


A mind of care

Responding ethically to COVID-19

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This article approaches issues arising out of being in the middle of the first wave of the COVID-19 pandemic in Finland in March 2020, both from the point of view of the lived experience of caring for people in our conference setting, and through analysing the statements and actions of the Finnish government from the point of view of an Ethics of Care. It argues that an ethics of care approach is better equipped at dealing with thinking about and understanding complex life situations such as the spread of the pandemic than what the standardised taxonomy approaches offer. It further states that an ethics of care not only provides concepts and frameworks that help people grapple with challenging situations in an ethical manner, it also enables us to imagine how hospitality and solidarity can be envisioned anew.

Returning from Helsinki, on Thursday 12 March 2020, I receive first a letter from my university stating that conferences, such as our NSU Winter Symposium, will not be arranged in the coming months. Later that same day, I receive a second letter, telling me that one of the participants of the just-finished conference may have become sick with the COVID-19 virus infection. These simultaneous events made my head spin and escalated emotional and mental processes that thus far had played mainly theoretical roles in my thinking and being. I have long embraced entangled theories of space,

matter and ethics, as well as post-humanist views on agency. However, adopting these views had never ‘mattered’ as they did now. In essence, this way of perceiving the world had been transformed overnight from being my preferred way of reasoning to being one of the few narrative frameworks left that could make sense of the world order that all of us now need to deal with.

In this article, I will explore how what has been called the standardised taxonomy (mainly pertaining to deontology and utilitarianism, from now on ST) of moral reasoning and ethical thinking falls short of addressing the challenges that governments, people and communities are facing due to the COVID-19 pandemic. I commence with my own experience at the start of the pandemic, relating it to the framework of an ethics of care while comparing it to ST ways of reasoning. In the second part of the article, I expand these reflections from the micro to the macro level by analysing the statements made at the press conferences of the Finnish government given between 12 March and 15 April 2020.¹ In my analysis,

1 The framework is entirely determined by the deadline of this particular article and

I will follow up on the earlier arguments, provocatively presented in 2014 by Ruth Groenhout, that only virtue ethics and an ethics of care are the forms of ethical reasoning – found in standardised textbooks of morals and ethics in the Western society today – that can adequately deal with the complexities of the world (Groenhout 2014: 489–94).² After presenting the problems created by ST in the first part of this article, I will in the second part, show how the situation appears in a new light when the analytical lens of an ethics of care is applied to the material gathered from the press conferences. Finally, I will provide a short description of what has been made visible by applying the lens of an ethics of care paradigm to the materials that have been presented. Answering both the question of what has been made visible through the use of this lens and what the current challenges will be, if the avowed aim of the government of ‘caring for the vulnerable and persons in risk’³ is to be fulfilled for all individuals in Finnish society.

should later be expanded, with a more comprehensive analysis of the whole pandemic period.

- 2 Groenhout does not argue that these are the only theories that could deal with the complexities of the world, only that few textbooks deal with other examples. She suggests that, for example, Confucian ethics could be used for the same aim, however, it is often wrongfully presented as a form of virtue ethics due to the distorted view of ethical reasoning created by the ST.
- 3 The government declared ‘Haluamme suojata ikääntyneitä ja riskiryhmiin kuuluvia’ (‘We want to protect people of advanced age and those that are part of a risk group’, Pekonen, GPC 16.3.2020). The emphasis on elderly people and people in vulnerable positions has continued throughout the period analysed which I will return to further on.

The micro experience of COVID-19 in an ethics of care framework

When struck with the insight that COVID-19 was no longer a flu-like sickness severely affecting mainly elderly, unhealthy males in a faraway country, but rather a new reality that I had to deal with, it activated within me something that had been lying latent.⁴ Receiving the news that one of the people I had shared time and space with might be sick and might have infected others while being in Finland, prompted me as one of the leaders of the Winter Symposium to take action. Before taking action, however, I needed to sort out what the appropriate measures to take were and in which order they should be considered – a common ethical dilemma.

Approaching this situation from what Groenhout has named the ST of ethical systems, it may appear as a classical concern with individuals and their choices. These are two of three markers for how the ST stipulates ethical dilemmas in a problematic manner (Groenhout 2014: 489). The ST system would perceive me as an agent and that the task needed is to decide the right or best options for me to do, determined from either a precisely calculated consequence analysis, or with some idealised and universal goal in mind (*ibid.* pp. 489–93). The agency that needs focusing on in this situation, however, is primarily the virus. I am not claiming – even though my viewpoint is informed by post-humanist thought – that the virus has the same kind of agency as humans have.⁵ Rather, I am referring to a situation where people fail to see some degree of agency in the virus

4 Esa Saarinen speaks in his lectures about ‘Ajattelun, ajattelun, ajattelu’ (‘The thought of thinking about thinking’; Saarinen 2020).

