (Butler & Scott, 1992), but even if care ethics is feminist in its origins, to my knowledge it is not currently engaging in a conversation with this aspect of feminism. I think there is the potential for an enriching conversation with feminist scholars like Bonnie Honig on Arendt and her political theory of the agonal and performative. Feminist scholars like Lois McNay (2013, 2014) have developed a critical approach to Mouffe's idea of the political. McNay (2013) calls it "a socially weightless theory of radical democracy" (p. 65).

This paper is in fact an attempt to engage care ethics in such a discussion. For this I will mainly turn to two sources: Oliver Marchart (2007, 2013) and Maurice Merleau-Ponty (1942, 1969). The Austrian political theorist Marchart has come up with a view on the political that - to my mind - corresponds to care ethical interests in the bodily and contextual encountering of people who do or do not care, and of people who care for each other to various degrees. My main reason to dig into Marchart's presentation of the potential agonal is the groundlessness of "coming together". This is at odds with a political representation of caring in care ethics. Care ethicist Joan Tronto (2017) - to whose scholarly work I will limit myself in this talk, as she is a respected representative of the second generation of care ethicists - seems to defy this groundlessness when she claims that people are simply "caring animals". The second source that I will draw on in order to examine the stance of care ethics regarding politics and the political, is Maurice Merleau-Ponty's political phenomenology. Like Husserl, Merleau-Ponty was a firm critic of Modernity. I will return to his political phenomenology shortly. But first let me give an example of an elementary form of the political.

The political: coming together, caring about

> Take the scene of people as described by Woo, Rennie & Poyntz (2014) trying to cross a busy traffic square: pedestrians, a man and a woman with a pram, a young woman riding a bicycle with her dog on a leash, cyclists with their headsets on, cars, a heavy truck, a wheelchair user, a group of cycling pupils talking loudly to each other. They all are trying to cross the road, they are somehow aware of the materiality of the square and the vehicles (the cobblestones, seams in the asphalt, rattling cycles, the weight of the truck that determines its capacity to manoeuvre) and are somehow aware of being together with other people. The people are engaging in a constant assessment, often assuming that other people are like themselves, seemingly as agile and swift as they are themselves. Everyone has some experience of coming together in a bodily and material way, even if they have never crossed this particular square. In such situations - which are characteristic of public life and of the zone where private and public merge - people do care about each other, mostly in a limited yet real way. If there is an accident or a near accident, some people engage more than others: they stop, they give assistance or call for help. People do pay some attention to others, not just out of self-interest; they are vigilant regarding the non-controllable (Depraz, 2014). Others will try to dominate the traffic situation, forcing their way through, and even react surprised if someone else has an accident. This is an everyday scene of participants in this practice, acting in an apparently simple way, but it is actually "immensely complicated" (Schmidt, 2012, drawing on Bourdieu analysing the traffic of pedestrians in a metro station).

I would like to ask you to keep this scene in mind, as I will return to it at the end of this paper. I regard it as paradigmatic for the political and propose that there is a real but limited layer of normativity in it.

It is this kind of everyday occurrence that Merleau-Ponty (1942) reflected upon. In his phenomenology of what happens when people come together he avoids the liberal myths of the unencumbered individual and a tabula rasa kind of situation, as if people were blank slates when they meet each other from scratch (pp. 183-184). He describes the phenomenon that people are primordially next to each other "in the flesh", aware of each other as body to body. This is where his notion of "chair", of the flesh, becomes relevant. Not in reference to the objective body - viewed from a third person's perspective - but to the lived, heavy and material body that always finds itself among other bodies. "There is this thickness of flesh between us" (Merleau-Ponty, 1969, p. 127). This is not an I-Thou opposition, but a meeting of bodies. "The many" has precedence over "the one" so to say. This coming together is ambiguous. There is no such thing as the "fundamentally free person" of liberalism, nor does pure consciousness exist. In the analysis of Alphonse de Waelhens (1972, p. V): pure consciousness just looks ahead of itself and is unable to engage oneself or resist others. It is Merleau-Ponty's political phenomenology that will provide us with the idea that coming together and caring about others is ambiguous. People come together, entertaining are conscious of being bodily next to each other and have a foreground of a generalized other and a background of a concrete other. People proceed from types to tokens and not the other way around (Taipale, 2015).

