

Agonizing care: care ethics, agonistic feminism and a political theory of care

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Accepted for publication 1 March 2002

CLOYES KG. *Nursing Inquiry* 2002; 9: 203–214

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'Care' is central to nursing theory and practice, and has been described in a variety of ways. Intense conversations about care have been developing in other fields of study as well, from the social sciences to the humanities. Care ethics has grown out of intellectual exchange between feminist thought, moral theory and the critique of traditional western political philosophy. However, care ethics is not without its critics, as these accounts of care have also sparked vigorous challenges. This paper traces the construct of care through nursing theory, care ethics, feminist critiques of moral and political theory and agonistic feminism to outline a set of problematics that a political theory of care should engage. It discusses how care is conventionally posited in more or less essentialist, universalizing and naturalizing terms. It introduces the ideas of feminist theorists who resist dichotomizing care and the political, and situate care in the context of power and politics. The tensions between care feminism and agonistic feminism are highlighted in order to explore the potential of theorizing both care and nursing in political terms.

Key words: agonistic feminism, care ethics, care, feminism, nursing theory, political theory.

'Care' is central to nursing theory and practice. It has come to occupy nearly every part of speech in our nursing discourse, performing as noun, verb, gerund and object (Warelow and Stockdale 2000). It is frequently posed as the concept that comprises nursing's specialized knowledge base (Leininger 1988a; Benner and Wrubel 1989; Fry 1989; Bishop and Scudder 1991; Kurtz and Wang 1991; Maggs 1996; Swanson 1999). Drawing on our historical locations and our practices, we have theorized care in clinical, psychological, instrumental, humanistic, existential, phenomenological and discursive terms (Gadow 1980; Styles 1982; Roach 1987; Leininger 1988b; Watson 1988; Benner 1990; Swanson 1990; Fry 1991; Morse et al. 1991; Olson 1993; Heslop and Oates 1995; Dyson 1996; Ersser 1997; Wilkes and Wallis 1998; Bishop and Scudder 1999; Gastmans 1999; Edwards 2001). Care has repeatedly been described as not only the foundation of what we do as nurses, but of who we are.

As continuing debates within nursing literature have revolved around the construct of care, intense conversations

about care have been developing in other fields of study as well, from the social sciences to the humanities. One branch of thought in particular – care ethics – has grown out of intellectual exchange between feminist thought, moral theory and the critique of traditional western political philosophy (Gilligan 1982; Noddings 1984; Ruddick 1989, 1992; Held 1993; Tronto 1994; Clement 1996; Bowden 1997; Kuhse 1997; Kittay 1999; DiStefano 2000). Care ethics seeks to organize social and moral theory around the construct of care by centering the experiences and practices of women, replacing what it identifies as dominant masculinist values such as autonomy, independence, conflict and power. Care ethics also casts care as either a challenge or complement to the masculinism of theoretical conceptions of justice, in what is framed in terms of a 'care vs. justice' debate (Gilligan 1982, 1987; Held 1995; Clement 1996; Talbot 2000). In this way, care becomes the basis for an alternative program of ethics, where it is theorized as antithetical to both androcentric moral theory and the realm of the political. A number of feminists have taken up the cause of care ethics, and as a result, 'care feminism' is a prominent strand of contemporary feminist thought. However, care ethics is not without its critics, as these accounts of care have also sparked vigorous

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challenges (Lauritzen 1989; Hoagland 1990; Houston 1990; Puka 1990; Nelson 1992; Kittay 1999). Feminist scholars have argued that the relation of 'care' to dominant power structures and the social systems that propagate power remains largely under-theorized. Further, critics assert that to view 'care' as a necessarily feminine, not to mention feminist, principle is to miss seeing how care is an effect of the naturalized asymmetries of our culture (Bowden 2000).

Review of the nursing literature on care theory, and that of care ethics and critiques produced by nurse scholars and feminist scholars in other disciplines, gives the impression of a parallel development of conversations centering on the same subject and involving many of the same issues. When discussions of care in nursing do engage larger debates occurring in fields such as feminist political theory, moral theory and ethics, they have tended to intersect these conversations at three notable points: the valorization of care and celebration of care as an essentialized construct (Benner 1990; Bishop and Scudder 1999; Swanson 1999; Edwards 2001); reiteration of the care vs. justice debate in which care is described as a normative and corrective, or at least adjunctive or alternative, approach to practice, ethics and moral theory (Pinch 1996; Lipp 1998; Peter and Morgan 2001); and what could be called the contextualized vs. decontextualized debate, or arguments for more contextualized theorizations of care that locate care within political, social and cultural *milieus* (Seigfried 1989; Condon 1992; Sherwin 1992; Bowden 1995; Kuhse 1997; Liaschenko 1997; Smith and Agard 1997; Bowden 2000). The first intersection noted here is the most recognizable for its lack of critical interrogation of care as a construct. However, the other two intersections also represent discourses about care and care ethics that, while often critical, still leave the notion of care itself relatively untroubled, and the founding terms of the argument intact.

