

Introduction

Caring and Time

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Care ethics is a growing interdisciplinary and international field of study in which scholars worldwide have theorized the dynamics of care as a practice, a virtue, and a collective moral responsibility. This special issue of the *Journal of Philosophical Investigations* explores an essential yet underdeveloped aspect of care scholarship: the relationship between caring and time, broadly construed. Caring has both spatial and temporal dimensions, differentiating it from other moral approaches. Caring takes time.

The title of this special issue echoes Martin Heidegger's *Being and Time*, which argues that time is the horizon that gives meaning to all our moments of existence and further develops his notion of *Dasein* as existence rooted in caring. Martin Heidegger's work and career embody both the positive and negative aspects of Western philosophy. On the one hand, he is regarded as a central figure in the development of modern European philosophy. The existentialist, hermeneutical, and phenomenological philosophers he influenced resemble a who's who list of significant thinkers. On the other hand, his anti-Semitism and involvement in the German Nazi party tarnish, and for some, negate his accomplishments, leaving his intellectual legacy in question. Without diminishing the significance of Heidegger's moral failures, *Being and Time* remains his *magnum opus* and is regarded as a modern classic of philosophy.

Being and Time does not offer an ethic. Heidegger presents the phenomenological ontology that underpins his philosophy. In particular, he interrogates the meaning of being with the understanding that there are various kinds of beings. Temporality shapes how we perceive beings. Human beings, or *Dasein*, are entities in the world constituted by social relations that confer meaning to actions and lives. Care is central to Heidegger's understanding of *Dasein*, as is time and imagination: "Conscience reveals itself as the call of care ... The call of conscience, that is, conscience itself, has its ontological possibility in the fact that *Dasein*, in the ground of its being, is care." (Heidegger, (1927 [2010], 267). It is through the imagination that Heidegger understands time as more than a series of moments that run from the past to the future. Imagination creates a space for play that allows past, present, and future to be experienced qualitatively in their application to care (Czobor-Lupp, 2010, 6).

A little over a decade after Heidegger's death, feminist scholars from various disciplines (Gilligan 1982; Noddings 1984; Ruddick 1989) developed what has come to be known as the ethics of care or care ethics. This relational approach to morality is attentive to context and experience; care ethics possesses normative elements while also integrating epistemological, aesthetic, and ontological aspects, resonating with Heidegger's notion of *Dasein*. Care theory suggests that good care responds to the needs of self and others in a humble and non-paternalistic manner. Care ethics is based on the idea that care is fundamental to human existence and flourishing. Care is an essential moral good (Mortari, 2022, 80) and should therefore be the centerpiece of ethical theory and practice.

Today, care ethics is garnering worldwide interdisciplinary attention as global scholars contribute to a growing body of theoretical and applied literature across numerous disciplines. Signs of the field's maturity include burgeoning publications, book series, journals, podcasts, and special journal issues such as this one. Nevertheless, care theory is still relatively young and holds great potential for further exploration. With a few notable exceptions (Bourgault 2016; Nedelsky and Malleson 2023; Hayakawa 2024), the temporal dimension of care ethics remains underexplored.

A Forward-Looking, Decolonizing Care Ideal

Whether it's the *longue durée* of building more caring institutions or the banality of everyday cycles and routines of care that sustain life, the multi-generational legacies of care are inherited through kinship systems and culture. Care, as both theory and praxis, unfolds across multiple planes of time. The earth itself, from its oceans to its rock formations and various lifeworlds and ecosystems, has many containers of care with their own temporalities. Care can be forward-looking, preserving and nourishing life through the upkeep of relational ecologies and habitable worlds (Dokumaci, 2019; Tronto, 1993). It can also serve as a means to engage critically and heal from past and ongoing processes of violence that foreclose the possibility for life and

futurity ([Held, 2010](#)). Care, like time, is contextual, manifesting differently across time and space, depending on how it is textured by culture, religion, politics, race, class, and social location.

