

Rethinking Care Ethics: On the Promise and Potential of an Intersectional Analysis

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This article contributes to current debates and discussions in critical social theory about diversity, inclusion/exclusion, power, and social justice by exploring intersectionality as an important theoretical resource to further develop and advance care ethics. Using intersectionality as a critical reference point, the investigation highlights two key shortcomings of care ethics which stem from this ethics' prioritization of gender and gendered power relations: inadequate conceptualizations of diversity and power. The article draws on concrete examples related to migrant domestic work to illustrate how an intersectionality lens can advance new theoretical insights for understanding caring practices (or lack of them), and generate new methodological and practical strategies for confronting and transforming the deeply entrenched interlocking power inequities that undermine the realization of care in an increasingly complex context of national and international policy and politics.

INTRODUCTION

The ethics of care now occupies a central position within moral philosophy and feminist theory. Its political relevance, largely influenced by Joan Tronto's groundbreaking 1993 work *Moral Boundaries: A Political Argument for an Ethic of Care*, continues to be demonstrated through concrete applications to politics, policies, and practices in many of national and international contexts. While this exponential growth has been characterized as extraordinary when compared with the history of other ethical theories (Pettersen 2011), care theorists are turning their attention to what can be "challenged, . . . given a new emphasis or taken in new directions" (Koggel and Orme 2010a, 110) in relation to care ethics. This article contributes to such a project by bringing care ethics in conversation with the theoretical paradigm of intersectionality. Emerging from the fields of legal theory, feminist theory, and critical race theory, intersectionality is widely viewed as a catalyst to some of the most important theoretical shifts in the last decade (McCall 2005; Mehrotra 2010; Nash 2008; Purkayastha 2010),¹ especially in terms of offering a robust method for understanding the significance of intersections of difference and their relationship to power.

The specific aim of this article is to investigate how care ethics can be enhanced through critical engagement with intersectionality. This is an innovative contribution insofar as such an investigation has not yet been undertaken. Bringing these two theoretical per-

spectives together is logical for a number of reasons. Care ethics and intersectionality are both social constructivist approaches, sharing many overlapping priorities including attention to context, relationships, interdependence, and a commitment to social justice. As scholars search for alternative orientations to rethink societal organization that are attuned to the complex and interdependent dynamics of domination, oppression, and resistance, care ethics and intersectionality are proliferating across disciplines. And within political science and beyond, the contemporary and broad relevance of examining intersectionality in relation to care ethics is evidenced by ongoing academic debates about the social construction of diversity, the politics of inclusion/exclusion, the dynamics between power and resulting inequities, and social justice (e.g., Gaventa and Tandon 2010; Hancock 2007; Pateman and Mills 2007; Scott 1992; Yuval-Davis 2011).

At the outset, it is important to note that some care theorists (e.g., Sevenhuijsen 1998; Tronto 1993) and those who draw on care theory (e.g., Scuzzarello 2010) claim to engage with intersectionality theory. While significant advancements have been made in terms of how care scholars have addressed issues of social diversity, the position of this article is that care ethics is not an inherently intersectional perspective. Accordingly, through a careful interrogation of care ethics, the article reveals where care theorizing is either inconsistent with the tenets of intersectionality or could be considerably strengthened by the insights of this theoretical paradigm. In particular, the article demonstrates that evaluated against an intersectionality perspective, even the most nuanced, complex versions of care theory fall short because they center and prioritize gender and gendered manifestations of power. As a result, when care scholars consider factors beyond gender, they are inclined to *add* race and class rather than consider the ways in which these are co-constructed in multiple ways and with various effects. This leads to missed opportunities for investigating the salience of other social locations and the interactive effects produced by a more expansive possibility of factors. Moreover, while the care ethics literature includes theories and studies about the feminization and racialization of care,

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¹ It is critical to note that while intersectionality became popularized in 1989 by the work of Kimberlé Crenshaw, the history of this paradigm can be traced back historically to U.S. black feminism, indigenous feminism, third world feminism, and queer and postcolonial theory (Collins 1990; Combahee River Collective 1977; Hooks 1984).

care theorists tend to mask the historically rooted ties and mutually constituting processes and patterns of a broader range of oppressions, thus obscuring the full range of possible forces of power that shape difference. Yet precisely because care ethics and intersectionality share normative ideals towards social justice, I seek to offer a form of care ethics that is inspired by intersectionality in order to punctuate attention to social diversity and inequities of power.

The article begins with a brief overview of care ethics. It then highlights the central critiques of this ethic, focusing on persistent shortcomings related to care's conceptual inclusiveness and approaches to power. The discussion then moves on to consider how care theory can benefit from the insights of intersectionality. In contrast to care theory, intersectionality explicitly rejects the prioritization of hierarchical orderings of any social category such as gender even when attempts are made to attend to individuals and groups in holistic and context-specific ways. In attending to the more complex context of human lives, intersectionality also transcends additive (race + gender + class) or multiplicative analyses (race × gender × class) and instead focuses on the meaning and consequences of interactive and interlocking social locations, power structures, and processes. As such, intersectionality can transform the descriptive and prescriptive accounts put forward by care theorists relating to the identities of individuals and groups and the processes of power that shape and reify structural inequities. Such advances are demonstrated by embedding the analysis of the article in the specific care activity of migrant domestic workers.² Through concrete examples the enhancements in knowledge about the complex positioning of migrant care workers and their employers and the contexts in which domestic labor is performed is shown. Further, the mutually constitutive global forces that produce the need for cheap domestic labor while simultaneously creating the conditions that make care work invisible, exploitative, and devalued are made more visible.

CARE ETHICS

The ethics of care has evolved through numerous stages of development, which can be categorized into “first” and “second” generations of care theorizing (Hankivsky 2004). The earliest articulations were associated with the work of Carol Gilligan (1982). They were linked to women's morality and in particular, mothering, caring, and nurturing activities and experiences (Held 1993; Noddings 1984; Ruddick 1989; 1992). Second generation care theorists, led by the work of Tronto (1993), transcended such conceptualizations. They firmly established care's importance as *both* a moral and political concept, defined as a “species activity that includes everything that we do to maintain, continue and repair our ‘world’ so that we

can live in it as well as possible. That world includes our bodies, our environments, all of which we seek to interweave in a complex, life-sustaining web” (Tronto 1993, 103). A distinguishing feature of care ethics is the recognition that humans are concrete beings, who exist in mutually interconnected, interdependent, and often unequal relations with each other. What makes care ethics so compelling is its view that “all people are vulnerable, dependent and finite, and that we all have to find ways of dealing with this in our daily existence and in the values which guide our individual and collective behaviour” (Sevenhuijsen 1998, 28). Care places at the forefront human flourishing and the prevention of harm and suffering. For many, care is seen as a contrast to the individualistic nature of liberalism and a radical basis from which to rethink human nature, human needs, and how political judgments are made to ensure more democratic policies in which power is more evenly distributed (Tronto 1993; 1995; 2010).

Drawing on these foundations, a number of care theorists have argued for a fundamental rethinking of politics, citizenship, and democracy and what should be prioritized in policy actions and decisions. Fiona Williams (2001) has proposed that care can be seen as a central referent in social policy. Selma Sevenhuijsen (1998) has asserted that a universal set of ethical principles for public life can be derived from an ethics of care and lead to alternative conceptions of citizenship where the right to receive care is promoted. Olena Hankivsky (2004) has developed key principles of care—principles that are not impersonal, abstract, and based on rigid rules but flexible guides, able to accommodate particular issues and situations, and open to different processes of analyses and outcomes. Persuasive arguments have also been made that care ethics has universal applicability regardless of culture, religion, region, or morality (Engster 2007). Most recently, Joan Tronto (2013) has called for societies to put responsibilities for care at the center of their democratic political agendas as a way of countering the dominant preoccupations with economic production.

The growing normative purchase of care ethics is evidenced in the rate at which this perspective has been applied, including in the areas of domestic politics and policy (Engster 2007; Hankivsky 2004; Kershaw 2005; Sevenhuijsen 1998; Tronto 2013), schooling and education (Noddings 1984), international relations and social policy (Engster 2007; Mahon and Robinson 2011; Porter 2006; Robinson 1999; 2010; 2011a), peacekeeping (Tronto 2008), globalization and global politics (Hankivsky 2006; Held 2004; Hutchings 2000; Robinson 2006), international development (Gasper and Truong 2010), violence (Held 2010), public administration (Stensöta 2010), and nursing (e.g., Koggel and Orme 2010b; Nortvedt 2011). Reflecting on its current uptake and reach, Koggel and Orme (2010a, 109–110) write that the application of care ethics “now extends from the moral to the political realm, from personal to public relationships, from the local to the global, from feminine to feminist virtues and values, and from issues of gender to issues of power and oppression more generally.” The impetus for the work is

² In this article, migrant domestic care workers refers to workers who migrate to labor in private homes undertaking a range of care work, including but not limited to nannies, caregivers, attendants, etc.

to demonstrate that care is fundamental to the human condition (Barnes 2012). It is also to catalyze social and political changes that will respond to what is considered a global care crisis and consequently, enhance individual and collective well-being.

