



Giving Care

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GIVING CARE¹

Elena Pulcini

SUMMARY

The identification of care with women comes from so deep within our view of the world that it dominates our thinking. No matter how radical the changes have been for women in the past decades, care is what women give. This statement can be accepted on two conditions: firstly, that care is stripped of its connotations of self-sacrifice which have come to be associated with the feminine. In this respect we may follow Gilligan and other (female) care theorists who suggest that we valorize feminine *difference*, and who argue that rehabilitating care implies thinking of *a subject in relation*. This would allow us to transcend the dichotomy between prioritizing either the self or the other, since care, like the gift, simultaneously involves autonomy and dependency, freedom and vulnerability. The second condition is that we remove care from the limited sphere of the private and extend it to the masculine subject, to public space, and beyond, to take into account its global dimensions. This implies questioning the motivations and the emotional sources of care (the passion for others). On this renewed basis women may be able to transform their traditional condition of being enslaved to caring (and to giving) by acting willingly and voluntarily as givers of care (and of gifts).

Even today, the claim that women are essentially caregivers would be met with general agreement. The identification between care and women is so deeply engrained in our world view that it involuntarily dominates our thinking, despite the radical transformations that the feminine subject has undergone over the last few decades.

1 Elena Pulcini, « Donner le care », *Revue du MAUSS*, 2012/1 (No 39), La Découverte/MAUSS, Paris, p. 49-66. Translated from the French by JPDS.

This kind of identification has an ambivalent effect. On the one hand, it evokes the traditional, and fundamentally maternal and self-sacrificing image of women that has confined them to the secondary role of attentive guardians of the needs and expectations of others, relegated them to the private sphere, and excluded them from the public sphere. On the other hand, it is viewed as a precious heritage that deserves to be valued in order to recover dimensions banished from Western thought, restore dignity to women's "difference," and imagine another kind of subjectivity: as we shall see, this is what contemporary feminist theorists are now doing.

This ambivalence requires us to examine the very notion of care in more detail. In other words, what do we mean when we talk about care?

Unexpectedly, this theme emerges several times in both classical and modern thought. Already in Virgil and Seneca there is a reflection on the two aspects of care: as a constraint and a source of anxiety, as well as a form of vigilant attention, in the tradition of the Socratic care of the soul. Kierkegaard sees in it a way of counteracting the excessively abstract nature of philosophy, while Heidegger makes it the fundamental basis of *Dasein* and proposes an ontology of care to take into account the unity and authenticity of the Self while underscoring the two aspects of *care* (as in "care-wom") and *caring* (as in solicitude); and, more recently, Hans Jonas, who sees care as the basis for an ethics of responsibility capable of dealing with the transformations brought about by technological civilization. There is even an original myth of care, although one little-known, whereby it becomes that which preserves and binds together all that is human.

However, in our tradition, admittedly, we have only rarely paid attention to care, and this has not been significantly developed. Above all, however, it is undeniable that ever since "caring" has come to be seen as an eminently feminine quality – particularly in English, unlike the French "*souci*" – there has been a process of devaluation and marginalization that mirrors the fate reserved for women.¹

Modern feminist thought, starting with Carol Gilligan's founding text *In a Different Voice* (2008), has shown that this aspect is underestimated within modern Western thought, which has predominantly focused on other themes, such as freedom and rights, equality and justice.

1 Paolo Fabbri refers to this myth in his contribution to Preta and Donghi (eds) (1995).

In my view, still the most interesting example of modernity is Rousseau, who places unusual emphasis on care, although giving it a reductive function precisely because he confines it to the private sphere and to women. Starting with the difference between the sexes, Rousseau sees an opposition between the public sphere, which is reserved for men, and the private sphere, which is ruled by women, thereby bestowing on women a status which they previously never had by right. However, he does this by excluding women from worldly affairs and rational action: the identification of the woman as the maternal figure who dedicates herself to intimacy and family relationships becomes a key pillar of modernity. Undoubtedly the private sphere thereby gains a new legitimacy, as Hannah Arendt (1988) points out, but this comes at the cost of a clear separation and hierarchy between the two spheres of activity. By fulfilling her “natural” vocation, woman becomes the caregiver *par excellence*, working within the domestic sphere and managing feelings in a wise and maternal manner, devoting herself body and soul to another so that *he* can perform his public function as a citizen by giving what is best in him.