Politics

After this first clarification of the political, we may ask what politics is about. I will use Diana Coole's description of politics as a working definition. Coole (2007, p. 14) sees politics as "a set of practices and processes within everyday life, in which coexistence ineluctably involves power and conflict as well as reason and communication". Care ethicists will want to come up with a different account of politics which places less emphasis on conflict and reason. This is exactly the issue I want to address here: what place does conflict have in a care ethical view of caring and being cared for as an activity that allows for living together in an ordered way and that provides a normative orientation for politics.

Structure of this paper

In this paper I will **first** highlight that care ethics is a critique of Modernity, **secondly** that care ethics itself relies on its adaptive capacity, so that therefore we should talk about critical insights - that are continually being updated - rather than about principles. Coming up with critical insights means that care ethics can engage with Late Modernity's paradoxes, instead of hanging on to its critique of Modernity. **Thirdly**, I will pay attention to the insight of Virginia Held, Joan Tronto, Marian Barnes and others that care ethics starts with thinking from within caring practices. I will radicalise this: reflecting from within caring practices implies dealing with the complexities of those practices and accepting the inherent conjunction of tensions, instead of ignoring or cutting through those tensions. **Fourthly**, and lastly, I will propose to accept the grubbiness of caring practices, their complexity. If caring and being cared for belong to the substance of political life, and if the claim has been made, e.g. by Joan Tronto, that this insight turns political life upside down, then care ethicists have to acknowledge that exactly within the layer of actual living together in a somehow ordered way as "fleshly connected selves" (Jung, 2000, p. 150), caring about others *does* occur and is *not obvious*.

There is no "natural" relational commitment, nor should one accept a "friend or foe" approach. Relating to others is fleshly and ambiguous, as Maurice Merleau-Ponty put it. Coole (2007, pp. 15-16) describes Merleau-Ponty's approach of the political encounter as "thick intersubjectivity… the very flesh of the political". Caring can emerge, but it arises from what I call *chafing*. Care ethics wants to take the perspective of those who suffer and are unjustly dominated, the perspective of the "acteurs faibles", as French sociologists Jean-Paul Payet and Denis Laforgue (2008) call it. When taking a frog's perspective of ordinary citizens, when getting close to the dynamics of mutual orientation of citizens, caring about may happen, but it also may vaporise. This would be a new point of entry for care ethics, withstanding late modern tensions.

A take on care ethics

Allow me to give you briefly my take on the ethics of care as it has developed since the 1980s. Scholars like Carol Gilligan (1982) and Nel Noddings (1984) - first-generation care ethicists - introduced a powerful alternative and interdisciplinary approach to doing ethics, an approach that can be summarized in the three concepts of (1) relationality, (2) contextuality and (3) the guiding intelligence of emotions. My short version of these three insights is: when they are confronted with small or big moral questions, people - who are always already related to others - look for orientation and for steps forward by digging into their concern for others and themselves. They are aware of the vulnerabilities of others and of themselves, as well as of their actual power to act; a power that is real even if warped, and that - while real - is not necessarily heroic. People go ahead with moral questions, being aware of the actual context in which they have to act, a context that shapes the issues that are at stake. People experience all sorts of emotions while dealing with moral issues in their lives: anger, sorrow, fear, relief. Care ethics has emphasised that these emotions are intelligent in the sense that they embody the sense of what is actually at stake.

Perspective on the future of an upcoming ethics of care

Now, what will care ethics hopefully look like in the near future? I think that if care ethics survives, it will do so in a radicalised version. For a number of years now I have - as a care ethicist, together with colleagues - been doing research in caring practices. This research has covered a variety of welfare and healthcare settings, varying from city council austerity and resilience policies to a large general hospital and its actual view on patients and families (Baart & Vosman, 2015). Our point of entry was not gender, poverty or race, although of course we of course came and come across those realities. But our observation was - more than any issue - that *complexity and complexity reduction* and *ambiguity of phenomena and navigating through them* were predominant. Perhaps this does not surprise researchers who are familiar with qualitative research in public life and organisations. Others will criticise these findings because we did not use a pre-defined concept of power as domination. We adhered to Kathy Charmaz's idea that surprises may come up (Charmaz, 2006; Muller, 2014). Cultural ideals like self-reliance and participation prove to be highly ambiguous when it comes to people's real lives. Shame and guilt are in many cases the result of austerity and self-reliance policies. To put it differently: we adopted a different epistemology, working abductively rather than with pre-given concepts.