5 I thank the anonymous reviewer for pointing out this somewhat unclear statement.

and perceive the problem as one that can be controlled and manipulated as soon as we have the right ‘facts’ in our hands. This, I claim, would lead to a situation where we make ‘bad’ judgements for ourselves and our communities.⁶

What increases the complexity of the situation further is the fact that COVID-19 spreads not only through human interaction, but also through animal-to-animal interaction, as well as via animals, by the virus ‘hosting’ organic matter such as cells (Sahlgren 2020), droplets spreading through the air, or by landing on non-living matter such as door knobs and textiles.⁷ This

6 The distinction between ‘bad’ and ‘good’ judgement in the situation of the pandemic is well made by Camilla Kronqvist (2020).

7 By the time of writing this article, scientists still do not know exactly how and what may spread the virus in human interaction. However, what is clear is that at the onset, COVID-19 spread from animals to humans. ‘Coronaviruses are enveloped, positive-sense, single-stranded RNA viruses, capable of rapid mutation and recombination. They are classified into alphacoronaviruses and betacoronaviruses, which both have their gene source from bats and are mainly found in mammals such as bats, rodents, civets, and humans; and gammacoronaviruses and deltacoronaviruses, which both have their gene source from birds and are mainly found in birds’ (Fuk-Woo Chan *et al.* 2020: 522). Later developments have shown that further spreading mainly happens in human-to-human interaction. However, spreading amongst fruit bats and ferrets has been clinically induced (Schlottau *et al.* 2020). Furthermore, when news about COVID-19 first appeared the risks of spreading the virus between asymptomatic individuals was described as small. While time has passed, the pre-emptive measures have rather increased than decreased. At the start of the discussions the Finnish institute for health and welfare (THL) claimed that asymptomatic people can carry on with life as usual, only taking care of hand hygiene

sort of situation has been described theoretically as ‘agential’ or ‘vibrant’ materialism (Barad 2007; Bennett 2010). These forms of materialism are said to ‘...consciously offer alternatives to perspectives that assume a radical distinction between human agents and nonhuman passive objects’ (Rowe 2017: 277–8). To make sense of the situation I was faced with, I needed to be able to imagine my world in a way akin to the entangled networks of intra-active force relations that earlier had been described to me by Karen Barad concerning quantum physics and brittlestars (Barad 2007: 60–3, 66, 375). Neither the autonomous, rational self that stands behind the Kantian notion of universal principles, nor the self-sufficient agent that will actualise his/her self-realisation by determining the consequences of all their doings in the manner described by consequentialist ethics, are capable of grasping the world within which COVID-19 is active (Groenhout 2014: 489; Pettersen 2008: 57–9). Instead, what is called for, to be able to ‘track’ the agency of COVID-19, is a worldview that can envision the intricate ways that not only I, as a human, but matter itself, took part in the ongoing, open-ended articulation of the world (Barad 2007: 343). For this, my previous theoretical engagements with feminist and new materialist thinking had prepared me well.

Furthermore, the way an ethics of care describes the relational aspects of human existence is that it does not only deal with matter as such. I indeed needed to map the

and the use of facial masks with healthy population was described as unnecessary (THL 2020). By 15 April, the government stated that we are all potential carriers (Ohisalo, GPC 15.4.2020). Furthermore, the use of facial masks has now been proven to prevent the transmission of the virus (Chu *et al.* 2020).

space our participants had been in and the artefacts they had come into contact with, in order to visualise the potential agency of COVID-19. Groenhout describes relationality as a physical interconnectedness (Groenhout 2014: 489–90), I also needed to map which people in our group had shared rooms, dinner tables, had gone on walks together, as well as who had served us when we attended a lecture or banquet. Such thinking could aim at grasping the network of COVID-19 and human interaction.⁸

When it came to my agency, I further needed to take into consideration what Groenhout calls the intellectual relatedness (Groenhout 2014: 490); which kind of language and concepts would I use to describe the current situation in a way that neither created an unnecessary panic reaction, nor downplayed the seriousness of the situation we were now caught up in. The latter calls for what care ethicists have called everything from affective ‘right-brain thinking’ (Donovan 2007: 73) and emotional intelligence (Warren 2000: 109–13), to emotional responsiveness (Pettersen 2008: 59–63; Groenhout 2014: 490). It is not enough for me to merely state some simple rational ‘facts’ about the situation to the people involved. What is called for instead, is the ability to understand how human fear affects reasoning, how different tones, even in my written text, may influence how a message is perceived. Also, a capacity to deal in a caring manner with the emotional and sometimes unconscious reactions of people receiving my communication is needed. These dimensions further pertain to what Groenhout calls the relational aspect of a

sense of self; that ‘my sense of identity is crucially constituted by the reactions and responses of those around me’ (*ibid.*). None of these dimensions of decision-making, and processing over the actions-to-be, are rendered relevant in the ethical dilemmas that those engaged in ST reasoning create for themselves. If anything, involving emotional reactions in moral reasoning has traditionally been frowned upon as lacking in intelligence and rationality (Held 1990: 329–34; Pettersen 2008: 59–63).