Care and time, as concepts, have been decolonized and deconstructed through non-Western epistemologies by Black, Indigenous, racialized, queer, and disabled scholars, as well as scholars from the Global South. The special issue demonstrates the value of rupturing borders within care ethics as a global learning community and as a feminist methodology by illustrating how one's social location, or situatedness, shapes their sense of care. The authors engage in cross-cultural, transnational, and decolonial feminist inquiry by experimenting with:

1. Identifying how racial capitalism, heteropatriarchy, settler-colonialism, and ableism collaborate to devalue care work and undermine care relations in our societies.
2. Decentering whiteness and Western points of origin in their analysis of care.
3. Practicing comparative ethics to engage with non-Western, non-secular, and decolonial moral vocabularies of care.
4. Centering Indigenous epistemologies of care
5. Employing citational practices that incorporate intersectional perspectives from Black, Indigenous, racialized, disabled, queer, and Global South scholars
6. Creating context-specific historical genealogies of care as policy, praxis, and discourse.
7. Theorizing through queer and disability justice approaches to embodiment and relationality.

How, where, and by whom care is practiced and valued, as well as its ends, is context-specific, processual, and grounded in storied life-worlds that unfold over time, in all their multiplicities ([Dalmiya, 2016](#); [Hamington, 2024](#)). Yet, as evidenced in the authors' reflections on time, despite the pluriversality of our points of origin, care-ethical inquiry strives for connection in a world where the value of care—as a praxis, as a relationship, and as a virtue—is under siege by capitalism, colonialism, ableism, and heteropatriarchy.

In this introduction, we map the connections, divergences, and shared orientations of the authors' articulation of care and how it is experienced over time. Each article is an exposition of the complex ways that systems of oppression, such as racial capitalism, heteropatriarchy, white supremacy, and settler-colonialism, bend, stretch, extract, rupture, refract, and steal time to structure the terms of care. The authors collectively disrupt dominant paradigms of time, progress, and care by foregrounding caring labor's relational, affective, and political dimensions, particularly concerning women, racialized communities, disabled bodies, and care workers.

On Care, Travel, and the Multiplicity of Time

Post-Colonial scholar Edward Said notes that a critical inquiry task is to study how ideas travel, their reception, and the effects they produce across different places and times. The circulation of ideas engenders pluriversality in feminist theorizing and is an “enabling condition of intellectual activity” (Said, 1983, 226). Mapping how ideas travel requires identifying points of origin, the distances they traverse (their passage through various pressures), the sets of conditions that shape their acceptance (as well as the resistances they face), and how they become accepted as the norm and transformed through new uses, in new times and places (226-227). Reading the authors’ contributions taught us that ideas, particularly moral vocabularies, can also travel through care. Care activates our affective imagination. Whether it is mourning, witnessing, laughing, or reading together, in caring, we travel across time to deepen the ethical sensibility of empathy. How we think, judge, and imagine care is shaped by an array of times, including enfolded and embodied histories, our family’s heritage, collective memories, nationalisms, systems of oppression, and institutionalized forms of care. In caring, we move through how notions of care have been preserved, filtered, and renewed to enact care in a way that fits for us, to attend to our ethical obligations, as well as to carry out the work of building inhabitable lifeworlds that we feel is urgent in our time-spaces.

All authors begin with a shared point of origin: the understanding that care is profoundly political and shaped by histories of power, colonization, and resistance. A way to resist and disrupt, time as systems of oppression structure it, is activating care, as a mode of travel. Chicana, Mexicana, and Latina feminist theorist Mia Sosa-Provencio draws from her ancestral and land-connected epistemologies to offer a *Revolucionista Ethic of Care*. She teaches us that educator of color, particularly women, carry embodied knowledge of care that is both individual and collective, personal and political. Intergenerational traumas and tactics inform their care practices of survival. Humor and storytelling are inherited practices of resistance that can be activated in culturally-specific and land-based ways in the student-educator relation of care. Reflecting on the narratives of female (Nuevo)Mexicana/o educators teaching along the U.S./Mexico Border, to Mexican/Mexican-American students, she observed how educators tactfully used humour to open portals of time. In such portals, accessed through learning, by both educators and students, time is circular, past pains and traumas can be presenced and surfaced for healing and renewal. The *Revolucionista Ethic of Care* is grounded in mind-body-spirit wisdom, humor, and shapeshifting as modes of survival and healing. It operates within “*nepantla*”—the in-between space of cultural, racial, and spiritual crossings—and draws from mythic, maternal, and cyclical temporalities that defy capitalist linearity (3).

