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ORIGINAL PAPER

Vulnerability and Response-Ability in the Pandemic Marketplace: Developing an Ethic of Care for Provisioning in Crisis

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Abstract

This paper draws on the ethics of care to investigate how citizens grappled with ethical tensions in the mundane practice of grocery shopping at the height of the Covid-19 pandemic. We use this case to address the broader question of what it means 'to care' in the context of a crisis. Based on a qualitative longitudinal cross-country interview study, we find that the pandemic transformed ordinary shopping spaces into places fraught with a sense of fear and vulnerability. Being forced to face one's own vulnerability created an opportunity for individuals to relate to one another as significant others through a sense of "response-ability", or the capacity of people to respond to ethical demands through situated ethical reasoning. We argue for a practical ethos of care in which seemingly small decisions such as how often to go shopping and how much to buy of a particular product serve as a means to relate to both specified and generalized others—and through this, 'care with' society. Our study contributes to displacing the continuing prevalence of an abstract and prescriptive morality in consumption ethics with a situated and affective politics of care. This vocabulary seems better suited to reflect on the myriad of small and unheroic care acts in times of crisis and beyond.

Keywords Ethics of care · Consumption ethics · Shopping · Covid-19 · Relational ethics · Response-ability · Solidarity · Crisis

Introduction

Consumption scholars have theorized shopping as a practice that is enmeshed with ethical considerations (e.g., Brinkmann, 2004; Micheletti & Stolle, 2004; Richey & Ponte, 2011; Shamir, 2008). Shopping can also be a way to relate to proximate others: it represents a 'technology of love' (Miller, 2002). But what happens to this ethical and relational practice in times of crisis when emotions such as fear and insecurity intrude into and disrupt shopping practices? What changes are brought about when people shop not only as a way to care for themselves and their close ones, but also to exert responsibility toward others or society at large in a situation of crisis? How are shopping practices shaped when they are carried out in a physical space that lays open people's vulnerabilities?

We use the Covid-19 pandemic as a 'natural experiment' (Fine & Tronto, 2020) against which to interrogate what it means 'to care' and to be 'ethical' in the context of a crisis. Like many other crises—war, natural disasters, financial crises—the pandemic turned the mundane act of shopping into a situation layered with practical and epistemic uncertainties.

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It also turned social interactions into relational dilemmas in which fellow humans are simultaneously perceived as vulnerable beings and feared as 'vectors' of contagion (Pascoe & Striping, 2020). As the marketplace—understood here as all physical places in which people procure essential goods—was one of the only places where people interacted with each other, shoppers needed to use ethical reasoning to relate to others in this situation. They had to decide how to translate general rules of social distancing and hygiene, they had to navigate a space made unfamiliar through new material devices, and they were explicitly encouraged to act responsibly when shopping, for instance by restricting their purchases of certain necessities. Such ethical reasoning was layered on top of the everyday ethics of shopping as an act of care for loved ones, and it took place in situations that were heightened with fear and a sense of insecurity.

The pandemic also added a normative layer onto people's everyday practices, responsibilizing them for the safety of fellow humans. Care and solidarity became (all too) frequently used keywords in authorities' calls for citizens' compliance with rules, acting as an ethical imperative for playing one's part in keeping social disruption to a minimum (Chatzidakis et al., 2020; Kieslich et al., 2023). The concentrated physical space of the supermarket during Covid-19 can thus be seen as a microcosm for relational ethical reasoning in moments of crisis. Our participants responded to these multiple demands by adopting different degrees of "response-ability"—which we define, leaning on Haraway (2012), as the capacity of people to respond to ethical demands through situated ethical reasoning. Utilizing the ethics of care and particularly Joan Tronto's (2013) notion of 'caring with', we capture how a sense of embodied vulnerability, political responsibilization, and people's own situated capacities to respond all play together to form a particular ethos of care in periods of crisis.

Drawing on Fisher and Tronto (1990, p. 40), we define care as "everything that we do to maintain, continue and repair our world so that we can live in it as well as possible". Through close analysis of a large set of in-depth interview data collected in four countries (Germany, Ireland, Italy, and the UK) at two intervals during the pandemic (spring and autumn 2020), our study highlights care as a practical ethos in practices of provisioning. We interpret care as a way not only to relate to other human beings but also to broader networks through a sense of 'in-commonness' (Cloke & Conradson, 2018). In following this approach, and in emphasizing Joan Tronto's notion of 'caring with', we add to the literature a fine-grained analysis of the relational fabrics involved in the marketplace, which we suggest are visibilized and amplified in situations of heightened personal vulnerability.

Our findings support care ethics scholars' calls to replace an abstract and prescriptive morality with a situated, relational ethics of care (Ryan et al., 2023). Shopping during Covid-19 became a key moment where usually difficult to elicit and/or habitual behaviors and thoughts were disrupted and thus opened up to reflection. As Johansson and Wickström (2023, p. 320) note, embodied vulnerability creates an "intracorporeality where care imaginations about others emerge". These insights allow us to propose that shopping is not just a lens to understand the fabric of relationships with proximate and more distant others, but also an entry point to understand the personal and social tensions that an awareness of fundamental interdependency creates. We argue that how people coped with a crisis context can hold valuable lessons for consumption ethics beyond the current 'pandemic moment', lessons that may be extended to broader ways of interdependent 'ethical living' (Ariztia et al., 2018) in our current era of poly-crisis.

Conceptual Background

Crises and Vulnerability

Tracing the etymology of the word in Ancient Greek, Henig and Knight (2023, p. 3) define crisis as a "time of decision-making or judgement, (…) a rupture in the regular or expected progression of things". According to Tronvoll and Edvardsson (2022), crisis situations are characterized by three major shifts in consumption patterns: (1) time–space discontinuity, signaling changes in the pace and places in which consumption takes place; (2) disruptions in resource accessibility, necessitating new routes to consumption; and (3) fragmentation in institutional arrangements, with new, temporary, or conflicting rules requiring heightened situational sensemaking. Thus, crises are likely to disturb existing consumption routines and require increased agentic scope and reasoning to adjust to these disruptions. Indications from the pandemic showed an increase in panic-buying and hoarding behaviors, which researchers likened to scarcity situations in the animal kingdom (Schmidt et al., 2021). Crises may also represent valuable opportunities for people to relate to others differently, for instance through more solidaristic relationships (Hangel et al., 2022; Kieslich et al., 2023). Yet, while countless anecdotal and first-person accounts exist, academic studies of shopping in a crisis context are rare.

This lack of insight is not surprising; typically, crisis timeframes are either too short (in the case of natural disasters; see Larson & Shin, 2018) or too long (in the case of the climate crisis; see Klinenberg et al., 2020) to study real-time shifts in everyday ethical reasoning. The few existing studies indicate two major shifts in consumer behaviors: the sudden influx of fear and uncertainty into everyday actions, and a heightened sense of vulnerability due to rapidly shifting risk perceptions (Kemp et al., 2014). While exploratory

research has suggested that consumption may represent a way to regulate these feelings of fear and vulnerability (Kennett-Hensel et al., 2012; Sneath et al., 2009), little is known about how we may think and act 'socially and together' in the marketplace in crisis situations (Napier, 2020). The sociology of crisis points to the fact that a collective sense of vulnerability may go both ways: either driving a new spirit of 'in-commonness' in our relations (Cloke & Conradson, 2018) or fueling an affective atmosphere of fear and suspicion against others, which may mitigate against enacting care (Pascoe & Striping, 2020). In any case, crisis situations may force people to face what are normally often repressed and undesired feelings of vulnerability and to acknowledge their own dependencies on others (Fotaki, 2023). Addressing the empirical question of how people adjust their shopping routines in the face of this sense of vulnerability and reflecting on how to act ethically in the marketplace in crisis situations not only fills a gap in the crisis literature. When people's routines are disrupted and their fears are laid open, they will engage in ethical reasoning to adjust their routines, making often implicit and invisible processes visible (Johnson et al., 2022). This provides researchers with a precious opportunity to explore ethical shopping with a relational and situated lens, as we will argue next.

Ethical Shopping and Care

The literature analyzing the motivations and practices associated with ethical shopping is large and dispersed, and it is not the purpose of this paper to survey this literature (see Carrington et al., 2021 for a recent review). While much of the literature has focused on ethical shopping in terms of political gestures, for instance in shopping for local or fairly produced goods (Barnett et al., 2005; Micheletti & Stolle, 2004; Richey & Ponte, 2011), the everyday considerations of shopping are often more mundane than the more conspicuous acts of the political shopper. Shopping, for anthropologist Daniel Miller, is "one of the primary means by which relationships of love and care are constituted by practice" (2002, p. 18). Such everyday acts of care may lie in remembering to buy the favorite food of a loved one. In fact, according to Miller (2002, p. 4), shopping can be seen as a "…a vicarious entry into social relations, [which] may lead much further towards understanding contemporary social relations than might have been expected". Shopping, in this view, becomes a lens into people's relational fabrics.