In this paper, I argue for shifting the conversation about care, care theory and care ethics away from approaches that either uncritically valorize care or frame constructs of care within the dichotomizing and ultimately reifying terms of either 'care vs. justice' or 'contextualized vs. decontextualized' frameworks. I propose another potential framework that is emerging as formative and productive within feminist political theory, namely the care ethics–agonistic feminism debate. DiStefano (2000, 198) identifies feminist positions centered on care and 'agonistic feminism' as being 'two distinctive theoretical trajectories at the moment that involve and presume rather different — although not necessarily opposed — conceptions of the political'. These two positions have developed in relation to each other within the 'care/agonism' debate, which continues to shape moral, political

and feminist theory as well as contemporary notions about 'care'. Political agonism, described by such feminist theorists as Mouffe (1993, 1996), Brown (1995) and Honig (1993, 1996), encourages us to not only acknowledge, but embrace, the conflictual nature of the political and the radical 'undecidability' of fully political engagements (Mouffe 1993). Here, what is truly political is not secured by appeal to categorical, foundational or essentialized assertions, but by the political process itself, which is marked by contestability, contingency and conflict (Laclau 1990). Political agonism calls us to recognize the ideological working of foundationalist arguments, and their contingent and rhetorical quality. Feminists who espouse an agonistic position argue that care ethics cannot replace the workings of power and politics because there is no space, theoretical or otherwise, from which to escape the effects of power (Honig 1993; Brown 1995). Care cannot replace, but can *displace*, power and politics in our thinking.¹ An agonistic approach sees care as a thoroughly *articulated*² construct, and therefore a potential site for re-articulation as a theoretical intervention with material effects.

I develop my argument in two major parts, taking a deconstructive then reconstructive approach. The first part of this paper presents a deconstructive reading of nursing literature, exploring selected and representative constructions of care found in nursing theory that are both conventional and influential. I also engage nursing scholarship that challenges traditional care theory, mostly locatable within either the care vs. justice or contextualized vs. decontextualized approaches to critique of care theory and care ethics. Next, I unpack the major themes of feminist care ethics in order to situate nursing scholarship on care within theorizations of

¹ Honig (1993), in *Political theory and the displacement of politics*, argues that various thought systems such as Kantian moral theory, Rawlsian liberalism and Sandel's communitarianism use theory to avoid subjecting their projects to a political reality marked by contestability, uncertainty and complexity. This move is 'the displacement of politics'. I argue here that in effect, theories of care have made the same move.

² Thanks to an anonymous reviewer, who suggested an apt and succinct summarization of my argument by noting that 'care is the articulated foundation of what we do — it may be nothing more'. This stresses at least two senses of the word 'articulation' that I find extremely useful. Care figures prominently as a highly charged signifier in our conversations about nursing. It may also be described as articulated, or constructed by linking contingent elements into what functions as a naturalized and coherent discourse (Hall 1997; Laclau and Mouffe 1985). I would only counter that rather than characterizing care as 'nothing more' than an articulation, which suggests an idealist reading of care, that articulation involves 'the primary ontological level of the constitution of the real' (Laclau, quoted in Massey 1994, 227).

care and care ethics that have been widely influential across a range of disciplines, including feminist theory. In the second part of the paper, I discuss the work of feminist moral and political theorists whose arguments have not been widely engaged in nursing literature, and who complicate care and care ethics by arguing for less essential or universal, and more contextual, politically accountable constructions of care. Their ideas raise significant possibilities and problems for the politicization of care. Then care ethics and agonistic feminist theory are brought into dialogue to explore these possibilities and problems through the tensions that arise between them, in order to identify a set of potential criteria for a political theory of care. I engage agonistic feminism as an alternative framework within which all notions of care are problematized as articulatory and signifying practices, constituted within political discourse, with profound ideological and material effects. Finally, I argue that developing a critically robust conception of care is both a process and practice of feminist politics, and a critical move for nursing. Fully theorizing an agonistic politics of care is beyond the scope of this paper. It remains a project to be staked out among multiple papers, players, and sites of study and debate. However, by pointing in this direction I hope to at least suggest how 'agonizing care' may be a productive way of reframing our conversations.

THE STATUS OF CARE IN NURSING THEORY

Conventional and influential constructions of care

Nursing theorists portray care as essential to, if not the essence of, nursing activity (Kreuter 1957; Leininger 1977; Leininger 1988a; Watson 1988; Benner and Wrubel 1989; Bishop and Scudder 1991; Kurtz and Wang 1991; Maggs 1996; Wilkes and Wallis 1998; Swanson 1999; Warelow and Stockdale 2000). Care is described as both coterminous with the goals of nursing, and as conceptually inseparable from our activities pursuant to these goals. Often, the links between nursing and care are presented as existing prior to theories of nursing practice, where nursing becomes the operationalization of care. Thus, discussions of care in the nursing literature appear to *reflect* what nursing has always been.

Kreuter (1957, 302) posits the following definition of care as the *sine qua-non* of nursing:

The word 'care' has precise meaning. It belongs to the intellect and its root is in 'sorrow'. Care is not akin to cure. It is more related to 'pathos' in that the feelings are touched. When one gives care, the feeling is experienced and responded to by extending oneself toward another, being

with him, assisting or protecting him, giving heed to his responses, guarding him from danger that might befall him, providing for his needs and wants with compassion as opposed to sufferance or tolerance; with tenderness and consideration as opposed to a sense of duty; with respect and concern as opposed to indifference.