In fact, Rousseau is theorizing an opposition that pervades the entire course of modernity. On the one hand we have the autonomous and rational (masculine) subject who operates within society and the world, and on the other hand a dependent (feminine) subject who finds herself confined to the private sphere and who defines herself essentially in terms of her relationship to others: they are linked in a supposed complementarity that nonetheless confers on the latter a reproductive and secondary role. Care understood as a synthesis of altruism, dependency, and affectivity becomes a dark counterpart, yet a necessary one for the happiness of a dominant and sovereign subject, constructed around the myth of self-sufficiency and freedom from any kind of dependency; or rather, having the *opportunity* to construct himself around the myth of self-sufficiency precisely because he can count on a welcoming and hospitable space where his needs for affection and happiness can be met.

Now we need to rehabilitate care. A double operation of critique and deconstruction is required here: on the one hand, we need to examine the figure of the sovereign subject, from the Cartesian subject to the *Homo economicus* of liberal tradition, and reveal the unilateral nature of what has been referred to, appropriately, as the “disengaged self” (Taylor, 1998), a masculine and patriarchal Self separated from any relationship; on the other hand, we need to restore dignity to the notions of dependency and relationship by freeing them

from the self-sacrifice and abnegation which have always been associated with the feminine. In other words, rehabilitating care implies thinking of the subject in a way that transcends the dichotomy between the priority of the Self and the priority of the Other, since it combines autonomy and dependency, freedom and the capacity to relate.

Despite some ambiguities and certain questionable aspects to which I shall return, it seems to me that Gilligan's thinking, and the ethics of care she puts forward, can form the basis for this.

Based on empirical studies of representative samples of both sexes who were asked questions concerning various moral dilemmas,¹ Gilligan remarks that the responses of masculine subjects are dictated by criteria of autonomy, respect and equity, whereas those of feminine subjects express a need to preserve the links and "attachment" between the people concerned. However, what developmental psychologists (like Kohlberg) see as a moral deficit on the part of women, making them incapable of attaining the higher stage of a universal and post-conventional morality, also demonstrates that there is another moral voice, different yet highly significant, which gives priority to maintaining relationships and feelings. From this point of view, it is no longer a lack but a resource hitherto underestimated, in keeping with the diminishing and marginalization of women. Briefly, Gilligan aims to emphasize a "different" moral orientation to the model assumed in dominant approaches within developmental psychology (Piaget and Kohlberg); she releases it from the process of depreciation to which it has previously been subjected and reveals its intrinsic and autonomous dignity. As we know, from these premises Gilligan draws up a binary schema for moral orientation, attributing to men a *morality based on rights and justice*, founded on abstract and formal principles of equity, and to women *an ethics of care and responsibility*, founded on concrete and contextual criteria of interdependency and relationality.

1 Gilligan demonstrates the difference in moral orientation between the sexes through the replies given by two children (Amy and Jake) faced with "Heinz's dilemma," in which the eponymous Heinz, whose wife is seriously ill, has to decide whether or not to steal the medication he cannot afford to buy. Jake says that Heinz should steal the medication, whereas Amy thinks that Heinz should attempt the impossible to save his wife, but that he should not steal. The comparison between these two answers shows that the first tends to resolve the moral conflict according to an ethics of rights and justice founded on universal principles, whereas the second, anxious to preserve the network of relationships and bonds between the people concerned, resolves it through recourse to an ethics of responsibility and care (Gilligan 2008, p. 48).

