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Ethics of Care
Volume 13

Care Ethics, Religion, and Spiritual Tradition

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&
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Introduction

Maurice Hamington,
Inge van Nistelrooij,
and Maureen Sander-Staudt

Religion has played a major role in organizing care; hospitals began as religious institutions. All traditions urge the practice of compassion, an essential attribute of care. Secular humanism has incorporated much of this ethical practice, but religion approaches the task of educating and instilling ideals with repetitive reinforcement, determination and organization. Of course, religion is no guarantee of good care, and religious institutions have demonstrated appalling abuse of those in their care.

Madeleine Bunting, *Labours of Love: The Crisis of Care*

Madeleine Bunting eloquently articulates one of the fundamental tensions that motivate this volume: religion and spirituality can be a force for effective care as well as an impediment to care, and sometimes, both at the same time. We can recount extraordinary efforts of kindness and compassion inspired by religious belief. For example, although precise accounting is challenging to verify, The Church of Latter-Day Saints has spent over \$2US billion on humanitarian aid from 1985 to 2017 and funded \$180US million in humanitarian assistance during 2017 alone (Shamlian 2020). However, we can also enumerate instances where religion spurs devastating division and oppression of people. For example, religious organizations still support conversion therapy to ostensibly suppress homosexuality, which has caused suffering for over 700,000 LGBTQA+ individuals (The Trevor Project 2020). Conversion therapy represents the antithesis of care

in the twisted valorization of religious norms over and above the real needs of human beings in the blossoming of their relational identities.

There is no question that religiosity is an essential element of most humans' lives despite this tension. At least 84% of the world's population identifies with a religious group (Sherwood 2018). Furthermore, morality is an element of virtually every religious or spiritual identification, as is the idea of caring for one another. So why is it that religious adherents do not always manifest care? The authors who contributed to this volume address the relationship of care ethics to religion and spiritual traditions through concrete examples and theoretical explorations. Sometimes care ethics is viewed as providing a critique of religion; sometimes, religious experience has something to offer to the theorizing of care. Sometimes, the two are merely in dialogue with one another. This introduction sets the analytical foundation of the book and explicates the terms of analysis used herein.

First, the context of the book is formed by care ethics, for which it is essential to note that an "ethic of care" is not the same thing as "care." Each of the contributors to this collection was asked to frame their chapter in dialogue with works of feminist care ethics. Because this book is part of a series devoted to care ethics, the readers are likely familiar with a definition of care ethics. However, given the ubiquitous use of the word "care," it bears repeating that not every activity given the label "care" meets the moral standards of a caring act, or at least effective care, under the rubrics of care ethics. Many an atrocity has been wrought in the name of care, such as the paternalism invoked by colonial manifestations of care (Raghuram 2019, 618). Care ethics offers an ethical ideal (Noddings 1984, 48-51) which describes a relational approach to morality that is sensitive to the particularities and context of moral questions. Accordingly, care describes a practice that includes inquiry, empathetic connections, and action as essential elements in service of the flourishing and growth of beings. Care ethics entails a normative element, but given the longer time horizon of relational thinking, care ethics is

concerned with more than adjudicating individual actions. Instead, it always considers these actions as embedded in institutions, structures, and a political context. Actions on all levels done in the name of “care” that divide, oppress, or disproportionately harm others are not compatible with the moral striving that care ethicists are describing (cf. Tronto 1993, 125-137).

Second, a tension that motivates this volume is the lack of intellectual dialogue between religious studies scholars and care ethics scholars. Care ethics has received a great deal of scholarly attention, particularly in business ethics, education, health care, philosophy, and political theory. There are also emerging explorations of care in anthropology, literature, performance studies, and social work. However, care ethics is a topic that is practically non-existent among religious studies scholars. What is surprising about this absence is that this lacuna is even true in the work of feminist religious studies scholars. For example, in 1996, over a decade after Carol Gilligan’s *In A Different Voice: Psychological Theory and Women’s Development* (1984) first named an ethic of care, the volume *Feminist Ethics and the Catholic Moral Tradition* was published. Although it contains 25 contributed chapters from a variety of well-respected Catholic feminist scholars in over 625 pages, there is no consideration of care ethics, even though the many discussions of feminist ethics contain resonances such as the valorization of contextualism. As of this writing, *The Journal of Feminist Studies in Religion* which was founded in 1985 and is self-described as “the oldest interdisciplinary, interreligious feminist academic journal in religious studies” (Schüssler Fiorenza 2020), has only had a few articles on care ethics and none during the recent burgeoning of care scholarship. By comparison, a search of the *Journal of Business Ethics*, which has no explicit feminist character to its academic aims and scope (Freemand and Greenwood 2020), reveals well over 50 articles addressing care ethics since the 1980s. To be fair, in the Netherlands and Belgium, care ethics has been elaborated from theological perspectives, for instance, by Annelies van Heijst (2008, 2011), to whose work we will return below. The majority of feminist care theorists, however, have only

occasionally addressed religion and spirituality themselves. Thus, there is a notable lack of dialogue between the two fields of study. This book is an effort to open up that dialogue and provoke further conversation regarding the relationship between care and religious studies. In the following sections, we address the historical relationship between care, religion, and spiritual traditions and review the historical forays of feminist care theorists into the subject, as sparse as it is.

Engagements of Care Theorists with Religion and Spirituality

The dearth of writing by care ethicists on religion and spirituality has been mentioned above. Despite this lack, there are a few care scholars whose work does engage religion, and we explore some examples in this introduction. This volume is intended to be inclusive, and so we address both religions and spiritual traditions. In this context, religion is viewed as organized beliefs and practices that entail institutional development and history. In this category, we include what is often referred to as the world's major religions such as Hinduism, Buddhism, Islam, Judaism, and Christianity. Although the distinction between religion and spiritual traditions is not always clear cut, for this project, the latter refers to beliefs and practices that are more loosely organized in lacking large institutional hierarchies. In this category, we include indigenous spiritualities, Confucianism, and new spiritual movements. Of course, Confucianism is often categorized as one of the world's major religions, although it lacks a systematic metaphysics. This leads to a debate about whether Confucianism and other systems of thought are best understood as religions, spiritual traditions, or secular humanist philosophies. This confusion is in part because "spirit" and "spiritual" have rich and diverse meanings. Ultimately, the distinction between religion and spiritual tradition is not an evaluative one, nor is it significant to a care analysis. We employ the categories of "religion" and "spiritual tradition" loosely as an effort at an inclusive approach to the subject and remain neutral on such metaphysical debates.