However, the problem with the ST is more profound than a discussion about agents and the relationality of matter (including humans). It is also a question of worldview and narrative frameworks. The understanding of the world as primarily entangled and relational does not only pertain to individuals and their agency. It is also a question of how actions and consequences are perceived as non-separable and predictable by the agents involved in executing these (Groenhout 2014: 492–4). In the mechanical universe of Newton, with its clearly defined laws and linear ways of reasoning, or for the autonomous self of Cartesian reason, it would seem plausible that one can calculate the likelihood of specific consequences or the arrangement of different courses of action with one particular hierarchical pattern. That would make it possible to discern the best and most profitable operation of a situation (Barad 2017: 26; Keller 2017: 115–16; Clayton and Singleton 2017: 137). Joan Tronto, however, illustrates that the relationality connecting people creates a network of responsibility that cannot be reduced to its minimal components (Tronto 2012: 304–6).

Faced with the prospect of COVID-19 spreading amongst the students, staff and other personnel at Åbo Akademi University, I immediately realised that this is not the time for me to play with the idea

8 After the writing of this article, in Finland, over 2,000 people have signed up for training as trackers. Further research should be done on what methods are used in this specialised training.

that I know or can control the consequences of a variety of different actions. Not only am I incapable of peeking into the future to follow the ‘traces’ left by COVID-19, but attempting to do so would obscure the relational clues I do have to orient myself in space and time. It would be an act of ethical suicide – obscuring my inner compass – to push myself to take actions where individual lives are traded over and above others, to ‘fit’ some narrow framework of what is considered morally correct behaviour (Groenhout 2014: 493–4). What an ethics of care has to offer instead, is a different epistemological framework; one where imagination and formation are as crucial as traditional knowledge claims (Pettersen 2008: 56–7, 80–2).

In the worldview and narrative framework embraced by non-ST modes of reasoning, facts cannot be simply nor efficiently detached from values and meaning (Barad 2007: 107, 138, 185, 274–5). The complexity of the COVID-19 situation is thus not only a question of gathering the correct facts about an unknown problem. Both virtue ethics and an ethics of care share the same underlying story; that matter is formed by action. Meaning, that not only my behavioural choices but also my emotional responses, conceptual framework and capacity to reason are changed by what I envision to be good, what I see as the goal of living with COVID-19 and what I perceive human life to be all about (Groenhout 2014: 494; McIntyre 2008: 281–5). To be clear, I am not arguing that I am incapable of gaining knowledge, nor that the actions of humans have no affective power – rather the contrary. The question is rather about perceiving the world, and myself in it, in a whole new way. Once I do, new things, stories and ideas matter. Also, new modes of acting become attainable, opening in their turn to a new set of possibilities.

To close this personal mode of reflecting over what the framework of an ethics of care has to offer in light of COVID-19, I will return to Groenhout’s critique of the continued use of the ST. She states – and I hope these examples have clarified how – among other things, that the ST operates with categories that prevent us from asking salient ethical questions (Groenhout 2014: 482, 489). She ends her chapter by arguing that:

Theoretical categories should not make it harder to see relevant facts about our lives; they should make the relevant features more apparent, not less. If a set of theoretical categories systematically obscures important aspects, then they need to be revised or supplemented, not built into the basis of how theories are taught and evaluated. (Groenhout 2014: 497)

Groenhout calls for the implementation of a new taxonomy built around ethical frameworks such as virtue ethics and an ethics of care, as well as religious or spiritual reasoning, such as that of Confucian ethics (Groenhout 2014: 499). As I understand Groenhout’s call for new frameworks for ethical theorising, she is not only asking philosophers, theologians and ethicists to stop engaging with the ST as a given frame. She is also asking the academic community to awaken to dealing with theories that can grasp the scientific understanding as it is stipulated today, fusing the best of religious/spiritual traditions and secular knowledge. She states that teaching systems of thinking that are capable of dealing with the complexities of life and the challenges of wicked problems is necessary.⁹ She fur-

9 Wicked problems is a concept first introduced in 1967 by Professor Horst Rittel of

ther wants to cater for the experiences of life outside a limited view of the past hundred years of Western science – what could also be called acquired wisdom from centuries of non-Western thinking. This is what I would call a hospitable future of ethics. I see the pandemic of COVID-19 as a plausible situation where this kind of radical step finally could be made.

In what follows I will commence such a discussion by analysing the press conference materials through the lens of an ethics of care. Due to lack of space I aim only at revealing some aspects of how the COVID-19 situation can be understood from the ethics of care paradigm and I will keep the virtue ethics and different traditions of theological reasoning to a minimum.

