Challenges to Care in Social Work: a critical perspective

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Abstract: This article concerns relations between care, emancipation and Social Work. Its objective is to critically reflect on a theme that has been obscured in the professional discussion. It analyzes the concept of care, as help, the family work of women and individual action, to locate them in the context of power relations and the lack of care and abandonment, which is specific to capitalist society. Care is considered from a democratic theoretical and historic perspective, which requires the construction of ethical values and the humanization of professional attention that is articulated to the existence of institutional support. The paper focuses on the recognition of the other as an individual and collective subject of rights, in the effectuation of his autonomy, democracy and citizenship in the context of social history, and as a subject, combines attention to his needs and expressions to social inclusion with ethical values and explicit processes of professional action.

Keywords: Care. Social Work. Emancipation. Power relations.

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Challenges to care in Social Work: a critical perspective

The question that guides this article refers to the relationship between care and Social Work from the emancipatory perspective of empowerment, such as changes in power relations and the construction of subjectification. Nevertheless, Social Work was and still is considered by various authors as a profession for providing help, even in contemporary studies such as that of Germain and Gitterman (1995) who assume that the “function” of Social Work is the reduction of the factors that produce stress and that are present in relationships between “clients” and professionals. Although these authors speak of empowerment, they maintain that the basic value of Social Work is to support the maximum potentialization of the individual. With this concept, DuBois and Miley (2005) recall that the emergence of Social Work is related to caring professionals who are dedicated to improving the social functioning of subjects by helping people, which requires specific qualities from the professional, and which was characterized as the functionalist and adaptive perspective that focused on the individual (FALEIROS, 2011b). The movement to reconceptualize Social Work (CASTRO, 2000; ALAYÓN, 1975, 2007; PASCAL, 2011; FALEIROS, 2011a; NETTO, 2001) placed it in a critical manner in the history of capitalism in its articulations of knowledge and power.

The criticism of functionalism has been deepened in the professional debate, leading to a break with the focus on the individual and interpersonal relations, and with the reductive vision of the professional as someone who provides help or benefits, whether in the public or private sphere, as if the social worker was the final operating link of policies. The problematization of functionalism seeks to understand Social Work by taking a critical look at complex practices. It involves both deciphering the context and action involved in changes in the relations of domination from a transformative perspective. It is in this light that care and caring will be discussed.

Institutions and care

Care presupposes a complex relationship between professionals, family, public and institutional context in various and even adverse conditions in the dynamic of power. The exercise of power is a complex relational social process, which must be understood in the context of the organization of society itself and in the context of interpersonal, institutional and familiar relations (MINAYO, 2003; FALEIROS, 2007). The more that society is organized in a process of domination, as it is in capitalism, the more that institutional relations are shaped in articulation to this process. In this sense, institutionalized care presupposes the articulation of an activity of service with the general conditions of production, in a dynamic between objectivity and subjectivity (MARX, 2011, p. 230).

In the institutionalized relations of service, it is also necessary to consider the violence of power exercised by the services themselves, either by action or omission (BRASIL, 2002). This dynamic of violence involves both the broad context in which there is a lack of access to infrastructure and services, as well as the poor quality of this infrastructure and services. The dynamic of violence also involves abuses committed in virtue of the unequal power relations between users and professionals within institutions, and because of interpersonal relations characterized by a lack of respect, humiliation, a lack of consideration for the fragility of the person, infantilization, denial of information, a failure to listen and the denial of autonomy. For Faleiros (2007, p. 44), institutional violence shapes a “power relation that infringes on recognized rights and civilizing guarantees.”

Goffman (2001), by focusing on stigmatization, emphasizes another form of violence, in which the person that arrives at the establishment may have had the concept that he has of himself removed, as well as his self-esteem, which in the total institutions, can allow a series of belittlements, degradations, humiliations and profanations of the self to occur.

