

I expand upon the relations between art museums and communities posited by a post-critical, socially responsive museological framework, and explore the potential for a feminist philosophical *Ethics of Care* to orient a moral, relational model of education and public practice.

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## **Our Magnitude and Bond: An Ethics of Care for Art Museum Education**

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**Abstract:** This work responds to contemporary concerns about the future of art museum education and public practice and art museums more broadly in the wake of a global pandemic that has, at present, killed more than a million people in the United States and sickened millions more. I respond to questions posed by the board of the *Journal of Social Theory in Art Education* in relation to the theme of *Inclusion Invasion*, expand upon the relations between art museums and communities posited by a post-critical, socially responsive museological framework, and explore the potential for a feminist philosophical *Ethics of Care* to orient a moral, relational model of education and public practice. I begin by discussing the effects of COVID-19 on art museums and communities, introduce Care Ethics as a potential way in which to situate personal and professional morals, review ways that it has influenced other educational contexts, and conclude by suggesting how this philosophical orientation has the potential to guide art museum education practices, from idea conception to outreach and public programming.

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we are each other's  
harvest:  
we are each other's  
business:  
we are each other's  
magnitude and bond

~From **Paul Robeson**  
by Gwendolyn  
Brooks (1984)

## Introduction

As much of the world grappled with the immense personal and social consequences of the COVID-19 global pandemic, it became clear that there is little, if any, separation between the two. This may be exemplified by the ongoing debate about mask-wearing and getting COVID-19 vaccines and boosters, which is a matter of personal judgment that has grave consequences on the collective health of our global community. There seems to be no aspect of our personal and public lives that has been left untouched by the coronavirus and its variants: Our health, education, economic, and political systems are all dealing with what it means to have "personal and collective responsibility regarding race, nationality, and wellness" (JSTAE, 2021, para. 1). Rather than seeing these as separate fields to be dealt with on an individual basis, I propose that we as art and museum educators consider them under a larger umbrella of philosophical morality that might guide our personal and professional decision making, as both are equally as impactful to other beings in our current environment.

In this manuscript, I ruminate most specifically on a query posed by the editors of JSTAE in their 2021 call for papers, wherein they posed the question, "How does our sense of belonging on the spectrum of inclusion and alienation affect art educators' curricular choices?" (2021, para. 6). I extrapolated this question as a multilayered exploration of several concerns specific to the recent and ongoing experiences of the community

comprising much of my research: Art museum educators. Myriad and interrelated components of their trajectories include personal/familial health and safety in a time of global pandemic, the precariousness of museum education/interpretation/public practice positions and careers in a shaken non-profit economy, the responsibility of cultural institutions to their communities whether online or in person, and the bases on which decisions are made in art museum contexts. Embedded in this discussion is the fierce acknowledgement of race, gender, sexual orientation, socio-economic status, and professional positionality as essential, interlocking experiences that affect the ability to pursue a healthy integration of life and work.

## Positioning COVID-19 and Art Museum Education/Public Practice

Prior to the COVID-19 pandemic, art museums were already wrestling with serious questions about their philosophies, collections, and motivations via scholarly and activist critique of their colonial foundations and public stances. The pandemic also called into consideration the ways in which museums interact with their audiences and communities when physical spaces are not able to host living bodies due to the danger of transmission presented by a novel virus. I have written previously about situating current social issues within post-critical museological framework (Kletchka, 2018) and positioning museums and their relationships to communities as socially responsive and conceptualized similarly to digital, networked models of communication. The arrival of COVID-19 pushed this museological condition into a starkly relevant profile as museum pivoted into largely online relationships as a way of maintaining connection with their communities. Museum audiences (can they be called "visitors" if they are not physically present in the building? Shall

we adopt the term “bodyminds”<sup>1</sup> from critical disability studies?) are dealing in ways large and small with a virus that has changed nearly every aspect of life: personal, social, health and wellness, education, professional, and mental health. How are museum staff, particularly educators, to respond to this new reality?