Epistemology of curious inquiry

Precisely the confrontation with actual caring practices has led me to wonder whether we should not radicalise the care ethical idea of e.g. Joan Tronto (2012), that care ethics thinks contextually and in a non-essentialist way. This radicalisation implies letting go of the idea that relationality *implies* caring for. I am highly critical of the emphasis on responsibility: the political theory of care ethics being the outlook on the allocation and apportioning of caring responsibilities, an outlook that enables to detect and categorize the evasion of responsibility. I will not criticise Tronto's notions like "privileged irresponsibility" (1990, 1993, 2013), but I strongly question whether this does not introduce normative notions much too early. Indeed, I think care ethics should strive for *minima moralia*, a limited space for normativity, an active and conscious restraint in sending out normativity.

Care ethics has the potential to develop into a full-fledged *political* theory, that is a theory of the political. But if this is to be so, the priority should be to analyse what is actually going on in public life and in organisations, instead of listing a series of normative demands that organisations have to meet (Tronto, 2013: p. 161). While carrying out qualitative empirical research in a general hospital, and while researching care and the public space, I was struck by the finding that often - while responsibilisation is actually taking place between people, in a team, or by supervisors - any talk about "essential responsibility" creates even more viscosity and confusion. As Thomas Biebricher and Eric Vance Johnson (2012, p. 205) have written, responsibilisation is "one of neoliberalism's crucial technologies". Talking about actual responsibilities, as Tronto (2013, pp. 37-44) I am highly critical of the emphasis on responsibility. This political moral quality of care ethics being the outlook does increase the problem as people in an organisational setting to a certain degree internalise to some degree the idea that they are free and responsible. Practitioners are no fools, they see the pressure that is put on them to take responsibility, even for processes that nobody really can take direct responsibility for. Yet they have swallowed the mixture of stories on being vulnerable *and* responsible at the same time. In a complex environment the actors themselves - with their convictions, their way of speaking, their routines, kicking over the traces - are part of the complexity. Any attempt to take a shortcut out of complexity in late modern caring practices by means of normativity has undesirable effects that go against the very purpose of care ethical theorising.

This is probably linked to the *unclear status of ethics* in care ethics. I fully subscribe to Tronto's operating advice to care ethicists that care ethics should be conceived as a political theory. My take on that is that it should be a political theory in which the practices of care are conceived as enabling people to live together in a way that is somehow ordered, not necessarily in an agreeable way. It is desirable - as the outcome of continuous struggle - that this order should be democratic. However, there is no given ontology or anthropology in which people appear as caring creatures. Here lies a big unclarified issue within care ethics: the repeated appeal to an anthropology in which people are seen as connected, relational and responsive, in contrast with the liberal individual monadic entity that only comes to grips with others, considering violence and entering a social contract. As I will attempt to argue in section three, people are always already engaged in a practice of encounter. But there is neither a need to fall back on a foundational approach, nor on the consolation of a fixed anthropology.

1. **Care ethics as a critical enterprise**

From the outset care ethics has been a critical enterprise, that is: critical of Modern categories such as autonomy and the idea that people are unencumbered individuals, but also highly critical of the idea of community as a group of monads giving up on their individual use of violence to enter a social contract.

If care ethics is indeed a critical enterprise - critical of Modern concepts such as autonomy and the social contract between nomadic individuals (Vosman & Niemeijer, 2017) - then I believe it has now become necessary to face up the paradoxes within Modernity. Care ethics does not yet seem to have done that, to its own detriment. Theorists of Late Modernity have shown how Modernity radicalizes and becomes self-contradictory (Giddens, 1990; Ehrenberg, 2010, 2014; Rosato, 2014).

Of course this corresponds to - and partly contradicts what - Joan Tronto (2012) says about care ethics and caring practices in her critique of the sociologist Ulrich Beck and his theory of the late modern risk society. Tronto opposes Beck's take on Late Modernity in formulating her proposition of a caring democracy[1]. I agree with Tronto when she firmly criticises research from a helicopter position, from "above" a practice, hovering over a caring practice, from God's point of view, or in Tronto's words "à partir de l'espace de l'<<oeil de Dieu>> au-dessus de la societé". (Tronto, 2012, p. 8). According to Tronto (2012, p. 8, my translation) "the ethics of care offers a more concrete explanation of democratic actions". I will nevertheless continue to uphold the question whether care ethics should reject the analysis by Giddens, Ehrenberg, Castel, Wagner and others of Modernity as having reached a contradiction, sustaining a series of paradoxes (Vosman & Niemeijer, 2017).

While I agree with Tronto that a specific explanation is necessary, I would add that this also corresponds with the epistemological tenor of the ethics of care: care ethics is about the knowledge of people who take part in a caring practice, knowledge that is often discarded. I will return to this in section 3.

