

Embodied Care:
A Critique of Heteronormative and Anthropocentric
Interpretations of the Ethics of Care

By
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Submitted to
Central European University
Department of Gender Studies

In partial fulfilment of the requirements for the Erasmus Mundus Master's
Degree in Women's and Gender Studies GEMMA

Main Supervisor: Eszter Timar (Central European University)
Second Supervisor: Emilia María Durán Almarza (University of Oviedo)

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Abstract

In this thesis I analyse the heteronormative and anthropocentric implications of a conventional interpretation of the ethics of care, showing how these questions are entangled. I take as illustrative of this framework the works of Carol Gilligan and Nel Noddings: I analyse the discourse of these authors demonstrating how their ethics of care produces hierarchical differentiations between heterosexual human subjects and ‘abnormal’ human and non-human bodies for whom ethics and care remain foreclosed. Drawing on Judith Butler’s and Rosi Braidotti’s reflections, above all on Spinoza’s ethics, I propose to think care not as good or ethical *per se* since certain performances of care could be normative and oppressive. As I take it, care and a care ethics is not a guarantee against the exploitation, devaluation, and disposability of certain bodies, both human and non-human, but rather could be complicit of mechanisms of oppression and subordination: those bodies that for a conventional understanding of the ethics of care are worthy of being cared for, in fact, are exclusively bodies that are not only ‘human’ in an anthropocentric sense but also conforming to a specific ideal of the ‘human’, that is, to traditional and binary norms of gender and heterosexual norms. I maintain therefore that care does not necessarily enhance and support a body’s persistence in its own being but could also hinder it; moreover, I argue that an ethical approach to care should acknowledge and take into consideration what different (human and non-human) bodies in relation with one another can do, and the embodied affects that caring performances produces on them.

Resumen

En esta tesis analizo las implicaciones heteronormativas y antropocéntricas de una interpretación convencional de la ética del cuidado, demostrando, además, como estas cuestiones están profundamente entrelazadas. Mi análisis se centra en los trabajos de Carol Gilligan y de Nel Noddings, que entiendo como representativos del marco teórico de la ética del cuidado. Analizaré el discurso de estas autoras poniendo de releve como la ética que proponen produce diferencias jerárquicas entre sujetos humanos heterosexuales y cuerpos ‘anormales’, tanto humanos como no-humanos, excluyendo estos últimos tanto de la ética como de lo que entienden ser los cuidados. Basándome en las reflexiones de Judith Butler y Rosi Braidotti, sobre todo acerca de la ética de Spinoza, propongo los cuidados no son buenos *en sí mismos*, en tanto que pueden performarse de forma normativa e incluso opresiva. Según mi entendimiento, pueden ser cómplices de mecanismos de opresión y de subordinación, y por lo tanto no constituyen de por sí ninguna garantía contra formas de explotación, devaluación o desechabilidad de algunos cuerpos humanos y no-humanos. De hecho, los cuerpos que, según una interpretación convencional de la ética del cuidado, son merecedores de cuidados, no son solo ‘humanos’ en sentido antropocéntrico, sino que también deben ajustarse a una particular norma de lo humano, eso es, normas binarias de género y de heterosexualidad. Los cuidados no necesariamente mejoran y apoyan un cuerpo en su persistencia en su propio ser: también pueden coartarla. Propongo, además, que para abordar éticamente la cuestión de los cuidados debería tomarse en cuenta lo que distintos cuerpos (humanos y no-humanos) pueden hacer y los afectos encarnados que las performances de cuidado producen en ellos.

Declaration of Original Research and Word Count

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word counts for this thesis are accurate:

Body of the thesis (all chapters excluding notes, references, appendices, etc.): 29.712 words

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Signed _____

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Introduction

To be cared for seems to be a condition for every life to be maintained. From the very beginning, a living being needs to be sustained and to receive certain forms of care to continue to live and grow. Caring implies relationality in its commitment to address the presence of a body's needs, as for example to be nourished, and to seek their satisfaction; if this condition of satisfaction is not accomplished, a life is at risk of perishing. It could be said that these arguments are obvious, or they could be questioned as they convey a sort of universal and naturalizing claim or truth. Indeed, one could affirm that care is not limited to a response to needs but goes beyond that, involving a wider range of complex affects, touches, encounters.

I think it is important to unpack these questions and analyse what they imply: such affirmations are implicitly normative and could thus operate for the concealment of structures of power and oppression. My interest in care, and particularly in the relational character of care, is linked to a question about which kind of life is considered 'valuable' – or at least acknowledged as deserving to continue to live – to be cared for. I think, in fact, that this 'evaluation' of life plays an important role both in the construction of an imagery of care ethics and in the enactment of caring practices.

In this thesis I will analyse the works of two feminist ethicists of care, Carol Gilligan and Nel Noddings, to highlight how their discourses are embedded in and reproduce heteronormative and anthropocentric logics that perpetuate hierarchies of value among different bodies. I decided to focus on Gilligan's book *In a Different Voice* (1982), because this text is usually recognized not only as one of the works which opened up the discussion on the ethics of care in feminism, but as one of the most read and representative of this ethical theory (Tronto 1987, 645-646; Collins 2015, 9). For what concerns Noddings, I am interested

in her theory because among the US feminist scholars who wrote about care ethics in the 80s she is the one who specifically addressed questions regarding ethics and care in human relations with non-humans in her book *Caring. A Feminine Approach to Ethics and Moral Education* (1984). This is particularly relevant for my discussion of care ethics' anthropocentrism.

My thesis is characterized by a double movement. On one hand, I suggest that the heterosexual norms that frame Gilligan's and Noddings' conception of care as a characteristic of women's subjectivities and of a feminine ethics not only do not achieve a re-evaluation of the feminine from its traditional inferiority and otherness in comparison to the masculine norm, but essentialize and normalize a traditional conception of femininity. I suggest that their accounts are, moreover, specifically heteronormative. This is an idea that begun to emerge when I started to work on texts on the ethics of care and to engage with Judith Butler's thought and that I want to develop here. As I see it, the emblem of care ethics is the heterosexual family based on the complementarity of masculine and feminine characteristics, and in which the woman/mother is in charge of care works. My thesis is that in Gilligan's and Noddings' accounts both women who do not fulfil their expected role of care-givers and queer subjectivities are posited, implicitly, as abnormal, unnatural, and the ways in which they experience and enact care is completely disavowed.

I suggest that there is a link between this heteronormative logic that produces differences in terms of abnormality and the maintenance of Man as the measure of all things typical of an anthropocentric worldview. My intention, then, is to highlight how certain definitions of care ethics produce hierarchical relations of power between 'the human' and othered bodies, both human and non-human, that are ejected from this humanist category and come to be posited as disposable and exploitable for the so-called well-being of (certain) human beings.

Both phases will be characterized not only by an analytical and critical part but also by an intention to move toward a more creative approach. Reading care as performative and focusing on what bodies can do in their embedded and embodied experiences rather than on their supposed gendered and human essence, I seek to counter the essentialist and hierarchical perspective of conventional theories on the ethics of care. I am convinced, in fact, that another way of thinking care is possible, one that could challenge the binaries that underpin heteronormative and anthropocentric logics which support the confinement, exploitation and disposability of certain bodies for the benefit of others. For this reason I maintain that care has a role to play in feminist and queer struggles to resist both rigid binaries that violently regulate gender and sexuality, and the dualism that opposes the human to the non-human.

To work in this direction, I draw on Judith Butler's and Rosi Braiddotti's theories, who wrote extensively on a critique of the humanist understanding of the subject and the violence that is embedded in the Western dichotomic thought. They developed, in turn, interpretations of subjectivity as exposed to and constituted by otherness, as non-unitary and not self-sufficient. Despite the profound differences in their accounts, I suggest that their works present also certain convergences, that I will illustrate in the first chapter, which are particularly appropriate for a critical approach to questions of care ethics. Moreover, their reflections on Spinoza's philosophy and especially on his concept of the *conatus* (or *potentia*) will have a central importance for my personal redefinition of the ethics of care.

In the first chapter of the thesis, I will provide an overview of the framework of the ethics of care, drawing specifically on Gilligan's and Noddings' works (Gilligan's *In a Different Voice. Psychological Theory and Women's Development*, published for the first time in 1982, and Noddings' *Caring. A Feminine Approach to Ethics and Moral Education*, published in 1984 and in 2013 with another title, *Caring. A Relational Approach to Ethics and Moral Education*). I will then provide a review of the main critiques that have been

addressed to the literature of ethics of care of the 80s by other feminist scholars, mainly during the decade of the 90s, and concerning questions of essentialism and disavowal of power relations that endorse the feminization of care. I will further give an account of key elements in Braidotti's and Butler's theories and of the theoretical dialogue that those authors undertook with one another. Despite the differences between them, since Braidotti is an exponent of the difference feminism and Butler of feminist and queer theory, I will suggest that there are points of convergence in their thoughts. I will explain, therefore, why and how their theories could provide an interesting framework from which to analyse works on the ethics of care and open up alternative paths to think of care and ethics in less (hetero)normative and anthropocentric ways.

The second chapter is dedicated to a discussion of the heteronormative logic that underpins Gilligan's and Noddings' thought. First, I will offer a close reading and interpretation of parts of their most famous texts, in which I will illustrate how their discourse is constitutively embedded in disavowed and naturalized heteronormative assumptions that produce abnormal subjects. It will be at the end of this section that I will propose to think care as performative and embodied, rather than as an essential and natural characteristic of women. In the following section of the chapter I will take into consideration the question of dependency and disposability in the conventional interpretation of the ethics of care: in my reading of it, this question is a cornerstone for the constitution of that discourse as heteronormative. The way in which dependency is understood, in fact, frames certain bodies as more disposable than and in the service of others.

I will investigate, next, the possibility to think dependency in different terms, namely, drawing on Butler's (2004b, 2012) and Braidotti's (2006) reflections on this topic, not as opposite to autonomy or independency nor as an ontological characteristic, but as an embedded and differentially distributed condition. Further, my questions will revolve around

the link between care and futurity, exploring certain definitions of care as a practice aimed to support life and one's persistence in its own being, allowing it to have a future. Finally, in the last part of the chapter, my intention is to open up alternative paths to think ethics and care on the basis of my ongoing reflections.

In the third chapter, I will problematize the anthropocentrism embedded in Gilligan's and Noddings' works. Drawing on Braidotti, I provide a definition of anthropocentrism that will frame my analysis. Next, I will show how Gilligan, referring exclusively to human relationality, disavows constitutive relations that emerge from networks of interdependency that exceed the human. In the following session I will discuss how the explicit references that Noddings makes to human relations with the non-human is not only conventionally anthropocentric in a humanist sense, but also characterized by a constant reiteration of a classification of lives that matter for an ethics of care and those that are disposable and exploitable for the sake of others' privileged existence.

I will ask, then, whether it is possible to elaborate a non-anthropocentric ethics of embodied care, drawing on Braidotti's and Butler's theories. I will first put into question the human/non-human dualism, and further I will ask what relational bodies can do, in terms of being affected and affect others in their embedded and embodied specificity. My focus on affectivity – that is rooted in a Spinozian understanding of affects, mediated by Braidotti's and Butler's reading of it – is aimed to offer a perspective that seeks to displace the conventional understanding of 'the human' – interpreted as a universal category, but indeed framed as male, white, middle-class, heterosexual and able – from the centre and measure of all things, and particularly of ethics and ethics of care. This will finally lead me to reflect on questions of responsibility and response-ability in multiple affective relations of interdependency between different human and non-human bodies.

In the conclusions of this thesis, I will draw again on questions regarding the heteronormativity and anthropocentrism of the conventional ethics of care and on the main outcomes of my intents to rethink care ethics in less normative and oppressive ways. Reframing care as performative, I affirm that it is not *a priori* ethical but could be enacted and could affect bodies either in hindering or enhancing ways. So, I propose to think care as ethically ‘good’ in the latter case, that is, when its embodiment allows for mutual positive affection between different bodies (and with the term ‘body’, here, I am not indicating exclusively ‘human’ ones, and not necessarily ‘living’ entities). An ethics of embodied care is that which is interested in how bodies are affected and affect other bodies *enhancing* their *potentia*, that is, their bodily persistence in their own being. As I take it, moreover, persistence is not an individual question, but is always already embedded in inter-dependency, interconnectedness and inter-relationality with multiple and constitutive (human and non-human) others, and it becomes possible when there is a move from negative affects (hinderance of bodies’ *potentia*) toward affirmative ones (enhancement). When bodies in relation, in their encounters, find strategies to get through negativity, to support each other, that would be for me an expression of ethical care.

Coming to the limitations of my thesis, I want to acknowledge the fact that in this work I take Gilligan’s and Noddings’s works as representative of the scholarship on the ethics of care, which is particularly vast, and therefore I will not have the possibility, in this occasion, to investigate the theories elaborated, for example, by other influential authors such as Sara Ruddick (1980; 1995), Virginia Held (1993, 2006) and Joan Tronto (1993). My approach is theoretical, and my text revolves around questions concerning ethics, embodiment and affects. An author who extensively wrote about care as embodied and performative is Maurice Hamington but, since he works with Merleau-Ponty’s and Jane Addams’ theories, his account has different points of departure – and outcomes – than mine (2001, 2004, 2010,

2012). To address seriously and critically his theory, I would have needed a more extensive or different theoretical framework, which I cannot provide in this research for questions of space and for the choices I made regarding the background literature I am working with. For these reasons, I do not address his work on this occasion.

Another question which will remain open to further researches concerns the political implications of Gilligan's and Noddings' care ethics and of my personal revaluation of care as embodied. Moreover, for what concerns questions of heteronormativity and affects, the limited extension of this work would not allow me to analyse in depth the theories of authors such as Michael Warner (1991; 1993), Lee Edelman (1998, 2004), José Esteban Muñoz, Lauren Berlant and Lisa Duggan. One of the focuses of my analysis revolves around the heteronormative implication of Gilligan's (1993) and Noddings' (2013) discourses, therefore here I am not addressing specifically works on queer sociality, kinship, and caring relations. Regarding the second topic of my work – the anthropocentrism embedded in Gilligan's and Noddings' thought – I want to acknowledge that the post-human, neo-materialist feminist and queer scholarship that openly challenges anthropocentric worldviews is extremely vast (see for example: Alaimo 2008; 2010; Alaimo and Hekman 2008; Barad 2003; 2015; Hayward 2008; 2012; Haraway 2008; 2016), but I decided to address the post-human theory of Braidotti because of its links with Butler's thought. I think it is important, nevertheless, to make it clear that Braidotti's account is deeply rooted in Donna Haraway's theories. I will not have the possibility to draw on this in this thesis, but Haraway's influence over Braidotti's philosophy, as well as the potential impact of her work on questions of care beyond a coercive anthropocentric framework is worthy to be further analysed and explored.

Chapter 1

Literature Review and Theoretical Framework

This chapter traces the theoretical basis of my enquiry about the heteronormativity and the anthropocentrism embedded in the prominent – even conventional – interpretation of the ethics of care. To do so, in the first section I will offer an overview of the ‘ethics of care’ – a term that I employ in order to refer to the field of literature elaborated in the decade of the 80s in the US on questions of ethics, caring relationships and justice, among which Carol Gilligan’s *In a Different Voice* (1982) was considered a ground-breaking publication. In particular, I will address Gilligan’s and Nel Noddings’ theories and illustrate some of the objections and critiques directed toward their works.

I will then take a step aside from the focus on care ethics to discuss some aspects of Rosi Braidotti’s and Judith Butler’s theories and of their intellectual exchange, which I hold as central for the development of my argument: the theoretical divide between sexual difference and gender and the subject as embodied and relational. Finally, in the third and last section I will suggest that Braidotti’s and Butler’s philosophies could be mobilized in a significant way toward a reflection on the ethics of care, as theoretical tools to highlight and challenge its heteronormative and anthropocentric assumptions.

1. Ethics of Care: An Overview

The existent body of literature regarding the ethics of care is extremely broad: for the aim of my thesis, I will take into consideration the works and main theoretical concepts of Carol Gilligan and Nel Noddings, who, with Sara Ruddick and others, were among the North American feminist scholars who started writing about this topic between the

end of the 70s and during the 80s. These authors shifted the focus of ‘morality’ from an inquiry about universal and objective values of justice – a traditional approach in philosophy, above all in Kantian and utilitarian theories (Collins 2015) – to ‘ethics’ intended as a relational approach to dilemmas and choices, and as modes of responsiveness toward the needs of others.

The works of these authors raise important questions about relationality, dependency, interdependencies and vulnerability, about the role of care as a response to them, and about the relation that links care to femininity, in a feminist inquiry that also brings into question gender and sexual difference. For these ethics of care theorists, in fact, the (psychological) development of women in a patriarchal system is constitutively different from men’s, resulting in their greater disposition to care for the other. At the same time, nevertheless, it seems that their theories tend to present a shift from a disposition to care which is genderized, constructed or apprehended throughout one’s socialization in a patriarchal society to a biologizing or given ‘pre-disposition’ which is held as intrinsically or essentially feminine. It is in this ambiguity, I suggest, that it is possible to open up a space to think about the ‘ethics of care’ in dialogue with theorists such as Judith Butler and Rosi Braidotti: I shall come back later to this point later to discuss the reasons for such connections.

1.1 Carol Gilligan

In *In a Different Voice* (1982, 1993) Gilligan explicitly criticizes the modern idea that a choice, in order to be considered moral or ethical, needs to be taken, rationally, by an autonomous, independent subject, in accordance to principles of justice.¹ According to

¹ Gilligan distinguishes care from justice and refers to them as two different moralities (1993). Warren and Weis describe this distinction in these terms: whereas an “ethics of care” is

her such subject is factitiously represented as universal or neutral in terms of gender, in a way that conceals the fact that it, rather, refers exclusively to men's experiences and is thus constructed around masculinist values and parameters. The universalization of this masculine subject, therefore, results not only in hindering the exploration of 'feminine' approaches to ethics, but also dismisses women as moral subjects inasmuch they do not fulfil the expected – masculinist – standards.

Gilligan develops this argument thanks to her research in psychology on how girls and women reason and seek solutions for moral dilemmas (1993).² For her, women's moral development is consistently different from men's, with the result that women tend to be more empathic in their relationships with other people, more attentive to the concreteness of the situation they are living, wilful to seek ways to maintain and foster connections and relationships, often finding compromises or ways to cooperate with the others when a problem emerges. Men, in turn, tend for Gilligan to develop a detached, individualistic, autonomous and abstract approach for the resolution of moral dilemmas, appealing usually to questions of rights and justice. On this basis, she claims for women's 'voices' and values to be listened to and to be considered as valid as men's (1993).

In some passages of her work Gilligan mentions that both masculine and feminine moral perspectives should merge in a psychologically mature person (1993, 140; 174),³ but as I take it, it nevertheless does not seem clear how this would happen:

concerned with "social virtues" such as "sympathy" and "compassion", an "ethics of justice ... places a premium on individual autonomous choice and equality" (2000, 125).

² A research based on those previously elaborated by Lawrence Kohlberg on the stages of moral development (Gilligan 1993, xiv).

³ I find particularly interesting this passage: "To understand the tension between responsibilities and rights sustains the dialectic of human development is to see the integrity of two disparate modes of experience that are in the end connected." (Gilligan 1993, 174). It seems that Gilligan's argument revolves around the assumption that 'responsibility' – a term she generally associates to care, even though in this case the connection remains implicit until the following sentence – and 'rights' are mutually exclusive or are not implicated with one another, but she

this sort of affirmations seem to be more an attempt to avoid criticisms regarding her essentializing interpretation of gender and sexual difference rather than a further elaboration of her theory. Indeed, it seems problematic, to me, that in Gilligan's account the dualistic opposition between care and justice is constantly reiterated alongside a dichotomic interpretations of femininity and masculinity, women and men. I consider that Gilligan does not just highlight the link between care and women's experience in caring, or the association of care as characteristically feminine: women's bodies and psyche seem to become the very site in which care's embodiment, enactment and manifestation occur, whereas justice is embodied exclusively by men.⁴

Throughout my reading of her book the suspicion of an essentialization emerges since the differences between men and women – and specifically of their moral approaches – are taken for granted: women *are* caring subjects inasmuch as they are women and the (universal) feminine morality *is* the ethics of care. Gilligan does not take into consideration the conditions, the social and the historical context in which the women who participate in her research live, nor investigates if or how these could have

wants to affirm the contrary. In fact, she continues: "While an ethic of justice proceeds from the premise of equality – that everyone should be treated the same – an ethic of care rests on the premise of nonviolence – that no one should be hurt. In the representation of maturity, both perspectives converge in the realization that just as inequality adversely affects both parties in an unequal relationship, so too violence is destructive for everyone involved. This dialogue between fairness and care not only provides a better understanding of relations between the sexes but also gives rise to a more comprehensive portrayal of adult work and family relationships" (174). What does not seem clear to me is if 'maturity' is intended as the outcome of one's psychological development (as the first sentence seems to suggest) or if it is realizable when a man (who incarnates 'fairness') and a woman (who incarnates 'care') enter in a 'dialogue' in which they can understand each other: something desirable in a working environment and when they are sentimental and sexual partners who form a 'family' (as the last sentence could be read) (174).

⁴ This idea emerges from my reading of passages such as: "just as the conventions that shape women's moral judgement differ from those that apply to men, so also women's definition of the moral domain diverges from that derived from studies of men. Women's construction of the moral problem as a problem of care and responsibility in relationship rather than as one of rights and rules [as men do] ties the development of their moral thinking to changes in their understanding of responsibility and relationships, just as the conception of morality as justice ties development to the logic of equality and reciprocity. Thus the logic underlying an ethic of care is a psychological logic of relationships, which contrasts with the formal logic of fairness that informs the justice approach" (Gilligan 1993, 73).

determined or influenced the development of their ‘different’, sexed, female voices.⁵ I suggest that disavowing that care, and care values, are embedded in a heterosexist and heteronormative society, conceals the fact they could be complicit of the maintenance of a system of multiple forms of oppression and subordination that affect women and other non-masculinist or hegemonic subjectivities.

Selma Sevenhuijsen, in her book titled *Citizenship and the Ethics of Care* observes that Gilligan’s distinction between feminine care and masculine justice led to an intense debate in feminism and to sharp discrepancies between authors who insisted on care’s centrality in ethics and on differences of sex and gender, and those who supported a (liberal) morality focused on justice (1998). According to Sevenhuijsen, in fact, “[t]he most serious point of criticism was that an ethics of care would confirm women in a traditional identity derived from motherhood. ... Moreover, it would confirm women in their ‘otherness’, and thus prevent them claiming access to the moral and political order on equal terms, as fully-fledged, independent individuals” (38).⁶ For the aim of my thesis I will not enter into the ‘care-versus-justice’ debate, but what I find important in Sevenhuijsen observation is the acknowledgment of the affinity that could be traced between the ethics of care and traditional and oppressive understandings of what is supposed to be an appropriate female identity.⁷

It is not only the care/justice dichotomy that is at stake; in my further reflections I shall be aware of the tendency, embedded in a conventional account of the ethics of care, to move toward the reinforcement of traditional Western dichotomies such as man/woman, reason/emotions or feelings, culture/nature, mind/body,

⁵ Similar arguments were elaborated by Joan Tronto (1987), Claudia Card (1988), Rosalyn Diprose (1994).

