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# Solidarity, Care and Permanent Crisis

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**Abstract:** Solidarity is a contested concept whose definition needs to be clarified, especially in the context of the recent pandemic and in a world in permanent crisis. It is necessary to review certain stages of how solidarity develops and to relate the stages to the current status of solidarity in this post-pandemic period, with the aim of establishing some lines of approach to proposals for viable bioethics in the context of a post-foundational philosophy as the present one.

**Keywords:** care; solidarity; Solidarisme; paradox

## 1. Introduction

The COVID-19 health crisis revealed and accentuated major social inequalities. These inequalities not only put democratic political models to the test, but also led society to rethink the question of solidarity and care, even beyond the current social emergency.

Solidarity in this specific context, as part of political discourse and practice, is a controversial issue within the academic community, as some scholars consider it to be a rhetorical figure [1] rather than a theoretically sound principle [2–4]. This is related to the definition of solidarity, which largely eludes attempts at conceptual clarification [5].

Solidarity is often confused with the welfare state and, therefore, the two concepts are not examined separately [6]. However, the heuristic power of solidarity is broader than that of the welfare state. It allows us to question the limits of political community and the way human beings organize their interdependence beyond the framework of the nation-state.

The empowering capacity of solidarity when mobilized in the struggles of minority groups was shown in recent decades. This is exemplified in works on agonistic solidarity transracial and transnational solidarity, as evoked by Franz Fanon as an anti-colonial practice [7] or Aimé Césaire's concept of negritude [8]. It is also possible to refer to the way in which some feminists activated solidarity with the aim of creating transnational political forces to fight against a common oppression. [9,10]

## 2. Solidarity from One Century to the Next

The latest COVID-19 flare-up led to a retreat from the fight against the social epidemic back to the fight against the viral pandemic, which it seemed was already won. One advantage of this is that it provided the opportunity to take a new look at certain forms of care from the social epidemic and rethink them. Unavailability, as posited by the German sociologist Harmut Rosa, is one of these forms of care [11].

This need to rethink solidarity, understood as *agir ensemble* and *prendre soin*, became clear, as did the need to rethink total solidarity, referring to the care of oneself and the care of others. It is important to keep in mind the first forms of solidarity that were defined, now known as "care in solidarity". This was embodied in the movement led by Charles Gide in France under the name of *Solidarisme* that aimed to address what, in the 20th century, was called the politics of care, fruit of the theories of care that emerged from the American feminist movement, especially from the thinking of Carol Gilligan and Joan Tronto.

These conceptualizations of solidarity can undoubtedly be seen as prolongations of 19th century solidarism, which, in its institutional form, appeared in the constitution of the Third French Republic. Unlike 19th century solidarism, the constitution of the Third French

Republic gave importance to the place of women in the exercise of solidarity. Both sought to link solidarity and related public policies to social justice. However, the COVID-19 health crisis showed that the two concepts, while being indispensable, are difficult to fit together.

Solidarity is undoubtedly an essential value, but it is currently undergoing many changes. It is an essential value, of growing importance, because the COVID-19 crisis underlined the need to affirm axiological principles to help alleviate the worst ills of today's individualistic society. It is subject to change because the moral and social values that derive from this individualistic and mercantilist society erode and pervert the very idea of solidarity.

Three stages in the evolution of solidarity during the 19th and 20th centuries can be identified. We think they will be repeated in the 21st century. To try and answer the question "What stage is the evolution of solidarity at today?", these three stages are listed below:

(1) The moment of revolutionary solidarity embodied by Pierre Leroux and the 1848 Revolution in France. This is economic and political solidarity.
(2) The moment of republican solidarity embodied by Charles Gide's Solidarists and the Welfare State that emerged from the institutionalization of this social and economic movement. This is the period of juridical–political solidarity.
(3) The moment of solidarity in times of Permanent crises, theoretically embodied in the writings of Jean Marie Guyau and factually embodied by democracies that must respond to precariousness and demands for risky action (the Indignados).

