VULNERABILITY AND CARE AS A BASIS FOR AN ENVIRONMENTAL ETHICS OF
GLOBAL JUSTICE

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1.- Our vulnerable world

A project that hopes to develop the basis for an environmental ethics of global justice, that contemplates the problems derived from the contemporary eco-social crisis (where ecological problems and questions of social justice and human development overlap) should begin from a basic fact: our vulnerability. This is a vulnerability that is susceptible to damage, harm, injury, that is linked with fragility, pain, limitation, sickness and death, and which human animals, non-human animals and the rest of the biophysical environment have in common.

In this primary sense, it is an intrinsic, essential and constitutive vulnerability that we living beings share with the entire planet; a vulnerability that forms our condition and that of our environment, and is revealed in fragility, limitations, decadence and finitude.

In Los Inmortales, Borges said that we are precious and pathetic beings; among mortals, everything is precious and precarious to the extent that each act, each moment, may be the last.

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1 This work has been developed during a MEC-Salvador de Madariaga stay at the University College of Cork (Irlanda) in the framework of KONTUZ! research projects (Causal responsibility from commission by omission, MINECO FFI2014-53926-R), Scientific Cooperation Project between the Coordinación de Humanidades from the UNAM and the Centro de Ciencias Humanas y Sociales at CSIC: “The principles of environmental ethics and global justice” and INBOTS (www.inbots.eu).
That vulnerability is constitutive of human beings, of their condition, is commonplace in thinkers as disparate as Hannah Arendt, Jürgen Habermas and Emmanuel Lévinas. Thus Habermas places vulnerability in the centre of ethical interest in his argument for communicative comprehension based on dialogue free of domination: Personal identity depends on interpersonal relationships by means of language, and this explains the constitutional insecurity and fragility of personal identity. And according to Lévinas, the concept of vulnerability is the basis for understanding the human condition and is the foundation of morality, while being imperative in ethical responsibility for the other (human, non-human, biophysical, I would add). I will return later to the relational character of vulnerability and the inherent normativity it entails.

But apart from this intrinsic, existential and common vulnerability, in reality we can see vulnerability as tremendously asymmetrical and unequal. Returning to Lévinas, vulnerability shows the asymmetrical balance between the weak and the powerful, with the resulting role of morality as a corrective device when faced with unequal vulnerability. Gabriel Bello (2011: 67) says:

“It is erroneous to represent us all as equally vulnerable or as equals in vulnerability, as symmetrically vulnerable. The basic human fact is that vulnerability is unequal or asymmetrical between each other, or rather that we relate to one another from our asymmetrical vulnerability”.

More than accepting the fiction that all individuals, groups and environments are equal in vulnerability, we must declare the fight against unequal vulnerability as an ethical and political objective. While intrinsic vulnerability is reduced through equal protection for all members of a society or environment, extrinsic vulnerability or vulnerability that has happened suddenly (also called “susceptibility”) requires differential, specific and active measures of redress and compensation; that is, it demands justice. As such, responding to this asymmetrical vulnerability is also an asymmetrical responsibility (we will return to this later). For Judith Butler (2007: 57-58):

“[This condition of original vulnerability, of depending on contact with the other, even if there is no other there nor any support for our lives, signifies an original neglect and need to which society should respond]. Life is looked after and maintained differentially, and radically different ways of distribution of man’s physical vulnerability exist all over the planet”.

For Iris Marion Young (2011), there are individuals or groups in socio-structural positions of special neglect and susceptibility to harm. Although we start from a common and primary vulnerability, there are individuals and groups where harm, suffering, pain,
abandonment and neglect are the result of social and environmental elements. Vulnerability is not an unchangeable and stable characteristic but rather dependent, selective and variable, a multidimensional and transversal phenomenon that rests on factors that can change and on which it is possible to intervene. So what is spoken of are “spaces of vulnerability”, understood as those unfavourable conditions that expose individuals, groups and environments to higher risks, to situations of a lack of power or control, to the impossibility of changing circumstances and, as such, to defencelessness (precarious life). 2 We are talking about a type of induced vulnerability and of social, economic and environmental mechanisms that produce vulnerability.