CRITIQUES OF CARE

Notwithstanding its growth and uptake, from its very inception, care ethics has been subject to numerous critiques. Early critiques included arguments that an ethic that originated in women's conventional activities and practices was only relevant to a very limited realm of human activity in the private sphere of life. This critique was largely disrupted by the work of Tronto (1993), who first made a persuasive argument for an anti-essentialist, contextualized public ethic of care, arguing that care is both a valuable moral and political concept and setting the stage for its widespread application. Other critiques have focused on how care theorists interpret the relationship between care and justice. With very few exceptions, however, most care theorists argue for some kind of complementary relationship between care and justice ethics, rather than proposing that, theoretically or practically, care trumps justice or makes justice irrelevant. Additionally, some have questioned the normativity of care (Vanlaere and Gastmans 2011) and in particular, whether this ethic can extend to distant others (e.g., nonpersonal relations), a challenge, however, that has been met head on by leading care scholars (e.g., Held 2010; Miller 2010; Robinson 2010; Tronto 1993). In her recently articulated vision of "cosmopolitan care," Miller (2010, 155) gives one example of how this can be realized by explaining that responding to distant others may not involve meeting their needs directly but instead supporting caring practices of which they approve and to improve their ability to care for one another.

Less central, but equally important, are critiques that question care ethics' conceptual inclusiveness. Here it is important to recall that early criticisms relating to gender specific articulations of care ethics were not limited to questions about care's applicability in the public realm. Gilligan's work, for instance, was also critiqued for ignoring "differences among women that might shape alternative moral perspectives about matters of care" (Graham 2007, 196). Theorists such as Hoagland (1988; 1991), Puka (1990), and Houston (1990) collectively raised concerns about the essentialist tendencies that marked nascent conceptualizations of care pointing to how they allow for the marginalization of class and race, and the perpetuation of heterosexual normativity. For example, in critiquing Noddings' (1984) accounts of care, Houston (1990, 116) notes that caring relations are valued "in abstraction from their social, political and economic contexts." The essence of these observations was summarized in 1995 by Uma Narayan when she argued that "strands in contemporary care discourse that stress that we are all essentially interdependent and in relationship, while important, do not go far enough if they fail to worry about the *accounts*

that are given of these interdependencies and relationships" (136). Indeed, either implicitly or explicitly, any conceptualization of care involves issues of power, cultural and social production (Cloyes 2002, 208).

Critical assessments along similar lines continue. For instance, Mekada Graham (2007) questions whether feminist ethics of care are inclusive of the needs of black women. Like Narayan, she finds value in care as a relationship-based ethic which emphasizes human interdependency but points out that "black women face gendered dimensions of racism which are fused into their lived experiences, and these social conditions bring different ways of thinking about care and its moral deliberations" (204). The failure of care ethics to acknowledge nonheterosexual practices of caring has been raised by Hines (2007), who has argued that "to fully address the diversities of gender and sexuality, and to enable a greater understanding of the breadth of caring practices. . . studies of caring practices need also to consider the meanings and experiences which transgender people bring to care" (483). Disability scholars have also put forward strong critiques focusing on how care ethics negatively shape the identities of persons with disabilities and in particular, construct disabled persons as those who are perpetually and passively "dependent" (Beresford 2008; Kröger 2009; Söder 2009). Eva Feder Kittay (2011), although supportive of care ethics, summarizes the critiques of this field when she asks, "Can a group such as disabled persons, struggling to emerge from a subordinate status, usefully adopt it?" (53). Not surprisingly, there has been a call for more sophisticated and critical appraisals of the specificities of difference in care ethics (Bass 2009; Duffy 2011; Glenn 2010; Graham 2007; Hines 2007; Levy and Palley 2010; Williams 2001).

In addition to conceptual inclusiveness is the issue of whether care ethics adequately attends to power. Historically, Narayan's (1995) critique set the stage for this line of inquiry. She argued that care discourses play a role "in justifying relationships of power and domination between *groups of people*, such as the colonizer and the colonized" (134). According to Narayan (133–134, emphasis added): "In general terms, the colonizing project was seen as being *in the interests of, for the good of, and as promoting the welfare of* the colonized—*notions that draw our attention to the existence of a colonialist care discourse whose terms have some resonance with those of some contemporary strands of the ethic of care.*" Since Narayan's seminal work appeared, others, including care theorists themselves, have found similar shortcomings. Davina Cooper (2009) has critiqued the conceptualization of care because of its historic ties in the global North to Christian ideals of *agape* and *caritas*. Strong arguments have been advanced that claim that the relation of care to dominant power structures and the social systems that propagate power remain largely undertheorized (Cloyes 2002; Cox 2010; Duffy 2005; Duffy 2011; Jagger 1999; Pettersen 2011; Robinson 2006). For some, like Pettersen (2011) and Jagger (1999), the problem lies with the focus on the concrete other, as is often the priority of care ethicists, which makes it "difficult to see the structures and

patterns common to the individual cases and concrete conflicts” (Pettersen 2011, 61). Perhaps not surprising then, in reviewing the state of care theory in 2005, Duffy called for the development of “a theoretical framework for understanding the links between care and inequalities [which] requires the integration of the study of . . . various hierarchies and the interacting roles of gender, race and class in shaping the distribution of care work” (Duffy 2005, 80).

Arguably, however, critical lines of inquiry regarding conceptual inclusiveness and care’s approach to power have not been fully assessed or addressed within the care literature. As the discussion that follows highlights, care ethics have evolved significantly over the last 25 years. Contemporary literature exemplifies more divergent understandings of care practices and care ethics and the relationship between the two (e.g., Mahon and Robinson 2011; Robinson 2011a; 2011b; Tronto 2013). Theorists now advance values that promote inclusivity and situate care in a multi-level context of power inequities (e.g., Williams 2011). At the same time, evaluated from the perspective of intersectionality—a theory deeply committed to understanding “the relationships among multiple dimensions and modalities of social relationships and subject formations” (McCall 2005, 1771)—significant limitations remain impeding the full potential of care ethics.

ENHANCING CARE ETHICS WITH INTERSECTIONALITY

To better understand how care ethics can benefit from the insights of intersectionality, it is useful to sketch out intersectionality’s central tenets. With a long history originating in the work of feminists of color and critical race theorists, intersectionality “moves beyond single or typically favored categories of analysis (e.g., gender, race, and class) to consider simultaneous interactions between different aspects of social identity. . . as well as the impact of systems and processes of oppression and domination” (Hankivsky and Cormier 2009, 3). Intersectionality rejects the idea that human lives can be reduced into separate categories such as gender, race, and class because people are “neither singularly gendered, racialized nor classed” (Mattis et al. 2008). Moreover, it rejects the predetermined salience of any category such as gender, race, class, or sexual orientation. It is opposed to approaches that add together various categories or multiplies them in an attempt to understand social locations and resulting experiences of power and inequality. Instead, intersectionality seeks to understand what is created and experienced at the *intersections* of axes of oppression. For example, according to this perspective gender, race, sexual orientation, geographic location, immigrant status, ability, and class, among other factors, converge to produce a social location that is different than just the sum of its parts. A central tenet of intersectionality theory is that social identities are not mutually exclusive and do not operate in isolation of each other, nor is it sufficient to simply

“add” them to each other to create a lens for examining social locations, experiences, and concomitant needs.

Further, this perspective requires an analytic frame that takes into account the micro, meso, and macro levels of analysis, paying specific attention to time and space. Intersectionality is concerned with understanding the multifaceted, complex, and interlocking nature of social locations and power structures and how these shape human lives. Such an analysis requires an appreciation of how such relationships and concomitant distributions of advantage and disadvantage have developed historically and exist contemporarily, and how they can be transformed to create the conditions of a more socially just world. And it also requires that those who engage with this theoretical, research, and policy paradigm be self-reflexive about their own social locations, power, and privilege, in the process of undertaking intersectionality-informed analysis.

Reviewing care ethics using an intersectionality lens and grounding this examination in the example of migrant care work is important because as Mahon and Robinson put it, “An ethics of care that is political and critical must be grounded in the concrete activities of real people in the context of webs of social relations” (2011, 2). Indeed, care practices and theory need to be brought into closer conversation. The migrant worker example of care work underscores the extent to which care ethics has evolved but also the precise ways in which intersectionality can advance care theorizing. This in turn can change how the effects of care practices, and in this case migrant domestic care work, are understood and addressed in politics and policy. As detailed below, the process of such an investigation reveals two important areas for the improvement of care theory: a better grasp of the meaning and significance of difference that more fully and systematically takes into account a myriad of interactive social locations, including but not limited to gender, and a more expansive and accurate portrayal of the interlocking and mutually enforcing axes of power that affect the operationalization of care on a global level.