⁶ I will return to the topic of in/dependency and subjectivity several times throughout my thesis; for the moment, I want to anticipate that I do not intend to defend or argue for a vision of the subject – or of the ‘individual’, to use Sevenhuijsen’s expression – as ‘fully-fledged’, ‘independent’, autonomous, or unitary: quite the contrary (1998, 38).

⁷ I shall return on this later, in relation with Braidotti’s theory.

universal/particular, public/private, freedom/necessity, production/reproduction (Plumwood 1991), without challenging their hierarchical organization which situates the latter terms in a site of inferiority, disposability and exploitability. That is, insisting on an exclusively *feminine* or on a *women's* ethics of care could entail the risk to reinforce the alignment of care to other subordinated terms of the binary, hindering or concealing any potential contribution of care in the struggle to resist or subvert this dichotomic and oppressive logic.

1.2 Care, Femininity and Mothering: Nel Noddings' Ethics of Care

Care plays a central role in the construction of femininity and has been associated, traditionally and in the framework of the ethics of care, with motherhood:⁸ it could be said, indeed, that the figure of the caregiver *par excellence* has been identified with the mother. Nancy Chodorow (1978), Carol Gilligan (1982), Sara Ruddick (1980, 1989) and Nel Noddings (1984), in their works, addressed specifically the question of femininity in relation to mothering, enclosing care in the private and normalizing structure of the heterosexual family.⁹ It seems to me that these authors' theories rest on

⁸ This is acknowledged, as Sevenhuijsen reports, both in the framework of the ethics of care and by its critics (1998).

⁹ For what concerns what I called the enclosure of care in the heterosexual family, I want here to give an example, drawing on Noddings' work. When she refers to the relations that, so to speak, 'matter' and are worthy of care, she talks, for example, of those that pertain to one's 'inner circle': "I care deeply for those in my inner circles and more lightly for those farther removed from my personal life" (2013, 16). Apparently, the 'inner circle' is not defined as a heterosexual family composed by parents and children. Nevertheless, Noddings combines this term with another one: "formal chains of relation" (46). With this term, she directly refers to relations instituted through the heterosexual marriage (*Caring* was written in 1984, so only heterosexual marriages could be formal/ized), to filiation and kinship recognized by the state. She writes as well: "Our obligation [to care] is limited and delimited by relation. ... if we are meeting those in our inner circles adequately as one-caring and receiving those linked to our inner circles by formal chains of relation, we shall limit the calls upon our obligation quite naturally" (86). As I take it, those definitions of intimate, inner, and formal relations portray: 1. a heterosexual imagery which is deeply entangled with questions of legal recognition, regularisation and normalization of people's bonds and relationships; 2. a domestic and private imagery of relationality and care. Sometimes the author employs a rhetoric that tends even to romanticize

a dichotomic interpretation of motherhood and fatherhood; to put it in Braidotti's words, they tend to confirm the traditional interpretation of motherhood "as an automatic biological [or 'natural'] process, while fatherhood is seen as a social and cultural institution that rules over and governs biological relations" (2006, 104). Moreover, in my reading of their theories, their focus on the primary dependency of the infant on the mother entails a rigid dualism that casts the former in a dependent role and the latter as an independent agent, concealing the interdependencies in the infant/mother relationship but also the dependence of the adult subject on others.

The link between femininity, motherhood and care is especially evident in Nel Noddings' *Caring, A Feminine Approach to Ethics and Moral Education*, published for the first time in 1984 and reedited in 2003 and 2013. What is interesting to me is that in the 2013's version of the book its title was changed¹⁰ from *A Feminine Approach...* to *Relational Approach....* As Noddings writes in the "Preface to the 2003 Edition", the former choice was motivated by her desire to give emphasis to the fact that caring is an "experience more typical of women than men" but was received and criticized by many as essentializing and excluding men from the ethics of care (2013, xxiv). In 2013, then, she explains that "[r]elational is a better word" since "care theorists make the relation more fundamental than the individual" (xiii): for Noddings, indeed, human relationality has an ontological character, that is, it is a pre-condition for existence (4). Nevertheless, it seems to me that neither the new title nor the argumentation to that choice provided a

motherhood as the primary site of care. I am thinking of affirmations such as: "In the inner, intimate circle, we care because we love" (46); "Our [of the mothers] relation to our children is not governed first by the ethical but by natural caring. We love not because we are required to love but because our natural relatedness gives natural birth to love" (43). Convinced, as she is, of the truthfulness of those assumptions, Noddings casts as "pathological" those mothers that do not "naturally" love or take care of their children (81; 83).

¹⁰ Actually, Noddings did not revise any other part of it, with the exception of the added prefaces to the 2000s' editions.

convincing response to the critiques she received, and that her position remains profoundly ambiguous.

In my reading of her work, in fact, I perceived an essentializing tendency on different levels: first, on a discursive one, I think it is relevant that she chose to describe the caring relationship as always composed by a feminine subject (the mother) who ‘cares-for’ another, masculine object/beneficiary (the – male – child). This might well be a common experience for many women, but in this book, this linguistic choice reinforces the idea that caring is primarily, almost inevitably, ‘women’s stuff’. Secondly, I think that her theorization of a “natural” kind of caring is not neutral or, to put it in her words, “accessible to all human beings” and “universal” (28), but rather is specifically feminine – conveyed by differential socializing processes and norms that regulate what is ‘feminine’ – and is embodied and reproduced by bodies assigned to the feminine sex and gender. The examples Noddings provides of natural caring represent, in fact, mothers who respond – impulsively, without the need of a previous reflection – to the infant’s cry, and are rendered as forms of maternal, unconditional and innate love. As I read this, this discourse reinforces the traditional view that situates women, and mothers in particular, closer to nature in comparison to men, reproducing and naturalizing a gender binary that remains unquestioned, and rests indeed on a Western dichotomic framework which oppose the dominant realms of men/reason/rationality/culture to the subordinate terms of women/emotion/impulse/nature.

Whereas the ‘natural’ caring emerges without need of (moral) reasoning since it is an innate and irresistible impulse to action – namely, to act in response to the perceived need of the other – Noddings postulates the concept of “ethical caring” (2013). This form of care is ethical since, according to Noddings, appeals to reason and

the conscious idea that in certain circumstances to act is a moral obligation. Moreover, it has the normative function of (re)establishing or restoring the natural one when it does not take place, through a rational choice to care (xvi, xxiii). In my opinion, the elaboration of the ‘ethical caring’ presents another space of ambiguity in Noddings’ work. As I already mentioned, in the preface to 2003’s and 2013’s editions of the book the author defends that her intention has always been to affirm that caring is experienced mostly by women but is universal. To put it in her words, it is not women’s “essential characteristic” and men could “fully participate” in it (xxiv).¹¹ And yet, at the very beginning of the book it is possible to read that “an ethic built on caring is ... characteristically and essentially feminine – which is not to say, of course, that it cannot be *shared* by men [my emphasis]”, which makes me think that men could only have a surreptitious place in the ethics of care, while the ‘proper’, the ‘authentic’ or ‘original’ one is that of women (8).

For these reasons, I think that Noddings’ renewed insistence on relationality does not displace nor challenge the ontological difference she takes for granted between men and women throughout the whole book, nor achieves her aim to reevaluate care and to situate it at the centre of a universal ethical account. According to Sevenhuijsen, Noddings’ work presents a universalistic pretention and a deliberate employment of “[r]hetorical strategies” for “a reversal in the binary hierarchy by positing ‘women’s’ morality as superior”, which nevertheless are not effective “even if only because they maintain an outmoded sexual division” (1998, 54).

Despite the problematic ambiguities I outline, I argue that the importance of Noddings’ s work resides in the fact that she pays great attention to affects embedded in

¹¹ But then, isn’t this the same logic at working underneath the ‘natural’ caring, which is, in theory, universal, but apparently is experienced (only) by (some) mothers?

caring relationships, as well as to the question of responsiveness.¹² Moreover, she dedicates a chapter of *Caring* to the analysis of human relationships with animals and plants (2013, 148-170), opening up the question not only of which kind of caring relations humans can have with non-human beings, but also of their ethical implications. I will draw again on these topics in the next chapters.

1.3 Critiques to the ‘Ethics of Care’

The ‘caring’ femininity described by Gilligan, Noddings, but also Chodorow and Ruddick is, according to many critics, profoundly normative and biased, as these authors tended to universalize the experiences and values of white, heterosexual, middle-class US heterosexual women and mothers living in traditional monogamic families, with a higher education and a professional career (Pierce 1991, Tronto 1993; Benhabib 1992). It could be said, then, that for these authors the only difference that counts – or at least the most important – is the sexual one. Moreover, their works were severely criticized because they do not challenge the association of care with femininity nor put into question the privileges and power relations embedded both in the differential distribution of care labour among women and men, and among the subjects involved in a caring relationship itself. Care, instead, is intended mostly as a domestic, private practice that depends (exclusively) on women’s singularity, no matter the social and cultural context or gender hierarchies (Tronto 1993).¹³ Another critique was that

¹² For instance, for her responsiveness is a crucial element of a caring relation, even if it is mostly rendered as a ‘potential’ responsiveness of the infant once grown up (2013).

¹³ According to Selma Sevenhijsen, this is particularly evident in Nel Noddings’s “individualistically directed” ethics of care (1988, 84). For the normative ethics elaborated by Noddings, indeed, the ‘one-caring’ is *obliged* to respond to any request or need of the ‘cared for’, but it seems important to me to remark that for Noddings (2013): 1. The cared-for is someone who has a close relation with the one-caring (caring is not possible in a non-intimate relationship, or whenever there is no proximity, whether physical or affective); 2. The ‘ethical’ part of caring appeals to one’s own ‘ethical ideal’, which is the image one builds throughout her

these conventional accounts of the ethics of care reproduce a universalized and unitary understanding not only of womanhood – inasmuch it offers a paradigmatic model of feminine psychic development – and motherhood, but also of care itself, invisibilizing the multiplicity and variety of existing practices of care beyond motherhood (Tronto 1993; Bowden 1997).

Claudia Card (1991, 1996) and Sarah L. Hoagland (1990a, 1990b, 1991, 1992), criticized the heterosexist aspects of Gilligan's and Noddings' theories, illustrating the limitations of their dyadic understandings of care, and the risks embedded in taking motherhood, marriage, or the nuclear family as romanticized ideals (to mention some of them, paternalism and the concealment of power relations, of abuses and violence). Card and Hoagland, moreover, argued that the values assigned to women are forms of self-sacrifice and vulnerability that are apprehended in a context of oppression and are not intrinsically or essentially feminine.¹⁴ For those critics, thus, the risk embedded in the ethics of care was identified as a move toward the essentialization and normalization – or even reinforcement – of stereotypes and oppressions.

It is within this debate that I situate myself in my intention to draw attention not only to the heterosexism of the first works on the ethics of care elaborated in the 80s, but also to the heteronormativity that is embedded in a conceptualization of care as prevalently a 'women's question'. A conceptualization that, on the one hand, rests on a gender binary that hinders the possibility to create a linkage between care and masculinity, and on the other conceals how care is embodied and caring practices are

(the gender, here, is not a coincidence) life as a one-caring: to cultivate the best self-representation one has of herself, one would know how to respond, ethically, to the other (104-147). Therefore, 'caring' for Noddings seems to depend exclusively on the individual, on her history and character, but not on structural power relations, on processes of socialization or embodiment of gender norms.

¹⁴ On women's "agency under oppression", see Hoagland's reflections on Noddings' *Caring* (Hoagland 1990b; 1991), and on Gilligan (Hoagland 1990a).

enacted by subjectivities that are not, or do not want to be assimilated by a rigid gender binary.

As I already mentioned, moreover, I consider that the conventional framework of the ethics of care is characterized by a (mostly) implicit anthropocentrism, since the ethical question about care tends to be taken exclusively as a ‘human’ problem – an assumption which I am willing to challenge or, at least, problematize. I want to acknowledge at this point that, whereas the first works on the ethics of care – that concern me here – focused mostly, if not exclusively, on human relations with other humans, ecofeminist thinkers, instead, expanded the ethical claim to care toward animals and the environment, connecting a reflection on women’s patriarchal oppression with a critique of the anthropocentric domination and exploitation of nature (Plumwood 1991; Warren 1996; 2000; Adams 1993). This move, according to some critics, is often rooted, or even justified, through an appeal to human sympathy, empathy and compassion, deriving from the acknowledgment that non-humans are as well exposed to suffering and violence (an overview on this topic can be found in Curtin 1991 and Donovan 2006).

Even if in this work I will not have the possibility to go further in the analysis of ecofeminist approaches to care, since in this context I will focus more specifically on Gilligan’s silence about the non-human and Noddings interpretation of the encounter and relation between humans and non-humans, I would like to mention that ecofeminists tend to highlight the conceptual link between the oppression of women and of nature, but still maintain a privileged link between women and care (Mies and Shiva 1993, see also Gaard 2011). As Sherilyn MacGregor warns, they do not challenge nor give an account of “the negative consequences” that this implies, namely, the risk of perpetuating “unequal gender relations” (2004, 62-65). My concern is that these

discussions are still embedded in a dichotomic thought, in which the othered elements of the binary seek to be revalued through a dialectical reversal, but finally remain in place. Moreover, since the agentic subject is represented as human – whether it is to exploit it or to protect ‘Nature’, the latter is casted in a status of passivity – certain hierarchy between the human and the non-human is maintained. In such a framework, ‘Nature’ is deprived of agency to be consigned to the realm of necessity, as given and “mere background for the gendered drama that unfolds”, a drama in which both nature and women are nonetheless casted in a site of inferiority and devaluation (Alaimo 2008, 300).¹⁵

In order to reach the double aim that inspires this thesis, namely, questioning and criticizing both the heteronormative and anthropocentric interpretation of the ethics of care, I will draw on Rosi Braidotti’s and Judith Butler’s theories. In the next section of this chapter, I will analyse the debate between these two authors: their discussions and confrontation revolved mainly around questions of gender and sexual difference, but both of them elaborate their theories and their ethical perspectives around a relational and embodied redefinition of subjectivity, on questions of vulnerability, sustainability and liveability, of needs and desires. Their theories provide useful conceptual tools to address my concerns about care’s heteronormativity and anthropocentrism.

2. Rosi Braidotti and Judith Butler

2.1. Braidotti’s Revisitation of the Sexual Difference

Rosi Braidotti is a ‘nomadic’ (2011, 20), ‘polyglot’ (41) feminist, as she describes herself to give an account of her subjectivity: she was born in Italy, moved to Australia

¹⁵ For a critique of the humanist and anthropocentric assumption of the non-human and its interpretation as a background in comparison to the human, see also Marchesini 2016.

with her family at a young age, where she grew up and studied before moving to France to work on her doctoral dissertation; in 1988, she moved again, this time to the Netherlands, where she taught at the University of Utrecht (2011). These aspects of her life deeply influenced her thought, especially for what concerns her theorization of the ‘nomadic subject’,¹⁶ her attention to the subject’s locations and cartographies of becomings, and her focus on sexual difference. She argues that to understand the importance she attributes to the sexual difference’s theory one needs to consider that it developed within – is embedded into – the context of European history and philosophy, where ‘difference’ signifies not only a radical ‘otherness’ or the antithesis of the ‘Sameness’ of the ‘Subject’, but also a site of inferiority, since the terms of the binary are hierarchically organized (2006, 2011).¹⁷ The dichotomic and hierarchical division between the Same and the Different lies at the heart of forms of oppression, exclusion, and violence, experienced by ‘othered’, ‘different’ bodies that are often “sexualized, racialized, and naturalized” (2006, 21). Women’s difference would consist then in their being the sexualized others of a masculinist-constructed Subject.

Nevertheless, for Braidotti, ‘difference’ does not only signify the location of inferiority, of disposability, disempowerment, or subordination: her project aims at a reappropriation of the difference itself as a site of resistance and transformation. As she explains in *Nomadic Subjects*, her aim is to seek a way to think about subjectivity

¹⁶ A concept that she elaborates inspired by Deleuze’s work (Braidotti 1994, 5).

¹⁷ As Braidotti writes in *Transpositions*: “the notion of ‘difference’ ... is constitutive of both European identity and of a philosophical tradition which defines the Subject in terms of Sameness, that is to say as coinciding with a set of qualities and entitlements. Thus, Subjectivity equates with consciousness, rationality and self-regulating ethical behaviour. Such a view implies a dialectic of Others, which are defined in terms of negative difference and function as the specular counterpart of the Subject. These are sexualized, racialized, and naturalized others (2006, 21)”.

“beyond ... dualistic conceptual constraints” (2011, 22).¹⁸ For this reason, she proposes alternative “figurations” of the subject – such as the “nomadic subject”, or the “new female feminist subjectivity” – which, she argues, would better work to represent the subjects who live in contemporary advanced capitalism, and whose experiences are characterized by fragmentation, non-unity, displacement and constant changes (22-24).

To achieve this redefinition, Braidotti maintains that it is necessary to rethink “the bodily roots of subjectivity” (24-25): she is committed to resisting and challenging disembodied, apparently neutral or universal definitions of the (humanist, modern) subject, which indeed are intrinsically masculine. For this reason, she focuses on embodied female subjects, on women: grounding her reasoning on the subject in the body, the sexual difference – or rather, the question of the sexual difference – emerges in her account as a privileged site to destabilize the Masculine postulated as universal.

And hence, this difference is neither a given nor an essence – for Braidotti, the feminist struggle needs to challenge essentializing differentiations, since they work at the service of the supremacy of the Subject/the Masculine/the Same –, but is nevertheless bodily and embodied, it is material and transcends the material at the same time. The body itself, she writes, needs to be intended “as neither a biological nor a sociological category, but rather as a point of overlapping between the physical, the symbolic, and the sociological” (24-25): her account struggles to bond together empirical and symbolic aspects, the material and the discursive, questions of sex and gender. But how does she think about the sexual difference resisting at once a dichotomic and hierarchical logic that situates the difference in a site of inferiority? As the authors of the ethics of care (Gilligan, Noddings), Braidotti focuses on women’s experiences, but I suggest that in her work it is possible to identify a site of resistance

¹⁸ Braidotti’s *Nomadic Subjects. Embodiment and Sexual Difference in Contemporary Feminist Theory* was first published in 1994. I am working mostly on the second edition of the book, published in 2011.

against their generalizing or universalizing tendency, that is, their assumption that some experiences – in particular those linked with care – are common for *all* women and embedded in femininity itself.

First, I want to stress the fact that Braidotti considers the question of sexual difference as central and prior to other differences in as much as she is situating herself within feminist theory and activism; as I take it, she is not assuming that it is primary or more relevant than other differences in absolute terms; rather, it seems to be a strategic grounding for the feminist struggle, capable to bind and bring together different subjectivities. According to Braidotti, as a concept it can be “operative as a political option” (2011, 122), and explains, “one *speaks as* a woman, although the subject ‘woman’ is not a monolithic essence, defined once and for all, but rather the site of multiple, complex, and potentially contradictory sets of experiences, determined by overlapping [and intersecting] variables such as class, race, age, lifestyle, and sexual preference” (25).

Braidotti’s female subject, for instance, is non-unitary and multi-layered: it is a position which is embodied, undergoes mutations and changes, and articulates differently according to the situation in which it is embedded (2011). Thus, differences among women are taken into account – there is no common essence, the ground of the sexual difference is not fixed, immutable, or given once for all for every female subject. In my understanding, Braidotti’s “feminine” is a site of tension, even of paradoxical encounters and interactions of material, virtual, psychic – all of them *embodied* – becomings which seek to find a way to resist or move beyond a binary logic that, in turn, compels it to shape into the oppositional Difference of the Same (2011).

In this resistance, she wants to acknowledge – simultaneously – different levels on which the sexual difference operates: 1. The “difference between Men and Women”,

where Man represents the universal, abstract, rational and autonomous subjectivity and “Woman” is “the cultural dominant model for female identity”,¹⁹ the *other* in a dichotomic and hierarchical fashion (2011, 150-153). 2. The “differences among women”, where differences of class, sexual orientation, race, and experiences of “real women”²⁰ are acknowledged (154-157). 3. The “differences within each woman” or within each “female feminist subject”, where the self and the identity is rooted in the embodied matter but is linguistically rendered, is linked to the unconscious and thus is not fixed nor coherent but multiple, relational, non-unitary, in-process, in-becoming. Such identity, for Braidotti, needs to be negotiated at a conscious and political level in order to position oneself as a feminist subject (157-160). Braidotti argues that there is no chronological order nor linearity among these levels; they are rather a methodological approach to reflect on subjectivity beyond a dichotomic system of thought and to open up a space in which “sexual difference allows for the affirmation of alternative forms of feminist political subjects” (161). Subjects which she describes as follows:

‘She’ no longer coincides with the disempowered reflection of a dominant subject who casts his masculinity in a universalistic posture. She, in fact, may no longer be a she, but the subject of quite another story: a subject-in-process, a mutant, the other of the Other, a post-Woman embodied subject cast in female morphology who has already undergone an essential metamorphosis. (2002, 11-12)

¹⁹ This point seems problematic to me since apparently for Braidotti there is only one kind of dominant model of femininity – concealing cultural, historical, social differences that she indeed acknowledges in the other levels of her account of sexual difference.

²⁰ Again, this point is highly problematic for me: I cannot grasp, from Braidotti’s account, what she means by the term ‘real women’: who is ‘real’? Someone assigned ‘female’ at birth because of the morphology of their genitalia? This terminology, as Grosz highlights, conveys certain essentialism (Grosz 1995, 64-65).

2.2 Braidotti's Account of the Sexual Difference: A Critique

Given this brief summary of the complex thought of this author on the question of sexual difference, it would be appropriate for me to acknowledge the fact that some of Braidotti's texts provoke in me numerous doubts and sometimes even a feeling of uneasiness, which, I would say, generates in me a slight resistance toward her argumentations. In fact, it seems that, even if Braidotti seeks to redefine and entail a reappropriation of the feminine, and to mobilize it in a new, non-essentialist way, it is maintained as the very core of her definition of the feminist struggle, as the concept and maybe even mark of identity around which people could accede to feminist theory and activism. And yet, despite her effort to relax what I would call the normativity of the feminine, that is, its dominant interpretation as the opposite to the masculine in a dichotomic framework of thought, it nevertheless reproduces, in a certain sense, this same dichotomic opposition and, I suppose, risks to produce a certain foreclosure towards subjectivities who do not align, or do not want to align, to 'femininity' as the term around which represent themselves, recognize themselves, gather or accede to feminism.

I do not intend to disassociate feminism from signifiers such as 'women' or 'feminine', nor question the political significance and centrality they have for the feminist struggle.²¹ But I would like to take into consideration, nevertheless, the fact that the insistence on the *feminine* in Braidotti's expression 'feminine feminist subject' could continue to be a site of exclusion since it relates to a "female morphology" in which it is *casted* (2002, 12) that I think is not necessarily a precondition to define oneself a woman, nor a feminist. Is Braidotti foreclosing, in a certain sense, the

²¹ This is crucial, for example, when they are taken as conscious positionings from where to situate a protest or a manifestation.

possibility to think the masculine in an assigned female body – or in an assigned female body which comes to situate itself in the feminist struggle –, or the feminine in an assigned male one?²² My concern is that queer, trans, intersex, non-binary people would not find space in Braidotti's account of a feminist subjectivity.

I think that this is not just a matter of self-definition or self-determination, but also of recognition and recognizability that exceed the subject, that is, of questions that concern norms of un/intelligibility of a subject – norms that I do not posit but affect me; when I am recognizable or intelligible, it is someone or something other than me that recognizes me. Would not these norms remain, with Braidotti's affirmation of the feminine, embedded in a dichotomic regulation of feminine and masculine morphologies, of different – and recognizable as different – biological sexes?