The repetition of the exclusively masculine pronouns may seem naïve to a twenty-first century reader. Beyond this feature of the text, apparent to us perhaps because we have the luxury of 'reading history backwards', we might take issue with other aspects. For instance, what about this passage is specific to *nursing* as a discipline? This seems an idealized description of how a mid-twentieth century middle-class American woman should care for a husband or a child. The fact that this was posited as a definition of nursing care points to the genderedness of popular notions of care, and to the conflation of nursing and dominant models of femininity: both care and nursing are inscribed as 'women's work' (DeVault 1991; Condon 1992; Smith 1992; Liaschenko 1997; Ekstrom 1999; Allen 2001). Leininger (1977, 152) identifies 'major caring constructs', which include compassion, concern, empathy, love, nurturance, succorance, comfort and support, and she asserts that caring is 'the essence of nursing and the central, dominant, and unifying feature of nursing'. Styles (1982, 231) circularly defines nursing as 'nurturing, nourishing, fostering, caring. Nursing is caring: both the attitude and the activity'. Care is also described as 'an act of love' performed by competent nurses (Swanson 1990). Depicting nursing as an activity centered in 'care' and 'caring', rather than other historical and empirical possibilities, appears to make more coherent sense in terms of dominant gender roles and stereotypes (Olson 1993).

The links between care and nursing have been taken up and re-forged with increasing vigor by nurse researchers and theorists seeking to define our discipline by claiming a specialized knowledge base centered in caring, 'the core of nursing science' (Kurtz and Wang 1991). Morse et al. (1991) highlight the centrality of care to the disciplinarity and professionalism of nursing, identifying five domains of care that define nursing theory and practice: caring as a universal human trait, caring as a moral imperative, caring as an affect, caring as an interpersonal interaction, and caring as a therapeutic intervention. Roach (1992) identifies five attributes of 'professional' caring: compassion, competence, confidence, commitment and conscience. Wilkes and Wallis (1998), studying nursing students' 'perspective' on professionalized caring, extend Roach's model to include communication, concern and courage.

Additionally, many nursing theorists have often chosen to emphasize humanistic descriptions of care over those more overtly inflected by traditional ideas of femininity.

Watson (1988) seeks to both extend the philosophical terrain of care beyond the boundaries of nursing by arguing that care is an essential quality of human being, and to valorize nursing as a privileged site of its expression. Human caring theory draws on elements of western existentialist and phenomenological philosophy to describe care in universal and humanistic terms. Watson (1988, 123) writes, 'Human caring theory in practice allows the commitment and consciousness of the nurse to transcend ... the physical material surface and reach beyond, to touch the human center of the person', through an interaction that effects 'the preservation of humanity' and 'affirms the subjectivity of persons'. In this account, nurses are moral agents charged with nurturing the humanity of those for whom they care, and care is described as a metaphysical connection between two proximate individuals, both of whom are thought to become *more fully human* as a result of this connection.

Benner and Wrubel (1989, 1) define caring as the ranging network of involvements through which people and things come to matter to individuals, and in which 'care sets up a world and creates meaningful distinctions'. The project of Bishop and Scudder (1999, 17) has been to 'lift out the essential meaning of nursing from nursing as practiced'. To this end, they have focused on phenomenological interpretations of caring as a 'way of being' essential to nursing, and on nursing as the practice of caring (Bishop and Scudder 1991). Edwards (2001, 168), reading the work of Benner and Wrubel (1989), argues for a distinction between 'intentional' care and an 'ontological' form of care as the basis for a shared human quality that 'figures in the very make-up and constitution of all human persons'. In this account, ontological care is a 'form of care which all humans, by definition, must instantiate' (Edwards 2001, 168). Ontological care is further divided into 'deep care' and 'identity-constituting care', which can be roughly epitomized by the slogan *Cura ergo sum*.

Toward more critical accounts of care in nursing: care, justice and context

A number of nursing scholars and theorists have challenged what they identify as oversimplified, ahistorical or acontextual descriptions of care in nursing literature (Nelson 1992; Sherwin 1992; Kuhse 1997; Smith and Agard 1997). These critiques differ from many of the care theories themselves, in that they are more obviously engaged with discussions of care in other fields, such as feminist moral and political theory and ethics. They may also be roughly divided into two dominant forms: those interventions in the literature that draw on 'care vs. justice' debates, and those that argue for more fully contextualizing conceptions of care. The care vs.

justice framework posits care and justice as qualitatively different and divergent approaches to understanding and enacting ethical and moral positions and principles (Noddings 1984; Gilligan 1987; Noddings 1990). Participants in this debate tend to argue that care is a superior approach, or for the integration of care and justice (Noddings 1992; Held 1995; Pinch 1996; Lipp 1998; Peter and Morgan 2001).