A founding mother of care ethics, Nel Noddings, has probably offered the most volume of commentary regarding the relationship

between care ethics and religion. Writing only two years after Carol Gilligan coined the term “ethic of care,” Noddings was the first philosopher to offer a book-length exploration of care ethics. In her first book on the subject, *Caring: A Feminine Approach to Caring and Moral Education*, Noddings distinguishes between “natural caring” and “ethical caring” (1984, 79). She contends that humans naturally tend to care for familiar others—family and friends—with whom we share proximity and time. Such caring is not always easy, but it is so expected and routine that it appears to be natural. Noddings gives natural care an originary position that takes more significant effort and imagination to extend to unfamiliar others through what she names ethical caring. Although social institutions often place ethical caring as a moral ideal, they often fall short because “they demand loyalty, insist upon the affirmations of certain beliefs, and separate members from nonmembers on principle” (1984, 117). Noddings claims that this failure is particularly true of religions because of their “frequent insistence on obedience to rules and adherence to ritual contributes to the erosion of genuine caring” (1984, 117). Noddings goes on to author *Women and Evil* (1989), where she demonstrates her knowledge of feminist theology by engaging figures like Mary Daly, Rosemary Radford Ruether, and Elisabeth Schüssler Fiorenza in her interrogation of the underlying social narrative that associates women with evil.

Women and Evil allows Noddings to develop further her theories of care with a focus on institutions and gender oppression. Again, religion does not fare well in this analysis. Noddings does not advocate atheism or offer a blanket critique of religion and spiritual traditions, but she finds much harm in the history of organized religion. For example, she claims that religion contributes to a form of “othering” that can foment violence and war: “The notion that salvation rests in our relation to God and not in our relation to other human beings has often led to a devaluation of persons and a tendency to place those with whom we differ outside the moral community” (1989, 204). In 1991, Noddings delivered the annual John Dewey Lecture on “Educating for Intelligent Belief or Unbelief” (1993). This

work is not usually a significant text for care theorists as it does not address care ethics at all. Interestingly enough, Noddings recommends that all public schools should teach religion (1993, xv) and give students the information, both positive and negative, as well as the tools to assess the teachings of religion in an evidence-based manner (139-144).

Noddings continues her concern about the connection between religion and violence as she develops a social and political philosophy of care in *Starting at Home: Caring and Social Policy* (2002a). In particular, she criticizes Christianity for making certain forms of suffering acceptable: “Christianity has—in both its theological traditions and ordinary pulpit preaching—promoted the idea that pain is deserved” (2002a, 196). The premise of the book is that social policy should take its cues from the ideal caring relationships associated with home and family life. Thus, for Noddings, a concept like eternal damnation does not make sense in the moral relationships found in the home where, ideally, forgiveness and compassion should reside. Noddings recognizes that many Christians have jettisoned beliefs such as hell and damnation, but the legacy of these religious constructs remains (2002a, 196). Noddings, a professor of philosophy and education, renews her critique of religion in her writings about moral education. In *Educating Moral People: A Caring Alternative to Character Education* (2002b), Noddings is concerned about modern efforts at character education in schools which she suggests is too focused on instilling virtues. Although care ethics is often associated with virtue theory, given that care is clearly neither deontological or utilitarian, she finds virtue ethics too individualistic. For Noddings, care’s relational ontology distinguishes it from virtue theory. Thus any character education that emphasizes traditional virtues is missing the significance of the fundamental relationality of humanity (2002b, xiii). Furthermore, she suggests that character education of religion is flawed in its implicit endorsement of problematic masculine virtues. For example, Noddings criticizes the valorization of a warrior model marked by individualism, hyper-competitiveness, and hierarchical thinking (2002b, 110). Although she finds the peace and compassion-oriented teachings of

Jesus compatible with care, there exists an embedded warrior model: “Jesus, while counseling his followers against violence, promised that God would mete out justice in destruction of the wicked” (2002b, 104). Despite Noddings’ misgivings, which some care ethicists share, other writers in this volume see potential in the ways that religion, spirituality, and care can overlap and enhance one another.

The 1980s was a time when a coalescence of ideas helped form what would become care ethics. Still, as with any paradigm shift, rather than a flipping of a switch, there was a groundswell of movement toward a new way of thinking about ethics and humanity. One significant voice in this trajectory was Catherine Keller. In *From A Broken Web: Separation, Sexism, and Self*, Keller does not explicitly name an ethic of care, but her discussion of ontological relationality resonates strongly with the work of care theorists, especially in her use of Carol Gilligan. Keller weaves gender, sexuality, mythology, and religion into a lament about how the social imagination has valorized separateness from a variety of sources, including popular conceptions of god (1986, 35) to the patriarchal differentiation of men and women (1986, 38). Keller’s analysis is thorough and nuanced; however, it is not a critique of religion and spirituality per se. Instead, her concern is with dominant institutional and theological manifestations of religion. She argues that under different conditions, religion could be a powerful force for connectedness among people (1986, 225). However, according to Keller, religious institutions and their theologies have more often than not reified separateness: “Religion defining holiness as separation has made itself into the bearer of barriers, of disconnection, of exclusion” (1986, 219). This separateness runs counter to our composite identity. Keller declares, “I am many” (1986, 228) in affirming the web metaphor of self as multiplicity: “my many selves as the fabric of other persons, plants, places—all the actual entities that have become part of me” (1986, 227). Keller ends her argument on a hopeful note by integrating the notion of relational ontology with a process theology in claiming that rather than a detached and abstract omnipotent and omnibenevolent deity, there exists the possibility of a god that is always becoming and unfolding

in the web of existence (1986, 248-252). Keller's work represented a type of proto-care ethics that recognized the significance of spirituality in people's lives.

