1.   Leadership, care and (in)justice
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In this chapter, I deepen the exploration of care and caring leadership as relationships of power. Connecting with care ethicists' discussions of the interplay between care and justice, I probe some of the ways in which care can involve and inscribe *in*justice. This provides some scene-setting for the book as a whole, because many of the chapters engage both explicitly and implicitly with the risk and/or reality of injustice, and how the dynamics of care can bring about advantage and disadvantage for both leaders and followers.

CARE AND JUSTICE

In recent decades, care theory has mostly been developed by feminist philosophers. Carol Gilligan is generally held to have mobilised contemporary interest in care ethics, portraying care as a feminine moral voice, which is grounded in commitment to relationship (Gilligan, 1982). This is contrasted with an ethics of justice, which involves an abstract, universal morality and a distinctively masculine voice. With Gilligan's moral voice of care, actions are motivated by a concern for how they will affect other people (will this person be upset by what I do?), rather than a concern for universal justice and impartiality (is this right or wrong?).

For many feminist writers in the 1970s and 1980s, interest in care arose from a concern about the amount of unpaid and unacknowledged work performed by women within the family. This work prevented women from pursuing careers outside the home and hence denied them access to economic and professional identity and autonomy. Such a state of affairs allowed care to be cast as a 'labour of love', and care-giving to be associated with material and political disadvantage. As Finch and Groves (1983, p. 2) suggest, the feminist writing in this era focused on 'the tension between women's economic independence (actual, potential or desired), and their traditional role as front-line, unpaid "carers"'.

With this association with women's unpaid labour, care ethics has a strong maternalist aspect, at least in its origins. However, care's roots in the home and with the mother-figure do not mean that this is the only domain it can either illuminate or inform (Noddings, 2002). The suggestion in the Introduction

of Jeremy Corbyn as an apparently caring leader helps to make this point. Thus, the gender associations of care-giving are not uniquely maternal or even female. In several chapters in this book, care-giving is associated with (a usually, but not always, benign) paternalism, both at the level of society and at the level of the family. When care is cast as paternalism, the injustices experienced by women shift from the disadvantages of care-giving to those of care-receiving; women move from being trapped in the home because they are *needed too much* to being trapped in socially constructed identities of inequality, where they are positioned as *being in need*. Whether giving or receiving care, justice seems to be particularly illusive for women.

Gilligan's distinction between the female and male moral voice put the relationship between care and justice onto centre stage of social and institutional theory. Gilligan originally developed care ethics explicitly in contrast to justice, highlighting care as a concern for the particular, as opposed to justice as a concern for the universal. Others have queried such a contrast, arguing that emphasising care as a wholly particularist, contextual morality deprives both care-givers and care-recipients of their rights, making it difficult to disentangle care, exploitation and even abuse. Theorists of care as political orientation, such as Tronto (1993) and Held (2006), argue that valorising personal caring without simultaneously attending to issues of social justice means naturalising and legitimising women's place within the home, without the opportunities that should be afforded to all. Instead, care should be seen as an overall framework of social morality and maturity, within which justice is also applied. For instance, Engster (2007, p. 13) sees care as a general moral and political theory of obligation, which is 'equally accessible to both men and women and universally obligatory for all capable human beings'. From this perspective, justice is enabled through our attentiveness, appreciation, and feelings of commitment towards other people.

The interplay between the particularity of care and the universality of justice highlights the significance of power, not least because it highlights the power dynamics of the choice over who receives our attention and solicitude. Power is, of course, central to the question of leadership, and arguably the core concern of critical organisational scholars (Collinson, 2011). In exploring the nuances of power, critical scholars and care ethicists alike distinguish between a commandeering power-over, a facilitative power-to and a more collaborative power-with (Hartsock, 1983; Haugaard, 2012). There is also much contemporary interest in the Foucauldian notion of bio-power, in which power (and subjugation) are enmeshed with prevailing norms about the sort of person we are supposed to be, and where discourse regulates our internal feelings, not just our external performances as 'good leaders', 'good employees', 'good citizens', and so on (Alvesson and Willmott, 2002). All these aspects of power find an expression in the ways in which care is experienced, felt, resisted,