Another form of critique involves arguing for more fully historicized and contextualized accounts of care, and the relation of care to nursing. These critics argue that many traditional and conventional nursing care theories fail to acknowledge the influence of oppressive and hegemonic arrangements of power, and have left the political, historical and economic contexts of care under-theorized (Seigfried 1989; Fry 1991; Condon 1992; Sherwin 1992; Smith 1992; Liaschenko 1993; Bowden 1997; Kuhse 1997; Liaschenko 1997; Smith and Agard 1997; Bowden 2000). For example, Condon (1992, 15) explores care in terms of an ethical approach that is influenced by gender roles and politics. She sees care as a 'mode of being ethical and political that reflect[s] the lived experiences of women', and concludes that care, with sufficient consideration of the influences of gender and politics, provides an 'authentic' metaphor for nursing practice. Bowden (2000) argues for taking a more feminist, instead of 'feminine', approach to care and ethics by focusing critical attention on structural and institutional inequalities, and locating relations of care within their complex social, cultural and political contexts.

Even these critical accounts, which explicitly discuss care as being influenced by gender and politics, frame the issue in ways that preclude certain questions, with the effect of reifying carers as subjects who 'freely choose' to take up care as a program of ethics that is more applicable and more appropriate given their 'lived experience'. Describing the relationship between care and gender or politics in terms of influence and context is not the same as arguing that gender and politics are productive of the conditions of possibility of care, as well as its articulated status. Further, describing gender in terms of roles (as opposed to subject positions) cannot account for *how* one enacts such a role without resorting to either biological determinism, volunteerism or coercion as an explanation. Care is located at the nexus of gender and power, but describing such a location as a role that may be taken up does not account for the interaction between this sociopolitical space and the subject who inhabits it. Further, while these critiques have been extremely important and productive of more critical consideration of issues related to care and nursing, they have also inclined towards reifying and reproducing the terms of the debate itself in ways that

leave the constructs care, justice and power largely intact and untroubled.

Nursing theories that posit care in universal, existential or phenomenological terms muster great evocative power, especially within a field as heavily gendered as nursing. By tapping into deep-seated cultural mores and habits, they provide an explanatory and emotional cachet that is all the more powerful because it appears to be both natural and virtuous. As such, these theories tend to repress questioning of the unexamined assumptions that connect gender and care. If we probe what's *not* accounted for in nursing care theories, we can begin to understand care in terms of the ideological effects of framing care in certain ways. For example, in nursing theory care works as a normative concept, and is dependent on the inheritance of cultural meanings that are both already established and taken for granted. Yet coming to care and coming to be a subject or object of care are seldom discussed as radically constitutive processes. How do we come to care, and how is the sociocultural production of desire and obligation central to caring? Further, how are these constitutive processes both constrained and enabled through political processes and asymmetrical power arrangements? To move toward being able to raise such questions, we need to turn toward more explicit and critical accounts of care, tracing how these accounts may be both reiterations of and departures from naturalized conceptions of care.

FEMININE OR FEMINIST? ENGENDERING CARE ETHICS

The ongoing discourse of care ethics in feminist moral and political theory includes arguments for care ethics as a privileged form of women's morality, arguments for complicating care by including considerations of dominant power structures, and arguments for abandoning the construct of care altogether. Since the publication of Gilligan's (1982) seminal work, these debates have been framed by the idea that women engage moral situations differently than men. This idea has been received and/or rejected with varying degrees of ambivalence. Some have argued that a more relational and contextualized concept of morality may have far-reaching implications for improving society (Ruddick 1989, 1992; Held 1993). Others have expressed dismay over what they perceive as an essentialist tendency to collapse 'woman', 'female' and 'femininity' into a codified system that reproduces oppression while ignoring the effects of race, class and heterosexual normativity (Lauritzen 1989; Hoagland 1990; Houston 1990; Puka 1990). Indeed, debate over care ethics often reads like an antiphony centered on

the exegesis of certain key texts such as Gilligan (1982, 1987) and Noddings (1984, 1990, 1992).

Noddings (1984, 2) builds on Gilligan's work in asserting the gender-based heterogeneity of morality, to develop a moral theory that is 'feminine in the deep classical sense, rooted in receptivity, relatedness and responsiveness'. These three 'Rs' are grounded in loving, proximal, interpersonal 'one-to-one' relations, and are engendered by the subject of moral theory by approaching others from a 'one-caring' position. Relying on examples drawn from the 'every day lived experience' of women, Noddings (1984, 83) declares that 'the most intimate situations of caring are thus the most natural' and she cites the mother-child relationship as a (if not *the*) paradigmatic way of being in the world. Other care theorists have adopted this paradigm as a way of de-centering the masculinist conceit of the rational, autonomous, independent man that has come to define moral theory. For example, both Held (1993) and Ruddick (1989) advance theories of morality based in what has been termed 'maternal thinking', where relationality takes center stage through their analyses of mothering, maternal morality and mother-child dynamics.

Maternal thinking advances the premise that in order to change culture in ways that counteract oppression and domination, we must conceive theory from a different epistemological location than has previously been favored in western philosophical tradition. Proponents reject the Enlightenment scheme of the individual and autonomous man who enters into social relations through the triumph of rationality and contractualism. They see the universalizing impulse of this traditional liberal narrative as a patriarchal move to subsume and repress the experiences of women by making 'man' (and many would argue specifically white, entitled Anglo-European masculinity) the unexamined symbol for 'human' in our moral and political discourse. Maternalist models emphasize 'real' human relations over Enlightenment abstractions, and see the particularity of the mother-child paradigm, and by extension the contextuality of everyday familial connections, as a superior foundation for a program of ethics. They seek to transform culture by focusing on women's relational practices, valorizing the lived experience of women, and underscoring women's caring activities as a different, non-oppressive and potentially normative 'way of knowing'.