Relational ontology was also at the center of a discussion in 2007 at a symposium sponsored by *The St. Thomas Law Review* titled, "Workplace Restructuring to Accommodate Family Life." One panel of the symposium was composed of Roman Catholic feminist legal scholars as well as Eva Feder Kittay, a prolific and highly regarded care philosopher. Kittay was invited to represent a secular feminist position (2007, 468). During the paper presentations, care ethics was framed as a secular approach over and against religious approaches. In her presentation, Kittay made it clear that as much as she values the feminist religious tradition, such as the Catholic feminists mentioned earlier, there is a distinction in how she approaches human dignity. Care plays a central role in that distinction:

I really do welcome the writings of religious feminists who emphasize love, care, and human vulnerability, an emphasis that stands in contrast to an often constricting and obsessive valuing of the human capacity for rationality. Contrast the conception of dignity that predominates in philosophy with the one dominant in religious traditions. Philosophical treatments of human dignity tend to be based on our ability to reason. Human dignity as conceived within religious traditions derives from the idea that we are all created in the divine image, that we are all children of God. While I feel an affinity to attributions of dignity that are not based on the capacity for reason, I don't think that appeal to a personal deity is the only alternative. In other work, I have argued for a notion of dignity grounded in the care humans are both able to give and receive, not, if you will, in the idea that we are all children of God, but a secular analogue, the idea that we are all "some mother's child" (2007, 469).

Employing Martin Luther King Jr. as an example, Kittay describes what she shares with those of religious faith on issues of social and political importance as an "overlapping consensus" (2007, 471) which is possible in a pluralist society. Kittay takes issue with the presentation of Susan J. Stabile (2007), who argues that one of the primary differences between Catholic and secular feminism is that the latter

is committed to equality and individualism to the point of denigration of familial care (2007, 435). To support her position, Stabile quotes the work of Elizabeth Fox Genovese in *Feminism and the Unraveling of the Social Bond* (2007, 436), a historian who converted to Catholicism and became a leading anti-feminist voice in the United States. Stabile concludes her presentation by delineating commonalities and differences between feminists and religious scholars. Beyond the shared commitment for better valuation of the work done in the home between secular and religious feminists, Stabile claims, “The primacy of the traditional family in Catholic thought, combined with an acceptance of immutable differences between men and women, means that there will be points along this road where the paths of Catholic and secular feminist will part company” (2007, 468). Kittay responds with a review of some of the relational work done in feminist psychology and philosophy. She clarifies that “secular feminists are united in fierce commitment to equality, but not to individualism” (2007, 475). On many fronts, Kittay found resonance between the two positions but vigilantly criticizes the advocacy of traditional familial structures and theological positions of exclusions rather than the moral obligations that human dependency generates:

It is hard for this secular feminist to understand why, when religious feminists want to emphasize relationality, the value of caring labor, equal dignity of each individual, the importance of raising children and caring for those who cannot care for themselves, the emphasis is not on the units of dependency relations rather than the family as understood and constituted by patriarchy. So here there is a real divide. Predictably, I would urge the religious feminists to come over to our side, for in my perspective, it is far more consistent with all their other feminist positions and attitudes towards care (2007, 484).

This panel occurred well over a decade before this publication, but it is one of the rarely documented dialogues on care ethics and Christianity. Given the work of feminist theologians such as the Catholic feminists mentioned earlier, it is a pressing question whether the

criticisms of Kittay and other care ethicists are justified. Given the rise of care ethics literature, one might speculate that Christian feminists and religious feminists of all faiths might have more to say about comparative moral approaches.

Care as A Lens of Analysis for Historical Religious Practices

Care scholarship is concerned with more than the theoretical intersection between religion, spirituality, and care. Care ethics is rooted in human, embodied experiences which points to the value of phenomenological and ethnographic examinations of particular relational occurrences. Dutch feminist theologian and path-breaking care ethicist Annelies van Heijst (2008) offers one such case example. She sets up a dialogue between care ethical theory and historical religious practices of care, performed by a congregation of Catholic Sisters in the Netherlands between 1852 and 2002. The limited scope of this case study may, according to Van Heijst, still be revealing of broader practices performed by apostolic nuns, which had a very similar lifestyle throughout Western Europe, Scandinavia, the US, and Canada (2008, 2). The congregation studied was the ‘Sisters of “The Providence,”’ which served the lowest strata of society, founding and staffing ‘52 institutes for childcare and education, nursing care and social service’, and their works spread to Indonesia, Brazil and Tanzania as well (2008, 1). Looking at their practices now, in 2021, with knowledge of both post-colonialism and the widespread sexual abuse in Catholic institutions, could lead to a general rejection and discarding of such caring practices, and of the book. Still, we believe that this would be unjust to the nuanced work on care ethics and religious practice that Van Heijst has performed, as well as to the literal life-saving works of the Sisters, despite obvious and well-argued criticism. Van Heijst literally raised this criticism before evidence of such practices in the Netherlands came to light. Two years after her publications, the accusations of physical and sexual abuse by church officials, and the structural nature of its cover-up, finally gained public attention in the Netherlands. The darkest pages of this history were officially uncovered in a thorough investigation by an independent,

high-profile committee¹ starting in 2010, with devastating results regarding the Church's record of misconduct. Understandably, the tide of public opinion has shifted regarding the general image of religious care and education to one of concern and suspicion. However, oversimplified visions were voiced as well. Van Heijst's work can count as an early and thorough critical analysis and one of the pioneering works that published the voices of those entrusted to this care. This is why we believe it is justified to underscore the importance of her work.