normalised and legitimised, and in particular, whether it incorporates or stands in contrast to justice. Care can both empower and disempower care-givers and care-recipients. Care both gives and saps energy and the power-to make things happen; and it both grants and denies access to power in the form of resources. This takes us way past any sense that care is just about nice feelings, and into a world where care can make a forcible difference to how events unfold: 'Those adept in the skills of care, of defusing conflicts before they become violent, of settling disputes among those who cannot just leave but must learn to get along with one another, have much to teach peacemakers and peacekeepers in other domains.' (Held, 2006, p. 151).

CARE AND (IN) JUSTICE

Of crucial concern to these debates is the argument that care ethics produces and reinforces a power imbalance between those who provide and those who receive care, thereby creating a kind of *in*justice. Such injustice is usually assumed to be disadvantage or denigration for care-recipients who, by extension, are usually deemed to be followers in the leader/follower relationship. This concern is exacerbated by definitions of care based on identifying and addressing people's *needs*, and the often negative connotations of needs and neediness.

Reflecting on the issue of needs in relation to care and justice, Noddings (2015, p. 72) suggests that: 'Justice is a rights-based ethic and care is needs-based … the concept of needs is more basic than that of rights. Indeed, it seems that rights begin as expressed needs (or wants) and become rights when claimants finally can exercise the power to satisfy their needs.' From this perspective, needs are the property of the disempowered, at least whilst they are experienced and perhaps acknowledged, but as yet unmet. Once a way has been found to satisfy such needs, the previously disempowered become empowered, and needs become rights. But care is thus a kind of *pre-justice*.

Of course, much depends on what we mean by 'needs'. One person's need is another person's wish, hope or expectation. As we know from the ubiquitous Maslowian hierarchy, not all needs have the same quality or motivational value: some are basic, and overlap with universal human rights, whereas others are more orientated towards individual satisfaction or fulfilment. And lest we assume that care is *necessarily* needs-based, we should remember the distinction between caring-for and caring-about. The former has strong associations with need (though not necessarily with morality, principles or love); the latter is not so clearly based on need (though more easily associable with morality, principles and love).

Grounding care in the concept of needs begs the question of how we truly *know* what other people need. It highlights the importance – and complexity

– of distinguishing between expressed and inferred or imagined needs. As Tronto (2015, p. 34) explains, 'there is a "politics of needs interpretation" that makes some needs politically disabling compared to others'. Several of the chapters in this book engage with the politics of a care which is offered – however good the intentions – based on the assumption rather than establishment of other people's needs, and with the risks thereof for both care-givers and care-recipients, both leaders and followers.

Tronto (1993), amongst others, emphasises that care-recipients should be involved in identifying and articulating their *own* needs, rather than having them assumed by others. This is an attractive argument, but it raises significant questions for how care ethics might inform relations between leaders and followers, or indeed, between other groups of people with unequal experience or capability, such as parents and children. As any parent will tell you, relying on a child's identification of need is likely to result in ice-cream, not broccoli! My six-year-old nephew, Charlie, frequently assures me that he *really needs* chocolate!

Bubeck (1995) argues that the needs which are met through care are precisely those things that a person cannot do for him/herself. An activity – however kind or considerate – does not count as care if it is something which a healthy adult is capable of doing for him/herself, at least in principle. For Bubeck (1995, p. 132), this means that:

> The housewife cooking a meal for her husband is providing a service, whilst her cooking the same meal for an infant would be care … [The needs of care] are absolute in that they make those in need necessarily depend on others. Thus a child cannot bring herself up, nor can a bedridden person provide food for herself, nor can somebody in need of talking a problem over with somebody talk to herself.

