

What if the future world was one of solicitude?

Rather than protection or welfare: solicitude.

The health crisis linked to the Covid-19 pandemic that we are facing has shown two concomitant attitudes among a large number of French people: on the one hand, a spirit of solidarity with health professionals, the neighborhood, the most fragile people and on the other, a certain inability to grasp the meaning of the strategy adopted by the Government to manage the crisis.

Remarkable facts: the pharmacists accepted - without opposing that they were not trained to be - the sentries for women victims of domestic violence; the teachers agreed to keep the children of professionals mobilized to manage the crisis every day of the week and even on weekends and school holidays; the farmers were able to set up in three days short circuits and direct sales from producer to consumer; the neighbors gathered around the night noise issued from the musician of the district playing at the window; Sunday dressmakers created and distributed masks. Solidarity is indeed in these moments of crisis. The next world must be able to maintain and develop it.

At the same time, everything is going on as if no one had understood the sense of management of this crisis: the sense of lockdown, the sense of the superiority of the collective over the individual, the sense of what we, French people, have to do together and what makes us a society.

The spontaneous generations of joggers went massively to use the bitumen in the evening at 7:00 p.m. after having, perhaps, refused to go to work during the day. Lonely hikers considered that they could walk since they were alone and therefore did not risk anything, without thinking that in a period of lockdown each of us is a potential lonely hiker. Masks have been stolen and stocks diverted from their final recipients. Specialists in virology, infectious disease and other methodology have clashed through the media, adding the fear of indecision and wrong choice to that generated by the contagiousness of the virus. Direction, which describes both the path and the destination, no longer exists. Has it ever existed?

However, it seems that it is up to the State, through priority public policies, to decide what the French have to do together, to define this "**common good**" that should be preserved, consolidate and develop. The current health crisis has made it possible to identify some meanings of this common good for all: it is clear that health, knowledge, commitment and the economy are part of it. "Preserve, consolidate and develop", these ambitions are found in one of the possible definitions of *care*, which in French can be translated by the term of solicitude.

What if in the world of future, the State was neither protective nor providential? What if in the next world we choose was a **State of solicitude**

Solicitude as a reason to act and integrated assessment process

The article "*Du Care*" by Joan C. Tronto, published in issue 32 of the MAUSS Journal¹ presents an approach of solicitude - translation in French of English "*care*", preferable to the often-used French term "*soin*", exclusively connected to the world of health. It is on the basis of this approach and various articles on *care*, published in particular on the site [Cairn.info](http:// Cairn.info), that concrete proposals / directions can be identified to imagine the world of tomorrow.

Both commitment and process, solicitude can, according to Joan C Tronto and Berenice Fischer, be "seen as a generic activity that includes everything we do to maintain, perpetuate and repair our world, so that we can live in it as well as possible. This world includes our bodies, ourselves and our environment (...)"

The concept of commitment refers to the action that arises from solicitude. Tronto suggests that if someone cares (*I care*) about something - hunger in the world for example - they will act to provide answers.

The solicitude process can be divided into four stages:

- 1 - Care about: pay attention, identify the need, **decide on the need to provide a response and assess the possibility of acting so.**
- 2 - Undertake: take **responsibility** for defining and initiating responses to identified needs based on their **expected effectiveness**. In the example of world hunger, the action of addressing food packages will not be carried out if it turns out that the packages will not be delivered to hungry people. The notion of expected effectiveness refers to that of **interdependence**: the responses are drawn up according to the conditions of their delivery, those who deliver them and the target audiences. Those who determine actions also depend on who gives and who receives care.
- 3 - Provide care: act concretely **as close as possible to the target audience** by reducing intermediaries as much as possible and by mobilizing the attention, intention and skills necessary for the effectiveness of the action. Tronto points out here that the funding allocation, "(...) providing money is more a form of "undertaking" than a form of care. (...) Money does not provide a solution to human needs, even if it provides resources with which they can be met. "This step **questions the practice of calls for projects** and the financing of structures to which action / care is delegated.
- 4 - Recognize care: the actor of this fourth step is the public receiving care, it is up to them to react to **attest to the adequacy of the response** to their needs. However, the person giving the care must be able to recognize / accept the formulated return. Recognition of care is also a **tool for evaluating the efficiency of the whole process**, through "(...) recognition of the fact that the object of the care responds to the care it receives". The objects of daily life (ODL), raise from this 4th stage of the solicitude process.

