

## HOW TO CARE BETTER FOR INTERGENERATIONAL RELATIONS IN THE TIME OF FRAGMENTATION<sup>1</sup>

Adriana Jesenková

*Pavol Jozef Šafárik University in Košice, Slovakia*  
adriana.jesenkova@upjs.sk

**ABSTRACT:** The combination of a feminist care ethics and pragmatism can be very effective in addressing the challenges posed by a fragmented and polarized society, not only in Slovakia but also globally. The author connects her individual experience at the level of interpersonal relations with the collective experience of fragmented and polarized Slovak society to explore the possibilities of caring for intergenerational relationships. Drawing on the concepts of care ethics - common caring practices, embodied care and caring spaces - she seeks to understand the causes and factors of paralysis in caring practices and the possibilities of overcoming it at both the micro and macro levels. The combination of philosophy and literature in teaching philosophy is presented as an alternative caring space providing cognitive, emotional and affective resources for the renewal and repair of weakened or broken caring relations.

**Keywords:** feminist care ethics, fragmented society, intergenerational relations, embodied care, common caring space, teaching philosophy as common caring practice

### Introduction

The high level of fragmentation of modern societies is a relatively well-developed theoretical topic in philosophy, as well as in other humanities and social disciplines, from the classics (Durkheim 1893) to postmodern authors (Habermas 1987, Giddens 1990) to contemporary theorists (Bauman 2001, Putnam 2000). Individualism is considered its driving force, and it is understood as a threat to social cohesion and the integrity of society. For feminist thought, the examination of the causes, factors, mechanisms and consequences of fragmentation in modern society is linked to the critique of modernity and its universalism, androcentrism, and atomized individualism, and with the emphasis on contextuality, situatedness, diversity and inclusion of marginalized voices and per-

spectives in third wave feminism (Benhabib 1992, Young 1990). Within the ethics of care, as it has developed since the 1980s, the topic of fragmentation is explored in relation to the possibility of creating a caring, solidary and inclusive citizenship-based society (Tronto 1993, 2013, 2015; Sevenhuijsen 1998, Held 2005). The themes that are explored within this framework within the ethics of care are trust (Sevenhuijsen 1998, Baier 1994, Held 2005), solidarity (Tronto 2013), universality the needs for human care and particularity and contextuality of the ways how these needs are meeting, uncertainty, contingency and vulnerability, protection and safety (Kittay 2011, Tronto, 2015), complexity and precarity of care, common caring practices and common caring spaces, (Hamington 2004, Barnes 2012, Tronto 2013, Noddings 2013, Banerjee and Karilemla 2020). The works of several theorists in contemporary ethics of care focus on understanding care as a political, social and emotional practice in the context of late modern societies characterized by a high degree of complexity, fragmentation, polarization and singularities. They critically examine the possibilities of democratizing care practices exposed to the influence of neoliberal and various authoritarian and populist forms of power, and thus the possibility of realizing a vision of a better, more caring and just society and world (Engster and Hamington 2015, Urban and Ward, 2020).

They note how our everyday care in these struggles is a multifaceted, multi-meaningful and multifunctional focus of interests of various actors at all levels of social reality. It is exposed to the consequences of the practices of institutions, groups, communities and individuals. It is part of the mechanisms and strategies and policies of exercising power and their aspects. Care becomes an object and tool of distribution and manipulation, and thus also the abuse of power in various forms. However, it can also become and does become an instrument of change that leads to a better life for all. And since, from the perspective of care ethics, a better life is necessarily connected with a caring society based on solidarity and inclusion,

<sup>1</sup> A version of this paper was presented at the CERC Conference, online, January 30 – 31, 2025, and partly at workshop of works-in-progress Varieties of Care Theory in Central Europe in Prague April 8, 2025.

and since the deepening fragmentation of contemporary societies is one of the fundamental obstacles to social cohesion and solidarity as prerequisites for a good life, the focus in overcoming fragmentation in society is for care ethics theorists important and relevant question.

Fragmentation relates to divisions, isolations, with stereotypical schemes and patterns in perception and behavior. It has consequences in disagreements, misunderstandings, which can escalate into tensions, conflicts and ruptures, and ultimately to the disruption of communication and relationships. Separation, segregation and isolation then further deepen misunderstanding and misapprehension, which can subsequently increase the feeling of threat, uncertainty, fear of the unknown and the unknown. At the same time, the feeling of mistrust increases and the ability and willingness to provide respect and recognition for others is lost. Subsequently, this state can escalate to hatred and aggression, violence and the complete destruction of mutual relationships, and thus to the disintegration of society or its parts. Fragmentation therefore requires attention and our careful examination from the perspective of the ethics of care.

In my contribution, I deal with the possibilities and obstacles to overcoming fragmentation in a specific area of our lives – in generational relations in families, as well as in society. I rely on localized individual experience as a member of the middle generation in the context of the collective situation and broader systemic and structural relationships of care between generations. I see caring for a good life connected with caring for intergenerational relationships. To maintain, continue and repair our mutual caring relations, we must have adequate resources in the form of experience, inspiration, skills and knowledge. We need resources to cultivate our attentiveness and responsiveness, our ability, attitudes, skills and competencies, how to respond to (generationally specific) caring needs and to maintain, continue and repair our caring relations. The sources of care and for care we need to drive from care and from mutual reciprocal dialogic

caring practices through which we are creating and establishing new caring spaces.

I argue that in order to be able to care well again or at least better, to be able to repair weakened, broken, ruptured caring relations, without which none of our caring spaces can be maintained, we must have, find, create or renew, regenerate resources for the renewal and repair of these relations, in alternative, parallel, substitute, sometimes temporary caring spaces. Drawing from my specific context, I argue that such caring spaces can also be the practice of teaching and learning philosophy, which, however, needs reconceptualization to be understood as caring practice and embodied care practice. Philosophy and the teaching of philosophy need to be reinterpreted as not only cognitive, analytical and conceptual practice, but also as emotional, affective and situated embodied practice in which we are touching mutually with words, ideas and thoughts, we are touching mutually through texts and stories. And, finally, I argue that the specific individual experience of the middle generation of relationships and practices of care can be a valuable source and inspiration for caring for a fragmented society and relationships, because it is close in space and time to both older and younger people. It has connections with both generations and has similar specific experiences with them, which creates prerequisites for understanding both generational perspectives, their needs, as well as their specific vulnerabilities. I argue that as members of the middle generation we have a specific obligation and a specific responsibility to care for intergenerational relations.