From Homogenizing Tendencies and Categories of Difference to Complex Social Locations

In general, care theory emphasizes, through its attention to context, the promotion of a “rich and thick description of people’s circumstances, focusing on the particularities of concrete situations in specific historic moments” (Zembylas and Bozalek 2011, 13). Further, specific attention to social locations has permeated explanations of caring practices. Tronto (1993; 2010) for example, has consistently argued that care is disproportionately the work of the marginalized in society and as such, distributed along the lines of gender, caste, class, race, and ethnicity. Sevenhuijsen (1998) has also written that social divisions in care are strongly marked by gender, class, and ethnicity, and the power processes that inform these. Beyond the confines of practices of care, care theorists have also addressed difference in

their conceptualization of frameworks for policy application. For example Hankivsky (2004, 2) has argued that:

[A]n ethic of care prioritizes, with its very distinct normative framework, contextualizing the human condition, thereby giving new meaning and significance to human differences that arise from gender, class, ethnicity, sexuality, ability and geographic location. Because of its sensitivity and responsiveness to other person's individual differences, uniqueness and whole particularity, a care ethic opens up new ways for understanding experiences of discrimination, suffering and oppression.

While these aspects of care theorizing may seem consistent with intersectionality, upon closer examination, there are in fact, numerous instances where significant inadequacies remain.

First, in comparison to intersectionality, which resists static representations of people's identities and social locations, many care theorists aggregate care workers into bounded categories such as "women," "poor women," "marginalized women," "women of color," "black and working class women," "migrants," or "migrant domestic workers" without proper attention and investigation of within-group diversity. To illustrate, in her current examination of the relationship of care and democracy Tronto argues that "[b]ecause contemporary society has historically relegated care as the concerns of women, working class-people, and racial and ethnic minorities, including care in public life forces a reconsideration of how to think about gender, race, class and the treatment of others" (2013, 143). Similarly in her analysis of care's implications for security, Robinson asks, "What are the implications. . .not only for women, but for communities and other social groupings" (2011b, 35). The use of social groupings no doubt helps to simplify the complexities of social life, especially for the purposes of policy making. However, their use is often premised on assumptions that such groups have similar predispositions, problems and needs that require similar approaches and policy solutions when in fact, no such "unitary" or undifferentiated human subject or group exists (Hankivsky 2012b). So even when care theorists claim that they are attentive to human differences, they tend to create binaries for example between women and other social groups, even though no homogenous group of women exists and any "woman" will be inextricably shaped and formed by interlocking social locations which include, but are not limited to, gender. Consequently, at the most basic level, categories such as "women," "working class people," and "racial and ethnic minorities" have limited utility because they mask over differing expectations and/or experiences within and across such categories in relation to care.

In terms of migrant work, certain groups of (economically abled, able-bodied, racialized) privileged women, mostly from developed countries of the North, benefit from the labor, oppression, and marginalization of women from developing and or transitional countries. It is also true that a variety of factors, including

country of origin, gender, ethnicity, religion, and immigration status all affect what employment and what remuneration is offered to those women who provide care for others (Parreñas 2008; 2010; Yeates 2012). As Altman and Pannell correctly note, "a vague notion of all women as oppressed in common" in relation to domestic labor migration simply "does not match lived reality" (2012, 292). Categorical and group generalizations of any nature are thus difficult to advance because as intersectionality scholars Zinn and Dill (1996, 321) remind us:

People experience race, class, gender and sexuality and disability differently depending upon their social location in the structures of race, class, gender, sexuality and disability. For example, people of the same racialized group will experience discourses of race differently depending upon their location in the class structure as working class, professional managerial class, or unemployed; in the gender structure as female or male; in the structures of sexuality as heterosexual, homosexual or bisexual.

Second, although care scholars often note that practices of care are gendered, raced, classed, culturally defined, historically and geographically contingent, and "second generation" care theorists have rejected the essentialization of care with women and their traditional activities, gender nevertheless continues to figure as *a priori* in care ethics and analyses of care giving and care activities. This can be observed in even the most contemporary care theorizing. To illustrate, Tronto argues that to include caring practices within political discourse requires "the interrogation of the gender, *as well as* racially and classed biased assumptions. . ." (2013, 30). Similarly Robinson asserts that her feminist ethics of care has "massive transformational implications in that it challenges gender roles" (2011b, 22), hence prioritizing gender over intersections of difference. Another example is the work of Williams who maintains that a politics of care recognizes that inequalities in caregiving "may be constituted through different relations, *particularly* gender [emphasis added] but also disability, age, ethnicity, 'race,' nationality, class and occupational status, sexuality, religion and marital status" (2001, 487), thus again assigning gender primary status. In her latest work examining the relationship between migration, gender, and care, Williams explicitly draws attention to the diverse experiences of migrants but nevertheless emphasizes that the whole issue of migrant workers raises important issues about ". . .how *gender* equality [emphasis added] is framed and understood by policy makers. . ." (Williams 2011, 25). Such analyses have a tendency to prioritize a narrow interpretation of gender, almost exclusively focusing on women, paying little attention to the various caring practices of men (Näre 2010; Yuval-Davis 2011), and making secondary in importance other factors shaping care practices.

In comparison, intersectionality rejects the *a priori* analytic prioritization of any one category of difference, which in turn challenges assumptions that gender is always the most significant structure of difference

in configurations of social inequality and by extension care work, care practices, and/or care discourses. As Altman and Pannell (2012) argue, in relation to migrant domestic labor: “Gender matters, but it does not always matter in the same way, and it is not the only factor that matters; class, race and nationality are equally salient, if not more so. . .” (292). Indeed, temporal influences, geographic settings, political, socioeconomic, and cultural contexts figure prominently. For instance, contemporary care workers are distinct from their predecessors because they often have advanced school leaving qualifications, including university degrees in addition to knowledge of foreign languages (Lutz 2011). Lutz’s study also underscores the emergence of new family constructs among employers “characterized by a greater diversity of household types, so that different social arrangements and relationships may exist simultaneously across multiple social locations” (Lutz 2011, 35). There are also substantive differences in various migrant-sending countries, insofar as politics and policies determine emigration flows as well as care-receiving countries, some which use policy to sanction the opening of their borders to care workers (Parreñas 2008). Migrant domestic workers also are diverse in terms of their personal and family circumstances, and in terms of their marital and parental status, language skills, national origin, and racial designations. Employment conditions vary significantly between different regions of the world. Experiences vary substantially depending on, for example, whether a person is employed in South America (Basok and Piper 2012; Cerrutti 2009), Europe (e.g., Kofman 2008; Williams and Gavanas 2008), North America (e.g., Boyd and Pikkov 2008; Rojas Wiesner and Ángeles Cruz 2008), Asia (Michel and Peng 2012; Tsuji 2011), or Australia (Khoo, Hugo, and McDonald 2008). Different forms and shapes of care are place dependent, as recently highlighted by Dahl, Keränen, and Kovalainen (2011) in their study of Europe. And such differences are marked within countries, as Lutz’s (2011) analysis of migrant domestic and care work in Germany reveals. Receiving countries, for instance, have divergent legal requirements for entry, acquisition, and maintenance of a regular status, rules for family reunification, receipt of welfare benefits, and access to nationality (Cherubini 2011, 118). The dependency and deprivation experienced by this work force is often dependent on whether they are high or low skilled (Dahl, Keränen, and Kovalainen 2011). However, research has also shown that migrant workers doing the same work can be paid substantially differing amounts depending on their country of origin and religious background (Parreñas 2008). As Yuval-Davis correctly summarizes, “multi-layered citizenships and belonging affect and construct each other and dictate people’s [namely migrant care workers’] access to a variety of social, economic and political resources” (2011, 189).

Intersectionality scholars question naturalized hierarchies of difference, which of course extend beyond gender. Take the argument made by Zembylas (2010) that caring as a democratic practice would form the

basis for an approach that rejects the discrimination of individuals (immigrants, asylum seekers, and refugees) by those in authority (policymakers, immigration officers, etc.) on grounds of their ethnicity. From an intersectionality standpoint, seeing immigrants, asylum seekers, and refugees as reducible to ethnicity misses the fact that ethnicity may not be the primary factor shaping migrant labor, and that constructions of ethnicity interact with other processes of identity formation and social location. Such conceptualization of subjects can result in the reification of group differences within institutions and supporting policies. It can also perpetuate the practices of negative stereotyping that result in concrete harmful effects on particular populations within policy. As Lombardo and Agustin (2009, 2) explain, “the mere mentioning of certain groups (for instance specific ethnic communities) in relation to particular problems to be solved may also imply a stigmatization of these groups through a process of homogenizing them and naming them as the main problem holders.”