Caring, in the context of the state of law and democracy, means assuring autonomy, countering discriminations, developing self-esteem and including subjects in services and rights, as proposed by the humanizing vision of the National Social Assistance Policy (BRASIL, 2010). The provision of assistance is understood to be a social protection policy designed to guarantee rights and conditions for a decent life. Thus, the protection must guarantee survival (income and autonomy), shelter and family life. The sheltering of the person is considered primordial, because it seeks the provision of human needs referring to rights to food, clothing, shelter, “inherent to human life in society” (BRASIL, 2010, p. 31).

The attention to the poor, which had been subordinated to a relationship of domination associated to religion and philanthropy (FALEIROS, 1997), has come to be considered in another paradigm, from the
The critical perspectives of feminism and human rights

The break with an “assistentialist” philanthropic view of care is made explicit by two significant movements: the feminist and that for human rights, which understand that care is articulated to historic human needs, therefore, to human life. These movements help us to see care in its cultural, economic, social and political complexity, or that is, in its historic-structural and emancipatory context. This is because these movements consider the inequalities of power relations and promote the participation of subjects in the construction of strategic care.

According to common sense, when one speaks of care, one thinks of a relationship between one who provides care and one who is cared for, as if there is a receiver and a detainer of resources or of the knowledge and power needed to alleviate or cure a disease or improve a dysfunction.

According to the debate within the feminist movement, the word care has historically been linked to attention, to the need for the other and also to an ethical consideration of human relations. At the same time, gender relations play a role, because real and symbolic care refers to the condition of a woman in her concrete life and to the private work of concern for someone, for education, support and assistance. As Tronto (2007, 2009) and Montenegro (2003) indicate, it is important to highlight Gilligan’s fundamental contribution to the analysis of care practiced by women and the predominant presence of women in the professions dedicated to care and Social Work.

The authors recall that there is a relationship between the feminine position of care at home and the exercise of professions considered to be inferior in society, such as Social Work nursing and teaching. The majority of professionals in these fields are women and care is associated to voluntary work, dedication and even to a type of missionary activity. The feminist literature considers that the discussion of care cannot be separated from the issue of gender and moral and ethical questions. Montenegro (2003, p. 498) recalls that the ethics of care, grasped from the way that women respond to moral dilemmas, is translated into a search for intimacy and sensibility to the needs of the other, differentiating itself from public ethics of law, but centered on the search for individual realization, leading to the definition of maturity as a synonym of personal autonomy. The moral quality of intimacy is contrasted to the principle of justice.

From the perspective of social policies, Esping-Andersen (2010) maintains that social policies must adapt to new roles exercised by women and criticizes the “masculinization” of public policies and family relations. Thus, gender differences, for Esping-Andersen, are fundamental elements in caring for children, in providing benefits, in the administration of daily affairs. The law has considered this emergence of new gender roles in the discussion of parental alienation, adoption by homosexual couples, and in the fight against violence against women and children. The approach of a family with a woman head of household is different than a family led by a man and should not be “masculinized”, or that is, women should not be required to act like men.

This perspective of equity is essential for public care, not only for gender relations, but in the consideration of the different forms of oppression that men and women suffer. Almeida (2000) maintains that to have equitable results in the distribution of resources they must be redistributed unequally. In this sense, care paradoxically comes to be considered as a political and not only a moral value. This requires that women and the poor be removed from relationships based on any inferiority, according to moral values of responsibilities and obligations, to construct political relations based on universal law, equity and the resignification of human relations.

The human rights movement emphasizes care as an expression of the definition of rights and their effective implementation. The feminist movement also articulates care and the law, as indicated by Pautassi (2011, p. 21), “to guarantee the effective exercise of the right to education must unavoidably involve care in its complete dimension.”

This perspective understands that care must be based on human rights, as a universal norm of human dignity. This is expressed in the social protection system. For example, the social assistance system must be structured to effectuate these rights, which are the result of political agreements, laws and norms, according to the correlation of forces of society organized in the legal-political superstructure of the state of law, which establishes protected citizenship. The state and society must guarantee citizens decent living conditions throughout their history and trajectory, making them creditors of the state of rights to live and co-exist with democratically established liberty, equality, justice and equity.
The social protection network is expressed in the democratic pact that is territorially implemented with the participation of subjects and organized society, involving both resources and personnel as well as commitments to justice and the reduction of inequalities and inequities.