Studies have started to highlight the relationality of consumption ethics by deploying different notions of 'care'. Ariztia et al., (2018, p. 396) argue that the ethics of shopping and consumption lie in the habits of everyday "ethical living", where ethical concerns are embedded in the "practical arrangements through which ethical lives are produced". Consumption, for their focus group participants, was ethical as long as it perpetuated this practice of care. Shaw et al. (2016) bring care into their investigation of the attitude-behavior gap in ethical consumption: caring implies a way of being in the world, but also a responsibility of how this way of being should be shaped. Care is thus both an 'enactment' and a 'commitment', but the latter is embedded in citizens' life situations rather than in abstract rationalizations. In an early study on the topic, Thompson (1996) takes a gender perspective to highlight that women are more likely to have been socialized into a relational conception of the self than men. This means that they typically also shoulder multiple and conflicting care demands. Twenty years on, tensions arising through gendered imbalances in provisioning still seem all too frequently unresolved: Heath et al. (2016) drive out the ethical tensions between socially sanctioned ethical choices and new mothers' caring for their children. When these mothers engaged in practices that appeared out of line with ethical consumption, these practices often aligned with an ethic of care as a *prima facie* duty to care for their close loved ones. Mothers in their study worked hard to balance out the arising ethical dilemmas. Similarly, the predominantly female grocery shopping participants in Shaw et al.'s (2017) study also struggled with balancing multiple and multiple-level care demands; importantly, this included trying to care for themselves while also caring for others and the environment. Shaw et al. emphasize the interconnectedness of care, which could "result in responsibility but could also be immobilizing" (ibid., p. 428). Thus, the everyday act of shopping is embedded in a myriad of care relationships and potentially conflicting concerns, which makes care prone to tensions and breakdowns.

Taken together, these studies indicate that understanding consumption ethics as anchored in everyday—and often gendered—relational commitments and practices of care helps to conceptualize how relational concerns may be enacted through a practical ethos of provisioning. Ethical commitments and enactments in this view are distributed between multiple parties, including the institutional environment, material spaces, the social context, and individuals, who negotiate any arising tensions (Shaw et al., 2017; Warde, 2022). Given this complex agentic distribution, the practical ethos of everyday living is often both over- and underdetermined, leaving even mundane shopping choices such as buying nappies or a chicken dinner open to ethical dilemmas. An ethic of care approach can help not only conceptualize these tensions, but also assist in understanding how people navigate and resolve them, both in mundane and in exceptional situations such as crises, as we will argue next.

Ethics of Care and Response-Ability

Relational and feminist philosophies have over the past decades inspired a lively body of thought around the ethics of

care (e.g., Barnes, 2012; Held, 2006; Kittay, 1999; Noddings, 1984, 2002; Puig de la Bellacasa, 2017; Sevenhuijsen, 2003; Tronto, 1993, 2013). Feminist care ethics is characterized by a refusal to oppose rationality and affectivity in moral reasoning and by a relational perspective on responsibility in caring for others. This framework finds its roots in Carol Gilligans' book 'In a different voice' (1982), in which Gilligan draws on women's lived experiences of care to move ethical theories toward relational and affective reasoning, which she contrasts with more masculinist and disembedded notions of justice. Theorists including Nel Noddings and Eva Feder Kittay built on Gilligan's work to explore what a caring society would look like. Caring, in their theorizing, becomes a "moral orientation", a receptive attitude and feeling that is "neither domain nor gender specific" (Noddings, 2002, p. I). Caring also involves a recognition of everyone's fundamental dependency on others (Kittay, 1999).

Subsequent interpretations of care see people as, by nature, 'relational and interdependent, morally and epistemologically," rather than independent, self-sufficient actors (Held, 2006, p. 13). Taking care into a political and social justice realm, such interpretations not only question a liberal individualist conception of personhood, but they also uncover the political and psychological consequences of internalizing such an individualist conception, which they oppose to one based on relationality, attentiveness, and responsiveness (Fotaki, 2023). Responsiveness to someone's needs through empathy and thoughtfulness is often central to this theorizing (Sevenhuijsen, 2003). But feminist theorists also highlight the—often gendered and/or racialized—labor entailed in care and the mundanity and invisibility of many care acts (Barnes, 2012; Laugier, 2021). They emphasize that care should not be relegated to a stereotypically feminine sphere of domesticity, but that it is always already political: who cares for whom and under what conditions is always structured through relations of power (Held, 2006; Tronto, 1993, 2013).

Importantly, in these frameworks, care is understood not only as a moral disposition but also as a *practical* engagement—it is "everything that we do" in Fisher and Tronto's (1990) words, which includes our social, material, and affective relationships. Care is always 'placed' (Bowlby, 2012): it is enacted by individuals in a situated space and time populated by concrete relationships among individuals. This also means that 'how to' care can never be fully prescribed, nor can it be judged in the abstract. Rather, care implies 'response-ability', or the capacity of people to respond to ethical demands through situated ethical reasoning (see Haraway, 2012). Moriggi et al. (2020) contrast this willingness to engage in attentive relationships of care with responsibility based on legal or normative obligations. Response-ability may draw on both—as the word suggests, it combines people's situated responsiveness with more normative (and often deeply ingrained) norms of responsibility. However, it also opens up the potential of engaging with generalized others as acts of care rather than through an adaptation to norms of behavior. Response-ability, in this sense, is "an orientation to care for distant and potentially unknown others" in a practical ethos "shaped and negotiated over and over, through connection to places and engagement in social relations" (Moriggi et al., 2020, p. 288).

Paving the way for empirical inquiries, Tronto (1993, 2013) disentangles the concept of care through a staged approach, initially identifying four stages that are characterized by four 'caring dispositions'. She adds a fifth stage of "caring with" in her later work to highlight the societal, political, and institutional contexts of care (Tronto, 2013). Tronto's first stage, "caring about", consists in the recognition of others' caring needs which requires *attentiveness*, a disposition toward listening, and being open to others. The second stage, "taking care of", happens when an individual or a group moves past mere attentiveness and assumes *responsibility* for addressing the need. Third, "care giving" is the resulting action, the material meeting of needs, which requires *competence* or ability to act in a skillful way. 'Care receiving' then turns to the recipients of care and their own *responsiveness,* an attitude towards witnessing and accepting a caring action. And finally, 'caring with' builds care concerns up to a societal level through people adopting dispositions of *solidarity* and *respect*. In her 2013 book *Caring Democracy,* Tronto delves more deeply into this political dimension; she explains how in a functioning democracy, care can and should be the foundation for building a more equitable and just society. 'Caring with' is influenced by the institutional context in which citizens find themselves, which can foster or inhibit reciprocity, solidarity, and feelings of 'in-commonness'. This stance also rejects a strict separation between care giver and receiver, pointing out that everyone may have multiple roles and/or find themselves in giving or receiving roles at different times.

While proposing a stage model, Tronto emphasizes that this process is prone to multiple breakdowns: people might not move through specific phase transitions, and care may fail to be delivered or received despite people's best intentions. In this context, Shaw et al. (2017) extend Tronto's stage model to propose a more dynamic care theory, which takes account of the multiple challenges and care demands that caregivers and care receivers juggle and the feedbacks and breakdowns that can happen as a result. The feminist Science and Technology Studies researcher Maria Puig de la Bellacasa (2017, p. 9) further engages with care's contradictions and tensions, beyond what she sees as the "moral marketing gloss" of ethical consumerism. Revisiting the feminist roots of the ethics of care, she problematizes care as a 'disruptive thought' in social theorizing: it is only through

opening the complex interdependencies that are embedded in care, she argues, that its hijacking as a "vehicle of normative moralization" (p. 12) can be avoided. It is the researcher's task to make visible the fabric of care in acts that "are often petty and unimportant" but at the same time are "vital for livable relations" (Puig de la Bellacasa., 2017, p. 55)—and thus also expose the operations of power embedded in their enactments.

In sum, seen as both a relational practice and a moral disposition, care involves a situated balancing up of different commitments rather than falling back on a predetermined normativity. Caring is full of tensions, for instance when people seek to respond to multiple and contradicting care needs, or between what is 'right' in the here and now and what is seen as right from a more abstract or longer-term perspective. As we explained above, these tensions can arise in ordinary shopping practices as situations in which ethical considerations are imbricated in those ordinary acts of caring that "get us through the day" (Puig de la Bellacasa, 2012, p. 210). What we do not yet know is whether and how these tensions are negotiated if such ordinary acts are overlaid with the social, institutional, and material disruptions that moments of crisis provoke. As crises have an important affective and embodied dimension, they are likely to fundamentally influence how people go about and reason within their everyday 'ethical living'. Using a psychoanalytical lens, Fotaki (2023) highlights how recognizing our "intrinsic dependence on others" can be perceived as a threat to our (individualistic) conception of self; thus it is often avoided or repressed. However, such avoidance becomes all but impossible when a pandemic virus requires us to collectively and individually face our "existential embodied vulnerability" (ibid., p. 9)—and it is only in doing so that we open ourselves to caring for others (Johansson & Wickström, 2023). The ethics of care thus appears as a fruitful theoretical approach to exploring the mundane practice of shopping in times of crisis. More specifically, care ethics is particularly suited in this context because it: (1) helps to shed light on the question of how people engage in ethical reasoning in highly uncertain and emotional situations; (2) enables a situated reflection on what it means for citizens to behave ethically in a context of crisis; and (3) allows us to consider the broader institutional and political ramifications of how people may try to cope with their own vulnerabilities and enact care in moments of crisis.

Methods

Data Collection and Analysis

This study is part of a larger research project conducted by the SOLPAN consortium, which includes nine European countries (Austria, Belgium, Germany, France, Ireland, Italy, The Netherlands, Switzerland, and the United Kingdom) (Kieslich et al., 2023; Zimmermann et al., 2022). The consortium was formed at the beginning of the COVID-19 pandemic to explore citizens' experiences during the pandemic. Two rounds of qualitative interviews with the same participants were carried out in all countries across the research consortium, the first in April/May 2020 during the first lockdown (T1), and the second in October/November 2020 (T2), just as major restrictions loomed on the horizon again. The study received ethical approval from the researchers' institutional review boards.