And yet, for Braidotti the sexual difference is not *only* and not *fully* a matter of biology, as I have tried to explain; but it seems to me that biology remains, nevertheless, as a residual priority for the multiple transformations that the feminine could entail in its emergence from the site of devaluation where it has been casted in Western thought – and thus the possibility that it could constitute a potential site of exclusion or coercive normalization is not excluded. Would it be possible to think about *a* sexual difference among a variety of sexual differences, and at the same time acknowledge their specificities? Would this allow for broader coalitions, for convergences, bonds and intersections of multiple feminist struggles? As Judith Butler asks in *Undoing Gender*:

²² Judith Butler, considering butch desire in response to Braidotti's thoughts about the sexual difference, writes: "if it there is masculinity at work in butch desire, that is, if that is the name through which that desire comes to make sense, then why should we shy away from the fact that there may be ways that masculinity emerges in women and that feminine and masculine do not belong to differently sexed bodies? Why shouldn't it be that we are at an edge of sexual difference for which the language of sexual difference might not suffice, and that this follows, in a way, from an understanding of the body as constituted by, and constituting, multiple forces? If this particular construction of desire exceeds the binary frame, or confounds its terms, why could it not be an instance of the multiple play of forces that Braidotti accepts on other occasions?" (2004b, 197-198).

“must the framework for thinking about sexual binary be binary for this feminine multiplicity to emerge? Why can’t the framework for sexual difference itself move beyond binarity into multiplicity?” (2004b, 196-197).²³

Indeed, the reflections I exposed in this section rely on my reading of Judith Butler’s works. Her discussion with Braidotti published in 1994 with the title “Feminism by Any Other Name”, as well as other texts in which each of them reflects on the theories of the other – in a prolific intellectual exchange on questions of gender, sexual difference, norm/alization and desires –, are crucial in my work, contribute to my understanding of their theories and constitute a starting point for my mapping of convergences and dissonances among their approaches, which I intend to mobilize around my questions regarding the ethics of care.²⁴

2.3. Questions of Convergences and Divergences: Braidotti and Butler

My explorations of Braidotti’s and Butler’s theories is not only informed by the dialogue they established among each other in their texts, but also by their reflections on a series of common topics. In fact, both develop their theories around an analysis of embodied subjectivities. For both, moreover, the subject is always exposed, it is a subject-in-relation to otherness, to forms of power, to norms, to their environments; it undergoes, constitutively, a never-ending process of becomings, of doings; it is never given *a priori*, nor fixed, stable or unitary. In this sense, they challenge Cartesian and Kantian interpretations of the subject, modern assumptions of universalism and

²³ Butler is here directly addressing Braidotti’s theory. The whole quote says: “It seems to me that the future symbolic will be one in which femininity has multiple possibilities, where it is, as Braidotti herself claims, released from the demand to be one thing, or to comply with a singular norm, the norm devised for it by phallogocentric means. But must the framework for thinking about sexual binary be binary for this feminine multiplicity to emerge? Why can’t the framework for sexual difference itself move beyond binarity into multiplicity?” (2004b, 196-197).

²⁴ As for example Braidotti 2005; Butler 2004b, 2014.

objectivity, and the primacy of reason over embodied emotions and affects. Their philosophy is also entrenched to Spinozian questions, namely, around the ethical implications of the *conatus/potentia* (the tendency to persist in one own's being), a topic that I will discuss in the following chapters.

It is important, though, to highlight that Braidotti and Butler's projects, despite the elements they have in common and the affinity of some of their outcomes, revolve around "different texts and different problematics", as Butler herself acknowledges in *Undoing Gender* (2004b, 194-195). In this book, and particularly in the section she titled "Response to Rosi Braidotti's *Metamorphoses*", Butler gives an account of what I would call her own 'cartography' and location: she grew up in the US and "was part of a family that understood itself as European Jews" (201). She defines herself an American "trained in European philosophy" (201): she started reading philosophy when she was a teenager (Spinoza's and Kierkegaard's works played a crucial role in this period of her life); she attended Yale University; moved to Germany to study German Idealism, and Hegel's theories about "desire and recognition" were the topic of her dissertation (201-202; 236-240). As she writes, her interests revolve around questions of survival, of lack, "melancholy, mourning, conscience, guilt, terror", and violence (195), and her reading of Austin, Foucault, and Derrida informed her work on language, the body, power relations, and (gender) performativity.

Braidotti, too, draws on Foucauldian notions of power, but her philosophy follows, mainly, the poststructuralist trend of Deleuze and Irigaray, and moves between sexual difference feminism and post-humanist theories. She also draws on Spinoza's philosophy, even though through Deleuze's reading of it: the concept of the *conatus* is

crucial in her discussion of positive, productive, transformative and affirmative sites to overcome the *impasse* to which negativity, suffering, and violence could lead to.²⁵

2.4 Embodiment and Performativity in Judith Butler, and an Insight on Braidotti's Critiques

Whereas Braidotti is a philosopher of difference, Judith Butler is one of the most important thinkers in what became to be known as feminist and queer theory. According to Butler, one's gender is not an essence, but rather a doing, a series of enactments and embodied performances which are socially and culturally regulated, and thus is linked to norms of intelligibility and recognition that precede and exceed the formation of the gendered subject (1997). In the "Introduction" to *Bodies that Matter*, Butler argues that the interpellation of a new-born as a "boy" or as a "girl" initiates a process of genderization which is as well operative in terms of regulation of its sexuality: the recognition of the baby as sexed conveys not only an assumption of its gender, but also of its heterosexuality (1993).²⁶

The repetition of these 'correspondences', that is, of the supposition that one's genitalia necessarily imply a specific gender assignation and consequently the promise of the child's heterosexual orientation, produces a "naturalized effect" which conceals the fact that they are, instead, normative and productive regulations (1993, 7-8). Both the bodies which seem to 'adjust' to the norm and those which challenge it or do not conform are subjected to these norms of what Butler calls the heterosexual "matrix of gender relations" (7), but those that do not conform incur into exacerbated forms of regulation, surveillance, suspicion, and are exposed to coercive sanctions and violence:

²⁵ Other new-materialist feminist theorists who work on Spinoza through Deleuze's reading of his philosophy are, for example, Genevieve Lloyd (1994) and Moira Gatens (2009).

²⁶ This interpellation, nevertheless, could take place even before the baby's birth, namely, when a doctor 'reveals' the sex of a fetus after a sonogram.

embedded in this matrix, they are in some way unintelligible, abnormal, unnatural (3;7-8).²⁷

According to Butler, nonetheless, the problem of the intelligibility or of the recognition of a subject as such is not just a question that concerns the conceptual construction or understanding of subjectivity but also its embodiment. To give an example of this, let's return to her reflections about gender performativity. As she writes, “performativity is not just about speech acts. It is also about bodily acts” (2004b, 198). Gender is performative not only at a linguistic or discursive level, such as in the case of the interpellation and the recognition of a body as gendered; it is also embodied and reproduced by the subject itself: gender is constantly enacted. And yet, for Butler this enactment does not depend exclusively on the agentic subject, that is, it is not an autonomous or self-produced, independent or voluntarist doing – at least, not fully –; it is in a certain sense always already a “reenactment”, a repetition of what has been socially recognized, established, and legitimated (1988, 526).

It is important to notice that Butler, moreover, challenges the sex/gender divide in which sex is intended as natural or as a factuality, whereas gender is socially constructed. As I understand it, for Butler the investigation of the materiality of the body is not separable from an enquiry on discourse since materiality is only representable through the account one gives of it; language is a necessarily mediation to *speak* about the body, and yet, the author recognizes that the body cannot completely be represented through language: something is always already exceeding it. As she – not without irony – explains in *Undoing Gender*,

²⁷ For Butler, a body is vulnerable since the moment of its birth, but this vulnerability is embedded in a network of power relations which exploit it differentially according to the dominant norms of intelligibility which regulate the social categories of gender, sex and sexuality, race, ethnicity and class, among others: categories that sustain, enable or “guarantee a recognizable and enduring social existence” (1997, 20) to some subjects, but that for others are markers of subordination: some bodies, she argues, are less human than others, more disposable than others (2004b).

I confess ... that I am not a very good materialist. Every time I try to write about the body, the writing ends up being about language. This is not because I think that the body is reducible to language; it is not. Language emerges from the body, constituting an emission of sorts. The body is that upon which language falters, and the body carries its own signs, its own signifiers, in ways that remain largely unconscious. (2004b, 198)

To talk about the materiality of the body, thus, appears as an engagement with a space of tensions between what is accountable and what remains unrepresentable, ungraspable at a discursive and conscious level. Butler addresses the question of the body in general, and in particular of sex and sexual difference, considering that they are not fully separable from – nor do fully coincide with – the discourse through which they are rendered (1993, 29-31). Sex – and sexual difference – is not, for Butler, “a simple fact or static condition of a body, but a process whereby regulatory norms materialize ‘sex’ and achieve this materialization through a forcible reiteration of those norms” (2). In other words, she maintains that the discourse on sex, reproduced, repeated and cited through time, does not just define but produce what it expresses, “the effects that it names”: it is, thus, performative (3).

I am not going to extend further this brief exposition of Butler’s reflections on performativity: my intention is simply to give a sense of the profound difference of her account from Braidotti’s. Indeed, Braidotti’s preoccupation is that Butler’s focus on gender would, on the one hand, dismiss the question of sexual difference, or even cast the feminine as regressive, as a site of degradation and devaluation which could not entail neither a subversion of the norms nor any sort of resistance, and on the other move toward a sort of disavowal of the flesh, of the materiality of the morphological body, and of the unconscious implications of sexual difference (2002, 42-50).

I do not think, instead, that Butler's insistence on the citational aspect of performativity implies a rejection of the feminine, but rather that it could underline the power relations in which it – as well as the masculine – is embedded, and the normative regulation it exercises. I want to remark that Butler does not deny the possibility for subversive practices, even if they take place within a process of citationality, that is, of repetition and citation of already existing norms. This possibility resides precisely in the fissures that open up in a process in which: 1. There is no origin nor original to be imitated or cited, since the so called 'original' is itself instituted as an effect of the citations (1993, 12-16); 2. The repetition is never quite an exact reproduction of what has already been enacted or embodied (12-16).

So, as I take it, the feminine is not dismissed as a site of fixity and immutability, always already captured in a dualistic and hierarchical logic according to which it is inevitably subordinate to the norm. Moreover, I do not think that Butler postulates a future in which sexual difference would not exist anymore, as Braidotti seems to fear (2002). Rather, I consider that not only it is possible to analyse the feminine as performative, as Butler argues, but also that the outcomes this could have would potentially (even paradoxically, considering their discrepancies) tend toward Braidotti's idea of the feminine as transformative, non-essential/ist, non-unitary, multiple and mutable.

In my reading of these authors, I have the impression that they both disclose possibilities of subversion, of transformative practices or performances, even though they proceed, so to speak, at very different speed: in Braidotti's proposal, characterized by her vitalist insistence on affirmation and transformation, there seems to be an enthusiastic and hasten urge toward a change; on the other hand, I would describe

Butler's perspective on possible transformations as a slow but relentless dripping in which each drop rarely lands on the same point as the others, and yet could create a rift.

2.5 Vulnerability in Butler's and Braidotti's Theories

At this point, I consider it appropriate to provide an insight on questions of vulnerability, a crucial term in Butler's approach to ethics. To do so, I will draw on her text "Vulnerability and Resistance" (2016) – in which she, moreover, manifests her scepticism, or maybe even defiance, towards the ethics of care – and on the "Introduction" to *Frames of War* (2009). Then I will put Butler's reflections in dialogue with Braidotti's positions on questions of vulnerability.

For Butler, vulnerability is not – or not fully – an ontological or existential status of the body but rather is embedded in "social and material relations" and "linguistic" categories since they define "who we are" and "even our ability to survive, depends on the language that sustains us" (2016, 16).²⁸ So, from this emerges the fact that the body needs to be supported in multiple and different ways in order to live and to act, and it is in this sense that for Butler it is "less an entity than a relation" (19). She argues that "it would not be a sufficient politics to embrace vulnerability or to get in touch with our feelings, or bare our fault lines as if that might launch a new mode of authenticity or inaugurate a new order of moral values or a sudden and widespread outbreak of 'care'" (25). She, in other words, manifests concern regarding the emergence of paternalistic kinds of caring for those vulnerable subjects seen as incapable to act for themselves;

²⁸ I want to highlight that Butler's position on the one hand challenges an interpretation of vulnerability as ontological, but on the other hand it seems that in her discourse vulnerability is still held as a condition that cannot be overcome once for all nor is eradicable from bodily life, but rather allows life to exist or, to put it the other way around, without vulnerability or at zero level of vulnerability, life itself would not be possible (2016, 18-19). Note that other authors read Butler's concept of vulnerability in ontological terms (Murphy 2011; 2012, 71; Diprose 2013).

against this move, she argues that vulnerability is not the opposite of agency, and that vulnerability itself could become a site from which to articulate feminist resistance against oppression (25).²⁹

I might agree that an emphasis on care “would not be a sufficient politics” (25); my point, nevertheless, is not to argue that care should be the only focus of feminist political struggles nor to propose a totalizing interpretation of it. Still, I think that this is no sufficient reason to dismiss a reflection on care or the possibility to challenge and go beyond the conventional understanding of the ethics of care, which indeed tends to associate vulnerability with a loss or absence of agency and has quite paternalistic and essentializing outcomes.

In *Frames of War* (2009), Butler suggests that it is necessary to elaborate a “new bodily ontology” around the theorization of “precariousness, vulnerability, injurability, interdependency, exposure, bodily persistence, [and] desire” (2). Nevertheless, as Susan Hekman points out in her analysis of Butler’s work, she elaborates an ontology that does not presume a transcendental subject, nor aims at unveiling its essence (2014, 459). Underlining that her approach is un-foundational, Butler argues that vulnerability and precariousness – “more or less existential conception[s]” – are “linked with a more specifically political notion of ‘precarity’” (2009, 3). That is, they are not simply given existentials, previous to any other specification and thus equally foundational for each and every (not just human) life. There is no ‘universal’, common or identical precariousness for every-body, but a differential distribution of it.

²⁹ Butler writes: “I am not in favour of such moves toward authenticity as a way of doing politics, for they continue to locate vulnerability as the opposite of agency, to identify agency with sovereign modes of defensiveness, and to fail to recognize the ways in which vulnerability can be an incipient and enduring moment of resistance. Once we understand the way vulnerability enters into agency, then our understanding of both terms can change, and the binary opposition between them can become undone. I consider the undoing of this binary a feminist task” (2016, 25).

A body, in fact, is always “exposed to socially and politically articulated forces as well as to claims of sociality – including language, work, and desire – that make possible the body’s persisting and flourishing” (3). Differences in precarity, hence, are historically produced by norms and forms of power, by political and economic systems, in a hierarchical and exclusionary way, so that the precariousness of certain bodies is exacerbated and their exposure to violence enhanced, while for others it is controlled and managed in order to be minimized (2-3). Precarity marks certain bodies as disposable; in a certain sense, their deviance from the norm is a ‘difference’ that determine the exacerbation of their exposure, so that their dependency comes to constitute a threat to their persistence.

Nevertheless, it is important to bear in mind that this acknowledgement of bodily exposure to vulnerability does not lead to an ethical impasse, nor to an inability to act or resist to the *status quo*. Butler – as well as Braidotti – agrees on this: vulnerability and agency are not mutually exclusive terms. Butler suggests that “vulnerability is neither fully passive nor fully active, but operating in a middle region, a constituent feature of a human animal both affected and acting”, that is, affected by and affecting others (2016, 25-26). Her main interest in affirming this, concerns showing how “modes of political agency and resistance ... emerge within so-called vulnerable populations”, how people can bound, manifest, and engage in political resistance to violent and oppressive powers (25-26). Though, I want to acknowledge here Murphy’s acute observation that Butler’s position could be ambiguous, since on the one hand the recognition of the other’s vulnerability seems to constitute a point of departure for an ethical approach to otherness, but on the other hand this acknowledgement does not necessarily lead to an ethical outcome, that is, does not compel one neither to avoid hurting or exercising

violence on others nor to assemble with others *because of* their vulnerability (2012, 66-68; 71-75).

In a certain sense, Murphy's critique is similar to Braidotti's position: this author, in fact, reflects on vulnerability without positing it as a sort of foundation or ground for her ethics (see 2006, 2013).³⁰ Braidotti argues that it is problematic to interpret vulnerability as a "shared" condition, as "a global sense of inter-connection in the face of common threats" (2013, 50). By saying this, she warns against a reading of vulnerability that would lead to generalized or universalized assumptions, as for example that different bodies, or even different species, are affected by identical conditions that put at stake their lives, or that they share a "comparable degree of vulnerability" (85). She argues that interconnections, bonds and alliances that would emerge from such vision are mobilized in "reactive" and "negative" ways, namely, through fear and anxiety of destruction (79; 85). Her proposal, instead, is to think about vulnerability as an "affirmative bond that locates the subject in the flow of relations with multiple others", where differences are accounted and not flatten out (50).

I suggest that the positions of these authors could converge, despite having very different, almost opposite, starting points. Whereas in Butler's argument vulnerability is differentially distributed by normative powers but is also produced by these powers, for Braidotti bodily differences are in a certain sense given, and patriarchy and advanced capitalism cast them as disposable, exploitable and commodifiable (Braidotti 2006, 44).³¹ Even admitting a possible 'negative' reading of Butler's reflection on dependency, disposability and vulnerability, though, she is indeed cautious not to foreclose agency and the possibility of political transformation, as I tried to underline.

³⁰ The idea that Butler *grounds* her ethical account on questions of vulnerability is supported, for example, by Susan Hekman (2014).

³¹ For Braidotti, it is because of material and tangible differences of sex, race, species that some bodies are categorized as the Others of the Same, and thus exploitable (2006, 21).

On the other hand, Braidotti recognizes that a theory such as Butler's, where exposure and vulnerability are central, "entails the necessity of containing the other" but does not foreclose (inter)connections between the bodies (2006, 158). Both of them challenge an individualistic, autonomous and independent vision of the subject, but bodily exposure and disposability do not imply that they are powerless (in a Spinozian sense, as unable to affect and to be affected, to act and be acted upon) or that their agency is totally prevented.

3. The Importance of Analysing the Ethics of Care in Dialogue with Rosi Braidotti and Judith Butler

In this last section of this chapter, my aim is to draw a sketch that would clarify the reasons that lay at the core of my investigation on care ethics through Braidotti's and Butler's philosophies. As I mentioned before, several criticisms to the ethics of care concern the fact that care continues to be a site of disempowerment in comparison to the (masculine) traditional field of morality, according to which the moral subject is an autonomous and rational entity that acts according to universal values of justice. Card (1988) and Hoagland (1990b) even suggested, employing Nietzsche's terms, that the ethics of care is a 'slave morality': they argued that in the ethics of care women, above all mothers, self-sacrifice for the sake of their (male) children, and that there is no guarantee that their example contributes to the education and formation of caring subjects; rather, they suggest that those children would probably, once they grow up, become masters themselves. I think it is important to recognize the preoccupations that undergo these criticisms, namely, that care ethics could entail the risk of reproducing the *status quo* of heterosexist and heteropatriarchal societies in which the burdens of care lay above all on the shoulders of women. Nevertheless, I do not want to embrace a

complete withdrawal from the ethics of care or its dismissal as a lost battle. Are there any alternatives?

Even though in this chapter I delineated only a brief introduction to Braidotti's and Butler's works, I hope I have shown that it is possible to trace certain convergences between these authors, even acknowledging the fact that they undertake different – almost opposite – philosophical moves: the former, toward positivity and affirmation, the latter, toward an analysis of the negative. This has a significant impact on their ethical accounts, since for Butler the ethical question emerges from the acknowledgment of the vulnerability to which every life is exposed, while for Braidotti “[e]thics is ... the discourse about forces, desires and values that act as empowering modes of being” (2006, 14). Moving between these positions, I will reflect on the possibility to think about the ethical potential of care practices, which are commonly associated to situations of dependency, vulnerability, pain or need, trying to open up an opportunity to challenge the heteronormative and anthropocentric aspects that are embedded in conventional interpretations of the ethics of care.

In the following chapter I will address the question of heteronormativity drawing on both Butler's and Braidotti's theories. I want to suggest that the concept of woman, of difference and of femininity at work in the ethics of care of Nel Noddings and Carol Gilligan, investigated through Braidotti's thought, seem to revolve, in a quite stagnant mode, around the opposition to the dominant and pseudo-universal (masculinist) subject. As I take it, their definition of the feminine as the site of antithetical values (of relatedness, care, availability) to those of the masculine moral subject, tends to reproduce the former in the very terms employed by the latter to maintain its superiority and dominant position. Is it possible to individuate, in Braidotti's thought, some patterns to open up an understanding of care as a site of

transformative practices, which would challenge the vicious circle in which care and femininity are entangled in their devaluation?

Following Judith Butler, instead, what would it imply for the ethics of care to affirm that femininity – and masculinity – are not fixed categories but vary historically and contextually (2004b, 10), and that they are produced through processes of normalization and naturalization? As I previously pointed out, both Gilligan and Noddings affirm that care is not *intrinsically* or *essentially* ‘feminine’, and that such association – which they indeed acknowledge – is prevalently empirical (Gilligan 1993, 2; Noddings 2013, 2): they seek to emphasise that caring is experienced mostly by women rather than by men, and that is not foreclosed for the latter. Nevertheless, in their works these affirmations seem a sort of disclaimer, more than a political standpoint, as their whole elaboration of an ethics of care is built upon a constantly reiterated dualistic opposition of feminine and masculine values which seem to emerge as an effect of men’s and women’s different psychic and physical development. I suggest that this dualistic model tends to reinforce or, to describe it in Butler’s terms, ‘normalizes’ and ‘naturalizes’ the assumption that certain sex – certain kind of genitalia, assigned male or female – is necessarily aligned to certain gender de- or a-signation, and with them, to performances, values, emotions, mental processes and ethics, which are understood respectively – and exclusively – as masculine or feminine.

As I see it, Butler’s reflections about gender would contribute to my aim, namely, to visibilize the normalizing effects embedded not only in Gilligan’s and Noddings’ works about the ethics of care, but also in the conventional understanding of care, and in the organization and enactment of caring practices in quotidian routines. I suggest that caring practices are performatively ‘genderized’ inasmuch as they are intended as ‘feminine’ tasks, and at the same time, the enactment of ‘femininity’

conveys a sort of normative interpellation to ‘care for’ the other. In this logic, women who do not perform care when (socially) expected, as well as ‘masculine’ performances of care, would enter the realm of exceptionality, if not even of suspicion of abnormality. Caring practices, it could be said, are thus socially disciplined and the ‘failure’ to care, or what is read by the others as a ‘failure’ to care, could entail forms of social punishment (as the ‘stigma’ of the bad mother), or a self-inflicted punishment through guilt.³²

Considering Butler’s affirmation that “[t]he regulation of gender has always been part of heterosexist normativity” and that homophobia is part of this normative power (2004b, 186), I started to ponder that the discourse about the ethics of care is deeply rooted in heteronormative assumptions; it is not just that Gilligan and Noddings did not address the fact that care practices take place also outside the heterosexual family, which was at the centre of their focus of analysis. As I want to sustain in the next chapter, it is the very logic that supports their account of the ethic of care to be tendentially – or tendentiously? – heteronormative.