In the first part of the paper, I explain the theoretical foundations and concepts of feminist ethics of care, which I rely on to understand the research question. In the second part, I outlined a specific situation that led me to consider the fragmentation of intergenerational relations as a philosophical issue. I clarify the structural conditions and social and political context of Slovak society as the background of my individual experience

with fragmentation. I then present a specific experience of teaching philosophy through reading a literary story as a practice of care that creates a specific caring space providing resources for the renewal of caring abilities. Finally, I link into a synthesis and show why it is the middle generation that bears the relatively largest share of responsibility for intergenerational relations, what the specific responsibility of the middle generation for caring for intergenerational relations consists of, and how to manage this responsibility in difficult times of deep societal fragmentation.

### Care as practice of caring relations

From the perspective of care ethics, care is a fundamental human activity. A widely accepted definition of care is Fisher and Tronto (1990), according to which

caring as “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (Fisher – Tronto, 1990, pp. 40; Tronto, 1993, pp. 103).

explains how care is essential for human surviving and flourishing. I agree with Held (2015), who argues that care is value and practice. She considers that an important aspect of care is that it expresses our attitudes and relationships. The fact that the performance of care and its implementation is relational and that it takes place within and through the relationship between the people providing and receiving care is considered crucial by several representatives of the ethics of care. Noddings explains that

taking relation as ontologically basic simply means that we recognize human encounter and affective response as a basic fact of human existence. As we examine what it means to care and to be cared for, we shall see that both parties contribute to the relation; my caring must be somehow completed in other if the relation is to be described as caring. (Noddings 2013, 4).

Similarly, Sevenhuijsen argues that relationality is essential for care (Sevenhuijsen 1998, 82). Held believes that care is a relationship in which the caregiver and the care recipient share a common interest in the well-being of the other and both (Held 2015, 68-69). Looking at care, how it is carried out, from the perspective of caring relations, allows us to evaluate the quality of care. According to Held, in the implementation of care, that is, in the practice of care, both the performance (effectiveness) of the effort to fulfill needs and both the motives for providing care matter. In care, caring people strive to create good caring relationships (Ibid., 72). Good caring relationships are both a criterion for the quality of care and a factor in it. As Held (2015) argues, care is a value, and at the same time, specific values are contained in a specific practice of care, while others are absent. Similarly, Sevenhuijsen (1998) argues for understanding care as a form of human agency, whose aims are embodied in the way human agents who are engaged in the caring practices perceive and interpret them. These practices are directed by formal and informal rules and habits, by interpretative conventions and by implicit or explicit normative frameworks. Care can be seen as a mode of acting in which participants perceive and interpret care needs and act upon these needs (Sevenhuijsen 1998, 21-23). So, care practice, like every human practice, has a normative character, and is shaped by the values of a particular social, cultural and political context. And since these normative frameworks are shaped by a particular social, cultural and political context, the forms of care practice in different areas of life also differ. The way in which caring response takes place is dependent on social interpretations and conflicting notions of what constitutes good care (Sevenhuijsen 1998, 20). However, Held points out that care as a practice is not just a series of individual acts, but it is a practice to which certain attitudes correspond. Care begins with the recognition that others need our attention, energy and commitment. Caring attitudes thus express the values of attention, sensitivity,

trust, concern for others and readiness to respond to care needs, and they are the important driving force behind their implementation in practice. We can therefore describe a particular care practice based on its attributes and standards, but we can also evaluate it and propose its transformation and changes to improve it so that it contributes more to a good life.

By fostering good caring relationships, caring practices hold human communities and groups together. Care builds trust and mutual consideration and connectedness between individuals. For societies to function well, they must foster trust, both among citizens and between citizens and government. Any improvement that a society is capable of requires collaboration, and trust enables this (Held 2005 / 2015, 80 – 81). Care and trust are mutually reinforcing, and where trust is lacking, caring relationships, and therefore the practice of care and its quality in general, are at risk. Tronto (2013) points out that in a society that has systematically devalued care, then, the kinds of moral qualities and capacities associated with care are often not seen among the most important. In *Moral Boundaries* (1993) she identified four moral qualities that align with four phases of care (Fisher and Tronto 1990, 103): attentiveness, responsibility, competence and responsiveness. Sevenhuijsen (1998) emphasized that a caring society has a commitment to handle the moral complexities of dependency, vulnerability and otherness, and commitments to plurality, communication, trust, and respect. This is an analogy to the moral qualities that consist in caring with as the fifth phase of care by Tronto in *Caring Democracy* (2013) and that express solidarity. Solidarity means to treat others with respect in their choices as people (Tronto 2013, 164), so to recognize them as our equals. This is an integral part of the inclusion of their lives' perspective into the processes of allocation of responsibilities for care in democratic society. So, recognition, trust and democracy are mutually dependent. If from the perspective of the feminist ethics of care, the best form and practice of care is democratic

care, then, as Tronto claims, the democratic practice of care requires a critical understanding of power relations as a prerequisite for eliminating oppression and privileges to achieve a balance of power (Tronto 1993, 2013). She argues further that this approach requires that we all think of ourselves as recipients of care, not just as providers of care. This self-image must become normal and natural to ensure that the sense of alienation in the perception of care-receivers can be overcome more easily. A wider awareness of our own vulnerability and dependence on care in fulfillment of our needs will increase the likelihood that we will not see those in need of care as “foreign objects” or as “others”. However, this awareness is linked to a willingness to perceive this fact. Inclusion as a necessary dimension of democratic practice of care therefore requires receptivity and sensitivity to the mutual interconnectedness and vulnerability of all care actors, and the subsequent willingness to consider otherness into one's caring practices. This means being able to perceive and understand differences not as threats, as dangers, but as something in which it is possible to see a piece of ourselves. Others in their difference can be inspiring and interesting for us. Their differences can arouse our curiosity, show us solutions that we have not seen before, feelings that we have not experienced before, or words and images that we lack and now allow us to describe and express what we feel, and to understand our needs and needs of others.

