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THE POLITICAL DIMENSION OF CARE. AN INTERVIEW WITH JOAN TRONTO¹

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Abstract

The introduction and the related interview with Joan Tronto aim at exploring the intellectual influence of her thought. Tronto's seminal work on a critical theory of care has extended the debate on care beyond the boundaries of ethics, and placed it at the center of political, legal and social discussion. Both the introduction and the interview explore why care is today not only an academic issue but also a political and a practical one. The language of care provides a framework for those who try to build a different, more just and ecological politics after COVID-19, especially for social movements such as Black Lives Matter that look forward to a healing form of justice.

Keywords

Care ethics, crisis of care, COVID-19, caring democracy.

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Resumen

La introducción y la correspondiente entrevista con Joan Tronto pretenden explorar la influencia intelectual de su pensamiento. El trabajo seminal de Tronto sobre una teoría crítica del cuidado ha ampliado el debate sobre el cuidado más allá de los límites de la ética, y lo ha situado en el centro de la discusión política, jurídica y social. Tanto la introducción como la entrevista exploran por qué el cuidado es hoy no solo una cuestión académica, sino también política y práctica. El lenguaje del cuidado proporciona un marco para aquellos que intentan construir una política diferente, más justa y ecológica después de la COVID-19, especialmente para los movimientos sociales como Black Lives Matter que esperan una forma de justicia sanadora.

Palabras clave

Ética del cuidado, crisis del cuidado, COVID-19, democracia del cuidado.

Introduction

The Politics of Care

The pandemic crisis we are going through has suddenly revealed the importance of care work and, at the same time, its historical social devaluation. Care work is the basis of social reproduction (as well as human reproduction *tout court*). To belittle it means to overshadow the vulnerability and interdependence of living beings in order to perpetuate the privilege of those who can represent themselves as “autonomous” and “in-dependent” because others, usually women, meet their needs by working for free or for low wages². For many decades, feminist studies and movements have been denouncing how the privatization of care has obscured its political dimension, first through the allocation of care tasks according to rigid gender hierarchies and then through the creation of an “international domestic order” based on the exploitation of migrant labor (Scialdone, 2014, p. 124).

2. On no or low wages for care work globally see Oxfam (2020).

In contemporary societies, “global care chains” (see, for example, Yeats 2009 and Ehrenreich & Hochschild, eds., 2004) have made it possible to maintain the gendered division of care work even in the face of women being employed in the formal labor market. At the same time, they have made possible the progressive dismantling (and/or non-completion) of the welfare state with its network of public services. Putting the political dimension of care at the center of the political, social, economic and legal debate seems then to be the precondition for strengthening constitutional states, whose material basis is the welfare state. And this seems even more urgent at a time when this legal and political model is subject to the double attack of sovereigntists and neoliberals³. Questioning the way in which care work is conceived and distributed can also lead to revitalizing democratic participation. Finally, such a discussion seems necessary to combat the post-colonial hierarchies on which the contemporary international order is based and to counter the exponential increase in global inequalities, while preserving the political and legal heritage of (inter)national constitutionalism⁴.

Political subjectivities struggling against the neoliberal capitalist system must therefore deal with the “crisis of care” (Fraser, 2016), which appears moreover closely intertwined with the extractivist economic model also responsible for the ecological crisis. Feminist theories address this concern from different points of view, in particular from properly neo-Marxist perspectives⁵ and from perspectives that, while denouncing the unequal distribution of care in contemporary societies, aim to value it as the basis of democratic living together and as an activity that gives meaning to life and interpersonal relations. According to this second view—which, however, seems to us at least partly reconcilable with the first—democratizing (and politicizing) issues related to care means not only re-discussing the assumptions of the gender division of labor, but also innervating democracy with care practices, seeking, as Laura Segato (2016, p. 25) has written, to “domesticar la política”. Among the authors who have contributed most to promoting this perspective, there is undoubtedly Joan Tronto, whose reflections on the political nature of care allowed to extend the debate on care beyond the boundaries of ethics and to place it at the center of the political, legal and social discussion, also providing a conceptual framework and a lexicon capable of guiding practices.

