

Care Relationships Beyond the “Natural-Sexual” Family

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For the second generation of care ethicists, who are more and more projected toward a public, and even global political dimension (see: Robinson 1999, 2011, Held 2006, Mahon and Robinson 2011, Dahl, Keränen, Kovalainen 2011, *inter alia*), care is not limited to particular relationships such as between lovers, friends, etc. Nor is care in itself thinkable, and applicable, only within the private sphere, and close relationships. In fact, it is the very separation between private and public sphere that care ethics has transformed into an object of debate in recent times. A great contribution of this sector of ethical studies to contemporary philosophical discussion was, indeed, that it made the needy, emotional and affective, *embodied* subject into a vital presence in our political and public sphere. That subject is no longer hidden and in relegation.

This is not to say that intimate and long-term family relationships no longer have an important role in care ethics. We still tend to think, in fact, that family members are continuously committed to each other, that they know better than others what our needs are, that they are more motivated to act in our interests. In short, that they are in a better position to take care of us. Caring relationships with significant others construct our "thick" individual identities, and, in general, are part of the essence of *who* people are. But, importantly, this does not mean that close family relationships are all good, or even that they are the only possibility. Thus, as far as I can judge, care ethics does not cultivate an idealized – or "natural" – conception of the family. This idealized conception is still part and parcel of public political discourse, and we can find it even in communitarians such as Michael Sandel. And yet the divorce revolution, the gender equality revolution, and the so-called sexual revolution have irreversibly changed both family and society. Feminist thought itself has greatly contributed to these changes.

Care ethics considers the family simply as *one* of the possible answers to our caring needs. It focuses on caring relationships, and the network of relationships in which the self is always embedded, and thus linked by not always voluntary, but still binding obligations. So care ethics can conceive of family-type arrangements in all their multiple forms. It is not concerned with the decline of the traditional, marital, heterosexual family. What is indeed relevant to it (to us) are the legal, social, cultural, and economic, conditions that make families – and caring relationships within extended families in general – work in ways conducive to the welfare and “relational autonomy” (Mackenzie, Stoljar 2000, Nedelky 2011) of *all* their members.

Traditionally, the state has privatized care, delegating it to the family: I mean the care for children, for elderly, sick and disabled people, and so on. This privatization of care has been essentially possible through the exclusion of women from citizenship, and to the relegation of dependency to the private sphere. As Richard Sennett points out, in *Respect in a World of Inequality* (2004), in the history of liberal societies, “[d]ependency has appeared like a coin with two faces, one private, the other public; on one side the need of others appears dignified, on the other side shaming. The dignity of dependence never appeared to liberalism a worthy political project”. Male citizenship discourse has been built on the relegation of dependency in a "naturalized" family, so to speak – set well outside the public sphere, and made "invisible".

Feminists have shown that the family is a public and dynamic institution, that has never been completely independent from the state. The autonomous family is a myth, much in the way in which the autonomous individual is a philosophical myth (cfr. Fineman 2004). The family, as one of the possible

answer to the problem of dependency, cannot be considered as autonomous and separated from state, society, and all the pressures coming from other societal institutions – in particular from market conditions. According to care ethic, the family needs a “supportive state” (cfr. Eichner 2010), in order to be able to perform its (“natural”) caring functions.

The aim of the present paper is, in this perspective, to answer the following questions: is a “de-naturalization” of the family necessary to give carers the needed social recognition? Why care work needs public support? And what kind of public support? What kind of public support, in particular, favours the creation of a really *inclusive citizenship*, and does not penalize women? Thinking beyond the “sexual” family, and the traditional roles within the family, may not be enough to give definitive answers to all these questions. But I will show that it is an important starting point. To see how, it will be useful to begin by considering the provocative position of Katherine Franke (2001) and Mary Ann Case (2001).

Katherine Franke and Mary Ann Case maintain that the way in which feminists have dealt with the care work issue reveals an excessive emphasis on women's reproductive role and their fundamental maternal function. Franke has coined the neologism “repronormativity”, in order to designate the position that “tends to collapse women’s identity into motherhood”, and takes it for granted that it is natural for women to bring a child into the world - and that this is a desirable and worthwhile goal for every woman, from a normative point of view. The response of feminism to women’s “oppressive sexual history must go beyond the mere reevaluation of women’s reproductive role such that the maternalization of female identity remains intact”. Feminism should rather question the manners in which the biological demand to reproduce the species has been culturally organized (cfr. Franke 2001). According to Franke, the way in which feminists deal with the topic of the social value of care risks sometimes drifting toward “natalism”: they linger over an apology of maternal altruism, stigmatizing all other life styles as egoistic, and idealizing women's motivation to become mothers. This is a dangerous maternal essentialism. Feminism should avoid it, and try to overcome the idea of a natural link between maternity, womanhood and care work. It should foster instead alternative life styles for women. According to Case and Franke, in the essentialist conception of maternity, there is an odd and risky convergence between some repronormative theorists and the religious and conservative right. Both authors strongly disagree with the idea that caretaking for children, and reproductive labour in general, deserves compensation – simply because children are a public good, a new generation of tax payers and productive citizens.