But let me first exemplify what late modern tensions are about. An example of one such paradox is the imperative to be autonomous. In order to understand the paradoxical nature of this imperative we have to take three steps.

(1) Autonomy as such is an emancipatory concept, a powerful notion that can be used to free oneself of paternalism. Brent Kious (2015, p. 1) phrases it concisely: "Autonomy is the property of individuals decisions that makes them immune to paternalistic interference". And it should be added: paternalism exists both in its traditional guise - as in "doctor knows best" - and in more recent neo-paternalistic versions that favour caring formulas in welfare such as "supporting the citizen's resilience": intelligent neo-paternalism that uses the citizen's interiority. Similarly, health care formulas such as *shared decision making* are equally neo-paternalistic, as they contain the huge

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[1] Interestingly Tronto does not use Chantal Mouffe's critique on Beck (Mouffe, 2005, p. 36). It would be worthwhile to have a close look at this, as Mouffe draws parallels between Beck's idea of 'subpolitics' and what Tronto considers to be politics. According to Mouffe (2005), Beck wants to eliminate the notion of the adversary (p. 48), a "post political gesture" (p. 55). Regrettably there is no space here to deal with Tronto's and Mouffe's two opposite critiques of the theorists of Late Modernity, Ulrich Beck and Anthony Giddens, who are their common opponents.

problem of the indomitable complexity of the organisation, but look for a solution in the direction of patients, making them co-responsible for issues of pluralism and organising "deliberation".

(2) Autonomy however is a tool from the individualistic toolbox. Care ethics has rightly developed ideas about vulnerability and dependency as more fundamental than the individualistic defence of autonomy, it has proposed the idea that people are always already in relationships and it has explored its normative implications. But what if Modernity has come to its extremes, as Anthony Giddens (1990, 1991) frames it? What if people are forced to be autonomous, as they are in governmental austerity and resilience policies? Counterbalancing this particular enforced form of autonomy with the idea of interdependency and vulnerability would create even bigger problems.

(3) Care ethics can become resistant to the tensions introduced by late modernity *only* if it radicalises ideas about autonomy *and* about vulnerability by forming a concept of people who live in survival mode instead of fostering the idea of flourishing, a notion strongly linked to belief in progress. I think the French care ethicist Sandra Laugier (2013) has taken important steps in that particular direction. As far as I am concerned, care ethics should face up to the tensions produced by Late Modernity and install other tensions that stimulate to survive in a merry and the same time serious way in the political. I will return to his shortly with another example, the case of neoliberalism and care ethics.

In short, care ethics should confront the invaluable insights it has produced with possible strategies for undergoing Late modern circumstances.

2. Critical insights rather than principles

A logical next step is to examine these original ethical ideas more closely. I regard them as *critical insights* rather than as care ethical principles with a more or less fixed formula that can be applied. In her book *The Core of Care Ethics* Stephanie Collins (2015) has argued that care ethics should be rigorously formulated in a number of principles. Other care ethicists like Marian Barnes (2012, p. 18) speak about the application of care ethical principles, thus providing a *principled framework*. My suggestion would rather be to use the term *insights*, or even better, *critical insights*. The first critical insights that formed the basis of care ethics were gained through critical reflection on how American society in the 1980s depicted and staged the good and the bad during the 1970s and 1980s. First-generation care ethicists have put gender, race and power (in the Weberian sense) on the ethical agenda, thereby criticising the inadequacy of existing ethical utilitarian and deontological theories (Hankivsky, 2014). An important aspect of my argument is the idea that care ethicists contribute to understanding and changing society. But these societies change rapidly and drastically. The care ethical insights have not lost their power, but they have to be readjusted in order to retain their leverage and transformative force; codification into principles is an understandable reaction to the lack of clarity about care ethics, about what its main value is, where it begins and where it stops (Klaver, Van Elst & Baart, 2014))*. No doubt race, gender and power (in the sense of domination) are still burning issues today as they were in the 1980s. But contexts change rapidly. Let me give you an example of change in society and of the reaction of care ethics. No one in the first generation spoke about the recasting of society by neoliberalism. In the second generation neoliberalism and its grip on politics, on representations of what man is and what living together is, have become major issues. For some care ethicists - like Marian Barnes and Joan Tronto - it has even become the main adversary

of a caring democracy. Power nowadays has been conceptualised by care ethics as domination, meaning that there is a more powerful caregiver and a weaker care receiver. Joan Tronto (2013, p. 22, drawing on Noddings (1984)) acknowledges that "power dynamics are more complex in many other circumstances of care" than this representation. Thinking along with Tronto on power, I seriously doubt whether care ethics - with a clean-cut and simple idea of domination - can even detect the workings of neoliberalism. Let me raise two concerns. (a) Care ethics should not look away from the basic problem neoliberalism has tried to address. Ignoring the problem of one's opponent is a recipe for getting off the road. (b) Neoliberalism exists in many blends with cultural and governmental trends. Dealing with neoliberalism calls for dealing with these blends in an analytical and non-moralizing way[2]. As care ethicists we would be well advised to take good notice of critiques of neoliberalism formulated by feminists and others, critiques that are overtaking care ethics on the left (Biebricher & Johnson, 2012).