Further, it is also important to draw attention to the fact that when care theorists consider factors beyond gender, they tend to approach “other” social categories in an additive manner assuming that they are separate and discrete (e.g., the focus is often gender in addition to other considerations, most commonly race and class). A case in point: Robinson (2006, 321) has argued that “only a care-centered perspective can provide the necessary moral orientation and policy framework through which to begin to solve. . . problems of gender (*as well as race and class*) [emphasis added] inequality related to both wage labour and paid and unpaid care work, as well as problems relating to the underprovision of care on a global scale.” More recently, she claims that an international political theory of care “opens up space to interrogate politically *not only gender but race and other aspects of inequality* [emphasis added] in the global political economy” (2010, 132). Adding or layering different factors does not lead to the kind of analytic turn imagined by intersectionality. For example, intersectionality scholars see gender as taking meaning in relation to other categories (Shields, 2008) and thus not ontologically separate. From an intersectional viewpoint, gender is *made by* and *shaped by* class, sexual orientation, race/ethnicity, disability, and other social locations (Verloo 2006). Not surprisingly, care scholars have been heavily criticized by antiracist scholars, among others, for ignoring the extent to which gender, race, class, sexuality, and nation mutually constitute the meanings, content, and evaluation of care work (Berridge 2012, 12). Thus there is a clear distinction between approaching different grounds in an *additive* or *multiplicative* fashion and examining, as do intersectional scholars, their *interactions*, and synergistic effects of factors. Returning to the example of migrant domestic workers, Lutz’ research (2011) highlights the significance of this point in her observations about language asymmetry often present between migrant workers and their employees. She argues that this can lead to the employee’s children associating language asymmetry with ethnicity deficiency so that

there is a crossover between the process of *doing gender* and that of *doing ethnicity*.

Näre's research (2010) provides another case in point of how the intersections of race, ethnicity, gender, and social class result in the social construction of Sri Lankan male migrants by their Italian employers as docile, effeminate, asexual, and submissive and thus well suited to the work of domestic care.

Finally, intersectionality rejects any *a priori* assumptions about the importance of any one *constellation of intersecting factors*, such as the trinity of gender-race-class typically utilized by care theorists who seek to extend beyond gender to describe care relations and care practices in the global context. An example of this approach in care scholarship is evidence by Nakano Glenn's assertion that "[d]espite the shift of care from home to the market and back again and from unpaid to paid and back again, race, gender, and class have remained central organizing principles of care labor" (2010, 10). While it is true that some social divisions, may, in some instances, be more important than others (Yuval-Davis 2006), and the gender-class-race trinity has been institutionally significant, this does not mean that the same ones are consistently the most important in terms of politics and policy-making. Intersectionality highlights the importance of a range of interactions beyond gender, sex, and race, including but not limited to language, immigrant status, religious affiliation, region of residence, age, ability, sexual orientation, and marital status. In turn, this can bring to the fore other pertinent interactions, such as how intersections of sexuality, gender, and locality are experienced by gay Filipino men who are foreign care workers (e.g., Manalansan 2006). The importance of transcending traditional combinations of interactions is also being demonstrated in empirical research on care practices beyond migrant care work. For example, in a 2009 study examining families affected by HIV/AIDS in Namibia, Tanzania, and the UK, Evans and Thomas (2009) reveal the importance of understanding the specific interactions of sociocultural factors, gender, age, stigma, and poverty for care activities and intimate relations centered on a chronic life-limiting illness.

In summary, an intersectionality lens underscores the effects of classification that often characterize care scholars' treatment of care givers, receivers, and activities, including but not limited to migrant domestic labor. In particular, an intersectionality-inspired approach to care emphasizes that descriptive accounts and prescriptive politics affecting migrant workers should mitigate essentialist tendencies of individuals and groups by paying attention to within-group differences; destabilize the primacy assigned to single locations; and refuse the use of additive approaches which maintain bounded categories of identity, in favor of more fluid and flexible accounts of difference. Moreover, this paradigm maintains that salient categories or social locations in any analysis *can never be predetermined or finalized*. Accordingly, care theorists should not limit themselves to gender, race, and class but should remain open and ready to account for new and emerging intersections (Thorvaldsdóttir 2007) that

are dependent on ever-changing political, social, and economic contexts. And yet, as Rita Dhamoon (2011, 234) reminds us, the focus of an intersectionality-type analysis "is not on the intersection itself, but what the intersection reveals about power." Drawing on Patricia Hill Collins's conception of power (1990) that describes oppressions of power as intersecting and mutually constructed, I outline below how intersectionality challenges and extends current approaches to power within care literature. I begin with raising questions about the extent to which care theory demonstrates epistemological reflection, and by analyzing how care theory's concern with patriarchy as a starting place for understanding care inequities impedes more intricate appreciation of power. Conversely, through a method that places front and center multifaceted interlocking systems of power, I reveal how intersectionality generates new and different insights about the complicated constitution of migration systems and related policies within which care practices occur.

Beyond Gendered Manifestations of Power, Towards Interacting Systems of Power

Care theorists have discussed power in four ways: examining how care ethics is conceptualized and by which dominant authority; addressing power relations within care work (formal and informal caregiving relationships and institutions); demonstrating how care work and practices at national and international levels reflect relations of State power; and examining how power operates through various structures, institutions, and relations to impede political change that would be consistent with the values and priorities of care ethics. Care theorists have explored the dangers of conceptualizing care in ways that reflect privileged positions and result in universal impositions of narrowly conceptualized versions of this ethic. However, theories of care ethics originated in the global North, as have theoretical conceptions of caring practices, priorities, models, and applications of this ethic to public and political life (Raghuram, Madge, and Noxolo 2009). In response, Held (2006, 164) warns that, "Great care needs to be taken to avoid the imperialism in thinking and in programs that postcolonial feminists discern in many feminists from the global North. These warnings apply to those developing the ethics of care..." She calls for reflection on the implications of so-called first world feminists analyzing care work for women in the global South without adequate understandings of and responsiveness to local, cultural, or religious norms, or gender relations. Indeed, transnational scholars have critiqued many Western feminists' accounts of subordinated women in the "Third World" especially to the extent that they tend to gloss over the role of historical and contemporary economic and Western imperialism in shaping the lives of people in other countries (Purkayastha 2010, 31). As intersectionality scholar Hancock (2011) argues, there are problems when small subsets of populations make decisions that they believe will sufficiently cover the collective, using

assumptions that what is good for them is also good for the collective. One notable exception in this regard is Datta et al.'s (2010) *migrant ethic of care* which, as the authors emphasize, "goes beyond acknowledging that a significant portion of care work in the industrialized North is now done by migrant workers to an appreciation of the distinct values, systems, and ethics of care that migrant women and men articulate. In turn, this migrant ethic of care is fundamentally shaped by transnational migration, nationality, gender (which is here taken to include not only migrant women but also migrant men) as well as ethnicity and race" (94). The fact that some care theorists have reflected on such issues is critical. Nonetheless, where intersectionality is distinct from care ethics is that it *requires* reflexivity and reflection on producing knowledge, precisely because knowledge production is laced with power. In terms of care ethics, this would necessitate *ongoing* interrogation by theorists who are trying to shape the contours of the field, of how their own experiences, perspectives, and privileges are implicated in the conceptions of care that dominate the current literature and to what extent these dominant discourses reify or construct structures and relations of inequity.

At the same time, one must acknowledge that care scholarship has made important progress in terms addressing power inequities within caring relations, care-related practices, and institutions. For instance, while Held (2010, 121) acknowledges that "care can be provided in ways that are domineering, oppressive, insensitive and ineffective," she maintains that this does not represent what can be considered *good* care either in families, communities, or in the global context. Tronto (1993) has consistently observed that care work is determined by relations of power that relegate care giving to those who are least well off in society, leaving those in positions of privilege to directly benefit from having their care needs attended by others. For Tronto, "care is deeply implicated in existing structures of power and inequality" (1993, 21). In response, she has designed a framework that explicitly recognizes power relations within and outside organizations, for public institutions to provide good care (2010, 162). Mahon and Robinson (2011) have also noted the "patriarchal and often neo-colonial conditions under which values and practices associated with caring have developed in and across societies" (2).

Care scholars have therefore raised awareness that care is continually negotiated among individuals, groups, institutions, and nations (Hankivsky 2006; Pettersen 2011; Robinson 2006; 2010; 2011b) in the context of "highly unsatisfactory social and political conditions that need fundamental restructuring to make them less unjust and inequitable" (Held 2010, 117). Some care theorists have gone so far as to claim that if the world was more caring, and if the work of care was distributed more equally, then less power would be used in the world, or used more justly and more equitably, and political and structural violence would decline (Held 1993; Pettersen 2011; Ruddick 1993). And yet others like Grace Clement (1996) assert that an ethics of care is *fundamentally* limited in its ability

to challenge structural inequalities such as racism or sexism. Clement's claim, however, overstates the shortcomings of care theories and should be challenged. Arguably the central issue is that care ethics needs to develop more nuanced and complex accounts of power. To date, it has been proposed that before care ethics can engender any type of social and policy transformation, it must recognize the ubiquity of unequal power relations (Robinson 2006, 339). This is an important, albeit incomplete step. What is required, as is outlined below, are two significant changes for care ethics to build on its foundations, using intersectionality, to better understand, interrogate, and radically transform complex interacting power structures that perpetuate the ongoing crisis of care.