This asymmetry of vulnerability is clear in the field of health: health-related results are adversely affected by poverty, unemployment and low life conditions. These factors, which go beyond individual control, undermine the ability to make good choices in numerous areas of our life, including health. Public health and epidemiology have emphasised that health is more than healthcare. Formulated from this are what are called “social determinants/conditions for health”, which have to do with education, income and the environment where one lives: For your health, your zip code is more important than your genetic code. A recent report in The Lancet noted that low socioeconomic status is one of the strongest indicators worldwide for premature morbidity and mortality. The same occurs in studies on childhood obesity. And the point is that social and economic conditions create inequality in health and, as Àngel Puyol (2016) reminds us, public health and epidemiology are not only a medical question. Shridar Venkatapuram (2011, Chapter 4) concludes that the vulnerability producing premature deterioration or mortality is a direct result of participation in social cooperation. 3

We must include within this induced vulnerability the enormous ecological crisis we find ourselves in. Growth in the use of natural resources and aspects from ecosystems is globally altering the Earth, disrupting the planet’s biogeochemical cycles, such as the

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2  For legal philosophers such as H.L.A. Hart, vulnerability is precisely what acts as a backdrop for the law when it regulates human activities by means of regulations and social institutions. The function of the legal organisation of society, of principles and of specific rules is to protect the vulnerable and the weak from harmful actions coming from other individuals, groups or the state.

3  It is important to emphasise that vulnerability and concepts such as “vulnerable groups”, widely studied in the field of jurisprudence on human rights in the European Union, has come to be used in certain cases in a way that is routine, unthinking and incoherent. Thus, this concept has contributed to stigmatisation and stereotyping of certain groups, and as such a reconceptualization of the idea of vulnerability is even more necessary.
circulation of nitrogen or the storage of carbon in the atmosphere (all levels of CO$_2$ in the atmosphere have recently been exceeded – 403.3 parts per million, double what led to the last ice age – with 145% more than before the 1750 industrial revolution, due to human activities and the El Niño phenomenon). According to the UN, this unprecedented increase, along with increases in other greenhouse gases, will lead to radical changes in climatic systems that will create severe economic and ecological disruptions (Welzer 2011).

The extraction of resources from the biosphere and deposit of wastes and contamination, along with occupation of environmental space, moves the planet further away from a sustainable economy. Growth limits have been exceeded and we find ourselves on the brink of environmental collapse in this new era that has come to be called the “Anthropocene”$^4$ (radical human transformation of the biosphere). Today, the global ecological footprint is 1.5 times the bioproductive capacity of the planet. (Spain’s footprint, to generalise, would lead us to need three planets).

The scarcity of energy and materials and the deterioration of climatic and ecological conditions have an undeniable effect on health$^5$, and furthermore are already the source of social and geopolitical unrest. Based on the best scientific information available, the quality of human life is going to suffer substantial degradation by the year 2050 if we continue on our current path: stronger climate change, deterioration of the oceans, alteration in the nitrogen cycle, rapid disappearance of species of flora and fauna (biodiversity), losses of ecosystems en masse, land erosion and desertification, chemical contamination (CO$_2$, plastic and aluminium microparticles in ocean sediment, nitrogen and phosphorous from agricultural use) and extremely high human population growth and consumption patterns: 9.5 billion people in 2050 (Olabe 2016).

2.- Care

$^4$ “The phenomenon of rapid socioeconomic and biophysical transformations that began as of the middle of the twentieth century as a consequence of the enormous technological and economic development that took place after the end of the Second World War is known as the Great Acceleration. (…) this phenomenon would plunge the planet Earth into a new state of drastic changes unequivocally attributable to human activities. Thus, enormous growth in the global economic-financial system, along with technological development and the globalisation process, would make a coupling possible on a planetary level between the socioeconomic system and the Earth’s biophysical system, which would represent the beginning of the human era.” [Anthropocene]. Mateo Aguado, Vivir bien en un planeta finito (tesis doctoral). Taken from Riechmann (2016): 73.

$^5$ Multidimensional vulnerability and climate change (García San José 2017).
To the extent that we are inevitably open to harm, we are also open to cure and care. Cure and care are inextricably linked. The Latin verb *curo* means to care for, be concerned about; and the term ‘cure’ also has the meaning of care, solicitude and treatment.