### 3. Public Health and Crisis: Paradoxes of Solidarity and Healing in Relationships with Oneself, with Others and with the World

The Permanent crises which affect society accentuate our view of the paradoxes of our lives. Many of these paradoxes affect the question of solidarity in Western society. Not so long ago, we were astonished to see how various ways of caring for others, by way of solidarity, were not only prevented by force, but even prosecuted. A clear example is the paradigmatic case of boats in the Mediterranean, such as those of Open Arms and others, which were prevented from carrying out their daily task of saving human lives out of solidarity. Almost at the same time, this same organization received praise from the same public authorities for its unconditional help in saving lives of people at risk of infection from COVID-19.

We also saw during the COVID-19 health crisis how, paradoxically, at least at first sight, the third dimension of good health (see the three dimensions of good health below), cultivating friendly relationships, (as philosophers intuited a long time ago), was relegated to the background. A good example of the importance of friendly relationships can be found in the writings of Epicurus when he states: "Of all the goods that wisdom provides for achieving happiness in a complete life, the most important is that of friendship" or in those of John Stuart Mill when he writes in his *Autobiography* that "only those are happy (it occurred to me) who have their minds fixed on some object other than their own happiness: the happiness of others". These ideas are now supported by scientific studies.

It was, therefore, disappointing to have to abandon the practices of friendship to isolate ourselves, and without being able to choose with whom. Additionally, all because of an apparently paradoxical solidarity, which was little understood at the time, that said we had to distance ourselves from others in order to help them. This was a strange paradox: in the short term, it had a positive impact on limiting the spread of the pandemic, but perhaps will have undesirable effects on social life in the future.

In contrast to this paradox, we saw how care professionals, specifically in the health sector, were the main protagonists of this period. It was as if their everyday work in normal circumstances is less important, perhaps because only a few people normally need them, but suddenly, in a moment of unexpected crisis, which forced us all to change our way of life and to be aware of our own vulnerability, we realized that these professionals are indispensable. Additionally, little by little, we became aware of what is most important in our society: care for life is paramount.

We, therefore, reinforced our ideas of how, as a way of acting to help others and the importance of the question of the link, there was the need to isolate ourselves; in other words, lockdown was the necessary prophylaxis to ward off the virus that was seriously endangering us. This was despite knowing that connections, relationships, interactions, contact through looks, gestures, words and touch are an indispensable dimension of individual and collective health. Caring means, on the one hand, curing illness but also caring for people in many other ways, outside of the purely medical sphere. Caring is an intention, a way of being, an attitude, which translates into concrete and singular actions. Caring as *souci de l'autre*, concern for others, responsibility, is a true ethos, an ethos of being present. Here, the semantics meet: healing to cure illness and caring to ensure a "good life", both individual and collective.

The authors think health has three dimensions: biological, psychological and relational (we will go into further details below). The paradox of the third health dimension is that it sometimes has to be sacrificed to some extent in the name of solidarity. It should not have the negative effects that it represents in terms of the measures taken to reduce the lives of our fellow citizens. This leads us to ask whether there is a de facto hierarchy of the three dimensions. We are not, of course, talking about the preservation of life, but about how life is to be lived, and, therefore, about whether there is an imposed hierarchy of individual health and public health. This brings us to the COVID-19 health crisis: the world's sensation of surprise and helplessness must not be confused with, or integrated into, the risk and uncertainty that are part of the human condition.

Public health is governed by the aim of achieving the lowest possible risk to the population in the face of a supervening event such as a pandemic. Pandemics, however, are not new. Neither is the risk of pandemics. So, what has changed? We would say that what changed was people's willingness to take care of each other, as opposed to a lack of investment in public health in prevention of the foreseeable but also of the unforeseeable. Was this form of pandemic foreseeable? Certainly, but the statistical risk that it was unlikely was accepted. Additionally, when the pandemic arrived, the choice was made to make people responsible for making sure they mitigated the risk of contagion to themselves and to others. Care in solidarity, therefore, modified the relationship between friendship and solidarity and made it less paradoxical.

Another idea that emerged about the COVID-19 pandemic was that it was the first non-theological pandemic. With AIDS, some people saw infection as a punishment or, at the least, as the responsibility of those who were infected. Not with this pandemic. This was an egalitarian pandemic; there were no victims to blame, such as homosexuals or heroin addicts. Now, everyone was able to contaminate everyone. If liquid modernity or post-modernity, with a lack of common references, already makes it difficult for us to orient our conduct, actions and decisions, the advent of the pandemic, with the crisis it entailed, added a new dimension of paralysis, lack of orientation, fear, surprise, rupture and doubt.