So, better caring requires such a change of our perception of others, that is not false abstraction generalizing and stereotyping others. Only such perception then can be the starting point for forming caring attitudes to others. So, we need to know others to trust them and to recognize them as someone worthy of our trust and to care for. And this can only be done in and through common caring practices. According Tronto citizens would need to spend time learning about the lives of others, and not simply accepting the views of others that they expect are true; and there would need to be the practices that

allowed people to meet beyond their homes, workplaces, and schools. So, this is necessary to create conditions within which the views of others could be heard (Tronto 2013, 147). What should be the space that would enable and strengthen caring practices that would disrupt and eliminate already established stereotypical perceptions, ideas, and images of others, while at the same time enabling knowledge of others that allows for appropriate trust? When we are caring together, in a common environment, space and time, it is necessary to cooperate and communicate; to express feelings, desires, needs, to formulate opinions and arguments. In common joined caring practices are necessary to articulate goals, interests and motivations; it is necessary to negotiate together on ways to achieve them, to avoid destructive conflicts, to preserve capacity to talk together, to listen to each other, to continue dialogue, and to maintain mutual relations. This common caring time-and-space enables more adequate, detailed and specific experiences and produce knowledge about others, and their forms and relations of caring. Common caring practices in common caring space(s) thus present huge dynamic potential for changing our perception of others and eliminating stereotypes as a precondition for the trust and recognition of others and for our ability to react, to respond to the specific and unique needs of others, so for our responsiveness.<sup>2</sup>

So, responsiveness needs resources for cultivation, and those resources are often absent altogether or insufficient and inadequate in situations of isolation, separation, and fragmentation of society. How can responsiveness be cultivated if it depends on our mutual connections, but in deeply fragmented and polarized society we do not communicate with each other, we do not meet each other, and we are isolated from each other by

a wall of silence, indifference, fear or even hatred? The fragmentation and polarization of society then results in the inability to achieve common goals. It fundamentally hinders the achievement of a more just society and therefore emancipation as a key goal of feminism and becomes an obstacle to implement the goals of the feminist ethics of care - better caring.

The attempt to overcome fragmentation through mutual care often fails also because of the inability of care actors to adapt to a situation that is completely new. Actors of care relationships and practices either lack experiences from personal lives on which to rely to respond to care needs, or due to mutual (often generational) isolation, they do not have access to similar experiences and patterns of care and ways of dealing with deficits and obstacles to care coming from the past that could inspire them. A serious problem of the failure of mutual care is the absence of cognitive, emotional, affective, and so imaginative resources that would help care actors cope with a wounding, paralyzing or stressful situation of inability to care.

### **Embodied care and resources of caring practices**

Maurice Hamington's concept of embodied care is very inspiring from the perspective of the question of finding resources for the renewal and creation of caring relationships, and caring spaces in which caring practice can emerge, renew itself, and provide imaginative, cognitive, emotional, and affective resources for further various relationships and care practices. Hamington, in his *Embodied Care* (2004), seeks to focus attention on the bodily and social aspects of care that have long been overlooked, even within the ethics of care itself, analyzing our corporeality on a phenomenological level. According to him, care refers to "...an approach to personal and social morality that shifts ethical considerations toward context, relationality, and affective cognition in a way that can only be fully understood by taking into account the

<sup>2</sup> Marian Barnes (2012, 127f.) emphasizes that space and place are vital to understanding of individual and collective well-being. According to her spaces and environment can create material and symbolic conditions for developing confidence and critical thinking and thus for more equal and free democratic practices or, on the contrary, increase distrust, control and obedience.

bodily dimension of care” (Hamington 2004, 3). He explores how embodied care supports social morality. He argues that care is an approach to morality that is fundamental to human existence, to the extent that our bodies are built to care (Hamington 2004, 2). Care is a way of being in the world made possible by the habits and behaviors of our bodies. Care consists of practices that can be developed or allowed to atrophy and disappear. Caring is shaped by embodied and affective knowledge. According to him, embodied care can be characterized as complex and pervasive, distinguishing three interconnected aspects: caring knowledge, caring imagination, and caring habits. Their description, or rather definition, is interconnected (Hamington 2004, 4).

Caring knowledge includes what is known to the body, such as subtleties in emotions communicated outside of explicit language. The body simply “knows” many things through exchanges (information) with its environment. This knowledge can be developed and attended to, cultivated, or ignored and lost. The body requires habits that are expressions of knowledge and so they have epistemological significance. They are not simply repetitions of movements, but bodily practices of knowledge maintained in the body. One of these habits is caring. So, caring habits are practices of caring knowledge of the body (Hamington 2004, 4). Caring habits are a consequence of the bodies we inhabit, their specific physical properties, design, and structure. The habitual nature of care lies in the way our bodies capture and acquire physical movement. Our bodies are the source of both simple habits and complex social habits, but both types of habits together form a continuum. Hamington points out that although caring habits can be instilled (in us as bodily beings) through practice, they remain unfinished and therefore open to exchange with new situations in a changing environment. This means that our habits can be modified, changed, to some extent. It is at this moment of the “new situation” that the caring imagination, so to speak, comes into play, which consists in our

ability to transcend, to overcome our bodily limitations, and to come closer in our knowledge to others, even to relatively unknown others (people, beings) (Hamington 2004, 4). According to Hamington, the caring imagination thus connects traditional rational approaches to morality with an appreciation of knowledge through the body – bodily knowledge. According to him, care is thus a corporeal potential realized through habits, with the capacity to care being an aspect of embodiment. Cultural differences result in different expressions of care, but the bodies we inhabit, in which we are situated, enable us all to care and nurture. As a bodily potential, care can be cultivated, nurtured, developed, or neglected and diminished through habits and practices. Hamington does not consider habits purely instinctive but connects them to epistemic knowledge and morality. “Much of our understanding of others is rooted in our bodies and therefore is not always accessible to our consciousness” (Hamington 2004, 5). Knowing others through the body thus co-creates the potential for care.