We should point out immediately that, despite some misunderstandings, this is not a dichotomous schema. In fact, Gilligan is seeking a complementarity between two moral perspectives corresponding to two different views of the Self, both equally legitimate and necessary: one because it emphasizes separation and autonomy, and the other because it values linkages and connection. By suggesting the metaphors of, respectively “hierarchy” and “web,”¹ she States on several occasions that both perspectives are legitimate, but also that what is needed from a psychological point of view is a reciprocal integration of the sexes that overcomes the intrinsic shortcomings of any unilateral view of moral development.²

However, in Gilligan’s work the renewed suggestion of an immediate link between women and care may seem more problematic, in that there is a danger of falling back into a form of “Rousseauesque” essentialism, which, despite her intentions, is in fact a legitimization of the traditional image that has long confined women to a subordinate role. This objection needs to be taken seriously in that it represents a challenge within the ethics of care, that is, seeing feminine difference as an absolute and, notably, in the notion of “maternal thinking” inspired by Gilligan, defined exclusively in terms of the maternal (Noddings, 1984; Ruddick, 1989); there is certainly a risk of once more reducing women to a so-called altruistic vocation, inspired by devotion, which has always been ascribed to them in the name of motherhood.

Nevertheless, at least within her own work, I think she avoids this danger by being careful to divest this concept of any self-sacrificing abnegation by introducing a moment of autonomous and conscious choice. In other words, women’s moral orientation seems to stem from an evolutionary process in which the notion of care, originally linked to conventional notions of solicitude and altruistic devotion, ends up incorporating a “selfish” awareness of responsibility towards oneself, and the need for a moral obligation towards

1 “Thus the images of hierarchy and web inform different modes of assertion and response : the wish to be alone at the top and the consequent fear that others will get too close ; the wish to be at the center of connection and the consequent fear of being too far out on the edge. These disparate fears of being stranded and being caught give rise to different portrayals of achievement and affiliation, leading to different modes of affiliation, leading to different modes of action and different ways of assessing the consequences of choice” (Gilligan, 2008, p. 62).

2 “Development for both sexes would therefore seem to entail an integration of rights and responsibilities through the discovery of the complementarity of these disparate views” (Gilligan, 2008, p. 100).

oneself as well¹; the result is that “care becomes the self-chosen principle of a judgment” (Gilligan, 2008, p. 74 and p. 176). Hence, *care for another* is, as it were, indissociable from *care for oneself*

Gilligan’s limitation, it seems to me, is rather that she puts forward caring as the basis of an exclusively feminine attitude and ethics on the basis of a given, that is, the motivations that impel women towards relationships, a network of connections, and feelings. This might well prevent or paralyze the possibility of universalizing care, extending it to the other sex, and attributing to it the capacity to transcend its status as being purely of the private sphere. Consequently, we should ask some serious questions about the *motivations* underlying caring, which cannot be reduced to women’s tendency to build relationships. What are the underlying motivations of the need to care that could be universalized, that is, that could form the basis of a new paradigm of the human subject? If caring indicates and reveals an inclination towards linkages and relationships, what is the source of this inclination?

The ontological perspective derived from Heidegger that I mentioned above certainly provides one answer: seeing care as the foundation of the human being, as being what constitutes its unity and authenticity, comes down to affirming that human beings exist only within relationships. To see “being” as “being-with” means giving ontological priority to *relationships*, and as a consequence lays the groundwork for the critique – or the destitution, as Levinas (1978) would say – of the sovereign subject.

However, we need to move beyond the ontological perspective and return to the problem of *motivation*; specifically, what is it that drives the subject to recognize him/herself as a subject in relation? It seems to me that this is when the *double bind* of the care relationship emerges: in fact, this relationship implies not only that the subject pays attention to another and takes responsibility for their needs and fragilities, but also that it recognizes the *fragility that lies at its own heart*, the condition of lack and dependency that exposes every subject to this need for care. The theme of the fragility and *vulnerability of the subject* has been at the center of contemporary thought for some time, from Paul Ricœur (1994) to Martha Nussbaum (2006) and Judith Butler (2007) – major contributions that I cannot fully discuss here. Let us just say simply that what they all have in common is the idea that the parable

1 Gilligan (1982) shows this in both her study of Heinz’s dilemma (chap. II) and her discussion of abortion (chap. III; see particularly pp. 73-75).

of modern individualism and the sovereign subject ends up by masking and eventually repressing this ontological condition of vulnerability which, once acknowledged, may lead the subject to recognize his/ her own lack of self-sufficiency and his/her dependency on other people, the fact that it is inextricably linked to others, to other lives and other destinies. Returning to Levinas (1978), what is needed is an “awakening” of the subject, which takes place when this repressed dimension is reintegrated.