The pandemic produced an avalanche of urgent existential questions that, it could be argued, were imposed on us; in any case, they appeared to us, they became evident. Against the backdrop of our vulnerability, the vulnerability of every one of us, of our communities and even of socio-economic and political systems—a vulnerability that suddenly became apparent and visible to everyone—we were inexorably confronted with the question of the indifference that permeates many, if not all, strata of Western society. This indifference to socio-economic inequalities and injustices is not natural to the human species nor ontological, but is the fruit of political decisions and actions, of choices, of societal projects. The welfare state, supposedly responsible for meeting everybody's basic needs (which can be defined as global "good health" or, philosophically, "good life") is currently being suffocated and drowned by indifference. Additionally, the consequences can be terrible, to the point that safeguarding people's health and, therefore, life, the "good life", a life of dignity, can escape us. The value of life is a fundamental anthropological question that we will not go into in depth here, but we will stress that it is not a question of defending life

under any circumstances and at any price, but of valuing life on the basis of the right to live it "with dignity" (with basic needs covered) and freely.

## 4. For an Ethos of Care in Solidarity

Another fundamental issue the COVID-19 health crisis brought to light was the complexity of the world, or the ecological worldview that everything is related. Caring for others is inevitably also caring for the environment, for spaces, for resources, etc. This is why many loud voices were heard at the moment about the "need" to rethink the world, to rethink ways of living in the world that take into account other cross-cutting crises, especially the climate crisis. The idea that caring for others is also caring for the world was, therefore, brought to the forefront. In this respect, "caring" is a true ethos.

The COVID-19 health crisis brought to the fore, more than ever, issues of care, solidarity and relationships, but also our individual and collective way of being in the world, our "priorities". It was a time of existential questioning; questions that were already raised (especially, over the last three decades, those about care) were condensed. The health crisis, with the "need" to confine oneself, brought us face to face with a paradox, an aporia: that of being in solidarity with other people while keeping distance from them, thereby transforming relationships, with their forms of proximity and communication. Is solidarity compatible with distance? How can we care for the sick, for the most vulnerable, without the physical presence that is fundamental to caring for other people? Can relationships be maintained without physical presence? Can virtual presence replace physical presence, physical contact? Is it possible to care for others at a distance? We look at these questions from a standpoint of the ethics of care, which is an ethics of presence, of being.

In contrast to the indifference that leads us to live as isolated individuals, consideration means being attentive to others, treating them with tact and kindness. In contrast to indifference, consideration implies caring for others, taking responsibility for other people and the common good, caring, considering, responding as an element of a complex fabric. This question is also at the heart of our thinking. We should view the world as being woven together, with the complexity that Edgar Morin described [12]. People are complex, both as individuals and in how we live together and our connections. The world is also complex. This perspective of complexity allows us to say that we are all, in some way, intertwined; our vulnerable condition is bound up in interdependence. Judith Butler spoke of our precarious condition and interdependence within universality, which she called a "general, or generalized, condition":

> "The call for interdependence is ( . . . ) a call to overcome chiasmus and to move towards a recognition of the precarious general condition. It cannot be that the other is destructible and I am not; and it cannot be that I am destructible and the other is not; but that life conceived as precarious is a generalized condition, which under certain political conditions becomes radically exacerbated or radically denied." [13]

According to Butler, none of us is self-sufficient. The social world must acknowledge this absence of self-sufficiency and respond to it by providing the conditions necessary to live, and to live well. Considering that we are physical beings living among other physical beings:

> "If we want to understand the conditions arising from induced global precarity, military submission and accelerating inequalities, it is worthwhile that we first consider the basic claims that come from the simple fact of being a body in the world, a world filled with others, one that is not fully our own creation. After all, the body's basic requirements are violated when, for example, it is abandoned at sea or subjected to unsustainable poverty for an indefinite period." [14]

This violation of which the author speaks is a consequence and not a condition. When the basic requirements of the body are violated, we must appeal to the collective responsibilities of our political actions (or lack of actions).