Policies in favour of families with children, maternity leave and benefits have become a disadvantage for women who decide not to have children, but are still of a reproductive age. The only ones who have benefited from the current situation, according to Case, are the fathers who, in most cases, continue not to participate in any domestic and care work. Franke and Case maintain that there is a pressing need to move our discourse on care work and life-work reconciliation policies beyond the limits of the maternal experience, to extend it to those who have decided not to have children, or cannot have children – but can still be involved in caring relationships with dependent parents or friends. Case argues that benefits such as flexible time and (parental) leave should be available not only for parents, but for all employees, and that state provision should go directly to children.

Leaving aside the two authors' provocative tones, as well as the weakness and controversial character of some of their arguments, several points they stress deserve attention. It is true that care work has been considered mainly as maternity work. And it is even more true that the unjust sexual division of domestic labour has been generally treated as an issue only for heterosexual couples with children, according to the so called “parental parity model”. In *Justice, Gender and the Family* (1989), for example, Susan Moller Okin said that the revolution that still has to come from a gender perspective deals with the equal sharing of domestic work between husband and wife or heterosexual partners in general. Only families where domestic and parenting work is evenly shared, according to Okin, can be just and democratic families. «Gender-free families» are also the basic condition for bringing up children free from traditional gender expectations. Despite the absence of heterosexist aims, Okin too never challenges the heterosexual family, and takes the institution of marriage for granted, considering it as given (cf. Young 1997; Fineman 1991, 2009). As Iris Marion Young stresses:

[...] Okin [...] writes as though the primary issue of gender justice is the distribution of household and child-rearing tasks, and the distribution of paid work, between a husband and a wife (Young, 1997: p. 101).

As Okin herself had to concede, in an article published after *Justice, Gender and the Family*, if the heterosexual family with children is the pattern often taken for granted by political theory – and usually addressed by social policies –, it is today just one among the many possible examples of family life (cf. Okin 1996: 30-48). Social reality is much more complex and varied. Social policies and political theory must deal with such issues that affect, for instance, single mothers, families with dependent children or frail elderly people, gay parents, and also friendship networks carrying out assistance and caring functions, and which are subjectively perceived as 'family' by the persons involved. This complex reality drove many contemporary authors – and particularly feminist authors – to the notion that we have to go beyond the myth (or idealization) of the heterosexual nuclear family as the only institutional answer to dependency. We must shift our attention from marriage, and sexual relationships inside marriage, to the functions that a family accomplishes in terms of solidarity, of psychological, physical and economical support, and eventually of the satisfaction of various needs, including the need for affection: in other words, in terms of care relationships.

What does it really mean to shift our attention from marriage, i.e. from the family having its centre in the (hetero-)sexual bond, to the family as a sphere of affective and caring relationships? What is "family" in this perspective?

One of the most radical contributions to a reconceptualization of the family may be found in Martha Fineman's work, an author who belongs to the context of the "second wave" feminist tradition, with its severe critique of marriage conceived as the main bulwark of patriarchy. In *The Neutered Mother, the Sexual Family and other Twentieth Century Tragedies* (1995), Fineman proposes a substitution, on the symbolic plane, of the dyad husband/wife with that of mother/child. A dyad that comes to have an encompassing, metaphorical meaning: for it is about any dependency relationship, any "nurturing unit". In her more recent book *The Autonomy Myth. A Theory of Dependency*, Fineman claims that it is the dyad caretaker/dependent that is the basic family unit (Fineman, 2004: 123).

In this theoretical perspective, there is no necessary or implicit idealization of the mother figure, no simplistic reduction of care to mere children nurturing, and no exclusion of males from care work – even if Fineman's original intention was no doubt the protection of living arrangements organized around childrearing (cfr. Gheaus 2012). The main aim of this perspective is to turn the so called "natural" family into a subject of discussion and criticism. In juridical, psychoanalytical, sociological, and generally symbolic discourse, as a matter of fact, a core role is still currently given to the "sexual" family, the family as founded on the sexual and erotic tie within heterosexual couples. It continues to be considered as universal, inevitable and essential, almost as sacred.