As I have stated previously (Pulcini, 2009), I consider this point crucial for formulating a concept of care that both reveals and integrates the unilateral nature of the *individualist* paradigm, and at the same time is opposed to the purely *altruistic* perspective that is associated with the feminine. Hans Jonas (1999) has also put forward this later notion of care (albeit in a different context) in his theorizing of an ethics of responsibility. In fact, Jonas founds the principle of responsibility on the parental and maternal model of care and on the archetype of the newborn baby who, by virtue of its precarious existence, demands attention and requires the subject to take responsibility. But this implies an altruistic subject which – especially when the parental model develops beyond the parent-child relationship to encompass future generations – appears to act solely out of duty, once again leaving unresolved the problem of what motivates care-giving.

We therefore need to transcend the opposition between egotism and altruism. To do this, we need to abandon the presupposition of both a sovereign and self-sufficient subject for whom the other plays a purely secondary (and instrumental) role, and an altruistic and self-sacrificing “I” who puts the other first and who responds to the other’s appeal as to a compulsion, in out of duty, as Jonas maintains; what we need to suppose is rather a *vulnerable subject* – because what motivates this “I” to show care for others is precisely this vulnerability, because the “I” is aware of its own dependency. Among feminist writers, Eva Kittay in particular has emphasized this aspect, suggesting that the notion of caring should be based on an ontology of dependency which, among other things, frees it from any kind of reductive welfarism and any risk of there being a hierarchy between the one who gives and the one who receives care (Kittay, 1999).

It is, however, important to insist on the need to *recognize* dependency. For this, it seems to me that we should form a *different emotive relationship* with the other. The vulnerable subject is the one who is able to give care because she/he recognizes that she/he needs care too, and is motivated by what

I propose to term a *passion for the other* (Pulcini, 2003); that is a relationship with someone else that is neither purely instrumental (as in the individualist model), nor completely self-sacrificing (as in the altruistic model) from the moment when she/he recognizes the other person as a reality that forms part of his or her own self, and this other person becomes the object of his or her own emotions. For, as Martha Nussbaum has rightly stated, passions are merely the sign and witness of our inherent incompleteness; they “involve judgments about important things, judgments in which, when appraising an external object as salient for our own well-being, we acknowledge our own incompleteness and neediness when facing aspects of the world that we do not fully control” (Nussbaum, 2001, p. 19). At the same time, I would add that passions possess what I would call an *individualizing power* that compels the Self to recognize its deepest desires and needs. This means that dependency and vulnerability are shorn of the punitive and self-sacrificing aspects that have shaped women’s identity and destiny, becoming the foundations of a *subject in relation* that is capable of giving and receiving attention and empathy, one capable of exposing itself, of letting itself be changed and “contaminated” by another. This recognition of dependency does not imply subjection and passivity, but merely topples the subject from its sovereign position. To return to Arendt’s terminology, as Jean-Luc Nancy has recently done, the *loss of sovereignty* does not mean the *loss of singularity* (Nancy, 1996): there is a caring subject when there is the capacity to recognize the uniqueness and concrete incarnation of both the self and the other, in a way that renders the subject potentially capable of taking into account each person’s unique life history, and the situational context in which we each find ourselves acting.

In short, starting from the positive affirmation of the negative basis of vulnerability, that is, from the very foundation that enables us to conceive of a new paradigm of the subject, we can then begin to speak of a *universality of care* which, as Joan Tronto says, can break down the “moral boundaries” of the place to which it has been relegated up to now (1993, p. 134):

“Caring is by its very nature a challenge to the notion that individuals are entirely autonomous and self-supporting. To be in a situation where one needs care is to be in a position of some vulnerability.”¹

1 “At a general level, to require care is to have a need; when we conceive of ourselves as autonomous, independent adults, it is very difficult to recognize that we are also needy. Part of the reason is that we prefer to ignore routine forms of care as care is to preserve the image of ourselves as not-

This risk of confining care to the private sphere has been the main target of the critique that has attempted to separate the ethics of care from its exclusive identification with “female morality.” Tronto says of this that we need to breach the “moral boundaries” which, in parallel, have brought about the exclusion of women and the marginalization of care and insist on its social and ethical importance (Tronto, 1993, p. 134). Above all we must dismantle the boundary between the public and private in order to free care from the restrictions and limitations of its association with accessory functions of no public significance¹ and to restore it to its rightful place in the wider domain of social life.