**Care and the political relationship of responsibility**

Care as a political relationship of rights presupposes its insertion in the emancipatory professional relationship, in a complex combination of ethical responsibility with social and political inclusion, in the consideration of personal and subjective dimensions and the valorization of the human and humanity.

Ethical responsibility presupposes an examination, not only of existing norms and protocols, but also of the guarantee of the existence of subjects, of their survival in contextualized human relations. This involves more than complying with a legal obligation, but considering an obligation to respect values, conditions and the diversity of people, in a search for autonomy and the life possibilities of unique human beings and the collectivity, with a concern for finding “a better path” for the construction of attention to the other, and not only a formal or bureaucratic procedure.

Care, in this sense, means considering the subject to “give it strength without removing the responsibility from the state”, as Sawaia says (2008, p. 98). She adds that the issue of suffering and of happiness in the study of exclusion requires going beyond the concept that the concern of the user be solely for survival, but also comes to focus on the question of inequality and on the human project, which in turn, require expressions of desire and affection, and at the same time, consideration for cultural, economic, political and power relations.

For Hans Jonas (2006, p. 180), responsibility has a legal dimension based on the exercise of power guided by a contract and a political dimension. Respect for a contract and for the political dimension is the object of responsibility with other men and its first imperative is the existence of humanity. Jonas says that “responsibility encompasses the total being of the object, all its aspects, from its raw existence to its highest interests.”

Respect for the other encompasses the recognition of the other that, for Sennet (2004), must still be expanded to include the awareness of mutual need. Thus, it does not only involve respect for opinions, diversity, dignity and integrity, but for equity and the social and individual trajectory of subjects while considering their suffering, as a form of political and professional exercise. Pautassi (2011, p. 21) recalls that

> [...] care is barely or not at all present in the public agenda, and in general, does not enter the debate about policies of equality, with the exception of those that have an explicit reference to gender equality.

As a consequence, care should not only encompass the exercise of the law and its implementation, but should also consider the concrete subject in his concrete living conditions, such as gender, age, and mainly inequality, even of power. Respect for rights is part of the code of ethics of various professions, including Social Work and psychology. Nevertheless, we must consider how the effectuation of rights can take place in a society with profound inequality of information, accessibility, and economic conditions of income. Robles (2010) indicates that we live in a society of abandonment in which the break with the humanist world was shifted to a political project that emphasizes distancing and differentiation in respect to the other, by the implementation of a society that is vigilant, panoptic, disciplinary and controlling.

Meanwhile, ethical-democratic care is based on a critical perspective of this society, and on the consolidation of democratic values. Thus, it begins by considering the historic needs of the subjects and articulates them to rights. This mediation between historic needs and rights, in a concrete and democratic form, is anchored in a relationship of listening, of sheltering, of creating a shared interpretation of the situation. The presumption of this attention is that the other must exist as the other and can remain different, but with their historic needs attended to. Marx considered the human being as a being with needs that must be socially satisfied and that are created in social interaction itself through life as a person and as a worker. Marx does not distinguish the person of the laborers from the person of the worker, who must feed and clothe himself, and affirms that “When the relation of exchange [Tausches] is presupposed, labour immediately becomes labour-for-an-income [Erwerbsarbeit]... Labour [that is, labour before exchange - AC ] was indeed the immediate source of subsistence but at the same time the activation of his individual existence. Through exchange, his labour became in part a source of income. Its purpose and mode-of-existence have become different” (EPM 268, MEW 454).1

This article understands that care involves a process of mediation of conflicts and negotiation. The conflicts related to care are related not only to the inequality of power but also to socio-economic inequalities.
and to inequalities in institutional relations and supports (FALEIROS, 2011c). Care is concern for the time of life, for the expression of life and for working conditions.