In contrast to the common use of the term habit as an automated behavior, caring habits open possibilities for imagination that would otherwise remain closed. Hamington points out that, like care, imagination has been and still is largely overlooked in ethics. According to him, care involves a complex interweaving or fabric of imaginative processes together with bodily practices. He focuses on three imaginative processes: 1. the imaginative capacity to empathize with unknown or little-known others. The bodily dimension of care clearly establishes the connection between direct experience and care, but the caring imagination is essential for understanding how we care for those outside our sphere of experience. 2. the second imaginative process is represented by caring imagination as a way of critical thinking. Caring imagination provides an opportunity for reflection – it considers rules and consequences – but does not understand them as universal or absolute. 3. Finally, a third imaginative process associated with bodily care practices is the in-

dividual's ability to consider their subjective position in relation to their psychosocial context. That is, a healthy, caring imagination should understand the activities and habits of care in their environment and avoid excessive or inappropriate use of power over those we care for, or, conversely, letting ourselves get lost in the care of others (Hamington 2004, 5–6).

So, Hamington argues that our bodies have unique cognitive and physical capacities to care for. When those capacities are developed, the potential for increased quantity and quality of care grows. As care habits are developed and reinforced, they become easier and potentially more frequent. Knowing and caring exist in a dynamic relationship with one another. The more one knows about someone, the more opportunity for connection and empathy. Similarly, the more one cares about someone, the more they want to know about that person, which in turn improves the efficacy of care. So, we need to understand the situation, context - causes and factors of determination - the complexity of our caring practice and relations in our context to care better. The concept of embodied care recognizes that care is not an abstract concept, but a lived experience. It encompasses the physical, emotional, and relational aspects of caring for oneself and others. Care is embodied through actions, gestures, touch, and emotional attune. It is not just a theoretical framework, but something that happens through our bodies and interactions. Hamington indicated that care moves beyond strict normative considerations, yet it still maintains a normative quality: an emergent normativity. Response to calling for care is not prescribed behavior; the normative caring response is the product of openness and attentiveness to the need that emerges out of a particular context. This means that we need to cultivate our space and time for mutual connection, meetings, relations and interactions to give a chance for improvement our caring potential.

### Fragmented Slovak society - situation and context

Our current social situation can be characterized as deeply fragmented and polarized. There are the complex factors that drive both unity and division in modern communities. Social cohesion is not merely the absence of conflict, but a dynamic process requiring continuous effort in fostering trust, inclusivity, and shared values. Fragmentation, conversely, often emerges from a breakdown in trust, widening economic inequalities, identity politics, and the unchecked influence of technology, particularly social media. A fragmented society is divided; individuals and communities are isolated. They separate from each other into distinct groups. Usually, social fragmentation occurs based on inequalities related to economic status, social status, ethnicity and race. Nowadays, factors such as age, party affiliation or voter preferences have also been added to this. In Slovakia the differences between rural and urban are relevant as well as the level of education achieved. Generational differences have been often perceived as factors of divisions.<sup>3</sup>

The fragmentation and polarization of contemporary Slovak society is not a new phenomenon, but over the past two years, the fragmentation of society has deepened, and its consequences fundamentally affect almost all its members. Fragmentation influenced even traditionally resilient family and interpersonal connections and relationships, that face deep ruptures and sometimes abysses. They have also significantly affected my personal life. The differences in political preferences between me and my parents were visible since the fundamental political changes related to the fall of the communist regime in the former Czechoslovakia in 1989 after the so-called Gentle or Velvet Revolution. I am part of

<sup>3</sup> The term generation can be characterized in several ways. In this text, I use the term generation in the sense of the genealogical principle, the family cycle and the positions of persons within it, especially in the context of the family as a microworld, especially in the kinship relationship grandparents - parents - children/grandchildren, and in the structural sense through the concepts of childhood - adulthood - old age.

the generation of students who stood on the tribune and symbolically “rattled the keys” at the outgoing political regime. For my parents’ generation, this change meant the end of a stable world in which they were guaranteed many certainties of everyday life and social reality (work, income, housing, prices of everyday consumer goods). The fall of totalitarianism and the transformation from real socialism to post-socialist and post-totalitarian democratic reality was a disappointment for them, as for many ordinary people of their generation. Especially the transition from certainty and stability to uncertainty and instability. Although this feeling may not have been in real accordance with their specific life situation, it fundamentally influenced their perception and attitude towards the democratization of Czechoslovak society, and after the division of Czechoslovakia and the establishment of the independent Slovak Republic in 1993, Slovak society.<sup>4</sup> However, the different perspectives of our perception never led to conflicts destructive to our relations, nor did it ever result in a threat to our mutual communication, interaction, and care. However, the experience of the last election period and several elections – from parliamentary to presidential to European Parliament elections – brought a new experience that we never experienced before.

Especially the parliamentary (2023) and presidential (2024) elections both fully demonstrated and deepened the polarization of Slovak society<sup>5</sup> and mutual distrust

between different social groups. Dividing lines became chasms - in families, in relationships between friends, colleagues, neighbors, between parents and children. These are experiences of deep frustration, disrespect, ridicule, humiliation, powerlessness from the inability to understand others and to be understood by them, they are experiences of pain, anger, injury, deepening intergenerational gaps and misunderstandings. Personally, I was deeply frustrated and paralyzed - I was not able to fully communicate with my parents, with whom we regularly talk on the phone every day (I live in another city) - for at least two weeks we communicated very sporadically in the form of a necessary exchange of information so that we knew that we were alive, nothing more. I was unable to speak openly, honestly with my mother. I was afraid that I would hurt her irreparably with my words and at the same time I felt hurt, and I was afraid of further injuries. And I was not alone with such kind of experience. This frustration and this paralysis, this deficit in communication with parents, friends, loved ones, were felt by many of my students but also by many of my friends and colleagues. They were not able to speak, to communicate, or even met with their friends, parents, members of family or neighbors.