Whilst Mia Sosa-Provencio articulates how humour, as a critical pedagogy, helps educators traverse the distances that intergenerational traumas create in the classroom, Maurice Hamington and Ce Rosenow explore another care-based mode of travel—empathy. They

explore how reading poetry engages our moral imagination, transforming our ability to care for the plight of *others* beyond the spatial and temporal horizons we inhabit. Maurice Hamington and Ce Rosenow articulate care's aesthetic, poetic, and imaginative functions through interpretations of Janice Harrington's book, *The Hands of Strangers: Poems from the Nursing*. They define care as an embodied poetic praxis that enables moral witnessing. Through empathic imagination, readers can "space-time travel" to attend to the vulnerabilities, needs, and stories of marginalized communities—in this case, testimonies of care-workers attending to the needs of elderly patients in a nursing home (166). Empathic witnessing, when activated through reading poetry, collapses temporal and spatial distances between the reader and the text's subjects, bringing closer narratives of interdependency, suffering, injustice, and resilience that may otherwise not be accessible in one's own time-space. Readers are not passive observers but are implicated in the collective "we" of care workers and residents. Reading poetry activates the reader's caring capacities, offering a temporal plane and relationship within which one can envision more caring and just futures.

In addition to travelling across generations and borders through humour, and in between the immediate and textual worlds through empathy, Sarah Munawar and Riikka Prattes both travel through care to revisit, and return to, traumatic and formative medical events they experienced—not as patients, but as witnesses. Testifying to her embodied trauma of cancer diagnostic imaging, Prattes evokes the notion of "colonial time" or "artificial clock time" discussed by Aboriginal author Mykaela Saunders, of Koori/Goori and Lebanese descent, which is disconnected from the natural rhythms and times of the land (74). Prattes draws upon her critique to map the different layers of time that shape healthcare spaces that patients move through as they navigate questions of the time they have left, the time that healthcare workers do not have to listen to their pleas, and the time that has been stolen from them in advocating for their safety and needs within healthcare systems. Prattes notes that "it is possible to 'have no time' to be sick" in colonial, capitalist times" (81). She argues that time is a plane upon which care inequalities are experienced.

Denied information and adequate testing to make safe and informed decisions regarding her care, Prattes narrates her experience of feeling unheard and unseen in her vulnerabilities during her cancer diagnosis, as healthcare workers lacked the time to listen to her. By denying her witness due to constraints of time and resources, she was subjected to endure unsafe care. She struggled to make her "body and breath fit" within the time and space allotted to her by the healthcare system (81). Recognizing time as a finite resource, she also acknowledges the exhaustion of care workers who "are caught up within irreconcilable temporalities" who must somehow operate both within the "slow and deep time, required to tend" to vulnerable patients and the capitalist time "of the market, of expanding productivity, which requires slashing slow(life)time into the countable, standardized units on the other" (83).

Whereas Prattes shares a medical narrative in which she was denied the time and attention necessary to be heard regarding her cancer diagnosis, Munawar recounts her experience of being heard by care workers who went out of their way to listen and witness her grief while she miscarried before a surgical procedure. As a Muslim, she explores how experiences of miscarriage and mourning generate care-based knowledge that is deeply embedded in time and memory, becoming formative in an individual's sense of Islam. Such events serve as points in time from which one draws interpretations of the Quran to activate knowledge as care within her relationships. She reflects on how grief is not merely an emotional state but also a temporal and epistemic event—one that reveals care-based epistemologies of Islam that are often devalued or regarded as inauthentic or unrealistic ways of knowing Islam. Knowledge gained through loss doesn't disappear but integrates into embodied practices and intergenerational lineages of care, becoming a significant part of a Muslim way of knowing. Mourning evolves into a temporal and spatial practice, where memory acts as a form of place, rooted within Quranic verses and lived as embodied *dhikr* (remembrance), forming containers of care that persist across time, as places that can be revisited. This temporality of grief unveils an ethical urgency for Muslim feminists: the finitude of time evokes the imperative to act justly, speak truthfully, and practice patience in mourning. Yet this urgency is not grounded in the capitalist concept of time as a finite resource, or in the fear of time running out, but in an Islamic cosmological understanding that perceives time as a trust, expansive and multiplicitous, and always accounted for.