To prevent, minimise and mitigate the harm, areas and spaces of vulnerability, we should be careful, we should care for (care about, take care of). In this sense, vulnerability (intrinsic and extrinsic) has a positive dimension insofar as it promotes cooperation, solidarity, assistance and caring, and is the foundation of the ethical idea of responsibility.⁶

Human life is inconceivable without caring relationships; neither social reproduction nor community ties are possible without care. Care is one of the central activities in human life, and specific calls for an “ethics of care” have put the idea of care at the heart of ethical and political theory (Carol Gilligan, Virgina Held, Joan Tronto and Eva Feder Kittay).⁷

Joan Tronto and Bernice Fischer offer a standard and shared definition of care: Care is a type of activity that includes everything we do to maintain, continue and repair our “world” in such a way that we can live in it in the best possible way. This world includes our bodies, our being and our environment; it is everything we nurture to weave together a complex network that sustains life.

Thus care is understood as a practice that can be simultaneously interpreted as stages, objectives or aptitudes⁸ having four sub-elements: 1) attention (concern, interest); this is the propensity to be aware of need; 2) responsibility, willingness to respond and deal with the needs of others;⁹ 3) competency, the ability to provide good and successful care; and 4) the ability to respond, considering the position of others and recognising the potential for abuse

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⁶ The idea that we depend on each other is not an inconvenience, it is a good thing, because accepting and understanding that we are vulnerable, fragile, changeable – without nineteenth century delusions of absolute autonomy – becomes what embellishes life, its true richness, leading to hospitality toward others, their care and the help they give us (Esquirol 2015). Dependence is hampered by the weight of history coming from the social contract, a type of rational control of the individual, shall we say, that indeed has value but hides the beauty of the donation. One more step is offered by the market, which adds the idea of exchange between people to share and redress our destitution. But these days this is also tarnished by its degeneration into consumerism and commercialism.

⁷ It is important to emphasise this point, as it represents one of the key elements in the ethics of care. What makes it a novel proposal is not simply its reference to the value of care, as this explicitly appears in the framework of other earlier theories (as in the case of Milton Mayeroff or Willard Gaylin) and can even be inferred from a certain conception of justice. What distinguishes this is the fact that care is placed in the centre of ethical reflection, and it does so based on acknowledging the important role care plays in a certain conception of morality. It is the idea of caring for another as being correct and good that works as the seed for this proposal.

⁸ Care should not be confused with a type of virtue such as in the ethics of virtue or of excellence.

⁹ Empathy and responsibility are the main characteristics of the ethics of care. The discovery of mirror neurons has shown that empathy is a basic human ability we are born with, but which needs to be strengthened through education or it will decline.
in care. We will return near the end to the ways in which responsibilities of care are shared in society.

As we said earlier, care has to do with social reproduction; that is, with the creation and maintenance of social bonds. Part of this is related to bonds between generations (the birth and raising of children, attention given to the elderly) and another part is related to maintaining horizontal relationships with friends, family, neighbours, the community and the environment. This type of activity is absolutely essential for society, as without it there would be no social nor economic, cultural or political organisation. Living in society means taking care of each other, while at the same time taking care of our biophysical environment. Tronto (2005) connects this assertion with Foucault’s concept of “care for oneself” and the ability to see oneself as vulnerable. We are all agents and receivers of care; as vulnerable and interdependent, we need care. We take care of others and are cared for; we take care of each other. It is not an “other”, it is an “us”.

Eva Feder Kittay sums up the values and practices associated with the ethics of care in the following way: paying attention to others, attention to the context, sensitivity to the needs of others, with emphasis on vulnerability and human dependency and relational understanding of the “I”.10

3.- Interdependence

To be precise, the vulnerability of the human being implies accepting a relational anthropology in the face of modern individualism and the “disassociated-I”, sovereign and independent. Recognition of vulnerability implies criticism of the myth of an independent and disembodied subject, a subject that is not born, nor gets sick, or old, or loses its powers. In truth, there are no self-made men and women. As Joan Tronto (1993: 135) says, throughout our lives we experience different degrees of dependence and independence, of autonomy and vulnerability; a political order that presumes that the nature of human life is only independence and autonomy loses a large part of the human experience. Alasdair MacIntyre (2001) emphasises the fact that we are rational and dependent animals, vulnerable to a large amount of diverse afflictions, and underlines that the majority of us

10 The care perspective clearly rejects the individualistic moral model inspired by Kant that has, in turn, determined the views on moral maturity a la Kohlberg (Baier 1988). Gilligan, for example, would defend a “post-conventional contextualism” as being the highest stage of moral development.
suffer a serious illness at some point in our life. The way of confronting this circumstance is only in small measure under our control, and usually we increase our dependence on others.