There are many causes and factors that determine our current situation, and these cannot be seen only in the state and nature of public political discourse, although it clearly contributed to the worsening of situation. Slovakia is one of the most polarized countries in Europe. The causes of this polarization are mostly local and cannot be explained by global or regional trends alone. Examples include historically disrupted social cohesion and fragmented collective identity, as well as more recent causes such as the cost-of-living crisis, the politicization of dissatisfaction with the management of the COVID pandemic, and the abusive behavior and mutual personal animosities of political elites. Related indicators, some of which have a causal and some of which have an amplify-

<sup>4</sup> Slovak sociologist Oľga Gyarfášová points out that the nostalgia of the older generation can also reflect current problems. It does not necessarily have to be a longing for the pre-1989 regime. It can be a longing for something specific that they experienced at the time, an expression of disappointment in unfulfilled expectations and political promises after 1989, and a way of naming problems that people feel intensely today. All this shapes how we remember the past. At the same time, she emphasizes that in the Slovak context, we have an insufficiently processed and critically reflected period of normalization (the 1970s - 1980s). The consequence of this absence in historical memory is also the absence of diversity of experiences. See: *Ako sme žili v rokoch normalizácie? Nenormálne*. Interview with Oľga Gyarfášová. [https://uniba.sk/spravodajsky-portal/detail-aktuality/browse/2/back\\_to\\_page/aktuality-43/article/ako-sme-zili-v-rokoch-normalizacie-nenormalne/](https://uniba.sk/spravodajsky-portal/detail-aktuality/browse/2/back_to_page/aktuality-43/article/ako-sme-zili-v-rokoch-normalizacie-nenormalne/)

<sup>5</sup> See: *Polarizácia a atentát. Máj 2024. Úvodná analytická správa o polarizácii, spoločenských náladách a populárnych naratívoch po*

*pokuse o atentát na premiéra Roberta Fica*. <https://www.dekk.institute/wp-content/uploads/2024/05/polarizacia-a-atentat-sk.pdf>

ing effect, are the spread of disinformation and the vulnerability of the population to social media algorithms.<sup>6</sup> Research data also shows that we have a high rate of loneliness and isolation. A quarter of those surveyed in Slovakia feel lonely, a fifth are socially isolated, meaning they do not have enough social contacts. Older people are among those most at risk.<sup>7</sup> This confirms the high level of mistrust in society, which leads to the weakening of social cohesion. Loneliness and social isolation also have an impact on political behavior. Either the result is an attempt to punish the system or, conversely, a fatalistic resignation to civic or political activities. The willingness to participate in society is therefore reduced, which is again closely linked to the low level of mutual trust in society.

In this situation the family still represents the safest place from the perspective of Slovaks. However, the survey on the lives of Slovak families showed that the sense of security in Slovak families has two weak points, namely intergenerational disagreements about world events and politics, and concerns about the inability to take care of infirm family members. Disagreements in opinions about politics, society, or values in families have a significant impact on their overall functioning. We most often don't talk to each other in multi-generational households. Politics divides us more than anything else. Because of different opinions in the family, the topic of society and politics becomes taboo. This also happens within households or even between partners. This is our way to avoid unnecessary arguments.<sup>8</sup>

<sup>6</sup> Polarization is also strengthened by other factors and social trends such as the growing interest in radical solutions, the reaction to the political crisis (the migration wave in 2015-2016, the COVID-19 pandemic, the war in Ukraine associated with the refugee wave in spring 2022, or the cost of living crisis), while long-term sources of polarization and culture wars, such as bio-ethics issues, which escalate social tensions, have not receded from the public sphere. See: *Polarizácia a atentát. Máj 2024. Úvodná analytická správa o polarizácii, spoločenských náladách a populárnych naratívoch po pokuse o atentát na premiéra Roberta Fica.* <https://www.dekk.institute/wp-content/uploads/2024/05/polarizacia-a-atentat-sk.pdf>

<sup>7</sup> See: The DISCONNECT Project. <https://osamelost.sk/en/about-the-project/>

<sup>8</sup> A UNIQUA and NMS survey on the lives of Slovak families. See: *Rodina ako oáza bezpečia Záverečná správa z výskumu života*

It seems that in some aspect's intergenerational communication and interaction in families in Slovakia is weakened. However, regardless of whether parents and adult children live in a common household or in a dispersed form of family, each "in his own", intergenerational communication is one of the essential signs of functionality. Interaction and communication between grandparents, parents and children enables intergenerational memory as a specific type of collective memory, which plays an important role in the process of forming the personal identity of family members. Talking (and willingness to listen) as part of this communication brings information about the past of the family and its members, but also about the future. It involves giving and receiving, but also rejection and new creation of values (Vrzgulová, Voľanská, Salner 2017). Interaction and communication between generations in a family either strengthens or weakens mutual trust. Trust is a prerequisite for family members to talk about confidential issues, but at the same time, trust can create a "circle of silence" about phenomena that are taboo because they are painful and hurt both the speaker and the listener.<sup>9</sup>

The "ban" on discussing politics and other polarizing topics at home or with friends can divide generations and families. It also makes it difficult to create deep relationships that are created through deep discussions and reduces the ability to have a constructive dialogue about emotionally charged topics. It also contributes to the creation of information bubbles that prevent us from knowledge and understanding those behind the wall. In such a situation the concept of generational differences offers quick and simplified explanations for stereotyped characteristics of individuals. Reducing individuals to certain characteristics of their generational perspectives can support fragmentation and polarization when refer-

*slovenských rodín,* <https://velkyprieskumrodin.sk/pdf/prieskum-rodin-sk.pdf>

<sup>9</sup> Apparently, these are also the factors of the difficulties with the consolidation of our historical memory and its insufficient influence on the formation of a less fragmented collective identity.

ring to “intergenerational gaps” and “intergenerational conflicts” as consequences of generational identities.

Isolation caused by fragmentation and polarization prevents us from understanding the pain and suffering that talking about certain topics causes others. In polarized situations and relationships, both speaking and silence can be equally hurtful. However, if such emotionally charged conversations are totally missing, there is also a lack of space in which we can learn to process and manage our negative emotions. There is also a lack of space in which we can learn how to approach the differences between us, to our diversity already at the level of the family. The deepening of intergenerational discord and misunderstandings is then co-created by our interactions and communication, or rather by its deficit and its poor quality. Our intergenerational communication needs to be focused more on the diversity of experiences and try to understand even contradictory narratives to see the complexity of individual life and to understand its contingency and situatedness.

#### Education as common caring practice

The experience of sharing the frustration from paralyzed ability to care for ourselves, for others and for our environment with many of my friends and my students convinced me that we need to talk about it and ask why it is like this and what to do about it? I felt intensely the need to provide each other with hope, inspiration, and solidarity to not feel alone and to be able to act and interreact and response to calling for care.