On Slowness, Reparative Time and the “Organic” Rhythms of the Body and Social Change

Across the authors' contributions, slowing down emerges as a radical political act—a refusal of urgency and a reorientation to breath, presence, and cyclical temporality. Slowness becomes a mode of restoration, whether in dance, poetic imagination, or Indigenous timekeeping. The reparative not only requires a reorientation to the past to transform the present; it also entails the ability to travel across time and harvest care-based knowledge that can nourish and heal the lifeworlds we inhabit—past, present, and future. A thread running throughout the articles in this issue is that capitalist and colonial time structures violently regulate and diminish the place of care in our societies. Christine Leroy defines this as a form of *social necrosis*—the slow death of care that is meaningful and human in care professions, due to the monetization of time, burnout, and rationalization of labor (96). Echoing Prattes' critique of capitalist time in healthcare spaces, Leroy argues that the management of care under productivity regimes prioritizes speed and efficiency, resulting in a “dehumanization of health services” (96). Care workers are expected to maintain a pace incompatible with genuine care, leading to exhaustion, alienation, and unsafe care. The rise of AI and digital technologies further compounds this by erasing the processual, relational, and temporal dimensions of human connection, suppressing

the time required to build trust, witness suffering, and act ethically in our care relations. Leroy argues for the urgent need to breathe “life back into care” (100).

Echoing Leroy’s critique, Àger Perez Casanovas extends disability justice activist and scholar Mia Mingus’ notion of the medical industrial complex to articulate how ableism shapes Spain’s healthcare system. In tune with Prattes, Casanovas also develops the idea of *crip time* to bear witness to the violence of productivity-driven temporalities imposed by capitalist/medical systems on care (22). She argues that “the Spanish medical-industrial complex (MIC) enforces temporalities that prioritize efficiency over well-being, disciplining bodies through wait times, prognosis-driven expectations, and sick leave policing” (31). Such “temporal structures” are differentially harmful to disabled and chronically ill individuals who do not inhabit ableist and linear senses of health, recovery, or wellness (41). Through the frame of time, Casanovas breaks medical terminologies, practices, and policies to make visible the unmet needs of disabled and chronically ill individuals whose bodies and storied lives are seen as burdensome, transgressive, and overly dependent in the Spanish medical system. Echoing Leroy and Prattes’ shared demands for slower care, Casanovas argues that resistance to capitalist incursions on medical systems must be rooted in gentleness and slowing down through connective action. Such action entails activist movements that demand just care for all, rooted in the principles of disability justice.

Whereas Leroy and Casanovas analyze time in an institutional context, Amrita Bannerjee examines care-time in the home context and its implications for how women, as carers inhabit moral agency. She refers to the autobiography of Rassundari Devi, a nineteenth-century Indian writer and upper-caste housewife from Bengal, to explain how time is experienced intersubjectively through the demands of caregiving. Bannerjee envisions ‘caring time’ as inherently relational and shaped by the concrete needs and rhythms of both the caregiver and the recipient of care. Focusing on ‘concretizing time’ aids us in analyzing how the needs and autonomy of caregivers can become subsumed in what Bannerjee describes as a temporal cocoon composed of the realities of care-time—the everyday exhaustion, demands, and neglect of carers in our homes and societies. When the moral self of caregivers becomes engulfed, or dissolved, in care-time, it can constitute moral harm as a form of erasure. In addition to the cyclicity of care work, captured by the repetitions and banality of everyday life, caring time also encompasses the creative ruptures and breaks, in identities, futures, and pasts, that caregivers can forge through performing ritual, refusal, and agency in caring. The dance of care, within which caregivers negotiate their autonomy, is relational and expressed in what Bannerjee identifies as mutual temporality.

On Capitalism, the Theft of Time and Progress

Feminist care theorists assert that power is never absent from care. Rather, power structures the very conditions through which care is provided and received. From the expropriation of racialized and gendered bodies' time under capitalism to the unequal dynamics of international aid and policy, care is never neutral. It is always embedded within—and shaped by—histories of domination, exploitation, and resistance. Agnes Phoebe Muyanga maps the gaps, deceit, and shortcomings in the promises made by international organizations, NGOs, and the government to care for women and girls in Tanzania. These actors are responsible for the delivery—and, often, distortion—of care. She observes how the safety, well-being, and rights of women and children in Tanzania are endangered by government interventions that seek to slow down progress and change in the country through social movements for gender justice. As Sara Ahmed reminds us, sabotage is “to destroy something deliberately with the intention of obstructing someone” (Ahmed, 2021, 301). In Tanzania, Muyanga illustrates how government actors employ sabotage as a resistance to demands for gender justice through individual actions of denial and institutional actions of indifference, disruption, and refusal to listen (106). While actively sabotaging the rights of women and girls, the Tanzanian government utilizes care as a “false rhetoric” to obscure its complicities in sustaining heteropatriarchal violence (110).