3. Orsetta Giolo (2020, p. 38) appropriately defined those as “false enemies”.

4. The definition is by Tecla Mazzarese (see, for example, Mazzarese 2018).

5. See Arruzza-Bhattacharya-Fraser (2019).

Beyond the Boundaries

Since the publication of *Moral Boundaries: A Political Argument for an Ethics of Care* (1993) Tronto has moved away from a conception of care that had been spreading especially since the 1980s, thanks to the contribution of “second wave” feminism. In fact, Tronto criticized the idea of a specific “female morality” and female propensity to care and nurturing. This view, often linked by interpreters—including Tronto—to the work of Carol Gilligan⁶, presents the risk of an essentialist drift. According to Tronto the notion of care must be freed from the ambiguities of differentialist and maternalist declinations of the ethics of care. It is also important to avoid the misleading opposition between the ethics of care and the ethics of justice. For this reason, we must break down the “moral boundaries” which separate ethics from politics, the moral point of view from the moral problems which concretely arise in everyday life, and the “public sphere” from the “private sphere”. Relaunching, more or less explicitly, some of the main slogans of feminism in the 1970s (in particular the well-known slogan that “the personal is political”), Tronto reiterated that the question of care had to be read with a theoretical-political lens and not only a philosophical-moral or psychological one. Precisely for this reason, she continued to work over the years on the basis of a very broad definition of care, elaborated as early as 1990 together with Berenice Fisher. This definition represents the starting point of an articulated reflection on care:

On the most general level, we suggest that caring be viewed *as a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible*. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Fisher & Tronto, 1990)

As some have argued (Held, 2006; Groenhout, 2004; but see also Tronto, 2013, pp. 18-24), this definition may appear too broad. However, it allows to abandon the dyadic perspective chosen by that part of the literature on ethics of care which not only has priv-

6. In the book *In A Different Voice*, Carol Gilligan (1982) criticized Lawrence Kohlberg’s theories on the moral development of children and, indirectly, the main liberal theories of justice. She stressed that girls comply more often than boys with an “ethic of care” based on interpersonal relationships. Tronto deals with this debate in *Moral Boundaries*. Gilligan’s theory has been considered as essentialist by many. However, she linked the ethical preference of girls not to their “feminine nature,” but to their socialization. The ethics of care is not conceived by her as a feminine ethics, but rather as a feminist ethic that can also be followed by men (Gilligan 1995).

ileged the mother-child relationship and, more generally, the care-giver/care-receiver relationship, but has often run the risk of looking at the first pole of this relationship in the perspective of an ethics of virtue that sees care as an attitude or disposition instead of thinking about care in terms of a practice (see Tronto, 1994, p. 118). Even though this relationship remains crucial, it cannot be abstracted from the cultural and institutional context, from the structural conditions that make care possible, which often prevent some social groups from enjoying the multiple forms in which it can be declined (from education; to health care, from social assistance to solidarity and to security), thus suffering a damage or a disadvantage that cannot be repaired if not by transforming the very structure of society in a truly democratic sense.

The Phases of Care

For Tronto, care is a complex process that can be articulated in different phases, which are strictly interconnected; but also distinguishable by objective and role, as well as by the moral qualities associated with them. A process that can involve, precisely because of its complexity, a plurality of actors. The phases identified in *Moral Boundaries* are four: caring about; taking care of; care-giving and care-receiving. In the following work, *Caring Democracy*, the author added a fifth phase: caring with.