As a secular concept the family is sanctified because it is viewed as essential and inevitable. This notion of natural family is reiterated in the ways in which we construct reproductive and sociological imperatives. The sexual family is also viewed as functionally efficient from an economic perspective and necessary for appropriate or psychological development. In its social and cultural presentations, the sacred status of the nuclear family as the most powerful ideological symbol of social order and structure is reinforced (Fineman 2009: kindle).

A first important result of the critique of the heterosexual family is the possibility to rehabilitate family patterns which were, until now, considered deviant, starting with the negative social image of family still projected by single mothers – a social issue that is dear to Fineman's heart. Two other positive effects are, on the one side, the "de-naturalization" of the family and, on the other side, the reappraisal of the biological parents' rights towards children, as well as the increase in value of all those affective relationships that really

sustain the minor's growth, even if they take place outside the biological family. In a juridical and political perspective, the facts of family life that should be considered, according to Fineman, are not the horizontal (and "equal") relationships between heterosexual adults, in consideration of their reproductive projects, but rather the asymmetrical ties which characterize caring and dependency relationships. Such ties have been removed from the public discussion so long, just because of the "autonomy myth". In this sense, although she is not against gay marriage, as long as heterosexual marriage exists Fineman does not see any real progress being made just by granting marriage to gay couples. According to her, gay marriage would end up being an imitation of straight marriage, privileging once again the erotic bonds between adults, instead of caring relationships. Thus we will still leave out, from what should be considered as family, single mothers, daughters living with elderly, dependent mothers, two friends sharing the same home and sustaining each other, etc. (cf. Kebler, Fineman, 1994: 95). This is the reason why Fineman criticizes marriage and aims at radical reorganization of society giving full visibility, as well as public aid, to the social, reproductive and maintenance roles that families of very different kinds are able to perform – providing satisfaction of the fundamental needs of the individual involved.

Fineman's position provoked a special interest among a part of queer and gay intellectuals (cfr. Polikoff, 2000 e 2008; Textor 2002). According to some of them, the crisis of care resources which rich Western societies are currently undergoing – a crisis that is going to get worse due to population ageing – pushes us toward a redefinition of family, as centred not around blood or marriage bonds, but on its social functions (cf. Levy, 2005: 69).

The social relevance and value of informal care – as we have seen – gives food for thought about what should count as family in a normative sense. It even allows an opening towards gay couples founded on a (often implicit) "pragmatic argument". As Angelia R. Wilson recently stresses, this can be seen as summarized in Barack Obama's speech of acceptance of the Democratic nomination (Wilson, 2010: 134). In his plea for understanding and acceptance of gay couples in practical circumstances, Obama used the following words:

I know there are differences on same-sex marriage, but surely we can agree that our gay and lesbian brothers and sisters deserve to visit the person they love in a hospital and to live lives free of discrimination.

According to this pragmatic argument, as Wilson stresses, "[t]he possible inclusion of gay men and lesbians has less to do with liberal arguments of equality and much more to do with the rising economic cost of care provision". The cutting of public expenditure in the welfare sector, and the rising demand of care and its costs, may "motivate states to recognize care provided beyond the confines of heteronormativity". In Wilson's opinion, this is already happening in Europe. There is in fact an attempt to redefine the balance between the state, the family and the market as fundamental care providers, and a strict connection between care and same sex partners recognition (Wilson, 2010: 135).

A care crunch may open up possibilities for renegotiating gender arrangements, more recognition, and inclusion of lesbian and gay caregivers, or maybe even open up the possibility of moving beyond the limits of marriage as the primary structure for ensuring care (Wilson, 2010: 143)

According to Wilson, this is the actual trend in Europe, at least in some European countries (unfortunately not in Italy, where the Catholic church has a huge social power, also due to its charitable and assistance activities). Even if this trend is actual, two doubts about the real motivations of some governments are legitimate. The first doubt is that, by rendering the definition of the family more inclusive, with legal instruments such as civil unions or the French *Pacte Civil de Solidarité*, and separating it from marriage, that is from sexual and erotic relationships between partners, the state continues to render invisible and to delegitimize the sexual life of gay couples; in other terms, it is desexualizing gay relationships (cf. Baker 2006). The second doubt, and a more relevant one in this context, is that states are trying once again to put

the care burden on the families' collective shoulders.