Nevertheless, despite existing relations of inequality, it is important to reflect on care in a process of an emancipatory relationship. To do so, it is necessary on one hand to recognize that in daily professional activity, a practice of providing care is required and on the other, a change must be made in the power relationship of “capitalist care”, or that is capitalism’s “lack of care”.

Capitalism and the lack of attention to needs

By “capitalist lack of care” we understand the “integration” of subjects to a fragmented and bureaucratic labor process, offering the minimal living conditions and to obtain profit, or exercise domination, which considers resignation a “value”. This integration by subordinated employment or service is part of the organization of society for the survival of the human being. The sale of labor force is also a social and cultural relation of unequal exchanges in the organization of society. The relationship of domination between parents and children, of ethnicities and races and of gender also structure life in society.

With the money obtained from their work for the capitalist, the laborer survives, at the same time that the capitalist acquires the surplus value from the use of the labor force. In capitalism, needs are satisfied in a profoundly unequal manner, because the worker only exists for capital as a commodity. Nevertheless, he is a subject, a person that needs care to replenish the immediate labor power, and for the survival and reproduction of the family.

In capitalism, the disposition of his work presupposes the domination of his person as a worker, from whom is demanded a frugal existence, with minimum consumption to keep salaries low. Marx said that even savings and the transformation of time for living into time for working is required from the worker (DARDOT; LAVAL, 2012, p. 680).

The relationship between capital and labor is present in institutionalized professional relations, given that capitalism makes itself the controller of all of life in contemporary society. As Marx indicated, it is an organic system that subordinates the elements of society and historically becomes a totality (MARX, 1982).

Nevertheless, in discussion suicide and by extension other social dimensions, Marx also indicates that “representative governments do not treat this issue with proper care (sic!), they are only concerned with the wholesale economy, and don’t care about the retail” (MARX, 2006, p. 49). That is, policies must function both in wholesale and in retail, in Marx’s view.

He also highlights that institutions must consider the particularities of life in the effectuation of rights. He maintains:

It is easy to proclaim constitutions on paper, the right of every citizen to education, to work, and above all to a minimum of the means of subsistence. But it is not enough to write these generous wishes on paper, the proper task is to fructify these liberal ideas with material and intelligent [social] institutions (MARX, 2006, p. 50).

Marx also called attention to the impact that social conditions produce on subjects, even considering that suicide is a symptom that expresses exhaustion, or that is, the discomfort of life under capitalism, contained in the relations between individuals, which in turn must be recreated, as well as the violent relations in society and in families.

Thus he affirms:

Among the causes of despair which induce nervous, very excitable persons, passionate beings with deep feelings, to seek death, I discovered as the predominant factor the maltreatment, the injustices, the secret punishments, which hard parents and superiors inflict on persons dependent on them. The revolution has not overthrown all tyrannies; the evils of which the arbitrary authorities were accused persist in the family, where they cause crises analogous to those of revolutions (MARX, 2006, p. 28-29).

Human existence, under capitalism, is marked by insecurity, which is created by capital (DARDOT; LAVAL, 2012). To face the insecurities, and moreover, the uncertainty about the future, care is needed for the subject in his relations that provoke fear and suffering, not for the subject to achieve better adaptation, but emancipation. Is it possible for professional work to present emancipation as an option to the logic of capital?

L’Yvonnet (2007, p. 8) affirms that “the system is nihilist because it has the power treat everything indifferently”, citing Baudrillard (2007), for whom this system is the delegation of nothing, of the denial of all
illusion and presupposes that nothing exists instead of something, which grasps this nothing that flows under the apparent continuity of meaning.

In reality, for the capitalist, it would be ideal if the worker was reduced to depending on the minimum of his biological needs, as is the case of some social policies that offer a minimum that does not even meet the needs for survival, which we call the “biologicalization” of the social.

Care and professional relations

In the realm of Social Work, the question of care is often confused with adaptive service, which was mentioned at the beginning of this article. Nevertheless, the mediation of responsibility towards the other, and of the suffering from exclusion and the impacts of capitalism in everyday life, are part of a critical analysis of the system, based on relations with the user-subject who is not only a force of mechanical labor but a real subject and a subject of law.