Regarding my focus on anthropocentrism in the ethics of care (which I will address in the third chapter), I will draw again on Butler’s and Braidotti’s texts, above all for what concerns their conceptualization of the human and of (a livable) life. Even if Butler’s arguments on vulnerability tend to be quite anthropocentric, I consider that in some of her writings there is a move toward a non-anthropocentric overture. For what concerns Braidotti’s theory, instead, I will draw above all on her work on the posthuman, in which her emphasis on the body and on the sexual difference explodes the binary between the so called human and the non-human. In *Transpositions* (2006) and in *The Posthuman* (2013) she expands her critique of the Subject/Same as

³² See Noddings 2013.

supposedly autonomous and independent not only to a reflection on the female embodied subject, but also toward questions of interconnectedness, relationality, and interdependencies that blur the humanist assumption of human primacy over the animal or environmental other. She recognizes the sexualized, female body, the racialized body, and the animal as the constitutive others of the Subject, and explores the links among them in order to develop an ethical project of (joyful) transformations and affirmations that revolves around questions of embodiment and embeddedness on the one hand, and on the other around questions of (ethical) agency in constant negotiation between the (apparent) singularity of a body and its (mutual or inter-) dependence with different others.

What I hope to highlight, drawing on Braidotti's and Butler's reflections on ethics, is how the ethics of care and a conventional interpretation of care in general is highly embedded in normalized and normalizing discourses which constantly (re)establish hierarchical differentiations among human beings (in terms of gender or sexual difference, race, class, age, abilities, health, etc.) and between the so called 'human' in opposition to the alleged sphere of the 'non-human'. Which bodies are considered valuable and worthy to be cared for? Whose life matters and is cared for in order to sustain its persistence? Which bodies, on the other hand, are entitled to care? If it is asked, in relation to questions of ethics, "what can a body do?" – a question posed by Spinoza, and elaborated by Deleuze and Braidotti – would the focus of ethics shift from the human subjectivity to a less anthropocentric interpretation of ethics, and ethics of care in particular?

Chapter 2

The Heteronormativity of Care

In this chapter, I will sustain that the logic that underpins a conventional understanding of care and of the ethics of care is heteronormative, and I will analyse what this implies. I will suggest, moreover, a way to articulate an alternative, non-heteronormative ethical approach to care. To do so, I will first analyse how Gilligan's and Noddings' conceptualization of care as feminine revolves around, and thus sustain and reproduces, heteronormative logics and assumptions, which cast non-normative subjects as abject and abnormal. Then I will give an alternative definition of care as performative, affirming that it is not feminine *a priori*, in a biological or essentialist sense, but rather is constantly re/produced in those terms, that is, it is feminized and naturalized as feminine.

In the following section I will discuss questions of disposability and dependency, affirming that, in Gilligan's and Noddings's works, women are ultimately assigned to a disposable and servile function with regards to the dependent other for whom they care for. The third part is a further development of the previous one, and here I will propose to think dependency in non-essentialist terms, but rather as a threshold between an ontological and a situated, contextual condition in which bodies are embedded. Then, I dedicate a section to a reflection on care as future-oriented, problematizing the fact that the 'future' is interpreted, in the framework of the ethics of care, mostly if not exclusively as the future of the child. Drawing on a conceptualization of ethics inspired on Butler's and Braidotti's reflections on Spinoza's philosophy, I will suggest an alternative way to think care: not as *a priori* 'good' in ethical terms, but as a

performance that could allow, in certain circumstances, to support bodies' persistence and futurity. In the last part of the chapter, I will summarize, briefly, the main arguments that I have been developing and give an account of how a critical approach to the considered questions could open up an alternative path to rethink care and care ethics in a less (hetero)normative way.

1. Heteronormative Implications in Gilligan's and Noddings' Works

The term "heteronormativity" was popularized by Michael Warner in *Fear of a Queer Planet: Queer Politics and Social Theory* (1993) and refers to the pervasiveness of heterosexuality in shaping social, political, and economic relations; a pervasiveness which entails, it could be said, the invisibilization of heterosexuality itself as its foundation, inasmuch it is assumed as what is 'normal' and 'natural'. For Warner, therefore, it constitutes a 'regime' (xxvi) and a site of privilege (xxi) which goes beyond the sphere of sex orientation or sexual acts but regulates society in a broader sense. I suggest that the conventional framework of the ethics of care is heteronormative since the scholars who developed its theories: 1. analysed care as a practice performed mostly within the heterosexual and reproductive families;¹ 2. their affirmation that care is the outcome of women's psychological development, but not that of men's, perpetuates an imagery of heterosexual complementarity; 3. they assume the existence of a normal psychological development on the basis of a natural association between people's biological sex, gender identity, and sexual orientation; 4. this assumption produces subjectivities who do not or do not want to conform to these norms as abnormal or

¹ A model of family taken for granted as universal experience, as a normal and natural condition for everybody.

unnatural. In this section of the chapter, I will analyse more in detail how Gilligan's and Noddings' works reproduce this heteronormative model.

As I illustrated in the previous chapter, care ethicists developed their theories from an analysis of women's experiences and women's approach to ethical dilemmas emerging in their quotidian relations with others, which they found fundamentally different from men's. According to Gilligan (1993) and Noddings (2013), the female subjectivity is characterized by an enhanced sense of connection in their relationships with others² and tend to put at the centre of their ethical reasoning a preoccupation and attentiveness for the well-being of the other, considering the concrete situation they are facing.

The constantly reiterated binary between men and women, I suggest, relies on heterosexual norms, which, through a conventional care ethics, are reinforced and reaffirmed: they are naturalized in such a way that they become invisible, that is, they never emerge nor are put into question. In fact, despite Gilligan and Noddings acknowledge that there is an unequal distribution of the burdens of care among men and women, the possibility that this is both functional for and productive of the maintenance of the heteronormative regulation of gender and sexuality remains implicit or even unexplored. The idea that women and men think differently and have "different voices" is followed by a claim for the complementarity of these two perspectives (Gilligan 1993, xii; Noddings 2013, xiii-xiv). Heterosexuality is naturalized and normalized in the discourse of the ethics of care: it is the apparently necessary outcome of people's moral development, and the heterosexual, monogamous and reproductive family is the emblem and the primary site of care ethics.

² On the contrary, a masculine subjectivity is formed through a process of individuation, that is, through one's self-perception as separate and independent from others (see Gilligan 1993, Noddings 2013).

In *In a Different Voice* (1993) Gilligan writes about her research conducted with women who faced the decision whether to abort or not.³ She individuated in the women's narratives three stages of what she called "the development of the ethics of care" (74). She noticed how they tended, at first, to recognize what was the better choice for themselves (whether it was to abort or not), but this recognition usually led to a self-accusation of selfishness. This is the second stage: a moment in which women realise that to think for their own best clashes with conventional norms of femininity. According to these norms, women's "goodness" coincides with "self-sacrifice", so that caring for the other is held as more important, more valuable, and in a relation of mutual exclusion with self-care (69).

For Gilligan, this implies as well that self-affirmation is usually foreclosed for women; their sense of the self relies on how others define and judge them. On the contrary, the formation of the male subject is understood as an individual achievement, more than as reliant on social norms or expectations. As Gilligan acknowledges, in psychology this interpretation of the masculine subjectivity became the model of a normal – and, I would add, normative – psychological development, casting women's one as deviant or deficient because of their dependence on the judgment and validation of others (170). Her intent is to demonstrate that women, too, can achieve integrity and a fully developed subjectivity – even though different than men's – through a revaluation of care, connectiveness, and (inter)dependency. According to her, this is

³ Gilligan explains the dilemma faced by those women in these terms: "When no option exists that can be construed as being in the best interest of everybody [her own, that of her husband or partner, that of her family and of the foetus], when responsibilities conflict and decision entails the sacrifice of somebody's needs then the woman confronts the seemingly impossible task of choosing the victim... Although the feminine identification of goodness with self-sacrifice clearly dictates the 'right' resolution of this dilemma, the stakes may be high for the woman herself, and in any event the sacrifice of the fetus compromises the altruism of an abortion motivated by concern of others. Since femininity itself is in conflict in an abortion intended as an expression of love and care, this resolution readily explodes in its own contradiction" (1993, 80).

achieved in the third stage of the development of the ethics of care; that is, when a woman understands that the relation between her Self and her responsibility toward others are not mutually exclusive and neither of them needs to be sacrificed for the sake of the other. Here, the interdependence between the self and the other becomes manifest and is acknowledged, and care is then reinterpreted as an ethics which “enhances” both of them (74).

The achievement of this stage is for Gilligan the transcendence of a conventional feminine morality and constitutes a fundamental feature of a different or alternative female subjectivity. But this female subject is not only represented as necessarily heterosexual, involved in a romantic and sexual relationship with a male partner and concerned with questions of reproduction or nurturance of the offspring, but is also constitutively heterosexually produced in psychological terms, since her full development derives from the union of supposedly complementary feminine and masculine aspects. Gilligan writes:

Development for both sexes would ... seem to entail an integration of rights and responsibilities through the discovery of the complementarity of ... disparate views. For women, the integration of rights and responsibilities takes place through an understanding of the psychological logic of relationships. This understanding tempers the self-destructive potential of a self-critical morality by asserting the need of all persons for care. For men, *recognition* through experience of the *need for more active responsibility* in taking care corrects the potential indifference of a morality of noninterference and turns attention from the logic to the consequences of choice (100) [my emphasis].

Apparently, for Gilligan women care because they feel compelled to relieve the other's pain, and around this commandment they develop their ethics; men's morality,

on the other hand, is self-centred and individualistic (100). Masculine and feminine perspectives are interpreted as complementary and, as I take it, this is not just a matter of psychological development but implies that it is in the heterosexual couple that the union of the masculine and the feminine can be achieved. That is, there is an assumption of incompleteness in each sex, of lack that can be fulfilled only by the opposite one. Men's perspective would come to complete and counterbalance women's tendency to sacrifice themselves for the other, whereas men's individualism would be mitigated by women's propensity to emphasise and consider primarily their relationships rather than their own separate individuality (19).⁴ I read this discourse as heteronormative since female and male (psychological and moral) characteristics are taken for granted and normalized, and the natural outcome of their difference is that they are brought together in the heterosexual couple. Therefore, it could be said that in this framework subjects who do not present those characteristics, or whose sexual orientation is not heterosexual, are necessarily deviant.

But does Gilligan's argument succeed, at least, in reversing the devaluation of care? In my understanding of her work, the care that the feminine subject embodies does not allow for a revaluation of care because, on the one hand, it remains embedded in a binary whose poles continue to be unequal, and, on the other, it relies on heteronormative, exclusionary assumptions which are not questioned. The definition of what characterizes or constitutes the cornerstone of moral development – care for women, rights/justice for men – conveys the simultaneous production of abject, necessarily unmoral subjects. I employ the term 'unmoral' for two reasons: first,

⁴ The self-destructive potential of women's care coincides, for Gilligan, with caring for the other without caring for oneself, at the expenses of one's well-being or even survival; in other words, she is referring to the risk that care could be enacted in a sacrificial logic (1993, 89). Moreover, she suggests that women tend to develop a self-critical morality (99-100). With this she refers that they tend to evaluate themselves according to their capacity to care: they "judge themselves in terms of their ability to care" (17), a judgment that thus is always mediated to the other's reaction to their caring.

Gilligan draws a distinction between ‘morality’ and ‘ethics’ affirming that the former is characterized by a presumption of universality and objectivity, and by a normative and prescriptive stand, whereas the latter is employed to signify the shift toward a contextual, embedded and embodied thinking and process of decision-making. And yet, it seems that her (feminine) ethics of care results indeed normative, even prescriptive. Care is maintained as women’s destiny; there is no mention of the possibility for a woman to not fulfil this mandate.⁵

Secondly, subjects who do not adjust to these normative conceptions of ‘masculine morality’ or ‘feminine ethics’ not only seem to fail to develop ‘properly’ but constitute the necessary outside of these norms – the outside that allows the very definition of what a ‘proper’ gendered moral development is. Assuming that Gilligan’s ethics of care constitutes a model of normative femininity – a femininity attributed, to say it in Butler’s words, exclusively to “female bodies as if it were ... [their] natural or necessary property” (2004b, 10), those women who ‘fail’ to care would be casted as abnormal – maybe, not just as ‘bad’ women, but *not even women at all* – and would potentially be exposed to violence when they do not accomplish their supposed role. That is, their transgression to the gender norm or mandate to care could entail certain social punishment, pathologization,⁶ and social and self-blaming for not being able to ‘adjust’ to the norm.⁷ And might it be that Gilligan, in a certain sense, displaces the problem of moral ‘deviation’ from the masculine psychological norm not to women

⁵ Moreover, I would like to remind that in the quote by Gilligan that I provided before it emerges that women are in charge of caring for themselves and others, whereas men need to ‘recognize’ that they should be ‘actively responsible’ when it comes to caring tasks (100). As I read this, it seems that – as happens in Noddings’s text, how I suggested in the previous chapter – neither women’s ‘privileged’ link with care nor the hegemonic heterosexual and masculine subjectivity posited as beneficiary of care are problematized.

⁶ Pathologization emerges clearly also in Noddings’ account, as I will demonstrate later.

⁷ An example of this is acknowledged by Gilligan herself in her definition of the second stage of the ethics of care, that is, when women blame themselves for making choices that would favour themselves instead of the other, breaking a conventional norm that constructs femininity as primarily for-the-other (see Gilligan 1993, 69).

anymore – since she seeks to revalue their different morality – but to subjectivities that do not enter her rigid and binary categorization of gender and sexuality?

Gilligan's conceptualization of subjectivity, even if reconfigured as interdependent and relational, follows a psychological assumption that the subject is progressively formed through different stages that need to be successfully overcome.⁸ The final stage of the development of the ethics of care comes to constitute the very completion of women's maturity and entrance to adulthood by learning to separate between care and self-sacrifice or self-exploitation, but it is characterized by care nonetheless (1993, 74). It seems not clear to me how this conceptualization of the ethics of care would actually challenge women's devaluation and infantilization in masculinist psychology on moral development. Moreover, how would care cease to be devalued, since the role it has in an (hetero)patriarchal society is not questioned?

If women's development coincides with the acquisition of the capacity to care both for oneself and for others, maintaining what Gilligan calls their "connection" (xiii), which connection is she taking into consideration? Mainly, she refers to women's relations with their children, husbands or male partners, and parents: in short, she refers to heterosexual and reproductive relationships.⁹ Moreover, I consider that several women's narrations collected by Gilligan portray situations that could be interpreted as violent,¹⁰ but the author does not address this question nor evaluates those episodes as

⁸ Gilligan especially draws on Kohlberg's and Erikson's theories regarding the stages of moral/psychological development (1993).

⁹ In the discourses of the women Gilligan interviewed also emerges the assumption that the responsibility toward the child lays mostly – if not completely – on their shoulders, in accordance with a traditional interpretation of women's roles (1993, 76) which is opposite to masculine roles (the former, characterized by the children's care within the private, domestic sphere, whereas the latter are oriented toward the public sphere). This reproduces heterosexual norms concerning the social regulation of gender, norms that are taken for granted and assumed as natural consequences of being a woman or a man, and thus are not put into discussion.

¹⁰ I am referring, for example, to psychological threats or emotional blackmails enacted by their partners or members of their families. This emerges in particular in the narrations of women interviewed in her research on women's decision to abort. For example, Gilligan reports

expressions of violence or as potentially violent; rather, she emphasises women's effort to maintain their relationships. In a heterosexist context, it seems that a care ethics could constitute a factor that hinders women's ways out from it.¹¹

In *Caring* (1984, 2013), Noddings' focus, too, revolves exclusively around heterosexual people, and specifically, heterosexual mothers and teachers: figures who play the crucial role of raising and educating future generations. For Noddings the "one-caring" designates "the direct face-to-face attempt to respond to the needs of a cared-for" (2013, xxiii). Care ethics, for her, concerns relationships of intimacy in the family and in those one establishes with her close people. The one-caring figure is a mothering one, and the mothering function, here, is framed exclusively in heterosexual terms, or implies heterosexual norms as its foundation, since it emerges in contrast to its masculine counterpart: fatherhood (2). The terms of the binary are traditionally interpreted: the figure of the father represents "law and principle" and is emotionally "detached"; the mother is "feminine in the deep classical sense – rooted in receptivity, relatedness, and responsiveness" (2).

As for Gilligan, for Noddings, human emotional characteristics, behaviours, practices and performances are casted in two opposite categories: some of them are masculine, others, feminine. She affirms that in every subject, regardless of its gender, both masculine and feminine traits could merge, and that it is necessary to "enter a dialogue of genuine dialectical nature in order to achieve an ultimate transcendence of

Denise's words: "He made me feel that I had to make a choice and there was only one choice to make and that was to have an abortion and I could always have children another time, and he made me feel if I didn't have it that it would drive us apart"; considering that for this woman "he has been my life. I do everything for him; my life sort of revolves around him" (1997, 81), the man's threat could represent a form of symbolic and psychological violence on the woman. Another example is that of Sarah, whose partner as well gave her an out-out: to abort or to put an end to their relation, whit his consequent withdrawal from any kind of responsibility and support toward the child (91). This exposed her to an increased condition of precarity and vulnerability, since she did not have the resources to grow up a child alone (91).

¹¹ On questions of care and male violence against women, particularly when the partners are married, see Claudia Card (1996).

the masculine and the feminine in moral matters” (6). It seems to me, nevertheless, that throughout her discourse, in which the feminine and the masculine are hold as complementary but at the same time radically separated, the dichotomic model is constantly reproduced, and within it, the structural imbalance that casts the masculine as a privileged term (the beneficiary of care) defined through the ejection of its other – the different and inferior feminine (that who provides care) – is maintained.

In relation to my previous analysis of Gilligan’s naturalization of women’s care in a way that produces non-caring women as abnormal, I want to briefly draw my attention on two related passages, in Noddings’ work, that seem to address this question:

There can be, surely, no demand for the initial impulse that arises as a feeling, an inner voice saying “I must do something”, in response to the need of the cared-for. This impulse arises naturally, at least occasionally, in the absence of pathology ... One who never feels the pain of another, who never confesses the internal “I must” that is so familiar to most of us, is beyond our normal pattern of understanding. Her case is pathological, and we avoid her. (81)

The most intimate situations of caring are ... natural. I do not feel that taking care of my own child is “moral” but, rather, natural. A woman who allows her own child to die of neglect is often considered sick rather than immoral; that is, we feel that either she or the situation into which she has been thrust must be pathological. (83)

Noddings’ definition of a normal and natural caring works here as a category that ejects not only behaviours but people as “pathological” and “sick”, or, in other words, as ab-normal, un-natural; “sick, rather than immoral”, acquires a paternalistic and pitying tone, since it seems to refer to the fact that the transgression of the sanctified

normality cannot be deliberately chosen (83). This discourse is for me highly problematic. “[W]e avoid her” (81). It is a discourse that violently produces, devalues and renders abject certain subjects that do not conform to a preestablished configuration of what is natural, what is normal. And this normality is a norm that characterizes not only a “familiar” feeling, but a concrete “familiar” way of life (81). One that is heterosexual and reproductive, one in which the woman is responsible of the care work of all its members and particularly of her children. Traditional gender roles are not questioned as problematic, since the woman is ‘naturally’ assigned to accomplish the caring and reproductive role. To put it in Braidotti’s words, the traditional Self/Other distinction is reiterated; there is no redefinition nor disassociation of the feminine from the conventional terms through which it is interpreted. On the contrary, a woman’s transgression is punished with her pathologization.

I think that it is emblematic that Noddings chooses, to exemplify this, the image of the child dying “of neglect” (83): I take it as the child that symbolizes the reproduction of the heterosexual norm, of its normality, whereas the noncompliant mother becomes the monster, the repugnant and abject body that needs to be erased from the ‘normal’ society. To me, this mechanism of abjection presents certain affinity to that which afflicts queer people and casts them as monstrous, abnormal, and unnatural. I think, in fact, that it is possible to envisage a link between her rhetoric that condemns the abnormal ‘uncaring’ woman and the rhetoric that pathologizes other subjectivities that do not adjust to the heterosexual norm she is proposing. Those subjectivities would be, so to speak, “beyond ... [her] normal pattern of understanding” (81). Caring practices performed by queer, trans, intersexual people, and in general by those people who do not fit in the heterosexual norm, in Noddings’ account, are not just un-accountable, but are often posited as abnormal. In opposition to her affirmations, I

argue that indeed care is possible in dwelled abnormality. I agree, therefore, with Braidotti's affirmation that an alternative conceptualization of care is needed, one that challenges not only its link with femininity (2006, 119), but also the model of heteronormative subjectivity that care ethicists propose.

I suggest then that an alternative way to treat the question is to focus on care's performativity rather than on its supposed gender. When a performative norm of caring for someone else is repeated and reproduced as a pervasive cultural and social mandate – addressed above all toward women – and is enacted daily by those bodies presumed to be predisposed to perform this enactment, especially in the domestic sphere, these norms of caring are normalized and naturalized, assuming, as Bowden puts it, “an aura of invisibility” (1997, 6). This could lead one to inhabit, to dwell, to incarnate a self-sacrificing mode of caring, disattending one's own needs and desires for the sake of others.¹² In other words, I see the *ethics* of care as performative inasmuch it is apprehended and embodied as a mode of living, but is not only, not fully, an individual, self-determined ethical choice – one at the same time is positioned and positions oneself as caring.¹³

Having illustrated some examples in Gilligan's and Nodding's works that seem pertinent to show how heterosexuality is working in a normative way to underpin their articulation of the ethics of care, I suggest that, to open up a space for a reflection on a

¹² More on care as self-sacrifice in the next section of this chapter, when I will address the question of the ‘disposability’ of the caregiver.

¹³ Rosalyn Diprose pays special attention to the etymology of the word ‘ethics’ and its link with questions of embodiment and the position one comes performatively to inhabit through quotidian repetition of certain enactments (1994): it is “derived from the Greek word *ethos*, meaning character and dwelling, or habitat. Dwelling is both a noun (the place to which one returns) and a verb (the practice of dwelling); my dwelling is both my habitat and my habitual way of life. My habitual way of life, *ethos* or set of habits determine my character (my specificity or what is properly my own). These habits are not given: they are constituted through the repetition of bodily acts the character of which are governed by the habitat I occupy. From this understanding of *ethos*, ethics can be defined as the study and practice of that which constitutes one's habitat, or as the problematic of the constitution of one's embodied place in the world” (16).

non-heteronormative interpretation of care it is important to move forward to consider some of the assumptions and concerns on which the discourse of care relies, and from which it emerges. I consider that some of those, which I will analyse in this chapter, are questions about dependency, disposability and the future-oriented conceptualization of care.