Bubeck's definition causes difficulties for the concept of self-care, which becomes oxymoronic; but it helps to ground discussions of care in the concept of dependency, highlighting the power dynamics of a relationship where one person depends on another for things that he/she perhaps cannot do alone. On the surface, at least, such dependency dynamics seem to lead inescapably to relations of inequality and disadvantage, with care-givers necessarily more powerful, privileged, capable and/or insightful than care-recipients. The emphasis on care-recipients' dependency triggers associations with inadequacy or inferiority, especially when applied to adults (for infants and, to a lesser extent, the elderly, are somewhat more exempt from the stigma of dependency). This is one of the most persistent concerns amongst theorists working with care ethics, both in the specifically caring professions and in broader social, political and institutional relations.

INJUSTICE FOR FOLLOWERS?

Associations between care, needs/neediness, dependency and inferiority help to explain the caution, even suspicion, that some critical organisational scholars have about applying care ethics to leadership relations. The concern is captured in the notion of 'asymmetry' in the relationship between leaders and followers, which is usually assumed to invoke privilege for the former and injustice (whether actual or potential) for the latter.

For many critical scholars, one of the biggest problems in contemporary institutional life is that individual leaders have been given too much power and licence, and allowed to believe that the rules which apply to others do not apply to them. Tourish (2013) highlights the particular case of 'transformational leadership' as an approach which legitimises an extraordinary concentration of power and agency in the hands of the special few, who accept their mission to 'transform' the world and the people around them. Such concentrated, almost messianic power makes it more likely that relations between leaders and followers will involve exploitation of the latter by the former. From this perspective, *any* theory that formalises, strengthens or naturalises the individual leader's superior position is bound to come under suspicion from critical scholars. The asymmetries of care feed such suspicion in spades.

Concerns about the ethical ramifications of leader-centric approaches have contributed to a burgeoning 'post-heroic' perspective in leadership studies, including 'distributed' (Gronn, 2002) and 'shared' (Pearce and Manz, 2005) leadership. They have inspired calls for the study of 'leadership, not leaders' (Crevani et al., 2010) and the 'leaderful' organisation (Raelin, 2011). Such approaches urge us to see organisational power as something which unfolds in interactions *between* people, suggesting that leadership involves something other than simply what an individual leader does (or is). Both tacitly and explicitly, they problematise asymmetry between leaders and followers.

The contributors to this book take different positions on this issue of care's asymmetry and its disadvantages for followers as care-recipients. Some are sceptical about any ethical system based on the assumption of need/neediness, however benignly felt or expressed. In this, they connect with social theorists, especially those concerned with disability rights, who contest the concept of care for valorising those who provide care over those who receive it, and for the resulting pernicious construction of care-recipients as lacking agency, that is, as not quite fully human.

Others – myself included – engage with care ethics precisely to expose and scrutinise the asymmetries of power, and to frame our thinking in ways which *recognise* differences of capability, expertise, experience and need, but without impoverishment or exploitation of the care-recipient, or follower.

An ethics of care should not have to either assume or reinforce the passivity or inferiority of the care-recipient; that is, the need for (or indeed, enjoyment of) care does not necessarily have to be equated with inadequacy. From this perspective, care ethics might help us to move past simplistic binary assumptions of leaders with all the power and privilege, and followers with all the disadvantage and exploitation.

Amongst care ethicists, a range of propositions have been offered for a care which is fundamentally empowering rather than disempowering. For instance, Tronto (2015) sees care as a political philosophy geared towards social transformation, which is less heroically constructed than its organizational counterpart, 'transformational leadership'. Because care is something we *all* need and experience at some stage in our lives, it is precisely through care that we approach the question of democracy. In other words, the very nucleus of care is something universal and equal, and therefore potentially a force for, not against, fairness, equivalence and justice.