Amaro (2012) maintains that the scientific-humanist profile in Social Work is present in a professional construction based on ethical principles, different from a bureaucratic profile that is focused on established norms. For Amaro, social workers consider the profession in its specificity in attending to needs and confronting social ill-health, by providing access to services and benefits, articulating needs and resources. In this sense, the political dimension of the action is articulated to the professional dimension and to those who adopt a perspective of ethical responsibility and of consideration for needs.

Social Work has in its relational dimension a general political dimension concerning the defense of rights and justice, and a dimension of care, in part because it interacts with those who are the most exploited and dominated. It continuously confronts capitalism’s neglect and the capitalist state with a project that defends the values of justice and a commitment to citizenship, social well-being with equity, solidarity and a defense of rights, as indicated by the Ethical Policy Project for Brazilian social workers (CFESS/CRESS, 1996).

Amaro (2012) finds that the very imaginary of social workers leads them to a representation of the profession as that of a professional who works for social justice and human rights for the construction of a more human society and not only as a technocrat.

Faleiros (1982) criticizes abstract humanism in Social Work as a form of idealist reductionism, while recalling that the humanist project in Marx emphasizes human realization as inter-subjective and socially-historically collective.

As a consequence, care should not only encompass the exercise of the law and its implementation, but should also consider the concrete subject in his concrete living conditions, such as gender, age, and mainly inequality, even of power.

From the perspective of critical Social Work, care is not reduced only to a style of a personal relationship, but is built as a value that is aggregated to professional work and is part of a relationship of inclusion, which involves listening to and recognizing the other and her alterity as a form of protection and quality of care. In this way, it contributes to a break with the society of abandonment (ROBLES, 2010) and to a criticism of capitalism’s lack of care. Care must be present both from a clinical perspective and in the everyday institutional and professional relationships. Nevertheless, it is not confused with a clinical process and much less with a cure, because its objective is axiological, focused on the construction of a society in which respect for the other, the environment and time is essential, which is not only the time of each one but the time of life (WALDOW, 2005) and in a recognition of the need to have an understanding of what is human in the struggle for human rights (BOFF, 1999).

Care requires an interdependence between the person who provides care and the person who is cared for, because the human relation of care is based on exchange, communication and mutual contribution that is established between the professional or the technician and the public served (AGICH, 2008). This exchange takes places independently from the condition of the one who is cared for, even in a situation of fragility, because even a look transmits the communication of the being in a fragile situation and the exchange of looks can provide more or less comfort in this condition. At the same time, it is necessary to consider that looks have cultural meanings, and are part of support policies, of socio-economic histories.
It is essential to articulate the relationships between the subjects and the structure with the historic dynamic of construction of a just society that can confront the capitalist crisis of unemployment, lack of care and of democracy itself.

In reality, democracy is the affirmation of the subject as sovereign, as Castoriadis (2012, p. 219) affirms: “In a democracy, the people are sovereign, which means that they make the laws and even that society makes its institutions, it is autonomous and self-instituting.” In this way it supposes liberty, not only that guaranteed by law, but as a production of history itself in a relationship between that which institutes and that which is instituted. That is, care is the articulation between the subject and conditions in a collective form with the construction and recognition of meanings that are formed in the culture and that are, simultaneously appropriated and questioned by the subject.

Political and critical care is inscribed in a perspective of resignification of the subject and of structure in the co-organization of the democratic relationship between the professional and the public served based on citizenship. It does not involve another illusion of the mediocrity of service and of individualism, but of a process that must be articulated to the objective conditions and strategies for strengthening ethics, criticism and change, respecting and emphasizing the expressions of the subjects in relation to the guarantee of their rights.

Returning to Castoriadis (2012, p. 233), it is important to consider that Western society separated the ethical from the political, the interior man from public man, he affirmed:

All of our acts find their effective condition for possibility, both concerning their materiality, as well as their meaning, in the fact that we are social beings living in a social world that is what it is because it is instituted in this way and not another.