Thus, vulnerability takes on a social role that goes beyond intrinsic disposition and mere contingency in such a way that positive social obligations arise to minimise instability and its unequal distribution, and to reduce avoidable harm (basic support for food, housing, work, healthcare, education, mobility, expression). We are a social species, with reciprocal bonds (rights and responsibilities), constructed on interdependence, and not a group of solitary individuals whose only mutual obligations are limited to not invading each other’s space. This is why interdependence is the state that best characterises us as members of a social community:

“Interdependence is a value arising from human relationships themselves. No human being is, or has been, one, independent, sovereign, self-determined, etc. We strictly depend on others, and not just on our family when we are young, but rather throughout our entire life. Instead of thinking of ourselves as sovereign and autonomous, it is advisable that we take into account how many forms of heteronomy we accept daily. As cooperation, interdependence and plurality are constitutive values in human relationships, it is worth the effort to project these values onto social relationships in general, confirming them as being fundamental”. (Echeverría 1998: 246).

Even autonomy should not be interpreted as independence, because to develop and put into practice our autonomy we need others. It is what some have called “relational autonomy” or “autonomy with others”.

People do not sprout out of the ground like mushrooms; people produce people. We need to be cared for and accompanied by other people and social institutions throughout our lives, sometimes more urgently and completely than others, such as in our infancy, in old age, at times of sickness or dementia. Consequently, the concept of identity extends to include the experience of interconnection in such a way that the moral domain is expanded by the inclusion of responsibility and care.

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11 “We will need to rethink our conceptions of human nature to shift from the dilemma of autonomy or dependency to a more sophisticated sense of human interdependence. Furthermore, we will recognize how our current moral and political theories work to preserve inequalities of power and privilege, and to degrade ‘others’ who currently do the caring work in our society.” (Tronto 1993: 101). The adaptive importance of care and mutual support has been emphasised in evolutionary biology (Muñoz) and theoretical evolutionism (Kropotkin, Singer).

12 “It is necessary for politics to be traversed by vulnerability. This allows us to understand the world in a different way: we do not know everything, nor are we able to do everything. But it is also necessary for vulnerability to be traversed by politics. Perceiving the finality of being is the condition to not shut down a sense of reality; it is what allows us to create unexpected shifts. And in this way vulnerability becomes strength; not like someone who can do everything, but rather as someone who, knowing he cannot do everything, is capable of inventing new meanings from life”. (Gil 2013).
4.- Responsability and proper care

As we just said, responsibility plays a central role in the ethics of care. From this perspective, there are obligations of care to confront vulnerability and its unequal distribution. Obligations of care understood as proper actions and omissions, those expected for social reproduction, because care is the reproductive work to sustain life.

But who has the responsibility for these obligations of care, this proper care? How are the obligations of care distributed? Care has usually been considered a domestic task, for the family, intimate, invisible, unproductive and without value, based on the ideology of the naturalisation of feelings of commitment (of women, clearly), understood as a charitable, voluntary, highly stigmatised action without any type of social responsibility beyond individual or family responsibility. Today, the health system and social services take responsibility for a minimal part of care, such that informal care continues being the main source of support for life in current society in more than 80% of the cases (Rogero-García 2009). Added to this is what is known as the “double shift” that many women experience, who combine work at home with work in the job market.

Nevertheless, we have confirmed the centrality of care for human life, for the creation and maintenance of social organisation itself, and for this reason you cannot just omit the social and public dimension of care, which requires collective organisation of care with support from institutions, organisations and entities: You need a community to take care of people; the domestic is not private, it is political. It is necessary to take care of care, and to consider it a public good: Inequalities in care are a collective problem insomuch as care is a human condition and thus must form part of our public values and our way of understanding what citizenship is and what it consists of (Tronto 2005: 249-250).

In this sense, care fosters organised solidarity (fraternity) through governments and public institutions as well as from organisations in civil society (third sector, NGOs). That is, social responsibility on care.