The first phase implies the quality of attention: for caring to be given, a *condicio sine qua non*—even if not by itself a sufficient one—is given by the fact that the gaze is able to catch the presence of a need for care that asks to be welcomed. Once the need catches our attention and is heard and recognized, in order to reach its satisfaction, two further fundamental steps are necessary: the assumption of a responsibility for addressing that need and then the actual care-giving, the physical work involved in the meeting of needs. In complex societies, these phases often involve subjects placed in hierarchical relationships which can hold very different and conflictual ideas of the care receiver's needs (think of the hierarchical relationship between physician and nurse; but think also of the institutional mandate conditioning the relationship between the social workers and the persons who turn to social services). The hands-on caring work has been traditionally provided by women and people belonging to marginalized groups, while “caring about” and “taking care of” have been reserved mostly to men and most privileged (people) thus replicating the stereotypical separation between body and mind upon which modernity has been founded.

Good care presupposes that the procedures followed to respond to caring needs have two further characteristics. First of all, they have to keep an open dialogue with the recipients of care to let them know that the caring needs have been met and avoid any form of paternalism—this is the meaning of including care-receiving as a fundamental element of the caring process. Moreover, as emerges above all in *Caring Democracy*, against neoliberal individualization of responsibility, care must be at the core of a democratic political debate, it must be reclaimed as an essential social good. A caring democracy not only stresses the important role of care as social solidarity, trust and respect, but also the plurality of views that people have on care and on the ways and forms in which it can be addressed. If to overcome the present crisis of democracy it is necessary to address care inequalities, in a democratic citizenship they cannot be answered simply by an equal distribution of care; multiple, bottom-up solutions must be democratically designed.

Care and Democracy

For Tronto, Culture and institutions are essential to understand the value attributed to care, the difficulties with which care relationships are intertwined, the characteristics of the different phases in which care is articulated, depending on whether or not they take place within professional and hierarchical contexts. The attention she paid to cultural, political and institutional changes has allowed Tronto to measure her own political theory of care with the challenges that have arrived over the years, firstly as a result of the welfare transformations produced by neoliberal policies, and the advent of a culture of individual responsibility, which has imposed the costs of social reproduction on individuals and families, and then by the danger of populism and the emergence of a patriarchal rhetoric of care as protection in a nationalist sense.

In this perspective, the crisis of the current care system is for Tronto a crisis of democracy. A true democratic society must be able to find resources for care needs each one of us has not only as a child, an old or ill person, but in every moment of our existence, insofar as care is also in the broad sense the basis of affection and solidarity, of an environment that supports and does not abandon us. In our defective democracies such support is often denied to the members of certain social groups, following a sacrificial logic, which distinguishes between lives that matter and lives that do not matter (see Butler, 2006). The hegemony of economic rationality introduced by the neoliberal

discourse, according to Tronto, has exacerbated this situation, which cannot be changed except through a rethinking of the order of values to match the aspirations of a democratic society: “To divide up caring responsibilities in society differently requires a shift in values away from the notion that the only things that matter are economic gains” (Tronto, 2013, p. 146).

And this can also be seen in relation to the choices that societies make to manage the conflict between working time and living time. Democracies should encourage citizens’ participation in decisions about the distribution and allocation of care responsibilities, because it is around the reaffirmation of collective responsibility for the basic needs of citizens that the very definition of the boundaries of a political community is played out—as Margaret Urban Walker argues in *Moral Understandings. A Reflection in Feminist Ethics* (1997). In Joan Tronto’s words: “Caring is not only about the intimate and daily routines of hand-on-care. Care also involves the larger structural questions of thinking about which institutions, people, and practices should be used to accomplish concrete and real caring tasks” (Tronto, 2013, p. 139).