This article specifically builds on the findings of 273 interviews in T1 and T2 in four countries (Germany, Ireland, Italy, and the UK). We probed issues around care in the marketplace in the data collected from 146 research participants in T1, of whom 127 participated in the second round of interviews (T2). This included participants in the UK (T1: 35, T2:30), Germany (T1:46, T2:43) Italy (T1:33, T2:29), and Ireland (T1:32, T2:25). In all four countries, participants were recruited through convenience and snowball sampling via personal contacts, university websites, blogs, and social media networks. While we did not seek to achieve representativeness of our sample through this process, we endeavored to unlock a broad range of perspectives and experiences by recruiting participants with diverse demographic profiles, including age, gender, income, household structure, residential area (rural–town–city), education, and employment (see Tables 1 and 2).

Participants were provided with information about the study design before the interview, and informed consent was obtained orally before the interview was conducted. The consent and the interviews were recorded on a digital voice recorder or a GDPR-compliant online tool; no videos were recorded. Interviews averaged between 45 and 60 min and ranged from 30 to 150 min. All country teams followed the same collectively-developed topic guide, with different interview guides used in the two rounds. Questions were asked in non-directive ways by collecting participants' experiences regarding how they were coping with the current crisis. Participants were not asked about care directly; we unearthed this information indirectly by asking participants about their daily routines and practices, including shopping practices, and how these have changed at different points of the pandemic. Interviewers were encouraged to further prompt these reflections, and these build the basis of the current analysis.

Transcripts were fully pseudonymized and checked before analysis. Each country analyzed interview transcripts iteratively. For this study, we revisited the interviews with the codes "changing/adapting/rearranging_shop_shopping" using the query function of Atlas.ti 9. Since this code was not part of the initial consortium coding scheme, we agreed

Table 1 Self-reported demographic characteristics of participants by country (T1)

Category	UK ($n=35$)		DE ($n=46$)		IT ($n=33$)		IE ($n=32$)	
Age								
18–30	6	17%	9	20%	3	9%	5	16%
31–45	11	31%	19	41%	15	45%	13	40%
46–60	11	31%	5	11%	8	24%	8	25%
61–70	5	14%	8	17%	3	9%	2	6%
70 +	2	6%	5	11%	4	12%	4	12%
Gender								
Female	20	57%	24	54%	22	67%	20	62%
Male	14	40%	22	46%	11	33%	12	37%
Other	1	3%	0	0%	0	0%	0	0%
Household								
Single	4	11%	13	28%	7	21%	9	28%
Couple	13	37%	16	35%	8	24%	11	34%
Living with child/children under 12	8	23%	8	17%	6	18%	5	16%
Living with child/children 12 +	4	11%	4	9%	5	15%	6	19%
Other	6	17%	5	11%	7	21%	1	3%
Rural/urban								
Big town (e.g., capital, + 500 k)	5	14%	22	48%	14	42%	17	53%
Medium/small town	18	51%	12	26%	11	33%	10	31%
Rural (e.g., village)	12	34%	12	26%	8	24%	5	16%
Employment status								
Employed (long-term contract)	17	49%	21	52%	10	30%	16	50%
Self-employed	5	14%	4	9%	9	27%	4	12%
Employed (short-term/precarious contract)	2	6%	3	0%	3	9%	2	6%
Unemployed	4	11%	4	9%	2	6%	2	6%
Retired	5	14%	10	21%	3	9%	4	12%
Other	2	6%	4	9%	6	18%	4	12%
Education level								
Less than 10 years	2	6%	2	4%	2	6%	2	6%
10–14 years (e.g., high school diploma)	10	29%	16	35%	17	52%	3	9%
Higher education	23	66%	28	61%	14	42%	27	84%
Household net income (prior to Covid)								
Up to 1400€ (1200GBP)/month	5	14%	5	11%	5	15%	3	9%
1401 (1201)–3000€(2600GBP)/month	5	14%	14	30%	22	67%	9	28%
More than 3000€ (2600GBP)/month	25	71%	27	59%	6	18%	20	62%

on tagging quotes where people mentioned shopping, marketplaces, or activities related to shopping in any way. The authors wrote memos summarizing the main findings for each country separately for T1 and T2 before repeatedly discussing emerging patterns and comparing them within and across countries. We conducted iterative rounds of inductive data analysis before interrogating our data through the lens with the assistance of Tronto's five ethical dispositions, a structure that we present below. Subsequently, each country representative filled in and translated the respective quotes relevant to Tronto's five stages in a spreadsheet to evaluate the robustness of each theme across countries. Our repeated meetings and further joint analysis rounds were followed by writing the findings collaboratively.

Study Contexts

Since the first spread of COVID-19, a large range of restrictions were put in place by national governments, which varied in severity and length in different countries and timeframes; in some cases, restrictions also varied regionally within countries. In all countries we analyzed, even under the most stringent levels of restrictions, people were permitted to shop for staple goods such as food and other essential items. In Italy, the most severe restrictions applied to the whole country from March 10th until May 18th 2020 and thereafter to specific regions with critical infection rates. These restrictions prohibited any movements unless they were for "substantiated necessity", which included grocery

Table 2 Self-reported demographic characteristics of participants by country (T2)

Category	UK ($n=30$)		DE ($n=43$)		IT ($n=29$)		IE ($n=25$)	
Age								
18–30	3	10%	7	16%	3	10%	1	4%
31–45	10	33%	18	42%	11	38%	12	48%
46–60	10	33%	5	12%	8	28%	6	24%
61–70	5	17%	8	18%	3	10%	2	8%
70+	2	7%	5	12%	4	14%	4	16%
Gender								
Female	18	60%	23	53%	21	72%	17	68%
Male	11	37%	20	47%	8	28%	8	32%
Other	1	3%	0	0%	0	0%	0	0%
Household								
Single	4	13%	13	30%	6	21%	6	24%
Couple	13	43%	15	35%	8	28%	11	44%
Living with child/children under 12	8	27%	7	16%	5	17%	4	16%
Living with child/children 12+	3	10%	4	10%	4	14%	4	16%
Other	2	7%	4	10%	6	21%	0	0%
Rural/urban								
Big town (e.g., capital, +500 k)	5	17%	22	52%	12	41%	12	48%
Medium/small town	15	50%	11	25%	9	31%	9	36%
Rural (e.g., village)	10	33%	10	23%	8	28%	4	16%
Employment status								
Employed (long-term contract)	15	50%	21	49%	9	31%	13	52%
Self-employed	3	10%	4	9%	8	28%	4	16%
Employed (short-term/precarious contract)	2	7%	3	7%	3	10%	2	8%
Unemployed	3	10%	3	7%	2	7%	1	4%
Retired	5	17%	10	23%	3	10%	4	16%
Other	2	7%	2	5%	4	14%	1	4%
Education level								
Less than 10 years	2	7%	2	5%	2	7%	2	8%
10–14 years (e.g., high school diploma)	6	20%	14	32%	16	55%	2	8%
Higher education	22	73%	27	63%	11	38%	21	84%
Household net income (prior to Covid)								
Up to 1400€ (1200GBP)/month	2	7%	2	5%	4	14%	2	8%
1401(1201)–3000€ (2600GBP)/month	5	17%	15	35%	19	65%	6	24%
More than 3000€ (2600GBP)/month	23	76%	26	60%	6	21%	17	68%

shopping. In Ireland, a stay-at-home order was implemented on March 27th 2020 with first restrictions easing on May 5th, though the country subsequently experienced several further lockdowns. During the stay-at-home order, people could only leave their homes for food, medical reasons, or to attend essential work. In the UK, the first lockdown measures were announced on March 23rd 2020 with people only being able to shop for necessities such as food; on May 10th restrictions started to be lifted. Over much of the course of the pandemic, the UK continued as an outlier to other European countries, characterized by relatively more permissive policies and a stronger emphasis on individual responsibility (West-Oram, 2021). Finally, in Germany, curfews were announced on March 16th, with most shops except grocery stores and supermarkets closing until mid-April 2020.

Our first round of interviews in April/May 2020 (T1)[1] thus took place during the strictest early phases of lockdown, when going to supermarkets was for many of our European participants one of the very few necessary and permissible movements. Over the summer of 2020, restrictions were less severe in all countries; however, all four countries were facing renewed public health measures around the time of our second round of interviews (T2) in October/November 2020.

[1] Interview excerpts are identified by the participant country (DE, IE, IT, UK) and interview timing (T1 April 2020 or T2 October 2020).

At this point, governments had mandated a range of safety measures including queuing systems, access controls, material signposts for social distancing, or Plexiglass glass barriers at checkouts. Masks remained mandatory for all public indoor pursuits in all four countries.

The four countries thus underwent different kinds of restrictions in relation to shopping as well as to other aspects of daily life and saw them implemented with different severity and duration. In addition, in several countries policies and/or their implementation were devolved regionally, including in the UK or Germany, and these differences between regions often accentuated citizens' sense of the ad-hoc nature of some of the restrictions. Interestingly, despite these institutional and political as well as cultural differences, participants in all four countries reported similar challenges, emotions, and responses to the need for provisioning in a crisis and the disruptions they had experienced. In all four countries, participants described a panoply of emotions that supermarkets generated in them, which evidenced their vulnerability (4.1); they reflected on the care practices they engaged in or witnessed to counter these vulnerabilities, which we analyze through Tronto's first four stages (4.2); and, frequently, they discussed broader societal issues related to the crisis, pointing to Tronto's fifth stage of 'caring with' (4.3). While similarities were more common in our data, any cross-cultural differences are highlighted in our findings below.