The case of neoliberalism

Ad (a) The German sociologist Thomas Biebricher (2013, 2015) - an expert in the many versions of neoliberalism that reinvent themselves in a chameleon-like way - has shown convincingly that neoliberalism, from its very beginnings in the 1930s, addressed a problem that has not yet been solved: the incapacity of liberalism - with its principles of the free and autonomous agent and a restrained state - to cope with emerging economic problems. Before installing neoliberalism and its noxious effects on care, the recognition of vulnerability as the adversary of care ethics and of its proposition of a caring democracy, we should address the problem neoliberalist authors have identified and see if the framing of the problem is correct and whether there isn't another plausible answer to the *basic problem* that neoliberalism tries to address. This problem is the displacement of politics, its intimidation by the economic sphere and in fact the depoliticization of politics. Even if neoliberalism fails to live up to its claim of being able to solve the problem it addresses (Jones & O'Donnell, 2017), this does not mean that the problem has gone.

Neoliberalism blending in

Ad (b) Apart from the vexing problem that neoliberalism has tried to address - albeit in a variety of degrading ways - neoliberalism has associated itself with other cultural trends, like a remoulded version of creativity. When analysing caring practices - whether at home or in an organisational setting - it seems to be adamant to analyse these blends of neoliberalism with cultural trends, like the autonomy fervour, but also with social technology (Hilgers, 2010). Neoliberalism never exists as described in textbooks, it has always appeared in a mixture with social technology, where governments, political parties (including so-called left-wing parties) and organisations with a public goal trying to bring scientific methods into politics, trying to "enforce self-determination" (Leibetseder, 2011, p. 15). The German sociologist Ulrich Bröckling (2007) has shown in a probing way that people effectively regard themselves as entrepreneurs. These analyses of the blend between neoliberalism and social technology demonstrate that "government works through rather than simply against the subjectivities of the poor" (Leibetseder, 2011, p. 17). This "technology of citizenship" is not a matter of coercion, of "simple" domination: it sometimes purposely creates more freedom and "creates the concept of community" (Leibetseder, 2011, p. 17). To express it in

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[2] Hanna-Kais Hoppania and Tiina Vaittinen (2015, p. 73) criticise care ethics because of its *immaterial 'moral' terms*.

the frame of colonisation: concepts of resilience, freedom and community get occupied. Reformulated in a more analytical way: care ethics has to deal with subtle and ambiguous forms of freedom (Becchio & Leghissa, 2017, Introduction). There is good reason to criticise neoliberalism. Neoliberalism may occur in a merge with tendencies that are *post-political* (Mouffe, 2005, p. 1), that avoid politics and replace it with an apolitical and technical approach. Yet care ethics should descend to its actual workings in caring practices and be alert to the blends in which different influences - even contradictory ones - are present. In her recent article on care and neoliberalism, Tronto (2017, p. 27) argues against regarding neoliberalism as "normal" and "invincible". She takes as the least common multiple of neoliberalism that (I) "the market is the institution that is best able to resolve disputes", (II) "societies work best when they allow rational actors to make choices in the market" and (III) "neoliberal practices shape people to fit in the market" (Tronto, 2017, p. 29). But there is in fact a powerful variation of neoliberalism that does *not* presume that markets solve everything. This strand is currently in power in Germany with Angela Merkel who is a self-confessed adherent of this so called ordoliberalism. Care ethics has to become engaged in analysing the varieties of neoliberalism. Care ethicists who do qualitative empirical research into the welfare state - as Marian Barnes (2012) has done for many years in Britain - have rightly criticised the fact that, as a consequence of neoliberal austerity politics, vulnerable non-entrepreneurial people are not only overlooked but also forced to adapt to a desired act that they cannot and never will display. In the Netherlands, my colleagues Evelien Tonkens and her researchers study the very same kind of austerity politics and its humiliating effects on citizens, citizens who have to be resilient, who have to be responsible for their own lives and who have to use their social network. When we are talking about a caring democracy, this kind of "civic sermon" can indeed be criticised. But it is necessary for care ethics to advance in its own way of thinking. Things are more complicated than the domination view suggests. As Giandomenica Becchio and Giovanni Leghissa (2017) state in their book on neoliberalism, "people are subject to constraints, but also creative". Or as Hanna-Kais Hoppania and Tiina Vaittinen (2015, p. 83) phrase it: "people are needy and have developed into 'need manager[s]' as well". Andreas Reckwitz (2012) has shown that this kind of creativity itself has fallen under the spell of Late Modernity. At this point we have already advanced two steps further in our analysis than present care ethics has. Joan Tronto (2017, p. 32) opposes her version of neoliberalism with her view on care: people are caring animals. I quote: "Instead [of neoliberalism], care presumes that people become autonomous and capable of acting on their own through a complex process of growth, in which they are both interdependent and transformed as they live". To my mind such a take on a generalised anthropology ("caring animals") that does not look self-critically at its own inadvertent regional ontology falls short of the analysis required. Careful ethnographic research shows how in organizations people - even in the most restrictive frame - develop all sorts of space (Becchio and Leghissa, 2017, Introduction).