¹ Tronto Joan C, "Du care", *MAUSS Journal*, 2008/2 (n° 32), p. 243-265. DOI : 10.3917/rdm.032.0243. URL : <https://www.cairn.info/revue-du-mauss-2008-2-page-243.htm>

From its implementation in the health field, the solicitude process could open the following directions in the field of education or economy:

	Care about	Undertake	Provide care	Recognize care
Health	<p>Find the state of health and describe what is a good overall health.</p> <p>Identify needs: maintain good condition (primary prevention, secondary, tertiary) or improve bad state / promote wellness (intervention).</p> <p>The health crisis has highlighted the need to strengthen the maintaining of overall good health through daily hygiene, food, sports and psychological balance</p>	<p>Make the choice to prioritize the maintaining of overall good health or improving the poor health condition.</p> <p>The health crisis has exposed the need to have an approach for overall health (physical and mental) within the meaning of the definition of WHO: "complete physical, mental and social state, and does not consist only in the absence of illness or infirmity"².</p> <p>This includes a wider field of intervention and actors compared to the health sector alone.</p>	<p>Implement the responses, bring to and as close as possible to the targeted public.</p> <p>In terms of prevention, this phase is embodied in actions such as traveling mammograms or city health workshops.</p> <p>The question raised by telemedicine is interesting: does this practice stem from the proximity required at the "provide care" stage, or from a participatory means of observing the overall state of health (worrying about)?</p> <p>The mobilization of attention, intention and skills raises the question of the training of care actors (how to train for attention), but also the time allowed to care (behind: the now famous "medical geography" which could be extended to others than only city doctors).</p>	<p>In a perspective of improving the state of overall health, get certified by the target audience of his healing or his better well-being.</p> <p>Here it is about the reaction of the recipient of the care / action and not of a representative body "of the recipients" taken indifferently from their particular situations.</p> <p>This recognition also makes it possible to validate the smooth running of the whole process (from observations to responses / care) and in particular the mobilization of attention, of intention alongside technical skills.</p>

² <https://www.who.int/fr/about/who-we-are/frequently-asked-questions>

	Care about	Undertake	Provide care	Recognize care
Education	<p>Observing the level of education implies agreeing on the elements of observation: success in the final school exams, number of vocabulary words and operations mastered at such age, illiteracy rate, access to employment at the end of the educational path...</p> <p>Identifying the need raises the question of the purpose of education: is it about training autonomous citizens, transmitting knowledge, skills and abilities, opening up to the world, preparing for a professional future (...)?</p>	<p>Make the choice of a global education that operating in school, at home or in the social environment.</p> <p>Undertake global education supposes an educational continuum between home, "school" and the social environment (the street, associations in particular).</p> <p>This continuum incorporates responses for parenting, so-called street prevention and knowledge, skills and abilities transfer.</p> <p>Under these conditions the interdependencies are important between parents, socio-educational actors and teachers. They can, according to the described purpose of education, be observed with other actors: justice, FSI, companies, etc.</p>	<p>Bring global education actions closer to target audiences by adapting them to identified needs: so-called families in difficulty are not, for example, the only ones who need parenting support.</p> <p>Socio-educational actors are, by their missions in general in proximity. However, this stage goes further than only geographic proximity: granting care means going to meet the recipient of the care / action.</p> <p>The health crisis has shown that in certain situations, distance learning is possible, as well as personalized contacts teachers / parents are possible outside parent-teacher meetings.</p>	<p>In terms of global education, the question of target audience deserves to be asked. Who is this audience? Are they children we educate, or parents aspiring the autonomy to their children, or the social body which hopes by educational action see back incivility and delinquency of minors or companies looking for know-how for tomorrow?</p> <p>Whatever is/are the answer(s) to this question, another question arises on the concept of time: at what moment does recognition of the adequacy of the action / care take place?</p>