2. Questions of Dependency and Disposability

In works on the ethics of care dependency has a conventional meaning. Namely, it indicates someone in need of support and especially to be cared for by another. The dependent subject (usually, the child) figures as lacking the capacity to satisfy its needs autonomously, and for this reason relies on someone else to provide it. To what extent, then, is the ideal of independency and autonomy held as a goal one needs to achieve when reaching adulthood? The question needs to be nuanced, since ethicists of care insist in affirming that human beings are inter-connected and inter-dependent – and that care is a response to this ontological condition.¹⁴ From this starting point, their aim is to bring to light the centrality of care in terms of sustainment, support, protection and enhancement of someone's well-being (Noddings 2013, 24; Gilligan 1993). My question is, therefore, who is sustained and protected? The well-being of whom is enhanced? For Noddings care is unidirectional, from the self toward the other; the ontological relationality of human beings does not envisage a logic of mutuality (2013, 150), nor a consideration of the needs of care of all the parts involved in the relation itself. Gilligan, in turn, supports an “activity of care” that “enhances both the self and the other” (1993, 74). However, even if affirming that human beings are interdependent,

¹⁴ In particular, I am referring here to Gilligan (1993) and Noddings (2013), even if also other authors maintain this position (Ruddick 1995, Held 1993).

she does not analyse if care performances could be mutual; rather, she focuses on the ability of the care-giver to take care not only of the other but also of herself.

I suggest, therefore, that care, so conceptualized, does not succeed in challenging the privileged position of the (masculinist) interpretation of the adult subject as independent: it remains on the horizon and frames the very definition of a ‘feminine’ kind of ethics of care. In fact, women (above all mothers) are represented as figures who come to occupy a position of privilege, independency and agency in their relationship with the dependent and vulnerable child, contributing to the maintenance of heterosexual family’s hierarchies: neither power relationships are discussed nor women’s subordinate position within the family and in the public sphere is put into question. As Bowden puts it, values that are taken in great consideration in the ethics of care, such as “[a]ttentiveness, responsiveness and sensitivity to the needs of others” have been criticized as problematic because their re-evaluation do not actually question the vulnerable and subordinate position of the care-givers:

critics note the typical lack of reciprocity in women’s practices of care, the limited sets of relations in which caring is normally expected, and the ways in which practices of care may undermine integrity and ethical agency. The challenge directed to care theorists is that their ethic fails to confront the morality of gender inequality itself and, in fact, perpetuates the reign of the dominant by encouraging self-sacrifice and servility in the guise of care. (1997, 8)

I find this sort of critique particularly appropriate above all in my reading of Nel Noddings’ thoughts about the ‘disposability’ of the care-giver – or, as she calls this (feminized) figure, the one-caring (2013). For Noddings, disposability is a quality of the “caring attitude” that implies the (constantly available) presence (not necessarily physical) of the one-caring (19). The term ‘disposable’ indicates an immediate and total

availability at any time, openness and accessibility, but also something that could be easily dismissed, thrown away when not useful anymore. It is in this last meaning that, I argue, not only the non-reciprocity of this ‘caring’ emerges, but also its servility to the other. In a certain sense, the ‘dependent’ other comes to ‘master’ the one who takes care of it, and the relations of power that configure the care-giving position as disposable are concealed.¹⁵

In Noddings’s proposal, it seems that the axes of dependence/independence and passivity/agency are only apparently reversed: women’s independence and agency is possible only in as much as they take care, paternalistically, of someone else (who is positioned in a site of subordination). The dichotomic, hierarchical logic that sustains heteronormative and patriarchal relations of power and systems of oppression, therefore, is here reproduced. In fact, care and femininity continue to occupy the site of the Other of masculinity (a site where difference is a pejorative trait, as Braidotti explains), and their value is acknowledged only in as much as another site of inferiority and dependency is configured.¹⁶ This traditional understanding of the feminine, primarily defined as caring and mothering, constitutes female bodies themselves as disposable, as for-the-other, passive, accessible and exploitable. For this reason, I sustain that analysing and putting into question how care is conventionally theorized and practiced

¹⁵ As I already pointed out, this problem, as I see it, emerges from an interpretation of care as feminine that seeks to revalue women’s position as caring subjects without putting into question the subordination of this position in relation to a broader political, cultural, social and economic context.

¹⁶ Braidotti reflects also on the term ‘disposability’, linking it to a critique of the dualisms Self-Sameness/Other-Difference: disposable is not the privileged, dominant ‘Self’ position, but its others: women, racialized people, animals, and the environment (2006, 133). In her theory of affirmative transformations – that she holds as possible besides the violence of the globalized advanced capitalism that turns bodies and life itself into disposable and exploitable commodities – she refuses to give up to a negative vision in which disposability is assimilated to death: these bodies, besides and because of their experience of dispossession, exploitation and commodification, can nevertheless be “agents for political and ethical transformation” (44).

plays a central role in feminist and queer critiques and practices that seek to resist the violence that such norms and oppressions entail.

3. Dependency: An Ontological Threshold

Care ethicists have often associated infancy as the primary scene where the caring relationship *par excellence* is established between the caregiver (the mother) and the defenceless, totally dependent infant who needs to be cared-for. For me, in turn, it is problematic to approach the question of dependency and care focusing exclusively on the dyadic relation between mother and child, as it is usually situated in the highly normative sphere of the heterosexual family. I want to suggest that dependency is a condition which is never erasable from life itself, inasmuch a body always relies on certain kinds of relations with someone or something other than itself.¹⁷ A body is not an autarchic kind of essence, but is exposed and vulnerable – its life is, in a certain sense, always at risk. But some lives, as Butler affirms, are more exposed and thus more vulnerable and disposable than others (2004a), or, to say it with Braidotti, “it acquires both essentialist and lethal connotations for people who get branded as ‘others’ and reduced to a status of disposable bodies. They become slightly less human and consequently more mortal than those who fall under the category of ‘Sameness’” (2006, 21).¹⁸

It could be said, then, that any body, any living being, is always dependent on certain conditions to persevere in its being, or to continue to live, and it is in this relation between dependency and persistence that care matters. To ‘depend on’ marks

¹⁷ I conceive this ‘something other’ in a very broad sense: a milieu, other people, infrastructures or services, access to food, water and shelter (see also Butler 2012, 2015a, 2016).

¹⁸ To become ‘more mortal’ in a neoliberal system, for this author, is also linked to the commodification of bodies, of parts of the body, of technologically assembled bodies (2006).

an overture to something that exceeds one's own body; that is, such body cannot fully control the conditions in which it lives, and that could support or threaten its life. In this sense, the body is always "given to" something "other": as Butler puts it, "this makes us vulnerable to violence, but also to another range of touch, a range that includes the eradication of our being at the one end, and the physical support for our lives, at the other" (2004b, 23). Butler is not considering the question of care in her argumentation, rather, she seems quite sceptical about its importance.¹⁹ But what would it entail to address it?

Care, in my opinion, needs to be taken into account as a practice that could whether affect a body as a supportive, nurturing touch or one that could 'eradicate its being'. With this expression, Butler indicates a situation of "abandonment or violence or starvation", in which bodies are "given over to nothing, or to brutality, or to no sustenance" (2004b, 23). In this erasure, in this being 'given over', there is still a certain kind of touch that is enacted: a violent touch, or a touch that is withdrawn. Care, usually, is associated to the supportive touch according to the assumption that care is a necessary condition for a body to live, but I suggest that the boundary between those two touches is far from being clear.

For example, euthanasia could be said to be a form of eradicating one's being; nevertheless, it might not be a form of abandonment, but rather a desired form of care to put an end to an unbearable situation. In turn, coercive surgical procedures aimed at masculinizing or feminizing the genitalia of intersexed new-borns are carried out in order to 'normalize' their morphology, thus, with the presumption that their lives would be possible, recognizable, and, after all, livable and supported only through their 'adaptation' to the norm. In this argument seems to be implicit an idea of care, namely,

¹⁹ This emerges above all in Butler's "Rethinking Vulnerability and Resistance" (2016), as I illustrated in the previous chapter.

of caring for the future of these children. A violent practice exercised on a body that is completely defenceless, and that has no possibility to question, to oppose, or to self-determination could be therefore justified through the discourse of care and support.

This is to say, then, that I do not argue for care as necessarily ‘positive’ or ‘ethical’; on the contrary, care can be an instrument of normalization which entails oppression and coercion: it can be reiterated, normatively, to control and reproduce certain kind of bodies, of (docile) subjects. To put it in Butler’s words, care can play a role in the “cultivation of bodies into discrete sexes with ‘natural’ appearances and ‘natural’ heterosexual dispositions” (1988, 524), among which there is, I would add, the feminized disposition to care itself. Moreover, as care is not detached from the historical and cultural context in which the subjects who perform it are living, nor from the norms and sanctions that are operating in it, I oppose to the personalistic idea of care that emerges in works such as Noddings’ *Caring* (1984): care is not, or at least not fully, a matter of individual responsibility, personal engrossment or engagement, disposition or inclination, but of dealing with the exposure entailed in relationality and dependency in ways which are socially meaningful and thus socially determined or regulated.

Considering the bodies’ dependency, I am entering in a cluster of concepts that, I suggest, are deeply related to this condition: questions about bodies’ exposure to otherness and of bodily vulnerability. I wonder to what extent it could be said that dependency is an ontological character of the body, a question that I address considering Butler’s position in “Rethinking Vulnerability and Resistance” (2016). Distancing herself from the principal preoccupation of care ethicists, she affirms that her interest does not revolve exclusively around the “primary dependency” of a subject on “the mother or the primary caretaker”, but on the “*dependency on infrastructure*” that characterizes the human body, meaning by this expression the “environment, social

relations, and networks of support and sustenance by which the human itself proves not to be divided from the animal or from the technical world” (21). I will return in the next chapter to the last part of this utterance. For the moment, suffice it to grasp its overall meaning. A sort of ontological claim seems to be at work here: for a (human) body to exist, it needs to be situated in a certain environment, have a certain kind of proximity, contact, relation or interaction with other bodies in order to persist.

Dependency, interpreted in these terms, is in a certain sense a necessary condition for the existence of a body, without any moral connotation (that is, dependency is not *a priori* good nor bad; it seems to be just a factual data). The problem consists, nevertheless, in the fact that these conditions that allow the persistence of a body ‘in its own being’, to put it in Spinozist terms, are not given, nor are the same for each body. What is more, I would suggest that, even if they could refer to the realm of supposed inescapable needs that need to be satisfied for the maintenance of one’s existence, certain dose of caution and scepticism is required in order to avoid a universalistic assumption that determines *which* conditions constitute a sort of ‘minimum requirement’ for *each* body to live or that resolves or identifies *what each body needs*, regardless of a body’s specificity and desires. As these conditions are not necessarily given nor guaranteed, then, the body figures as *exposed* and *vulnerable* to their loss or their absence – whatever the conditions sustaining its life could be.²⁰

As Butler explains, to think about dependency in ‘infrastructural’ terms “challenges the dominant ontological understanding of the embodied subject”, and particularly its masculinist “ideals of independence” (2016, 21). In several occasions she warns her readers regarding the problem of the disavowal of dependency that resides “at the heart of the masculinist idea of the body” (21). As she explains in “Can

²⁰ I will return later on this topic, since it is my intention to put into question the deterministic idea that care is a fundamental and inescapable *need* or *necessity* for a body to live or survive.

One Lead a Good Life in a Bad Life?” (2012), this disavowal conveys “social forms of vulnerability” and “works to establish a distinction between those who are dependent and those who are not” (15). I agree with her when she states that assuming that some subjects are released from this condition is an operation that “works in the service of inequality, shoring up forms of paternalism, or casting those in needs in essentialist terms” (15). I think that an example of this can be found in Nodding’s interpretation of dependency, as I illustrated in the previous section.

My intention is to consider dependency in a Butlerian sense, understanding the body as exposed to otherness and depending on norms and conditions that could either allow and support its existence or determine a condition of exploitability, violability, and disposability (2004b, 21-23; see also 2012). In this sense, dependency is not ontological in an absolute way, but is situated on what I would call an ontological threshold: it affects differently different bodies according to the position a body occupies in a complex network of relations with norms, regulative powers, and environmental, social, political and economic circumstances.

I suggest that for an ethics of care to be rethought in less normative ways, a shift from a (modern) interpretation of the body as a unique and individual entity to an understanding of the body as not unitary and as a relational assemblage with the otherness on which it depends and is connected to is necessary.²¹ Its dependency, then, is not ‘its’ singular ‘property’ or ‘characteristic’, but would be re-signified as mutual, shared, inter-relational, and yet concretely embedded and contextualised. In this sense, bodies could ‘assembly’ and bound together in modes of relation in which their interdependencies are accounted in their specificity (Braidotti 2006; Butler 2015a).²²

²¹ Which I think is maintained also by Gilligan and Noddings.

²² According to Butler, this definition of dependency, moreover, would not foreclose agency but rather constitute the very space in which collective practices of transformation and resistance

Considering this interpretation of embodied dependency, I hope to highlight the fact that certain conventional interpretations of care could conceal the normative construction and enactment of care practices themselves, which, rather than affect positively the body toward they are directed, affect it in negative and even violent ways. It could be that certain forms of care do not respond neither to what a particular body needs nor to what it desires, since they could be enacted according to generalized assumptions concerning how a good and livable life should be, regardless of what that particular body can do, needs, wants or yearns. In the next section, I will better explain this point, proposing to think care ethics in different terms, and particularly through a Spinozian approach to affects mediated by Butler's and Braidotti's reflections on this topic.

4. Care as Future-Oriented

Caring for someone seems to require certain recognition of the other. It might be a recognition of the other as living and thus, at the same time, as losable, as dying. It might be that this life matters for someone else who desires its well-being, its enhancement, or its protection from harm, as Noddings and Gilligan suggest: care, then, would contribute to the realization of these desires, desires which are oriented toward a certain kind of better future. But in this case, do the cared-for have a voice, as does the care-giver who supposedly responds to their needs? To what extent are the needs and desires of the cared-for listened, if they come to be expressed, and how are they negotiated with those of the one-caring, when they do not coincide? This is certainly a central problem for Noddings, whose reflection revolves around the educational role of

against those powers that enhance situations of vulnerability could take place (2016). On this, see also James Stanescu's reading of Butler's concept of precariousness (2012).

the mother and the teacher toward the(ir) children; but the whole responsibility and decision-making process, in the end, is mostly unidirectional and determined by the adult.

In a certain sense, it would be possible to affirm that in the ethics of care “the future is kid stuff”, to put it in Edelman’s words (1998, 2004). Heteronormatively, it tends to reproduce hierarchical, dichotomic gender and sexual relationships – and hegemonic interpretations of complementary masculine and feminine roles. A conventional ethics of care aims at erasing or relieving pain, maintaining and persevering life, guaranteeing its futurity. But the life that matters and is pursued to be cared for, is above all that of the child within the heterosexual and reproductive family or couple. The enactment of this kind of care, then, implies and conveys these implications, as it is aimed also to maintain and reproduce heterosexual and conventional gender norms.²³

Therefore, the definition of care within the limits of this representation conceals a variety of care practices that take place outside of it. Within a framework of the ethics of care that is constructed around privileges of class and race, gender and sexual norms, no ethics and no care seem to be possible for those subjects who are from the beginning ejected from it. In other words, care performances that do not adjust to the (normative) definition of care provided by authors such as Noddings and Gilligan could not even be

²³ I will not have the possibility to deepen this question here, but I want to suggest that this reproduction of the heterosexual family linked to the reproduction of heterosexual norms is also profoundly linked to the perpetuation of the public/private dichotomy. In fact, this ‘reproduction’ or ‘perpetuation’ is not confined to the so called ‘private’ or ‘domestic’ sphere but is supported by and has an impact on broader social, institutional, and economic systems. On this, see Warner (1991, 1993); on sex and the public/private division, see Berlant and Warner (1998), and regarding the organization and state regulation of the ‘private life’ through marriage, see Warner (2000).

recognizable or accountable as such. ‘Queer’ forms of care²⁴ are not just invisible for this kind of ‘ethics’, but always already impossible, since they are not only disavowed, but come to be posited in some way as abnormal, unnatural, or pathological, and thus alien to their very definition of the ‘ethics of care’.²⁵

I see as problematic, as well, the assumption that care is a necessary condition for any body to live, or to survive, without taking into consideration neither how care is constructed,²⁶ nor the fact that this rests on another implicit ambiguity, namely, that (human) life is intrinsically worthy but at the same time only certain kinds of life are valuable and worthy to be lived, whereas others are not. So, what would happen if one starts to take into consideration so-called self-destructive behaviours, which could be certain sexual practices,²⁷ or those that Braidotti mentions, as masochism, anorexia, bulimia, and alcoholism (2006, 209-2016)? The risk, as I see it, is that those behaviours or conditions could be casted not only as unworthy, as pathological, dysfunctional, or unnormal, but even unmoral, as they seem to put life in danger, foreclosing or preventing, let’s say, to properly taking care of it. The idea that those practices could

²⁴ I am referring to practices of care that are performed in a non-heterosexual relationality and are embedded by people who do not conform to the gender and sexual binary and conventional, dualistic interpretations of femininity and masculinity.

²⁵ I want to note, nevertheless, that not necessarily relationships of care would be less conventional, for example, in gay or lesbian families (especially with children): the burdens and responsibilities of care could lay mainly on the shoulders of only one of the adults of the couple; paternalistic behaviours could take place; a condition of ‘dependency’ could entail a loss of agency.

²⁶ An assumption which is present not only in a conventional definition of what care is in a common parlance and in the theories of the ethics of care (and indeed in those that I am analysing here), but also, in certain sense, in Butler’s texts when she discusses questions concerning the conditions that allow survival (2012; 2015a; 2016). It is an assumption, indeed, that I also took for granted in my previous work on this topic, where I only individuated as problematic the paternalistic or assimilationist (when one interprets that what the other needs is what s/he also needs) drifts of care. My perspective has changed, and thanks to my reading of Braidotti’s work, I started to question this idea, an idea that seems to make indubitably sense: in order to live, anyone needs care. Is it just a common sense, or a radical truth? Or is there something implicit that has not been considered yet, that forges its unquestionability, and installs it, in a certain sense, as a norm? What are the implications of this assumptions?

²⁷ I am thinking, for example, of BDSM practices, of ‘unsafe’ sex, and of practices such as barebacking (see Dean 2008).

allow, instead, a body to live, to survive, would become impossible, and the forms of care that are performed through them would be completely concealed. Rather than affirming that care, then, is a ‘need’ *tout court*, I think that a better approach could be to focus on what particular bodies desire, want, or can do in the specificity of their conditions, and on the strategies that they enact and perform in order to continue to live, to make sense of their life, or to enjoy it, even when apparently those practices themselves seem to be oriented toward self-destruction.²⁸

I argue it is necessary to put into question the link between a conceptualization of care as *supportive* and of care as future-oriented. It seems that a body, to live and to continue to live, depends on conditions of support. A support on which to ground, maybe, or on which to move – a support that would expose the body to enhanced forms of vulnerability, or even death, if it is lost.²⁹ A support, then, which implies a relation with someone or something other than oneself. Transposing this in Butlerian terms: “The desire to persist in one’s own being requires submitting to a world of others that is

²⁸ In that way, it would maybe be possible to avoid certain foregrounding of ‘needs’ in comparison to, for example, desires or wills. Those terms are not completely independent from one another but are entrenched and sometimes difficult to discern. Care, then, is not just a question of needs but of several aspects (desires, possibilities, what one can do or wants to do – or wants not to do – ‘external’ conditions that do not depend on this particular body but affect it) that converge and produce an effect or enable certain action or performance to take place. I suggest in fact that when needs are considered as fundamental, inescapable, they assume a privileged position in a hierarchy that devalues, at the same time, the other factors that I mentioned, whose role and influence becomes, so to speak, less important, avoidable or ‘disregardable’. This is particularly problematic above all when what is considered to be necessary, or what is called a ‘need’, corresponds to certain (hetero)normative assumptions of value, of normality, of goodness. So, the fact that some addictions, or some so-called self-destructive practices enable one person to get “through the day” (Braidotti 2006, 205) becomes intelligible, or is considered something intrinsically bad: care, then, would respond in these contexts to an implicit assumption that those practices *need* to be eradicated, or sanitized, or, ultimately, cured, since they attempt on an ideal livable life, as if no margin of liveability were possible within or through them.

²⁹ Moreover, if this dependency is not ultimately eradicable from life, but is a condition for life to subsist, I suggest that it conveys a challenge to the binary life/death: namely, it seems that life is maintained only inasmuch as there is an exposure to violence and death – and I intend death, here, as an immanent finitude, not as projected in the future as a sort of final destiny of the body. For a critique of a dualistic interpretation of life and death, see Derrida’s concept ‘life-death’, elaborated to highlight how each of those terms always already implies the other (Derrida 2009; 2017. See as well: Kirby 2009; Vitale 2015).

fundamentally not one's own (a submission that does not take place at a later date, but which frames and makes possible the desire to be). Only by persisting in alterity does one persist in one's 'own' being" (1997, 28).

The implications of Butler's reflections about the Spinozist concept of the 'persistence in one's own being' (*conatus*) bring numerous questions when thought alongside the problem of care. To what extent does care operate as a practice that supports one's persistence? Does a caring relationship entail a sort of displacement of one's persistence for the sake of the other? *Persistence* is a term that refers to a continuation in the future, or to an abidance in a status or condition. Moreover, what seems to be 'one's own' – one's being – is at the same time also someone else's being since it is marked by exposure to otherness. In other words, one's persistence in life is not fully its own as a property. In this sense, the otherness that constitutes me could support and enhance me, allowing my futurity, or rather hinder or injure me.

To persist in one's own being, then, would mean to persist *in* (differential) conditions of exposure to vulnerability and potential violence. As Butler acknowledges, this implies, as well, that sometimes to persist could mean to subject to norms and powers that undo a body (1997, 2004b). So, how is it possible to think about care when one's dependency on the other becomes a condition that makes one's persistence impossible, that is, when it marks an extreme precarity in which it is unbearable to sustain one's own body alive, or in which the exposure to violence and death makes one feel that, as Braidotti would say, "I can't take it any more"? (2006, 242). What does it imply, on the other hand, to care for the other's persistence?

What kind of care, of futurity, is possible in those situations in which any kind of support and persistence seems to be foreclosed? And does care always and inevitably look toward the future, or at least imply an aspiration to a future? If a better future, or

even future itself, seems to be already foreclosed, might care still be present, not necessarily erased in the anticipation of an inevitable loss; a loss that maybe is already being mourned, in a certain sense, in caring? And indeed, mourning for a loss can be considered a continuation of my care for those I have lost.

Admitting, as I explained before, that care is not *a priori* ethical, I wonder, then, if it might be a condition, a specific mode to support a body. It could be; nevertheless, certain practices, even if they could be understood as practices of care, could affect a body not in an enhancing, but rather in a hindering or coercive manner, exposing it to violence.³⁰ In this case, would this kind of care still be thinkable as future-oriented? Support is not necessarily implied in care; as care is not exempt from normative and normalizing powers, a relationship of care could result quite unsupportive. Moreover, even if certain caring practices could contribute to curtail the range of bodily exposure, this cannot be completely eliminated. So, it could be said that care is in some ways always already fallible when conceived as operating for guaranteeing the well-being, the persistence, security, safety, protection – the futurity – of a body.

I suggest, then, that Butler's and Braidotti's reflections – above all those of Spinozian inspiration – can offer some insights to think of care and ethics through this impasse in which care can be either a practice that supports one's body and enables or favours its persistence or one that hinders it. For Butler, ethics emerges from shared vulnerability, that is, in alliances that bodies make when resisting powers that undo them (2015a). Braidotti, in turn, frames ethics in affirmative terms: what brings together different bodies is not vulnerability in the first instance but their shared endeavour to persist in a sustainable way (2006, 216-217). That having been said, nevertheless, she does not at all disavow bodies' vulnerability nor their exposure to pain and violence:

³⁰ On the contrary, as I said before, so-called self-destructive practices could allow a body's persistence.