Findings

Fear and Vulnerability in the Marketplace

In the early pandemic stages, grocery shopping was a primary source of exposure to infection risk for many. Supermarkets became one of the few areas where people had to make conscious decisions about how to interpret and implement broad government guidelines into their own behaviors and routines. For better or worse, for many Europeans, the marketplace became the main site of social interaction with other people as most other social realms were shut down. This also heightened the awareness that the marketplace *was* in fact a relational space—a fact that many did not realize until that space was made unfamiliar through material guides and regulations. In response to these changes, some chose to keep on as normal—as one participant noticed, "In the beginning, I was surprised that many people have the feeling 'it doesn't affect me at all, I can keep doing things as always" (DET1). But many participants found that they had to negotiate social interactions in new ways, including those with less compliant persons and with elderly or vulnerable people. They also needed to engage with new material devices such as trolley cleaning stations or pathway controls. This heightened awareness led to a significant change in the emotional tone of these spaces. Participants described the stress and anxiety perceived in supermarkets as sites of potential contagion with the virus: "when you actually get into the shops they're a hell of a lot busier than I thought and you kind of feel dirty" (UKT1). Participants expressed a plurality of negative emotions depending on their personal sensitivity to the situation, the level of risk they perceived, and the safety measures in place—including fear of infection, suspicion, and aggression. These emotional responses were considerably influenced by their perceptions of other people's behaviors, for instance when they witnessed noncompliance with safety guidelines, hoarding, or aggressiveness toward others.

Given the perceived risk, grocery shopping moved from a habitual routine to a highly negatively charged event: "you kind of feel anxious. I feel my anxiety levels when going shopping are a lot higher than what they used to be" (UKT1). Fear, insecurity, and discomfort associated with supermarkets—or rather the people who populated them—were noted in all four countries particularly in T1, although they were still present in T2: "Hearing some coughing in supermarkets was not just a normal cough anymore. It was like a wakeup call in your mind." (ITT2). Anxiety was often exacerbated by other people's lack of compliance with certain measures or recommendations:

> Especially these crowds in every supermarket, where I always think: why are there so many people shopping? And why do they have to go two by two? And why can't they stick to certain rules, with distancing and so on? That really upset me every time and made me feel very, yes, scared and that's why I felt so bad. (DET1)

With many of the more pleasurable aspects of shopping severely restricted, some participants stopped going to the supermarket altogether. Others renegotiated who in their households would be best equipped to do the provisioning; in some cases, this led to changes in the gender distribution of household tasks: "I don't go to supermarkets because it is a source of anxiety for me. To stay in line, and then at the checkout …I don't like it, so I can't go to the supermarket, only my [male] partner goes" (ITT1).

Participants reported discomfort related to the general atmosphere of fear and suspicion, often more than the fear of infection itself:

> At the supermarket, everybody looks at the others like (...) anyone could be a carrier of this disease. This is a bad way to look at each other, because this virus (...) anyone could be the person who infects the other. This way of looking at each other...is bad, is bad. (ITT1)

Other people's use of shopping spaces was intensely scrutinized, adding to an overall sense of tension: "I see utter

paranoia and you know it is a scary thing too. I have seen arguments, "oh you have invaded my space" and all this kind of stuff, it's madness" (IET1). Understandably, this tension was driven by the fear of being in the only place they could potentially get infected with the COVID-19 virus. But it also stemmed from fellow shoppers turning into potential 'perpetrators' who might not take actions to help stop the virus spreading. One participant reflected on what they perceived as fellow shoppers' paradoxical behaviors, who may observe the mandate to keep two meters distance when queuing up outside the shop but when in the supermarket "people (…) are on top of you or reaching across you" (IET1). We noted that the comfort or discomfort that forced social distance or involuntary proximity created in shoppers may be dependent on cultural norms of 'natural' distancing or proximity. While the prescribed two meters may have seemed a lot to Italians, a German participant joked that some of their compatriots are used to keeping four meters distance, so that 'only' two meters of social distancing would feel too close.

Fear and vulnerability were at times expressed as open frustration and aggression in the supermarket: "A lot of people are getting annoyed with being stuck indoors. I get a lot of rudeness in the shop because of that" (UKT1). These heightened frustrations were sometimes directed towards other shoppers or supermarket workers: "Oh, [I get] the whole range, from complete fear to, well, accusation, I would almost say, to incomprehension and indifference, the whole range" (DET1). When employees for instance controlled the number of people in the supermarket to keep it a safe space to shop, micro-aggressions towards these essential workers became a daily occurrence: "someone got spat in the face because they wouldn't let them in the shop, they weren't listening to the three-person rule" (UKT1).

Finally, participants across the investigated countries commented upon 'uncaring' practices of hoarding or panic-buying—though less so in Italy, where shopping was more dispersed to smaller food shops: "there was no soap, no toilet roll, no eggs, no milk" (UKT1). Hoarding most severely affected those who were unable or unwilling to participate in this behavior—participants who were healthcare workers for instance reported that they would face empty shelves after a long day at work. These uncaring behaviors at times also translated into further aggressiveness against supermarket workers:

> People abusing [shop assistants] because they haven't got a certain item on their shelf because it's run out because some idiots bought 50 million bottles of tomato ketchup or whatever. (UKT1)

Many reported how this selfishness heightened their own sense of lack of control: "It was actually quite scary because I hadn't panic-bought and I had no idea how I was going to get all of the things that I needed" (UKT1). A few respondents admitted that they too had started to hoard items themselves, but these admissions came with a sense of guilt and shame that they too were 'uncaring':

> We had some situations where we were in the fourth retail shop and couldn't buy toilet paper there, and then when we went to the fifth or sixth shop and found something, we were suddenly forced to buy more, even though we didn't really want to and didn't see it as critical, but it's always, yes, a herd mentality that develops. (DET1)

Through the onset of the pandemic, ordinary shopping routines clearly got disrupted. Fear and vulnerability became evident in the marketplace for almost everyone, leading to changes in shopping habits and for some, avoidance of shopping altogether. Since the marketplace became the main site for social interaction with non-familiar others, tensions accumulated in various new ways compared to non-pandemic circumstances. Through the concentration of social interactions in this particular realm, participants felt the need to relate to others more directly and overtly, for instance when they were non-compliant or formed part of groups perceived as vulnerable. The marketplace had changed from a mundane realm of fulfilling basic and hedonic needs to being charged with suspicion, fear of infection, and aggression. This had the potential to overshadow ethical reasoning and lead to irresponsible and irrational actions such as panic-buying. In some ways, then, the pandemic marketplace became a very 'uncaring' space. At the same time, as Fotaki (2023, p. 8) emphasizes, it is only when we dare to face our "existential embodied vulnerability" that we open ourselves to being able to care for others. Using a psychoanalytical lens, Fotaki highlights how recognizing our "intrinsic dependence on others" can be perceived as a threat to our (individualistic) conception of self; thus it is often avoided or repressed. As the pandemic forced this recognition upon many people, the same feelings that made supermarkets such emotionally charged places thus also opened a window to people's shared humanness. Indeed, across all four countries, participants started to reflect on their ambivalent feelings and tensions, and for many, this led to extensive reflections on how they related to each other in the marketplace. As we will demonstrate in the next sections, these reflections provide fertile grounds to reframe care in a relational, situated sense.

The Marketplace as a Site of Care

As people navigated an uncertain space, they often also experienced a sense of responsibility toward others: a deep desire to 'do the right thing' was prevalent across all four countries and all demographics. Doing the right thing meant enacting ethical reasoning through what we define as practices of care. Tronto's five stages of care and their

respective ethical dispositions—attentiveness, responsibility, competence, responsiveness, and solidarity—proved to be useful analytical tools to reflect the deep commonalities in how people coped during the crisis. At times, though, this sequence broke down or was interrupted, and care failed to materialize. While many people had the intention and awareness of being 'caring' toward others, their own fears and/or conflicting care responsibilities (for instance, getting enough of a staple food for the family versus not engaging in hoarding) might have led them to (outwardly) uncaring behaviors. In addition, as we will discuss, in some cases their perceived ethical obligations toward self or loved ones may have clashed with what they saw as their societal responsibilities. Tronto's final fifth stage—caring with—is of particular importance in this context and will therefore be discussed separately in Sect. "The Marketplace as a Site for Caring with".

Attentiveness—Caring About

With the risk of contagion and conscious of their own and others' vulnerabilities, many participants demonstrated **attentiveness** towards others' caring needs. Across all countries, and often amidst changing or inconsistent guidelines, participants tried to figure out how to best **care about** others as the crisis evolved: "Well I said I am doing it [wearing a mask], number one to protect myself, but also to protect maybe you" (IET2). Participants across all four countries displayed acute attentiveness toward others' care needs and vulnerabilities, for instance to protect, facilitate, or support others with their shopping:

> I took it very seriously for older people and for risk groups. I saw it more like that, I should respect the curfew or all the other restricting measures. That I should respect them mostly, because it is just so, that I can be a carrier. Not because I am worried about me in any way. But because of other people, I'd say, to simply take responsibility. (DET1)

Attentiveness was also directed towards people who were hospitalized or in nursing homes and may not have the time or opportunity to get basic goods: "toothpaste, underwear and soap, and things like that (…) we'll deliver them to nurses who would take them off to hospital wards" (UKT1).

As shopping remained permitted throughout the strictest restrictions as a "substantiated necessity", staff within supermarkets began to be viewed as essential, with consumers starting to become aware of the safety of these workers—very likely for the first time ever:

> And it has, I think, made us all much more aware that society actually functions off the back of a whole bunch of people who usually don't get a mention. Refuse collectors, shop assistants. You see them day after day, going to work, and sit there and do their stuff. Touching stuff that other people have touched. (UKT1)

Attentiveness can be viewed as a precondition of caring; a form of awareness that individuals may act upon. Yet, as in other areas of ethical reasoning, awareness alone does not guarantee action. In some situations, attentiveness may remain at the level of awareness, either if a person does not have the capacity to act or does not see the need to. Alternatively, two caring needs might clash, leading to what may seem uncaring behavior. This was the case for several elderly participants who were aware of government mandates to cocoon but who found that the best self-care for them was to mingle with others in shops—even if this apparent lack of self-care drew looks or comments from other shoppers.