The macro perspective of the government of Sanna Marin in light of an ethics of care

In this section I will continue with a description of what differentiates an ethics of care paradigm while moving the conversation on to the broader perspective of the statements made in the press releases of the Finnish government during the first wave of the pandemic.¹⁰ On 10 December 2019, Sanna Marin was appointed the Prime Minister of Finland's 76th govern-

the University of California Architecture Department. “Wicked problem” refer to that class of social system problems which are ill-formulated, where the information is confusing, where there are many clients and decision-makers with conflicting values, and where the ramifications in the whole system are thoroughly confusing. The adjective “wicked” is supposed to describe the mischievous and even evil quality of these problems, where the proposed “solutions” often turn out to be worse than the symptoms’ (Churchman 1967: B-141).

10 On 15 June 2020 the government stated that the period of the Emergency Power Act had ended due to the constant decline of infection rates.

ment.¹¹ Marin's government is formed by the Finnish Social Democratic Party, the Centre Party, the Greens in Finland, the Left Alliance and the Swedish People's Party of Finland. The government has 19 ministers out of which a majority are females,¹² and the core group is an all-female panel of five.¹³ My reason for analysing the statements made by the government from an ethics of care point of view is not based on the fact that it is a female-dominated group of leaders.¹⁴ My take on the

11 She was 34 years old at the time of election and has thus been highlighted for being the second-youngest leader in the world (Donadio 2020).

12 Many of the women in this government constellation are also under 40. During the review process of this article, Minister of Finance Katri Kulmuni left her post and was replaced by a man.

13 The Prime Minister Sanna Marin (Social Democratic Party), Minister of the Interior Maria Ohisalo (Greens in Finland), Minister of Education Li Andersson (Left Alliance), Minister of Finance Katri Kulmuni (Centre Party), Minister of Justice Anna-Maja Henriksson (Swedish People's Party). At times also other ministers are part of the statements analysed in this article. The Minister for Foreign Affairs Pekka Haavisto (Greens in Finland), Minister of Science and Culture Hanna Kosonen (the Centre Party), Minister of Social Affairs and Health Aino-Kaisa Pekonen (Left Alliance).

14 Even though the ‘founding mother’ of the ethics of care, Carol Gilligan, who wrote the book *In a Different Voice: Psychological Theory and Women's Development* (1982), which started the discussions around an ethics of care, is often accused of harbouring an essentialist view on gender, this is not in line with her own statements. Gilligan writes that the association of care with women is not absolute, and is not to be taken as a generalisation of either sex (Gilligan 1982: 2). Tove Pettersen further explains that Gilligan describes the contrasts between male and female voices to highlight, she says, a distinction between

relevance of an ethics of care, as this article has already pointed out, comes from how this particular ethical framework is capable of dealing with current state ethical dilemmas adequately. My understanding of an ethics of care is that it is based on the universal human experience of being born into this world as vulnerable and interdependent beings that have received mothering from either their biological/birth mothers or some other significant caregiver (Pettersen 2008: 78–80; Pettersen 2011: 52; Held 2006: 44). Independently of the quality of the mothering received, no child can survive and develop into maturity without receiving care, comfort and support either by parents or by what Patricia Hill Collins calls *othermothers*.¹⁵ Such a unifying narrative framework differentiates an ethics of care from certain forms of virtue ethics.

Furthermore, these circumstances of interdependence and vulnerability are descriptive of most mammals, which extends the experience of receiving and giving care beyond the borders of human life (Montgomery and Thomas 2017: 8, 134–5). The question of extending care beyond human interactions is important for a

two modes of thought and to bring a problem of interpretation into focus (Pettersen 2008: 9). Gilligan has also later explained that the main aim of her work has been not to create a gender-specific form of ethics, but to highlight the dominant male order of reasoning. In *Joining the Resistance* (2011), she writes: ‘A feminist ethic of care is a different voice within a patriarchal culture because it joins reason with emotion, mind with body, self with relationship, men with women, resisting the divisions that maintain a patriarchal order’ (Gilligan 2011: 22). I thank Mikael Nilsson for making me aware of this in his Master’s thesis (Nilsson 2019).

15 I thank Andreas Andersson for making me aware of this term in his Master’s thesis (Andersson 2019: 41–2).

variety of reasons. For example, in the more Aristotelian forms of virtue ethics, with its classification into vegetative spirits, animal spirits and human reasoning (*De Anima 2*), the most enlightened states of existence are not even achievable by women, or the non-Greek slave males (Leunissen 2017: xvi, 139–77; Berges 2015: 2–8).

The biases found in some forms of virtue ethics have led feminist thinkers to turn away from Aristotelian discussions on virtue and root their thinking around care and virtue in the writings of Plato (Berges 2015: 12–20).¹⁶ The benefit of understanding care in a way similar to virtue is that even when it is a universal human experience, it is also a trait that one is not fully born with. Care can and does develop over a lifetime. In this sense, care, particularly in its practical details, is socially habituated and changes its form according to the circumstances one is faced with (Groenhout 2014: 494, 498; Pettersen 2008: 123–7).