In synthesis, care is a relationship in which individualism or solidarity can predominate (PLASTINO, 2009), even with proper attention to the personal and social needs and of how the users or public feel and express themselves. From the perspective of individualism, the person served and the professional are considered as if they are isolated from the context, and from a perspective of solidarity they are considered as subjects who are socially and historically located in relations of power and knowledge that are relevant to the alterity and diversity in the effectuation of human rights in the exercise of democracy, participation and equity.

References

AGICH, G. Dependência e autonomia na velhice. Um modelo ético para o cuidado de longo prazo. São Paulo: Loyola/São Camilo, 2008.

ALAYÓN, N. et al. Desafio al Servicio Social. ¿Crisis de la reconceptualización? Buenos Aires: Humanitas, 1975, p. 85-105.

ALAYÓN, N. (Org.) Trabajo Social Latinoamericano. A 40 años de la Reconceptualización. Buenos Aires: Espacio Editorial, 2007.

ALMEIDA, C. Saúde nas reformas contemporâneas. In: COSTA, A. M.; MERCHÁN-HAMANN, E.; TAJER, D. (Org.). Saúde, equidade e gênero: um desafio para as políticas públicas. Brasília: Editora UnB, 2000, p. 61-93.

AMARO, M. I. M. A. Urgências e emergências do Serviço Social contemporâneo: fundamentos da profissão na contemporaneidade. Lisboa: Universidade Católica Editora, 2012.

BAUDRILLARD, J. Pourquoi tout n’a-t-il pas déjà disparu? Paris: L’Herc, 2007.

BOFF, L. Saber cuidar. Ética do humano-compaixão pela terra. Petrópolis: Vozes, 1999.

BRASIL. Ministério da Saúde. Direitos do usuário. 2002. Available at:<www.saude.gov.br>. Accessed on: Jan. 28, 2012.

______. Ministério do Desenvolvimento Social e Combate à Fome. Política Nacional de Assistência Social – PNAS/2004. Brasília: Ministério do Desenvolvimento Social e Combate à Fome, 2010.

CASTORIADIS, C. A ascensão da insignificância. Tradução de Carlos Correia de Oliveira. Lisboa: Bizâncio, 2012.

CASTRO, M. M. História do Serviço Social na América Latina. Tradução de José Paulo Netto e Balkys Villa Lobos. São Paulo: Cortez, 2000.

R. Katál., Florianópolis, v. 16, n. esp., p. 92-100, 2013
CFESS-CRESS. Serviço Social a caminho do século XXI: o protagonismo ético-político do conjunto CFESS-CRESS. *Serviço Social & Sociedade*, n. 50, p. 172-190, abr. 1996.

DARDOT, P.; LAVAL, C. Marx, prénom: Karl. Paris: Gallimard, 2012.

DUBOIS, B.; MILEY, K. K. *Social Work. An Empowering Profession*. Boston: Pearson, 2005.

ESPING-ANDERSEN, G. *The Incomplete Revolution*. Adapting to Women’s New Roles. Cambridge: Polity Press, 2010.

FALEIROS, V. de P. *A política social do Estado capitalista*. São Paulo: Cortez, 1982.

______. A assistência social e pobreza: questões teóricas e estratégicas. *Revista Polêmica*, Belém, Conselho Regional de Serviço Social, v.1, n. 1, p. 9-39, mar. 1997.

______. *Violência contra a pessoa idosa*. Ocorrências, vítimas e agressores. Brasília: Universa, 2007.

______. O que Serviço Social quer dizer. *Serviço Social & Sociedade*, São Paulo, n. 108, p. 748-761, out./dez. 2011. Available at: <http://www.scielo.br/pdf/sssoc/n108/a10n108.pdf>. Accessed on: Jan. 30, 2012.

