




Why Do We Desire and Fear Care: Toward developing a holistic political approach

Organization Theory
Volume 4: 1–23
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DOI: 10.1177/26317877231159683
journals.sagepub.com/home/ott


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Abstract

Care is a human need and capacity without which we cannot survive and flourish. However, care is often underpaid and considered an excessive burden in the economy despite being socially valued. Philosophical and political perspectives on vulnerability are essential for understanding the continuous undermining of care in organizations and society. This article draws on the feminist psychoanalytic idea of embodied vulnerability, defined as our intrinsic dependence on others, to explain the ambivalence surrounding care in contemporary societies and organizations. The argument I develop in this paper is that this dependency is erroneously associated with a weakness we must avoid or ignore. Neoliberal ideology – a dominant influence permeating public life – casts such interdependency as a moral failure and juxtaposes it with the fantasy of the rational individual, who is disembodied and free of any social obligations. In the paper, I challenge this view and argue for a deeper social and political conceptualization of care as an alternative basis for understanding the constitution of organizations and society. I draw on psychoanalytic insights as a footing for this conceptualization and elaborate on how it allows us to reframe care not only as residing in the fabric of relations underpinning organizations and society but as in an existential sense giving life to them. As I conclude in the paper, such an expanded and holistic view of care might help us address our societies' profound challenges.

Keywords

embodied vulnerability, feminism, intercorporeality, interdependence, intersubjectivity, political care, psychoanalysis, relationality

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'What if we were to argue *against* neoliberalism from the standpoint of care, understood within a democratic society's frame that care must be adequately and equally provided for all and that all must contribute their fair share to care?' (Tronto, 2017, p. 28).

Introduction

In this article, I argue that we need to re-envision our organizations and society in line with a holistic notion of care by focusing on embodied vulnerability as an inherent part of our human condition and as a political category. This view aligns with the Care Collective's notion of radical care (Chatzidakis et al., 2020), advancing a 'universal care' model as 'the ideal of a society in which care is placed front and centre on every scale of life' (The Care Collective,¹ 2020, p. 19). Now, more than ever, I will argue, we need to infuse all aspects of our political and social lives with care. If we are to draw a single lesson from the Covid-19 pandemic, it is that we cannot survive without the care we provide to one another as individuals and without collective care efforts as a society. We require care to maintain our lives and well-being; we need it to recover from diseases and when facing the dangers of illness or death. The recent response to Russia's invasion of Ukraine demonstrates the importance of caring for the survival of fleeing victims. The massive numbers of refugee arrivals attest to the significance of grassroots, volunteer-led care initiatives to receive them (Fotaki, 2021a). These developments signal the need for a political, economic, and ethical repositioning of the value of care in society and caring professions (Folbre, 2015; Sandel, 2012; The Care Collective, 2020).

However, a shift toward radical care, as proposed by the Care Collective (2020), requires a comprehensive approach to afford a deeper understanding of why we simultaneously need yet often undervalue care. We need to consider why the value of care in private life is generally accepted when its importance and role in the public sphere are subject to heated debates and controversies (Fotaki et al., 2020, chapter 1).

The article seeks to interrogate this ambivalence by bringing psychoanalytic feminists' ideas into conversation with political and activist conceptions of care. Psychoanalysis, for instance, stresses our conflicting feelings about being dependent on others, which leads to an apparent contradiction: while care is socially valued because we cannot survive without it, this need makes us feel dependent, vulnerable, and weak – and we tend to avoid these states, seeing them as undesirable because weakness and dependency are associated with a threat to survival. Neoliberal ideology accommodates and magnifies these existential fears by rejecting collective care arrangements such as the welfare state. On a larger scale, this neoliberal capture permeating our societies, may explain why we evade the need for care individually and socially assign it as low-status work while exhorting its high moral value. The article argues for politicizing care because by drawing attention to the interests that are served by its relegation to the private sphere, the neoliberal logic underpinning this view is disrupted (Fotaki, 2017).

Feminist ethicists of care have long recognized the moral significance of care as an intrinsic aspect of relationships and interdependencies in human life (Engster, 2007; Gilligan, 1982; Held, 2006; Kittay, 1999; Noddings, 1984). A few organizational scholars have engaged with these ideas despite influential works on the value of a feminist ethics of care in competitive business organizations (Liedtka, 1996), including its capacity to enhance inclusivity and teamwork (Lawrence & Maitlis, 2012). Related work has drawn on a feminist ethics of care to argue against the logic of the short-term maximization of shareholder value (Burton & Dunn, 1996; Freeman & Gilbert, 1992), reorienting business organizations towards a stakeholder-based approach (Wicks et al., 1994). McCarthy (2017) uses a feminist Foucauldian perspective of an ethic of care for the self to propose ways of achieving women's empowerment and gender equality in the context of corporate social responsibility (CSR). Nevertheless, these works neither theorize why care is systematically undervalued in organizations and society nor

focus sufficiently on the political underpinnings of care (Fraser, 2013; Sevenhuijsen, 2005; Tronto, 1993, 2010). In contrast, feminist political writings have demonstrated that care is inherently gendered and performed mainly by women owing to their subordinate societal position (Tong, 1998), explaining the generally low economic value afforded to care work (Harrington, 2000). Other feminist authors have also highlighted the neglected economic role of care in promoting capitalist accumulation (Federici, 2004) and power disparities between care givers and care receivers globally (Hochschild, 2000; Fraser, 2016). However, when organizational scholars examine the implications of the ethics of care for businesses, they rarely consider the broader mechanisms and causes of inequalities in the distribution of care labour and care benefits. Yet, as I argue in this paper, such a political approach to care might offer an in-depth understanding of why and how multiple forms of discrimination and inequalities arise and, indeed, persist in organizations.

Another critical point is that although care is crucial for our flourishing and survival, we tend to avoid realizing the need for care because it reminds us of a dependency on others. Organizational scholars have so far rarely embraced psychosocial and affective approaches concerned with embodied vulnerability and interdependence as the foundation of our subjectivity (for notable exceptions, see Ashcraft, 2017; Barsade & Gibson, 2007; Fotaki et al., 2017; Kenny & Fotaki, 2014) although embodied affect is critical to understanding the expression and experience of care in capitalist societies (Lynch, 2022).

In this article, I address these gaps by deploying feminist psychoanalytic insights into the unconscious, intersubjectivity and intercorporeality to rethink the ethics and politics of care. Specifically, I develop a framework centred on embodied vulnerability to show why feminist theory and practice might redefine our individual, organizational, communal, and global relationships by building on rather than repudiating it. I bring together ideas from Judith Butler, Jessica Benjamin and Bracha Ettinger, relating

to how individual precariousness is foundational to the human condition, with a politicization of care that sees it as inextricably linked to societal inequalities (Tronto, 1993). The proposed re-theorization of care, drawing on psychoanalytic feminist ideas, explicates the political consequences of equating vulnerability with weakness and a threat to survival, as epitomized by neoliberal societies. The reframed political conception of care with vulnerability at its centre contributes to organization theory by demonstrating how and why we undervalue care by disavowing our interdependence and existential precariousness. It also highlights how unequally distributed vulnerabilities are, in fact, political categories leading to socially generated forms of precarity, and I provide a theoretical framing that offers ways to address this issue.