First, although more references to the racialized and classed aspects of care are appearing in the literature and the importance of sociocultural contexts that affect policies that may advance care is acknowledged (e.g., Hankivsky 2004; Mahon and Robinson 2011; Robinson 2006; 2011b; 2011c; Williams 2001), a type of residual naturalized essentialism persists. As noted earlier, care scholars tend to focus on gender and, not surprisingly, this translates into the privileging of gendered contours of power expressed as the "feminization" of care work or care inequities generated by patriarchy. Such foci is largely due to the persistent attention on individual, person to person relations, including unpaid or professional care work (e.g., in the realm of domestic or health related professions) in which gender is seen to figure prominently. The point here is not to dispute the role of patriarchy and the importance of the gendered contours of care activities but to draw on an intersectionality lens to reveal that the social organization of populations is created by a variety of structural forces including, but not limited to, patriarchy, which create and maintain power inequities. This claim is also bolstered by a growing body of research detailing caregivers' and receivers' experiences (e.g., Blofield 2012; Duffy 2005; 2007; Giesbrecht et al. 2012; Lutz 2011; Lyberaki 2008; Piper 2008). These studies convincingly explicate the influence and complex interplay of globalization, neoliberalism, colonialism, racism, imperialism, homophobia, and "geographism" that create the demand for paid migrant care work and shape the relationships between affected care givers and receivers.

Perhaps even more significantly, few care scholars explore the extent to which systems of oppression interact and mutually reinforce each other, that is, the extent to which they are *indivisible* as would be consistent with an intersectionality perspective, in which "classes are always gendered and racialised and gender is always classed and racialised and so on, thereby dispelling the idea of homogeneous and essential social categories" (Anthias 2012, 107). This is because, for the most part, when care scholars attend to different power structures, their approach is typically additive, perpetuating the idea that power structures are independent and distinctly bounded systems of oppression. Consequently, even though research on migrant domestic labor signals "multiple interlocking asymmetries, which cannot

simply be ignored” (Lutz 2011, 110), care theorists omit the opportunity to fully explore the *interlocking* mechanisms that shape interdependencies, result in unequal access to authority and resources, create privilege and oppression, and determine how care is practiced and distributed. One important exception is Sarah Scuzzarello’s (2010) framework of “caring multiculturalism,” which makes a shift in an intersectional direction as evidenced by the three theoretical principles that anchor her framework: (1) the attention to gendered power relations within minority groups and to the gender-related consequences of immigrant policies (feminist multiculturalism); (2) an alternative source for moral and political judgment that introduces foundations for policymaking which are attentive and responsive to the actual context in which policies have to be applied (caring ethics); (3) an understanding of the collective and individual self as constituted by multiple interrelated positions and shaped by the social context in which it is embedded (dialogical self theory and positioning theory).

An important resource for the enhancement of care ethics along the lines of Scuzzarello’s model can be found in the work of Patricia Hill Collins (2000). Often used by intersectionality scholars to conceptualize power, Collins’ “matrix of domination” (2000) is an effective device for understanding the complexity and indivisibility of power systems and structures. According to Collins, the matrix of domination consists of intersecting systems of oppression which signal that in order to destroy patriarchy and eliminate sexism and heteronormativity, white supremacy, colonialism, racism, capitalism, and imperialism would also need to be destroyed. Thinking about intersecting systems as simultaneous and inextricably linked, rather than simply independently significant, would represent a paradigmatic shift in how power is conceptualized in care ethics literature. It would necessitate closer attention to the range of existing power systems and structures. It also requires considering the ways in which they feed into each other, mutually support one another, and create conditions which either enable or impede the transformative potential of care ethics not only in terms of care activities and practices but broader public policies, not limited to state borders and national states. This is especially apparent in global chains of care that are created by the simultaneous operation and effects of globalization, neo-colonialism, racism, patriarchy, and classism, and which in turn enable the conditions in which the industry of migrant care work in all its diverse forms to flourish. Such interlocking structures shape caring arrangements, within a range of geographic settings and country contexts, and play out at the micro level of intimate and individual caring relations.

From an intersectionality viewpoint, policy solutions to migrant domestic labor require transcending some of the key approaches of care theorists such as attending to the gendered contours of power, disrupting and reshaping masculinity and femininity (e.g., Robinson 2011a), or even interrogating multiple forms of power. Intersectionality explicitly calls for identifying and articulating the synergistic effects of interlock-

ing structures of power. A key challenge is, of course, how to operationalize such insights. In particular, a key question is whether it is possible to move beyond the practice of “lumping” people together in static social groupings, especially for the purposes of public policy. Intersectionality-informed alternatives are, however, emerging. For example, in the U.K., the *Equality Act* of 2010 (brought into force in April 2011) combined three former equality duties (gender, race, and disability) into one, and extended the duty to cover age, sexual orientation, religion or belief, and gender identity. This has created a single legal framework for tackling, simultaneously, multiple forms of disadvantage and discrimination. Another important trend is the development of guides for intersectionality based policy analysis (e.g., Hankivsky 2012a, Hankivsky and Cormier 2009; Parken 2010; Parken and Young 2007). For instance, Parken and Young (2007) have proposed starting policy analysis with a certain policy field (in their work they choose social care) instead of any one group aligned with some form of inequality or identity. Parken and Young’s approach entails examining quantitatively and qualitatively (including through direct engagement with affected communities) the various inequities experienced by populations affected by a policy issue. While they develop the example of social care in their work, Parken and Young’s method could extend to migrant domestic labor to bring to the fore the complex and simultaneous inequities created by emigration, immigration, and social and health policies across national states and to use such knowledge to create policies that acknowledge and address the intersectional dynamics of migrant labor.

Further, the intersectionality-based policy analysis (IBPA) method proposed by Hankivsky et al. (2012) provides a set of principles as well as description and transformative questions that can be used to pursue a different line of interrogation from care ethics regarding policies concerning domestic migrant labor. By placing a concept of power that is attuned to intersecting forces of power front and center, the IBPA requires that policy actors see themselves as critical players in the development, implementation, and evaluation of policy. It also engages them in self-reflexivity, requiring them to consider how their intersecting social locations and “tacit, personal, professional or organizational knowledges” (Parken, 2010, p. 85) influence their approach to a particular policy problem. This type of systemic reflexivity on the part of policy actors is not generally highlighted by care scholars. Moreover, an IBPA is designed to reveal what assumptions underlie the representation of any problem addressed by public policy. Because care theorists have assumed the overarching gendered effects of state policies, their critiques of migration and immigration policies have attended to the lack of sufficient gender analysis in relation to immigrant labor markets and state policies. However, the IBPA also requires determining what inequities and privileges *actually exist* in relation to a policy issue. This raises a challenge for care theorists who start their analyses with a primary focus on gender/patriarchy and patriarchy *plus* other power structures. In comparison,

an IBPA framework leaves *open*, as a matter of *investigation*, the content and implications of co-constituting relationships between power structures and social locations (Hankivsky 2012a). Such an analytic method can thus expose less visible or completely overlooked social locations in terms of how policies and regulations position migrants as workers of differential worth, and in turn what degrees of privilege or penalty are experienced in relation to existing policies. An IBPA can reveal how even the most well-intentioned policies may result in stigmatization and harm if they do not attend to the diversity of care workers and care receivers. Such inquiry can also identify important knowledge/evidence gaps about intersecting forces of power affecting migrant care workers. Gaps in knowledge impede comprehension of the diversity of migrant population signaling the need for additional qualitative and quantitative data and comparative research to enable the measurement of the causally complex nature and material effects of migrant labor.

Another aspect of Collins' intersectionality theorizing that would be useful for the further development of care ethics is the extent to which she shifts away from a simplified binary of power versus powerlessness. For Collins, individuals, groups, and institutions derive varying amounts of privilege and penalty from multiple intersecting systems of oppression that frame human lives. Thus in her opinion, the "matrix of domination contains few pure victims or oppressors" (2000, 287). In reality, because individuals occupy numerous and overlapping social locations, they can simultaneously experience both discrimination and privilege. A number of leading care theorists (e.g., Mahon and Robinson 2011; Robinson 2011b) have acknowledged the simultaneous vulnerability and autonomy experienced by migrant care workers and this line of thinking opens new intellectual spaces to consider that care may be more than just a response to oppressive power but also a "particular form of agency within a productive context of power" (Cloyes 2002, 210). Nevertheless, the practice of dichotomizing care givers and care receivers as either privileged or oppressed still continues. Little notice, for instance, is paid in the care literature to the fact that those who benefit from the care work of migrants and maintain authority within the context of such relationships may nevertheless find themselves constrained in the face of consistent retrenchment of social welfare provisions. The complicated nature of power found within intersectionality theorizing should be further developed to consider the experiences of individuals, groups, institutions, and even nation states who are typically labelled in the care literature as having power versus those who have less access to resources and decision-making authority.