Confronting the apparent paradox of democracy's emphasis on equality and care's emphasis on inequality, Tronto suggests that any *particular* act of care is necessarily unequal between care-giver and care-recipient, but that we should hope and expect to even this out across a life-time:

> What makes care equal is not the perfection of an individual caring act, but that we can trust that over time, we will be able to reciprocate the care we received from fellow citizens, and that they will reciprocate the care we've given to them. In such an ongoing pattern of care, we can expect moral virtues to deepen: We will trust in one another and in our social and political institutions. (Tronto, 2015, p.14)

For Tronto, therefore, the path to justice lies in acknowledging that we *all* have a right to receive care, not just in the obvious sense that we all need care in infancy and old age, but more broadly, that we deserve to be cared-for/ cared-about even as adults who are also capable of independent agency, responsibility and indeed, leadership.

In a complementary vein, Kittay (2013) argues that policies based on principles of equality have not actually helped to lessen disadvantage or injustice, and that we should develop more nuanced understandings of human dependency rather than trying to theorise or wish it away. She challenges us to interrogate why we so despise dependency, recalling how, when US presidential candidate, Mitt Romney, labelled roughly half the population 'dependent', 'the remark was widely perceived as an insult significant enough to negatively influence the outcome of his presidential bid' (Kittay, 2015, p. 54). In denying that we are sometimes dependent on others, 'we might as well decry our dependence on air' (*ibid.*). This is not to romanticise dependency, nor to deny that the experience of dependency often involves anger, frustration and help-

lessness. However, there are also positive aspects, such as the way in which dependency can be enmeshed in feelings of belonging. Dependency is not always easy, but it is not to be denied.

Kittay proposes the expression 'dependency work' to capture the experience of attending to those who need us. 'Dependency work' is less emotive than 'care', and perhaps more accurately and pragmatically focused on what is actually involved. When cast as 'dependency work', the dynamic is one of responsibility towards the other person, but one which differentiates between power and domination. Recalling the notion of power-with rather than power-over, harm can be done if *either* partner in the relationship abuses this moral and emotional contract, highlighting the vulnerability of *all* our human relations – both in dependency and in 'dependency work'. Rather than presuming, asserting or hoping that everyone is always equally capable and independent, Kittay's challenge is to distinguish between those inequalities that are inevitable and possibly productive, and those which are not inevitable and should therefore be resisted.

Both Tronto and Kittay offer a powerful counterbalance to assumptions that the vulnerability of care only applies to the less overtly powerful in social and institutional life. Both highlight the *mutual* responsibility for care which, extrapolated into the realm of organisations, means that followers are also accountable for how care is – or is not – put into practice, and whether its manifestation is closer to justice or injustice. Moreover, their work draws attention to the care that leaders themselves need, and poses important questions for how we might even out the experiences of giving and receiving care for everyone in our organisations and institutions.

INJUSTICE FOR LEADERS?

Instead of assuming that asymmetry automatically privileges leaders, we should reflect on how care might involve disadvantage, even injustice, for leaders. Seen in terms of Kittay's 'dependency workers', leaders are not only required to respond sensitively and capably to followers' dependency, but can themselves be made dependent by virtue of their dedication to this work; and it is conceivable that we might call this exploitation, even abuse. This is a somewhat contentious line to take in critical organisational theorising, but it is one worth examining if we are to work towards more collectively satisfying organisational relations.

Here, discussions amongst care ethicists help to frame the issue very powerfully. It is much easier to envisage how care-givers in the domestic sphere might be exploited in their care work than to suggest that organisational leaders might be exploited or exploitable in a similar way. Whilst we rarely, if ever, hear commentators say 'oh, that poor leader', thinking or hearing 'oh,

that poor carer' feels much more likely. That care can be a burden which risks erasing a care-giver's sense of independent self is hardly news to anyone who has ever been in a care-giving role, whether for a child, an elderly parent or somebody else in our lives who is in need of help, especially of the hands-on, caring-for variety.