First, I will demonstrate how the evasion of our existential and political vulnerability rooted in psychic and psychosocial dynamics might lead to the misrecognition of our need for care in the social arena. Second, I will argue that neoliberalism embeds this logic by sidestepping and ‘externalizing’ the fundamental fact that we all require care to grow and flourish because being cared for provides us with a sense of security. The repudiation of vulnerability and dependency needs and the obfuscation of interdependence connecting privileged and marginalized populations (Layton, 2014), are the means to enforce the logic of carelessness and undermine care. This set of contributions is essential for us to consider the crucial role of the late-capitalist neoliberal doctrine in propagating a refusal of our connectedness through caring relationships. Neoliberal workplaces embody and exacerbate this trend, allowing little space for a caring imagination and deprioritizing co-workers’ needs to achieve organizational goals and increase performance (Antoni et al., 2020).

Next, I briefly discuss various approaches to the ethics and politics of care to foreground a feminist, psychoanalytical focus on how care nurtures positive attachments between those providing and receiving it and as a way of

acknowledging the resulting ambivalence. I then discuss the unconscious fears of vulnerability as a way of grounding care in intersubjectivity and intercorporeality. These assumptions underpin the proposed holistic and political conception of care. The article's concluding section outlines how such a reframing might help us rethink the interventions needed to address systemic inequalities by rehabilitating the value of care and care work in organizations and public health policy. In addition to discussing the importance of care for these profound societal challenges, the article outlines their implications for management education and organizational research.

Feminist Politics of Care: A Gap in Organizational Scholarship

Care is often thought about in the context of ethics and gender. The logic of care and caring is at the heart of feminist philosophy and practice, where subjects are embodied and embedded in their social origins. Many writers and activists have raised the issue of care directly or as an essential aspect of women's emancipation. Reflecting a wide range of perspectives, they combined various angles on the feminist struggle with broader sociopolitical, philosophical and cultural analyses. These include Marxism (Federici, 2012), postcolonial theory (Mohanty, 2003), poststructuralism and psychoanalysis (see Fotaki & Harding, 2017). Often shaping public debates and impacting other disciplines (Fotaki, 2021b), organizational scholarship rarely considers these diverse feminist theories and activist practices. The following outline of care ethics and various approaches to care highlights the intersections of care ethics, political economy and psychoanalysis by focusing on embodied vulnerability, which I develop further in the subsequent sections of the article.

Carol Gilligan's (1982) feminist ethics of care considers women's moral development as inherently different from that of men. This concerns embodied care practised in daily activities vis-a-vis the concrete person rather than the

abstract ethics of justice constructed by men. A feminist ethics of care is a different voice within a patriarchal culture because it joins reason with emotion, mind with body, self with relationships, and men with women, resisting the divisions that maintain a patriarchal order (Gilligan, 2011, p. 22). Nel Noddings, another influential care ethicist inspiring organizational scholars, sees the capacity for care as a human strength that can and should be taught to and expected of men and women. Care ethics offers an antidote to formulaic and analytical approaches to morality that treat ethics as abstract manipulations of principles or consequences (Noddings, 1984, 2010). These perspectives juxtaposing care and justice views emphasize moral reasoning, influencing important works of some organizational scholars (Burton & Dunn, 1996; Lawrence & Maitlis, 2012; Liedtka, 1996). However, their focus on reasoning obscures unconscious affect. They also ignore the politics of care needed to explain why care is undervalued and unequally distributed.

In contrast, influential feminist voices adopting a psychoanalytic stance do not attribute care to gender or morality. For instance, Judith Butler and Bracha Ettinger, referred to later, consider relational care and unconscious affective ties that bind us together as universal constituents of human subjectivity. They focus on embodied vulnerability as an inextricable part of the human condition and subjectivity. Vulnerability also concerns political questions of power and violence in the public political sphere (Petherbridge, 2016), for instance, against marginalized populations deprived of most or any form of care, such as the new poor, refugees and displaced people (see also Butler & Athanasiou, 2013). Political care theorists reject framing ethics of care in terms of morality. The most prominent voice is Joan Tronto's (1993) who argues that 'we need to stop talking about 'women's morality' and start talking instead about a care ethic that includes the values traditionally associated with women,' while analysing the political context in which such moral choices occur (p. 3). She stresses that 'how we think about care is deeply implicated

in existing structures of power and inequality' (Tronto, 1993, p. 21). Hence, Tronto develops Noddings' (1984) distinction between 'caring for' and 'caring about' the needs rather than the interests of others and posits that 'taking care of' those needs must be addressed, thus making political demands for care.

Early autonomist Marxist feminists represent another mode of political care, approaching it as a core part of social reproduction rather than as an issue of morality and showing how it has historically contributed to capitalist accumulation (Federici, 2004; Mies, 1986). Paid and unpaid labour, which often concern care and caring, are not opposites but mutually constitutive aspects of capitalist labour markets. Nancy Fraser (2016) argues that since the industrial age, capitalist societies have separated social reproduction from economic surplus production. As a result, they have 'rewarded' care work with the 'currency' of love and 'the value of virtue', while paying for productive activities. During the 1970s, autonomist Marxists unsuccessfully campaigned for domestic work to be paid (Federici, 2012).

However, associating women with unpaid care work also has its problems. Although care work is performed mainly by women, structuring care ethics around gender may be limiting rather than emancipatory, especially when it does not account sufficiently for social class and ethnicity, as Joan Tronto (1995) points out. For instance, race, economic factors, or both, determine the reality of care work for women of colour (hooks, 1999), as much as gender. Equally, ethics of care is part of a liberal Western philosophy focusing on how such ethics might function in a democratic polity (Tronto, 2020). Thus, it ignores the forces of domination and oppression often established through class and racialized power structures within our societies and between different geographies. Many religious traditions, such as the Hindu caste system (Mahadevan, 2020), look down on embodied work, but this work also has a marginalized status in Western secular societies (Lanoix, 2013). However, organizational scholarship tends to neglect these

issues, focusing almost exclusively on a depoliticized notion of ethics of care. Crucially, while providing essential insights, these approaches leave gaps in our understanding of the continuing ambivalence surrounding the practice of care and caring in contemporary societies and organizations, as these often ignore the unconscious, affective and embodied aspect of care.

While the idea of care as a radical political proposition has had limited take-up in organizational scholarship, this may be slowly changing (Benozzo et al., 2022; Branicki, 2020; Fotaki & Harding, 2017, chapter 6; Johansson & Wickström, 2022). Following Gilligan's work, most organizational researchers define care as consideration for another person's needs and interests (Lawrence & Maitlis, 2012; Liedtka, 1996) while cautioning that this may lead to the instrumentalization of care if employed to improve organizational efficiency. Lawrence and Maitlis (2012) focus on deploying care ethics in organizations through narrative practices and ontologies of possibilities to create more caring organizations (see also Elley-Brown & Pringle, 2021; Sander-Staudt, 2011). Liedtka's (1996) far-reaching proposal on care ethics offers new possibilities to enhance organizations' effectiveness and moral quality simultaneously. This involves the creation of 'caring communities' to rethink dominant business models. Some authors also propose care ethics as a means to address employees' needs in diversity management (Hamington, 2013; Johansson & Wickström, 2022), gendered resistance and empowerment (McCarthy, 2017), or a meaningful input into critical management pedagogy (Gabriel, 2009) and humanizing management (Fotaki, 2021c).