The process of reckoning with a global pandemic also forced art museum directors, boards, and administrators to determine priorities and make decisions to remain financially solvent. These decisions both revealed and reinforced the capitalist reality that has been evident in much museum practice for more than a century—ultimately, objects are of more value than visitors; subsequently, the staff that ensures the acquisition and development of the collection remained employed at higher rates than visitor services, front of house, and education staff (AAM & Wilkening Consulting, 2020). Museum educators at all levels experienced job losses and furloughs at the same moment that the desperate need for meaningful connections and community building became glaringly evident. Amanda Krantz, Director of Research and Practice with the planning, research, and evaluation firm Kera Collective (formerly RK&A), cautioned that there are consequences for these layoffs and furloughs, noting, “Museum educators are essential to museums and make the institution what it is in a community” (2020) and calling them a “lifeline” to their institutions. Still, as museum educator and former NAEA Museum Education Division President Juline Chevalier elegantly illustrated in a blog post for *Art Museum Teaching*: “COVID-19 Has Taken A Toll on Museum Education” (Chevalier, 2021).

This leads me once again to the question posed by the JSTAE editors and to consider this moment as a paradox of both inclusion *and* alienation for art museum educators, whose work is perhaps more relevant and consequential than ever. While I cannot

change the longstanding and contemporary external circumstances that lead to our current COVID-19 reality, I can suggest ways in which art museum educators might adjust and respond to that reality in ways that are hopeful, loving, and human-centered.

### **The growing impact of wholeness, self-care, and love as essential components of professional practice**

There is a growing movement to consider one’s own health and happiness in relationship to market-induced or *neoliberal* precarity, that is, “inequality as a necessary by-product of the ultimate goal of high productivity” under neoliberal capitalism (Hamington and Flower, 2021, p. 2). The ubiquity of neoliberal precarity is evidenced in part by myriad laws to restrain labor organizations, create favorable tax laws for investors, “corporate access to state officials to maintain inequality and restrain unemployment benefits,” “extensive discipline of the work force,” and “the use of the state to enforce debt payments and foreclosures,” (Connolly, 2012, as quoted in Hamington and Flower, 2021, p. 2). These actions are predicated by a lack of care ethics that otherwise resists the suffering of those who do not flourish under market-induced capitalism.

This movement to care is emphasized by the COVID-19 pandemic’s dramatic effect on work practices, mental and physical health, and the implications of personal decisions on communal health and wellness. While there are certainly investigations into care ethics in various philosophical projects, I wish to specifically discuss a phenomenon that primarily emerges from the lived experiences and scholarship of Black and brown women who, in the tradition of Audre Lorde (1984), envision a better world through personal and communal love, pleasure, and social activism (hooks, 2001; brown, 2019; Hersey, 2021a).<sup>2</sup> This feminist

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<sup>1</sup> “bodymind” references the body and mind as inseparable and entangled. See McRuer & Johnson, 2014.

<sup>2</sup> As a white, cisgender woman who identifies as queer, I respectfully acknowledge that this manuscript builds on foundations built by Black and brown women-identifying writers and scholars.

approach to morality is counter to the cool rationality that characterizes much Eurocolonial philosophy.

Tricia Hersey, founder of *The Nap Ministry*, views rest—specifically in the form of naps—as a form of resistance against capitalistic “grind culture” and a form of liberation for bodies that are pushed to be productive under white, patriarchal capitalism. The ministry’s motto, “REST IS RESISTENCE,” describes a “meticulous love practice” (Hersey, 2021a), “steeped in dismantling white supremacy and capitalism by using rest as the foundation for this disruption. We believe rest is a spiritual practice, a racial justice issue and a social justice issue” (Hersey, 2021). Her arts-based ministry of Black liberation, started in 2016, is based on “The 4 tenets of the Nap Ministry, a set of core principles infused with the principles of Black Liberation Theology, Afrofuturism, Womanism, somatics, and communal care” (Hersey, 2021b). She posts reminders and words of encouragement on a blog platform, Instagram, Twitter, and (rarely) TikTok, as well as through podcasts, public installations, retreats, and performance art. In 2019, the National Art Education Association’s Museum Education Division Preconference featured her as the keynote speaker in recognition of the strained relationship between self-care and professional obligations of art museum educators.