Commonly, we are very deeply convinced that we know everything important and true about our parents, children, partners and friends, and about our neighbors and colleagues. If communication with them is painful, hurtful or even humiliating, this only supports our will to interrupt communicating with them totally. The necessity to change our perceived attitudes and images about others and their differences is urgent, but its possibility

is at the same time decreasing. However, caring relations based on the inclusion of the perspectives of other people, even those who are the closest to us, depends on mutual trust and recognition. It seems to be vicious circle – we need to be joined into common caring practice to develop mutual trust and recognition, and at the same time we need to trust and recognize each other to be willing and open for common caring practices. However, at first, I only intensely felt pain and loss from breaking close and intimate relationships with my mother and father, I realized and admitted my anger later. I felt the necessity to find the way out of this situation, and the necessity to overcome paralysis. Indeed, living further as well as possible is not possible without mutual caring and caring relations.

Space -time for ‘common caring practices’ I created together with my students in exercises and seminars of Care Ethics with my students. I find common reading of literary text as a tool for understanding our very similar situations. If we consider the education of philosophy as caring for a good life, and care for a good life as an art (*ars vivendi*), then the use of art as both a tool and an expression of philosophical content should be an integral part of philosophy education. According to Noddings (2002) story and literary artistic narrative can be a tool of care. She argues that society does not need to make its children first in the world in mathematics and science. It needs to care for its children to reduce violence, to respect honest work of every kind, to produce people who can care (Noddings 2002). Through reading we created space and time for thinking, reflecting, experiencing, recognizing, understanding and accepting (of differences in needs of others), and looking for different ways of responses to calling for care in our common environment. So, we can consider reading together with students as common caring practices. Through interpretation of novel *Saving the world according to G.* by Slovak philosopher and writer Etela Farkašová (2002, 2020) we tried to understand specific needs, desires and fears not only the generation of

my or our parents but many people of different generations in our fragmented and polarized society. Farkašová, as my teacher in period of my study of philosophy at the university, my mentor and supervisor of my diploma and dissertation works, for me represents social mother and person with whom I could talk when dialogue with my mother was not possible. Her text, her words in the novel, touched me and allowed me to empathize with the feelings of uncertainty and anxiety caused by the complexity and contingency of life. It helped me understand my mother. I have tried to understand my and our new situation through her narrative artistic expression. I have drawn inspiration for re-creation of moral imaginary how to overcome ruptures in relations and how to care again and better.

Farkašová<sup>10</sup> in her novel addresses the question of caring for the world and the interconnection of practices and relations of care in the micro and macro worlds. Its protagonist G. is mentally ill (a combination of obsessive-compulsive disorder and autism), which excludes her from the world of “normal” people - she lives only with her caring mother. Her diagnosis shapes her view of the world. G. sees her mission in saving the world through cleaning. She believes that everything is fatally connected with everything and the things we do on a small scale – in the private space of our everyday lives – impacts a more substantial, even global context:

“You can’t want the world to be in order, stable and safe if its individual parts are not in order”

“... on days like these, when everything weighs on her, she scrubs the floor and vacuums the dust even more diligently, ... Especially on days like these, she would like to clean up as much of the world as possible, to clean and repair everything in it that has been damaged. „

“Cracks are signs that warn that the world is sick,

we are all sick, the world is incomplete and we are incomplete in it; cracks can also predict the worst changes... cracks are dangerous... because where there is incompleteness, there is also disorder, disharmony, everywhere there is a threat of disorder, confusion and chaos, the possibility of constant shifts, changes, unexpected interventions, injuries..”

“According to G., everything is to blame for imbalance, ... Imbalance brings inequality, ... Imbalance is the path to chaos, to disruption, to destruction, to everything bad...”

“...how to ensure a state of equilibrium in the world when she cannot maintain it even in the house, no matter how hard she tries, ...”

“If she could take control of everything important...” (Farkašová 2002/ 2020)<sup>11</sup>

In relationship between daughter and mother we can see mutual attachment, recurring conflicts and the effort for mutual understanding and peaceful coexistence:

“G. reproaches her mother for being little interested in things and their connections, again the growing indifference, which G. is afraid of, comes across it everywhere she looks, it bothers her more and more.”

“...just how differently they perceive their misunderstandings, the mother talks about trivialities and banalities, because she wants to trivialize the essence of the conflict, she is convinced that it is a matter of worldview, understanding the basic laws of the world, and human responsibility towards it, the most important thing is that a person does not become indifferent, especially not to orderliness, maintaining order even in the smallest part of the universe.” (Farkašová 2002/ 2020)

She feels total misunderstanding, no one understands her – loneliness and alienation, but at the same time she does not give up, and she elevates the effort to save the world to the meaning of her whole life.

On the seminars with students, we can discuss different questions as what the story tells us about its heroine, what it tells us about author and her generation; what it tells us about us; about the world and caring for it. Relevant interpretation deserves the understanding of differences between concepts: reparation and restoration, pro-

<sup>10</sup> Etela Farkašová (1943) - Slovak philosopher; founding member of the Club of Feminist Philosophers at the Slovak Academy of Sciences, the Center for Gender Studies at Comenius University, the Club of Slovak Women Prose Writers Femina. As a prose writer, essayist, poet she published more than thirty books, and her texts were translated to more than ten languages.