Van Heijst's study distinguishes itself in various respects. First, she analyses the religious practices of care as rooted in religion. She draws upon theology as a hermeneutical tool to understand the religious meaning expressed in these particular practices. She describes the theological concepts that underpinned the religious care visions as expressed in the normative writings of the congregation (Ch. 7) as well as in their daily practices (Ch. 8) and how they were remodelled over time (Ch. 9). Her analysis is far too detailed to do justice to here but shows an interesting tension between those concepts that put the Sisters on the track of a referential worthiness of children themselves as referring to the Divine Child (i.e. Jesus), and those that made them detach themselves from the natural world and any 'affectionate bonding with human individuals' and instead 'strive for supernatural love', that is the love of God through ascetic mortification (2008, 250). This tension reveals how theology might simultaneously propel and hinder a caring practice. These opposite and irreconcilable meanings are expressed by both care recipients and Sisters throughout Van Heijst's book, as well as their consequences in practice. For instance, the Sisters themselves expressed how they were forbidden to create special bonds with the children in their care, which reflects the

¹ The committee's chair was former Minister of Education, President of the Dutch Parliament and Mayor of The Hague, Wim Deetman. The research committee consisted of a clinical psychiatrist, a former judge, professors in psychology, (religious) history, and philosophy of science. Further expertise was offered by a sound board group, which served as a reading committee, with the task to warrant the independence and quality of the conducted research.

criticism much expressed by the care recipients that the Sisters treated them in an emotionally detached way. Also, their own asceticism and bodily disregard often led to ambiguity regarding pain for themselves, but also for others. This raises questions regarding care for both themselves and the children in their care. Simultaneously, however, both some Sisters and care recipients express how, when nobody witnessed them, there were experiences of connection, being seen and heard, pleasure and playfulness, which were rare, and (therefore) very special.

Second, Van Heijst presents a historical example of care practice to care ethics, and by doing so, she contributes to the purpose of making care theory more practice-based (2008, 27). Departing from the analysis of the historic practices, Van Heijst offers a touchstone of Tronto's theory and highlights elements that are downplayed there. One of the most relevant for the present volume is that Van Heijst's case study unambiguously shows that the ethics of care up to that point had insufficiently recognized the importance of religion. She argues that Tronto's phased model of care should particularly include the recognition that religion is often vital for what motivates people to care for others in the first place as well as to keep them involved in these caring practices. Tronto's third phase that is the phase in which the actual carework is performed, people's religious beliefs historically have incited them to build "an impressive praxis of care and education for the most vulnerable groups in society and for middle-class Catholics as well. [T]hey transformed social reality [...] by practicing Christian neighbourly love and committing themselves to needy people and to God" (2008, 372). Literally, tens of thousands of religious people were involved in these works, also in parts of the Netherlands where, and particularly for social groups for whom such provisions were not established by the government.

Thirdly, Van Heijst applies Joan Tronto's theory for examining this historical care practice. Tronto's phased model of care is particularly adequate, as it helps to evaluate the historical practice on various levels, such as the political context, the institutional level (organizing, coordinating, and financing charitable care), and the level of

daily practice of caregiving and care receiving. Van Heijst reinterprets Tronto's model as a standpoint epistemology, a theoretical approach developed in ethnic and women's studies, by connecting the care phases with actual positions that people have (2008, 28-29). Prompted by the ethics of care, Van Heijst gives specific weight to the standpoint of recipients of this charity work, who are critical of the standards of good care that were applied (2008, 361-365). Nevertheless, their evaluations are varied. Some show appreciation for the care as it entailed an improvement of their previous condition. For them, this care was lifesaving in situations where their next of kin were dead, or incapable or unwilling to give care (2008, 361-362). The negative evaluations concern the aforementioned lack of personal attention (2008, 362), but also the common practice of splitting up brothers and sisters in various age and gender groups. The effect was that children growing up in the orphanages of the Poor Sisters often did not know of the existence of their siblings (2008, 362).

By including these multiple standpoints, Van Heijst also serves another goal, that is: filling existing gaps in remarkably one-sided literature. This oneness, for instance, exists in the neglect of the Catholic tradition in the Netherlands while focusing on Protestant or socialist care and welfare provisions; or a focus on the male Catholic tradition while neglecting the female religious who were the large majority; or to an uncritically negative or positive bias regarding these practices; or the representation of only one perspective (primarily that of the caregivers and especially their institutions). Another consequence of applying Tronto's theory is that Van Heijst's book includes an analysis of the social and (church-)political context in the nineteenth and twentieth century in the Netherlands. In this way, she elaborates care ethics in order to provide a hermeneutic, political-ethical tool for past religious, caring practices.

In sum, Van Heijst's book offers a rich analysis of the complex relations between care, power, and faith in historical care practices. She also reveals the reality of care practices in the context of religion and spirituality: the evaluative dichotomies that we gravitate toward, such as care/not care, are wholly inadequate. Care is sometimes

shadowed by damage. Religion can motivate great efforts of care, and yet it leverages power and privilege that also can inflict harm. That tension is an undercurrent throughout this book.

Comparative Spiritual Studies

Interestingly enough, there have been some robust non-Western interchanges between scholars regarding care and spirituality. Perhaps the most mature of these has been the dialogue between care ethics and Confucianism. Chenyang Li (1994) offers a comparative study of care ethics and Confucian concept of *jen*, a term that combines both affection and virtue (1994, 72). Li concludes that Confucianism and care ethics share an alternative conception of human relations that eschews a contractarian approach in favor of moral ideals (1994, 71-75), a lack of formulaic rules (1994, 75-79), and a moral partiality that originates with familiar others and extends outward to less-familiar others (1994, 79-81). Li acknowledges that Confucianism lacks the gender analysis inherent in care ethics and that recent manifestations of Confucianism have exhibited sexism and misogyny, although this oppression is not apparent in the original accounts (1994, 81-85). In a 2002 response to Li, Lijun Yuan disputes the notion that Confucianism can be feminist. In particular, she cites sexist passages in *The Analects* and finds that the message of *jen* would have been directed toward men (2002, 113). Yuan concludes that *jen* fails to meet the test of feminism because it was never employed in “challenging traditional forms of domination in a hierarchy society” (2002, 125). In that same issue of *Hypatia*, Daniel Star also critiques Li by arguing that Confucianism is much more like a virtue ethic than the relational ethic of care (2002). Star is not making a value judgment, but, like Noddings’ criticisms of virtue-based character education, he points out the more individualistic character of Confucian morality. Li is given an opportunity to reply to the rebuttals of both Yuan and Star. He finds both critiques lacking and reiterates his position that care ethics has more in common with Confucianism than other Western forms of ethics. Beyond this dialogue in the pages of *Hypatia*, there have been other studies that explore the

relationship between care ethics and Confucianism (Herr 2013; Sander-Staudt 2015). Li returned to the pages of *Hypatia* in 2015 to review care ethics and Confucianism scholarly dialogue. Yuan goes on to develop a book-length comparative study of care ethics and Confucianism, where she reconciles care ethics with a reformed version of neo-Confucianism (2019). The study is wide-ranging and addresses relational ontology, methodology, reciprocity, and even offers a closing case study through an analysis of China's population policy. Other spiritual traditions have received far less attention regarding their relation to care ethics than Confucianism.