RETHINKING CARE ETHICS: CRITIQUES AND ALTERNATIVE CONSTRUCTIONS OF CARE

While Noddings' work and subsequent developments are celebrated by some who seek an 'alternative' moral

orientation to rationalist masculinism, others take issue with this characterization of care ethics on a number of levels. Lauritzen (1989) cites the romanticism of maternal models, and critiques Noddings for failing to distinguish between child rearing and child bearing. This lends itself to interpreting women's and men's experiences as fundamentally incommensurable, effectively excluding men from feminist projects and reinforcing sexist and potentially exploitive divisions of labor. Ironically, maternalistic models also tend to universalize motherhood, and by extension parent-child relations, in ways that are both over-determined by the experiences of those who produce the accounts, and that ignore material situations. As Allen (personal communication) argues, the assumption of benevolent care and concern as the basis for all parent-child relations is empirically inaccurate, as 'child rearing can be as violent and exploitive as any other form of social dominance'. Care may be thought of as antithetical to masculinist ideals of neutrality and objectivity, but such conceptions can also ignore the ways that naturalized, essentialist accounts of care not only fail to counter dominant power arrangements, but actually reinforce them.

Hoagland (1990, 112) writes that '[a] truly radical ethics will challenge not only the masculine, but also the feminine, for the feminine is born of a masculinist framework and so does not, at a deep level, represent any change'. Further, while maternalist models argue for privileging particular and contextualized 'everyday' experiences, they also invoke a universalizing narrative that can be as essentialist, abstract and reductive in its organized form as the conceit they would replace. In maternalist thinking, 'motherhood' is not only conflated with 'woman', 'female', 'feminine' and 'feminist', but this chain of signification is extended in ways that cover over other associations of care, such as those figured by class, race, ethnicity, nationalism or profession. Houston (1990, 166) warns us that 'the valuation of caring relations in abstraction from their social, political and economic contexts' obscures how exploitive these relations may be, or how people come to inhabit positions of differential vulnerability within relations of care.

Critics of maternalist care ethics argue for alternative interpretations of care that resist models of parental benevolence and insist on situating care within networks of power and subjugation. Puka (1990, 65) suggests that instead of thinking of care as a moral orientation associated exclusively with feminine gender, we think of it as a set of coping strategies that develop in relation to sexist oppression. Drawing on Nietzsche, Puka argues that a concept of care as selfless, loving service to others may be a form of 'slave morality', a reactionary response that enthrals the subject even as it

seems natural and correct, sustaining dominant and grossly asymmetrical power arrangements. Tronto (1987, 1989) points out that historically, care has been the work of slaves, servants and women. Like Puka, Tronto (1989, 184) considers that care 'may be a reflection of a survival mechanism for women and others who are dealing with oppressive conditions, rather than a quality of intrinsic value on its own'. More recent discussions of care ethics have called for a fuller account of the social structuring of care. Kittay (1999, 98) provides an incisive analysis of the production of care relations. It is worth quoting here at length because of its salience for nursing:

If dependency work were well paid, and had a high status, or received some other social recognition, we could conclude that the constraint of freedom and its other demands explained the sufficient supply of dependency workers. The disparity, however, between the rewards offered in the labor market and the vital interest to have good dependency care makes it clear that market forces have not been relied on to supply adequate dependency work. Indeed, a clear-eyed look at the nearly universal twin features of female caregiving and female subordination indicates: (1) that a certain class of persons has been subjected to and socialized to develop the character traits and the volitional structure needed for dependency work; (2) that certain sexual behaviors commensurate with forming attachments, being submissive to another's will, and so forth have been made compulsory for women; and (3) that poor women and women of color have been forced into paid employment as dependency workers by the scanty financial resources and limited employment opportunities available to them, and middle-class women have been forced out of paid employment not commensurate with their (largely unpaid) duties as dependency workers.

Kittay suggests that the capacity for and conditions of care should be regarded as the constitutive effects of systematic social and economic inequalities. She also argues that maternalist models of care that naturalize dependency work avoid casting it as a constraint to freedom, and as an issue proper to political theory. Care is thus relegated to the private sphere, proscribed from political discourse even as it plays a pivotal role in producing, administering and maintaining the conditions that reproduce power relations. In this sense, care can be conceived as a political, even ideological, construct. Any conceptualization of care either explicitly or implicitly entails issues of power, cultural and social production. Talbot (2000) argues for a conception of care as not only caring practices, but as a disposition constructed through 'selves in relation' that, when critically engaged, entails an evaluative dimension that enables one to assess the effects of caring, as well as test particular claims on care. A theory of care must acknowledge the intrinsic and 'internal plurality' (Bowden 1997; Talbot 2000) of 'selves in relation', and provide an account of positioning as productive of

both situations and dispositions. Like Bishop and Scudder (1999), Talbot uses the language of care as a process of 'mattering'. Yet unlike them, she deploys a more constructionist reading of 'mattering' as a radically constitutive process.