I would like to formulate this as a *series of tensions* that have to be observed in analysis, not solved, by recurring to normative premises. In the next section I will return to the necessity of qualitative empirical research in practices of care and welfare, and to the position which the care ethical researcher must take. Philosophical and other conceptual work is highly necessary – but caring practices also ask for other approaches.

3. From within practices

I think it is crucial for care ethics in the coming years to draw on practices of care and bring in conceptual analyses that incorporate the paradoxes of Late Modernity. It is necessary to do both qualitative empirical research and conceptual analysis because there is empirical research that is not sensitive to caring as a connecting and bonding practice, looking bottom up from within that practice. Similarly, there is philosophy and conceptual work about beautiful themes such as vulnerability and interdependency that hovers over the reality of those who are afflicted by vulnerability or being on the crossroads of interdependency. It is necessary for care ethics to correct these tendencies, and it is equally important for researchers to be precise about their own position(as researchers) in the practice of care. As my colleagues Guus Timmerman, Andries Baart and I (2017) have proposed, care ethics is in need of a movement that oscillates between doing qualitative empirical research in practices of care on the one hand, and conceptual work on the other. Conceptual work that is philosophical in nature, but that is also digging deep into sociological theory. We have proposed and argued how both kinds of research can be carried out with the required rigour. Now, why should one do so? Second-generation care ethicists have argued that care ethics must always start within practices of care (Tronto, 1993, 2013; Held, 2006; Barnes and others (2012, 2015). That is to say that the point of departure in research - or inquiry, as I propose to call it - lies in practices of care, not only at home or in the public sphere, but also in the overlap of these spheres and the shift between them (aligning with Tronto (2013)).

Now, what does this look like on the ground?

In posing this question I would like to borrow an expression used by Fiona Robinson (2016, p. 307) as she explained why she wanted to relate care ethics to security issues. She answered her critics thus: "these kinds of critiques of human security seem to miss something important about the way that insecurity is actually experienced on the ground". That is a rather critical, if neatly worded, insight. If the wonderment about the experience on the ground is not leading, care ethics would have an erroneous orientation. In addition to this epistemological issue - because that is what it really is - we decided to adopt a practice theory approach in our empirical research into caring practices. I am referring to Robert Schmidt (2012), Davide Nicolini (2012), Theodore Schatzki (1996), Karin Knorr-Cetina and others (2001). Thus we consciously imported an approach to what practices are, the role and the value of knowledge in those practices, and to the distancing from immediate normativity.

A critical conversation with practice theory

The German sociologist Andreas Reckwitz (2002, p. 249) has proposed the following definition of what a practice is: a practice is "a routinized type of behaviour which consist of several elements, interconnected to one another: forms of bodily activities, forms of mental activities, 'things' and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge". An often-used shorthand definition of a practice by Theodore Schatzki (1996, p. 289) is: "a temporary unfolding and spatially dispersed set (or nexus) of doings and sayings".