Vrinda Dalmiya integrates an Indian epic associated with Hinduism, *Mahābhārata* to make a point about relational humility in *Caring to Know: Comparative Care Ethics, Feminist Epistemology, and the Mahābhārata* (2016). Dalmiya frames a complex epistemic conclusion by drawing from ancient stories:

The notion of care refracted through the conceptual lens of the *Mahābhārata* can... plug some of the lacunae in virtue epistemology that takes relational humility to be foundational. This interdependence of caring and knowing—of need fulfilment and of effectively grasping the world—makes relational humility that underlies both a truly hybrid virtue (2016, 28).

Dalmiya is not offering a spiritual or religious analysis. Still, she is drawing from texts with spiritual significance to argue that truth-seeking is linked to caring and being cared for. Similarly, the African concept of *ubuntu*, meaning “I am because you are”, describes an ethos of humanity toward others is more a cultural term than explicitly religious or spiritual. Yet, *ubuntu* and its relational ontology have had spiritual applications, as in the work of Desmond Tutu (Battle 2009). There have been many favorable comparative explorations of care and *ubuntu* (Chisale 2018; Gouws and Van Zyl 2015; Hall et al. 2013; Waghid and Smeyers 2012). Given its role as a moral, social spirit, *ubuntu* may provide an intriguing means for better understanding a communal ethos of care.

As care ethics grows in its international theoretical development and application, further interaction with religion and spirituality is

warranted, given that religion has a history of being a crucial social harbinger of moral thinking about care and caring. We hope that this collection is a step toward a richer dialogue.

Chapters in this Book

In what follows, we offer a brief summary of the chapters which make up this volume.

A significant theme of care ethics is how dominant systems of thought exclude and marginalize “the different voice” of care. In the first section, the authors explore how religions and spiritual traditions can determine who has the authority to speak in religious contexts and why. A care ethical study of religion raises questions about epistemic authority and which religious values are most compatible with care. Addressing the latter problem, in “Care Ethics and Forgiveness: Lessons and Errors from the Christian tradition,” philosopher Ruth Groenhout interrogates the theme of forgiveness in Christianity from the standpoint of care ethics. In this investigation, Groenhout highlights a contrast between religious and philosophical ethics. Whereas western philosophy has focused on adjudicating the morality of actions, which gives forgiveness a minimal role, religion often privileges forgiveness by focusing on building a moral community. Given the fundamental relationality of care, one might assume that forgiveness is a topic where some forms of religion and care ethics might resonate strongly. As Groenhout describes, “Just as forgiveness is crucial to care ethics, it is also crucial to a Christian ethics of love.” Indeed, while traditional treatments of ethics focus on decision-making moments, forgiveness is a recognition of the temporal dimension inherent in a moral relationship. According to Groenhout, “Forgiveness allows the relationship to continue, allows the one harming to (sometimes) recognize and apologize without fearing harsh retribution, and allows the one harmed to let go of anger and pain in many cases.” However, Groenhout details how there have been abuses of forgiveness in religious formulations. She calls on care theorists to be vigilant regarding the feminist origins of care ethics, whereby power and privilege are named and held in check. Religion provides a case

example to motivate that vigilance. Groenhout views forgiveness as a subject that requires both personal and political elements of care to separate punishment and accountability issues. For Groenhout, “forgiveness remains the agent’s to choose, not another’s to demand, that forgiveness is never allocated to the powerful to control in order to protect their power, and that forgiveness never is primarily structured as absolving the wrongdoer from accountability.”

The incompatibility of care ethics with religious dogma is addressed in the chapter “Against Moral Certainty and Authority: How Dogmatic Religious Ethics is Incompatible with Care Ethics” by Maurice Hamington. Hamington focuses on the authority of sacred texts. Religious leaders can diminish the ability to care when religion is taken too seriously: “the critique from the standpoint of care ethics is not with religion per se but with moral ideology and dogmatism whereby moral authority is not questioned.” Hamington employs the example of the events surrounding John Allen Chau’s death, a young and charismatic fundamentalist religious missionary who attempted to proselytize to a small isolated indigenous community, the Sentinelese. Chau believed he was doing good in the form of “God’s will” for the Sentinelese. Still, the question remains whether he actually cared about the Sentinelese and whether the fundamentalist religious communities that supported Chau cared about him. Hamington suggests that care ethics is anti-authoritarian in that authentic caring is responsive to particular individuals in particular circumstances. According to Hamington, the certainty and authority that come with deontological formulations of religious morality can interfere with the responsiveness to the totality and complexity of the other. Responsiveness is an essential element of effective care. Hamington argues that although many religions teach humility, the certainty and authority of some religious communities belie that humility. He claims that the openness to the other in caring responsiveness requires humility rather than certainty.