Finally, care theorists may also want to consider drawing on intersectionality's insights around the simultaneity of differing degrees and forms of penalty and privilege as a way to explore avenues for political solidarity, even counterintuitive allies, beyond the realm of pure identity politics which are often organized around gender or race (Hancock 2011). As Hancock (2011, 26) explains, "The competition for the

title 'most oppressed' stagnates when everyone is revealed to have some form of privilege and political agency within a larger structure of stratification." Once the competition stagnates, there is an opening to consider how differently situated individuals, groups, communities, and even nation states may work towards recognizing care as a foundation for solidarity. This is evidenced by the 2011 passing of the ILO *Convention and Recommendation Concerning Decent Work for Domestic Workers*, which protects workers' right to dignity, respect, and decent working conditions. There are additional examples of similar initiatives using a consciously intersectional frame: the "Caring Across Generations Campaign" by the National Domestic Workers Alliance in the U.S. which to date has resulted in the 2010 passage of a *Domestic Workers' Bill of Rights* in New York State (and pending in California). In Europe, RESPECT, a network of migrant domestic workers' self-organization, trade unions, NGOs, and other supporters, campaigns for the rights of migrant domestic workers in all EU member states. Such coalition efforts do not erase the differences among migrant workers, but they allow for resistance and activism based on overlapping concerns and experiences. And they can have tangible effects. Through this type of coalition building, multiple intersecting forces of power may be transformed, including, for example, "the smooth working of globalized neo-liberalism which depends on local and global chains of care" (Yuval-Davis 2011, 191).

But beyond any specific mode of care work, intersectionality-informed thinking may also provide unique opportunities for building stronger alliances among diverse social justice organizations, women's organizations, disability and civil rights activists, labor unions, indigenous organizations, human rights organizations, faith-based organizations, and immigrant advocacy groups. Forging counterintuitive associations is essential to grappling with the broader structural inequalities that fundamentally deter the recognition of the political centrality of care. As Glenn so aptly puts it, "ideas about and structures of caring are tied with other ideologies and structures that they support and are supported by." and thus, "[u]ltimately, the transformation of caring must be linked to major changes in political-economic structures and relationships" (2000, 93). Intersectionality, however, provides an expanded foundation for such transformation to occur (Spade 2013). From an intersectionality perspective, struggles for social justice, including those that seek to elevate the importance of care in human lives, have to confront the intertwined nature of domination rather than focus on specific identities or concerns. This reality points to the need to acknowledge the challenges related to diversity and power differentials *within* existing organizations. And it contributes to understanding that social justice requires collective action *across* different, albeit interrelated groups that dismantles interacting structural systems. Intersectionality thus provides a politically compelling basis for coalition and alliance building among traditionally disparate organizations, even those that vary significantly in terms of privilege and penalty (Chun, Lipsitz, and Shin 2013).

CONCLUDING COMMENTS

This article has focused on how care ethics may benefit from the theoretical insights of intersectionality, but it is important not to lose sight of the fact that the reverse can also be true. For all its attention to expanding on understandings of the intersecting factors that shape and determine inequity, it is also the case that most intersectionality scholars have not paid much attention to care as a practice that shapes human lives. More explicitly, they have not grappled with how dependency and vulnerability are linked to care, nor have they confronted the fact that everyone, regardless of their social location, at one time or another will receive or give care. Cloyes (2002) is correct in observing that “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’” (209). Investigating what insights care theory may have for intersectional scholarship is thus a fruitful area for further work and a necessary prerequisite for fully exploring the combined potential of these theoretical approaches for reshaping how politics and power are conceptualized more generally.

The project of this article, however, is to argue that if care ethics is to deliver on the promise of opening new ways of seeing human beings, their social problems, and their needs, and to critically assess how governments responds to these (Hankivsky 2004), theorizing around social locations, differences, experiences of inequality, and power need to be further developed. As Tronto (1993, 4) reminds us: “Theories and frameworks exert a power over how we think; if we ignore this power then we are likely to misunderstand why our arguments seem ineffectual.” Accordingly, I have argued that an important but largely under-investigated theoretical resource for further developing care ethics is intersectionality. I have tried to demonstrate, drawing on the example of migrant care work, how care ethics may be enhanced by bringing this theory into dialogue with intersectionality. Specifically, I have illustrated how care theory would benefit from developing more complex analyses of diversity and cross-cutting relations of power. The conclusion of this examination is that an “intersectionality-inspired care ethics” forcefully disrupts essentialist tendencies and analytic prioritization of gendered social locations and structures to allow for a more robust and richer reading of the relationships, processes, and forces that shape how care is conceptualized, prioritized, and promoted (or not) in politics and policy.

References

- Altman, Meryl, and Kerry Pannell. 2012. “Policy Gaps and Theory Gaps: Women and Migrant Domestic Labour.” *Feminist Economics* 18 (2): 291–315.
- Anthias, Floya. 2012. “Transnational Mobilities, Migration Research and Intersectionality: Towards a Translocational Frame.” *Nordic Journal of Migration Research* 2 (2): 102–10.
- Barnes, Marian. 2012. *Care in Everyday Life: An Ethic of Care in Practice*. Bristol: The Policy Press.
- Basok, Tanya, and Nicola Piper. (2012). “Management Versus Rights: Women’s Migration and Global Governance in Latin America and the Caribbean.” *Feminist Economics* 18 (2): 35–61.
- Beresford, Peter. 2008. *What Future for Care?* York: Joseph Rowntree Foundation.
- Berridge, Clara. 2012. “Envisioning a Gerontology-Enriched theory of Care.” *Affilia* 27 (1): 8–21.
- Blofield, Merike. 2012. *Care Work and Class: Domestic Workers’ Struggle for Equal Rights in Latin America*. University Park, PA: The Pennsylvania State University Press.
- Boyd, Monica, and Deanne Pikkov. 2008. “Finding a Place in Stratified Structures: Migrant Women in North America.” In *New Perspectives on Gender and Migration: Livelihood, Rights and Entitlements*, ed. Nicola Piper. London: Routledge, 19–58.
- Cerrutti, Marcela. 2009. *Gender and Intra-Regional Migration in South America*. United Nations Development Programme, Human Development Reports Research Paper, April 2009. http://mpr.aub.uni-muenchen.de/19195/1/MPRA_paper_19195.pdf (Accessed August 13, 2011).
- Cherubini, Daniela. 2011. “Intersectionality and the Study of Lived Citizenship: A Case Study on Migrant Women’s Experiences in Andalusia.” *Graduate Journal of Social Science* 8 (2): 114–36.
- Chun, Jennifer Jihye, George Lipsitz, and Young Shin. 2013. “Intersectionality as a Social Movement Strategy: Asian Immigrant Women Advocates.” *Signs* 38 (4): 917–40.
- Clement, Grace. 1996. *Care, Autonomy and Justice: Feminism and the Ethic of Care*. Boulder, CO: Westview Press.
- Cloyes, Kristin G. 2002. “Agonizing Care: Care Ethics, Agonistic Feminism and a Political Theory of Care.” *Nursing Inquiry* 9 (3): 203–14.
- Collins, Patricia Hill. 1990. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. London: Harper Collins Academic.
- Collins, Patricia Hill. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 2nd ed. New York: Routledge.
- Combahee River Collective. 1977. “A Black Feminist Statement.” Reprinted in *The Second Wave: A Reader in Feminist Theory*, ed. Linda Nicholson. New York: Routledge, 63–70.
- Cooper, Davina. 2009. “Caring for Sex and the Power of Attentive Action: Governance, Drama, and Conflict in Building a Queer Feminist Bathhouse.” *Signs: Journal of Women in Culture and Society* 35 (1): 105–30.
- Cox, Rosie. 2010. “Some Problems and Possibilities of Caring.” *Ethics Place and Environment* 13 (2): 113–30.
- Dahl, Hanne Marlene, Marja Keränen, and Anne Kovalainen, eds. 2011. *Europeanization, Care and Gender: Global Complexities*. London: Palgrave MacMillan.
- Datta, Kavita, Cathy McIlwaine, Yara Evans, Joanna Herbert, Jon May, and Jane Wills. 2010. “A Migrant Ethic of Care? Negotiating Care and Caring Among Migrant Workers in London’s Low Pay Economy.” *Feminist Review* 94 (1): 93–116.
- Dhamoon, Rita Kaur. 2011. “Considerations on Mainstreaming Intersectionality.” *Political Research Quarterly* 64 (1): 230–43.
- Duffy, Mignon. 2005. “Reproducing Labor Inequalities: Challenges for Feminists Conceptualizing Care at the Intersections of Gender, Race and Class.” *Gender and Society* 19 (1): 66–82.
- Duffy, Mignon. 2007. “Doing the Dirty Work: Gender, Race and Reproductive Labor in Historical Perspective.” *Gender and Society* 21 (3): 313–36.
- Duffy, Mignon. 2011. *Making Care Count: A Century of Gender, Race, and Paid Care Work*. New Brunswick: Rutgers University Press.
- Engster, Daniel. 2007. *The Heart of Justice: Care Ethics and Political Theory*. Oxford: Oxford University Press.
- Evans, Ruth, and Felicity Thomas. 2009. “Emotional Interactions and an Ethic of Care: Caring Relations in Families Affected by HIV and AIDS.” *Emotions, Space and Society* 2 (2): 111–9.
- Gasper, Des, and Thanh-Dam Truong. 2010. “Development Ethics through the Lenses of Caring, Gender and Human Security.” In *Capabilities, Power and Institutions: Toward a More Critical Development Ethics*, eds. Stephen L. Esquith and Fred Gifford. University Park, PA: Pennsylvania State University Press, 58–95.
- Gaventa, John, and Rajesh Tandon. 2010. *Globalising Citizens: New Dynamics of Inclusion and Exclusion*, Vol. 7. London: Zed Books.