	Care about	Undertake	Provide care	Recognize care
Economy	<p>Seeing the state of the economy with the "glasses of solicitude" is to renew the criteria of "good economic health" in a country or in a company: alongside GDP, earnings or investment companies, for example integrating elements of quality of life at work and shared governance modes.</p> <p>Statement of need: the health crisis has demonstrated the need to relocate vitally important products. Agriculture, food, health industry, research, in particular.</p> <p>Identify operators of vital importance with regard to priorities in order to "perpetuate and repair our world, so that we can live in it as well as possible." This world including our bodies, ourselves and our environment (...)”</p>	<p>To make a choice:</p> <p>(i). to apply the solicitude process to the development of finance laws and budgets in order to "perpetuate and repair our world, so that we can live in it as well as possible";</p> <p>(ii). to directly support essential operators through investment to "boost" and make these sectors attractive, the real simplification of exchanges and methods of compliance with the legislative / regulatory framework for these operators. This can go through an analysis of regulatory tools (legal, fiscal, etc.) for an optimal overhaul articulated around targets set collectively;</p> <p>(iii). to really associate the companies / partners / sub-contractors and employees / collaborators in the development by companies (private and public) of their action plans and related budgets.</p>	<p>Prioritize the proximity of the intervention to companies: the health crisis has shown that in this area the departmental level (even infra) is suitable.</p> <p>The question to mobilize the necessary attention, intention and skills exists:</p> <p>(i). the profile / training of local players who provide care / support and accompany businesses: ability to "speak the same language" as businesses, technical skills, understanding of the market in which these businesses operate,</p> <p>(ii). time granted to "provide care"</p> <p>(iii). adapting care / response to each situation encountered, in a competitive context.</p>	<p>In the solicitude process this stage may assume that:</p> <p>(i). the entire "ecosystem" of the company participates in the recognition of care: State, management, employees, subcontractors, customers. They collectively identify the criteria and indicators of adequacy between need and care / action;</p> <p>(ii). everyone plays the game of accepting the word of the other.</p> <p>Organizations conducive to the implementation of this phase can be built on the basis of Economic and Social Committee, for example.</p>

Tronto suggests the criteria for verifying the adequacy of the care and therefore the efficiency of the process:

- the practice which must make it possible to propose a holistic approach to care / response
- the conflict that can arise when “(...) those who determine how needs will be provided are removed from the actual conditions of distribution and reception of care and, consequently, they cannot offer quality care. ”
- the double particular aspect (each human being has needs) and universal (it is up to the collective community to help meet them) of solicitude
- the resources which are divided into material means, skills but also **time**
- and finally, the solicitude itself in what it irrigates or not the process: the solicitude as destination and as path.

In the example of health, the case of nursing homes in the management of the Covid-19 crisis illustrates this point well. Many residents of nursing homes (objects of solicitude) have regretted the strict quarantine of establishments, recalling that visits also contribute to their well-being. For the authorities and sometimes the nursing homes management, strict confinement was the only solution to the need to preserve the lives of residents. For the residents themselves, the objects of solicitude, this answer was not suitable. Including residents in making decisions about them could have led to a better match between need and response from the start. However, this integration cannot be decided during the crisis: it must be a usual professional practice.