The neoliberalism that pervades Western society reveres the hyper-competent and hyper-competitive individual over the fabric of society. The "system" is sustained and perpetuated in large part by one of its most effective allies: education systems. The values of individual success, of the comparative-quantitative race, underpin the training of individuals centred on themselves; others only come into play when the individual has to be better than them. In other words, other people are reduced to being competitors, because being successful means being better than others. In this world, there is no consideration for others; vulnerability is not accepted. Individuals must be strong and self-sufficient; having a good life is having a better life than others, being autonomous and independent, and, if necessary, dominating other people for personal interest, with complete indifference to the wellbeing of those other people.

Indifference is the most radical enemy of both care and solidarity. Formal education systems, mostly and traditionally based on individual success, individual performance and competition, forge more indifference than compassion, care for others, kindness or *souci de l'autre.* Indifference could be defined as an absence of sensitivity that leads to tolerating and "normalizing" injustice, inequality, violence and suffering. Indifference among humans leads to a common understanding in which different lives do not have the same value.

In an indifferent society, the only consideration that has value is consideration for personal and material success. There is no need to be critical, because in a meritocratic system injustice, inequality, vulnerability and precariousness are considered "natural". Individuals only have to want to strive for success, denying and ignoring collective responsibilities and their impact on the environment. The dominant axiological and pedagogical model, therefore, shapes individuals to be indifferent to the condition of others, out of obedience and submission to the system, to succeed or fail and thereby find their place in a polarized world. In this world, everything is susceptible to being available.

In the 1990s, the WHO, defined a series of competencies, abilities or skills that are necessary for, or inherent to, a good state of biological, environmental and social health. These psychosocial competencies, also called life skills, include self-awareness, empathy, effective or assertive communication, interpersonal relationships, decision making, problem and conflict solving, creative thinking, critical thinking, management of emotions and feelings, and stress and tension management. It is assumed that including and developing these skills in educational and learning processes contributes to a good state of individual and collective health. This psycho-pedagogical approach raises several seemingly inevitable questions for any educational action, formal or informal.

However, the underlying values of this approach are not neutral. Considering people's good health means taking into account their relationships: their relationships with themselves, with others and with the world. This world is a web of relationships of solidarity (cooperation and mutual aid), based on concern for others, on consideration and recognition of the suffering of others, suffering that cannot leave individuals indifferent.

In an uninhabitable, simplified and mutilated world, there is no room for care and solidarity. This is one of the central ideas of Joan Tronto who, agreeing with Paul Ricoeur, asserted that the world is not habitable without care, or that care is what makes the world habitable. The world is vulnerable, Tronto also told us, arguing just as strongly that care, far from being a soft and provisional action, or a biological or ontological condition of some human beings, is a value that can underpin a political system. The world is vulnerable and human beings are vulnerable, finite, contingent, precarious and corporeal. Considering care as an anthropological and universal value could allow each individual, the I and the we, the human fabric, to live a life worth living in a livable world.

Being concerned about the living conditions of others, being considerate and caring is, therefore, as we have already pointed out, an ethos, an attitude, a way of being. It is an ethos of thinking of others and of being present. It is, therefore, a praxis, in Hannah Arendt's definition, that is taught and learned. From this ethical standpoint, we cannot be indifferent to the pleas of others; we must respond. Per Paul Ricoeur, we could say that it is a posterior ethos, *une sagesse pratique*, since it is not only a matter of reflecting on the

values that sustain this worldview, but of engaging in intentional and purposeful action that contributes to building a more habitable world. We can, therefore, affirm that this praxis has a structural ethical dimension, but also an unavoidable political dimension that calls for the involvement of each of us in action.

This axiological, ethical and political background is also present in the alternative educational movements that are critical of the dominant conservative model. As we said, education is a fundamental anthropological question. These "alternatives", attempts at renewal or concrete experiences in both the public and private spheres, coincide in their aim of shaping critical and supportive individuals who are more capable of cooperating than competing, of caring for others than of indifference, of supporting autonomy and heteronomy, strength and precariousness, and of acting in the world with their own individual and collective voices to make it habitable for everyone.