Useful though this work has been, it largely focuses on care as a distinct moral theory. This often reproduces the association of care with female and feminine characteristics. However, care ethics is not only about 'women's morality', nor is it exclusively the purview of women; it has more to do with a different framing of moral questions (Hamington, 2013). Importantly, such approaches ignore that care is

always political, as it concerns the distribution of different types of care among various recipients and the care workers involved in producing and providing it (Tronto, 1995). Thus, while ethics of care appears in business ethics literature (Burton & Dunn, 1996; Johansson & Wickström, 2022; Liedtka, 1996; Sander-Staudt, 2011), organizational research rarely acknowledges political dimensions of care. Still, as Tronto (1993) argues, ‘the point is not to undermine current moral premises, but to show that they are incomplete’ (p. 118) by positioning care in the broader political context. Similar to Marxist feminists, Tronto (1993) recognizes that caring is predominantly, although not exclusively, delivered by women but argues that we must understand care as a social practice rather than as a gendered disposition that is ‘easy to sentimentalize and privatize’ (p. 118).

Furthermore, organizational research on care tends to overlook the contribution of inter- and intra-psychic affective dynamics to the undervaluation and gendering of care. Though there is recognition of the embodied nature of care, it is often associated with weakness, dependency and neediness rather than strength because of its association with vulnerability (Johansson & Wickström, 2022). And, while vulnerability signifies openness to the other and promise (Miller, 2020), it also gives rise to the unconscious fear of annihilation that individuals and society strive to assuage or evade.

I address these gaps by incorporating the unconscious psychic dimension absent from the theorization of political care to date (Branicki, 2020; Mandalaki et al., 2022), drawing on the ideas of the unconscious and embodied affect by Judith Butler (1993, 2004), Bracha Ettinger (2006) and Jessica Benjamin (2004). This allows me to theorize care as a response to embodied vulnerability intrinsic to the human condition. Following Butler, I define it as existential precariousness while accounting for socially induced states of precarity. This double aspect of vulnerability is crucial for re-theorizing care as a political process. It also highlights how we embody and reproduce such social norms via affective attachments to dominant discourses

and ideologies under neoliberalism to identify the impediments to putting care at the centre of politics and organizing.

Psychoanalytic insights into our unconscious avoidance of vulnerability I discuss below may enable a more profound analysis of the mechanisms that undermine care in neoliberal societies. Specifically, I present selected ideas from the works of Butler, Benjamin and Ettinger, before showing how I incorporate these into the proposed holistic care approach.

Feminist Psychoanalysis: Intersubjective and Intercorporeal Care

In contrast to the traditional single-person focus of psychoanalysis (for example, in Freud’s drive theory), feminist relational approaches draw on a two-person concept modelled on the mother/child dyad of object relations theory. As early as the 1920s, Melanie Klein introduced this concept to psychoanalysis as a centrepiece of her thesis on human development. The fragile and underdeveloped subject requires the presence of the caring other for its secure existence. Child psychiatrist Donald Winnicott (1960, p. 39) emphasized the mother’s role in early infant care: ‘there’s no such thing as a baby’ because ‘a baby alone does not exist’; only ‘a nursing couple’ exists – a baby and the person who takes care of her. However, feminist psychoanalyst Nancy Chodorow (1999) claimed that caring work associated with women’s role as mothers and a disposition to value connection and relationships become socially reinforced. Organizational scholars have rarely or not at all engaged with these ideas.

Some organizational theorists have drawn on another strand of psychoanalytic work by Jacques Lacan to argue for women’s status as speaking subjects rather than maternal bodies alone (see Fotaki & Harding, 2013). They also elucidate how we sustain any given symbolic order through affect, showing that we cannot exist socially except when relating to a significant other (see Kenny, 2012; Kenny et al., 2020). According to Lacan (2006), people who

care about us during our early lives and with whom we form libidinal ties are the literal others. We then transfer our affect developed through relating to concrete people who cared for us to social institutions and values (the big Other) in our later lives that become the symbolic stand-in for them (Stavrakakis, 2008). Symbolic and imaginary identification with others and the big Other can explain the role of affect in various social domains (for discussion, see Özdemir-Kaya & Fotaki, 2022, 2023). Object relations' notions of precarious existence and the Lacanian subjection to symbolic social norms are crucial to understanding the embodied vulnerability at the heart of the proposed care approach. Specifically, I rely on feminist readings of their works to address issues of vulnerability and care.

Judith Butler's work on precariousness and precarity is the most important influence for developing my idea of holistic political care. Butler explains how the subject defines herself vis-a-vis the other and the symbolic order under conditions of vulnerability created by this inevitable exposure to the other. Developed from reading Melanie Klein's work, Butler (2009) elucidates our precarious subjective position: we depend on others for survival and become subjects because of our mutual dependence on and existential vulnerability to the other. She also stresses affective unconscious attachments to embodied identities as part of subjection (Butler, 1997), showing how subjects internalize and reproduce these in the social arena. Butler combines insights from work by Lacan, Freud and Klein to address the gap in Foucauldian understandings of subjection to social norms and discourses by emphasizing the role of unconscious wishes, desires and fears as intrinsic aspects of this process. She also focuses on social dimensions absent from classic psychoanalytic theories applied in clinical practice to argue that we cannot exist socially without being recognized by others as subjects (Butler, 1997, 2004). In other words, relationality for Butler forms the basis of our interpersonal and social exchanges. Relationality also

implies an ethical obligation toward the irreducible other; an other we do not identify with because of their difference yet recognize as equivalent. Hence, Butler's ethical obligation of care emerges from our co-implication and dependence on the relatable and unrelatable other, stressing the potential for both altruism and harm (Fotaki, 2019b). In this, she follows Emmanuel Lévinas' (1969) claim that the face of the other belongs to the sphere of ethics (see Rhodes, 2020), positing that our infinite capacity for being injured obliges us to protect the other.

Psychoanalyst Jessica Benjamin, working in the object relations tradition, concurs with Butler's claim but also offers spaces for relating that allows respect for the difference that Butler advocates. The face of the other conveys defencelessness and precarity and is at once a call to kill and a call for peace (Benjamin, 2004), a duality permitting an ethical stance. Benjamin (2004, p. 6) interrogates how 'the felt experience of the other as a separate yet connected being with whom we act reciprocally' can protect rather than destroy the other. She counters the latter by offering a unique conception of relationality, defined as 'thirdness', in which subject and other are intertwined, neither prevailing over the other. Benjamin's work explains how our dependence on care is often intertwined with carelessness, suggesting that we need to acknowledge this interdependency and fully recognize its ethical and political implications.