Three arguments have been adopted so far to keep care and political theory separate: 1. care is natural; 2. care is a good like any other and can be left to the market; 3. we can respond to care issues with existing public policies and using the global market for care (Tronto, 2013). The exclusion of care issues from political theory has marginalized the following questions: what kind of care complies with a truly inclusive democracy? How are care-related responsibilities distributed in a democratic society? Who decides? As mentioned above, caring responsibilities have long been assigned in such a way as to exclude those to whom they are assigned from the full enjoyment of citizenship rights. Democratic equality is in fact denied by the burden of caring responsibilities placed on certain social groups (women, but also non-white people, migrants, etc.) and by the exemption from caring responsibilities justified on the basis of a series of “passes”, such as the gender pass (“Tough guys don’t care”), the productivity pass, the priority given to caring for oneself and one’s children (Tronto, 2013).

A large part of *Caring democracy* is devoted to the analysis of the mechanisms that allow some privileged groups to decline responsibilities with respect to caring activities, what Tronto defines as the “privileged irresponsibility”. The more a society is crossed by class barriers and divided between privileged and oppressed groups, the greater the temptation for those in a position of dominance to deny and ignore our common vulnerability, dependence and interdependence. In *Moral Boundaries*, Tronto observed how an inevitable and seemingly insoluble paradox emerges from this situation:

Care is often constituted socially in a way that makes caring work into the work of the least well off members of society. It is difficult to know whether the least well off are less well off because they care and caring is devalued, or because in order to devalue people, they are forced to do the caring work. (Tronto, 1994, p. 113)

Whatever the solution to this dilemma, which produces a disavowal of both care and care workers, today we are definitely forced to come to terms with the impossibility of guaranteeing good care (in the sense of both *care* and *cure*): where inequalities are growing and the working conditions of those who provide care are more and more precarious, life itself cannot be but characterized by precarity. In a world that challenges our very existence, the rise of social movements, like Black Lives Matter and Ni Una Menos, is characterized by the emergence of a “radical care”, a “critical survival strategy” that provides “spaces of hope in dark times” (Hobart & Kneese, 2020, p. 2).

INTERVIEW

Below we report an interview with Joan Tronto. We started from the issue of the distribution of care work and its relationship with the principle of equality and with the structures on which contemporary neoliberal capitalism is based. As already in her main works, Tronto inscribes her reflection on care in a liberal-democratic framework, condemning both the paternalism of bureaucratic state models and controlled economy and the libertarian critique of welfare. Her answers show the great potential of her reflection on care for contemporary politics. Such a reflection may help to strengthen pluralism, take into account the different forms of intersectional discrimination, combat inequalities and preserve the constitutional state. Last but not least, it opens to a shift of the dominant anthropologic paradigm: from a patriarchal anthropocentric one, to one based on the awareness of the vulnerability and interdependence of living beings. Such a shift appears necessary today in order to address the ecological crisis that we face and that endangers the very life of human beings on Earth.

Casalini-Re

In *Caring Democracy*, you wrote that, in a democratic society, it is not so much a matter of achieving equality of care: “What should be shared is the duty to reflect upon

the nature of care responsibilities—all of them—in a way that democratic citizens think best achieves the goals of freedom, equality, and justice” (Tronto, 2013, p. 141). Can you explain the implications of this clarification? How compatible do you think democratic care is with the existence of the capitalist system?

Tronto

In a way, this statement was a reflection on the issue for feminists about the meaning of equality. A simplistic way to understand equality is to think that it means everything is the same. But clearly with care people’s abilities and needs are different; indeed, people’s needs and abilities differ over their own lifetimes. As a result, any attempt to impose a singular responsibility for care would lead to injustice. So democratic citizens will need to constantly adjust and reflect upon appropriate care responsibilities.

Democratic care is as compatible with capitalism as any forms of true democracy are. Clearly the kinds of capitalism that we now see in the world are not very democratic. Wealth bestows tremendous power and creates vast inequality. It might be possible to create a democratic form of capitalism that would limit wealth and yet allow forms of private property to remain. But such a model of capitalism would look very different from our current political economy. On the other hand, it is difficult to imagine that any form of controlled economy could adjust allocations of care responsibilities with enough flexibility to meet democratic citizens’ needs.