All of this requires that we act in this way not only within our family and friendship networks but also within the public and political sphere, where attention to the specific context and the web of relationships needs to supplement the often inadequate abstract logic of rights; and also within the world of work, which is often prone to the abuses of indifference and disaffection. To take a concrete example, think of the medical arena where the bioethical debate centers on bridging the gap between “medical care” (the treatment of sickness) and “care” (taking care of the patient as a person); this seems more and more like the solution that would enable a dimension of respect and solidarity to be reintroduced within caring relations and would give back the dignity of being a subject to the person receiving care.

But this is not all. I would stress that moving beyond the traditional boundaries of care should have a global dimension, as suggested by recent writing on care theory (Held, 2006). In fact, globalization processes have brought about significant transformations in the figure of the other. This is an extremely complex issue that I can only mention briefly here and one that needs new interpretative categories, but I will note that the “other” is not just the near and the similar, but also the different other who lives among us, the “stranger within the group,” to borrow Georg Simmel’s eloquent term (1999, p. 663-668), who crosses our borders. It is also the “distant” other, who lives in a faraway land who demands our solidarity. It is, finally, the “future generations,” whose silent appeal requires us to pay attention to our environment

needy” (Tronto, 1993, p. 120).

1 “Care works devalued; care is also devalued conceptually through a connection with privacy, with emotion, and with the needy. Since our society treats public accomplishment, rationality, and autonomy as worthy qualities, care is devalued insofar as it embodies their opposites” (Tronto, 1993, p. 117).

and to become aware that our actions today will have a heavy impact on the future of humanity. To summarize, we must think of care not just in personal and political terms, but globally, as *care for the world*.¹

II

A second explosive and radical aspect is that caring is not simply a moral principle, disposition or conviction; it is above all a practice. As Tronto says, care “is not simply a cerebral concern, or a character trait, but the concern of living, active humans engaged in the processes of everyday living. Care is both a practice and a disposition” (Tronto, 2009, p. 104). Consequently it becomes important to consider the double meaning of care in the sense of worry or concern, and care in the sense of solicitude – taking care of – which enriches the concept with a purely practical dimension. In other words, care is not simply a moral principle (unlike the principle of responsibility) but also “work,” a *concrete and hair-fine engagement* that requires, over and above subjects’ emotional involvement, the ability to take risks in the many situations in which they operate, and the desire to bring about certain effects and to achieve goals. In this respect I should like to recall one of the most interesting definitions of care, which aptly emphasizes that the three moments of cognition, emotion, and action are indissociable (Fabbri, 1995, p. 29):

“Care is that something between cognition and passion, followed by action; it culminates in doing. Taking care of something means to pay attention to it, to care about it, while being ready to act, to take action. This is, as Aristotle and Descartes stressed, the essential link between cognition, passion, and action.”

Consequently, care represents a kind of added value in relation to the principle of responsibility on which Hans Jonas (1999) based his interesting suggestion of an ethics for the future in the second half of the twentieth century. It implies initially moving to an action and a *praxis* that removes the risk of

1 For a more in-depth analysis see Pulcini, *Care of the World* (2009).

remaining at the level of pure moral principle, thereby becoming a practical and active application of the ethics of responsibility.¹