The reason I chose an ethics of care as the paradigm through which to analyse the statements of the government of Sanna Marin, is because it offers an ethical lens where care for the vulnerable, equality between the sexes and environmental concerns are catered for. I am not claiming that the government is acting out of, and consciously supporting, an ethics of care paradigm. Instead, the ethics of care is my analytical lens. I chose this lens after

16 There are of course people like Martha Nussbaum who argue that it is possible to be a feminist and develop the Aristotelian forms of thinking. The close relationship between an ethics of care and virtue ethics is further contested by care ethicists (Groenhout 2014: 494; Steyl 2019: 13–17). My stance is that there are similarities between the different systems and that more research is needed to define the differences.



The interconnectedness of life.

taking note of the inherent central values in the statements presented in the discussion about COVID-19.¹⁷ My aim with the analysis is to show what such an ethical framework makes visible in this particular example.

A secondary reason for choosing an ethics of care paradigm for this analysis is the pattern of growth, change and adaptability that the statements from the government show. An ethical framework of mere principles could not achieve similar outcomes. I will exemplify this shortly.

In the first press conference on COVID-19 (27.2.2020) the focus lay on sharing

facts¹⁸ about the development of the disease¹⁹ in Finland: what measures are best to use for preventing the spread of the disease, and on describing the present state of preparation in the country for a plausible arrival of more infections.²⁰ However, as soon as the World Health Organisation characterised COVID-19 as a pandemic (11.3.2020), the female panel made their first joint press conference. There they stated that even though Finland is not yet severely infected, we will stand in solidarity with the rest of the world and start preparations for when further actions might be needed (GDP 12.3.2020).

17 The three concerns are found in the following statements: care for the vulnerable (Marin, GPC 12.3.2020; Pekonen, Kulmuni and Kiuru, GPC 16.3.2020; GPC 20.3., 25.3.2020; Ohisalo, GPC 8.3.2020), equality between the sexes, and the environment (Marin, Kulmuni, Ohisalo and Andersson, GPC 8.3.2020).

18 'One can trust the Finnish government' was the statement repeated by the speakers (Marin and Pekonen, GPC 27.2.2020).

19 Aino-Kaisa Pekonen even apologised for the personal intrusion of telling people how to wash their hands with soap and water (Pekonen, GPC 27.2.2020).

20 First mentioning of the fact that Finland has a National Emergency Supply Agency (GPC 27.2.2020).

The statement that I argue justifies an analysis of the government action and thinking from an ethics of care point of view, was pronounced in the following manner: 'Ihmisten terveys ja turvallisuus menee kaiken muun edelle' (Marin GPC 12.03.2020) – a sentence declaring that the health and safety of the people precedes all else in importance. As I will show, this core statement has further taken on other features that are in line with how an ethics of care paradigm views the world. Tronto has defined an attentiveness to care in the following way:

I have noted that in order to be attentive to the needs of others one must relinquish the absolute primacy of the needs of the self. In this regard, attentive care is incompatible with the paradigmatic relationship of modern society, exchange (Hartsock 1983). The paradigm of market relations, of exchange, involves putting one's own interests first. It involves the assertion that one knows one's own interests best, another assumption inconsistent with the attitude of caring. It involves reducing complex relations into terms that can be made equivalent. None of these premises is compatible with attentiveness. (Tronto 1995: 107)

In the following sections, I will scrutinise the three aspects described: attentiveness to the needs of others, willingness to set oneself aside when finding solutions, and the epistemological messiness of living together in care. The emphasis on putting the care of others before oneself was pronounced in several ways by the ministers. They stated that the strategy with COVID-19 is that vulnerable people are kept safe. At the same time, the healthy adult population takes on the disease (Kiuru and Kulmuni,

GPC 16.3.2020). It was further specified that the elderly and people at risk are to be protected (Pekonen, GPC 16.3.2020). Finally, these statements are repeated in discussions concerning extra budgets for health care, education and financial aid given to primarily or secondarily afflicted people (GPC 20.3., 23.3., 2.4., 8.4.2020). Even the Minister of Finance Katri Kulmuni stated: we carry the burdens of each other, and such behaviour is needed in this time of crisis (Kulmuni, GPC 16.3., 20.3.2020). These statements can be described as both other-centredness and a development in what an attentiveness to care signifies.

I will commence with a short discussion on the principle of attentiveness to the needs of others. The health and security of people can be presumed to be in the interests of most leaders of societies. Particularly governments with developed welfare systems seem to be structurally providing for the needs of others. Are then not all governments of this kind abiding by an ethics of care paradigm? I argue that apparent differences can be found. For more justified claims, a more detailed comparison would be needed.