Bracha Ettinger (2006) contributes the idea of the matrixial borderspace (as a symbolic and material space connecting us to others) and trans-subjectivity for reconsidering care regarding embodied vulnerability. Her idea of the 'matrixial' as a symbolic concept and material reality captures the absence of the subject's separateness from the other (Kenny & Fotaki, 2015). 'I' is always inextricably linked with the unknown 'non-I' or the Other/(m)other co-emerging through cohabitation in the womb (Ettinger, 2006; for discussion, see Kenny & Fotaki, 2015). Ettinger's elaboration on our

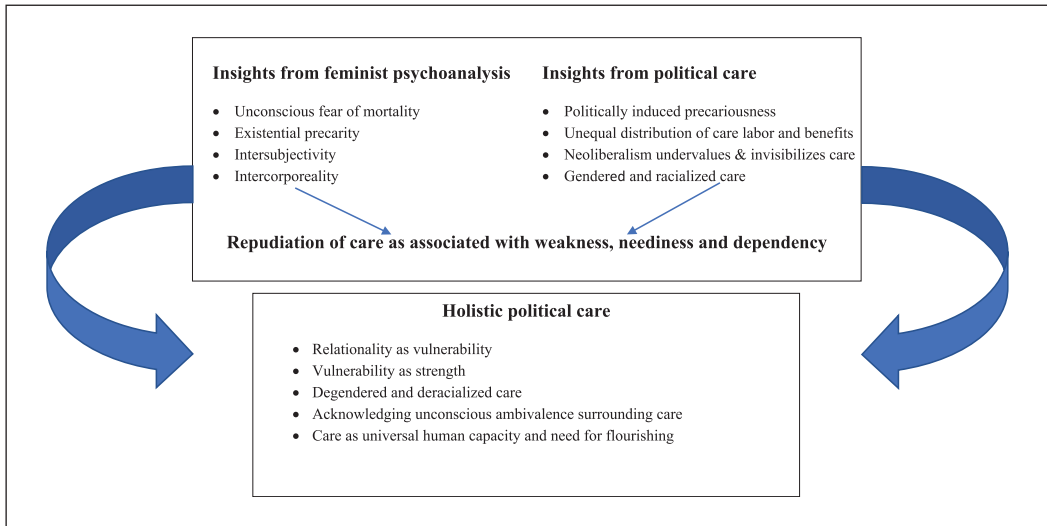


Figure 1. Building holistic political care.

embodied connections can help to rethink the intersubjective intercorporeal links that make care possible. Such processes occur via affect rather than rational deliberation, prioritizing connectedness to the other rather than their rights. However, like Benjamin and Butler, Ettinger – though focusing on subjectivity-as-encounter, and not only separation or aggression – stresses the dual nature of the relationship to the other when referring to ‘matrixial’ co-emergence as ‘also potentially traumatizing’ (Ettinger, 2005), which can help explain ambivalence surrounding care.

The psychoanalytic insights discussed above refer to our ontological predicament that we tend to evade because it brings us into contact with our destructiveness, precarity and mortality. Our lives are precarious because of the inevitable exposure to various privations and injuries – and this existential embodied vulnerability obliges us to care for others individually and collectively. However, this also suggests that we need to consider the unequally distributed material consequences of politically generated precariousness and socially reproduced vulnerabilities. Recognizing this double meaning of vulnerability and re-theorizing care

through the unconscious lens accounts for intersubjectivity and intercorporeality as the foundations of holistic political care. They enrich the notions of relationality and interdependence central to ethics of care, explaining our ambivalence toward care (see Figure 1). The proposed approach also unearths the affective attachments to dominant discourses, such as the neoliberal social norms that permit evading vulnerability with the resulting political consequences, discussed below. The framework stresses that psychoanalytic insights and political care approaches, on their own, can explain ambivalence around and repudiation of care as associated with weakness, neediness and dependency. However, combining psychoanalytic and political ideas on embodied vulnerability provides essential input for developing holistic political care as an antidote to these trends in organizations and society (see Figure 1).

Next, I examine care ethics psychoanalytically, focusing on embodied vulnerability as both an existential and social category to reconsider political care. This precedes the discussion section elaborating on the implications of this re-theorization of care for organizational analysis and its practical implications.

The Unconscious Avoidance of Vulnerability and the Politics of Care

This section provides a theoretical foundation for understanding the repudiation of care under neoliberal governance that emerges from our embodied vulnerability. It then offers the holistic approach to care with intersubjectivity and intercorporeality at its centre, as critical ethical and political categories to at once challenge the neoliberal logic and to provide the basis for an alternative care-based conception of organizations and society.

Embodied vulnerability and care

The psychoanalytic insights on which I draw show that care is rooted in our bodily vulnerability, which is intrinsic to human ontology because vulnerability is an unavoidable feature of our existence. Being human means being vulnerable in our bodies, prone to disease, aging and physical and psychological harm. Many researchers from diverse fields, including philosophy, gender studies, social work and law, accept that vulnerability should be seen as a universal human condition: an ethical or ontological category, rather than defining certain people or groups as being more or less vulnerable (Crowther, 1993; Fineman, 2008, 2010; Herring, 2016). However, vulnerability often denotes susceptibility to injury or being threatened or wounded and has been associated predominantly with violence, finitude and mortality (Petherbridge, 2016). In the context of care, embodied vulnerability denotes bodily and emotional needs that are addressed by care. This view resonates with Butler's (2004, 2009) shared 'precariousness' which compels us to care for others, even distant ones we do not know.

The article's key argument is that recognizing susceptibility to harm and risks as part of the human condition gives rise to ambivalent feelings. This is because vulnerability puts us in a state of neediness and dependence on the other, raising anxiety about survival and fear of annihilation. To avoid this unbearable

existential dread, we fall for the fantasy of invulnerability (Fotaki, 2006). The idea of invulnerability is seductive, allowing us to evade our dependency on the other. 'The pursuit of invulnerability thus involves a simultaneous recognition and disavowal of vulnerability; it is recognized as a reductively negative state and accordingly disavowed as a condition that does or ought not to pertain to us' (Gilson, 2016, p. 77). However, vulnerability is intrinsic to the human condition we deal with by developing collaborative caring arrangements instead of allowing it to overwhelm us. Therefore, it is important to reconsider how we embody the politics of care. Such a stance requires acknowledging that the socially produced vulnerabilities are outcomes of power asymmetries and global dependencies, affecting different bodies unequally (Butler & Athanasiou, 2013). Unlike existential vulnerability, their condition often emerges from avoidable states of precarity (Butler, 2009). As Gilson (2016, p. 72) puts it, 'from some perspectives, it is invoked as a fundamental, shared constitutive condition – a way of being open to being affected by and affecting others – whereas others focus on the specific and differentiated forms that vulnerability takes in concrete circumstances'.

Social discourses and policies profoundly shape how we experience and respond to our existential predicament, having a performative effect on our politics. They can promote politics of solidarity vis-a-vis the other based on our shared precariousness or enact fear drawing lines around socially induced forms of precarity. Thus, the avoidance of vulnerability may be politically motivated. The neoliberal doctrine and its various derivatives, focusing on the competition for 'scarce resources' and the pursuit of satisfying endless individual desires, consider the needs of others as a source of potential threat. In this narrow conception of human coexistence as a zero-sum game, there is no space for care other than as an act of individual benevolence or charity. Neoliberal ideology dismisses our vulnerability to injury, disease and frailty as inimical to productivity, self-interest and cut-throat competition for

profit extraction. More importantly, it eschews ‘the bonds that connect us, the similarities and sameness between us’ (Tokarczuk, 2019) because these might promote solidarity and collective action.