Indeed, one of the earliest objections in the modern care ethics movement was that care-giving is a kind of 'slave morality', which legitimises the oppression of women and other socially or economically disadvantaged groups. The notion of care as 'slave morality' draws on the philosophy of Frederick Nietzsche, who held that oppressed groups often develop moral theories that construct their own subservience and self-sacrifice as virtue. Drawing on this Nietzschean theme, Card (1990) argues that a sharp differentiation between care (valorising the particular and the proximal) and justice (venerating the universal) can distort ethics by endorsing closeness, familiarity, similarity and relatedness and thereby promoting racism, xenophobia and a disregard for the Other. Rather than encouraging an openness to the world, therefore, care ethics can *isolate* the care-giver from the world, practically, psychologically and politically. This pushes what happens between care-giver and care-recipient 'behind closed doors' and subject to idiosyncratic, private rules rather than general standards of relationship and behaviour. When we are enveloped in such idiosyncrasy and particularity, the idea of care-giving as being so attuned to another person that we can see the world through his/her eyes no longer feels like the mark of healthy empathy, emotional generosity and mutual understanding. Instead, it reminds us of what slaves and servants do: 'We can take up the perspective of others out of sheer necessity for survival, the necessity to anticipate others' needs in order to be a good servant or slave, for example. Women learn well to do this with men; slaves have learned well to do it with masters.' (Card, 1990, p. 106).

Seen this way, extolling care as an ethical ideal risks trapping people in unhealthy relationships from which neither side can escape, at least, not without censure. A relationship's positive public face can mask misery behind the scenes. Walking away from care may feel like it is a personal, ethical failure, but it is better to do this than allow oneself to be exploited through the relationship. Leaders can walk away more readily than domestic 'slaves', of course, but it is probably never easy. Thus, care-giving may only superficially be something that enriches our relationship with the world, and instead may operate as a kind of false consciousness that equates virtue with self-sacrifice.[1]

Within contemporary organisations, how might such slavery, self-sacrifice and false consciousness come about for caring leaders who, by virtue of their position, are supposed to be the ones with power, and sometimes too much of it? As I suggested above, it is unusual to detect much sympathy for leaders, especially in critical scholarly circles. In my view, however, we should

suspend our hostilities towards leaders and try to understand the complexities of their work, rather than continue to use leaders as handy scapegoats for all our projected disappointments and frustrations with the world. Leaders are not an economically or politically disadvantaged group in the same way that women have historically been oppressed through the gendered domesticity of care-giving; but leaders might well be *emotionally* exploited through the care relationship. The 'slavery' experiences of care-givers brought to life by Card (1990) and others illuminate the isolation and stress that leaders can experience, but which usually go unremarked. Just as care-givers sometimes live in survival-mode, trying to anticipate and meet a care-recipient's demands, reasonable or otherwise, so leaders are often also in survival mode, especially in regimes of extensive employee consultation, engagement and empowerment.

Elsewhere (Tomkins, 2019), I argue that promoting 'leadership, not leaders' in theories such as distributed and shared leadership feeds a therapeutic fiction. It heralds the possibility of collective empowerment amongst all organisational members, and the creativity and innovation that such empowerment is said to foster. However, it also masks the considerable work undertaken *by leaders* to make distributed leadership seem possible. Invoking Badaracco's (2002) 'quiet leader', who implements strategy through barely noticeable nudges rather than grand gestures, I argue that just because such efforts are subtle or surreptitious does not mean that 'leadership' has replaced 'leaders'. Indeed, discourses of follower empowerment and inclusivity risk creating another kind of disadvantage, namely leaders who, when exercising their responsibility and expertise, must *also* make the workings of at least some of this responsibility and expertise invisible. So, whilst critical colleagues argue that 'employee empowerment' is a neo-liberal fiction, whose victims are organisational members absorbing an excessive, individualised pressure and guilt, I suggest that this is a fiction which panders to fantasies of symmetry and equality, whose victims are often leaders.