Responsibility—Caring For

According to Tronto (2013), once a caring need has been identified, then someone has to take **responsibility** to address these needs—if attentiveness indeed leads to action.

By far the most widespread new practice reported from all countries was shopping for people they cared for. Evidently, as it served to answer one of people's most basic needs, shopping was seen as a primary 'technology of love' (Miller, 2002) during the pandemic. Particular emphasis was put on those deemed vulnerable during this time, such as elderly parents, friends and family with medical conditions, or just "anyone who is nervous" (IET2):

> One was a friend that had done just a few bits of fresh food for us on about day eight or nine, just dropped around some milks and orange juice and vegetables, that type of thing (...) And then another friend had a farm, a friend who's running a farm shop and they were offering free food parcels for anybody who couldn't get out which was nice. (UKT1)

In contrast with most people's pre-pandemic practices, these care gestures frequently extended beyond the circle of family and friends to include neighbors and other community members: "we always put a note out, right, I'm going to shop, does anyone need anything?" (UKT1).

Taking responsibility for others through grocery shopping, as a concrete act of care had to be balanced out with answering to other caring needs. Participants commented that women's caring responsibilities were often particularly multifaceted, owing to sudden changes in daily routines through school and business closures (see also Clark et al., 2021). This meant that people who had no choice but to take responsibility for all these multiple caring loads might have had to neglect their self-care needs or

become uncaring toward their wider social circle (Galasso & Watts, 2022). In addition, many countries had a one-person-only rule for shopping, which meant that shopping was now forcibly a solo expedition: "it used to be a kind of a family thing all of us go together, now it's usually just me who goes on my own to do it" (IET1). Thus, shopping responsibilities were in some cases renegotiated from pre-pandemic role distributions, depending on family members' respective vulnerabilities and/or on other competing caring tasks such as childminding:

> We have a designated shopper, which would be me, as a 35-year-old male in the family, where all other members in the family are in the vulnerable categories. (UKT1) One will go and we wouldn't take the kids out, and the other one stays with the kids. (UKT1)

Though our qualitative data cannot be deemed conclusive on the extent to which gender role redistribution was prevalent during the pandemic, quantitative evidence corroborates that there was a change in female-to-male ratios of shoppers during the pandemic lockdown periods, with women "avoiding" the shopping environment more frequently than men (Reisch et al., 2021). While this could be read as an expression of the 'heroic' male taking on a now-dangerous environment to fend for his loved ones, from our interviews it is more likely that such role changes were caused by the multiplication of care demands for women, many of whom had to provide childcare alongside their normal household and work responsibilities. A German participant reported of a single mum who wanted to enter a bakery but was not allowed to do so with her child. Clearly, taking responsibility for others' care needs did not only manifest in shopping practices but extended into multiple arenas, which all had to be balanced.

Some participants sought to take the step from attentiveness to responsibility by seeking out alternative channels to care for a household's grocery needs, for instance online shopping. Yet, in many areas this was either unavailable or booked up for weeks in advance, bringing with it further care dilemmas—but also revealing new care opportunities. Some participants took responsibility for training others to shop online, thereby unlocking a way to avoid the risk of exposure: "I connected remotely to their computers to explain to them how to shop online" (ITT1). Others sought to act responsibly by not booking up the few available grocery delivery slots from those who may need them more urgently: "You don't want to hog the online shopping so that we can open up more slots to people that require online shopping" (IET1). A German participant told us of a citizen who organized deliveries in an area without supermarket services:

> (…) a food delivery service was organized very, very quickly, really in a very small circle, it was reported on Facebook and Twitter. If you wanted to use it, you could send a shopping list by text message to a certain mobile phone number, and the lady who organized it would forward it to the appropriate volunteers, who would then go shopping for the old people or the retired. (DET1)

Participants across all the countries acknowledged that supermarkets had taken on a large part of the responsibility in addressing the caring needs of their consumers during this period, often before such measures became government mandates. Supermarkets implemented strategies to minimize risk for their customers and to provide the safest place possible to shop. This was done through new signage and notices, new queuing systems and sanitation stations, security guards to limit customer numbers, Plexiglass panels at the checkouts to protect both staff and customers, and in-store audio reminders. Participants repeatedly expressed how grateful they were for this 'caring' infrastructure in a space that had become estranged with uncertainties and negative emotions. Supermarkets and shops that took responsibility for addressing vulnerable groups' needs were remembered: "I've seen [shop name] doing food drop-offs, local shops doing times for the elderly to come in on their own, or key workers" (UKT1). From our data, it appears that the more secure people felt in the physical environment, the more they felt free to focus on their own caring responsibilities.

By contrast, some participants were complaining about what they saw as nonsensical or overcautious measures, for instance being forced to take a "potentially dirty trolley" (DET1) to enter a bakery just to buy a sandwich or complaining about lengthy detours and exit paths in supermarkets when carrying heavy shopping. This signals that to be appreciated as protective and alleviating people's fears, changes in the physical environment required a clear relationship to specific care needs, especially if placing an additional burden on individuals. Ethical enactment was particularly challenging when it came with personal costs, which made it harder for individuals to prioritize care for others over their own needs. This was apparent, for instance, in the care dilemmas expressed by those who relished the change of scenery a trip to the shops promised but who were also aware that a 'frivolous' visit may be uncaring toward others. Clearly, it was a balancing act for many to juggle responsibilities for self and others.

Competence—Care Giving

According to Tronto (2013), a level of **competence** is needed to deliver care and enact responsiveness, which requires having adequate **resources and ability**; but competence also

involves transforming these resources into **skillful actions and labor**. Many participants reflected on how they were situated to respond to care needs relative to others, particularly less privileged citizens, for instance by planning their family routines to shop less often and buying for others. Depending on their personal resources, participants reported on those protective measures that they could relatively easily engage in, "making small risk assessments" (IET1) and thereby demonstrating specific care competence:

> We had to change grocery organization in order to make sure not to go too often: it is not too difficult for us because we had four children and we were used to very organized shopping. (ITT1)

Given the early scientific uncertainty about how the disease was transmitted, many participants believed that the risk represented by the shopping environment could be further reduced through their own skillful actions. Many participants reported wearing masks and gloves in T1, months before this became mandatory in individual countries.

> Obviously, only one of us went in the shop. And I did wear gloves if I was touching the shopping trolleys (…) Because they're on about not wearing gloves, but I only wore the gloves touching the trolley. Then as soon as I got back to my car, I'd take the gloves off inside out, inside each of them, like I would do anyway when I'm at work. And then I have an anti-bac hand sanitizer in my car. (UKT1)

Against the backdrop of this desire to be a competent career, a lack of competence or skillful action displayed by fellow shoppers stood out particularly starkly. This was evident in instances of hoarding or panic-buying, as mentioned earlier. In Germany, some shops stepped into this lack of caring competence by discouraging hoarding behavior, displaying towers of toilet paper at the entrance of shops, or providing extra-large portions of yeast when bread baking became popular. Thus, the lack of skilled care in certain people's shopping behaviors was often balanced out by the care competence of other shoppers and shops themselves.

Responsiveness—Care Receiving

As a relational act, caring requires reciprocity. At a minimum, this requires that those who are cared for to 'close the circle' (Tronto, 2013) and respond to the care received. But responsiveness also entails the carer observing that response and noting when new care needs emerge or when care given does not correspond to the care a receiver truly needs. At best, reciprocal responsiveness loops the caring relationship back into dispositional attentiveness and allows a reassessment of the entire care cycle (Shaw et al., 2017). At worst, an expectation on the part of the care giver of a positive or grateful response by the care receiver can cement power relations that exploit rather than alleviate vulnerabilities.

Some participants—especially those perceived as risk groups—were care recipients more than they were care givers, and many responded positively to the care they received: "My son brings all the grocery shopping to me, I don't go out for shopping, he brings me everything" (ITT1). At the same time, we heard about instances of breakdown, where care was offered or given but not always (well) received. For instance, participants reported offering grocery shopping to neighbors or elderly friends but were surprised and disappointed when the offer was not taken up:

> I read about some association—we're in the [Dublin suburb] region and that they have a local initiative for anyone who needed help so I emailed them to say if you need help I am willing to give up my time, like in delivering groceries and all. I didn't hear anything back. (IET1)

In Germany and Ireland, participants commented on this lack of response to care offers when they reported seeing elderly people shopping when they should have 'cocooned', with a feeling of dismay that the sacrifices that less vulnerable participants might have made to protect the more vulnerable in society were not reciprocated by acts of self-care by those latter persons.

It is important to note that the care offered to someone is not always the care that someone wishes to receive—or indeed requires. Our interviews also captured the perspective of those who were supposed to (gratefully) receive the care they were given. Elderly participants for instance argued that doing their own shopping was a way of feeling able to care for themselves and "to be around people" (DET1). A few participants who received care reported feeling ambivalent or even downright negative about it as they were acutely aware that this put them on the 'receiving' end of the care spectrum, sensing that this would label them as needy or powerless when they did not perceive such vulnerability. Others felt that they knew better than the authorities or strangers what was good for them and argued that their most urgent need was for company and distraction rather than protection from the virus:

> I was on a zoom call with one of my Church members and she said she can't stay at home, I think she is 60, and she can't stay at home. She cocooned for another maybe 14 days or 7 days, she had to come out to walk or to go to the shop. (IET2)

Certain elderly participants also felt simply overwhelmed with multiple offers of care—family, community, and state—often irrespective of whether they truly needed it. Responsiveness and respect for care receivers' actual needs—rather than those that the care giver might have projected onto

them—were required by care givers in these situations, as this participant described:

> "I helped at the senior citizens' home, to help them with their shopping, and I stopped doing that. (…) Many of them just got acute cabin fever. Then they took over the shopping themselves again." (DET2).