CARE ETHICS: THE NEXT GENERATION

The question remains of whether we can bridge the discourses of care ethics and politics without resorting to either masculinist or maternalist models. The work of feminist theorists Kittay (1999) and Tronto (1994) points us toward the possibility of reconceptualizing care in political terms by retaining care as a central feature of feminist thought, while stressing the pitfalls of abstracted essentialism, the ideological effects of dichotomizing and universalizing narratives, and issues of power and inequality. Examining their arguments helps us identify how at least three elements of contemporary care ethics may be commensurable with the project of politicizing care.

First, it is possible to theorize care as being central to the experiences of women and others who are positioned as carers without resorting to the essentializing accounts of either maternalist or masculinist models. Moral and political conceptions of agency should be contextual, not individual, and inequalities should be conceived as asymmetries of situation, capacities and relationships, not as properties or characteristics inherent within individuals (Kittay 1999). Any theoretical system that attempts to account for social interaction must account for care as a situation that constructs intra- and interpersonal realities as systems of 'nested dependency'. Otherwise care, or what Kittay calls 'dependency work', will either be ignored or devalued, and this will perpetuate the marginalization of those who do dependency work.

Second, politicizing care also involves working against both dichotomizing and universalizing narratives, in order to show how these cultural narratives have positioned carers. For instance, the gendered concept of care posited by maternalist care ethics has re-inscribed the public/private, moral/political distinctions in ways that continue to be problematic for the people held responsible for caring work. These boundaries, as well as the untenable Archimedean quality of the 'moral point of view', have re-inscribed the privilege of the already-powerful as they have removed moral theorizing and care ethics from the grounds of pluralistic social reality and the contestability of democratic politics. As a result, 'the concerns and activities of the relatively powerless are omitted from the central concerns of society' (Tronto 1994, 20). We can resist the tendency of universalizing narratives to codify the experience of the privileged into a system of moral thought. Morality and politics are woven together in

the practical lives of people who do the work of caring, yet both forms of theory, by excluding material consideration of dependency and the need for care, have failed to be valid for care workers and the subjects of care (Kittay 1999).

Third, previous formulations of feminist care ethics and 'women's morality' have failed to account for political issues such as privilege and power. Tronto (1994) describes many of these arguments as deploying one or another side of the sameness/difference debate that she believes is an effect of trying to gain power from the margins by asking those whose interests are centered to share power. This strategy seems ultimately and unsuccessfully trapped by the dichotomies outlined above. Rather, we should strive to center care in social practice and public policy by re-centering moral and political life around these historically and socially constructed margins. Such a move could serve to make the workings of power more transparent by revealing how conditions for care are constructed, and bring those who have been marginalized by the historical devaluing or invisibility of care into focus as carers and political subjects.

These are extremely important contributions to reconceptualizing care in relation to power, leading us away from essentialized accounts toward more complex and more socially accountable theories of care. However, these accounts also retain three aspects that have characterized care ethics since Noddings (1984). If left unexamined, these aspects may reproduce the very terms of the debate we wish to challenge. First, while care is discussed within a political framework it is still figured in reactive terms: care is a response to dependency, an ethic engendered by the perception of needs or a moral reaction to the existence of vulnerabilities and asymmetries of social situation, whether they are conceived as existential realities or constructed injustices. Theorists discuss care as an affectively driven, unquestionably moral response to perceived need. This promotes the naturalization of care as a response to situations or events that are figured as private and moral, rather than political. Kittay (1999) provides an apt account of this privatization of care in her description of the institutional and systemic practices, norms and values that structure the resources and capacities, public and personal, with which she cares for her developmentally challenged daughter.

Second, there is a tendency to valorize care in ways that make critical interrogation of the production of the desire to care difficult. Often this represents a strategic attempt at centering the experiences of women and marginalized groups while mounting a concurrent critique of the positions and situations of people who do the work of care. Yet the experiences themselves are treated as 'self-contained' events. Even when situations or events that call for a care

response are recognized as being politically constructed, the care response itself is most often privatized and moralized within administrative, managerial, religious and familial discourses. Interestingly, analysis usually isn't extended to the realm of needs, which remains under-theorized even as it serves as a concept that secures the importance of care. This kind of lopsided analysis holds care as an abstraction, even as theorists argue to make care ethics more concrete.

Third, the concept of power is most often framed negatively. It occupies the subject position in a narrative of domination and oppression, as a monolithic force that is possessed by elites and wielded over subordinates. Care is seen as an antidote to this arrangement, and the conclusion is drawn that if only the world were more caring, or the work of care was distributed more equitably, then there would be *less* power used in the world, or it would be used more justly, more equitably (Ruddick 1989; Held 1993). Care is employed to 'fix' what is thought of as the harsh masculinism of sheer politics and the starkness of power, where power is always conceived in negative terms: power is bad, and care is good. This approach fails to illuminate the ways in which care tacitly enacts power on multiple levels. Many feminists have either declined to engage the concept of a strategic use of power in their own theorizations of positive sociocultural change, treating it as the thing to be theorized against, or they conceived it negatively (Brown 1995). Such discussions tend to unconsciously slide from talk of political emancipation to talk of emancipation from the political altogether. We are left with two parallel discourses that appear to be fundamentally incommensurable: care must depose power, or at least domesticate it. What happens when we resist reifying both care and power, and instead consider them within the context of their mutually constituted effects? Can we move beyond thinking of care as a natural response to merely oppressive power, to thinking of care as a constituted, particular form of political agency within a productive context of power?