The following section briefly outlines how vulnerability avoidance – foundational to the neoliberal ideology but rarely considered in organizational scholarship – may explain the demonization of dependence on caring systems and structures.

Refusal and undermining of care: a social norm in neoliberal governance

In many affluent countries, it is now legitimate policy to question the state’s duty of care for its population, diminishing the social welfare system and replacing it with individual responsibility. The neoliberal doctrine animating such policies promotes unlimited individual choice and liberty, rejecting the need for collective arrangements. In its stead, it offers a potentially attractive but illusory idea of a disembodied rational utility maximizer free of social obligations. Affluent societies’ rejection of vulnerability means shedding collective responsibility for the marginalized and denying any obligation to provide elementary care to various ‘others’, such as refugees and immigrants, the poor, and the new poor produced daily by neoliberal economic policies and the refugee crisis (Fotaki, 2019b, 2021a). Underpinning this is the idea of the artificially created scarcity through the attacks on publicly provided services as wasteful and inefficient and the retrenchment of different forms of welfare. At the same time, having espoused neoliberal public policies, policymakers often stoke people’s fears to deflect attention from their failure to address the needs of the most vulnerable – refugees, displaced people and various dispossessed groups within their own populations (Fotaki, 2020). Such discourses responsibilize individuals and entire social groups by making them ineligible to receive care in the public system while labelling their needs as personal choices. So, we aim to become

invulnerable, even if this is an unattainable goal, as this allows us to disregard how we depend on others (and societal structures) for care. At the same time, the neoliberal doctrine precaritizes various groups (e.g. unemployed, benefit claimants and migrants), who are then held responsible for their plight and excluded as ‘monstrous others’ (I. Tyler, 2013). Under collective social protection agreements, such conditions would typically necessitate more extensive responsibility for and responsiveness to others who are especially vulnerable (Gilson, 2016, p. 72). However, when ‘individualization is a fate, not a choice’ (Bauman, 2000, p. 34), as in neoliberal states, we must strive to become ‘independent’ and immune to human weakness. Thus, our alleged independence makes us infinitely sentimental about ourselves and methodically ruthless toward others (Rose, 1995).

Psychoanalytically speaking, neoliberalism aims to assuage our existential fears by promoting individualism and competition. The account of embodied vulnerability through the lens of such unconscious dynamics explains the ambivalence surrounding care. However, neoliberalism appropriates this existential condition politically to encourage enacting the death drive in the social arena (Fotaki, 2006) by ignoring the need for collective arrangements to address the inherent precarity and various forms of precariousness it generates. It conceals vulnerability (hence undermining care needs), casting individuals as invulnerable so they can be productive. This manifests by rejecting care as redundant and not in keeping with the aspirations of the all-knowledgeable utility maximizer: the neoliberal subject. Under the neoliberal ideology, which promulgates self-sufficiency and individual effort (Amable, 2011), vulnerability is often associated with weakness and/or moral failure, evoking undesirable emotions of neediness and fears of inadequacy in potential recipients. This explains why dependency is dismissed as being at odds with the needs of people in advanced societies, described by Anthony Giddens (1990) as post-modern subjects who are reflexive designers of their own lives and for whom everything is

negotiable or a matter of choice. While it is only one possible way of exercising politics, it has a performative effect as a 'discursive practice that enacts or produces that which it names' (Butler, 1993, p. 13).

Next, I turn to psychoanalytical insights to develop an intersubjective and intercorporeal understanding of relationality and interdependence, offering a counterpoint to the fabled self-sufficiency of the autonomous neoliberal subject (Fotaki, 2017) and prompting us to rethink political care as an organizing principle of our societies.

Developing intersubjective and intercorporeal political care

The core premises of ethics of care are rooted in human relationships (see Held, 2006). Caring and relating share conceptual and ontological resonance because everything we do involves care (Puig de la Bellacasa, 2012). The notion of care as a relational practice that aims to address another person's concerns and needs has been extensively applied in the fields of nursing (see Bowden, 2000), healthcare (Fotaki, 2019a) and social policy (Sevenhuijsen, 2000). Relationality offers a much-needed replacement for a rational economic man – a fictional but ubiquitous idea (Held, 1993). However, we cannot achieve this without considering the affective ties that bind us to these dominant but unrealistic ideas about human nature, showing that the human species evolved and survived through collaboration and relating.

The article draws insights from Butler, Benjamin and Ettinger's philosophy to take this work further, showing our subjectivities as inextricably interwoven with all lives through a nexus of complex and ambivalent desires, including those of unknown others. I began with Butler's (2004) argument that the very definition of our subjectivity is inseparable from the other provides a platform for reconsidering the concept of care: first, as an inextricable part of human subjectivity, and second, as a psychosocial condition binding us to others through embodied and affective ties. The

psychoanalytic theories of Benjamin and Ettinger add to this by elaborating on relational ties to others and intercorporeality. For instance, Benjamin's idea of 'thirdness' co-created by the self and the other might help rethink relationality as a space for connection and caring. Ettinger's embodied coexistence and compassion toward the other grounded in our corporeality provide a material foundation for practising care. Instead of dividing people into separate ontological categories, such framing stresses their interdependence. As discussed earlier, Butler's ontology of the subject explains why exclusionary social norms work on and potentially injure the human psyche, elucidating how the fundamental need for recognition reproduces and sustains the power relations that generate these norms in the first instance (Butler, 1990). Butler's insights reveal why subjects contribute to reproducing and sustaining such power relations, often unconsciously, through embodied and affective processes. They do so even if the terms injure people's identities because we cannot exist socially without being recognized. In other words, we connect intersubjectively with the others on whom we depend for our sense of self and social recognition. Butler shows how our precariousness and precarity make us dependent on material forms of care throughout our lives. This means we have to consider the political nature of care and caring that applies to all, including distant 'unrelatable' others.

Ettinger's (2006) work focuses on how the body's materiality and affect might become the means to re-envision coexistence with the unknown and unknowable other. Like Benjamin's idea of thirdness, her concept of the matrixial offers an account of an 'in-between' space in which subjects co-emerge and constitute one another (Kenny & Fotaki, 2015). Ettinger proposes an ethic of 'difference' that is not the gender-related difference advocated by care theorists such as Gilligan, Noddings and other feminist ethicists of care. Instead, Ettinger's notion of embodied connectedness has socio-political implications for care as it welcomes other people's differences. Its origins

are pre-reflexive, but there is a profound link between the interdependence essential to care and intercorporeality. The overall premise of the proposed psychoanalytically inflected care approach is that it may serve as a starting point for developing holistic care by accounting for the psychosocial dimension on which power structures rest. However, unlike Tronto and Federici, the proposed approach does not simply depart from the question of differing morality toward a notion of care as an outcome of power structures.

Indeed, as Silvia Federici (2004) explains, categorizing entire social groups by ascribing divisive identities allows their denigration and exploitation. Sexual hierarchies, she argues, are always at the service of projects of domination sustained only by constantly dividing those who are to be dominated (Federici, 2004). I have previously argued that the logic of neoliberalism opposes relationality on ideological grounds. This is achieved by disembodimenting individuals and destroying their relational ties (Fotaki, 2017). Severing the relational connection between the embodied self and other and replacing it with abstract conceptions of self in opposition to the other enables the domination of groups espousing these views. Paradoxically, it divides the dominated people based on their embodied characteristics while devoiding them of their individuality. The holistic, psychoanalytically inspired care approach opposes this by denouncing the neoliberal abstraction of humanness as a fallacy, repositioning embodied vulnerability as a source of strength rather than a liability, as I elaborate on in the discussion section.