This participant's sensitivity toward care receivers' needs demonstrates how the ethical dispositions described above—attentiveness, responsibility, competence, and responsiveness—were situationally and iteratively negotiated to find the best ways to care. The quote also highlights the likelihood that care 'fails' somewhere along this trajectory. We found that reciprocal responsiveness was particularly necessary in situations where caring gestures had the potential to change the relationship between care giver and receiver or where the former may have benefitted more than the latter. For instance, a German participant infected by the virus early in the pandemic hid this from neighbors out of fear of stigmatization. As they had no family around for support, they eventually and reluctantly accepted their boss's help—with ambivalent feelings about showing themselves vulnerable in a relationship that would normally not allow for such openness.

Across Tronto's four stages, our extensive comparative data allowed us to reflect on how a myriad of small care acts may be seen as patterns of relational practices. Beyond these situated interactions with others in the marketplace, in some cases making life livable in the pandemic also meant reflecting on how best to take collective responsibility for society, which we will delve into next.

The Marketplace as a Site for Caring with

As noted, Tronto's (2013) concept of "caring with" includes an emphasis on the moral dispositions of solidarity and respect. Particularly during the early stages of the pandemic, solidarity and care were catchphrases for politicians who were aware that government mandates would only work if people pulled together. In the UK, commentators even argued that the government abdicated much of the decision-making around caring for each other to the citizens themselves (West-Oram, 2021). Beyond political slogans, concerns with reciprocity and solidarity colored many participants' reflections. These were often fueled by a deep sense of 'in-commonness' with generalized others (Cloke & Conradson, 2018): "But now that we're all sitting at home at this moment everyone feels the same, more or less, you can see more solidarity." (DET1). Often they also extended into a future beyond the pandemic through considerations of how to achieve a more just and caring post-pandemic society.

Most participants recalled expressions of humanity and solidarity and identified positive care behaviors and attitudes resulting from the pandemic: "people broaden their understanding of their place in society and not thinking of their own benefits all the time" (IET1). In Italy, the country in our sample that was the earliest and arguably worst-hit by the pandemic, 'solidarity baskets' placed at supermarket checkouts became an early widespread practice through which shoppers buy items for those in need. In the UK a 'national volunteering program' fostered coordination among local activities to assist vulnerable groups and those who were isolating with grocery shopping and collecting pharmacy prescriptions. An awareness of one's own and others' vulnerabilities often motivated new relational ties: "So in some ways you've sort of forged new relationships with neighbors and shop owners" (UKT2). Participants reflected on government's responsibility to address the needs of everyone in society and called for equity when they perceived that 'caring' policies such as school closures exacerbated inequalities (see also Galasso & Watts, 2022). As a physical space of interaction, the marketplace offered a way of 'placing' these reflections within individuals' experiences and agentic scope. The marketplace thus became a space through which to think through, discuss, and enact matters of caring large and small.

Importantly, the sense of solidarity and empathy towards generalized others contained for many a strong emotional component of 'what really counts' in times of a crisis: "And it is so important that people, young or old, have that feeling that there is somebody that can hold them in a time of crisis, even if that is metaphorical" (IET1). For this participant, the crucial factor to cope with crises is to know that there is 'somebody' caring for you—regardless of whether this 'somebody' is a family member or situated at an institutionalized level of society.

Undeniably, the issue of 'caring with' came with many tensions around differential care needs and responsibilities, for instance in weighing up risks of infections with the closure of smaller shops and cafes. A heightened awareness of the economic pressures that COVID-19 was placing on small businesses across countries was a recurring theme in the data, demonstrating "caring with", becoming increasingly focal in T2 interviews as the pandemic continued into the autumn. Our German, Irish, and UK participants repeatedly mentioned 'buying local' as an important way of 'caring with' "I spend my money in my local shop and give them the money so to speak" (IET2)—though this was less of an issue in Italy, where citizens tend to shop in smaller outlets generally. For some, however, this became another caring dilemma: while citizens were encouraged to shop less often, this mandate prevented respondents from following their own sense of how to best 'care with' smaller shop owners:

> So, I would normally shop every couple of days. I don't have masses of storage here, and I like to support

> local shops. (...) Whereas now, I try very hard to limit myself to one big supermarket shop per week. (UKT1)

In all the analyzed countries, questions were raised over the fairness of government decisions to close smaller shops as a protective measure:

> I go to the corner store here all the time, it had to close and the little flower store, it had to close, it wasn't allowed to sell anymore. But the garden center and the hardware store are allowed to be open. Where I have more people in one pile. And not a small store where I can control it, where I can say 'Okay, there's not a hundred people at the door'. In a small store, there's maybe two, three people, you can keep a very good distance. I just don't quite get it. (DET1)

Triggered by such a sense of injustice, participants engaged in broader reflections on how the crisis challenges some assumptions of neoliberal democracy. Participants in all countries acknowledged the importance of 'caring' professions in the broadest sense and started to see lorry drivers, police, paramedics, nurses, and shop assistants as essential gears that "keep a country going". Perhaps for the first time, this realization pointed them to what Kittay (1999) called 'nested dependencies', namely that those who care for others also need to be cared for in order to continue caring:

> The people in the grocery shops, they are the ones who are important, they are the ones who need to get paid more than anybody in our society. (IET1)

Reflections on what is essential and how we value it also prompted some participants to question the broader ethics underlying our consumer society. Some reported positive effects on their shopping routines, as the pandemic disruptions had forced them to question their consumption habits:

> So with the fact that you can go shopping less often or can't really go out to eat anymore or something, yes. And then you have to resort to simple methods like going for a walk or reading a book or something to cheer yourself up. (DET1)

The crisis was thus seen by some as an opportunity to "broaden their understanding of their place in society and not thinking of their own benefits all the time" (IET2). As painful as it may be, this admission of our existential embedded vulnerability, to speak with Fotaki (2023), truly can open us up to alternative conceptions of ethical living. Amidst all the fear and frustration, the pandemic thus signaled hope for a longer-term shift in how people 'care with' their societies:

> So hopefully people realize maybe what was really necessary for life and what isn't really important in life as well and what really makes them happy. Is it the product that makes them happy (…) or is it maybe different things that really make you happy and are important. For example, having contact with people and helping people and being compassionate to others and these things. (UKT2)

Only time will tell whether this crisis-induced longing for a society where everyone 'cares with' each other will persist. The fact that solidarity baskets in Italian and German supermarkets have remained in place beyond the lockdown may be a positive signal in this regard. As the Covid-19 crisis is followed by the cost of living crisis, the war against Ukraine, and heightened awareness about the climate crisis in what many now consider a state of 'poly-crisis' (Henig & Knight, 2023), our existential sense of vulnerability and the potential that it holds to open oneself to one's deep relationalities may become more engrained and help build a more resilient and sustainable society, even in the face of ongoing challenges.

Discussion

Analytical Summary

It may be no exaggeration to state that the pandemic marketplace turned into a looking glass through which individual, societal, and material relationalities could be studied. We were surprised at the many similarities—sometimes almost verbatim—in the reasonings from participants across our four countries, despite cultural and contextual differences. While we highlighted in our findings some of the variations in our data, a sense of shared vulnerability and 'in-commonness' seemed pervasive during the pandemic crisis and acted as a powerful engine for ethical reflections.

Our findings showed that shoppers often had a heightened awareness of the need for ethical reasoning in the marketplace, in three main regards. First, participants openly **reflected about themselves**, their own attitudes, affects, vulnerabilities, competencies, and needs, and how these affected their situated decision-making. This included situations where they chose to act 'care-lessly' or where care broke down. Second, heightened demands for situated ethical reasoning extended into the **sociality and physicality of the marketplace**, a space that was transformed from a routine space for provisioning into a highly affectively charged arena. This often prompted reflections on how certain material devices supported or hindered care acts toward others. Third, ethical reasonings included an awareness of the marketplace as a space where normative responsibilities were enacted and **adapted to situational considerations.** Indeed, we show how participants related to, interacted with, or reacted to society and rapidly shifting government mandates through the marketplace—a place where previously

routine practices were brought to the surface and passed under moral scrutiny. Accordingly, individual and societal levels were often intertwined in participants' reflections, which demonstrated a heightened awareness about how specified and generalized others are directly connected in societal relations. This amplifies pre-pandemic findings by Shaw et al. (2017) who highlighted the complexification of care concerns when multiple stakeholder levels are involved. Ethical decision-making in pandemic shopping continuously moved between the realm of personal relationships to protect oneself and others and a social necessity to comply with normative measures.

We analyzed these ethical reasonings by utilizing Tronto's (2013) five stages of caring, emphasizing particularly Tronto's fifth stage, of 'caring with', as the phase where normative requirements were reconciled with people's practical care enactments during a crisis. Care in a normative sense is what Noddings (1984) calls an 'ethical obligation', but care constantly *overflows* such normative considerations. *Caring with*, then, becomes a condition of caring for society *through* caring about self and others in particular situations and spaces: caring is simultaneously individual and collective, situated and political. This complexity can lead to multiple tensions, with the acknowledgment of shoppers' own vulnerabilities as heightened by the 'uncaring' acts of potential spreaders of the virus, but also with the realization of the sometimes fragile relational and negotiational aspects of care practices, the failures, dilemmas, and dependency on others, and with tensions between the politically imposed requirements and one's own moral and social responsibility compass. Tensions in what Sevenhuijsen (2003) once described as the moral complexities of dependency, vulnerability, and otherness were thus subject to complex and often fragile care negotiations.