Casalini-Re

In recent times, Black Lives Matter referred to the ethics of care, insisting on the importance of a “healing justice” (see <https://blacklivesmatter.com/resources/>), a justice that goes beyond redistribution and even beyond recognition, and rather can be conceived as a form of reparation towards the deep damage that the systematic absence of care for a part of society has produced. This appropriation of the ethics of care by Black Lives Matter has an illustrious antecedent in the work of Patricia Hill Collins (1990), who—as you reminded us (Tronto, 2020)—recognized elements such as “personal expressiveness, emotions, and empathy”, proper to the ethics of care, as central to the process of validation of knowledge within black feminist epistemology (in contrast to mainstream academic epistemology). What do you think of this appropriation of the ethics of care by Black Lives Matter?

Tronto

I think it is brilliant that the Black Lives Matter movement has put care for the participants as a central premise of what a movement must do. I have learned a lot from the scholars who are thinking about this question. I'm really looking forward to reading Deva Woodly's forthcoming book on this topic, previewed in her YouTube video "The Politics of Care" (June 30, 2020).

Casalini-Re

This leads us to a further question: how important has the reading of black feminism and critical race studies been for the development of your reflection on the ethics of care, since *Moral Boundaries*?

Tronto

I have been a close reader of black feminism and critical race theory from my own beginning thinking about these topics. Racial domination as a key form of oppression has been close to the center of my thinking for a long time. Although as a white person I have not experienced racial domination, it is a paradigm of moral injustice that I keep before me when I write and think. In the first essay that I published on care, "Beyond Gender Difference to a Theory of Care", I wrote about the danger of essentializing "care" as attached to women, and about the exclusion of other epistemological traditions, including African philosophical traditions, to think about ethics. In *Moral Boundaries*, the example I used to think about the limits of Kohlberg's thought was about the erasure of racial harm in his classic model of progress to higher moral stages.

Casalini-Re

The appropriation of the politics of care by social movements, from the Ni Una Menos! movement to the LGBTQI+ movement to the BLM movement, often leads to a critique of the state, considered as an accomplice of the precarity of work and living conditions of a large part of the population and of social violence against minorities. The state is also accused of being responsible for an institutional violence that is expressed, for example, in the overrepresentation of blacks, transgender people and irregular migrants in the criminal justice system. For this reason, movements often look with suspicion at the welfare state and focus more on the alternative of the Commons. Do you think it is necessary to save the role of the state? If so, how do you think it is possible to save the role of the welfare state? Recently, precisely on this issue, *The*

Care Manifesto (2020) seems to have offered an important contribution. What do you think of their proposal?

Tronto

The practical question of whether to use or side-step the state for change is a difficult one. Especially if one is truly committed to democratic practices, it is easy to see that the state, and even a welfare state, is not so democratic. They often turn citizens into passive recipients of benefits, or worse, problems to be managed, e.g., by the criminal justice systems and other forms of state interference. And their processes are often opaque and lose sight of the public interest. On the other hand, while the varieties of Commons are often more democratically organized, they also run the risk of being less tuned in to problems of difference and how their own organization as “commons” depends on forms of exclusion. In a recent book, *Commoning Care and Collective Power* (2021), Manuela Zechner explores these issues by reflecting on child care in Barcelona.

Casalini-Re

The ethics of care, especially in your theoretical-political version, has shown a great ability to spread at the academic level not only in the Americas and Europe, but also in other areas of the world, as evidenced by the participation of researchers from India, Japan, South Africa, etc. within the Care Ethics Research Consortium (CERC), the meeting space you helped to found a few years ago. How do you explain this success at a global level?

Tronto

Care matters in people’s lives, and the way that we currently organize the world makes it extremely difficult for people to care well and justly. So, I think it is an idea whose time has come because of the crises of time and injustice we all are facing.