### **The liberatory politics of love and pleasure.**

In *All About Love: New Visions*, (2001), Black feminist theorist bell hooks mediates on the meaning of love and what it means to *practice* love—as a verb—in everyday life. While the word “love” is most commonly discussed in romantic or sexual contexts, hooks pursues a meaning of love that is at once intellectual, informative, and politically useful. She asserts the importance of non-romantic love as a principle of human relations and social justice movements, as an “awakening to love [that] can only happen as we let go of our obsession with power and domination” (p. 87) and “see our lives as intimately

connected to those of everyone else on the planet” (p. 87–88). hooks also positions love and care as a direct challenge to patriarchy, a system of domination that naturalizes the binary notion of a powerful, strong superior party that maintains rule over weak, inferior parties through violence. Further, she encourages us to practice a love ethic in relationships far beyond the personal and private realms of sex and romance:

When love is present the desire to dominate and exercise power cannot rule the day. All the great social movements for freedom and justice in our society have promoted a love ethic. If all public policy was created in the spirit of love, we would not have to worry about unemployment, homelessness, schools failing to teach children, or addiction. Were a love ethic informing all public policy in cities and towns, individuals would come together and map out programs that would affect the good of everyone. (hooks, 2001, p. 98–99)

Similarly, facilitator and emergent strategist adrienne marie brown (2019) suggests that love—and pleasure—are forms of “political resistance and cultivating resilience” (p. 59) against the way that heteropatriarchy has socialized us to believe that our value is less than. She asserts that we are taught to “seek and perpetuate private, even corporate, love” but that if we do not change the way we love, we are: going to die from isolation, loneliness, depression, abandoning each other to oppression, from lack of touch, from forgetting that we are precious. We can no longer love as a secret or a presentation, as something we prioritize, hoard for people we know. Prioritizing ourselves in love is political strategy, is survival. (p. 60)

### **An Ethics of Care**

How do we as art museum educators respond to current conditions in ways that value and address our shared humanity and position the health of museums as relational to the health of their staff and

communities during a time of pandemic? In this section, I suggest that one way to approach this question, in concert with the aforementioned writers and scholars, is to use a philosophical notion of an ethics of care to make decisions that ultimately affect visitors, communities, volunteers, and other staff members.

### Philosophical Ethics of Care

Care ethics are a philosophical approach to morals descended from the work of two white feminist scholars, Nel Noddings and Carol Gilligan, who first introduced their work in the late 20<sup>th</sup> century. Noddings (1984) suggested that there is a relationship between the *feminine* (which we will return to later) and *caring* as a moral imperative and a foundation for ethical decision making. While her early work situates caring in the home, she later sites the role of care in educational spaces, such as schools (1992). She also makes a distinction between *caring-about* and *caring-for*—the former a general feeling of concern and the desire to do something to make a situation better (1992); the latter a direct, in-person gesture of care that is recognized by the recipient (2002). Gilligan introduced

a distinctive philosophy of women’s personal and moral development, diverging from the traditions of Sigmund Freud, Jean Piaget, and Lawrence Kohlberg, which held women as morally and developmentally inferior to men. Rather than identifying the genders as inferior or superior, Gilligan asserted that the experiences of men and women are fundamentally different and thus require separate approaches in their investigation. (Gottschalk, 2007)

Her work challenged Kohlberg’s *Theory of Moral Development*, which utilized exclusively male research subjects. His study suggested that there are three levels and six distinct stages of moral development that focus on justice and rights and continued to develop over time (1958, 1985). Alternatively, Gilligan’s (1982, 1993) theory of moral development—or a *Morality of Care*—focused

exclusively on women and posited that that they go through three levels of development (Preconventional, Conventional, and Postconventional), each with a transition that represents deeper understandings of the self, responsibility to others, goodness, and truth. Gilligan’s concepts are fundamental to an Ethic of Care, which centers compassion, well-being, and collectivity as part of moral decision making.

What does it mean exactly to say that an Ethics of Care may be a useful framework for decision-making in art museums? Firstly, it is useful to differentiate *ethics*, or rules of conduct commonly recognized by a particular group of people; and *morals*, which are principles, based on beliefs, that inform personal decisions of right and wrong. An ethics of care, then, may serve to inform specific moral decisions related to our professional and personal lives. Additionally, Noddings (2012) insists that care ethics are *relational*, that is, involve both the *carer* and the *cared-for* even in very brief encounters:

Typically, on detecting an expressed need, the carer ‘feels with’ the cared-for and experiences motivational displacement: that is, her motive energy is directed (temporarily) away from her own projects and toward those of the cared-for. Then she must think what to do. She must respond. She responds positively to the need if she has the resources to do so and if doing so will not hurt others in the web of care. If a positive response might hurt others, she must still try to find a way to respond so that caring relation can be preserved even though the need has been denied. All parents and professionals in the helping professions understand the challenge implied here. (2012)

