

# Towards an Ethical Relation with Waste: Circular Economy and the Ethics of Care

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Promoting collaboration  
for sustainable and circular use  
of bioresources across agriculture,  
forestry, and aquaculture

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# Context of the presentation

- This presentation is part of the interdisciplinary project: **Promoting collaboration for sustainable and circular use of bioresources across agriculture, forestry, and aquaculture**
- The project aims to develop an interdisciplinary perspective on the circular economy in the Baltic-Nordic region by integrating insights from sociology, economics, philosophy, political and environmental science.
- The goal of this presentation is to articulate an ethical dimension in circular economy (CE) using the framework of the ethics of care with the focus on waste.



# Outline

- What is circular economy and how waste could be problematized? (Waste and CE)
- How can be ethics of care applied in CE? (The ethics of care)
- How can the five stages of care articulated by J. Tronto inform our relationship with waste in CE? (Stages of care)



# Waste and CE

- The main idea of the circular economy is that of transformation of what is defined as waste into valuable resources.
- Transformation of waste is often described in terms of 9 strategies prescribing how humans should relate to the things that soon will be waste or have been rendered as waste already: refusing, rethinking, reducing, reusing, repairing, refurbishing, remanufacturing, repurposing, recycling, and recovering (Kirchherr et al, 2017:224).
- However, in CE, the focus is on only three: reducing, reusing, and recycling.



# Waste and CE

- According to Gay Hawkins, guilt, moralism and despair pervade contemporary discourse on waste (Hawkins 2005).
- There is a need for new ways of talking about human relationship to waste that are built not only on such negative and politically unproductive emotions as guilt, despair, resentment but something more positive.

# The Ethics of Care

- The ethics of care underscores the moral/ethical significance of various relationships and dependencies in human and non-human life and considers how they shape moral agency and ethical considerations, more generally (Noddings 2002, Tronto 1995, 2013, Kittay 1999, Robinson 2011).
- As Tronto notices, caring is not only about the intimate and daily routines of hands-on care. Care also involves the larger structural questions of thinking about which institutions, people, and practices should be used to accomplish concrete and real caring tasks (Tronto 2013:139)



# Care in CE

- Tronto defines care “[a]s 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” (1993: 103).
- Environment comes as an inseparable part of our livelihood and this relationality enables us to think about activities that we do to “maintain, continue and repair our ‘world.’”
- Our relationship with waste comes as an important part of our daily and business activities and responsible behavior with it becomes a part of our ethical stance.



# Stages of care: attentiveness

In the first stage, care is related to attentiveness that is practiced when particular needs are recognized and detected: “Genuinely to care about someone, some people, or something requires listening to articulated needs, recognizing unspoken needs, distinguishing among and deciding which needs to care about” (Tronto 2001: 62).





# Stages of care: responsibility

- The second stage of care is linked to responsibility. After the needs are recognized, one should take responsibility to meet them. This stage embeds care in the social and political dimension, as one becomes responsible for organizing, finding resources or paying for those who agree to take care for somebody or something.

# Stages of care: competence

- The third stage of care refers to the actual caring work. “Competence is the main focus here: competence is the moral dimension of caregiving. Incompetent care is not only a technical problem, but a moral one” (Tronto 2001: 63).

# Stages of care: responsiveness

The fourth phase of care requires response from the object of care and is supposed to indicate whether care has been good, adequate, sufficient, successful: It is important to include care-receiving as an element of the caring process because it provides the only way to know that caring needs have actually been met (Tronto, 1993:108).



# Stages of care: caring with others

Fifth phase of care implies that everybody should be involved in caring practises: “democratic politics should centre upon assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in this assignment of responsibilities” (Tronto 2013: 30).

# Q and A