______. *Estratégias em Serviço Social*. 10. ed. São Paulo: Cortez, 2011a.

______. *Metodologia e ideologia do trabalho social*. 12. ed. São Paulo: Cortez, 2011b.

______. Desafios del Trabajo Social frente a las desigualdades. *Emancipação*, v. 11, n. 1, p. 117-128, 2011c. Available at: <http://www.revistas2.uepg.br/index.php/emancipacao/article/view/1765/2356>. Accessed on: Jan. 30, 2012.

GERMAIN, C. B.; GITTERMAN, A. *The Life Model of Social Work Practice*. New York: Columbia University Press, 1995.

GOFFMAN, E. *Manicômios, prisões e conventos*. São Paulo: Perspectiva, 2001.

JONAS, H. *O princípio responsabilidade*: ensaio de uma ética para civilização tecnológica. Tradução de Marijane Lisboa e Luiz Barros Montezy. Rio de Janeiro: Contraponto, 2006.

L’YVONNET, F. Préface. In: BAUDRILLARD, J. *Pourquoi tout n’a-t-il pas déjà disparu?* Paris: L’Herne, 2007, p. 8.

MARX, K. *Grundrisse*: elementos fundamentales para la crítica de la economía política. Mexico: Siglo XXI, 1982.

______. *Grundrisse*. Manuscritos de 1857-1858. Tradução de Mario Duayer e Nélio Schneider. São Paulo: Boitempo, 2011.

______. *Sobre o suicídio*. Tradução de Rubens Enderle e Francisco Fontanella. São Paulo: Boitempo, 2006.

MINAYO, M. C. de S. Violência contra idosos: relevância para um velho problema. *Cadernos de Saúde Pública*, Rio de Janeiro, v. 19, n. 3, p. 350-362, jun. 2003.

MONTENEGRO, T. Diferenças de gênero e desenvolvimento moral das mulheres. *Estudos Feministas*, Florianópolis, v. 11, n. 2, p. 493-508, jul./dez. 2003.

NETTO, J. P. *Ditadura e Serviço Social*: uma análise do Serviço Social no Brasil pós-64. 5. ed. São Paulo: Cortez, 2001.

PASCAL, H. La Formation au Travail Social en France e au Brésil. In: SESC/CBCISS (Org.). *O Trabalho Social na França e no Brasil*. São Paulo: SESC/CBCISS, 2011.

PAUTASSI, L. Educación, cuidado y derechos. Propuestas de políticas públicas. *Ser Social*, Brasília, v. 13, n. 29, p. 10-34, jul./dez. 2011.

PLASTINO, C. A. A dimensão constitutiva do cuidar. In: MAIA, M. S. (Org.). *Por uma ética do cuidado*. Rio de Janeiro: Garamond, 2009, p. 53-88.

*R. Katál., Florianópolis, v. 16, n. esp., p. 92-100, 2013*
ROBLES, L. A. H. *La sociedad del abandono*: ensayo sobre la vigilancia anticipada en las sociedades contemporáneas. Ciudad Juárez: El Colegio de Chihuahua, 2010.

SAWAIA, B. O sofrimento ético-político como categoria de análise dialética exclusão/inclusão. *In: _______. (Org.). As artimanhas da exclusão*. Petrópolis: Vozes, 2008, p. 97-118.

SENNETT, R. *Respeito*: a formação do caráter em um mundo desigual. Tradução de Ryta Vinagre. Rio de Janeiro: Record, 2004.

TRONTO, J. Assistência democrática e democracias assistenciais. *Sociedade e Estado*, Brasília, v. 22, n. 2, p. 285-308, maio/ago. 2007.

________. Care démocratique et démocraties du care. *In: MOLINER, P.; LAUGIER, S.; PAPERMAN, P. Qu’est-ce le care?* Paris: Payot et Rivages, 2009, p. 35-55.

WALDOW, V. R. *O cuidado na saúde*. Petrópolis: Vozes, 2005.

*Note*

1 This citation is authorized by the author. EPM = Economic and Philosophical Manuscripts, both translated in Early W ritings, ed. Colletti, MEW = Marx-Engels Werke (with volume number).

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