Discussion: Moving toward holistic political care in organizational scholarship and organization studies

The proposed care approach builds on critical ideas developed by feminist scholars and activists, including feminist ethicists' work on the materiality of care as relational practice vis-a-vis abstract principles. As Gilligan and Noddings, among many others, have shown,

such a notion of care is situated, specific and contextualized. This article takes this debate further by showing why it is insufficient to acknowledge that care is not about normative statements or that people experience care through their relationships. Instead, it argues that we need to reconsider caring as a profoundly political, affective and embodied process. The article offers an approach to care that puts these considerations at its centre. It draws on the feminist psychoanalytic notions of the shared embodied vulnerability that we may all experience at different points of our lives and on Joan Tronto's notion of political care as recognizing and meeting others' needs rather than interests. Bringing these aspects together allows me to develop a holistic care approach, which makes theoretical contributions to organization theory and ethics of care literature, specifically to rethinking inequalities and exclusion. Overall, I draw on underutilized feminist insights to articulate a compelling proposition that might orient us towards more sustainable forms of living and flourishing in the world.

The first theoretical contribution of the proposed re-theorization of scholarship on care ethics in organizations is to provide a framework for understanding why disavowing embodied vulnerability underpins care's systematic and persistent undermining. Feminist psychoanalytic perspectives focus on embodied vulnerability and the existential threat to survival it poses by evoking dependency and neediness for political ends. They explain how neoliberalism embeds this disavowal by promoting the illusory idea of invulnerability. The framing that I propose highlights why affect is indispensable to discourses on the supremacy of the market logic in all walks of life and how individuals and societies embody neoliberal politics of care. The dominant neoliberal dogma, I argue, is predicated on the fantasy that endless consumption and success in the competition for 'scarce resources' can assuage our existential vulnerability and even our fear of death (Fotaki, 2006). As a result, capitalist culture affects how we deal with distress and suffering; it shapes how we relate to others; it

determines how the unconscious functions (Vanheule, 2016). While market societies promote greed, indifference to the poor (Polanyi, 1944), and other undesirable characteristics (Hirschman, 1977), individuals appropriate dominant discourses that encourage ambivalence about care by linking it to weakness, neediness and potentially diminished survival.

These have significant implications for understanding the relative unimportance of care in organizations and society. Specifically, psychoanalytic insights into the disavowal of vulnerability provide an alternative understanding of how power relations contribute to the undervaluation of care and the reproduction of neoliberal ideology. Yet to date, there are no explanations linking the evasion of this reality with the actual politics of undermining care. This is despite the engagement with Judith Butler's ideas on recognition in contemporary workplace dynamics and the relationship between vulnerability and resistance (M. Tyler, 2019), ethics (Varman et al., 2021), or precarity (Hultin et al., 2021). Organizational scholars have not taken up these ideas to theorize care, and the work of psychoanalytic feminists on the unconscious, affect and body, as discussed above, has not been applied to theorizing care in organizations and organizing. The article addresses these lacunae in the theorization of care in a specific way through psychoanalytical framing. The implication for the organizational scholarship is that feminist ethics of care cannot play a vital role in rethinking our business models and work organizations (Lawrence & Maitlis, 2012; Liedtka, 1996) without acknowledging conflicting feelings arising from our state of dependency surrounding care. This requires delving into the relationship between the business models neoliberalism propagates, how these are affectively appropriated and how they impact different bodies. Therefore, we cannot advocate changing relationships between various actors in organizations and beyond (e.g. stakeholders; see Burton & Dunn, 1996) by merely evoking collaboration and the need for care. To achieve this, it is crucial to

explain the causes of the absence of caring in organizations. Theorizing care through a psychoanalytic lens can also explain how carelessness becomes normalized and embedded in subjects' souls and inscribed on their bodies. Psychoanalytic feminist insights show the affective appropriation of dominant discourses and ideologies at the psychic level and their enactment through the body that can lead to evading vulnerability and repudiating care. At the same time, the proposed framework stresses the connection between people through intercorporeality, offering new vistas for enacting care. It originates in the embodied and affective experience with others, preceding and exceeding the rational schemes that seek to regulate it – similar to Pullen and Rhodes' (2014, 2022) idea of intercorporeal generosity, inspired by Diprose (1998).

Following the above, the proposed psychoanalytic view also calls for recognizing vulnerability as a source of strength and knowledge rather than a state of weakness, which might allow us to understand and respond to other people's needs and promote organizational diversity (Johansson & Wickström, 2022). For instance, Johansson and Wickström (2022) show how marginalized populations in organizations can use their 'otherness' to negotiate, conform with, or resist organizational norms, practices and discourses. They do so by highlighting their vulnerable position, thus offering insights into the needs of others that may serve as inputs into ethical decision-making in organizations. Johansson and Wickström (2022) also consider the role of vulnerability in developing sensibilities, practices and imaginaries of care to promote organizational diversity. Although care ethics provides a framework for giving extra care to vulnerable people in organizations (Johansson & Wickström, 2022), it is necessary to recognize that caring relationships emerge from mutual dependency and ambivalence about this dependency. Other researchers, including M. Tyler (2019) and Vachhani and Pullen (2019), also use feminist ethics to propose new ways of making organizations liveable and

engaged in societal matters by taking public space to defend discriminated members in our organizations and speak out for the dispossessed. The article argues that placing embodied vulnerability at the heart of organizational life can turn it into a valuable resource rather than a burden seen as the domain of the 'weaker' and 'less successful' organizational members and social groups. Instead of selecting certain groups as worthy of protection, this also promotes the inclusivity view in critical diversity scholarship (Adamson et al., 2018; M. Tyler, 2019).

Feminists and philosophers have shown how we might rethink vulnerability to signify openness, promise and the power of human bodies, as seen in maternal bodies (Ruddick, 1989) or a precondition of our becoming (Shildrick, 2002) and our ability to connect with others (Mackenzie et al., 2014). However, they have not considered the unconscious dimensions underlying such processes. The integration of psychoanalytic approaches to care addresses this gap and speaks to the emerging literature on organizational diversity and inequalities. It involves reconsidering vulnerability giving rise to care as both a human trait and capability. Reconsidering vulnerability as 'a manner of openness to the world and other people – for example, corporeal, psychological, or emotional openness – over which we have limited control' (Miller, 2020) may provide a way to rethink care as inalienable from our ability and need to relate to others rather than a gendered attribute. Additionally, offering ways to counteract this involves shifting away from pernicious gendering of the concept of care linked with exploitable weakness and vulnerability as a burden, which are also gendered concepts. Instead of focusing on the differences in moral decision-making by gender or arguing that women are more ethical and caring, it is essential to bring political care into the mainstream of organizations and organizing.

The second and related contribution of this article is to bring insights offered by psychoanalytic feminists into conversation with the work of Tronto and Federici regarding the need for a just distribution of care, as discussed above.