To exemplify different patterns of thought, I will present two varying strategies. The UK is one of the countries that initially opted for a so-called 'herd immunity' strategy regarding protection (Kahn and Dunn 2020). In this model, the aim is to create a sufficiently large pool of people that have had the disease. The consequence of this is that some people are 'let to die'. Instead of many offering themselves for a few, a few are offered for the many. Thinking in such patterns comes very close to utilitarianism, and the idea that care can be reduced to smooth transactions. Furthermore, during the process of reviewing this article it has become more clear that opting for this kind of utilitarian

thinking has also become hazardous, as the acquisition of immunity to COVID-19 has turned out to be more complicated than with other diseases.

The second example is Sweden, that seems to have opted for a double aim. They state that they want to protect the vulnerable and elderly people by regulating how infections spread. They have, on the other hand, not forced schools to close or restricted how businesses are to open – keeping society functioning is of vital importance (Ekholm *et al.* 2020). The epidemiologist Anders Tegnell states that herd immunity is not their official strategy, but sees it as the only sustainable outcome (Sundholm 2020). Even though Sweden is a country known for its developed welfare system, the thinking behind these choices seems to point at some kind of implicit cost-benefit calculation.

Johan Strang explains that the history of Swedish welfare is so ingrained in questions of the economy that distinctions are hard to make. In Sweden, economists are linked to both creating and upholding a functioning welfare state and thus are not seen as ‘enemies’ of the welfare system.²¹ Strang (2020), however, states that the administrative and political systems in Sweden are under a stronger influence of neoliberal and financially driven interests than in other Nordic countries. A similar analysis has previously been made by Jonna Bornemark (2018), albeit in a different way. From an ethics of care viewpoint, there is no denial of the entanglement of care and the economy. It may be correct, as Strang indicates, that the Swedish strategy is not a traditional

21 A shadow aspect of this is also the close relationship the Swedish welfare system has with the ideas of social engineering pointed out by Göran Rosenberg in an article in *Expressen* (Rosenberg 2020).

cost-benefit calculation. Nevertheless, the underlying philosophical and ethical mentality is one of engineering and market relations. In the following, I will show how an ethics of care paradigm cannot be built on measurable and exchangeable goods.

In line with an ethics of care paradigm which considers not only concrete acts of care, this line of reasoning introduces immaterial values such as love, joy, connection, a sense of belonging, spiritual growth and emotional flourishing as important aspects to be taken into consideration in human life (Groenhout 2014: 486; Pettersen 2008: 55–7, 67, 78–80; Tronto 2012: 307). These can and must be cultivated. When analysing the Finnish government statements, I found several examples of both concrete acts of care and focus on immaterial and unmeasurable values. The ministers stated:

- What we all need is food and medicine. We have that and will continue to keep those supplies coming (GPC 16.3., 26.3., 27.3.2020).
- What we also need is fresh and clean nature. A surprising number of statements have centred around the need to walk your dog, taking hikes in nature and having access to summer cottages (GPC 16.3., 18.3., 19.3., 20.3., 25.3., 26.3., 15.4.2020).
- To be able to engage in meaningful activities – ranging from the right to education of children and youngsters, to the need for movement, laughter and solemn spiritual activities (Andersson and Korhonen, GPC 18.3.2020).
- The need to connect and create a sense of community which has been emphasised both through caring for loved ones

at a distance (GPC 16.3., 20.3., 25.3., 15.4.2020), repeating that the government aims at not recreating the negative consequences of the economic regression of the 90s when the state removed its caring arm from the people with drastic, and during that time, unrecognised mental health and social consequences (GPC 8.4.2020), as well as repeating the encouraging slogan: together we can do this! (GPC 16.3., 18.3., 20.3., 25.3., 27.3., 30.3., 1.4., 2.4., 8.4., 15.4.2020).

- Living in thankfulness and hope, which the government has modelled by thanking different parts of the population and leading people in various offices, at almost every given possibility (GPC 18.3., 20.3., 25.3., 26.3., 27.3., 30.3., 1.4., 2.4., 4.4., 8.4., 15.4.2020). Early reflection on how once we have endured this suffering and these challenges, we will create something new together (GPC 16.3.2020).

In light of these, non-measurable and thick descriptions of life, mechanical cost-benefit calculations fall into a completely different position (Bornemark 2018: 35–7, 145–50). Thus, I am arguing that the statements and actions of the Finnish government can be understood not as lacking in economic understanding, but as part of a broader epistemological framework. The difference when care – rather than measurable and exchangeable goods – is placed at the centre of a discussion is that other options appear. When care is neither converted into measurable and quantifiable entities nor side-tracked by contrary values, new economic and ethical visions enter the scene. In both the direct and indirect reference to herd immunity, I argue that the leaders not only jeopardise human lives with an unstable idea of a solution to the

crisis – they, first and foremost, show a significant lack of vision regarding what is possible. The Finnish government is not acting with false beliefs about people not getting sick or dying (GPC 16.3., 8.4.2020). What they have stated is that they will do everything in their power to keep these numbers as low as possible. Furthermore, they have stated that the state is capable of carrying the burdens of this crisis better than vulnerable individuals, even when it comes to questions that go beyond life and death (GPC 20.3., 25.3., 8.4.2020). Such choices are seen as foolishness in the world of market relations.