In fact, a redefinition of the family, inclusive of all the existing diversity of family types, may be necessary to focus political attention on the social role of informal carers, but, in a care ethics perspective, this is not sufficient¹. It will not be enough to address the current crisis in care in affluent societies, unless it goes hand in hand with a strengthening of social rights, and the recognition of a state's general responsibility for dependency. We need a diverse range of solutions, private, communal and public, to dependency problems. Lacking these further measures, a redefinition of the family, as important as it is, may strike one as simply a way to allow governments to continue off-loading the care burden, its costs and risks, on a diversity of close personal relationships. In other words, the traditional state form would just rely on a sort of "economy of the gift", and on personal virtues, such as altruism, generosity and self-sacrifice. So, once again, no transformation of public institutions according to new principles of justice and equality would be required. What we need is, instead, a corresponding shifting of responsibilities *outside* the family.

Thanks to the autonomy myth and of the (typically private) natural-sexual family, until now vulnerability and dependency have been removed off, so to speak, from public attention, and invariably relegated to the private sphere. In the same way, also the derivative dependency of the care workers has been removed from public attention. This "derivative" dependency of the care workers has nothing natural to it, and is linked to economic and institutional structures in which caretaking occurs, as well as to the very existence of social norms, and expectations, regarding the family and women's role within it (cfr. Fineman 1995 e 2004). The provision of care functions carry some risks for the *caregiver*, such as the deterioration of health condition; and also the risk of a second order dependency, of a limitation of the freedom of movement in the public sphere and in the work market. It can also carry some further costs, such as a total lack of economic autonomy for the individual, sometimes forcing her, or him, to give up a career or even a job (Fineman, 1995 e 2004; Kittay, 1999; Metz, 2010). Until now, our societies have left families, and therefore mostly women, alone to bear the risks – and the whole economic and moral cost – of care work, considering it a "family business". As a consequence, the advancement of women in the workplace has been systematically hindered, their employment options have been limited to the most precarious and less remunerated jobs, and sometimes they have been deprived even of basic economic self-sufficiency.

The benefits and burdens of social cooperation will eventually become evenly distributed between all members of society, only if we see the family as a public institution: in other words, when we stop – as Fineman says – “free riding” on families, and decide to share the costs of care work, adopting a “public support model”. Then – and only then – we will have the right to speak of a just society. To reach this aim, it is necessary to create a society committed to fostering and advancing the value of autonomy, and, at the same time, that of interdependence. This would be a society that – as Jennifer Nedelsky writes – «recognizes interdependence as a fact of life, recognizes the care work that it entails, and see both as inextricable from

¹ A significant example of what it would mean to recognize a wider conception of family is provided by the report *Beyond Conjuality. Recognizing and Supporting Close Personal Adult Relationships*, published in 2002 by the *Law Commission of Canada*, an independent federal agency established with the aim of offering advisory services to the Canadian Parliament, in order to improve existing legislation – this document, as far as I know, has, unfortunately, remained on paper, and was never implemented. According to the Canadian Commission Report, the state should maintain itself neutral with regard to its citizens' different choices in terms of personal and sexual relationships: it should not give an advantage to some forms of relationships over different ones, and should be “open to all forms of relationships on an opt-in or registration basis” (Millbank 2008, p. 7). The relational social tissue, made by networks of lasting and meaningful bonds binding individuals together, constitutes a source of social wealth and capital. It is a positive element for societal and institutional life – this is the main assumption. The state must preserve and protect it, and let people free to engage in any form of affective and emotional ties. This necessarily involves a series of reforms, such as the possibility to register as partner for *de facto* couples, but also for adult siblings or friends sharing a home, or multigenerational families, etc.; the extension of remunerated leave for caregivers to registered partnership; and a fiscal reform. The Canadian report, *Beyond Conjuality*, gives an interesting perspective on the way in which the state can do a good job of valuing, and (of) facilitating, close personal relationships, recognizing a full legal status for them. This was an important reform program, focusing on the fact that relationships are fundamental conditions for the development of individual autonomy, and “a good enough life” (Williams, 2005).

autonomy» (Nedelsky, 2011: 29).