<sup>11</sup> Translated into English by Adriana Jesenková.

tection and preservation, and saving/ rescuing and caring. It is very inspirational to focus on such key concepts in Care ethics as relationality<sup>12</sup>, and thinking and discussing its consequences based on concerning passages in the novel. The need to cope with the constant changes of mutually interconnected worlds and the uncertainty and anxiety that arise as its consequences poses challenges not only for literature but also for philosophical reflection in interaction with shared particular experiences. Relevant concepts for interpretation and discussion are changes, chances, random events, disorder, unrest, dirt, instability, uncertainty, sense of threat, anxiety. The main character is mentally ill, so it is a pathological approach to the world, but many people experience similar feelings. Many people, especially of the older generation (my parents, but also the parents of my students), but also of the middle generation and even young people experience a feeling of pressure and stress from the dynamically changing situation and state of the world and environment what relates to an increase in psychological and stress disorders and anxieties. We are in a similar situation, we see similar decisions arising from similar concerns, fears and needs, and so similar actions. We are witnessing of calling for stability, peace, harmony, order and even purity, for the correction and repair of the world – even for a new order – and we can see the people respond to these calls satisfied

---

<sup>12</sup> Relationality requires openness, humility, curiosity to environment, to situation – to be responsive and to be inclusive in connection with situation / environment / with other(s). At the same time, we need to know what we do when we care for our world is always just a limited effort that has its boundaries. Our world - a complex network of connections - a life-sustaining web - is always something that transcends us, something of which we are a part and which we try to take care of with our daily activities so that the fabric of a good life is strong and viable. Contingency of our world and so our life means that we can never fully control it. To be a part of a complex life-sustaining web means that we are all vulnerable and vulnerability is a basic fact of our existence, although with varying degrees and depending upon our abilities and status. According to Tronto care presumes that people live in a world in which they cope all the time with vulnerability and need, yet somehow also manage to live with joy (Tronto 2015, 267). So, we are interdependent with other people, other beings and the environment, and the interdependence is at the same time the factor of our vulnerability but also is or can be the factor of our power to care better, factor of our solidarity in caring for each other.

with the vision of a better world offered. However, this vision is unfeasible if we base it on the pathological practice of care. Where are its deficits? Where are the weak points of “saving the world according to G.”? She is alone and the world does not understand her, is indifferent. So, we can reflect, think and discuss absence of responsiveness on both sides – (almost) impossible on the part of a sick person, however, absenting even in “healthy” and “normal” people. In her novel, Farkašová expresses her fears and concerns about contemporary civilization and its future development, combining philosophical content with strong socio-critical content. Reading and analyzing Farkašová’s novel helps us, and our students understand why its heroine G. – and perhaps we, our parents, neighbors, or fellow citizens – think, decide, and act similarly or differently, and why she or we may fail in caring better for our world. Cracks, fissures, and ruptures are part of our world, our lives and relationships - we must learn to react to them and take care of them. However, they also could be the driving force for finding new, better ways and forms of care.

Teaching philosophy provided me with free and at the same time safe space and time where we could think together and try to understand what was happening to us, why it was happening and what to do about it. The epistemology and ethics of such teaching approach Banerjee and Karilemla’s (2020) vision of teaching in a free, inclusive and hopeful mode. Reading and thinking together, talking together and having dialogues created a space in which we touched each other with words. Here it was possible to listen to different experiences, reflect on different perspectives, try to empathize with different feelings, sometimes similar but also very different. Teaching philosophy was therefore not only a cognitive grasp of the topic, but also emotional expression and experience. In my case, the effort to understand is always connected to the physical experience of understanding or misunderstanding the problem under study. Texts touch me, and when I teach, I also touch my students with my words,

and they touch me. When we have conversations, dialogues about (not only philosophical) ideas, but we can also be moved, angry, excited, enthusiastic, horrified, outraged... If a philosophical text or idea leaves us indifferent, it has not touched us. Teaching philosophy should therefore be also performative, because the understanding it seeks is always also embodied.

### **Conclusion or common caring space for understanding differences**

If responsiveness is a key assumption of our ability to care, then it is necessary continually cultivate and improve our capacities for responsiveness. However, Tronto and Hamington have shown to us that without common space and time for caring practice it is not possible. What feminist care ethics and pragmatism have in common is effort finding space for understanding others, different people, for understanding their differences, for building trust, questioning prejudices and biases in relation to others. Their common starting point is the relational onto-epistemology that allows us to open and shake up rigidly objectified identities with fixed and immovable, unchanging and unambiguously determined specificities, and therefore differences. Differences and similarities become part of a dynamic continuum. Ethics of care, or theories of care, for which relationism is not only an ontological-epistemological starting point, but also an expression of their priority focus on relationality, connect this continuum closely with the realization / doing care/ practice of relationships, relating and connections. Our perception, experience, seeing and understanding of the continuum in which we are situated together and in mutual dependence, can be strengthened, deepened, intensified or, conversely, weakened, ignored and marginalized. This has the consequences for our abilities, capacities, and skills to take better care of ourselves and others.

According to Robinson (1999) the ability to care for others thus includes not only learning to be attentive, receptive and patient, to listen and respond to what is

heard, but also the ability to rethink our own attitudes towards difference and exclusion by situating this difference in relationships, thereby refuting and challenging the claim that any group or individuals are inherently and objectively "different" (Robinson 1999, 165). Robinson's "situating difference into relationships" can then be understood analogously as the performance of "common caring practices" in a shared space and time. If Hamington believes that social cohesion and solidarity depends on developing bodily habits that reinforce caring ideas, then it is important to create time, space for caring, caring practices, practice, and provide enough energy to create these conditions for care (Tronto 2013). For example, the caring ability and habit of active listening is something that activates and engages care. According to Tronto, simply spending time with the other, listening to stories, observing and paying attention to the person we care for is an important aspect of care (Tronto 2013, 121). When actively listening, when paying careful attention to others, we can experience others more complexly and in detail and thus create the internal resources necessary for acting on their behalf (Hamington 2004, 6). Creating a shared space and time for shared care activities also creates a context for changing our perceptions of others and eliminating our (mutual) stereotypical beliefs about the "natural and objective difference" of others.