From this point of view, the conceptual distinctions put forward by Joan Tronto can be seen as highly effective. Her concern is to bring out the different phases of care while emphasizing not only the moment of assessing the other person's need (*caring about*) and assuming responsibility (*taking care of*), but also the active moment of providing care (*care-giving*), that is, the moment at which one enters into direct contact with the recipient(s) and intervenes actively in situations which demand it, on a case-by-case basis (Tronto, 2009, pp. 147-149). This stresses the fundamental importance of a practical and active dimension that all feminist writing tends to refer to as care work: the subject is thus able to become involved in the experience, to translate knowledge and convictions into action, and to bear witness to moral choices. As Tronto emphasizes, it is no accident that care-giving, more than any other aspect of care, has been devalued: associated with needs and necessities, it has been given over in its entirety to women and other weaker sectors of the population in terms of race, class, etc.² It is therefore necessary to free care from association with the private sphere, but without reducing caring activity to a kind of social welfarism which tends to marginalize those who provide care, nor interpreting it as a form of paternalism, which deprives the recipients of any dignity.³

Liberating care from its reductive and marginal connotations means recognizing that it has both *universal* and *everyday* dimensions. As Laugier (2009) rightly remarks, "Care is everywhere"; it cannot be restricted to specify situations, certain stages of life, or to persons with particular needs.⁴ It is the response to the everyday needs of the other, both in the private sphere and in the public and global arena, because "it draws our attention to the ordinary, to what we are incapable of seeing, but which is in front of our eyes" (Laugier,

1 For a more detailed discussion of this issue, see Pulcini (2003), part III.

2 "Let me suggest that the gender, race, and class dimension to care is more subtle than a first glance allows. I think we come closer to the reality when we say: caring about, and taking care of, are the duties of the powerful. Care-giving and care-receiving are left to the less powerful" (Tronto, 2009, p. 114).

3 For a critique of paternalism, see Tronto, 2009, pp. 221-222. Cf. especially care from a biopolitical perspective; and also Bazzicalupo 2006, pp. 31-32.

4 This is, in my view, the limitation of Nussbaum (2006), who sees care as a kind of appendage to justice, however important and desirable it might be. Furthermore, she limits care to extreme cases, e.g., disability, not according to universal value.

2009). It is the manifestation of a sensitivity to details, to the particular, which enables us to reveal and attach importance to what is normally ignored, that is, to a microcosm of needs, expectations, and bonds that we tend to forget, to relegate to an opaque and invisible zone, even though it forms the daily fabric of everybody's lives.

Hence, the ethics of care emerges as a *concrete, contingent and contextual* ethics (Gilligan, 2008, p. 45 and pp. 161-162). It emphasizes attention to the uniqueness of the other, to the specific nature of situations, to relations in which the subject engages on an individual basis; relations which no one can ignore given their importance to the subject's self-realization and even life-project. At the same time, it focuses on the *universality of the need for care* which derives from the human condition of *vulnerability* and on the *value of interdependency*, because this is the source of moral choices and the social coexistence of subjects who are all responsible for each other.

All this requires that we consider the subject differently, as I have tried to suggest: we have to construct a subject that is simultaneously relational and singular, concrete and empathic, attentive to others and aware of its own inherent inadequacy and fragility.

III

Even when this is done, the task of rehabilitating care is not yet over. To say that the vulnerability of the subject is the source of the motivation to care is the first stage in freeing it from any definition based purely on self-sacrifice and abnegation, and in seeing it as a universal value not reserved solely for women. But there is a danger of underestimating the "gift" aspects of care, which to me are basic and inherent. Care, to the extent that it transcends the opposition between egotism and altruism, has much in common with the logic of the gift; it represents the purest expression of the gift because it seeks above all to preserve and recreate the *value of the bond*: that is, the network of relationships, attachment, and belonging within which the subject that recognizes its own ontological vulnerability, or neediness, to use Nussbaum's term, can find whatever enables it to attain self-realization. There is a great affinity here with the gift, which care theorists themselves seem to overlook: this is the capacity for excess, inherent in any freely given act of generosity, which refuses the balanced logic of symmetrical reciprocity in order to open

itself up, not just to the relationship as such but also to the asymmetrical nature of that relationship. We know from the pioneering work of Caillé (2000) and Godbout (1992) that theorists inspired by Mauss's theorization of the gift have well emphasized this crucial feature of the gift, which, in my opinion, lies at the origin of care work, whether remunerated or not.