An exploration of elements of a care ethic and the ways in which they interrelate is helpful for this discussion. Feminist philosopher Sarah Clark Miller recently mapped care ethics through four key concepts of caring relations: Need, vulnerability, dependency, and precariousness, through the lenses

of finitude<sup>3</sup> and embodiment (Miller, 2020). Specific forms of *need*, as experienced by humans, may happen once during a lifespan or recur more frequently. Need “indicates that which must be met or provided in order for humans to continue to live, to function as agents, and to thrive” (2020, p. 646). While *vulnerability* has largely been theorized through a lens of harm, Miller suggests that it “represents a manner of openness to the world and other people—for example, corporeal, psychological, or emotional openness—over which we have limited control” (2020, p. 646). Notably, she includes an openness to “certain aesthetic experiences might be a kind of vulnerability we want to cultivate for the enrichment they can bring” (2020, p. 646). *Dependency* is inextricable with both need and vulnerability—we rely on others to meet our needs and care for us just as we know that others will certainly rely on us in the same way. Lastly, Miller elucidates the notion of *precariousness* as a condition that defines the other concepts, as it engenders *vulnerability*, or the state of having need and dependence on others. In her illustrative cosmos of care ethics, *finitude* is a link that connects these four distinct key concepts together; *embodiment* is an acknowledgment of the body as the site “where we interface with our own and others’ needs, vulnerability, dependency, and precariousness” (2020, p. 653).

### Ethics of care in educational settings.

Noddings, an educational psychologist, provided teacher trainings focusing not on student achievement but on their “academic, emotional, and moral development” (Yaakoby, 2012, p. 25). Five components comprised the training: 1) *Modeling* care for students, 2) *Dialogue* that helps students listen and accept others, 3) *Experience* from watching teachers who employ an ethics of care with their

students, 4) *Confirmation* from those teachers as students develop their own care ethics, and 5) *Universalism*, or acknowledging that all humans need care (Yaakoby, 2012).

Other scholars have investigated the possibilities of care ethics as guides for practice in both formal and informal educational settings, including higher education, non-profit, and other educational settings—essentially any instructional contexts where “relationships between facilitators and participants are valued as part of an active learning environment” (Glowacki-Dudka, et. al., 2018, 62). In an article for planners of educational programs, Michelle Glowacki-Dudka and co-authors propose using the methods of popular education within a framework of care ethics to plan programs through “establishing a community, opening communication, encouraging critical reflection, working toward equality, and acting democratically with the participants, all the while understanding that people have individual struggles, varying interests, and personal intentions as they work toward social and/or political changes” (2018, p. 63). They define *community* as participants and the broader community; consider *open communication* to be establishing care and trust amongst participants through crucial conversations; establish *critical reflection* by “examining how and what people are learning but also situates the context of their learning within structures of power and hegemony, equality, and democracy” (2018, p. 65); pursue *equality* through dialogue and action, and advocate for *democracy* through intention, democratic participation, and an equitable approach to education, where all learners are seen and heard (Glowacki-Dudka, et. al., 2018).

In an article more specific to art museum education, six graduate students<sup>4</sup> at The Ohio State University and I reckoned with contemporary practices in art museums by engaging in a project

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<sup>3</sup> In a delightfully illustrative example of finitude, Dr. Miller suggests that there are a limited number of times that humans can listen to the Rick Astley song “Never Gonna Give You Up.” Indeed.

<sup>4</sup> Adéwálé Adénlé, Shannon Thacker Cregg, Anna Freeman, Damarius Johnson, Megan Wanttie, and Logan Ward

“shaped by open, ongoing dialogue and critical reflection about the field of museology and centered in both radical critique and boundless possibility (Kletchka, et. al., 2020) as a way of exploring critical foundations that might lead toward decolonial, equitable, and affirming art museum practices. They developed a collective vision of potential museums, rooted in conversations about African American history museums, critical pedagogy, decolonialism, disability studies, the politics of identity and representation, and embodied experience/authentic engagement (Kletchka, et. al., 2020). The project culminated in a manifesto, rooted in love and an ethic of care, “*that builds towards the [potential museum] as a range of accessible, inclusive, and equitable cultural institutions for our communities, the public, museum staff, directors, and boards*” (Kletchka, et. al., 2020, p. 70). This manifesto might serve as a powerful model for art museum educators who wish to engage in their work framed by care ethics.