In a similar consideration of care ethics’ compatibility with certain religious conceptual traditions, the compatibility of care ethics with Jewish abstraction is the focus of philosopher Sarah Zager’s “The Pain

of *Imagining Others: Caring for the Abstract and the Particular in Jewish Thought*.” This chapter makes an important theoretical argument regarding feminist care ethics, and yet is also profoundly personal. In a careful textual analysis, Zager critiques the underlying religious assumptions in the work of Virginia Held and Nel Noddings regarding the eschewing of abstraction in favor of particularism. Zager opens up the imaginary of caring by addressing the care for abstract others as revealed in Jewish feminist care ethics. She claims, “Jewish versions of care ethics take on a distinctive shape and adopt distinctive versions of care ethics’ critique of abstraction.” To argue for more attention to caring for abstract others, Zager shares her own challenges with premature ovarian insufficiency, which resulted in her freezing her eggs as she was not ready to have children. She reflects on genuinely caring for her eggs. For Zager, these eggs are mere abstractions of fully formed humans: the people they may become. She wonders how her care for an abstraction fits into Held and Noddings’ care theory, which tend to emphasize care for particular others capable of caring reciprocity. For Zager, the significance of a frozen egg was, “less as a clump of biological material... than as an imagined person, someone who made a kind of ethical demand of me, but who was not yet a full-fledged, embodied person with particular features.” Zager thoughtfully problematizes the standard feminist care dichotomy between the particular and the universal and finds balance in recent Jewish care literature which “rejects abstract philosophical anthropologies, while retaining a strong emphasis on moral obligation, and on ritual practices structured by rules.”

Feminist philosopher Maureen Sander-Staudt likewise draws from her family history in the chapter “Theological Spelunking with Care Ethics: Caring Ethical Standards for Relational Maintenance across Religious Pluralities.” Considering the religious-relational trouble caused by her mother’s conversion from Catholicism to Lutheranism, Sander-Staudt raises questions about how care ethics can best reach across religious differences and discontent. Using Plato’s allegory of the cave to frame the epistemic hazards of such a study as one of “theological spelunking,” Sander-Staudt establishes care ethical

standards for religious teachings and practices, dialectically examining Nel Noddings' claim that care and Christian ethics are "irreconcilable." After finding cause to accept Noddings' argument partially, she qualifies it but concurs that care ethics is incompatible with religious teachings and practices that inflict wanton relational damage. She uses the resulting care ethical standards to explore how a care ethical approach might differ from a liberal justice approach in responding to religious difference, plurality, and dissidence. She concludes "writ large" with a case study of an ethical response to the Fundamentalist Church of the Latter Day Saints (FDLS). FDLS communities practice extremist versions of Mormonism which are explicitly condemned by the larger Mormon Church and secular laws, but as such, pose challenges to the basic tenets of care ethics.

Looking more carefully at the very notion of spirituality, Italian philosopher Luigina Mortari interrogates the nature of spirituality regarding an ethic of care in "Spiritual Care: The Spiritual Side Of A Culture Of Care." This sweeping analysis takes us on a journey that includes Ancient Greek philosophy, Continental Philosophy, ontology, epistemology, empirical research, and poet-philosopher Maria Zambrano's work, among others. Mortari argues that there is an ontological call to care as an essential technique for living. Accordingly, Mortari finds the examined life a necessity: "To conceive the technique of living means having the knowledge and wisdom of care; in other words, knowing what good care is, and how to put it into practice." Mortari leverages a Platonic notion of the soul to frame a spiritual pursuit of care as a quest for the good and not just an ethical determination of what is right. She states, "the practice of care teaches me that it is not only necessary to search for a concrete, immanent idea of good embodied in the daily life (about this, it is possible to speak of a materialistic spirituality as the generative matrix of care ethics), but also to cultivate a manner of thinking that is congruent with both the human limits of thinking and the essence of care." Seldom do care theorists present care ethics in the broad-brush strokes that Mortari's epic narrative offers. This chapter may not be a typical philosophical analysis of care, but it suggests

several provocative insights into the relationship between care and spirituality.

The second grouping of chapters in this volume looks at care ethics and religion in the context of embodiment, gender, and the family. This focus considers the roles of the body, femininity and masculinity, and family relations in religions and spiritual traditions, and how religious norms and institutions can inform sexuality in more or less caring ways. To begin, care ethicist Inge van Nistelrooij argues for a new turn in care ethics. After the ‘political turn’ of the 1990s, when the majority of care ethicists abandoned the focus on mothering practices in which the works of Gilligan, Noddings, and Ruddick were rooted, Van Nistelrooij argues for a renewed and distinct attention to the subject of maternity. She argues that the experience of maternity – i.e., pregnancy, labor, lactation – is of a particular kind that makes mothers (be they female, male, non-binary, trans- or intersex, or other) still vulnerable to oppression, exploitation, and violence. Then, taking two artworks by Louise Bourgeois as heuristic guides, Van Nistelrooij explores the works of Ruddick (1989), Rich (1986), and Keller (2003) to give a new impetus to thinking about the mother’s body in care, worship, and theology. Surprisingly, religion has not only been detrimental to women’s and mothers’ experiences, but religious representations and (remnants of) texts can also help reinvigorate the meaning of our coming into life through somebody else’s body and of the experience of giving life. Particularly, the elements of fluidity and becoming help explore maternity as politically and morally relevant today and avoid the pitfalls of the pioneering care ethics’ works on maternity. Ultimately, Van Nistelrooij concludes by suggesting a reformulation of Fisher and Tronto’s famous definition of care, one that accounts for maternity in a new way. By including processes of becoming, caring can be viewed as less anthropocentric and less agentic. As such, it can avoid essentializing, naturalizing, or containing maternity to one gender, the private setting, and can gain renewed moral and political relevance.

As the next chapter demonstrates, masculinity, religion, and spirituality are worth equal scrutiny from a care ethical point of view.

Because care ethics developed out of feminist analysis and was rooted in women's traditionally under-valued experience, understandably, there has not been as much written about care and masculinity. This absence is changing as care ethics grows in popularity across a variety of disciplines. Martin Robb, who has written extensively about masculinity in the context of care, furthers this vital conversation in "With Prayer from Your Loving Father': Men, Masculinity, Faith and Care." The chapter begins on a personal note, with Robb sharing excerpts of letters from his great grandfather to his grandfather. He leverages these letters in the context of Christian Methodism to argue for a Christian masculinity compatible with care theory. In particular, Robb challenges the notion that Christian masculinity was handed down as a monolith. On the one hand, he acknowledges that one form of Christian manliness was reinforced as "neo-Spartan virility as exemplified by stoicism, hardiness, and endurance" by Christian and quasi-Christian social institutions. However, that form of masculinity existed in tension with a narrative that Robb finds revealed in his great grandfather's letters where "the emotional spirituality of Methodism offers him a language in which to openly express his love for his son" as in closing his letters with kisses. Robb concludes with a note about the significance of imagination for care. Although the tendency is to address care theory in the rational and analytic tradition of Western academic theory, he contends there is a need for an "imaginative superstructure to inform and motivate care" that religion can provide.