Why did we feel obliged to use this practice approach? The move towards practice theory happened because care ethical concepts alone simply did not allow us to see enough. Only by adopting a practice approach we were able to see complexity and complexity reduction, only then we were able

to see the mixture of well-intentioned moral formulas like patient-centeredness with social technology as a way to reduce complexity. And the traffic takes place also the other way around: I have proposed to amend the short definition of "doings and sayings" with "undergoings" (Vosman, Den Bakker & Weenink, 2016, p. 126). Undergoing is not the same as vulnerability (although it can involve that as well): undergoing is about being "passible" (to borrow a word used by Paul Ricoeur (1960) and Jean-François Lyotard (1988)). People undergo context, words, materiality. To conclude this section: doing care ethics from within caring practices implies adopting an epistemology and a methodology that are able to perceive the probable, the unexpected and the surprising in caring practices, and that are amenable to contradicting or amending pre-defined concepts. From within practices, that implies countering deductive approaches.

Preliminary conclusion

I would argue that it is important that - as we proceed with this interdisciplinary approach - care ethicists should develop their ideas as modifiable insights, precisely to remain critical of modern categorisations and to avoid solidifying their insights. A second argument is that care ethics should actively establish crossovers with scholars who are studying the same or very similar issues, problem- and practice-driven as care ethics are (or should be …). The critical insights about relationality, contextuality and the intelligence of emotions are by no means unique to care ethics. There are many scholars in philosophy, in the social sciences and in the humanities, who have advanced a similar critical insight. These scholars could help to overcome some of the short-sightedness of care ethics, as their analytical power and research of relationality in late modern societies, of caring institutions, of vulnerability, of the relation between the political and economy, and of that between private and public (to mention just a few of the burning issues in care ethics) could deepen care ethical reflection. This, by the way, implies doing care ethical research in groups consisting of scholars of various disciplines, instead of the individual approach by single care ethicists. The time for lone ladies and gentlemen has passed.

Now, in the last step of my argument, I will contend that care ethics has to use its own concept of the political. It should do this because it should be radically loyal to the insight that normativity arises and finds its orientation from within relationality, yet it should also acknowledge that in everyday encounters people chafe against each other. The relational is subject to ambiguity and to possible agonality.

4. The political

In her widely-discussed book *On the political*, Chantal Mouffe (2005) addresses the notorious distinction that Carl Schmitt made between friend and foe, between we and they, a distinction that brings out people's antagonistic nature, the enmity that arises from living together (p.15). In her own way, Mouffe is critical of Schmitt, and she characterises the political as the disruptive moment of a possible antagonism (Marchart, 2007, p. 43): association is possible as well as disruption of the coming together of people. Mouffe (2005) distinguishes between "politics" and "the political". She states: "By 'the political' I mean the dimension of antagonism which I take to be constitutive of human societies, while by 'politics' I mean the set of practices and institutions through which an order is created, organizing human coexistence in the context of conflictuality provided by the

political" (p. 9). Mouffe has distanced herself from Schmitt when she states that antagonism is not about people being friends or foes, but about a "we" that recognises the legitimacy of its opponents. "They" are adversaries, not enemies (p. 20). The rather radical path of inquiry of care ethics, dealing with Mouffe's ideas, is about the impossibility of having a fixed matrix of concepts that determines the nature of living together and the "ambivalent character of human sociability" (p. 3). This not an attempt to deny the possibility of speaking about society, but it is the endeavour to continue to speak about society, concentrating on the actual coming together of people, refraining from a fixed foundation of living together, foundations projected from anthropology or from the fiction of social contract. This is therefore a post-foundational theory in the making, not anti-foundationalism.

To my mind Oliver Marchart has taken a big step forward in comparison to Mouffe (and Laclau), as he does not dwell on the substantiation of antagonism. Marchart (2007) distinguishes between the "associative political" (attributed to Hannah Arendt) and the "dissociative political", characterising Mouffe's substantiation of the political (pp. 38-43). The political is about the meeting of citizens, the potential association and potential clash between them, whereas politics is about governing, or rather about directing developments in society, when power to direct has in some way or another been established. The political is about the never-ending query to live together. Marchart has developed ideas of his own, on the basis of the careful study of theorists like Laclau and Mouffe.

Marchart (2007) has quoted Benjamin Arditi's striking characterisation of the political as "the living movement, the magma of conflicting wills" to later argue that we should not understand the political as necessarily involving conflict and violence (p. 156). Nor must we view the idea of the political as nihilism: there is uncertainty, but this is definitely not the same as nihilism (p. 156). When Marchart engages with democracy, it is precisely because democracy is about "coming to terms", again and again, "with the ultimate failure of grounding" (p. 158).