## 5. Situations of Care in Solidarity

The COVID-19 health crisis made care workers visible in many different areas. Many of these areas were not fully acknowledged until then. Joan Tronto spoke of giving and receiving care as the backdrop to political organization, criticizing the contempt that is often given to the fact of "giving care", an action that was historically relegated to minority and precarious social groups or to marginalized populations (slaves, domestic workers, the working classes, lower castes, etc.), many of whom are stigmatized and marked as "other" because of race, religion, language, or simply because they are "care givers". Care, according to Tronto:

> "( ... ) is not just a feeling or a disposition, and it is not just a set of actions. It is a complex set of practices, ranging from very intimate feelings such as 'motherhood thinking' to extremely broad actions, such as the design of public education systems. ( ... ) Understood in the broadest sense as the practice of people caring for each other ( ... ) to distribute responsibilities in their society, care is also, and clearly, a way of describing and thinking about political power." [15]

In these periods of fundamental crises, such as those of the value of human lives, social justice or climate change, and prominent crises such as the COVID-19 health crisis, we are faced with life choices that have very important consequences on the state of the world (physical, human and symbolical). How do we face the challenge of rethinking relationships to contribute to a more habitable world? What have we learnt from this episode, and how will we link it to the state of permanent crisis? Will the "crime of solidarity" exist again? Will we have become aware of anything, beyond fear about life and of death? Additionally, if, collectively, we have become aware of the fragility of human bodies and the need to connect in solidarity, will this be a long-term awareness? Will we have the will to do things "differently"?

These challenges are at the heart of the paradox of the need to distance ourselves in order to care for one another. The hypothesis of demarginalizing care in order to be more supportive and responsible, individually and collectively, seems to be a more than interesting approach, and a way of coming closer to responding to the pleas of others.

We are helped in these reflections by some words of Cynthia Fleury [16]: "( ... ) it is about making the world habitable, livable for humanism, and not only for men reduced to their animal and multiple lives. It is about creating a quality of presence in the world, in the living, in nature, in the sense that it is inseparable—this nature—from our human condition".

However, this approach is not neutral in terms of its underlying values. To consider people's good health means taking into account the development and balance of relationships: relationships with oneself; relationships with other people; and relationships with the world. From the field of health, going far beyond the biological approach, the human being is understood as a complex entity in permanent interaction; interaction that is necessary for life, for living a "good" life. And what does a good life mean? Can one have full good health? Is it not an "ideal" state that is defined in these texts as a frame

of reference? Is it not, in fact, rather with fluctuating conditions? Putting it in relation to human rights . . .

Care was often scorned, politically and socially (professions associated with "caring for others" are often precarious, disqualified, feminized . . . ). As a political action and as a value, some authors tried to base ethics on *le souci de l'autre*, "concern for others", "caring for others", as well as caring for oneself and the world. We, therefore, speak of the ethics of care and of the political aspect of care, as a relational paradigm that takes into account vulnerability and interdependence as inherent to the human condition. There is a difference between cure (treatment) and care (to take care of, to be careful, to treat with "care", to look after), in French, *cure et care*: in cure, the relationship is asymmetrical; in care, or *prendre soin*, the relationship may also be asymmetrical, but it can also be postulated as the foundation of relationships, and therefore includes reciprocity.

The ethics of care are the ethics of presence, of being. On this issue, in addition to Carol Gilligan, Joan Tronto and Agatha Zielinsky, Michel Foucault (in a text entitled "The ethics of self-care as a practice of freedom") and Cynthia Fleury (in a very interesting text called "Care is a humanism") showed that human beings are driven by their desire for struggle and risk of thought. Guyau described an agonistic space where hypotheses arise without which individuals would struggle to develop in a society that presents so many antinomies. This is what Deleuze noted when he wrote: "The act itself, being relation, is always political. Reason as a process is political". Guyau thought it was necessary to go beyond experience and formulate personal hypotheses, without arriving at a system that would take the form of a metaphysical doctrine that could be universally imposed on human reason.