“Ethics consists in reworking the pain into thresholds of sustainability: cracking, but holding it, still... It is a mode of actualizing sustainable forms of transformation. This requires *adequate* assemblages or interaction [my emphasis]” (2006, 217). With the word ‘adequate’, in a Spinozian fashion, she refers to those relations, assemblages and interactions with (not just human) others who affect positively one’s body, especially *through* pain, opening up modes of support that enhance its persistence (227).³¹

It is important to note that for both authors the ‘persistence in one’s own being’ is always already collective and is not an individualistic aim that one can pursue autonomously.³² Nevertheless, it is not negated, at the same time, a certain tension between a body’s singularity and the fact that is always dependent on and constituted by otherness. For me, care has a role to play here, since happening in relationality, but I am not appealing to a universal mandate nor assuming care as intrinsically positively connotated. In its performativity, it could foreclose or contribute to the sustainment of bodies that are in relation with one another. It is in the latter case that I would interpret care as ethically good. Focusing on the embodied effects and affects of relationality, it might be possible to find, collectively, caring ways to sustain the bodies “through the perilous task of getting through another day” (222), through those powers that undo

³¹ Transformative is thought in this sense: a move from and through the negativity of pain, precarity and vulnerability toward possible persistence (Braidotti 2006). The emphasis is on the relationality that within negativity allows a sort of resistance to its undoing of the bodies; negativity is not necessarily erased, nor there is a way *out* of it. It is a matter of dwelling this negativity in a sustainable way, that is, so that its undoing does not succeed in inhibiting completely any kind of agency or ability to persist.

³² Butler, in her analysis of Spinoza’s *conatus*, writes that “it would be a mistake to read self-preservation as if it were self-preoccupation ... Desire to persevere in one’s own being implicates one in a common life, but the body returns as an ineradicable condition of singularity, only to bear precisely the desire that undoes the sense of one’s body or, indeed, one’s self, as purely or enduringly one’s own” (2015b, 83). Braidotti’s ethics, as well, seeks to contrast an individualistic and neoliberal vision of the subject: her “philosophical nomadism” and her ethics, in fact, “rests on an intensive or affective vision of the subject as constituted in interaction and encounters with others” (2006, 220-221).

them, and to work through the negativity of the pain, precarity and vulnerability that seems to foreclose possible – even immediate or short term – futures.³³

5. Opening Alternative Paths

In this chapter I analysed some aspects of what I called the (hetero)normativity of care. I started giving some examples of the heteronormative logic that underpins Gilligan's and Noddings' conceptions of the ethics of care, and then I moved on to illustrate how questions of dependency, disposability and futurity are linked to the maintenance and reproduction of heterosexual norms and power relationships that oppress not only women, but also other non-normative subjectivities.

I am not questioning the fact that responsibilities of care in most cases land on women's shoulders; what I want to highlight are the heteronormative aspects that underpin the logic of a conventional conceptualization of the ethics of care as it emerges in the works of two representative theorists. I sustained that a dualistic framework of interpretation of care entails certain risk in terms of recasting women in a subordinate role and conceals normative, oppressive hierarchies and power relations which affect some bodies more than others. I drew on Butler's and Braidotti's theories in order to put into question the oppressions that the association of care with an heterosexual and conventional femininity entails, and to illustrate how Noddings' and Gilligan's conceptualization of the caring subjectivity reinforces heterosexual gender norms, so that queer people are systematically, even if implicitly, pathologized and posited as abnormal.

³³ A similar point is made by Duggan and Muñoz in "Hope and Hopelessness. A Dialogue", when they discuss about the queer "collectivity of the cynical, bitter, hostile, despairing and hopeless": the "bad sentiments", the negative affects could bring queer people together, but then, in this collectivity, hope and affirmative affects could be found, opening up possible futures that contrast hegemonic, dominant and coercive norms (2009, 279).

I proposed, then, to think care as performative: it is constantly produced and reproduced as feminine, and its genderized production is concealed while normalized and naturalized as an essentially female characteristic. I argued that care, as an embodied and embedded practice, is enacted in relationality: it affects bodies that are always already dependent on otherness, and thus exposed and vulnerable. It is not ethically good *a priori*, but it can be oppressive, and hinder or foreclose one's persistence and futurity. It can support bodies or hinder their capacity to persist. I take as ethically good that care that affects positively the bodies among which it is enacted, supporting them through pain and negativity, resisting to normative powers that hinder or tend to foreclose any kind of persistence.³⁴

My invitation is to rethink care in alternative and transformative ways: to question its privileged link to femininity and motherhood; to challenge the 'disposability' it could imply when it turns into self-annihilation for the sake of the well-being of the other; to interrogate the assumption that dependency or vulnerability curtail or preclude agency; and to resist an individualizing interpretation of care which renders it an exclusive responsibility of the one-caring regardless of the norms and power relations in which it is embedded. I suggest that it might be useful to think of a non-dualistic relationality, challenging the masculinist dyadic division between

³⁴ I do not have the possibility to deepen the question in this occasion, but to me the term 'persistence' recalls, in some ways, also an image of resistance: of a struggle against something which hinders me, or against something that threatens, contrasts or seeks to diminish or undermine my intent to maintain a position or a condition. Is it possible to interpret persistence as a possible site of resistance? Etymologically, the root of 'persist' seems to be *firmly* grounded (sta-, in 'sistere') and the term persistently continue to grow in the *same* direction (per-). Both 'resist' and 'persist', though, convey a stance and a determination to certain continuity: to "persist" for continuing with resolution, or for remaining still, confined in an irremovable fixity; to "re-sist" for continuing to oppose, refusing to surrender. Two different movements, I suggest, that in caring relationships could potentially converge. When, for example, care is thought and practiced as a mode to find strategies to oppose oppressive powers, norms, and violent conditions, and to support liveable, sustainable ways of life. In a certain sense, (certain forms of) care could play a role in the resistance against exacerbated (or exacerbating) forms of vulnerability and precarity and their hierarchical and violent distribution.

dependent and non-dependent bodies, and recognizing, rather, the different, concrete, situated, and specific ways in which dependency is embodied by different bodies. It seems important, as well, to open up spaces of dialogue about how to deal with needs and desires of care, without giving them for granted nor presuming to know them beforehand, so that the cared-for would be an active part of the relationship.

I argue that is part of the feminist struggle to put into question how one embodies and performs care (or does not), to acknowledge its performative effects, and think creatively other ways to care and to be cared for, and to enact different, defiant gestures of care against its conventional, normative logics. I am not proposing a universal mandate to care, nor an ideal of care grounded on the affirmation that precarity and vulnerability characterize indistinctively any living being. On the contrary, I suggest thinking care as embodied, embedded, contextual, and thus influenced by cultural, political, economic, institutional and environmental conditions; to acknowledge and analyse both the power relations that affect its organization but exceed it, as well as those which take place within the relationship of care itself; and to recognize and resist the violence that care itself can entail.

Bodies – in a conventional caring relationship *both* the one of the care-giver and the one of the cared-for – are, to a certain extent and in different ways, always exposed and given over to others, as Butler acknowledges (2004b). I suggest, therefore, to figure the ethics of care as a mode of being exposed and deal with this exposure in a circulation of affects, touches, proximities and distances, of experienced intensities, of different intentions, and of negotiations of needs, desires and agency according to what bodies can do, acknowledging that care is not enhancing *per se*, and challenging

traditional and naturalized definitions of feminized care.³⁵ Instead of circumscribing the ethics of care to the (heterosexual) couple, I think it is necessary to elaborate alternative and disruptive ways to think it. An embodied care ethics might be shared and practiced collectively, in non-hierarchical, multiple and multilateral ways rather than dyadic, unilateral, imposed ones. This might disrupt or challenge, or at least insinuate, some alternatives to the regulation of care in heteronormative terms.

³⁵ I am wondering, as well, which strategies could be enacted for the deconstruction of the white, masculine, heterosexual and hegemonic subjectivity that, traditionally, has been the primary beneficiary of services of material, sexual, and emotional care provided by women (on this topic, see Silvia Federici (2009) and Amaia Pérez Orozco (2014)). I will not have the possibility to analyse here this last question, but I think it plays a central role for an alternative definition of care and care ethics in which questions of power and privileges are acknowledged, discussed, and challenged. and care ethics.

Chapter 3

Problematizing Anthropocentric Visions of Care

In this chapter I argue that the ethics of care, as it is conventionally known, is intrinsically anthropocentric. I will start my discussion giving a definition of what I intend as ‘anthropocentric’, drawing on Braidotti’s perspective. Then, I will briefly draw on Gilligan’s work before lingering extensively on Noddings’. As I will show, Gilligan does not thematise the non-human aspects of caring, conveying a representation of care which revolves only around human relations and, so to speak, is only human-centred (1993). This, I suggest, conveys the ‘side’ humanistic effect that the bodies and lives that matter are valued and entitled of care in her text are exclusively those who fit these human-biased requirements. Noddings, on the other hand, acknowledges that caring feelings and performances could be oriented, as well, toward non-human living beings (animals and plants) and things but rejects the hypothesis of entering an ethical relation with them, and confirming, therefore, not only humanistic but speciesist and anthropocentric hierarchies (2013).

My aim is to give an account of the anthropocentrism embedded in Gilligan’s and Noddings’ works on the ethics of care and to develop and deepen this question, challenging the apparently irremovable boundary that for these authors seems to divide the human from the non-human. Considering how the category of ‘the human’ has been differentially produced in an exclusionary and elitist fashion, as Butler and Braidotti have underlined in manifold occasions, what are the implications of confining care in this category? How does this confinement intersect with questions of species distinctions? As I suggested in the previous chapter, I see the body as relational and

dependent, but whereas there I focused mainly on ‘human’ bodies, I want now to extend my enquiry, proposing to put into question the centrality of the human in certain definitions of care. After a critical discussion of these problems, I will sustain that the non-human is neither a passive subject of care nor is extraneous to ethics. In my account, caring relationships do not involve exclusively human bodies nor are configured according to supposedly human measures, but rather they are assemblages of different, human and non-human bodies that come together and converge in order to produce a caring effect. To support this argument, I will move in-between both the relational aspects of caring performances and questions of care’s embodiment. Which bodies can enact care, and which bodies can receive and embrace it? Which possibilities would be opened if the human is displaced from the centre of care? I will sustain that ethics is not necessarily limited to the human, nor takes place exclusively among human beings. Rather, and following Braidotti in her posthuman perspective, I want to start thinking of the ethical possibilities of care beyond “the limitations of humanistic anthropocentrism” (2006, 122), which I find embedded in the main literature on the ethics of care.

1. Anthropocentrism: a definition

The term “anthropocentrism” indicates “a single, common standard for ‘Man’ as the measure of all things”, which leads to a hierarchization of different species in which the human one is of course at its apex, from where it dominates all the others (Braidotti 2013, 67). The ‘human’ as a species, according to Braidotti, is represented by a Man who “is expected to inhabit a perfectly functional physical body, implicitly modelled upon ideals of white masculinity, normality, youth and health”; the category, then, is constructed through a binary and hierarchical opposition to other “anthropomorphic

others: non-white, non-masculine, non-normal, non-young, non-healthy, disabled, malformed or enhanced peoples”, but also “zoo-morphic, organic or earth others” (67-68). Otherness, then, is framed in pejorative terms, so that the bodies which do not enter the category of the human are “pathologized and cast out of normality, on the side of anomaly, deviance, monstrosity and bestiality” (68).

It might be that at a first glance my affirmation that feminist works on the ethics of care are anthropocentric could be quite hasty, considering the implications that Braidotti, for example, attributes to it. And yet, as I will show, an anthropocentric logic underpins them, above all for what concerns Noddings’ book *Caring* (1984, 2013). It seems to me that this question needs to be unfolded and challenged, as it is complicit of oppressions and violence on bodies that do not conform to the normative and normalized model of Man on which it relies. I want to suggest, as well, that the anthropocentric and the heteronormative worldviews are profoundly entangled, emerging, both of them, from narrow conceptions of ‘normality’ that are normalized so that they assume an aura of unquestionability – indeed, they tend to become not even questions at all.

Considering, with Braidotti, that “the human as the measure of *all* things” (2006, 130) is emblematically represented by Leonardo’s Vitruvian Man – the *anthropos par excellence* – (2013, 13), I think it is necessary to bear in mind how such category is – and continues to be – produced through the exclusion of those bodies who are not normatively conforming to this narrow and dominant ideal. Even if, according to Braidotti, global advanced capitalism might have displaced the Man from the ‘centre’, since it “induces, if not the actual erasure, at least the blurring of the distinction between the human and other species when it comes to profiting from them” (63), this same “Vitruvian Man ... continues to uphold universal standards” (29). So, I wonder which

role care and care ethics would have in such entangled terrain: on one hand, since care is feminised and naturalised it is from the beginning alien to the humanist *anthropos*; on the other, when it enters the ethical field it constitutes an element that marks the divide between the human and the non-human.

2. When All (Only) People ‘Need’ Care

Care emerges in Gilligan’s perspective as a “need of all persons” (2013, 100). Her focus, I suggest, is quite indirectly anthropocentric, since she never affirms the superiority of human beings over other species. The latter, simply, are not part of her concerns. In her theory care appears not only as a human need, but also as exclusively human. Ethics, therefore, is as well a human feature, involving both emotions and reason which – one could argue – remain foreclosed for any other living being. I am entering a slippery terrain here, since the fact that Gilligan does not address certain questions, particularly how and if care could be enacted by a human toward non-human bodies or *vice versa*, does not automatically imply that those enactments are for her *a priori* impossible. And yet, I think it is relevant to acknowledge this absence: an absence which, in a certain sense, still speaks, and tells something important regarding the implicit conceptualization of the caring subject (the one who enacts, but also the one who receives or benefits of care) as conventionally ‘human’.

What I want to suggest is that Gilligan’s work could be interpreted as a heir of a humanistic and anthropocentric worldview. Let me explain: an intrinsic value seems to be given to ‘human’ life and the author speaks of relationality and connection only among human subjects in her discourse about ethics. As far as I can grasp, one of the reasons that could justify this in her work is the notion of choice – for something to be ethical, a consciousness formed in such a way that can discern between good and bad,

between a moral and an immoral behaviour, and thus to make an ethical choice needs to be present. Care, to be considered ethical, is enacted in Gilligan's account by a subjectivity who is portrayed as 1. capable to undertake a process of evaluation of the situation that is facing, and 2. to decide and/or to act correctly according to what has been recognized as good, ideally, both for oneself and for the other. This process is conscious, voluntarist and individual. The subject who receives it, as well, is invariably human. Moreover, Gilligan describes women's ethics of care in terms of connections, referring with that to bounds established (exclusively) with close people, and particularly within the heterosexual family.

The implications of such vision are that ethics and care result disconnected, as I argued in the previous chapter, from the power relations and conditions that do not depend on the caring subject; they could eventually influence her choices, but the choices themselves remain an individual responsibility. But for what concerns the issue that occupies me here, it also structures care alongside questions of agency and decision-making capacities which derive from human psychic and moral development, implying with that the divide that separates 'the human' – the site where care is enacted and takes place – from its 'naturalized others' is not put into question, but rather reinforced.

3. Noddings' Anthropocentric Caring

Noddings, as I explained in the first chapter, bases her concept of care in what she calls the 'natural caring'; here, my analysis focuses in one particular chapter of her book, *Caring*, titled "Caring for Animals, Plants, Things and Ideas" (2013, 148-170), and is aimed to explore how her distinction between the natural and the ethical caring reinforce an anthropocentric model of human – indeed masculinist – supremacy, despite

clearly affirming that “there is no absolute source of life, meaning, and morality that separates the species neatly according to some preordained value hierarchy. We are not given domination over the beasts of the land” (148). The analysis that follows this statement, in fact, comes to contradict it, since Noddings implicitly establishes hierarchical differences of value between the human and the non-human. The anthropocentrism that implicitly informs and underpins Noddings arguments, indeed, is for me one of the power mechanisms that, alongside the heterosexual norms that sustain her conception of care, configures care as a potentially violent practice whose effect is the perpetuation and reproduction of dualistic systems of oppression and domination.

Noddings proposes a definition of care ethics in terms of prescriptive obligations organized around questions of differential value attributed to certain beings (humans over the non-humans, as I will show) and forms of care (that of the mother toward the child) and blurs the distinction between ethics – a contextual and embodied way of living-well – and morality – a normative organization of values around universal understandings of Goodness.¹ In my opinion, Noddings’ arguments here are highly controversial and problematic. She excludes, *a priori* and arbitrarily, the possibility for non-human animals to be one-carings, establishing in this way a ‘given’ and naturalized difference between the agentic human species – or rather, I should say, the mothering woman – and non-human animals who are depicted as passive receivers of care (149). Assuming this as an undoubtable truth, she wonders if they at least “can be genuine cared-fors”, and if it is possible, for a human, to enter in an ethical relation with them (149).

¹ A distinction traced by care ethicists themselves, including Gilligan (1993) and Noddings (2013). I would like to point out, in this occasion, that Gilles Deleuze, as well, offers a detailed reading of the difference between ethics and morality, even though in a different context and fashion, namely, in his discussion of Spinoza’s *Ethics* (1988, 2013). Following Spinoza, he sustains that the ethics revolves around what bodies can do, rather than on their essences or on universal values; this is particularly important for Braidotti’s understanding of ethics (2006), and for my own interpretation and revisitation of the ethics of care.

It seems to me that at this point her very first argument regarding the absence of absolute hierarchies of values among species starts to crumble. The way in which those questions are framed is highly normative – what is ‘genuine’, for instance? Is there only *one proper* way to be cared-for? – and, as I read them, refer to a previous determination of what is a ‘genuine’ or ‘proper’ essential character or condition for an ethical relation to be established. In my reading of this, what is implicitly at stake in this ethical account is the *essence* of the object toward which one enacts care, intended as the *being* of the human, the animal, or the plant, as categories that are ontologically distinguished, and this grounds the assumption that the response to care is presumed to manifest in one particular – maybe normal and normative – way.

In an anthropocentric vision, the distinctions between humans, animals, and other living and non-living beings are conventionally organized in hierarchical taxonomies; different values are attributed to different species and what they can do – any other embodied specificity notwithstanding –, and Noddings account is not an exception. Moreover, the category of the human, for this author, is assumed as an ontological, given truth: it is a monolithic, unitary category which is configured, apparently, only through the exclusion of other non-anthropomorphic beings. Noddings, taking it for granted, conceals the ‘normality’ and the privileged position of the human subjects around which her analysis revolves; but as Butler and Braidotti highlight, this very category is indeed produced through exclusionary norms that cast certain humans as less-than-human.

For Noddings, care is ethical only inasmuch as there is an “obligation” to care, which in turn relies on the presence of other conditions, namely, an effort by the caring subject and the “reciprocity” or “completion” of care in the other: “The caring relation ... requires *engrossment* and *motivational displacement* on the part of the one-caring

and a form of *responsiveness* or *reciprocity* on the part of the cared-for [emphasis in the original]” (2013, 150). Here the author refers to the “caring relation” without classifying it as natural or ethical (150). Let’s suppose, then, that the listed elements (engrossment, motivational displacement, responsiveness and reciprocity) characterize both kinds of caring. Engrossment implies one’s dedication and involvement in the action of caring. The motivational displacement, instead, indicates “a move away from self” toward the other (16), in order to care for them.

Noddings writes that when one does not “naturally care”, “engrossment brings revulsion and motivational displacement is unthinkable” (18). So, for Noddings emotions play here a crucial role: the one-caring could be acted upon by the other’s pain or need, and that will arise in her diverse kinds of affects of different intensities, according to the kind of relation she has with the other (18). The kind of affects that one experiences could lead the person to enact quite impulsively or automatically a caring response: the natural one.² In this case, consciousness and rationality are moved to the background; they are not requirements for acting but affects are (25; 83).

Reason and consciousness, instead, enter the scene in the ethical caring when ‘natural’ engrossment and motivational displacement are inhibited and thus it is required a greater effort to care, and to avoid a withdrawal from the relation. This effort, for Noddings, needs thus to be supported by the (selfish and individual) interest one has to be good, or, to put it in her words, to improve one’s ethical ideal (18): it is here that

² Indeed, Noddings talks about an innate reaction (2013, 83). I want to recall, here, that Noddings contends that mothers who do not naturally care of their children are “sick”; moreover, she affirms that “[o]therwise, the impulse to respond, to nurture the living infant, is overwhelming. We share the impulse with other creatures in the animal kingdom. Whether we want to consider this response as ‘instinctive’ is problematic, because certain patterns of response may be implied by the term and because suspension of reflective consciousness seems also to be implied (and I am not suggesting that we have no choice), but I have no difficulty in considering it as innate. Indeed, I am claiming that the impulse to act in behalf of the present other is itself innate” (83). This discourse reinforces the idea that those who do not have this ‘impulse’ are aberrant, abnormal, unnatural.

the (ethical) obligation to care comes to matter, supporting the ‘natural’ caring relation that is at stake. As I take it, this establishes a divide between human and non-human species alongside the dualism between reason and affects. Although Noddings’ intent is to revalue the emotional and affective aspects of natural caring, she does not put into question this dualism, so that the human remains located in an exceptional and privileged position over the non-human. At the centre of her work lays a classical and humanist definition of the *anthropos* as rational animal.

I do not think that the other two elements of the caring relation (reciprocity and responsiveness) are either natural or ethical, or, so to speak, ‘species-neutral’. I understand Noddings’ definition of reciprocity as likely biased around the belonging to the human species: “In connection with animals ... we may find it possible to refuse relation itself on the grounds of a species-specific impossibility of any form of reciprocity in caring” (86). Noddings defines the term ‘reciprocity’ as the potential to become one-caring in a way that reflects that of the human one who cares for them: in this sense, a child is potentially (*in potentia*) a future one-caring,³ whereas non-human animals lack beforehand and essentially (because they do not belong to the human species) this potential.⁴ So, *the* human response to care (there is no space in her argument for an account of a variety of possible responses enacted by human beings) is as well valued as significantly and qualitatively different in comparison to the response of non-human animals. That is, she does not deny that non-human animals, and plants

³ I would suggest that she refers to a ‘normal’, healthy, able, female and heterosexual child.

⁴ Noddings acknowledges that the child cannot perform the same care than the adult (2013, 70-74). It seems that for her there is a temporal hiatus in caring relations: while I am caring for someone, I cannot be at the same time cared by this other, so that mutuality in the relation is foreclosed. This vision, as I take it, relies on the fact that this author defines care as dyadic and unidirectional (from an independent toward a dependent subject, as I suggested in the previous chapter). In this sense, she refers to reciprocity and the possibility of certain mutuality as something that is potentially realizable in the future, once the child has grown up and the power differential between the adult and the child declines. It is not clear, nevertheless, if Noddings refers to the possibility that the future child would, so to speak, ‘compensate’ the mother’s care caring for her or simply becoming a one-caring (for someone else, probably their children).

as well, respond to care. They do, in some ways, but *not*, as she constantly remarks, as human infants do (156). This point is crucial: the infant's response is intrinsically more valuable because it is a potential (caring) human. As I take it, what remains implicit in Nodding's theory is that this potentiality is not neutral but informed by a very 'normal' and normative assumption of 'the human' (the Vitruvian fashioned *anthropos* indeed) as white, adult, abled, gender conforming, heterosexual, and middle-class. I would like to add also 'male', given her preference for gendering in such way the cared-for figure. For what concerns the 'caring' aspect of this kind of 'human', nevertheless, I am worried that it is destined to remain a potentiality, as I argued in the previous chapter: the one-caring, for Noddings, has inevitably a woman's face.⁵

A caring relationship, according to Noddings, needs to be affective in order to be ethical: affects are a sort of necessary condition to accede to the ethical field (150-152). She argues that – and here I might support her thesis – one can have different affective connections toward different living beings. To make this point she gives the example that she learned to live with, feels connected to, and is affectively moved (acted upon) by cats, but she never established any relation with rats, which do not “address” her (156-157). For this reason, she does not feel toward rats any obligation to care for them (157). Indeed, I can feel more inclined to care for something or someone toward which I perceive certain affinity, whereas the affect of disgust could prevent or hinder my care. As I understand these passages, I would suggest that it is possible to read them in Spinozian terms: the encounter with certain bodies could enhance my capacity to act – in this case, to enact care – because I am affected by them positively, whereas other bodies affect me in negative ways, diminishing my possibility to act.⁶

⁵ According to Noddings, “if the biological imperatives are stronger than many believe, we might find it much more difficult to reproduce mothering in boys than in girls” (2013, 129).