This strand of thought brings us back to the epistemological messiness of living together in care. What I find particularly problematic in the choices made by the leaders in Sweden, is an implicit claim that an expert like Anders Tegnell knows best what is the best for him and/or the population. In comparison with the actions and statements of the Finnish government, there is an epistemological hubris present that blocks the ability to see the networks of responsibility that are to be found. Such a claim needs an intricate explanation.

As Tronto stated earlier, attention to care encapsulates the ability to consider not only complex relations, but also knowledge of differing viewpoints. It is an ability to set oneself aside and to listen to the other. In practical terms, this means that on the one hand, I have been arguing that an ethics of care paradigm does not embrace the idea that what is essential in human life can be reduced and measured. Neither can it be understood only through clearly defined concepts and descriptions (Bornemark 2018: 34–47, 244–59, 262–7). On the other hand, this does not hinder it from applying measures and calculations when they are needed. As the Finnish government has repeatedly pronounced, its

wish to gain more scientific knowledge about COVID-19; participate in research that works to develop testing methods, find a vaccine and re-create a healthy society after the pandemic with the help of scientific experts (GPC 1.4., 8.4., 15.4.2020), the leaders apparently value knowledge claims made in a paradigm of calculation. They also show signs of trusting the reasoning of natural sciences and medicine.

As I see it, it is even highly plausible that the rapid and immediate actions of the implementation of a state of emergency (16.3.2020) and the measure of closing down Uusimaa (the region of the capital of Finland where a lockdown was issued 25.3.–15.4.2020) are mainly built on mathematical predictions and calculations made by analysing statistics from the spread of COVID-19 in China.²² This kind of thinking, however, was used where appropriate, not in an attempt to solve all other types of problems. Furthermore, at no time did the government proclaim that they can predict outcomes or have complete knowledge of the situation.²³

On the contrary, the willingness to be humble regarding one's expertise, and desire to ask for advice has been present in the government statements. At one point during a press conference, Marin herself stated that she had fallen short in caring for how things had developed and that she most likely would continue to make problematic judgements due to the uncertainty

22 In some of the examples being spread on the internet, prevented deaths were measured according to which day a potential lockdown would have taken place (Pueyo 2020).

23 This becomes particularly evident comparing this to the Swedish Health Institute which has made predictions that have been later withdrawn (Folkhälsomyndigheten 2020).

of the situation: 'Jos vaatimuksena on täydellisyys emme voi muuta kuin epäonnistua' ('If perfection is a prerequisite for action, we will fail', Marin GPC 1.4.2020); 'Meidän pitää tässä mielessä elää epävarmuudessa ja tehdä päätöksiä epävarman ja osittain myös puutteellisen tiedon keskellä' ('We need to live in the idle state of uncertainty and make decisions based on uncertain and even quite minimal amounts of information', Marin, GPC 1.4.2020). Instead of arguing that she had it all figured out, or blaming others for questionable actions made, Marin took it on herself to set an example of how to be truly vulnerable and interdependent in this situation.

The willingness of the Finnish government officials to admit the need for receiving assistance is not merely found in medical and disease prevention situations. Government statements have appealed to academics and scientists for contributions even in the fields of politics and sociology – the areas of expertise of the ministers themselves (GPC 8.4.2020). What is displayed in these examples is a more humble attitude towards personal capacities and an acknowledgement of the messiness of knowledge claims.

As Esa Saarinen and Raimo Hämmäläinen have pointed out in their work with Systemic Intelligence research in organisations: good leadership is constructed around the ability to see many simultaneously active paths of action, reasoning and perception. A highly skilled leader does not get caught in one narrow path of thinking. Instead, he or she can read the system and handle a multiplicity of viewpoints when searching for the best road to travel (Saarinen and Hämmäläinen 2004: 20–7, 31–2). This is the ability to imagine the map of relations described in the micro section of this article. What further differentiates the ethics of care paradigm from generally good

leadership skills is the perception of asymmetrical relationships.

Asymmetrical relations

As my last point of departure, I will turn to the characterisation of an ethics of care as incorporating an asymmetrical understanding of power relations (Tronto 2012: 311–13; Pettersen 2008: 78–80, 131–2, 179–80; Held 2010: 121). Groenhout explains that when ethical theory begins with the assumption of equality – be it the equal worth of all parties involved or the equal distribution of means or carrying of burdens – large portions of the moral realm become either unintelligible or invisible (Groenhout 2014: 486–7). This particular claim may sound counterintuitive, especially if one has been trained in the ST fashion of thinking, which operates with transcendent principles. Furthermore, my description above of the government seeking advice from experts in looking for solutions for the peculiar situation it faces, would rather indicate the willingness to share burdens equally, than an acknowledgement of asymmetry.