Drawing upon knowledge rooted in Tanzanian feminisms and women's rights movements, Muyanga argues that Tanzanian women and girls continue to resist, organize, and reclaim power; however, various orders of government and law sabotage their capacity to effect change. Change, then, is “snail-paced” not as an organic rhythm of time, but rather as a result of heteropatriarchal interventions that various political actors use to refuse to care for and attend to the needs of women and girls in Tanzania (111). Liberation is slowed down through acts of sabotage that undermine political agency through legal practices and norms that deepen the dependencies of women and girls on men, reinforcing patriarchal and colonial forms of governance.

For Muyanga, progress in women's and girls' rights and empowerment in Tanzania is denied, delayed, and disrupted. Conversely, for Hee-Kang, change over time is neither slowed nor denied; rather, it is structural injustice, as it exists and originates within multiple frames of time, in a state's development, fold, blend, and cohere in a modern situation where care is devalued. In this context, the slowness, or delay, in women's rights, as it relates to the devaluation of care in our societies, can coincide with timeframes where progress on other fronts—such as technology, democracy, and the economy—is unfolding. Hee-Kang Kim extends German historian Ernst Bloch's notion of multiple temporalities (“the non-simultaneity of the simultaneous”) to depict how a country can inhabit different planes of progress within the state-building process. Through this lens, she studies how the concept of care travels across, ruptures, and stagnates as it navigates through different time frames that coexist “concurrently”

within a place. She provides an in-depth portrait of Korea as a place that both inhabits and continues to be shaped by anti-communist warfare, industrialization, democratization, neoliberalism, and the welfare state, while also navigating historical junctures such as post-colonial division, war, a coup d'état, dictatorship, democratic revolution, and the financial crisis. Through Iris Young's notion of structural injustice, Kim explores "how different, non-synchronous times of Korea's state-building create structures in which care is discriminated against, excluded, ignored, overlooked, and undervalued" (117).

Oppression, here, splinters through various frames of time, forming and solidifying in the present as "wires in a cage" that structure "discriminatory ideological, socio-cultural, political-economic, and legal conditions for care" (119). For example, anti-care perspectives across these time frames cohere to texture contemporary narratives on dependency. For instance, she observes that in modern Korean culture, identifying as a carer or as someone in need of care, instead of conforming to the "image of soldier and workers," can expose one to "social disdain, degradation, and contempt"—in that dependency is a marker of deficiency or burden.

On Connection, Time, and Relationality

Collectively, the authors guide us towards understanding a concept of time that is not entrapped in capitalist notions of finitude, profit, and productivity. The time necessary for us to adequately care for one another is under siege. The dominant social narrative of neoliberalism emphasizes quick transactional relationships that, in many ways, oppose the essence of caring. Health professionals are pressured to spend less time with patients, while over-extended caseloads diminish the time that case workers can dedicate to clients, and new technologies, along with increasing class sizes, restrict the time teachers can invest with students. Despite these limitations, care persists. Caring has an aesthetic (Thompson), and engaging with it, like any art form, involves spending time with others—listening, holding, laughing, and educating.

Through diverse epistemologies of care, the contributors to this special volume gesture towards understanding time not as a resource, but as a relation. They envision a world in which it is valuable to create time and space for poetry, slowness, and histories that continue to live in our bodies and lands. They call for a rejection of the rationalized time regimes that deaden care work and a commitment to feminist, decolonial, and crip temporalities that center vulnerability, reciprocity, and interdependency. Rather than seeing care as a finite act or transaction, these works invite us to view it as an unfolding journey, a poetic and political practice that connects us across time, space, and difference. In doing so, they open the possibility of new temporalities, relations, and worlds rooted in the dream of a just and caring world for all.

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