⁶ I will return to these points. Please note that my interpretation of Spinoza's philosophy comes from my reading of his *Ethics* (1985) and from Deleuze's (1988, 1990, 2013) and Braidotti's

Nevertheless, the conclusions that Noddings draws from this are for me highly problematic, since she ultimately seems to employ this discourse about the affective implications of an encounter to establish a conventional and hierarchical distribution of values and disposability of certain species over others alongside distinctions between pets, animals destined for human consumption, and ‘useful’ animals whose life is spared for instrumental reasons (157-158).⁷ To put this in Braidotti’s words, the ‘animal’ is maintained here as “the necessary, familiar, and much cherished other of the *anthropos*” (2013, 68). For example, Noddings’ domestic, familiar and heteronormative imagery includes certain pets. She feels compelled to take care of them, indeed, because she has an affective relation with them. But above all her caring for them acquires significance because it “might serve to nurture the ethical ideal of the child” (2013, 155).⁸

(2006, 2011, 2013) reflections on it. Employing the expression ‘positively affected’, I refer to what Spinoza calls also ‘passions of joy’; with ‘negative affection’, instead, I refer to the ‘passions of sadness’. It should be noted that with those terms Spinoza indicates broader ranges of affects (not just joy and sadness), since he groups them together according to their main effects: the affects that are called of joy have a positive connotation since they enhance one’s power (*potentia*) of acting; the negative affects of sadness are those that diminish it. They are passions, and not actions, because they are caused by something external – that is, they do not have an origin in me but rather I experience them when I am acted upon by another body (Spinoza 1985; Deleuze 1988).

⁷ She writes: “Spiders, toads, and king snakes ... are welcome in my garden because they serve my purposes: they eat marauders” (2013, 157-158). This classification reminds me the one made by Jorge Luis Borges: as Braidotti explains in *The Posthuman*, this author “classified animals into three groups: those we watch television with, those we eat, and those we are scared of” (2013, 68). Here I refer separately to pets and other ‘useful’ animals in order to be consistent with Noddings thought and to render a sense of the hierarchical logic that underpins her reflection on non-human animals. Nevertheless, I am personally sceptical regarding this distinction; pets, in fact, could be, as well, instrumentally useful for humans and are domesticated for human purposes. On this topic, see also Haraway (2003; 2008) and Anderson (2017).

⁸ The chapter “Enhancing the Ideal: Joy” of Noddings’ book *Caring* (2013, 132-147) presents examples of this; pets are, indeed, instrumentals for human development; their well-being – I would also add, their lives themselves – matters only in as much as it is functional for human purposes. Indeed, humans are always the ‘real’ object of Noddings caring. This emerges quite clearly also in the chapter I am here analysing, for example in the following passage: “If I care for human beings, I must not defoliate their forests, poison their soils, or destroy their crops. Similarly, I may wish to preserve the delicate desert from the damage caused by dirt-bikes but, in doing so, I am not behaving ethically toward the desert. Rather, I am supposing that the aesthetic appreciation I feel for the landscape may be shared by other persons, and I feel that I

The positions she has toward animals that humans eat, in turn, is very different, but it seems to me quite consistent with her anthropocentric, but also heteronormative, classifications of valuable lives. Let me suggest why. Non-human animal consumption on the part of humans, for Noddings, does not have any particular ethical implication (154).⁹ But what seems extremely significant for me is her reference to a saying: “If you are going to eat it, don’t name it” (157). If one does not *name* an animal, eating it would not be problematic. On the contrary, “naming a creature and eating it seems symptomatic of betrayal. By naming it, we confer a special status upon it and, if we would be ethical, we must then honor that status” (157). Human (masculinist) supremacy and domination, I suggest, appear here in the form of the (Christian) god-like word: naming the animals is a performative act presented as having the power to confer the possibility of existence or salvation.¹⁰ This is a quite traditional – maybe even conservative – Christian-inspired form of anthropocentrism: giving a name to an animal – and I would suggest, also to a plant, to a ‘thing’, an object, or a piece of technology – confers it a privileged status, since names pertain, apparently, to the realm of god and humans. At least, they enter the sacred realm of the ‘normal’ heterosexual and

ought to preserve that possibility for them” (160). Here, caring for what is non-human is valued only when oriented toward the enhancement of the human, or is functional to care for the human. The *anthropos* is the owner of the environment, which is seen as a passive playground, available for its interests, whether to exploit it or to joyfully admire it. Women, who for Noddings are closer to nature because of their biological predisposition to naturally care, are here confirmed to be always *for* the other, an other who renders women’s existence valuable and determine their ethical responsibilities. I think, moreover, that the others, the persons with whom Noddings wants to share the world, for whom the landscape is worthy to be preserved and sustained, are not ‘people’ in a generalized sense, but rather, considering that her main focus revolves around the mother/child relation, they are the children, the human future that care should support and sustain in its realization, and that to flourish needs to benefit of an idyllic environment in which to live. Noddings’ future-oriented caring, it could be said, is opened to or concerned with ecological questions only in as much as they have an impact on future human lives.

⁹ See also Noddings’ response to Donovan, who criticized her speciesism (Noddings 1991; Donovan 1990).

¹⁰ An interesting discussion around human supremacy and animals’ naming can be found in Derrida’s “The Animal That Therefore I Am (More to Follow)”, published in English in the journal *Critical Inquiry* (2002), and then as a chapter of Derrida’s book *The Animal That Therefore I Am* (2008).

normative family; their kinship with ‘their’ humans is sealed through their naming.¹¹ At the same time, nevertheless, this naming blurs the limit that separates the human realm from those in which animals, plants or things are otherwise casted and othered. Through the name, the latter are made more human, are humanized, and valued consequently as worthier than those beings without names, or whose names have been negated. Affinities and alliances can be found between these bodies – bodies which become assemblages of human and non-human parts and characteristics.¹²

Noddings, nevertheless, employs the ‘naming’ argument with other aims. She maintains that, on one hand, there could be certain forms of ethical caring only toward animals with whom one has established an affective relationship, usually situated in a domestic (heteronormative) environment.¹³ On the other hand, she finds that toward other animals, namely, those who are not pets, one might feel the natural impulse to care, above all when touched, or moved by the perceived pain or suffering of such animal (2013, 159). In this case, nevertheless, the relation with an animal that is not a pet does not pertain to the ethical field, since the animal has not acquired a status of affinity to the human at the price of its domestication.

¹¹ In “Is the Rectum a Grave?”, Leo Bersani writes: “the family identity produced on American television is much more likely to include your dog than your homosexual brother or sister” (1987, 203), a sentence that well describes the privileged status conferred by the entrance in a ‘normal’ definition of heteronormative family, and the disposability of those subjects who’s belonging to the ‘human’ is denied.

¹² This concerns the fact that one can develop affective attachments to objects, animals, and people, and not necessarily the attachments toward a person are more intense of those felt in relation with, for example, a meaningful object. An object could be felt like a part of me, of my history, and my life, can relate with me joyfully, and I can grieve it when I lose it, when it breaks, when it is thrown away. Those affective implications are not confined to human encounters, as Noddings seems to suggest. Actually, I think that in order to feel those kinds of attachments the ‘naming’ move is not even necessary. In turn, the deprivation of a person’s name – in detention, in a concentration camp, in slavery, and other situations – has the opposite effects. It conveys demeaning, devaluation, the negation of the person’s humanity: one is rendered a beast, an animal, losing the intrinsic worth and sanctity conventionally attributed to the human.

¹³ Braidotti, drawing on Deleuze’s and Haraway’s works to reflect on this domestic and familiar relation between humans and pets, highlights the oedipalizing mechanism that underpins it (2013, 68-69).

For what concerns plants and things, the ethical relation is foreclosed. Noddings affirms that plants, growing well, prove certain response to the care they receive, but not of an “affective” kind; the obligation to care for them, therefore, is not “the true ethical ought” (160). In other words, it is ultimately inauthentic. The relation with things, in turn, presents even less hints; since they do not respond, they do not even draw near Noddings’ ethical threshold. According to Noddings, they are not “enhanced by our caring ... there is no affective reciprocity or manifestation of feeling for us as ones-caring” and “we behave ethically only through them and not toward them” (161-162).¹⁴ In contradiction with her opening statement, then, Noddings’ hierarchical classification of different material bodies and the value that is assigned to them continues: in the inferior echelon she casts things, a term which I assume she employs to refer to non-living bodies;¹⁵ then, progressively, there are the animals (to eat, to use, to have as pets); the child, the caring mother, and the masculinist configured *anthropos*.

The ethical responsibility, for Noddings, is present only in as much as the other can respond according to a previous normalization and normative definition and configuration of the response itself in anthropocentric terms. As Derrida highlights, reflecting on responsibility means to address “the meaning and structure of certain limits, [bearing on] what one must or must not do, that to which one must and must not respond” (2009, 308). Here, the limits – or thresholds, to put it in Derrida’s words – of the responsibility of the one-caring are rigidly fixed within the human/animal binary

¹⁴ I am sceptical regarding both these questions: I am not convinced that there is complete inertia in ‘things’ and no affective reciprocity at all (it might depend, maybe, on how one defines what counts as an affect), nor that an ethical relation toward them is necessarily foreclosed. In *Transpositions*, Braidotti addresses this question affirming that “the human ‘other’ is overestimated as a standard-bearer for ethical behaviour. There is no epistemological, affective, or moral reason why one would develop ethical forms of interaction only towards human or anthropomorphic ‘others’. Animals, machines, and earth ‘others’ can be equal partners in an ethical exchange” (2006, 121).

¹⁵ I wonder if she considers that a human corpse is a thing which does not address the living ethically.

and in terms of the possible affective relation that can be experienced with certain animals and toward certain plants, since for Noddings apparently it is not possible to feel affective connection with ‘things’.

Importantly, human affects are for Noddings far more significant than non-human affects; actually, she even seems to exclude the possibility that non-humans could be affective beings altogether, except for pets (2013, 156). Indeed, from a human perspective, she argues that certain “animals (cattle, sheep, pigs, goats, and chickens) do not anticipate their deaths nor do they seem to suffer over the loss of companions” (1991, 421). Don’t they? Her following sentence states: “They do suffer the loss of offspring, and for that reason among others, I am opposed to factory farming methods and, in general, premature separation of mothers and babies” (421), an affirmation that appears to me both consequent to her focus on mothering and her anthropocentric pretension to ‘read’ what an animal can feel according to human standards and behaviours. Animals’ affects matter only in as much as they enter in relation to humans or are interpreted in human terms – when they are, after all, humanized.

Reflecting, in a similar fashion, about the behaviours of her cat, Noddings writes that “she responds directly to my affection with a sort of feline affection – purring, rubbing, nibbling. But she has no projects to pursue. There is no intellectual or spiritual growth for me to nurture, and our relation is itself stable. It does not possess the dynamic potential that characterizes my relation with infants” (2013, 156). Through these words Noddings defines further the limits that divide the human from the animal, namely, in terms of human openness to transcendence which apparently constitutes a surplus of value in comparison to the fixity and stability of animal immanence.¹⁶ I read the stability and lack of dynamism that for Noddings characterize the human relation

¹⁶ It seems that with the term transcendence she refers on the one hand to the one-caring’s spiritual or intellectual enjoyment/enhancement in serving the child and on the other hand to the potential future growth of the child itself (2013).

with non-humans as an implicit assumption that non-human life is regulated by necessity in a stable and predictable fashion of causes and effects which humans can rationally understand. In this sense, I would suggest that it might be possible to interpret Noddings' definition of animals' and infants' responses to (human) care as a necessary, determined and induced reaction, in opposition to the (adult) human response which is, in turn, agentic, as it is assumed to be the outcome of certain kind of choice or deliberation.¹⁷

So, as the infant's response acquires an ideal authenticity, on the basis of its belonging to the human species, any other form of response – that, for example, of an animal or a plant – is denigrated since is not adequate, does not conform, exceeds the 'normality' of the human norm – eventually it is not even readable as a response.¹⁸ Here I see a connection between the non-adequateness of non-human responses to care and the judgment of abnormality that is addressed toward women who do not conform to a given ideal of motherhood: they both are somehow transgressing a norm. Casting them as sick, as non-appropriate, as queer or even monstrous is a mechanism that is not so

¹⁷ In the case of the infant, it would be agent *in potentia*.

¹⁸ It should be noted as well that Noddings affirms that humans' caring obligation toward non-humans revolves around two main points: "when the form of response permits detection of pain, we are obligated to relieve it" (2013, 153) and "we must not inflict pain without justification" (150). These containments to ethical responsibility seem to me far too simplistic – even naïve – and familiar, since she contextualizes her caring to the actual encounter with the animal in pain and the presence of certain response on the part of the human, namely, a response which is the human reaction to what s/he perceives and interprets as 'animal pain'. Responsibility, therefore, would be eventually present only in one's direct action, any other implication notwithstanding. For example, following Noddings' logic, I could feel compelled to provide aid to a dog run over by a car. My questions, at this point, are: would my action be 'ethical' because I may have already established certain positive affective relation with dogs as pets? If the injured animal is, let's say, a rat, and I usually feel disgusted by rats when I see them, but I nevertheless stop to provide to this particular rat my aid, would my action be casted as a 'natural' kind of caring, motivated by a sort of compassionate impulse? And would I have no responsibility for buying products tested on dogs, or rats, since my action – buying – would not imply a direct infliction of pain to them? Further, she reflects on vivisection, which she seems to interpret exclusively as finalized to "relieve human suffering", thus concealing any other field in which it is employed and profited from; she affirms then that one should decide not to practice it if, so to speak, there are 'alternatives' (150). But if there are not, vivisection would be completely and undoubtedly justified (150). Moreover, it seems that no ethical dilemma nor question concerns the consumption of goods produced through it.

different to that which underpins the oppression of women, of racialized, disabled, gender non-conforming or queer people. Following an anthropocentric logic, moreover, those subjects are read as animal-like, closer to nature and thus violable, exploitable, injurable.¹⁹ It could be said that in Noddings' work a 'normal' intellect, reason, ethics, spirit, agency are intrinsic characters of the *anthropos*. The sameness of *some* anthropomorphic ones, therefore, is articulated and maintained through the ejection of (naturalized/animalized) others (Braidotti 2006); in other words, this model of sovereign *anthropos* is violently maintained through forms of domination and oppression. Moreover, the ethical implication of any relation with what is not recognized as 'normally human' is constantly disavowed.

If certain subjects, certain bodies, then, are outside of or on the threshold of 'the human' without ever exceed it, without quite mattering for the one-caring, thus the ethics of care that Noddings describes is for me an elitist and oppressive mechanism that locates the *anthropos* as an autonomous, dominant and unitary entity that establishes ethical and caring connections and encounters exclusively with those bodies who resemble it – who, in Braidotti's words, belong to a category of Sameness (2006, 21). What Noddings does not take into consideration but I suggest is important to underline is that care, within this logic, is not only a matter of positive enhancements and supportive relations. Care itself is a part of the mechanisms that temporarily support certain lives in order to manage, exploit, commodify and consume them for human purposes and profit.

¹⁹ On the links between human domination and exploitation of nature and naturalized others, see Gaard (1997; 2011) and Braidotti (2005; 2006; 2011; 2013). So to speak, in Noddings account it seems that 'animal/ity' is completely erased from the dominant *anthropos*, both because she frames human life as opposed to animal life, and because she conceals the differential articulation of the category of the human through the ejection of naturalized and animalized subjects. This, as far as I can see, is not only an expression of human hubris and supremacy on other species, but also a legitimation for humans to dispose in a utilitarian way of other living beings who are casted as different, as less valuable, and non-worthy of entering an ethical relation with the human masters.

To summarise, Noddings discourse articulates around the implicit and unquestioned assumption of human superiority and domination over the non-human, in a humanist and anthropocentric sense. The divide between the human and the non-human is pervasive in her account, but this ‘human’ is not a universal category; rather, it refers to the masculinist configuration of the *anthropos* as representative of the human species. Feminized ethical care is functional for ‘human’ support and well-being, emerges from a natural impulse to care and is enacted in multiple ways, also through the exploitation of what exceeds or is not casted within the limits of the ‘human’ itself. Noddings re-valuation of caring connections and encounters is declined in human terms. Ethical caring is completely foreclosed in trans-species encounters, except for what concerns pets, which I think in Noddings account are figures that trouble the rigid human/animal dualism that she herself repeatedly draws.²⁰ The separateness of the human from its otherness is as well functional in her work to guarantee to the former its agency, whereas the latter is represented as passive matter moved by necessity.

In the next section of this chapter, I seek to enter the cracking fissures of this configurations of the ethics of care, trying to think the caring subjectivity beyond its anthropocentric and humanist assumptions. As I see it, unless the human is put into question as the measure of care, and particularly of those forms of care that have an ethical connotation, it will be hard to achieve the ‘re-valuation’ of care that care ethicists yearn for, since it will remain embedded in hierarchical, binary oppositions that cast certain subjects as *a priori* and *essentially* more disposable than others.

²⁰ “Trans-species encounters” is a term which is central in Donna Haraway’s work (2008) and has been employed by Braidotti as well (2006, 2013).

4. Toward a Non-Anthropocentric Ethics of Embodied Care

Despite Noddings' insistence in separating the 'human' from the 'non-human' in terms of different essences, affects, potentialities, I would like to suggest that a re-reading of some of her arguments allows for a less biased and anthropocentric interpretation of the ethics of care. To do so I will draw mainly on Braidotti's posthuman critique of anthropocentrism and focus instead on the elaboration of an ethical account concerned with 'what bodies can do' (2013) rather than with the actualization of their essences, as seem to do Noddings in her emphasis on the child as possible 'human' to be.²¹ I will also draw on Butler's reflections regarding dependency and the category of the human, sustaining that in her account, as well, an openness to non-anthropocentric relationality can be found.

4.1. Questioning the *Bios/Zoe* Dualism

I propose a reading of the sharp distinction that Noddings draws between the human and the non-human as a dualism between *bios* and *zoe*. Those terms refer to two different understandings of 'life': I understand *bios*, following Braidotti (2006), as the discursive and intelligent life that is 'proper' of the human species and *zoe* as the non-human life that relentlessly proceeds by necessity, unconsciously, providing the 'background' of human agency.²² As I explained before, it is in those terms that Noddings understands

²¹ Braidotti writes that it is specifically the "post-human dimension of post-anthropocentrism" that is a "deconstructive move" (2013, 65). And continues: "What it deconstructs is species supremacy, but it also inflicts a blow to any lingering notion of human nature, *anthropos* and *bios*, as categorically distinct from the life of animals and non-humans, or *zoe*" (65).

²² Braidotti explains: "Life is half-animal, non-human (*zoe*) and half-political and discursive (*bios*). *Zoe* is the poor half of a couple that foregrounds *bios* as the intelligent half; the relationship between them constitutes one of those qualitative distinctions on which Western culture built its discursive empire. Traditionally, the self-reflexive control over life is reserved for the humans, whereas the mere unfolding of biological sequences is for the non-humans. *Zoe* stands for the mindless vitality of Life carrying on independently of and regardless of rational

the non-human. It could be said, therefore, that Noddings' reflections are embedded in the humanist tradition of Western dualistic thought, in which "human 'life'" is given "self-evidence" and "its implicit worth" is taken for granted (Braidotti 2002, 132).²³ Moreover, as Braidotti explains, in this framework "the self-reflexive control over life is reserved for the humans, whereas the mere unfolding of biological sequences is for the non-humans. *Zoe* stands for the mindless vitality of Life carrying on independently of and regardless of rational control. This is the dubious privilege attributed to the non-humans and to all the 'others' of Man, whereas *bios* refers to the specific nexus of humans" (2006, 37).

Now, even if I am affirming that Noddings' thought maintains and reproduces these categories of life as profoundly different, I also want to highlight the fact that the site of the one-caring, in her account, remains in a certain sense in-between the human and the non-human, since her impulse to care is primarily natural. As I take it, women, and mothers in particular, are then casted in a status of hybridity or of proximity to nature that constantly confirms their inferiority in comparison to the 'proper' human norm, and their servility toward those who come to embody it – the Man/*anthropos* incarnated in the husband and in the child as *human-in-potentia*. Moreover, situating the human-as-species in a privileged site of dominance over nature, her conception of 'natural caring' and the affects that characterize it, instead of encouraging a possible link or commonality with other species, is ambiguously hold as the basis on which the ethical (and rational) caring is constructed and, at the same time, devalued by the very

control. This is the dubious privilege attributed to the non-humans and to all the 'others' of Man, whereas *bios* refers to the specific social nexus of humans" (2006, 37).

²³ Derrida, as well, analyses the implicit worth of human life, a worth that does not belongs to animals. In that sense, he writes that "that we call the animal perishes but never dies, has no relation worthy of the name to death" (2009, 308). This could provide an insight, I suggest, on Noddings' indifference toward the death of certain animals – above all those she eats: they are worthless, except for human consumption; they perish when humans kill them, and there is no regret in eating them. Their death is not even quite a death; it is qualitatively different, it could be supposed, compared to the death of a person.

superiority of the latter since not ‘proper’ of the human species. Her account, therefore, prevents the possibility of thinking an ethics of care as a way of living that brings humans and non-humans together in more complex inter-relations than the ones she describes, and without disavowing human accountability in a context of advanced capitalism characterized by exploitation, commodification and violence.

What happens in thinking the connections between *bios* and *zoe*? Aren’t they always already entangled? Don’t they “intersect in the human body” (Braidotti 2002, 132), or even in the classic definition of Man as ‘rational animal’?²⁴ What kind of ‘life’ is the so called ‘human life’, so dear to care ethicists? Judith Butler, in a quite posthuman fashion, observes that the human is a norm, and this norm “is constructed and maintained” through its opposition to what is casted “outside of its terms”, and argues, as well, that it is from this “outside”, from this otherness, that it would be possible to envisage “a form of sociality and interdependence that is not reducible to human forms of life” (2015a, 42).²⁵ As emerges from these quotes, Butler’s reflections on this topic revolve mainly around a critique of the status and category of the human and on ethical questions of interdependency.²⁶ For what concerns the first point, Butler underlines the violent aspects embedded in a normative production of the human taken

²⁴ See also Derrida’s reflections on this in the first volume of *The Beast and the Sovereign* (2009) and particularly his analysis of Heidegger’s critique to the “‘zoological’ determination of man as *animal rationale*” or, in according to “Aristotle’s expression, *zōon logon ekhon*” (314-323).