The above standpoints need further attention. In turning towards the experts, the government is acknowledging the fact that their ability to judge as well as possible is dependent on the contribution of others – displaying the asymmetrical relationship. Nevertheless, what is of interest in an ethics of care is to acknowledge completely unheard and unseen partners in the network. To create space for voices, viewpoints and people that potentially will not be able to return the favour in a similar situation – this is to display asymmetry. In the statements of the government, my concern here could be exemplified by the following statements voicing that females do the majority of the labour of care; speaking about the need of grandparents and older relatives to

step into child care practices when families run into trouble (GPC 16.3.2020); promising that the youngsters that are close to dropping out of school will be provided with extra assistance, or speaking about providing shelter for families with substance abuse and violent patterns of interaction (GPC 2.4.2020). What is revealed in these statements is not equality between people, nor a willingness to give everybody the same measure of attention and care.

Instead, these statements can be seen as examples of acknowledging asymmetry and stepping into the relational demand that lies latent in the hierarchy of life (Tronto 2012: 308). The difference between the relational responsibility described by Emmanuel Lévinas's ethical demand or K. E. Lögstrup's absolute demand of the other (Vikström 2018: 112–13) is precisely the acknowledgement that we are not standing face to face with 'the Other'. What an ethics of care makes visible, is the fact that we first and foremost need to see those who are unseen and with those we are not in an equal position in the encounter. Tronto goes on to state:

Once we begin to notice that assigning, accepting, deferring, deflecting, and meeting responsibility involves power, some of the important asymmetries of responsibility are revealed. The advantage of the relational approach to responsibility becomes clear once we begin to think about assessing the seriousness of irresponsibility. (Tronto 2012: 308)

So, at the core of an ethics of care is the call to acknowledge the power I and we have, together with the responsibility for holding such power. Thus, even as the government of Finland has stated that they want to come through this crisis with

minimum damage (by acknowledging that the state is the stronger party which can carry the responsibility of such an insight), they have not fulfilled the complete vision of an ethics of care. Living fully in an ethics of care paradigm cannot be said to have happened as long as the migrant workers of the Finnish agricultural system are merely made visible, as was the case in the press conference (GPC 30.3.2020). What is needed is a further acknowledgement of the vulnerable position these people have been in for years; not an acknowledgement of the state's dependence on them, but an acknowledgement that the Finnish agricultural system has the power and responsibility to care for these workers.²⁴ Only when the immigrants and migrants in Finland have been given access to a shared space of appearance, and been invited to imagine a life together, will the relational responsibility have been attended to (Fulkerson 2007: 21).

Conclusion

As this article has shown, analysing the COVID-19 situation and the statements of the government of Sanna Marin, from an ethics of care paradigm, is a highly fruitful endeavour. Not only has an ethics of care, deepened by the feminist approaches of agential materialism, provided theoretical categories that make relevant facts in the current situation visible. The analysis has shown that having an attitude of care can, and will, offer the ability to see features about our lives that carry significance in complex situations. It has also shown that

the narrative framework of (something that seems in line with) the importance of care, has provided the government of Finland with the ability to not only make speeches about care for the vulnerable but also provide frameworks for taking concrete action. The government of Sanna Marin presented, in their press releases, an ability to address the complexity of the COVID-19 situation by focusing on non-material values and listening to a wide range of viewpoints. Not only were they willing, during the first wave of the pandemic, to show themselves vulnerable in making 'bad' choices; the government was also ready to make tough choices. One such example was when deciding to re-open schools for a few weeks before the summer break, mostly to provide a period of stability for those families who have been most harshly affected by the consequences of the pandemic. This concrete measure exemplified that care is to carry the responsibility of not just seeing the 'other' but using one's power and privilege in service of the more vulnerable party. However, what remains unresolved in this article is the question can, and will, such care be provided for those resident 'aliens' of this country, that have long gone not only uncared for but unseen? The COVID-19 pandemic made these dependencies visible to the more general public. What now remains to be resolved is if this same attitude of care will be forthcoming, and sufficient to cater for hospitality and solidarity with the migrant workers? Or, is some other tool needed to reach beyond an ethics of care into the embrace all creatureliness as the beloved material of God. ■

24 Newspaper articles on the conditions of migrant workers in Finland have been high-lighted during the summer of 2020, which might be a step in the right direction (Mattila 2020). However, more work needs to be done by all sections of society.

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GPC = Government Press Conferences, 27.2., 12.3., 16.3. 18.3., 19.3., 20.3., 23.3., 25.3., 26.3., 27.3., 30.3., 1.4., 2.4., 4.4., 8.4., 10.4., 15.4., 15.6.2020, <<https://valtioneuvosto.fi/tietoa-koronaviruksesta/tilannekatsaukset>> (accessed in July 2020).

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