Just as care-givers may feel trapped and unable to walk away from relationships of abuse (because care is such an unimpeachable moral good), so leaders (and leadership scholars) risk censorship if they do not support 'leadership, not leaders' (because employee empowerment is such an unimpeachable and progressive institutional good). Just as Card's (1990) servants are hyper-alert to the mood-music of their masters, so contemporary 'masters' of organisation must stay hyper-alert to the mood-music of their increasingly empowered stakeholders. The therapeutic fiction of 'employee empowerment' allows us to critique care's asymmetry on behalf of followers, but often masks the costs of asymmetry for leaders.

Many of the chapters in this book wrestle with the power asymmetries of caring leadership. Particularly relevant for my argument here is Yiannis Gabriel's discussion of leaders as the product of followers' projections and

fantasies, based on archetypes of father and mother (Chapter 3). From this perspective, followers' demands of their leaders are based on primal emotions, and have no obligation to be reasonable, logical or mature. Followers' anxieties and fantasies often collide, leaving both parents and leaders having to absorb and contain whatever emotional theatrics are projected onto them.

It strikes me that the loneliness – indeed, slavery – of the leader lies in having to sustain and tolerate followers' fantasies of symmetry and empowerment (fuelled by discourses of 'leadership, not leaders'), whilst remaining able and willing to restore fantasies of containment and protection, as required. Followers enjoy symmetry *qua* empowerment when things are going well, and asymmetry *qua* protection when they are not. If leaders get this protection/ emancipation balance wrong, they either become too interventionist and directive, shattering fantasies of equality; or they become too distant and *laissez-faire*, leaving them vulnerable to the charge of not caring (Tomkins and Simpson, 2015). For me, the central paradox of caring leadership is enveloped in these constantly shifting dynamics of symmetry/asymmetry, indeed, of justice/care. Caring leaders have to be hyper-alert to this mood-music, making their 'dependency work' complex, exhausting and lonely.

Moreover, if the roots of care lie in the family, then followers may unconsciously feel entitled to special benefits of family membership, such as unconditional loyalty, favouritism and patronage. Through this prism, followers not only expect their leaders to be genuinely concerned for their well-being; they also expect to be given preferential treatment over those who do not belong to this particular family unit. If organisational members, encouraged by discourses of distributed and shared leadership, absorb the specialness of care *and* the equality of justice, no wonder our organisations are spaces of such conflict, contradiction and disappointment, with ample opportunity for *in*justice throughout.

Furthermore, I think that care ethics helps to make sense of some of the antipathy towards leaders in certain academic quarters. By highlighting care as attention to the particular and the proximal, care emphasises the comfort of relationships of familiarity. Just as Card (1990) worries that care ethics promotes xenophobia, so critical scholars' hostility to corporate leaders may be because, by dint of their unfamiliarity, these leaders are cast as Other. This is one of many arguments for greater dialogue between academia and practice, so that scholars might develop greater empathy for the challenges of leadership in practice, and practitioners might benefit from the ways in which critical scholarship can expose their taken-for-granted assumptions, and foster potentially more ethical and more meaningful conversations about organisational dilemmas.

Leaders must, of course, take their fair share of the blame for what is wrong in our organisations and institutions. The experience of following can be

intensely frustrating, disappointing and infantilising, and followers have to absorb their leaders' unresolved emotional theatrics as much as vice versa. But just as leaders should not be given all the credit for organisational success, they should also not be given all the blame for organisational failure. An ethics of care highlights the paradoxical and often unreasonable and irreconcilable demands of leadership, and the ways in which the dynamics of leader/follower relations involve continual tension between justice and injustice for all of us in institutional life.

NOTE

1.   Whilst most commentators probably view self-sacrifice as problematic, Van Nistelrooij (2014) sees positive aspects of the sacrifices of care. If the self is ontologically one of interrelationship, then self-sacrifice can be part of a dignified and fulfilling identity construction. Self-sacrifice is no longer devotion to another person, but to the relationality that constitutes the care-giver's own self.

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