In deeply fragmented society it is difficult although very important to create common caring spaces and these spaces are liminal as they stay on the limen, they enable to cross limen and so enable overcome limens. Sometimes we need to have the opportunity to be in-between space, where it is possible to cope with a situation of deficit or absence any obvious tools or strategies for further life, where it is possible to obtain energy and security for looking for, finding, inquiring and creating new unique ways to interact with our environment. Bannerjee (2022) characterizes such in-between-space as liminal space that is "...fluid and dynamic... one of perpetual transition, embodying plurality and multiplicity as

its central virtues." So, such a kind of space is open to the imaginative practice in which interaction of different people with their different experiences, views and perspectives is enriching and has synergic effect on their moral identity and capacity. Such caring space is about challenging, questioning, interrogating, and pushing one's moral boundaries and that is why common caring practices in this space has potential for individual moral growth as well as social transformation to more democratic and more caring world. We, the middle generation, have a specific responsibility to both generations, the older and the younger. This responsibility arises from our situatedness between the older and the younger generations, the proximity of our experiences, feelings, needs, but also our fears and vulnerabilities in relation to both generations. At the same time, we probably have the best access to resources, both material and symbolic, for carrying out care for intergenerational relationships, even in the case of their weakening and fragmentation. We have extensive networks of connections and relationships, and thanks to them we can draw on knowledge, experience, habits, skills for relax, renewal, regeneration, modification and transformation, but also for the creation of new relationships, acts and practices of care in various parallel, temporary, substitute, alternative caring spaces

*This paper was supported by funding from the Agency for the Support of Research and Innovations based on Agreement APVV-20-0583 (Possible Worlds and Modalities: Contemporary Approaches)*

## REFERENCES

- Ako sme žili v rokoch normalizácie? Nenormálne. Interview with Oľga Gyarfášová. [https://uniba.sk/spravodajsky-portal/detail-aktuality/browse/2/back\\_to\\_page/aktuality-43/article/ako-sme-zili-v-rokoch-normalizacie-nenormalne/](https://uniba.sk/spravodajsky-portal/detail-aktuality/browse/2/back_to_page/aktuality-43/article/ako-sme-zili-v-rokoch-normalizacie-nenormalne/)
- Baier, Annette C. 1994. *Moral prejudices. Essays on ethics*. Harvard University Press.
- Banerjee, Amrita. 2022. "Dialogue, Liminality, and Spatial Ethic of Reciprocity in Difference: Jane Addams's Social Ethics at the Confluence of Feminism and Pragmatism." *The Oxford Handbook of Jane Addams*. Ed. by M. Shields et al. Oxford University Press: 345-370.
- Banerjee, Amrita – Karilemla. 2020. "Reconstructing a Critical Ontology of Education through an Ethics of Care: Critical Pedagogy, the World View of the Ao Naga Tribe, and Care Ethics in Dialogue." *Teaching in Unequal Societies*. Ed. by J. Russon et al. Bloomsbury Publishing Plc.: 223-250.
- Barnes, Marian. 2012. *Care in everyday Life. An ethic of care in practice*. The Policy Press.
- Bauman, Zygmunt. 2001. *Community: Seeking safety in an insecure world*. Polity Press.
- Benhabib, Seyla. 1992. *Situating the Self: Gender, community and Postmodernism in Contemporary Ethics*. New York: Polity.
- Durkheim, Emile. 1997 (1893). *The Division of Labor in Society*. Simon and Schuster.
- Engster, Daniel – Hamington, Maurice (eds.). 2015. *Care Ethics and Political Theory*. Oxford University Press.
- Farkašová, Etela. 2020. *Záchrana sveta podľa G*. Bratislava: Vydavateľstvo Spolku slovenských spisovateľov.
- Fisher, Berenice – Tronto, Joan C. 1990. "Toward a Feminist Theory of Caring." *Circles of Care: Work and Identity in Women's Lives*. Ed. by E. Abel and M. Nelson. Albany, SUNY Press: 35 – 62.
- Held, Virginia. 2015. *Etika péče. Osobní, politická a globální*. Praha: Filosofia.
- Giddens, Anthony. 1990. *The Consequences of Modernity*. Stanford University Press.
- Habermas, Jürgen. 1987. *The theory of communicative action: Lifeworld and system: A critique of functionalist reason* (Vol. 2). Beacon Press.
- Hamington, Maurice. 2004. *Embodied Care. Jane Addams. Maurice Merleau-Ponty, and Feminist Ethics*. Urbana: University of Illinois Press.
- Kittay, Eva Feder. 2011. "The Ethics of Care, Dependence, and Disability." *Ratio Juris*, Volume 24, Issue 1: 49 – 58.
- Noddings, Nel. 2002. *Educating moral people: a caring alternative to character education*. New York: Teachers College Press.
- Noddings, Nel. 2013. *Caring. A Relational Approach to Ethics and Moral Education*. University of California Press.
- Polarizácia a atentát. Máj 2024. Úvodná analytická správa o polarizácii, spoločenských náladách a populárnych naratívach po pokuse o atentát na premiéra Roberta Fica , <https://www.dekk.institute/wp-content/uploads/2024/05/polarizacia-a-atentat-sk.pdf>
- Putnam, R. D. 2000. *Bowling alone: The collapse and revival of American community*. Simon & Schuster.
- Robinson, Fiona. 1999. *Globalizing Care. Ethics, Feminist Theory, and International Relations*. Westview Press.
- Rodina ako oáza bezpečia. Záverečná správa z výskumu života slovenských rodín. <https://velkypriekumrodin.sk/pdf/priekum-rodin-sk.pdf>
- Sevenhuijsen, Selma. 1998. *Citizenship and the Ethics of Care. Feminist Considerations on Justice, Morality and Politics*. London: Routledge.
- The DISCONNECT Project. <https://osamelost.sk/en/about-the-project/>

- Tronto, Joan C. 1993. *Moral Boundaries. A Political Argument for an Ethic of Care*. New York: Routledge.
- Tronto, Joan C. 2013. *Caring Democracy. Markets, Equality, and Justice*. New York: New York University Press.
- Tronto, Joan C. 2015. "Theories of care as a Challenge to Weberian paradigms in social sciences." *Care Ethics and Political Theory*. Ed. by D. Engster – M. Hamington. Oxford University Press: 252-271.
- Urban, Petr – Ward, Lizzie (eds.). 2020. *Care Ethics, Democratic Citizenship and the State*. Palgrave Macmillan.
- Vosman, Frans. 2020. "The Disenchantment of Care Ethics. A Critical Cartography." *The Ethics of Care: the State of the Art*. Ed. by F. Vosman, A. Baart and J. Hoffman. Peeters Publishers: 17-66.
- Vrzgulová, Monika - Voľanská, Ľubica - Salner, Peter. 2017. *Rozprávanie a mlčanie. Medzigeneračná komunikácia v rodine*. Bratislava: VEDA.
- Young, Iris M. 1990. *Justice and the Politics of Difference*. Princeton University Press.