AGONISTIC FEMINISM

Contemporary care feminists discuss the political context of care while retaining the idea that an ethics of care is qualitatively different from the conflictual nature of politics. They account for power in the conditions that have historically and socially produced care while they continue to argue that care can ultimately depose power. Agonistic, or political, feminists not only argue that the construct(ion) of care is ideological, and that 'care' is itself implicated in power relations, but also frame their critique as a political intervention (Brown 1995). Any description of care, critical or otherwise

(including the one asserted in this paper), is a political move. It may be more or less transparent as such, and appear in more or less naturalized terms. This take on the political may represent a departure from how many of us think about politics and the political. Conventional ideas of politics and the political are founded on the notion that something other than human history and culture will guarantee the truth and authenticity of what we think and do (Mouffe 1993). Within an agonistic theory of politics, 'it is no longer possible to maintain the idea that politics is derived from something which is not itself political' (Torfing 1999, 70).

Meanings and practices are not fixed by referring to universal or essential principles, but are continually negotiated in the public, political arena, where they are subject to conflict and open debate (Honig 1993, 1996; Mouffe 1996). This perspective acknowledges ethical pluralism, or the fact that ethical systems are diverse and heterogeneous (DiStefano 2000). Again, these systems are not ultimately defined by and reflected in transcendental, universal or timeless principles. Rather, they are constructed and inflected within and through conflictual, contestable and negotiated political processes. For instance, not everyone who could be called a 'carer' within care ethics discourse will necessarily agree with culturally dominant identifications, definitions or agendas.

Agonistic feminism also highlights the *articulated* nature of constructs like care, where articulation is understood as both a process and effect (Mouffe 1993). In this sense, articulation refers to how elements circulating within a culture come to be related within discourse, giving the appearance of coherency and naturalness. An important point is that these relations are contingent: that is, there is no necessary and foundational relation between the elements of a discourse. Rather, these relations are contextually and historically constructed, and there is always the possibility that 'things could be otherwise'. Thus, contingency is also a significant point of intervention for the deconstructive and re-articulatory practices of feminist theorists who seek to strategically reconfigure power relations. Care is theorized as an articulation, and in turn articulated into the more widely circulating discourses through which power is enacted. Perhaps the lack of conceptual clarity and the slipperiness of 'care' in nursing theory is due less to archaic modes of thinking (Paley 2001) than to the effect of care as a floating signifier, whose meaning is only partially fixed within discourse (Laclau and Mouffe 1985; Hall 1997). The ongoing debates about care highlight how care is articulated, its potential for re-articulation, and the contestability of the claim that politicizing care is a worthwhile project. Where care ethics is evocative, agonistic feminism is provocative.

Undoubtedly, theorizing care in thoroughly political terms presents challenges to some of our most cherished received notions of care. We may be very uncomfortable with the idea of offering care up to the agonism of politics. When many of us hear the words 'agonism', 'agonistic' or 'agonizing' we immediately think that what is being described is negative, having to do with violent discord and the use of force in order to achieve a goal. By radicalizing the term agonism, that is, returning to its roots, we may construct a more positive conception of agonism. Further, this conception may suggest a strategy for dealing with the apparently conflictual perspectives of care that are framed by the 'care vs. agonism' debate.

'AGONIZING' CARE

The *Oxford English Dictionary* (OED) traces the term 'agonism' back to the Greek root word 'agon'. This originally referred to a gathering or assembly organized around a physical contest or struggle between two male athletes. The most familiar derivations of 'agon' reflect this sense, such as when the word 'antagonism' refers to hostility between individuals, or 'agonistic' to a polemic structure of rhetorical argument. Similarly, to 'agonize' is defined as contending or struggling with something or someone.

There is another sense in which we've inherited 'agon' that is useful for rethinking care as a political practice. The second definition of 'agon' found in the OED is 'a verbal contest or dispute between two characters in a Greek play'. These characters are performed through the collective activity of the chorus, a group of actors speaking and acting as the voices of a dramatized dialogical debate. They provide the exposition necessary to contextualize the action and clarify the plot twists. For the benefit of the audience, they offer commentary on the interpersonal and social implications of the action. The chorus often represents either individual constituents of the polity, or the polis in more general terms, depending on what the dramatic action calls for. Here 'agon' is openly performative, collective, public and dialogic.