- Giesbrecht Melissa, Valorie Crooks, Allison Williams, and Olena Hankivsky. 2012. "Critically Examining Diversity in End-of-Life Family Caregiving: Implications for Equitable Caregiver Support and Canada's Compassionate Care Benefit." *International Journal for Equity in Health* 11 (65).
- Gilligan, Carol. 1982. *In a Different Voice: Psychological Theory and Women's Development*. Boston: Harvard University Press.
- Glenn, Evelyn Nakano. 2000. "Creating a Caring Society." *Contemporary Sociology* 29 (1): 84–94.
- Glenn, Evelyn Nakano. 2010. *Forced to Care: Coercion and Caregiving in America*. Boston: Harvard University Press.
- Graham, Medaka. 2007. "The Ethics of Care, Black Women and the Social Professions: Implications of a New Analysis." *Ethics and Social Welfare* 1 (2): 194–206.
- Hancock, Ange Marie. 2007. "When Multiplication Doesn't Equal Quick Addition: Examining Intersectionality as a Research Paradigm." *Perspectives on Politics* 5 (01): 63–79.
- Hancock, Ange Marie. 2011. *Solidarity Politics for Millennials: A Guide to Ending the Oppression Olympics*. New York: Palgrave Macmillan.
- Hankivsky, Olena. 2004. *Social Policy and the Ethic of Care*. Vancouver and Toronto: UBC Press.
- Hankivsky, Olena. 2006. "Imagining Ethical Globalization." *Journal of Global Ethics* 2 (1): 91–110.
- Hankivsky, Olena, ed. (2012a). *An Intersectionality-Based Policy Analysis Framework*. Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University.
- Hankivsky, Olena. (2012b). "Women's Health, Men's Health, and Gender and Health: Implications of Intersectionality." *Social Science & Medicine* 74 (11): 1712–20.
- Hankivsky, Olena, and Renee Cormier. 2009. *Intersectionality: Moving Women's Health Research and Policy Forward*. Vancouver, BC: Women's Health Research Network of BC.
- Hankivsky, Olena, Daniel Grace, Gemma Hunting, Olivier Ferlatte, Natalie Clark, Alycia Fridkin, Melissa Giesbrecht, Sarah Rudrum, and Tarya Laviolette. 2012. "Intersectionality-Based Policy Analysis." In *An Intersectionality-Based Policy Analysis Framework*, ed. Olena Hankivsky. Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University, 33–45.
- Held, Virginia. 1993. *Feminist Morality: Transforming Culture, Society, and Politics*. Chicago: University of Chicago Press.
- Held, Virginia. 2004. "Care and Justice in the Global Context." *Ratio Juris* 17 (2): 141–55.
- Held, Virginia. 2006. *The Ethics of Care: Personal, Political and Global*. Oxford: Oxford University Press.
- Held, Virginia. 2010. "Can the Ethic of Care Handle Violence?" *Ethics and Social Welfare* 4 (2): 115–29.
- Hines, Sally. 2007. "Transgendering Care: Practices of Care within Transgendered Communities." *Critical Social Policy* 27 (4): 464–86.
- Hoagland, Sarah L. 1988. *Lesbian Ethics*. Palo Alto, CA: Institute of Lesbian Studies.
- Hoagland, Sarah L. 1991. "Some Thoughts about 'Caring.'" In *Feminist Ethics*, ed. Claudia Card. Lawrence, KS: University of Kansas Press, 246–86.
- Hooks, Bell. 1984. *Feminist Theory: From Margin to Center*. Boston: South End Press.
- Houston, Barbara. 1990. "Caring and Exploitation." *Hypatia* 5 (1): 115–9.
- Hutchings, Kimberly. 2000. "Towards a Feminist International Ethics." *Review of International Studies* 26 (5): 111–30.
- Jagger, Alison M. 1999. "Multicultural Democracy." *The Journal of Political Philosophy* 7 (3): 308–29.
- Kershaw, Paul. 2005. *Carefair: Rethinking the Responsibilities and Rights of Citizenship*. Vancouver: UBC Press.
- Khoo, Siew-Ean, Graeme Hugo, and Peter McDonald. 2008. "Which Skilled Temporary Migrants Become Permanent Residents and Why?" *International Migration Review* 42 (1): 193–226.
- Kittay, Eva Feder. 2011. "The Ethics of Care, Dependence, and Disability." *Ratio Juris* 24 (1): 49–58.
- Kofman, Eleonore. 2008. "Gendered Migrations, Livelihoods and Entitlements in European Welfare Regimes." In *New Perspectives on Gender and Migration: Livelihood, Rights and Entitlements*, ed. Nicola Piper. New York: Routledge, 59–100.
- Koggel, Christine, and Joan Orme. 2010a. "Care Ethics: New Theories and Applications." *Ethics and Social Welfare* 4 (2): 109–14.
- Koggel, Christine, and Joan Orme (eds.). 2010b. "Care Ethics: New Theories and Applications." Special Issue, *Ethics and Social Welfare* 4 (2): 109–114.
- Kröger, Teppo. 2009. "Care Research and Disability Studies: Nothing in Common?" *Critical Social Policy* 29 (3): 398–420.
- Levy, Traci, and Elizabeth Palley. 2010. "Education, Needs, and a Feminist Ethic of Care: Lessons from Discomfort with Academic Giftedness." *Social Politics: International Studies in Gender, State and Society* 17 (1): 80–110.
- Lombardo, Emanuela, and Lise Rolandsen Agustin. 2009. "Framing Intersectionality in the European Union Gender Equality Policies: What Implications for the Quality of Policies?" Paper presented at *ECPR First European Conference on Politics and Gender*, Queen's University, Belfast, Northern Ireland, 21–23 January 2009.
- Lutz, Helma. 2011. *The New Maids: Transnational Women and the Care Economy*. London and New York: Zed Books.
- Lyberaki, Antigone. 2008. "'Deae ex Machina': Migrant Women, Care Work and Women's Employment in Greece." Hellenic Observatory Papers on Greece and Southeast Europe, Paper No. 20, November 2008. <http://www2.lse.ac.uk/europeanInstitute/research/hellenicObservatory/pdf/GreeSE/GreeSE20.pdf> (Accessed August 14, 2011).
- Mahon, Rianne, and Fiona Robinson, eds. 2011. *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*. Vancouver: University of British Columbia Press.
- Manalansan, Martin F. 2006. "Queer Intersections: Sexuality and Gender in Migration Studies." *International Migration Review* 40 (1): 224–49.
- Mattis, Jacqueline S., Nyasha A. Grayman, Sheri-Ann Cowie, Cynthia Winston, Carolyn Watson, and Daisy Jackson. 2008. "Intersectional Identities and the Politics of Altruistic Care in a Low-Income, Urban Community." *Sex Roles* 59 (5): 418–28.
- McCall, Leslie. 2005. "The Complexity of Intersectionality." *SIGNS: Journal of Women in Culture and Society* 30 (31): 1771–802.
- Mehrotra, Gita. 2010. "Toward a Continuum of Intersectionality Theorizing for Feminist Social Work Scholarship." *Affilia: Journal of Women and Social Work* 25 (4): 417–30.
- Michel, Sonya, and Ito Peng. 2012. "All in the Family? Migrants, Nationhood, and Care Regimes in Asia and North America." *Journal of European Social Policy* 22 (4): 406–18.
- Miller, Sarah C. 2010. "Cosmopolitan Care." *Ethics and Social Welfare* 4 (2): 145–57.
- Narayan, Uma. 1995. "Colonialism and its Others: Considerations on Rights and Care Discourses." *Hypatia* 10 (2): 133–40.
- Näre, Lena. 2010. "Sri Lankan Men Working as Cleaners and Carers: Negotiating Masculinity in Naples." *Men and Masculinities* 13 (1): 65–86.
- Nash, Jennifer C. 2008. "Re-thinking Intersectionality." *Feminist Review* 89 (2): 1–15.
- Noddings, Nel. 1984. *Caring: A Feminine Approach to Ethics and Moral Education*. Berkeley: University of California Press.
- Nortvedt, Per, ed. 2011. "Ethics of Care." Special Issue, *Nursing Ethics* 18 (2): 147–148.
- Parreñas, Rhacel Salazar. 2008. *The Force of Domesticity: Filipina Migrants and Globalization*. New York: NYU Press.
- Parreñas, Rhacel Salazar, ed. 2010. *Intimate Labors: Cultures, Technologies, and the Politics of Care*. Stanford: Stanford University Press.
- Parke, Alison. 2010. "A Multi-Strand Approach to Promoting Equality and Human Rights in Policymaking." *Policy and Politics* 38 (1): 79–99.
- Parke, Alison, and H. Young. 2007. *Integrating the Promotion of Equality and Human Rights for All*. Unpublished report for Welsh Assembly Government and Equality and Human Rights Commission (copy in possession of author).
- Pateman, Carole, and Charles Wade Mills. 2007. *Contract and Domination*. Cambridge, UK: Polity Press.
- Pettersen, Tove. 2011. "The Ethics of Care: Normative Structures and Empirical Implications." *Health Care Analysis* 19 (1): 51–64.
- Piper, Nicola, ed. 2008. "International Migration and Gendered Axes of Stratification: Introduction." In *New Perspectives on Gender and Migration: Livelihood, Rights and Entitlements*. New York: Routledge, 1–18.