The third chapter in this section highlights some of the harms that can be wrought by well-meaning and caringly motivated but misguided applications of religious norms to sexual identities and practices. In his chapter "Theologically Motivated Conversion Therapy and Care Epistemology," Steven Steyl explores how deficiencies in care ethical, epistemological dispositions misdirect some care-givers into choosing conversion therapies for themselves or their care recipients on the basis of religious belief. While motivations for conversion therapies are not inherently theological, Steyl focuses his analysis on therapies motivated by spiritual teachings that lead caregivers

to conclude that conversion therapy is morally good or permissible on theological grounds. After laying out harms associated with these therapies, he delineates “epistemic missteps” in the attentive, evaluative, and pragmatic phases of care. These missteps lead to harmful applications of psychotherapeutic conversion therapies designed to “sexually reorient individuals whose sexual orientation is deemed in some way undesirable.” Steyl argues that the harms of conversion therapy admit to “fecundity,” a phrase coined by Utilitarian philosopher Jeremy Bentham to indicate pains/pleasures that compound. To rectify the missteps of religiously based conversion therapies, Steyl develops a positive care ethical epistemology that emphasizes epistemic virtues and dispositions and denounces the corresponding subvices of inattention.

Family life and parenthood are standard themes of many religions. As the fourth contribution in this section demonstrates, the promise of the caring aspects of parent-child relations is not always religiously explicit, especially for fathers. In his chapter “To Shelter an Egyptian Firstborn: The Revelatory Potential of Care Ethics in Jewish Thought,” Jason Rubenstein considers a seeming gap on parenthood in Talmudic teaching, evident in Rabbinic alienation from their own children in favor of students. Rubenstein’s chapter is a self-defined “search for spiritual ancestors” and “attempt... to realize some of the liberatory potential feminism offers to men...defined by our caring work, and to Torah itself”. Rubenstein uses his experiences as a Jewish scholar and father to explore the value of feminism for the Torah and Jewish people, traditionally bifurcated into women who exclusively care for others and men who only study. Rubenstein notes that what is at stake “is not whether the rabbis performed childrearing work, but how they appraised the value of childrearing work.” Drawing inspiration from the poetry of Merle Felde, Talmudic stories such as that of Rabbi Akiva visiting his ailing student, and Nancy Hartsock’s Marxian feminist standpoint theory, Rubenstein extracts the liberational possibility of caring work in Rabbinic thought. Against masculinities rooted in hierarchical dualisms and abstractions, Rubenstein uses Rabbinic texts to highlight the Torah’s most prominent reflections on

care. They include retellings of the story of Exodus, which recount God's care for vulnerable babies birthed in the fields by Israelite women enslaved in Egypt, and the efforts of these same Israelite mothers, in defiance of God, to save first born Egyptian sons doomed by God's final plague. Such stories "point the way to a more humane and more Divine future, to the recreation of holy time", but also to the "irreducible ambivalence held by parents whose children are the beneficiaries of injustice." Rubenstein affirms that the potential of such stories is to show that human caring and the memory of caring and being cared for might be understood as the foundation of the Torah, such that "the fundamental nature of the Torah, its alpha and omega, is a type of caring work."

The final chapter in this section considers religious influences on the educational aspects of care ethics, especially as pertaining to sex education. In her chapter, "Care, the Sacred, and Sex Education in Slovakia," feminist philosopher Adriana Jesenková discusses the Christian church's exclusive grip on sex education in post-communist Slovakia. After the Fall of Communism (1989), a strict separation between the public and private sphere allowed the (particularly Roman-Catholic) Church to gain exclusive control over questions concerning sexual morality, to focus upon the sacredness of the family and the home, and to keep this sphere out of reach of human rights claims and sexual health issues. Misinformation, lack of information, and discriminatory attitudes have led to detrimental outcomes for the most vulnerable, particularly women and gender minorities. Looking from a care ethics perspective, Jesenková finds the concept of the sacred crucial for bridging the respective gaps between religious and ethics education and the public and the private sphere. Building upon the work of Tronto (2013) and Sevenhuijsen (1998), Jesenková argues for equal opportunities for all in a democratic society, for which proper sex education is vital to cultivate healthy sexuality and to develop young people as relational social beings. For this, it is important to reconceptualize the sacred as that which does not revolve around rigid religiosity but rather around care and identity formation as an inextricable part of building a democratic society of

equals that protects and develops the vulnerable. Jesenková turns to Noddings (2002) and Young (2010) for this. Noddings offers a view of the sacred home as a place of creatively and adequately responding to the needs of every member of that home, as well as where the ability to create such homes is cultivated. Young describes caring for bodies, home, and environment as a variable practice of identity formation in a critical reflection on value and (spiritual) meaning. This reconceptualization contests the home as sacred and helps overcome the dichotomy of private and public sphere. For if the sacred lies not in rigid religion but in a caring approach to all, sex education can no longer be considered as a privilege of religion but as a democratic right for all.

The third and final section of this volume contains chapters exploring care ethics, religion, and spiritual traditions in the context of justice. These chapters' common theme is how justice can be best achieved through religiously infused versions of democratic community building and relational preservation as associated with an ethics of care. The first chapter of this section, "In the Desert with Hajar: An Islamic and Care-Based Approach to Disability Justice," by Sarah Munawar, explores the care ethical, medical, and religious limitations that became evident after her father suffered a debilitating stroke and cardiac arrest. Munawar traces the de-colonial potential of a care-based and Islamic approach to disability justice that enables Muslims to interpret disability differently as a source of ongoing revelation. Rather than interpreting her family's experiences as the tragic destruction of her father's body or her and her mother's requisite shift to invisible care-giving, Munawar explores the revelatory potential of these transformations embedded as they are in relational networks of secondary dependency through the story of the exile of the slave Hajar and her infant into the desert. Critical of standard Islamic medical discourses about care and disability within Islamic legal scholarship, as well as the multiple colonialisms that influence the treatment of disabled Muslims within medical-industrial complexes, Munawar finds in both "imperial attitudes" that locate the Muslim disabled as bodies without being and located outside of time. Munawar

uses the story of Hajar to challenge the ideas that disability is to be understood as divine punishment, misfortune, test, or noble pain that makes one more proximate to Allah, asking why it cannot lead instead to richer and more substantial networks of care based on doula. She posits that because a care-based epistemology of Islam is inherently relational, it can partner with feminist care ethics to reveal how multiple colonialisms interlock to disenfranchise disabled Muslims and Muslim caregivers.