The person who carries out the work of caring does not simply recognize that he or she inherently has a *debt* to the other, and is part of a cycle of reciprocity in which each renders to the other what they have received, or what they may potentially receive on the basis of their inherent neediness. They also initiate what, following Ricœur (2008), we might call a "logic of over-abundance" which ignores any criteria of symmetry and equivalence; this second criterion, as Ricœur rightly stresses, is the basis of a different logic, of justice and rights, which attempts to re-establish a balance between impartiality and equality.

Thus, we need to look once again at the motivations for care and examine its emotional roots. In fact, rather than reducing it to a generic affective disposition as some feminist writers do, we need to account for its characteristic *surplus* or *excess*. In order to explain it we could, I believe, legitimately invoke the lexicon of love. Not by chance, Ricœur turns to love when he refers to the "logic of over-abundance" that can move beyond the "logic of equivalence" which characterizes justice. Certainly, interpreting care in terms of love introduces more problems than it resolves. We should begin by asking: what kind of love? What is the archetype we can invoke here? I think it is legitimate to refer to the Greek concept of *agape*, as some authors do (e.g. Boltanski, 1990), as long as this does not mean once again proposing a self-sacrificing and charitable idea of love which would again risk inflecting it toward self-abnegation. As I have suggested elsewhere (Pulcini, 2001), in order to avoid this risk we need to rediscover and value the idea of love in terms of *passion* and hence having the attributes of the archetype of *Eros*, defined in Platonic terms as the passion which draws human beings out of their isolation and the partial nature of their existence by reminding them of their own lack of sufficiency and their illusory assumption of self-sufficiency. Once love is understood as a passion, it has the power not only to challenge the utilitarian logic of self-interest and exchange, but also to transcend the symmetrical logic of rights and justice, however legitimate and valuable this may be.

In other words, love is the quintessence of the *passion for the other* that I spoke of at the beginning, in which there is an intimate mingling of the no-

blest kind of realization of the Self and an opening towards the Other, that is, a coexistence of individualization and relation. Here we might recall Simmel's (1985) reflections on love's passion as "one of the great categories of experience," as it presupposes a subject ready to put itself on the line, to risk the encounter with the other, while remaining fully aware of its own irreducible autonomy and uniqueness. We might add, a subject not afraid to lose itself or to invest itself because it experiences the gift and the gift relationship not as a sacrifice, but as a means of enriching and expanding the Self.

A care relationship stripped of this particular quality of love can only ever be a pure and simple social welfarism that risks culminating in the "sad passions" of resentment or ill-feeling which will end up turned back on the subject and weakening it.¹ To summarize, what I would like to call *care without Eros* risks degenerating into a poisoned or perverted gift.

Restoring the emotional complexity that is the source of the gift elements in care allows us to grasp the truly radical nature of the deconstructive and subversive power of care and its gift-like quality, not just in terms of the existing order with its watchwords of individualism and utilitarianism, but also in relation to an altruism that requires the Self to be ignored. If it is true that all passion is universal, this means that there is yet another reason not to limit our view of care to women atone, and rather to hope that it might also involve the other sex, becoming a generalized activity capable of transforming our own vision of the world.

Now, if we return to the original question – What do women give? – our answer can be that care is possibly women's gift *par excellence*, without fearing that this will yet again reduce the female subject to a devalued and marginal figure. Caring is not the biological propensity of a subject that finds its natural vocation in forgetting itself and in the dependency of the other; on the contrary, it becomes the free and conscious choice of a subject who is capable of finding a balance between autonomy and dependency, freedom and relating. Because of their familiarity with this aspect of care through the ages, women perhaps have a privileged access to attention and solicitude to the other, as long as they are able to make care their own and to take it on freely in recognition of its universal value. To return to expressions I have used previously (Pulcini, 2005), women can transform their traditional condition

1 On the topic of sad passions, see Benasayag and Schmit (2003) and Pulcini (2011).

of being *enslaved to caring* (and to giving) by acting willingly and voluntarily as *subjects who give care* (and gifts).

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