- Porter, Elisabeth, J. 2006. "Can Politics Practice Compassion?" *Hypatia* 21 (4): 97–123.
- Puka, Bill. 1990. "The Liberation of Caring: A Different Voice for Gilligan's 'Different Voice.'" *Hypatia* 55 (1): 58–82.
- Purkayastha, Bandana. 2010. "Interrogating Intersectionality: Contemporary Globalisation and Racialised Gendering in the Lives of Highly Educated South Asian Americans and their Children." *Journal of Intercultural Studies* 31 (1): 29–47.
- Raghuram, Parvati, Clare Madge, and Pat Noxolo. 2009. "Rethinking Responsibility and Care for a Postcolonial World." *Geoforum* 40 (1): 5–13.
- Robinson, Fiona. 1999. *Globalizing Care: Ethics, Feminist Theory and International Relations*. Boulder, CO: Westview Press.
- Robinson, Fiona. 2006. "Beyond Labour Rights: The Ethics of Care and Women's Work in the Global Economy." *International Feminist Journal of Politics* 8 (3): 321–42.
- Robinson, Fiona. 2010. "After Liberalism in World Politics? Towards an International Political Theory of Care." *Ethics and Social Welfare* 4 (2): 130–44.
- Robinson, Fiona. 2011a. "Care Ethics and the Transnationalization of Care: Reflections on Autonomy, Hegemonic Masculinities, and Globalization." In *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*, eds. Rianne Mahon and Fiona Robinson. Vancouver: University of British Columbia Press, 127–44.
- Robinson, Fiona. 2011b. *The Ethics of Care: A Feminist Approach to Human Security*. Philadelphia: Temple University Press.
- Robinson, Fiona. 2011c. "Stop Talking and Listen: Discourse Ethics and Feminist Care Ethics in International Political Theory." *Millennium: Journal of International Studies* 39 (3): 845–60.
- Rojas, Wiesner, and Hugo Ángeles-Cruz. 2008. "Gendered Migrations in the Americas: Mexico as Country of Origin, Destination and Transit." In *New Perspectives on Gender and Migration: Livelihood, Rights and Entitlements*, ed. Nicola Piper. London: Routledge, 189–245.
- Ruddick, Sarah. 1989. *Maternal Thinking: Toward a Politics of Peace*. Boston: Beacon Press.
- Ruddick, Sarah. 1992. "Maternal Thinking." In *Ethics: A Feminist Reader*, eds. Elizabeth Frazer, Jennifer Hornsby, and Sabina Lovibond. Oxford: Blackwell, 440–58.
- Ruddick, Sarah. 1993. "Notes Toward a Feminist Peace Politics." In *Gendering War Talk*, eds. Miriam Cooke and Angela Woollacott. Princeton, NJ: Princeton University Press, 109–27.
- Scott, Joan Wallach. 1992. "Experience." In *Feminists Theorize the Political*, eds. Judith Butler and Joan Wallach. New York: Routledge, 3–21.
- Scuzzarello, Sarah. 2010. "Caring Multiculturalism: Local Immigrant Policies and Narratives of Integration in Malmö, Birmingham and Bologna." Paper for Lund Political Studies 159, Department of Political Science, Lund University, Lund, Sweden. <http://lup.lub.lu.se/luur/download?func=downloadFile&recordId=1593298&fileId=1593299> (Accessed August 14, 2011).
- Sevenhuijsen, Selma. 1998. *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics*. New York: Routledge.
- Shields, Stephanie A. 2008. "Gender: An Intersectionality Perspective." *Sex Roles* 59 (5): 301–11.
- Söder, Märten. 2009. "Tensions, Perspectives and Themes in Disability Studies." *Scandinavian Journal of Disability Research* 11 (2): 67–81.
- Spade, Dean. 2013. "Intersectional Resistance and Law Reform." *Signs* 38 (4): 1031–55.
- Stensöta, Helena O. 2010. "The Conditions of Care: Reframing the Debate about Public Sector Ethics." *Public Administration Review* 70 (2): 295–303.
- Thorvaldsdóttir, Thorgerdur. 2007. "Equal Opportunities for All: Intersectionality as a Theoretical Tool to Move Equality Policies Forward." Paper presented in Reykjavik, Iceland, March 16, 2007. http://www.issa.nl/members/member_docs/ESJ_files/at_docs/add_pdfs/Intersectionality.pdf (Accessed August 13, 2011).
- Tronto, Joan C. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge.
- Tronto, Joan C. 1995. "Care as a Basis for Radical Political Judgments." *Hypatia* 10 (2): 141–9.
- Tronto, Joan C. 2008. "Is Peacekeeping Care Work? A Feminist Reflection on the 'Responsibility to Protect'." In *Global Feminist Ethics: Feminist Ethics and Social Theory*, eds. Rebecca Whisnant and Peggy Des Autels. Plymouth, UK: Rowman & Littlefield Publishers, 179–200.
- Tronto, Joan C. 2010. "Creating Caring Institutions: Politics, Plurality, and Purpose." *Ethics and Social Welfare* 4 (2): 158–71.
- Tronto, Joan C. 2013. *Caring Democracy: Markets, Equality and Justice*. New York: New York University Press.
- Tsuji, Yuki. 2011. "Reimagined Intimate Relations Elder and Child Care in Japan since the 1990s." *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*, eds. Rianne Mahon, and Fiona Robinson. Vancouver: University of British Columbia Press, 111–24.
- Vanlaere, Linus, and Gastmans Chris. 2011. "A Personalist Approach to Care Ethics." *Nursing Ethics* 18 (2): 161–73.
- Verloof, Meike. 2006. "Multiple Inequalities, Intersectionality, and the European Union." *European Journal of Women's Studies* 13 (3): 211–28.
- Williams, Fiona. 2001. "In and Beyond New Labour: Towards a New Political Ethics of Care." *Critical Social Policy* 21 (4): 467–93.
- Williams, Fiona. 2011. "Towards a Transnational Analysis of the Political Economy of Care." In *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*, eds. Rianne Mahon and Fiona Robinson. Vancouver: University of British Columbia Press, 21–38.
- Williams, Fiona, and Anna Gavanias. 2008. "The Intersection of Childcare Regimes and Migration Regimes: A Three-Country Study." *Migration and Domestic Work: A European Perspective on a Global Theme*, ed. Helma Lutz. Hampshire: Ashgate Publishing Ltd., 13–28.
- Yeates, Nicola. 2012. "Global Care Chains: A State-of-the-Art Review and Future Directions in Care Transnationalization Research." *Global Networks* 2 (2): 135–54.
- Yuval-Davis, Nira. 2006. "Intersectionality and Feminist Politics." *European Journal of Women's Studies* 13 (3): 193–210.
- Yuval-Davis, Nira. 2011. *The Politics of Belonging: Intersectional Contestations*. London: Sage Publications.
- Zembylas, Michalinos. 2010. "The Ethic of Care in Globalized Societies: Implications for Citizenship Education." *Ethics and Education* 5 (3): 233–45.
- Zembylas, Michalinos, and Vivienne Bozalek. 2011. "The Council of Europe's White Paper on Intercultural Dialogue: An Analysis Using the Ethic of Care." *Policy Futures in Education* 9 (1): 13–21.
- Zinn, Maxine Baca, and Bonnie Thornton Dill. 1996. "Theorizing Difference from Multiracial Feminism." *Feminist Studies* 22 (2): 321–32.