Similarly, in “Mother Eberly’s Coin: Care Ethics, Democratic Politics, and North American Mennonite Women’s Movements,” religion scholar Jamie Pitts interrogates how religious movements and discourses can contribute to and expand the democratic work of care ethics. As he explains, what Pitts is proposing runs counter to standard framings of justice, which view religious discourse as antithetical to democracy. Pitts contends that caring religious discourse can have a democratizing effect on religious communities and their influence in society. In particular, Pitts addresses the historical experience of Mennonite women and the Anabaptist tradition. Pitts recognizes that not all religious care discourse supports democratic caring, but he wants to demonstrate a particular counterexample to resist a blanket stereotype of religiosity as undemocratic. Pitts offers a careful and balanced history of Mennonite women in Europe and the United States and how their commitment to social care is a driving force for the community. He characterizes this history as “women bringing to voice their experience as carers so that the full scope of their interests and values might be taken seriously within their communities.” Pitts finds that within their struggle, Mennonite women politicized their care work in such a way that democratized their religious communities. Ultimately, for Pitts, Mennonite women develop a religious rather than a secular form of democratic caring: “It is care ethics in a religious voice.”

In the third chapter of this section, “Reimagining Justice as Preservative Care for Sustained Peace,” author Robert Ruehl uses indigenous spiritual traditions to enhance care ethics’ ability to rethink a classic understanding of justice. Ruehl argues that a conception of

justice rooted in desert, based on “getting what one deserves,” is limited because it overlooks whether rewards and burdens distributed by desert genuinely benefit the individual or their wider relations. Justice as it pertains to an excellent, thriving person, such as those accounts found in Plato and Cicero, make room for caring for particular relationships and should expand to include non-human relatives, specific places, and ecosystems because of how they can facilitate sustained peace. Indigenous philosophies enlarge care to impart justice with more than the mere avoidance of violence among humans, in part by reorienting the property and ownership relations of Western tradition. In Indigenous spiritual traditions, the earth and its resources do not belong to humans. Rather, humans belong to the places and things that nurture them. Humans have been given the gift of life within fragile but sustaining relationships, and a good human being not only shows gratitude but reciprocally cares for all aspects of their gifted, sustaining relationships. Such a conception of justice emphasizes the vital importance of “a positive peace that seeks to cultivate and sustain thriving relationships and lives for seven generations to come”.

Finally, addressing the need for spiritual and caring remedies to environmental degradation, Kimberley Parzuchowski turns to the urgent ecological question of the ‘fouling of our nest’ by humans in technologically advanced countries. Despite the abundant proof of endangered or destroyed ecosystems, the ecological changes that are required for our survival are not achieved. According to Parzuchowski, the failure is twofold: we fail to see the need, and we fail to care. To solve this failure of care, she argues, requires that we understand our ecological crisis not only as a moral but also as a spiritual crisis. Parzuchowski draws upon care ethical notions of dependency, particularly from Noddings (1984) and Kittay (1999). She argues for a reconceptualization of the western dominant and anthropocentric notion of moral subjectivity, as proposed by Native American theorist George Tinker (2004) and Martha Nussbaum (1990), among others. She points out that this anthropocentrism can also be identified in care ethics and Christian theology. So even though the ideas

of connectedness and entanglement are central to care ethics, Parzuchowski argues with Bonnie Mann (2002) that we risk getting caught up in self-referentiality because we have ceased to be wondered and revered by this. With the help of Martin Buber's theological view of relationships, she finds that some care ethicists have retained this idea. Joyful and communal rituals can rekindle our sense of wonder, cultivate a sense of connectedness to earth as earthlings, and contemplate experiences of the providence of nature. Parzuchowski offers a passionate plea, based on rich insights mixed with remarkable everyday examples and experiences, for a spiritually enriched care ethics that might help facilitate an effectively practiced ecological turn.

In totality, this volume represents new and exciting forays into the study of the rich interplay of care ethics, religions, and spiritual traditions. While the ideas here introduced represent cutting-edge interdisciplinary research areas, many of these chapters focus on mainstream world religions, especially Christianity, and thus do not represent the full potential scope of such an investigation. We hope that future projects and studies will be able to provide a yet broader and more enriched consideration of religions and spiritual traditions in the context of care ethics.

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List of Figures

Section 2:

Inge van Nistelrooij

Fig. 1:

Louise Bourgeois, *Ste Sébastienne* (1998, ink on Xerox paper mounted on canvas)

Composition: 77 1/2 × 63 inches (197 × 160 cm)

Collection: Glenstone Museum, Potomac, Maryland

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Photo: Ron Amstutz

Fig. 2:

Louise Bourgeois, *The Maternal Man* (2008, archival dyes on fabric)

Composition: 48 × 32 1/2 inches (122 × 83 cm)

Collection: Glenstone Museum, Potomac, Maryland

© The Easton Foundation/VAGA at Artists Rights Society (ARS), NY, c/o Pictoright Amsterdam 2021

Photo: Ron Amstutz

Jason Rubenstein

Fig. 1:

Käthe Kollwitz, *The Mothers (Die Mütter)* (plate 6) from *War (Krieg)* (1923, woodcut from a portfolio of seven woodcuts and one woodcut cover)

Composition (irreg.): 13 1/2 × 15 3/4 inches (34.3 × 40 cm); sheet (irreg.): 18 9/16 × 26 1/8 inches (47.2 × 66.4 cm)

Collection: Museum of Modern Art, NY. Gift of the Arnhold Family in memory of Sigrid Edwards

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