### Critiques, Caveats, and Considerations

Gilligan and Noddings’ work is subject to third-wave feminist, anti-essentialist critique—at least initially steeped in second-wave iterations of American white feminism, most notably the eliding of sex and gender—in an effort to wrench women’s experience from a larger patriarchal framework, they also appeared to reify an essentialist understanding of women and womanhood. Gilligan responded to this critique of essentialism by offering a distinction “between a *feminine* ethic of care and a *feminist* ethics of care” [italics mine] (Gilligan, 1995, p. 122). A feminine care ethic is based on selflessness or self-sacrifice in a disconnected, oppositional, patriarchal relationship. To the contrary,

A feminist ethic of care begins with connection, theorized as primary and seen as fundamental in human life. People live in connection with one another; human lives are interwoven in a myriad of subtle and not so subtle ways. A feminist ethic of care reveals the disconnections in a feminine

ethic of care as problems of relationship. (1995, p. 122)

This caveat about the conceptualization of sex and gender in care work is particularly important for art museum educators as their work, as well as their bodies, are historically constructed as female or feminine in a gendered, binary museum hierarchy (Kletchka, 2021). Any museum educator who is automatically assumed to work with young audiences or preK-12 students by virtue of their title can tell you that this perception of museum education as feminized work (and therefore most appropriate with young learners) continues to pervade institutional mindsets. However, like Gilligan (1995), we may situate care work as a *feminist*, rather than *feminine* endeavor, as relational rather than patriarchal—that is, equally applicable to the humans that we work with and for regardless of job title, sex, race, or gender.

### Developing an Ethics of Care for Art Museum Education

I return to the notion of an *Inclusion Invasion* in the call for papers by the editorial board for JSTAE (2021) and offer the following suggestions for consideration as art museum educators return to their work (or start anew). They are intended to generate thought about the ways in which love and care may become part of interrelated professional and personal practices that will sustain art museum educators and their communities as we turn toward socially responsive, community centered practices both in and outside of our institutions. They are grounded in an ethic of care that recognizes need, vulnerability, dependency, and precariousness as relational considerations for moral decision making and are rooted in love, freedom, and justice. They are intended to guide relations, undergirded by practices of open communication, critical reflection, equality, and democracy, as art museum educators begin again after a great pause necessitated by the COVID-19 pandemic.

- Use this moment, as much as possible, to reflect on your professional and broader institutional practices that do not serve you, your staff colleagues including volunteers, and/or your visitors and communities. Reflect on the origins of these practices and note what you can influence or resist.
- Consider your philosophical and theoretical orientation toward public practice and how you situate learners and visitors in those orientations. In what ways do you consider their potential needs as you endeavor to create curriculum, programs, and engagement both in and outside of the museum? How do you break these groups down into sub-groups (i.e., grade, age, race, ability, status) and how does that affect educational expectations and outcomes? Where do their care needs enter this equation?
- Think about how you typically interact with other members of the staff both in and out of your immediate department. What are your needs as you engage in research, planning, public practice, and evaluation? How might a taking an inventory of the resources that you require to flourish change your ability to ask for what you must have to thrive?
- Reflect on the decisions that you make every day as part of your professional practice. How might these decisions be informed by an ethics of care in addition to other, more traditional considerations such as budget, policy, tradition, or roles? In what ways does an ethic of care already permeate your decisions?
- How might conceptualizing your community (including yourself, colleagues, and museum learners) as being cared-for rather than cared-about change your everyday decision-making processes?
- What are your goals for establishing a thriving, healthy professional life? How does prioritizing your own happiness change those goals?
- How might *all* museum staff members use an ethic of care to rethink their work with audiences

and communities in a way that values connection and interdependence?

The COVID-19 pandemic—and the underlying issues of structural racism, personal and social responsibility, access to safety and security, and work-related inequality that are interrelated with our present circumstances—irrefutably changed almost every aspect of our personal and professional lives. As art museum educators collectively work our way to a better, more just future, we benefit from alternative ways of thinking about our work that allow us to prioritize ourselves, our colleagues, and our communities in shared humanity, love, and care.

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