The first step in agonizing care involves building off this sense of 'agon' by bringing insights of care ethics and agonistic feminisms into dialogue with each other. The tensions between them indicate the challenges of bridging these two discourses, which are also the challenges of agonizing care. This does not mean synthesizing or reconciling the two discourses. If we regard the tensions themselves as productive, we can critically interrogate them as possible starting points for developing an effective political theory of care. For instance, the emphasis on particularity and context represents a site of

both convergence and divergence among various care and agonistic feminisms. We have already discussed how care ethics strives to resist the universalism of masculinist moral and political theory by locating particularity and context in the lived experience of women and other carers. Agonistic theorists such as Mouffe (1993) argue that the critique of universalizing narratives has been the most significant philosophical development of modernity. Grand narratives and structuralist schema are disputed by alternative accounts in which particularity and context frame social relations in terms of articulated, situated practices and discourses. Where care ethics argues for the particularity and contextuality of caring situations, it also re-inscribes role and identity-based, reactive forms of agency that are a response to oppressive power. Agonistic theories expand anti-essentialist critique to include the political agency of carers by problematizing traditional ideas of subjectivity, identity and power (Mouffe 1993; Honig 1993, 1996; Brown 1995). The concept of 'gender roles' is replaced by the concept of multiple and diverse 'subject positions' that are not necessarily predetermined or related, but are articulated within political discourses. For example, 'care' deploys the following ensemble of meanings within the discourse of care ethics: care is private, homogenous, determined by pre-political relations and peaceful. In the discourse of politics, 'care' is public, heterogeneous, politically negotiated and a site of struggle.

In her essay 'Feminism, citizenship & politics' Mouffe (1993) asks, 'How is "woman" constructed as a category within different discourses? How is sexual difference made a pertinent distinction in social relations? And how are relations of subordination constructed through such a distinction?'. These are questions enabled by an anti-essentialist, agonistic orientation toward 'the woman question'. We can adopt this perspective and adapt these questions to interrogate 'care': How is care constructed as a category within different discourses? How is care figured in social relations, and what distinctions are made pertinent? How are relations of subordination constructed through such distinctions? Further, 'Who cares?' and 'Why care?' could be posed as legitimate political questions, albeit difficult ones. Debating this question would require serious and thorny consideration of how the conditions of possibility of care are produced, including the desire to care.

ADVANTAGES OF SHIFTING TO A CARE-AGONISM FRAMEWORK

Taking this approach has allowed us to identify a set of potential criteria for a political theory of care. Such a theory

would account for how power is productive of situations defined in terms of care. It would reveal the ideological effects of care in dominant discourses, and show how these effects naturalize asymmetrical social arrangements. It would resist swapping maternalism for masculinism or other essentialist narratives that ignore the situated contexts and particular practices of care. It would problematize any distinctions, including the public/private and moral/political binaries, which dichotomize care and the political. Conceptions of care would be expanded beyond care as a reaction or response to inequalities of power to include care as a possible site of political agency and proactive intervention. Discussion about care would be shifted from under-theorized abstractions that tend to foreclose critical debate, and re-focused on the practices and circumstances to which care is directed. For example, these discussions would entail public debate over the construction of needs, and how resources are allocated. It would involve competing discourses, contestable issues, and the potentially conflicting interests of many participants. Care would be considered as both an ideology and a practical strategy that is produced and deployed through political discourse. Of course, a political theory of care does not itself guarantee less asymmetrical arrangements of power. The potential of such a theory is praxical: a political theory of care must also be a political undertaking. Finally, it would allow for questioning the terms within which our discussions of care are framed, including not only how we care and who or what we care for or about, but also *why* we care. It would enable us to critically pose the question of the production of care on a number of levels: the cultural, social, economic and political arrangements that 'call' for care, and the engendering of caring subjects. In other words, such a theory would radicalize the idea of responsibility by accounting for the desire to care.

CONCLUSION

In this paper I have argued for developing a political theory of care that arises out of the tensions between care ethics and agonistic feminism, as a means of politicizing both care and nursing. My aim has been to show how different conceptions of care frame theory and practice, and to suggest that shifting from the current terms of the debate to an agonistic framework could be productive of more critical and politically engaged theories of care. Also, I have drafted a set of problematics that a political theory of care should engage by tracing 'care' through nursing theory, care ethics, feminist critiques of moral and political theory and agonistic feminism. Traditional nursing theory has tended to naturalize care and leave the assumptions that link gender, care and

nursing largely unexamined. Care ethics has been posed as an alternative to masculinist moral theory, highlighting maternal models of social relation, particularity and context. Yet care ethics has also tended to conflate sex and gender with the universalizing narrative of 'motherhood', and has under-theorized the relation of care to power. Alternative conceptions have identified care as a response to sexist oppression and systematic inequality. These ideas encourage us to theorize the social structuring of care and the public/private, moral/political distinctions that enable dominant discourse to reify both care and the dichotomy of care and the political. Theorists who have framed care in a political context raise significant possibilities and problems for politicizing care. In bringing care ethics and agonistic feminism into dialogue, we can explore these possibilities and problems through the tensions that arise between them. By resisting an impulse to either dichotomize or synthesize the discourses of care ethics and agonism, we can work the points of convergence and divergence into a framework that highlights what must be considered in order to construct a fully political notion of care.

ACKNOWLEDGEMENTS

I would like to thank Christine DiStefano PhD of the University of Washington Political Science Department and the Center for Women and Democracy for her provocative seminar in feminist political theory and her constructive comments on an initial draft of this paper. I would especially like to thank David G. Allen PhD of the University of Washington School of Nursing for his insightful comments throughout subsequent drafts of this paper, and for his invaluable intellectual encouragement and support. I also thank the anonymous reviewers whose constructive and inspiring critique and feedback helped me to compose a better manuscript.

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