²⁵ Reflecting on the expression “human life”, Butler observes that its terms, ‘life’ and ‘human’, do not coincide, but rather ‘life’ exceeds the ‘human’: “Human life is never the entirety of life, can never name all the life processes on which it depends, and life can never be the singularly defining feature of the human – so whatever we might want to call human life will inevitably consist of a negotiation with this tension. Perhaps the human is the name we give to this very negotiation that emerges from being a living creature among creatures and in the midst of forms of living that exceed us” (2015a, 42-43).

²⁶ It should be noted that in numerous occasions Butler refers to humans as ‘human animals’, drawing a connection between the human and the non-human (2009, 2012, 2013, 2015a).

as an ontological instance and the problem of the recognition of ‘life’.²⁷ This is particularly important for my reading of Noddings’ work.

In fact, Noddings elaborates her ethics around a normative (anthropocentric and humanist) definition of the ‘human’: only those who conform to this norm are entitled to be cared for, to be valued, to be protected from harm and to flourish, that is, to realize themselves in their full potential, to grow, to continue to live. For Noddings, only their lives are, so to speak, worth living. But, I argue, even if Noddings makes this point referring directly and explicitly only to the entitlement of humans to live at the expenses of certain animals – those that humans eat, those that humans vivisect – this logic is deeply entangled also to the production of a very selective standard of worthy ‘human lives’ as opposed to others who are implicitly interpreted as, to say it in Butler’s terms, less-than-human (2004a, 2012).²⁸ As I take it, such definition of care is highly normative, privileged, and tends to, on the one hand, preserve and reproduce its privileges and the norms that underpin it, and on the other, to produce (but disavow) violent effects through the very institution of a narrow and selective understanding of what is a ‘life worth living’, namely, one that ‘fits’ in its norms.

Returning to Butler’s quote, the second question she addresses in her critique of the human/animal dualism is that of the interdependency between the human and the non-human and its ethical implications. She affirms that the very intent to define the

²⁷ She argues, for instance, that what “can be apprehended as ‘living’ ... is not always recognized as a life. In fact, a living figure outside the norms of life not only becomes the problem to be managed by normativity, but seems to be what normativity is bound to reproduce: it is living, but not a life. It falls outside the frame furnished by the norm” (2009, 7-8).

²⁸ It is in this sense, as well, that I understand Noddings emphasis on one’s intimate and familiar relationships as those which are primarily and fully worthy of care. The setting of this domestic or familiar limit implies that the less the relationship is intimate or familiar, the less the one caring is ‘obliged’ to care (2013, 86). A quite explicit passage that addresses this is the following: “I am not obliged to care for starving children in Africa, because there is no way for this caring to be completed in the other unless I abandon the caring to which I am obligated” (Noddings 2013, 86). In the preface of the book, she justifies this argument affirming that one can “care about” but not “care for” those who are not personally in relation – or I would say, related in a legal and contractual sense – with them (xiv-xv).

‘human life’ is already relying on and “bound up with nonhuman modes of life. Indeed, the connection with nonhuman life is indispensable to what we call human life” (2015a, 42). The human and the non-human, thus, are interconnected and interdependent. As I take it, this is not just a matter of linguistic constructions and discourse, but also a very material and concrete question. For Butler, the ethical outcome of such affirmation is that “there has to be a way to find and forge a set of bonds and alliances, to link interdependency to the principle of equal value” (43). The avowal of the interdependency that bounds and brings together different bodies – and I would add, not only the so called ‘living’ bodies of humans and animals – opens up the possibility to consider how caring practices can be performed in multiple ways and directions, in situated, concrete and ongoing inter-relations. In that way, care can be interpreted in less normative and hierarchical ways, and there would be space to give an account of how care emerges outside a traditional conception of femininity, the domestic and heteronormative sphere, and ‘human’ forms, modalities, and entitlements.

4.2. What Can (Relational) Bodies Do?

The avowal of interdependencies and interconnections between human and non-human bodies that I am proposing, as well as my idea that the ethical implications of care should be acknowledged beyond the constraints of ‘the human’, do not imply that I am trying to disavow bodily differences, or to affirm that there is no difference between a human body or that of, for example, a cat. What I am trying to do is to question the anthropocentric and humanist assumption of ‘human’ superiority and implicit worth that justifies the speciesist domination and exploitation of non-human beings. This is a question which I consider linked as well to forms of discrimination and exposure to

violence toward those humans that are categorized as less-than-human.²⁹ I want to approach this point asking: what could happen if differences were thought not as *essential* differences, but as embodied and embedded specificities and possibilities of the bodies? In the third part of the *Ethics*, Spinoza wrote: “no one has yet determined what the Body can do” (1985, 495), a question that deeply influenced Deleuze’s thought, and that, through Deleuze, had a great impact on Braidotti’s theories as well. Since I am not aiming at uncovering a supposed essence of ‘the Body’, but I am rather interested in understanding a plurality of differences between bodies and that cross bodies, I ask: what *can* bodies *do*?

The power of a body, for Spinoza, is a capacity or ability to be affected that is constantly actualized or realized.³⁰ Is it possible to think differences in terms of *potentia*, of a body’s power to act, to do, without recasting them, as Noddings does when she analyses the capacity of response of the cared-for, in a hierarchy that ultimately refers to essentialized assumptions regarding what the bodies *are*? I want to remark, at this point, that Noddings’ figuration of the child as a potential (‘normal’) (hu)man differs radically from my understanding of *potentia*. I do not interpret a body’s *potentia* in absolute terms, that is, neither as something ‘given’ or an ‘a priori’, nor as something that characterizes all those that are said to belong to the same species’ category. Rather, it is embedded in and dependent on certain context, network of relations, infrastructure: the conditions in which a body lives determine its *potentia* and its actualization.

²⁹ On this, see Marchesini (2016).

³⁰ For Spinoza the ‘power’ of the substance, intended as “the capacity for being affected”, is the ‘*potestas*’, whereas ‘*potentia*’ “corresponds to the essence of God as power”; for what concerns the existing modes of the substance, instead, the ‘*conatus*’ is their essential “degree of power”, and corresponds to their “ability (*aptus*) to be affected” (Deleuze 1988, 99). Braidotti understands differently the meaning of the term ‘*potestas*’, since she follows the Foucaultian idea that “power” can be “both a restrictive (*potestas*) and a productive (*potentia*) force” (2013, 26). Nevertheless, she links this latter definition of power to a, so to speak, Spinozist inspired reflection on affects as “the body’s capacity to enter relations – to be affected” (2002, 104).

Noddings highlights the importance of relatedness and affects throughout her whole work.³¹ In relations, I would say, affects happen. Affects are deeply entangled with questions of relationality, they emerge in one's body – they are embodied – but they are not autopoietic; bodies are embedded in networks of relations with other bodies that touch them in different ways, that affect them; bodies are constantly acted upon (affected) and act on others (affect). As Braidotti puts it: “affects are the body's capacity to enter relations – to be affected. Relations therefore are the virtual links that a body can form with other bodies” (2002, 104). These ‘other bodies’ are not only human bodies.³² Noddings' vision, by focusing only on humans, seems to me far too limited and biased.

Caring, then, can be interpreted as a mode of entering in relation with others. As I mentioned in several occasions, this ‘mode’ is not necessarily ‘good’ or ‘ethical’ but could sustain oppressive power dynamics – in Spinoza's terminology, care could hinder one's ability to act, its *potentia* – and for that reason I suggest that the negotiation of

³¹ Even though, as I already argued, for Noddings the ‘proper’ relatedness, the one that concerns her and around which she builds her ethics, is human relationality. In Noddings affects belong to the field of the pre-conscious natural caring, whereas reason pertains to ethics, that is, to the moment one consciously decides to care. Now, on one hand, as I suggested in the previous chapter, I am critical toward the privileged link between women and nature that is reflected in her account – and is present as well, even if in different ways, in Gilligan's perspective –, since it is functional to the maintenance of heterosexual oppressive norms. I suggested that one does not ‘naturally’ care because of one's ‘biological’ sex, but rather one learns and is instructed to care through time, and that one could come to embody care and its affects in such a manner that caring is naturalized in them. On the other hand, nevertheless, I won't assume that this argument needs to be necessarily extended to the caring practices of non-human animals. I do not know what their bodies can do. I do not know if some of them – for example – know by instinct how to take care of their offspring, so I won't assume that, transposing Noddings' affirmation, if they do not care of it when and in the way I expect them to do, from my embodied and embedded perspective, they are ‘sick’. In short, I think that other approaches are needed to give an account of the variety of relations that humans have with other human and non-human bodies, without projecting on them supposedly ‘human’ characteristics or behaviours, but respecting and acknowledging, rather, their specificities and differences.

³² An interesting example of this can be found in Neimanis and Walker proposal to think bodies as “weather-bodies”, embedded in “climatic intra-actions”: bodies affect the weather (an assemblage of different kind of bodies that come together in certain phenomena), the so called “climate change”, and at the same time the weather acts upon those bodies; those affects, then, are not confined in a pre-given category of ‘the human’ (2014).

caring practices in an ongoing relation or encounter is crucial in order to perform it in ways that can positively sustain the different bodies involved in the relation itself. Those negotiations would help in understanding what my body and the other's body can do, how we affect each other, how much we can 'give' and 'take' in certain situations. As I take it, those practices ethically address questions of responsibility mobilizing embedded and embodied sustainable forms of care.

I would like to remark, nevertheless, that I do not assume that this should become a universal prescription. It is, rather, a possibility that could be actualized in certain situations. Not always it is possible to enter a relation in this fashion, since, as Butler affirms, "my body is and is not mine" (2004b, 21) or, to put it in Braidotti's words, "the life in me is not mine" (2002, 141). That is, a body depends on conditions that exceed it but determine its life, and for what concerns me in this discussion, on the possibilities for it to be supported or to be exposed to violence, to disposability, to be torn apart, because, as Braidotti affirms, "[i]f the life in me is not mine, it may rip me apart without any concern for my well-being" (141). This exposure does not concern only human bodies: it is in this sense that "the human itself proves not to be divided from the animal or from the technical world" (Butler 2016, 21).

In opposition to an anthropocentric perspective, I do not conceive 'the human' as separated from an exteriority or a radical otherness (from the environment, other species, or 'things'). It is rather dependent on and entangled in constitutive relations with others. Inhabiting, dwelling this dependency, this exposure, means also to be exposed to multiple relations that affect a body in different ways, which, nevertheless, does not imply that agency is completely foreclosed. Broadening my understanding of relationality and bodily interconnections beyond 'the human' as considered in anthropocentric terms, I am suggesting that also non-human bodies – both animals and

others, such as technologies, objects, materials – are not passive or inert entities, but rather are embedded, as well, in relational and affective networks: they constantly act upon and are acted upon by other bodies. It is in those relational and affective networks that practices of care can take place – can be enacted.

4.3. Responsibility and Response-ability

I suggest that focusing on what bodies can do, how they are affected and affect others, radically challenges and shifts the anthropocentric definition of (ethical) responsibility that in Noddings' perspective is directly linked to questions of reciprocity and responsiveness (certainly those are for her the very conditions of possibility for a relation to be ethical). First, for what concerns the problem of the reciprocity, I coincide with Braidotti in affirming that it “can almost be considered as the trademark of liberal individualism and its idea of moral responsibility: reciprocal respect is a foundational principle” (2006, 111). Indeed, Noddings argument is deeply rooted in an individualistic perspective: the reciprocity of a caring relation enhances and compensates the one-caring for her work.³³

Second, considering the question of responsiveness, and linking it more directly with the capacities or abilities of a body, I find particularly relevant Donna Haraway's observation that responsibility is deeply linked with what she calls “response-ability”, the ability or capacity to respond (2008, 71).³⁴ In an encounter, in a relation, different

³³ As Federici (2009) and Pérez Orozco (2014) point out, this is also connected to an idea of care as private, quotidian and necessary; it is not therefore recognized as a work as is usually unpaid when performed by members of the family, mostly women, who are assumed to be naturally designated to carry out caring tasks. The devaluation of care as a feminized work, on one hand, and its gratuitousness on the other, contribute, in a capitalist context, to its devaluation. See also Tronto on questions of remunerated but underpaid care work (above all when domestic), and its intersections with questions of class, race, and immigration (1993).

³⁴ Haraway writes: “human beings are not uniquely obligated to and gifted with responsibility; animals as workers in labs, animals in all their worlds, are response-able in the same sense as

acts and affects take place, in a responsive play that is not dominated by only one of the parts. Different response-abilities and responsibilities, thus, happen: they are not ‘properties’ of one subject, but ongoing processes.

It might happen, then, that the other’s response is not recognized. Braidotti suggests, therefore, “an approach to the other which assumes the *impossibility* [my emphasis] of mutual recognition – for instance between humans and animals – and replaces it with a relation of mutual specification” (2006, 111). I would not assume *a priori* that mutual recognition is impossible, even if I agree in affirming that a total and all-embracing recognition might be; certain un-recognizability or un-grasp-ability in the other – even in oneself – might be always already present in a relationship. However, it might be more a question of sufficiency, of a sufficient recognition, of a recognition that suffice for the relation to be sustained, more than recognition *tout court*.

If, as Butler underlines, the *possibility* of being recognized depends on certain “norms of recognition”, norms that could “bind us in ways that imperil our capacity to live” and are framed in anthropocentric and humanist terms, non-normative bodies could be said to be un-recognizable according to those norms themselves (2015a, 58-59). But it seems to me that in some ways certain form of recognition still happens, even if in ‘negative’ terms – a recognition of their difference as negative, or ‘pejorative’, as Braidotti would put it. So maybe I should reframe my previous affirmation regarding the ‘sufficiency’ of recognition: indeed, if I recognize you as sufficiently ‘other-as-object’ in comparison to me, this could be as well a sufficient reason for me to attack you violently. I suggest, then, that rather than focusing on the differences as such, an alternative might be to emphasise how bodies in relation of interdependency differentially affect and are affected by each other; this, possibly, could

people are; that is, responsibility is a relationship crafted in intra-action through which entities, subjects and objects come into being” (2008, 71).

contribute to challenge the centrality of human/ist and anthropocentric norms of recognition in conventional understandings of ethical responsibility.

I consider, for example, that it might certainly happen that my caring does not receive any response, that it does not ‘return’ in reciprocity, or that it is not recognized or is unrecognizable for the other. At the same time, I could misinterpret or not recognize the other’s response or reciprocal gesture. Against Noddings, I do not think that those eventualities would necessarily foreclose care’s ethical potential. I understand Braidotti’s term of “mutual specification” (2006, 111), then, as a claim to pay attention and acknowledge, when possible, what specific and concrete bodies can do in certain situations that allow them for certain gestures, movements, or enactments, and hinders or forecloses others. I want to remind, here, that with the term ‘body’, as I explained before, I refer with Braidotti to a non-unitary, “collective, multi-layered yet singular entity” (2006, 119). An entity that is embodied and embedded in ongoing processes and is constitutively exposed and dependent on multiple others. Such understanding of the body, it seems to me, could forsake humanist ideals of unity, independence, and autonomy, and allows a possible redefinition of the ethics of care in non-anthropocentric and humanist terms.

To summarise, in this chapter I pointed out that conventionally the ethics of care is concerned with human encounters and relationships: it is between human beings that ethics is ‘properly’ performed. This confinement of ethics, nevertheless, rests for me on the disavowal of the dependency of every body on a set of ‘infrastructures’ in a Butlerian sense, as I suggested in the previous chapter, that transcend the human. A non-anthropocentric ethical account of care, therefore, aims to acknowledge and dwell a multiplicity of relations and interconnections that are not only human but more-than-

human, and to open up a way to exit the dualistic oppositions between the human and the animal and the non-human in general – an opposition that hierarchically attributes a differential value to different lives, casting certain lives as exploitable, as disposable, and at the service of others.

Conclusions

In this thesis I argued that it is crucial for feminist and queer practices and theories to reflect on care and its ethical implications, but in alternative ways in comparison to the first works on this topic elaborated in the 80s by US feminist scholars. I took, as representative of this conventional framework of the ethics of care, the theories of Carol Gilligan and Nel Noddings. After providing a review of their works and of the main critiques that were addresses to them, I circumscribed my analysis on questions of heteronormativity and anthropocentrism which, according to my reading of these authors, implicitly frame their whole conception of the ethics of care.

To support this thesis, I drew on Rosi Braidotti's critique of the Self/Other dichotomy, that, according to this author, casts difference in a pejorative and inferior site in comparison to the masculine, able, white, heterosexual and middle class 'Self' (2006), and on Judith Butler's reflections on the performativity of gender. I entered a dialogue with those authors, despite their different approaches to feminism, because they both theorized questions concerning subjectivity, relationality and power relations, and ethical responses to situations of dependency, disposability, and vulnerability. Their insights on these topics constituted the framework for my analysis and critique of Gilligan's and Noddings' ethics of care.

In the chapter dedicated to the analysis of the heteronormativity of a conventional understanding of care ethics I illustrated how Gilligan and Noddings support the idea that care is a feminine ethical disposition: women, according to them, experience a natural inclination to care, above all when they are mothers. This means that women's ethics is oriented toward the maintenance of their relations with others,

but these others are often put at the centre of their concerns in a way that entails women's disposability in their service.

I argued, then, that this logic is deeply rooted in a heterosexual vision of the world: the relations that matter for the ethics of care elaborated by these authors are those between men and women who form a heterosexual and reproductive couple, and those between mothers and their children. In this heterosexual and normative imagery, that is constantly naturalized and normalized in their texts, men and women are taken also as morally complementary: care remains essentially feminized. The logic that underpins Gilligan's and Noddings' works, then, not only reinstalls a regime in which women's oppression and care's devaluation remain entangled and are constantly reproduced, but it also produces abject, 'abnormal' subjectivities for whom ethics and care remain foreclosed.

Whereas Gilligan and Noddings interpret the dependency of a subject in opposition to a more autonomous and independent one, reproducing a hierarchical distribution of agency and power within the heterosexual and reproductive family, I drew on Butler's interpretation of dependency as 'infrastructural', as a condition that affects every body, even if in differential ways according to the situation and context in which they are living. Interpreting dependency as an ontological threshold, my aim was to draw attention on embedded and embodied differences in the experience that bodies have of their exposure to others on which they rely and by which they are constituted, rather than on hierarchical differentiations between dependency and independency.

I also reflected on questions of care as an activity oriented toward the future in as much as it seeks to maintain, protect, and favour one's life. In Gilligan's and Noddings' accounts, the life in question is that of the child, that represents the possibility for the maintenance and reproduction, as well, of heterosexual norms and

normalization. Exploring care as a mode of supporting a body's persistence in its own being – a Spinozist concept that is central to both Braidotti's and Butler's theories – in relation to Butler's definition of dependency, I suggested that one's persistence is always already embedded in power relations that cannot be disavowed since they frame, to a certain extent, their persistence itself. Care, then, is not absolved from this condition. I suggested, then, that a definition of care as ethical would entail a consideration of the embodied and embedded affects that care produces on the bodies involved in a relation: when their (mutual) affection is positive, that is, their persistence in their own being is enhanced, care could be said to be ethical.

The chapter that follows is dedicated to questions regarding the anthropocentric logic of the ethics of care, that to me is profoundly entangled with questions of heteronormativity as producing hierarchies of value and disposability between different bodies. After a brief reflection on Gilligan's texts, which only takes into consideration human relationality, I offered a close reading of Noddings' thoughts regarding human relations with non-humans, and her refusal to think them in ethical terms. I argued that her vision is anthropocentric as she classifies, hierarchically, different species, attributing to them different values and thresholds of disposability. At the apex of the hierarchy, the human species – intended as radically different from animal life and represented in conventional humanist, masculinist terms – is entitled to dispose of and exploit all forms of human and non-human life that do not enter its selective and exclusionary definition.

As an alternative to the hierarchical, essentialist and dualistic thought of Gilligan and Noddings', then, I suggested to focus, following Braidotti, on what bodies can do in terms of their power to affect and being affected, rather than on definitions of their assumed essence as belonging to certain species or gender and sexual category. In this

way, I sought to open up the possibility to think about affects and embodiment beyond the dualisms between men and women, the human and the animal, the human and the non-human, and to displace a conventional, anthropocentric and humanist understanding of the human as the measure on which to elaborate an ethics of care. Focusing on the ability to respond of different bodies, rather than on a humanist definition of responsibility, I argued that inter-relationality and inter-dependency is not confined to the human sphere, but rather involves a multiplicity of human and non-human bodies that interact, that affect one another and are affected by each other in different ways.

My proposal has been to think care as performative: not as an essential characteristic of women or femininity, but rather as naturalized and normalized through time in accordance with gender and heterosexual norms. Care then is embodied particularly by women, but this does not foreclose the possibility – the ability that other bodies have – to embody and enact caring modes of relationality. I also argued that it is not *a priori* ethical: namely, care performances could be complicit of the maintenance and perpetuation of normative and oppressive regimes of power that exploit, devalue, and dispose of certain bodies for the sake of others. As I suggested in this work, this is the case of Gilligan's and Noddings' accounts of the ethics of care.

Nevertheless, what I found important in their texts is the emphasis on relationality and, in Noddings' case, on affects. Linking those elements to Butler's theory, I affirmed that bodies are always already dependent, on relations that can support them or undo them, exposing them to vulnerability, injury, and violence (2004a). Care could be enacted in both directions: it could support a life to make it more exploitable or it could support it for its own endurance. Whether its effect is one or the other, it will depend on the context, the concrete situation, the power relations in which

the bodies in question are embedded. Thus, my intent has not been to give a universal understanding of care, nor a universal mandate to care: quite the contrary. I stressed the importance to look from time to time at the affects that are mobilized in specific relations of care.

I conceived affects as the *potentia*, the ability to affect and being affected in an encounter with another body. Some encounters can enhance one's *potentia*: the relation in that case could be maintained since its affect is positive. Other encounters, in turn, hinder a body's *potentia*. Following Braidotti in her reading of Spinoza via Deleuze, I argued that the former case would allow for bodies persistence, and for certain kind of futurity. When a performance of care has this kind of outcome, it could be said that it actually supports a body, its endurance or persistence in its own being, and thus certain futurity. It is within this framework that I understand care as ethical.

I argued that a focus on what different bodies in specific relations can do and can bear could offer a way to rethink care ethics beyond its privileged link between femininity and motherhood, and beyond heteronormative regulations of gender, sex and sexuality. The topic could be expanded in future investigations, addressing for example how care is related to the private/public dualism. I also think that further research could take into consideration the political implications of the ethics of care for queer and feminist struggles. I have tried to mobilize a kind of thought that displaces the human species from an anthropocentric privileged site of measure of care and ethics in a way that supports its dominance over non-human bodies: a move that can potentially constitute a point of intersection and alliances among feminist, queer and anti-speciesist theories.

What I wanted to do in the limited space of this thesis, then, is a contribution to start imagining a resistance to different naturalized norms that cast certain bodies as

more disposable and exploitable than others. Reflecting on inter-relationality and inter-dependency beyond the human, I sought to give an account of how they concern, indeed, also those bodies that do not enter the category of ‘the human’. My intent, in other words, has been to open up the possibility to think care differently, in alternative and transformative ways in comparison to its conventional understanding. To open up paths to think of ethics and care as embodied and embedded, in less violent, hierarchical, and normative ways. Finally, to suggest that care can be ethically mobilized in more horizontal, collaborative, shared and multiple interrelations.

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