Joan Tronto (1993) coined the term 'privileged irresponsibility' to refer to women and minorities performing care work in ways that benefit the elites. She describes this phenomenon as allowing the most advantaged in society to purchase caring services, delegate the work of caregiving, and avoid responsibility for adequate collaborative and collective care arrangements. Thus, while care is fundamental to social life, and caring activities have always been the foundation of any economy (Fraser, 2016), and capitalist accumulation in particular (Federici, 2004), care jobs are often underpaid or unpaid, undervalued and made invisible (Federici, 2012; Oxfam, 2022). Injustice and care inequalities do not merely result from the maldistribution of resources but are an effect of forces of domination and oppression (Tronto, 2019). Considering class, ethnicity, race, religion and other factors stresses the social processes and practices that condition these differences. Therefore, it is vital to theorize how power asymmetries among genders, races, ethnicities and social classes within and across geographical locales shape care relations, forms of care, and experiences of caring and being cared for in fundamental ways.

Furthermore, as discussed above, the focus on the political aspects and distributive consequences of care ethics needs to shift from women's 'innate' difference in moral development towards acknowledging women's differences among themselves. This can explain how the intersecting effects of power hierarchies and identities continue to affect women's paid, unpaid and underpaid labour, notably their role in providing care, as seen again during the Covid-19 pandemic in both developing and developed worlds (Akhter et al., 2022; Lokot & Bhatia, 2020). Psychoanalytic insights reframe the question of otherness in relation not only to gender and 'sexual difference', but also to race, ethnicity, class, and how historically established power relations continue to operate at an intersubjective level (Flax, 2004; see also Fotaki & Harding, 2017, chapter 5 for organizational examples). However, the proposed framework goes beyond this by offering a re-theorization

of care as a universal human capacity and need rather than a gender- or race-related attribute without ignoring existing inequalities in the distribution of costs and benefits of caring, unevenly distributed across countries, regions and various groups. Specifically, this article considers interdependencies between individuals and societies through a politically and psychoanalytically inflected lens rarely applied in organizational scholarship on care. To date, theorizing on care has only partially adopted the foundational idea of interdependence, giving insufficient consideration to the influence of power differentials embedded in organizational structures and inequalities that define whose specific interests count or who benefits from such arrangements.

Therefore, if political care is at the centre of organizational and social life, as I argue it should be, 'caring for' various needs of others, including care providers, should become one of its crucial components. Hence, another important theoretical implication of the framework offered is the need to politicize the notion of care by focusing on who receives and delivers it (Tronto, 1993, 1995, 2013), as reflected in Tronto's idea of 'caring with'. The framework inflects political care with psychoanalytic ideas on affect and body, offering a deeper understanding of the current predicament of carelessness in organizations and society (Chatzidakis et al., 2020). Today, though the most meaningful and socially valuable jobs are linked to care, defined as tending to, mending and repairing, such categories are often associated with poverty or even slavery (Graeber, 2018). These arrangements rely on the nexus of symbolic significations and ideologies reaffirming stereotypical associations of care with women's attentiveness to others, particularly close others, and caring with dispossession. As a result, they impoverish our sense of self by ignoring care as both a human ability and a human need (Fotaki et al., 2020, chapter 1). At the same time, work relationships are often instrumental rather than infused with care because caring for co-workers involves trade-offs when organizational performance and productivity are at stake (Antoni et al., 2020). A declining sense of

responsibility for the needs of others (Cantillon & Lynch, 2017; Lynch, 2009) often reduces care to compliance with public relations as part of managerial discourse and practices, while meaningful caregiving continues to be associated with the trivial, the private and the emotional, the importance of which is unacknowledged. The neoliberal injunction associating citizenship with compulsive consumerism supports these significations while it produces unhealthy associations and toxic attachments that corrupt organizations' institutional and moral fabric (Long, 1999). However, it also reveals that dominant discourses, organizational structures and norms are unstable if not supported by affect, opening the space for desiring differently by creating new imaginaries and significations (Komporozos-Athanasidou & Fotaki, 2015). Thus, the proposed approach draws attention to emotions, including our unconscious fears and desires to reveal the fantasmatic constitution of neoliberal capitalism that is not immutable and can be changed. Producing alternative accounts of care as offered above can disrupt existing symbolic norms propagated by the neoliberal market logic and the affective power structures on which the paradigm rests. We can use them to form new attachments, moving away from the illusory pursuit of individual wants towards recognizing our inextricable links with others and all forms of life and non-sentient matter.

The third and final contribution is to develop a holistic notion of care without exclusions, which is contextually (socially, politically and translocally) embedded and embodied (Fotaki & Harding, 2017, chapters 5, 6). Critical care theorists have applied care ethics to international relations (Held, 2006; Robinson, 1999) to develop an approach that responds and attends to others' differences without presuming universal homogeneity. This article furthers this debate by framing care as rooted in ontological and political vulnerability (Gilson, 2016; Hamington, 2004; Held, 2006; Petherbridge, 2016; Robinson, 1999). It highlights connections between close and distant relations while affirming a principle of care for the most

vulnerable as a foundation for developing universal holistic global care.

The proposed theorization contrasts the central premise of the ethics of care that care occurs in concrete situations between individuals. For instance, Noddings (1984) argues that we cannot ‘care for’ those beyond our reach. Influenced by some ethicists of care (Noddings, 1984), Liedtka (1996) claims that caring is strongest towards others capable of reciprocal relationships. In contrast, Tronto (1993) argues: ‘On the most general level, we suggest that we must view caring as an 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’ (p. 103). The world includes our bodies, ourselves and the environment, which we seek to interweave into a ‘complex, life-sustaining web’ (Fisher & Tronto, 1990, p. 40, cited in Tronto, 1993, p. 103). Therefore, the proposed holistic political care recognizes individuals’ obligation of care toward concrete persons (other individuals), but is also extended to non-human beings and non-sentient matter. Proximity and caring are positively related, but more is needed to develop holistic care. For instance, Ettinger’s matrixial theory offers an important reference point beyond prevailing environmental discourses and the notion of nature as total otherness (Solstrief-Pirker, 2022). Tronto (1995) suggests that given limited capacity and resources, determining which and whose needs we should meet must be guided by the principles of justice. Her notion of ‘taking care of’ others’ specific needs also acknowledges this reality from a different perspective, implying that caring requires an ethical stance and work to sustain interdependent worlds. Kathlyn Lynch (2022) offers the concept of ‘affective equality’, as distinguished from economic ideas, to address problems of exclusion from and inequality of care, which resonates with embodied affect as a critical component of political care proposed in this article. Specifically, it champions integrating psychoanalytic insights on intersubjectivity and intercorporeality with universalist principles of justice, the absence of which undermines

care (Kittay, 1999, p. 108), to resolve this dilemma. The embodied and affective connectedness between the self and other provides a frame to consider all bodies as equivalent rather than focusing on what separates them without eliding their differences. Overall, the dual political conception of care (underpinned by psychoanalytic insights) I offer explains the neoliberal capture of care and the ambivalence surrounding this concept in society. At the same time, it outlines the means for an alternative and more expansive constitutive view of care.