The Marketplace as a 'Carescape'

Our data indicate that the marketplace during the pandemic changed from a transient and habituated place to one that was highly affectively charged. With this change in supermarkets' 'affective atmospheres', to speak with Anderson (2009), their frequently invisible nets of relationality became visible: shoppers who were in the same place at the same time became a community bound fleetingly together in a collectively produced atmosphere characterized by multiple ambiguous emotions. Entering in and moving through this space became a matter of navigating physically but also emotionally as part of this temporary affective community. Transgressions within it, such as selfish, aggressive, or confrontational acts, were frequently witnessed as transgressions against the whole community. For instance, not wearing a mask in this space was not only norm-breaking but, to many, a deeply felt insult against a communal body, made vulnerable by an invisible virus.

By being attentive to the affective-material context in which ethical enactments happen, our data echo insights in social geography about the 'placed-ness' of caring relations: care is enacted when "practices, social structures, and human and non-human others come into relation with the spaces we inhabit" (Hanrahan & Smith, 2020, p. 230). Bowlby (2012)'s notion of 'carescape' points to the fact that even the most mundane place can become a 'space of care'—or, indeed, obstruct acts of care. Our findings made visible how supermarkets transformed into 'carescapes' by encouraging caring dispositions with their signposting, queuing, and other caring infrastructures. But this transformation was incomplete: we also found many material and spatial 'interstices' (Hanrahan & Smith, 2020) where care had to be negotiated through a perhaps less than caring or incomplete infrastructure. This was the case, for instance, when shoppers were forced to use a potentially dirty trolley and move through the entire supermarket when they only wanted to buy a sandwich and avoid as many potential virus carriers as possible.

Conceptualizing shops as carescapes signals practical implications from our study beyond the immediate context of a health crisis. We encourage close observations of how caring infrastructures are used in marketplace interactions and what affects and relationalities they support. Consumption researchers are well acquainted with the multifold manipulations that store managers and designers subject shoppers' emotions to. We see huge value in bringing relational care thinking into these spatial practices of affective charging, redirecting them from a neoliberal consumerist framing to a communitarian one. Transforming supermarkets into carescapes by attending to people's vulnerabilities can be as simple as switching off ambient music to make the marketplace more autism-friendly, widening shopping aisles for wheelchair users or those who prefer to maintain social distance, or leaving Plexiglass barriers up around supermarket checkout staff to continue to protect them from viruses and micro-aggressions. Such material care is not just about practically broadening access to public spaces—though this is of course a central factor. These material signposts may also act as permanent reminders to all shoppers that visible and invisible vulnerabilities are ubiquitous and that it behooves everyone to care for them– just as during Covid we had to account for the fact that the person next to you in the aisle might be vulnerable. By offering a relational and situated perspective, the ethics of care thus also opens up how care relations are enacted in concrete places of interaction, including insights into how people interface with caring infrastructures and how these channel, support, or obstruct people's embodied vulnerabilities. Such considerations urgently need to include care for those who work in these places.

Responsibility or Response-Ability?

Our data captured participants' ethical reasoning through their lived experiences, which made visible the multiple networks of interrelations, dependencies, actions, and emotions nested in each other. Parsons et al. (2021, p. 796) highlight that "rather than abstracting from the situation, an ethic of care embeds the solving of moral dilemmas in the context of relationships with others." Refocusing on care in times of crisis allows us to situate the responsibilities for ethical living firmly in the 'nested dependencies' (Kittay, 1999) in which ethical reasoning is embedded. In our analysis, responsibility thus became 'response-ability'—situation-specific responsiveness to what people felt was the 'right thing' to do, influenced but never fully determined by institutional norms and rules.

This relational view may signal a broader political issue. Many commentators have noted how governments and other institutions delegate important ethical decisions to individuals in moments of crisis, which would indicate that the 'myth of the autonomous individual' is upheld even in situations of collective vulnerability (Carrington et al., 2021; Pellizzoni & Sena, 2021; Thompson et al., 2021). Care ethics allows us to redirect this argument by suggesting that individuals are never fully 'responsibilized' by institutional prescriptions, nor are they solely reliant on their own agentic selves. As our findings show, complying with government measures of staying at home or reducing visits to shops was only one way for people to respond to society's care needs. Some people had their own interpretations of restrictions, often applying more stringent rules than those required by law, while others tweaked mandates to care for themselves and others in the most 'livable' way possible. Indeed, as we pointed out, being 'able' to respond situationally may also mean that people sometimes chose not to care at all—a response that lay within individuals' agentic scope but often bristled against the communal relational fabric, judging by our participants' retelling of such episodes. It is in the situated navigation of multiple ethical demands that people's response-ability emerges, and these are not autonomous but deeply relational—which also means that they are always likely to be interlaced with ethical tensions and compromises. This has important implications for future crisis handling; it might also help explain why governmental calls for solidarity and care often rung hollow if made in a manner that was divorced from people's daily experiences.

Our ethics of care perspective underlines the fact that enacting response-ability is a fundamentally affective endeavor. Indeed, as we showed, both care giving and care receiving in a pandemic shopping context often involved highly ambivalent emotions, which may tap into deep psychoanalytical fears and beliefs (Fotaki, 2023). Importantly, this ambivalence also includes the possibility of 'unfeeling', where the only way for some to continue to deliver care or to self-care is to shut off their own affective register (Berlant, 2011). For instance, several shop assistants were the target of negative affect by others but still maintained their caring responsibilities. This is an important reminder that care clearly is not the 'soft option' (Barnes, 2012, p. 18). Just as in pre-pandemic times the consumers in Heath et al.'s (2016) study may have agonized over whether to buy cloth nappies or save themselves some washing by buying disposable ones, people during the pandemic might have had inner battles as to whether to grab that last pack of toilet paper or the last online delivery slot. Others, including many elderly participants, felt infantilized and angry about governments' way of 'caring', choosing instead to respond to what they felt were their more urgent needs for companionship and distraction. And others fell out of society's care registers altogether, having to fend for themselves in crisis-exacerbated circumstances.

In our interpretation, response-ability means caring enough so that these tensions and emotional conflicts between multiple care demands are noticed and, at least in some form, responded to. Adams and Raisborough (2010, p. 256) advocated paying attention to people's everyday ethics as a way to avoid a 'reductive understanding of ethical self-expression'—or the kind of normative morality that many consumption ethics researchers have previously observed (Carrington et al., 2021). We locate consumption-related ethics of care even further away from such self-conscious decision-making in an affective-relational register where the central question is not whether but rather 'how' to give and receive care, and where this question is shot through with situational considerations as much as with varying and often simultaneous doses of apprehension, sorrow, compassion, and empathy.

Crises and a Feminist Ethic of Care

This last point brings us to the broader relevance arising from our insights beyond the time–space conjuncture of pandemic shopping. We want to dare to think ahead. Can a sense of response-ability prevent us from yet again selfishly hoarding essential goods when supplies get tight, and can governments and other institutions learn to care 'better' in future crises by studying and supporting people's situated care responses? Our supermarket 'carescapes' were decidedly unheroic places, full of ordinary citizens, and the care enactments we described were often small and unheroic too.

However, it may be exactly such a setting that opens up new societal possibilities. Cozza et al. (2021), a feminist writing collaborative, propose the language of mending or darning as an alternative to a crisis vocabulary of wars and heroes to think about how our relational fabric is always subject to tears, rips, and repairs. While these rips may become

exacerbated in times of crisis, they can be repaired through multiple distributed acts of skillful care work. But Cozza et al. also prompt us to think through the taken-for-grantedness of this repair work and who is charged with it. In our case, shop assistants became visible through their increased vulnerability for the first time, and in many families a renegotiation of caring roles may have given some men a first taste of the multiple daily care demands that females have been balancing as a matter of course. But the pandemic also exacerbated existing vulnerabilities, and in doing so often allowed those in privileged and resource-rich conditions to keep their own existential fears repressed. To stay with our shopping example, those who had the means to afford online grocery shopping or a life on take-aways, for instance, were able to simply delegate their vulnerabilities onto delivery workers.

While a care perspective cannot prevent caring from being invisibilized and genderized, it does act as a reminder of what lies at the basis of all relational ethical reasoning: a shared sense of our existential embodied vulnerability, to speak with Fotaki (2023). A feminist ethic of care is feminist not only because it draws our attention to inequalities in who is doing the societal repair work in terms of gender, race, social class, and other positionalities. It is feminist because it suggests that we need to face our own vulnerabilities in order to be attentive to those of others and make life 'livable' for all—or, in our terminology, to be response-able.

Concluding Thoughts

The striking similarities in participants' ethical reasonings that we identified across the four countries give us a deep understanding of people's ethical reasonings in the context of shopping in crisis. Of course, this does not allow us to draw representative claims on how shopping and caring responsibilities were enacted in pandemic societies at large. We are also aware that our study was unlikely to have captured the most vulnerable voices in society. It is precisely because of these limitations that we end this paper by evoking those who "never get to the store to lay claim to their carts full of toilet paper" (Napier, 2020, p. 1). It is by reflecting on those vulnerabilities that remain hidden even in the context of crisis that an ethic of care may hold the deepest transformational potential for a communal post-pandemic 'ethical living'. In political terms, by reconsidering responsibility in the context of a relational sociality that includes not just proximate others or those who resemble us most but also those who may be invisible or at the margins of society; for marketers and managers by thinking of how they can provide spaces that facilitate and support caring relations for all potential users; and for all of us by remembering our fundamental interdependence to address inequalities and injustices during and beyond crises (Laugier, 2021; Fotaki, 2023). By arguing for a practical ethos of shopping, we thus contribute to displacing the continuing prevalence of normativity in consumption ethics with a situated and affective politics of care that is sensitive to those who are often least cared for—in crisis, but also as a hope for non-crisis times—rooted in such small, unheroic acts as bringing care into daily provisioning practices. Such an ethic of care might be the building stone for a different conception of personhood: one built on a deep awareness of our own 'nested dependencies' (Kittay, 1999), including the many tensions, contradictions, and ambiguous affects that these generate. Put simply: while queuing in front of shops is history, at least for now, what may stay with many of us is an awareness that going about one's daily errands could extend to a more response-able way of interacting with fellow shoppers and marketplace employees.