One of the most interesting and promising developments to me is that the language of care is now not only an academic language but a practical and political language as well. Throughout Europe, care ethics is used to inform bioethical decision-making in hospitals and other medical institutions. After the pandemic, the language of “care” has been able to inform debates on “care infrastructure”, even in the United States. In Uruguay, there is now a state agency whose focus is “Care”. And Bogotá, Colombia has made the creation of “care districts” a central theme of their rethinking of their city. Mayor Claudia López Hernandez has won support for this project from the United Nations.

Casalini-Re

What has the ethics of care, or the critical theory of care—as you seem to prefer to define it today—gained from its translations into multiple languages? What has made this spread of the ideas expressed in your books possible, and what aspects have surprised or enriched you about their translation into local contexts?

Tronto

Considering my own limited capacities to read other languages, I am not sure how well I can answer this question, because my experience of what is happening requires me to learn about other contexts as they are translated back into English! But two points stand out. First, the English word “care” is so flexible that it encompasses many dimensions that cannot be captured in one term in other languages. Issues of translation are therefore a bit difficult, and in some cases, the word has been left in English in translations. Because the term has other forms of resonance in different languages, different qualities of care, either in its connection with actual care work or with more reflection about the meaning of care in thought, become important in one context or another. Second, care always takes on meaning from the practices around it, so it is not surprising that different points matter more in one place than another. I am struck, though, by the ways in which gender—the fact that most care is done by women—continue to play a role in almost all analyses of care everywhere. That men are also taking up this idea, though, in different places around the world (as is evidenced in the organization Promundo, for example) is also significant and a happy surprise to me.

Casalini-Re

What are the most important changes the crisis opened by the current pandemic has brought to the debate on the political ethics of care?

Tronto

The pandemic has made the centrality of care somewhat more visible in people's lives. People are also able to see more clearly how the burdens of care are unequally distributed: in every society, care falls disproportionately on women, but also on lower-status people marked by race, ethnicity, religion, national origin, language, etc. The pandemic has made all of these existing inequalities worse. If you want, the pandemic has been a global “stress test” able to show how well our institutions for caring work. We failed. Will people be moved to action by the more discernibility of inequality and

injustice? I am not too optimistic, but I do see an opportunity to make people think more about these issues now.

Casalini-Re

Many analyses have linked the crisis of care and the ecological crisis. How do you evaluate these analyses? Can they help develop new forms of awareness and activism able to respond to present challenges? Are you optimistic about the future? What critical elements do you see on the horizon?

Tronto

I think it is correct to see the crises of care and environment as linked together. At its base, care thinking requires us to see ourselves in relationship. And the relationship that humans have to the Earth is a central relationship whose meaning is obscured in our contemporary world. Seeing the earth in relationship with us is fundamentally incompatible with seeing nature as a “free gift” and resources as “exploitable.” So, it seems care would lead us to a globally thoughtful environmental movement.

On the other hand, the greatest challenge the care faces is a question of scope. Even if I agree with the fact that care matters, why should I care beyond my own family, group, nation? Taking seriously care for our deeply damaged environment will require sacrifice on everyone’s part. But a bad way of “taking care” of himself and his loved ones is to keep them from making sacrifices. As the sociologist Kari Marie Norgaard wrote in *Sociological Inquiry*, faced with the enormity of the challenges environmental degradation poses, “People Want to Protect Themselves a Little Bit” (2006). So, while I am by nature an optimistic person, I am very worried our short-term desires to protect what is familiar will overwhelm our plans to care more for the Earth. Young people are the least powerful people in every society, but they perceive the urgency of these problems more clearly. We need a great deal of creative energy to calm our fears and do what we need to do to save our planet from our capacity to destroy it.

References

Arruzza, C., Bhattacharya, T., Fraser, N. (2019). *Feminism for the 99 Percent: A Manifesto*. New York: Verso Books.