Specifically, care thus requires that governments exercise two interconnected roles (in what we could call an “ethical governmental mission”): protection, which includes not only the police and armed forces but also social security, healthcare, the provision of food

13 What a perverse name “ama de casa” (in English this means “housewife”, but in Spanish “ama” means “owner”), which makes women owners and inheritors of a complex job for centuries on end (López Román & López Ruiz 2017: 280).
and water, environmental protection, etc.; and empowerment, which includes public education, communications, the judicial system, financial intermediation, etc. In the words of George Lakoff (2009: 48), the ethics of care shape government, whose objective is to maximise our freedom by means of protection and empowerment. Protection that protects us from harm, want and fear,\textsuperscript{14} empowerment to achieve our goals.

5.- Justice and care

Following what has been explained, we can confirm that there is a responsibility when there is no contribution to adequate and effective protection of vulnerable individuals, groups and environments, when the weakest and those exposed to harm are not protected, when fundamentals are not transformed in order to minimise vulnerability, when (proper) care is not put in the centre of public policy. And in this sense, recognition of differences in need and protection constitute a question of justice. Furthermore, neglecting assistance, aid, help and resources for protection have an influence on uncertainty and insecurity, especially for the most vulnerable, and imply a rupture in expectations for care that is characteristic of social organisation. This would be an “improper inaction” that causes or facilitates harm to the extent that it does not impede it, whether due to intentional neglect or for negligence or abandonment. We are thinking about (injustices such as) the lack of help for dependents, or the refusal to provide primary care to undocumented immigrants or people without resources, or the lack of access to basic goods (critical medications, housing, food, etc.), or the hacking and identification of personal medical data. If we have already stressed the relational character of vulnerability, the same happens with care insomuch as the absence of care creates relational harm (Martinsen 2014: 122). For Carol Gilligan, the main issue in the ethics of care is the harm caused from the relationships that suffer from a lack of care.

In this sense, classic proposals of liberal justice emphasising state neutrality and impartiality are insufficient to take into account the care-giving tasks and commitment of individuals with the needs of others and the environment. This is why a new approach of justice should be based on a perspective of care that pays attention to the unequal distribution of vulnerability in society, and takes responsibility for the expectations for care of individuals, groups and the environment.

\textsuperscript{14} In the style of the Four Freedoms Speech of Franklin Delano Roosevelt.
This approach of justice based on the ethics of care has a close relationship with the fraternal conception of justice that Ángel Puyol (2017) defends: It is necessary to abandon the idea that justice is only based on impartiality and introduce fraternity as another principle of justice, if we recognise that nobody in society should be excluded from life’s benefits and obligations, that the members of a political community should be concerned about the good fortune of others (also of other animals and the environment) and mutually help and protect each other from the ups and downs of existence, and from the worst risks of social competition (sickness, unemployment, old age, accidents, etc.).

“If we don’t add fraternity, or solidarity, to impartiality as a principle of any rule on social distribution [and not only as a desirable social consequence of this distribution], justice will remain blind to suffering and the basic human needs of members of society, in spite of guaranteeing, with the highest scruples (which are bestowed by impartiality), formal equality and freedom for all of them.” (Puyol 2017: 25).

Even more, to the extent that activities of care acquire a public, social, organised and institutional dimension, I have formulated and defended a “public ethics of care” where satisfaction in regard to fairness in the basic needs of care is in the centre of governmental actions, and of organisations and state institutions.

In this sense, Eva Feder Kittay (1999) proposed a third principle that would complete Rawls’ theory of justice, the principle of social responsibility for care, which says, with an undeniable Marxist evocation: To each according to their need for care, from each according to their ability to care, and support from social institutions to make resources and opportunities available to those who provide attention and care.

This principle refers to an especially relevant issue in our societies, one which Joan Tronto has called “privileged irresponsibility”; that is, the ways in which the division of labour and existing social values allow some people to excuse themselves from basic responsibilities of care because they have more important work to do. This is the situation that allows the more favoured in society to pay for care services, usually delegating this

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15 Article 1 of the UDHR of 1948 specifically includes the duty of fraternity: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.”