But, the real question is, “What kind of public support model?”. Trying to answer this question, Maxine Eichner distinguishes two models: the “direct subsidy” model, which “involves state support that directly subsidizes caretakers for performing carework in family setting, and the “public integration” model, which “involves support that accommodates societal institutions to the demands of caretaking” (Eichner, 2005: p. 1303). The first approach holds that caregivers should continue to provide care in much the same way that caregivers in the traditional breadwinner-married-to-caretaker model did”, however now receiving money from the state, and not from the male-breadwinner. The limit of this approach, on a gender perspective, is that – as Case and Franke would also underline – it discourages women’s entry into the work force, and reinforces, in fact, women’s social identification with motherhood. The second model is just Fraser’s universal caregiver model (cf. Fraser, 1996, 1998). It requires the state to transform social institutions, and job organization itself, so that men and women are encouraged to be both breadwinner and caretaker. It fosters an inclusive idea of citizenship, recognizing care as a de-gendered activity.

The European Union has given some signals of its new attention to work-family reconciliation policies, more recently with the Parental Leave Directive 2010/18/EU, which proposes to give women 20 weeks maternity leave, and men (or co-mother, where same-sex marriage is recognized) 2 weeks after childbirth. But essential elements for such a project are also the provisions of services such as nursery school, kindergarten and after school resources for children.

Some forms of government-ruled social institutes relieving families of unsustainable care burdens seem thus essential. They are needed to guarantee: first, the relational autonomy of family members; second, the quality of the informal care provided by family members, and last but not least, in order to avoid the reliance of families on migrant workers – the so called “migrant-in-the family model” (Bettio, Simonazzi, Villa, 2006). This is in fact, beside all its further issues, a form of “re-privatization” of care: family, in fact, shoulders again the burden of care. This is a well-know phenomenon in Italy. Here long-term care services are so scarce and inefficient as to be almost non existent. Thanks to a public cash subsidy (a care allowance) that non self-sufficient elderly people receive, private families often employ a migrant family assistant, whose condition sometimes borders on underpaid servitude-labour.

The shift of many European welfare states, since the 1990s, from traditional services to cash-for-care payments has greatly contributed to the transfer of long-term care to migrant women care-workers. It also contributed to a re-privatization of care. This very trend proves, in my view, that governments are more attracted by the “direct subsidy model” - in a cost-containment logic². For it, they are ready to sacrifice both gender equity and equal welfare provisions.

The “migrant-in-the family” model is, in fact, highly questionable not only in terms of global justice, that is in terms of distribution of care labour between rich and poor countries, but also in terms of gender equity. This is clear if we measure gender equity, for example, according to Fraser’s seven distinct normative principles. To the extent that the “migrant-in-the family” model does a fair job in preventing poverty, it does

² As Ellen Grootegoed and Diana Van Dijk (2012) stress in their recent research, this is a tendency that characterizes even countries, such as the Netherlands, known until now “for its extensive rights to care and its services-led dual health care system”. While public services are retrenched, and state withdraws from service provisions, - Grootegoed and Van Dijk (2012) write – “citizens are encouraged to find care arrangements within their own networks, in the voluntary sector, or on the market”. In this very same cost-containment strategy, some states, such as the UK and the Netherlands, have recognized the value of informal care and carers’ social role in their official discourse on citizenship. In both cases, nevertheless – as Barnes (2011) and Grootegoed (2012) maintain -, there has been a substantial distortion of the carers movement original claims, insofar as carers are now asked to attend care training programs, or to take care of themselves and improve their health condition in order to be able to give care and assistance for a longer period of time, so that they can become effective partners in the implementation of the government’s public objectives. If the carers’ movement asked to have voice in public deliberation processes, because of the carers’ particular knowledge and experience, now the state seems to be willing to train its citizens to be more effective and expert carers, through some sort of pedagogical process. Thus, in public discourse the right to care easily becomes a “duty to care”, and the boundaries between formal and informal care become increasingly blurred.

not, on the other hand, prevent the exploitation of women's care labour, does not guarantee women equality in terms of respect or income, or leisure-time, and finally it does not combat the marginalization of women. And it certainly performs very poorly in terms of overcoming androcentrism.

Moreover, insofar as cash-for-care payments policies leave, de facto, to the care receivers' or to their families' "social capital" (and to their know-how, information, competence and rationality) the ability to purchase care provisions on the market, they present at least three drawbacks: first, if they free the care receivers from their reliance on unpaid care work, still they cannot guarantee regular working conditions and a fair wage (unless the public direct payment is very generous -- and, in general, as in the Italian case, it is not); second, as a consequence, they relegate care work to a gendered and racialized labour market; third, these social policies are unable to guarantee an equal access to a good quality care.

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