In his 2013 book on "the impossibility of society" Marchart (2013) criticised the idea of an underlying permanent conflict in living together). Instead, he has proposed the idea of the *possibility* of antagonism. Antagonism is not a necessity, it is a perpetual possibility. He uses the term 'the agonal' to catch that pervasive possibility. The relational is contentious. There is this "radical negative outside any relation" (p. 230, my translation). Articulating the relational – and is this not what the ethics of care seeks to do – implies explicitly and purposively eschewing the idea that everything that is essential to a relation can be articulated (p. 310 and further). Holding back is part of this theory of the political. We are unable to spell out the whole of Marchart's political theory here, even though that would be a worthwhile exercise. By way of relating Marchart's perspective on the political and on care ethics, let me return to Tronto (2013) and her rejection of this approach, which she articulated very briefly in *Caring Democracy*. Her main objection is that such a post-foundational theory of the political is abstract, is in fact a programme of abstraction from real-life practices… Such a theory misses the fact that "democratic life has to be about something" (p. IX). This is a notable objection as far as the motive for developing political theory is concerned, because Mouffe (2005), as we have just seen, is fervently engaged in promoting democracy. Theorists "should envisage the creation of a vibrant "agonistic" public sphere of contestation where different hegemonic political projects can be confronted" (p. 3). A final criterion for the quality of a political theory, according to Mouffe, is exactly whether such a theory is "conducive to a vibrant democratic debate" (p. 56).

Care ethicists can easily recognise an ally in Mouffe. Marchart's analyses of precarity are anything but abstract, as he has shown how insecurity about one's position in society seeps into social relations. In fact, his analyses of precarity are of great use to those in care ethics who think about the various layers of vulnerability (Ferrarese, 2009; Laugier, 2011; Casid, 2012, p. 123; Vosman & Niemeijer 2017). The point is not abstraction, but - if I may use Jill Casid's expression - "euphemizing abstraction" (Casid, 2012, p. 131), the reduction to categories that are derived from a "vision", an "ideal" that should be dismissed. One of the criteria is, as it was with adopting practice theory, the perceiving capacity of an abstraction. Abduction rather than deduction is the pointer for care ethics that I would suggest.

I would like to end my argument with a probing perspective on the political, the scene where people meet and have the chance to let care emerge, going from "caring about" possibly to "caring with", the fifth phase of caring that Joan Tronto (2013) distinguishes. Indeed an ethic may arise from within the political (Topolski, 2015, p. 77), but this would be a modest kind of ethics that would offer no guarantee that it will end up in democracy, and with "commitments to justice, equality and freedom for all" (Tronto, 2013, p. 23).

As I have already indicated, a second way of approaching the political, one that may seem far removed from that proposed by Mouffe, Marchart and their fellow travellers, is Maurice Merleau-Ponty's political phenomenology. His phenomenology is a political phenomenology right from the start. People are always already in contact with each other as bodily beings. It is with Merleau-Ponty that we can think of a historically and culturally always already existing 'we', of the bodies of the many coming together, 'the fleshy we' (Hoppania & Vaittinen, 2015). There is no metaphysical 'we', as there is no natural benevolence. It is within such an encounter that people first look at each other in a stereotypical way, and only then in an engaging way (Taipale, 2015), in the mode of "caring about" and "taking care of" (Hoppania & Vaittinen, 2015). The kind of "we" that then arises is humanising. Yet it can get lost in the unavoidable ambiguities of the encounter. At the end of the day, care ethics is about facing that reality.

Coda

Joan Tronto (2017) describes care as a "political ideal" that lies at the basis of her strategy of "allocating caring responsibilities" (p.33). I would like to propose that we should concentrate on caring as a practice, on caring practices that themselves are contained in practices of meeting people that can give rise to 'caring about', but that can equally become fragmented. Tronto (2017) contends that "the care world view is not about 'bodies in motion' that collide, or about the unforeseen consequences of such collisions" (p. 32). I would say that care is a practice in which bodily people come together and can become caring through perception and engagement with each other's positions in that practice. Ella Myers's idea of practices that are "more hospitable" seems to have the right touch of relativity: more hospitable (Myers, 2013). Facing the reality of the trajectory in which chafing occurs, in which caring can arise as well as conflict, than to return to the caring animal. The political is primordial aspect of caring. Caring can be to the fore, but ambiguity, chafing and the possible agonal are always there. Caring is a humanising practice, which is always at risk of disintegrating, and frequently does so. Caring comes about "in a mobile and ubiquitous field" (Marchart, 2007, p. 42, citing Benjamin Arditi) and is not "self-grounded", to paraphrase Mouffe

(2005, p. 17). The consequences of Late Modernity are to accept that instability. The ethics of care has to crawl through the eye of that needle.

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