- Butler, J. (2006). *Precarious Life: The Power of Mourning and Violence*. New York: Verso Books.
- Chatzidakis, A., Hakim, J., Littler, J., Rottenberg, C., Segal, L. (2020). *The Care Manifesto: The Politics of Interdependence*. London: Verso Books.
- Collins, P. (1990). *Black Feminist Thought*. Basingstoke: Palgrave.
- Duffy, M. (2011). *Making Care Count: A Century of Gender, Race, and Paid Care Work*. New Brunswick, NJ: Rutgers Univ Press.
- Ehrenreich, B. & Hochschild Russell, A. (Eds.) (2004). *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. New York: Metropolitan Books.
- Fraser, N. (2016). Crisis of Care? On the Social-Reproductive Contradictions of Contemporary Capitalism. *The New Left Review*, 100, 99-117.
- Giolo, O. (2020). *Il diritto neoliberale*. Jovene: Napoli.
- Gilligan, C. (1982). *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press.
- Gilligan, C. (1995). Hearing the Difference: Theorizing Connections. *Hypatia*, 10(2), 120-127.
- Groenhout, R. (2004). *Connected Lives: Human Nature and Ethics of Care*. Lahman, MD: Rowman and Littlefield.
- Held, V. (2006). *The Ethics of Care: Personal, Political, and Global*. New York: Oxford University Press USA.
- Hobart Kawehipuaakahaopulani, J. H., & Kneese, T. (2020). Survival Strategies for Uncertain Times. *Social Text*, 38(1), 1-16.
- Mazzarese, T. (2018). I migranti e il diritto ad essere diversi nelle società multiculturali delle democrazie costituzionali in G. Cerrina Feroni & V. Federico (Eds.). *Strumenti, percorsi e strategie dell'integrazione nelle società multiculturali*, (pp. 63-85). Napoli: ESI.
- Mills, C. (1999). *The Racial Contract*. Ithaca, NY: Cornell University Press.
- Oxfam (2020). *Time to Care. Unpaid and Underpaid Care Work and the Global Inequality Crisis*: <https://www.oxfam.org/en/research/time-care>
- Norgard, K. M. (2006). "People Want to Protect Themselves a Little Bit": Emotions, Denial, and Social Movement. *Sociological Inquiry*, 76(3), 372-396.
- Scialdone, A. (2014). Passaggi in ombra: lavoratrici straniere della sfera domestica e catene globali della cura. *Genesis*, 12(1), 121-137.
- Segato, R. L. (2016). *La guerra contra las mujeres*, Madrid: Traficantes de Sueños.

- Tronto, J. (1987). Beyond Gender Difference to a Theory of Care. *Signs*, 12(4), 644-663.
- Tronto, J. & Fisher, B. (1990). Toward a Feminist Theory of Caring in E. Abel & M. Nelson (Eds.). *Circle of Care*, (pp. 36-54). Albany, NY: SUNY Press.
- Tronto, J. (1994, I ed. 1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. England, UK: Routledge.
- Tronto, J. (2013). *Caring Democracy: Markets, Equality, and Justice*. New York: New York University Press.
- Walker Urban, M. (2007, I ed. 1997). *Moral Understandings. A Reflection in Feminist Ethics*. New York: Oxford University Press USA.
- Woodly, D. (2022). *Reckoning: Black Lives Matter and the Democratic Necessity of Social Movements*. New York: Oxford University Press USA.
- Yeats, N. (2009). *Globalizing Care Economies and Migrant Workers. Explorations in Global Care Chains*. London: Palgrave Macmillan UK.
- Tronto, J. (2020). Caring Democracy. How Should Concepts Travel in P. Urban & L. Ward (Eds.), *Care Ethics, Democratic Citizenship and the State*, (pp. 181-198). Cham, Switzerland: Palgrave, Macmillan, Springer Nature Switzerland AG.
- Zechner, M. (2021). *Commoning Care & Collective Power. Childcare Commons and the Micropolitics of Municipalism in Barcelona*. Wien, Linz, Berlin, London, Málaga, Zürich: transversal text.