16 “… privileged irresponsibility is a type of personal service in which the person who receives care-giving tasks from others simply takes it for granted to have a right to this care. Also, the existence of this right allows it to be developed in a way that is “a bit hidden”, that is to say, it is not perceived, commented upon nor mentioned”. It is the case of the ideological version of the traditional division of labour in the home. (Tronto 2005: 240).
work to marginalised sectors of the population, such as women and migrants; normally both things, migrant women (intersectionality).17

“The privatisation of reproductive care (…) also reflects the relative social power of different groups when it comes to making more valued and recognised contributions. People who have greater relative power in society make a huge effort to see that their care needs are satisfied under conditions beneficial to them, even if this means that the care needs of those who provide these services to them are not satisfied. More powerful people can delegate these caring tasks to other people: men to women, the upper class to the lower ones, free men to slaves.” (Tronto 2005: 242).

We have dual organisation in regard to care-giving work: on the one hand, those who can pay for domestic work, do so; on the other are those who cannot take care of their own families precisely because they are doing the work of the first group, generally for very low wages and without protection (multinational care groups, such as CLECE). It is the “vicious circle of care”, which increases inequalities: those with more resources have greater access to care and less burdens to take care of, while the lack of adequate resources for care and disproportionate care-giving burdens puts those who have less resources in a disadvantaged situation and, as such, they cannot get more resources with which to resolve the differences that make them different. (Tronto 2005: 235).

It is a “neoliberal” view of care, which contemplates this as a mere commodity in an extension of the market towards the social and personal sphere of individuals which, additionally, reinforces the separation between the public and the private, the political and the domestic, devaluing the value of care (which is connected to emotions, intimacy, people in need).18 Thus a type of “methodological individualism” is adopted in regard to care, taking for granted that all activities involved in care are the result of actions done by individual people in a context of market and “services”.

What is more, there is a tendency toward total mechanisation of care in a type of “technological solutionism”, although we know well that activities aimed at maintaining social bonds contain indispensable personal elements because they are, by definition, interpersonal (for example, intersubjective communication, physical contact, a caress, etc.).

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17 Arlie Hochschild refers to the “global care chain”, understood as a series of personal links between people across the globe based on the paid or unpaid work of caring.

18 Fabienne Brugère (2011: 73) speaks of the commercialisation of fragility.
This is a scenario that Nancy Fraser (2016: 31) calls the “capitalist crisis of care”: when a society simultaneously withdraws public support for social reproduction, for care, and confines the main care providers in long and exhausting hours of poorly-paid work, exhausting those same social capabilities that society depends on. This is exactly our situation today. The current form of financial capitalism systematically consumes our ability to maintain social bonds, like a tiger that eats its own tail.

For Amaia Pérez Orozco, a feminist economist, capitalism does not recognise all types of work, and only remunerates the “mushroom worker” who sprouts up from nowhere wearing an ironed shirt, ready to go to the worksite. That is, a person who does not care for others nor is cared for. As we have already said, the work that is necessary to sustain life is made invisible (María Ángeles Durán, Katrine Marçal). It is extremely difficult to bring life into the centre of the economy when hegemonic economic theory is looking at other, different things, and when the economic pages of the newspaper speak so little about life.

Recently (Diario Vasco 26/10/2017), the anthropologist and director of the FUHEM Foundation, Yayo Herrero, specifically connected the ecological crisis with the crisis of care, stating that “we live in a societal model that has declared war on life”. Thus these generic crises, which are comprised of phenomenon such as climate change, the depletion of materials and sources of energy, increase in inequalities and poorly-resolved role of women as workers and care-givers (very often by force), are rooted in a view of life that sees the human being as independent from nature as well as from their fellow human beings. And nevertheless, as we have stated, we are “eco-inter” dependent to the extent that we have surpassed the limits of the planet, above all those of us who live off resources from other parts of the world and off the people we depend on to take care of the elderly, minors, the disabled, etc. (“our” vulnerable people).

Consequently, there is no justice without care nor democracy without a public vision of care that situates it between an ecological ceiling that we should not have exceeded and a minimum floor of necessities below which we cannot live. An environmental ethics and one that is for global justice must by necessity pay attention to care and our essential and supervening condition as vulnerable and eco-interdependent.

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19 See also Marçal (2017). Here he considers the critical question in economics [How do we put food on the table?] and criticises the (myth of) Homo Economicus, centred on personal interest and contempt for the work of care-giving; a myth that, additionally, has invaded the entire social and political space.
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