Solicitation therefore invites us to transform our **modes of governance**: the necessary proximity between “undertake” and “provide care” argues for more **devolution**, the search for the effectiveness of the responses provided commits, for its part, to really and concretely, **integrate the target audiences of public policies** at all stages of the definition, implementation and evaluation of these. Be careful, it is not a question of "putting in the center" the target audiences, putting in the center is a form of stigmatization when the others are around. Rather, it is about "**putting in the loop**", integrating into the process. Systems of governance of companies and associative structures, such as **holacracy or sociocracy**, give an idea of organizations that promote such integration.

Take the step aside from solicitude to influence public policies and their implementation

Support demonstrations for caregivers, garbage collectors, cashiers, etc. which arose spontaneously from the health crisis, show that solicitude is a shared attitude and practice in French society. These demonstrations could have been perceived as forms of compensation for a delayed state response, on the manufacture of masks for example. Consequently, the end of the crisis can be an opportunity for the State to redefine its role, with a view to accompanying, supporting and amplifying these expressions of concern.

Thus, the State of solicitude chooses to act **in priority towards vulnerable populations**, the sovereign functions supporting these priority public policies.

It is useful at this stage to notice that **each of us is vulnerable** at one (or more) moment (s) of his existence (or in front of certain situations) according to:

- the age, the key stages of infancy, adolescence, entry into adulthood, old age and the end of life which can constitute moments of fragility;
- the overall state of health³ (mental and physical) which in certain more or less lasting periods requires health care, such as pregnancy, disability, dependence, illness;
- the cultural, intellectual, financial, family and social resources, which when they are lacking lead to the loss of autonomy.

Instilling solicitude into public policies could **lead to making age, overall health and the availability of resources three priority interministerial themes**. This in no way obscures the sovereign functions, which are necessary for the adequacy of the care given to the identified needs: how to define and prioritize the needs without appealing to the law and justice, how to respond to the needs generated by family vulnerability or without guaranteeing justice and security, how to provide care without financing it and without mobilizing the necessary skills?

Moreover, as Tronto⁴ states "To delimit one's field [of *care*], it might be useful to have recourse to the Aristotelian idea of nested ends", for example: in the field of age, public policies of education and engagement intervene in particular; the field of global health covers the environment, food and agricultural production; the availability of resources depends both on public policies in favor of employment and economic development, as well as on our country's cultural or housing policy. On this last point, for example, the **State of solicitude** does not seek by all means to house / accommodate people deprived of roof in apartments or social residences that the latter will leave or degrade, but **adapt the care / action** in order to compensate for the vulnerability of those for whom such housing / accommodation does not constitute an appropriate response... and who today remain in the streets. The management of the Covid-19 crisis has revealed in some cities solutions that have so far been rarely explored, such as the mobilization of supervised campsites. Knowing the situation as close as possible to the public is once again essential: local communities have a major role to play. It seems interesting to rely on the **process of solicitude to consider the relations between the State**, its services and the **communities**: what are their needs, what are the needs for which the State is responsible, in which proximity / by mobilizing what types of skills and aptitudes the responses must be provided, how to verify the adequacy of the response with the real need.

Starting from the need arising from the situation of vulnerability, **public action is thus defined as closely as possible to the audiences it targets**: Agata Zielinski⁵ borrows the expression of "practical wisdom" from Paul Ricoeur to express this capacity for concern to articulate "Intelligence of particular situations [with] adequate response and adaptation to the context".

³ Au sens de l'OMS : <https://www.who.int/fr/about/who-we-are/frequently-asked-questions>

⁴ Tronto Joan C, « Du care », *Revue du MAUSS*, 2008/2 (n° 32), p. 243-265. DOI : 10.3917/rdm.032.0243. URL : <https://www.cairn.info/revue-du-mauss-2008-2-page-243.htm>

⁵ Zielinski Agata, « L'éthique du care. Une nouvelle façon de prendre soin », *Études*, 2010/12 (Tome 413), p. 631-641. DOI : 10.3917/etu.4136.0631. URL : <https://www.cairn.info/revue-etudes-2010-12-page-631.htm>

Choosing the solicitude raises the question of knowing at what level of representation and State action the different stages of the process take place: is it only up to the Government and Parliament to "care about"? Which of the ministries, communities or actors of care / action to "undertake"? Are "providing care" and "receiving care" the exclusive prerogatives of those involved in the care / action and of the recipients? The process described by Tronto assumes more interdependence between these different levels, more proximity.