Practical Implications

The proposed re-theorization of care also has important policy and organizational implications. It offers new vistas for developing radical alternatives to managing crises such as the Covid-19 pandemic, centring around care-based concern for all affected people (Branicki, 2020). Branicki (2020) and Mandalaki et al. (2022) propose the care perspective as a promising avenue to address pre-existing and new inequalities in the post-pandemic world, also shedding light on the problems of organizational inequalities, primarily affecting women and feminized others. On an organizational level, this implies recognizing the value of caring jobs and rewarding the invisible labour of care in various professions, including academia. On a larger social scale, it means creating political alternatives to counteract the failed neoliberal ideology.

Until recently, the apparent multiple failures of the neoliberal economic model have not diminished its political appeal. However, numerous environmental, social and political challenges, including climate change, growing inequalities and refugee crises, have called into question neoliberal orthodoxy’s individualism and the value of market principles as a mechanism for governing public life. It has become clear that the prevailing market logic of maximizing profit at all costs ignores the lives of many (Sell, 2021). For instance, the failure of neoliberal governance observed during the pandemic allows us to reconsider care as a public

policy issue and make it a cornerstone of health policy. Such awareness may help us redefine the role of care in society. This would imply a refusal of the market mentality in public health services, treating patients as consumers with supposedly insatiable needs while assigning them individual responsibility for their health (Fotaki, 2006). Directing public resources toward the services and activities we care about as a society would prevent viewing health services as a consumer product rather than a social good accessible to anyone in need. Care ethics would then not be a matter of personal choice but a social issue.

Following Tronto (1995), we should reject political and social institutions and organizations that do not embrace the logic of care. Instead, we should build caring institutions through alternative political processes that consider women's needs, contributions and prospects, along with many other actors (Tronto, 1995). Fostering interdependence and distributing care not as a commodity but as a basis for relating is integral to caring institutions. However, to situate care at the centre of our institutions and our democratic polity, it is key to consider how power can be more evenly distributed (Tronto, 2013). Becoming enmeshed 'in a complex web of socio-material relations within which we develop an ethical orientation towards those around us also enhances our ability to reimagine and participate more fully in democratic processes' (Chatzidakis et al., 2020, p. 28). Repositioning care at the centre of our social and organizational lives also means re-valuing care jobs and principles vis-à-vis economic considerations. The pandemic has been a brutal reminder that we cannot live without nurses, cleaners, bus drivers, delivery people and rubbish collectors whose care has seen us through it. Therefore, we must reward this work while building organizational structures to care for carers. In addition to rethinking the assumptions and values driving our societal institutions, this may also help us address humanizing and making business organizations inclusive.

The final implication concerns our academic work, including research, knowledge transfer and teaching. Organizational scholars and

public intellectuals are called to contribute to critical debates on the distribution of care to those most deprived through their work and academic activism, restoring the fundamental principles of justice. Our 'caring about' must include those on the edges of our societies such as the homeless (Stevens, 2017), and those who lack legal rights and protections and access to essential health services (Fotaki, 2019b). We should also be concerned with the ethics and politics of care for the most excluded populations, such as refugees and poor migrants from the Global South, the majority hosted by neighbouring countries in the developing world (Parekh, 2020). Considering these issues in organizational research is a new way of embodying and practising care for others and a different way of caring for one's scholarship (Howard-Grenville, 2021). Crucially, the focus of such research should be on reflecting the material and affective experiences of real people's lives rather than using new, 'exciting', non-traditional settings and empirical contexts to apply well-worn depoliticized organizational theories. Feminist theories highlighting embodied experiences, situated knowledge, and practices of horizontality in co-producing research provide a much better conceptual apparatus and concrete ways to address 'grand challenges' (Ferraro et al., 2015). Rather than seeing people as novel research subjects, such approaches also allow a deeper understanding of how they resist dispossession. The idea of shared vulnerability might make researchers examining 'extreme' and challenging contexts more amenable to learning from the experiences of people who find themselves in the direst circumstances yet manage to care for each other (Kim & Smets, 2020). It may also help reframe the 'problem' of the dispossessed from abstract global debate into something that resonates in people's lives, challenging the perception of refugees, forced migrants and various groups of new poor as unrelatable 'others' (Fotaki, 2019a, 2019b).

The proposed care approach should extend to management and business education. Teaching morality and values is an essential aspect of business education but cannot be

limited to associating care with compassion or empathy (Slote, 2007). Analysis of what business education might be like if we took care ethics seriously suggests far-reaching changes to the topics, contexts and theories of educational curricula, driven by cases of reciprocity and consideration for the other. We can use real-life examples to help students learn important lessons about different forms of care provided by diverse people, groups and associations who have come together during emergencies such as Covid-19 (Sitrin & Sembrar, 2020). Finally, to acknowledge caring as a capability, it should be nurtured and developed as an essential part of education, including business education, because care practice requires competence and skill (Tronto, 1993). Overall, I suggest that by rethinking the notion of care through this prism, organizational scholars might develop inclusive research, teaching and writing forms to oppose exclusion and ‘othering’. The framework presented in this article provides a guide for radical redesigning of education to help students (and ourselves) form alternative attachments, to desire differently. Such a shift is a precondition for countering individualism, competition and the value extraction philosophy driving neoliberal capitalism in the late twenty-first century if we are to survive the multiple crises we face.

Conclusion

In this article, I propose a holistic care framework for rethinking organized life in society as an antidote to the toxic neoliberal market orthodoxy. This is not merely an alternative moral theory but a different way of thinking about ethics and politics of care which provides an essential corrective by reframing our definitions. The article combines various insights from feminist psychoanalytic writers’ works, emphasizing embodied affect and shared vulnerability. It also proposes a new politics of cohabitation, sharing, recognition and respect for the other. Crucially, offering holistic political care takes the social dimension of human existence seriously. Translating the fundamental premises of the framework into research, teaching and

specific interventions in the policy arena may help us envision new forms of organizing that oppose exclusion and ‘othering’ in society. As we face various threats and societal challenges, we shall depend on one another for survival more than ever (Cremin, 2021).

Acknowledgements

My gratitude goes to the Senior Editor of *Organization Theory*, Prof. Penny Dick, who commissioned and curated this paper with the utmost care, and to the Editor-in-Chief, Prof. Joep Cornelissen, whose incisive comments helped me to improve it immensely. I have also benefited from the ideas of my colleagues and friends, Profs. Didem Derya Özdemir Kaya, Anne Antoni and Andreas Chatzidakis – all of whom commented on different versions of this article and offered various suggestions on how to sharpen my arguments. I bear all responsibility for any remaining errors or inadequacies.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

Note

1. **The Care Collective** was formed in 2017, originally as a London-based reading group aiming to understand and address the multiple and extreme crises of care. Coming from different disciplines, they have been active collectively and individually in diverse personal, academic, and political contexts. Members include Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal.

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Marianna Fotaki holds degrees in medicine, public health, and health economics and obtained her Ph.D. from the London School of Economics and Political Science in 2001. She has published over 100 articles on gender, inequalities, and the marketization of public services appearing in leading international journals. Her books include *Gender and the Organization. Women at Work in the 21st Century* (Routledge, 2017, co-authored with Nancy Harding, shortlisted for the EGOS Best Book Award in 2019), *Diversity, Affect and Embodiment in Organizing* (Palgrave 2019, co-edited with Alison Pullen), *The*

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