For Guyau, the creation of hypotheses constitutes a metaphysical risk of thought. The uncertainty that envelops us is our only certainty and the foundation of our freedom. Humans, guided only by their experience, will remain ignorant and must, therefore, venture to formulate metaphysical hypotheses. This is how humanity proceeded when it invented gods and ideologies, but it did not remain faithful to the fecundity that vivifies these fictitious constructions. Humans permanently abolished the hypothetical character of these constructions and built them up into dogmas. The religious attitude, responding to a principle of conservation, thus, transforms the speculative into dogma and thereby suppresses the spiritual breath that the hypothetical activity manifested. The dogmatic mind, dominated by its own certainty, seeks, moreover, to impose its ideas on all its fellow human beings, which leads to social dogmatism, intolerance and the fanatical governing of minds.

Guyau expressed his absolute disagreement with this dogmatic way of understanding knowledge. He proposed a solution that can, on the one hand, overcome natural ignorance, which is inseparable from empirical morality, and, on the other hand, prevent the fall into intolerance and fanaticism. However, in the absence of a god or of principles that are metaphorically represented by a ship's rudder, is Guyau not indicating that once dogmatic metaphysics disappear, without the shelter of grand narratives, we are left only with philosophy turned political, which immediately accedes to the status of primary philosophy? Is it not, in the end, the intuition of the void that Claude Lefort spoke of in relation to democracy that is revealed in Guyau's thought?

## 6. Pandemic, Vulnerability and Social Inequalities: Is There, Then, a Good Life?

Paul Preciado spoke of a moment of paradigm shift in the conception of bodies that were confined and controlled by numerical surveillance (in an interview with France Culture, 1 May 2020, he talked about "pharmacopornographic devices"). Per Foucault and biopower, instances of individual and collective surveillance became ever more invisible. Surveillance devices were miniaturized, going from being architectural to biochemical and numerical. The COVID-19 health crisis created new frontiers: masks, our own skin? Preciado talked about Roberto Esposito, who worked on the notions of "community" and

"immunity", both of which have the same root. This takes us from *surveiller et punir* to *protéger et punir*. Immunity as the ideal of any community, leading it to exclude a part of it.

According to Preciado, we must invent new forms of resistance in this mutant world, resistance that preserves dissident subjectivities and critical use of technology.

In the hypotheses and proposals that are emerging from thinkers, activists, etc., we often find the idea that in order to preserve (not conserve) our way of being-in-the-world, it must be regenerative of life, and not predatory, both naturally and culturally. We speak of a new ethical–political–aesthetic paradigm.

The symbolic order that rests on neo-liberalism, patriarchy, heterosexuality, individualism, in the sense of considering the individual as being totally autonomous and hyper-responsible for everything that happens to them, the symbolic order that generates so much inequality in terms of the satisfaction of people's basic needs and living conditions, makes the world an uninhabitable place for many people. To make the world more habitable is, perhaps, to create new, more inclusive spaces and relationship fabrics, to occupy spaces, to live in a less standardized way, to live according to a commitment to the common world, to transform the symbolic order through relationships and the awareness of what they generate. We must be-in-the-world politically speaking (participating, having a voice, sharing, empowering), ethically speaking (caring for each other, relating with care), and aesthetically (with sensitivity to who we are).

Human health is directly linked to the health of the environment. New models of consumption and production must generate good health, as must relational models. This is what some authors call a "green revolution": living by developing the commons, relational networks, social links, cooperation, solidarity and social and political movements.

Humanity, humus, earth . . . We cannot think of ourselves as humans detached from the body and the earth. Frédéric Worms spoke of rethinking the world from a "vital humanism", but let us also think about the relationship of Guyau's metaphor with Bauman's liquid society or Ulrich Beck's idea of reflexive modernity. Additionally, let us also think of Foucaults' idea of what the 21st century would be like, where the human condition would essentially be that of a refugee. Judith Butler described a social, working, vital precarity of refugees; Guyau would add, using sociological methodology, that this precarity operates on an underlying background, ontologically. There is no law that governs the human universe, we are adrift, as Castoriadis showed, and we can only escape this situation through cooperation in solidarity. The solidarity crisis is not circumstantial, but structural. There is no possible port, as Gilles Deleuze said. Such is the challenge that democracy faces when it does not, as it does today, consider that there are "crimes of solidarity".

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