On this point, Zielinski's work completes Tronto's remarks by specifying the attitude necessary for those who intervene during these last two phases: "The ability to hear the reception of care requires starting from the other, and not of the idea that I have of his needs or expectations". The point here is to reconstruct **the entire process of evaluating public policies**, from the definition of the need, to that of the indicators, including the methods of collecting reactions from the target audiences. "As close as possible to target audiences" cannot, in a State of solicitude, be satisfied with the presence of representatives of the target audiences in a steering committee or a supervisory board. In other words, how to share the solicitude?

This point is essential, because as Zielinski emphasizes "(...) the purpose of the care relationship is that the person no longer needs care (...) one of the **effects of care** must be to give or to offer **more autonomy** to people who are vulnerable at a time". However, one of the starting points for this empowerment is that the person who grants the care / leads the action accepts and receives the reaction of the public receiving the care / action.

Thus, the process of solicitude arises the question of the content and methods of teaching / training of those who participate in the process, whatever their areas and stages of intervention. Attention, empathy, search for solutions, evaluation process appear to be skills and practices that complement the necessary technical skills. If the alternation between theoretical contributions and implementation in a real work situation allows the lasting integration of technical skills, it may be interesting to adopt the same pedagogical approach for the teaching of skills. This is the bias of sociologist and psychologist Omar Zanna⁶, which educates empathy.

As a conclusion

The Covid-19 crisis has propelled everyday professionals who usually go relatively unnoticed or are discredited / devalued to the forefront: garbage collectors, cashiers, nurses, nurses, but also market gardeners, breeders, butchers, home helpers, social workers *etc.*

Choosing the solicitude allows us to recognize the place these professionals occupy in the organization and survival of our society. Actors of our overall health, whatever our age and our resources, they would find in a State of concern the recognition not only of the imperative necessity of their activities but also of the value of their skills, aptitudes and practices.

⁶ <https://www.vousnousils.fr/2019/02/11/oui-lempathie-cela-seduque-clame-omar-zanna-620780>

The choice of solicitude could also constitute an element of response to the *yellow jackets* that weakened our country from November 2018, remaining in some large cities even before the spread of Covid-19 in France and threatening in others (or the same) to resume at the end of the health crisis, thus demonstrating that the responses provided did not correspond to the needs of certain protesters in yellow (I am not talking here about the black blocks which have no other need than to destroy to destabilize or vice versa). It could then be a way to reweave confidence in the action of the State and in the will of the rulers to "maintain, perpetuate and repair our world, so that we can live there as well as possible. This world comprising our bodies, ourselves and our environment, all elements that we seek to link into a complex network, in support of life"⁷ A project that seems to be able to make sense.

This track of concern as a leaven of public action introduces above all questions. That of the definition of the common good that should be preserved, consolidated and made to prosper: the health crisis has provided proof that global health is part of it, but other goods come under this universality (education / culture, economy / job). That, of course, of culture: if solicitude is an aptitude and a shared practice in France, how can we bring it to life in those who do not recognize it, develop it where it is emerging, support it when it is clearly expressed? Finally, the question of time is central: that of the preparation of responses, their implementation but also their reception. In a society where everything becomes immediate, where anticipation is expected everywhere and by everyone, this question (like the others) deserves to be addressed with all public and private actors: citizens, socio-professionals, elected officials.

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⁷ Tronto Joan C, « Du care », *Revue du MAUSS*, 2008/2 (n° 32), p. 243-265. DOI : 10.3917/rdm.032.0243. URL : <https://www.cairn.info/revue-du-mauss-2008-2-page-243.htm>