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Data availability The pseudonymized data that support the findings of this study are available on request from the authors upon reasonable request and subject to privacy agreements with research participants.

Declarations

Conflict of interest All authors declare that they have no conflict of interest relevant to this manuscript to disclose.

Ethical Approval This research is based on empirical research involving depth interviews with human subjects. Full informed consent was obtained from all research participants prior to the research. All data were pseudonymized before analysis, and GDPR regulations were adhered to at all times in handling personal data. The study received

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References

Adams, M., & Raisborough, J. (2010). Making a difference: Ethical consumption and the everyday. *The British Journal of Sociology, 61*(2), 256–274.

Anderson, B. (2009). Affective atmospheres. *Emotion, Space and Society, 2*(2), 77–81.

Ariztia, T., Agloni, N., & Pellandini-Simányi, L. (2018). Ethical living: Relinking ethics and consumption through care in Chile and Brazil. *The British Journal of Sociology, 69*(2), 391–411.

Barnes, M. (2012). *Care in everyday life: An ethic of care in practice*. Policy Press.

Barnett, C., Clarke, N., Cloke, P., & Malpass, A. (2005). The political ethics of consumerism. *Consumer Policy Review, 15*(2), 45–51.

Berlant, L. (2011). *Cruel optimism*. Duke University Press.

Bowlby, S. (2012). Recognising the time—space dimensions of care: Caringscapes and carescapes. *Environment and Planning A, 44*(9), 2101–2118.

Brinkmann, J. (2004). Looking at consumer behavior in a moral perspective. *Journal of Business Ethics, 51*(2), 129–141.

Carrington, M., Chatzidakis, A., Goworek, H., & Shaw, D. (2021). Consumption ethics: A review and analysis of future directions for interdisciplinary research. *Journal of Business Ethics, 168*(2), 215–238.

Chatzidakis, A., Hakim, J., Littler, J., Rottenberg, C., & Segal, L. (2020). From carewashing to radical care: The discursive explosions of care during Covid-19. *Feminist Media Studies, 20*(6), 889–895.

Clark, S., McGrane, A., Boyle, N., Joksimovic, N., Burke, L., Rock, N., & O'Sullivan, K. (2021). "You're a teacher you're a mother, you're a worker": Gender inequality during COVID-19 in Ireland. *Gender, Work & Organization, 28*(4), 1352–1362.

Cloke, P., & Conradson, D. (2018). Transitional organisations, affective atmospheres and new forms of being-in-common: Post-disaster recovery in Christchurch, New Zealand. *Transactions of the Institute of British Geographers, 43*(3), 360–376.

Cozza, M., Gherardi, S., Graziano, V., Johansson, J., Mondon-Navazo, M., Murgia, A., & Trogal, K. (2021). COVID-19 as a breakdown in the texture of social practices. *Gender, Work & Organization, 28*, 190–208.

Fine, M., & Tronto, J. (2020). Care goes viral: Care theory and research confront the global COVID-19 pandemic. *International Journal of Care and Caring, 4*(3), 301–309.

Fisher, B., & Tronto, J. (1990). Toward a feminist theory of caring. In E. K. Abel & M. K. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 35–62). State University of New York Press.

Fotaki, M. (2023). Why Do We Desire and Fear Care: Toward developing a holistic political approach. *Organization Theory, 4*(1), 1–23.

Galasso, I., & Watts, G. (2022). inequalities in the challenges affecting children and their Families during cOViD-19 with school closures and reopenings: A Qualitative study. *Public Health Ethics, 15*(3), 240–255.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Hangel, N., Schönweitz, F., McLennan, S., Fiske, A., Zimmermann, B. M., & Buyx, A. (2022). Solidaristic behavior and its limits: A qualitative study about German and Swiss residents' behaviors towards public health measures during COVID-19 lockdown in April 2020. *SSM - Qualitative Research in Health, 2*, 100051. https://doi.org/10.1016/j.ssmqr.2022.100051.

Hanrahan, K. B., & Smith, C. E. (2020). Interstices of Care: Re-Imagining the geographies of care. *Area, 52*, 230–234.

Haraway, D. (2012). Awash in urine: DES and Premarin® in multispecies response-ability. *Women's Studies Quarterly, 40*(1/2), 301–316.

Heath, T., O'Malley, L., Heath, M., & Story, V. (2016). Caring and conflicted: Mothers' ethical judgments about consumption. *Journal of Business Ethics, 136*(2), 237–250.

Held, V. (2006). *The ethics of care: Personal, political, and global*. Oxford University Press.

Henig, D., & Knight, D. M. (2023). Polycrisis: Prompts for an emerging worldview. *Anthropology Today, 39*(2), 3–6.

Johansson, J., & Wickström, A. (2023). Constructing a 'different' strength: A feminist exploration of vulnerability, ethical agency and care. *Journal of Business Ethics, 184*(2), 317–331.

Johnson, S. B., Lucivero, F., Zimmermann, B. M., Stendahl, E., Samuel, G., Phillips, A., & Hangel, N. (2022). Ethical reasoning during a pandemic: Results of a five country European study. *AJOB Empirical Bioethics, 13*(2), 67–78.

Kemp, E., Kennett-Hensel, P. A., & Williams, K. H. (2014). The calm before the storm: Examining emotion regulation consumption in the face of an impending disaster. *Psychology & Marketing, 31*(11), 933–945.

Kennett-Hensel, P. A., Sneath, J. Z., & Lacey, R. (2012). Liminality and consumption in the aftermath of a natural disaster. *Journal of Consumer Marketing, 29*(1), 52–63.

Kieslich, K., Fiske, A., Gaelle, M., Galasso, I., Geiger, S., Hangel, N., Horn, R., Lanzing, M., Libert, S., Lievevrouw, E., Lucivero, F., Marelli, L., Prainsack, B., Schönweitz, F., Sharon, T., Spahl, W., Van Hoyweghen, I., & Zimmermann, B. (2023). Solidarity during the COVID-19 pandemic: Evidence from a nine-country interview study in Europe. *BMJ Medical Humanities, Online First*. https://doi.org/10.1136/medhum-2022-012536

Kittay, E. F. (1999). *Love's labor: Essays on women equality and dependency*. Routledge.

Klinenberg, E., Araos, M., & Koslov, L. (2020). Sociology and the climate crisis. *Annual Review of Sociology, 46*, 649–669.

Larson, L. S., & Shin, H. (2018). Fear during natural disaster: Its impact on perceptions of shopping convenience and shopping behavior. *Services Marketing Quarterly, 39*(4), 293–309.

Laugier, S. (2021). Paradoxes in the invisibility of care work. *Philosophical Topics, 49*(1), 61–80.

Micheletti, M., & Stolle, D. (Eds.). (2004). *Politics, products, and markets: Exploring political consumerism past and present*. Transaction Publishers.

Miller, D. (2002). *A theory of shopping*. Polity Press.

Moriggi, A., Soini, K., Franklin, A., & Roep, D. (2020). A care-based approach to transformative change: Ethically-informed practices, relational response-ability & emotional awareness. *Ethics, Policy & Environment, 23*(3), 281–298.

Napier, A. D. (2020). Rethinking vulnerability through Covid-19. *Anthropology Today, 36*(3), 1–2.

Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. University of California Press.

Noddings, N. (2002). *Starting at home: Caring and social policy*. University of California Press.

Parsons, E., Kearney, T., Surman, E., Cappellini, B., Moffat, S., Harman, V., & Scheurenbrand, K. (2021). Who really cares? Introducing an 'ethics of care' to debates on transformative value co-creation. *Journal of Business Research, 122*, 794–804.

Pascoe, J., & Striping, M. (2020). Surging solidarity: Reorienting ethics for pandemics. *Kennedy Institute of Ethics Journal, 30*(3–4), 419–444.

Pellizzoni, L., & Sena, B. (2021). Preparedness as governmentality: Probing the Italian management of the Covid-19 emergency. *Sociologica, 15*(3), 61–83.

Puig de La Bellacasa, M. (2012). 'Nothing comes without its world': Thinking with care. *The Sociological Review, 60*(2), 197–216.

Puig de la Bellacasa, M. (2017). *Matters of care: Speculative ethics in more than human worlds, Post humanities*. University of Minnesota Press.

Reisch, T., Heiler, G., Hurt, J., Klimek, P., Hanbury, A., & Thurner, S. (2021). Behavioral gender differences are reinforced during the COVID-19 crisis. *Nature Scientific Report, 11*, 19241.

Richey, L. A., & Ponte, S. (2011). *Brand aid: Shopping well to save the world*. University of Minnesota Press.

Ryan, A., Geiger, S., Haugh, H., Branzei, O., Gray, B. L., Lawrence, T. B., Cresswell, T., Anderson, A., Jack, S. & McKeever, E. (2023). Emplaced partnerships and the ethics of care, recognition and resilience. *Journal of Business Ethics, 184*(4), 757–772.

Schmidt, S., Benke, C., & Pané-Farré, C. A. (2021). Purchasing under threat: Changes in shopping patterns during the COVID-19 pandemic. *PLoS ONE, 16*(6), e0253231.

Sevenhuijsen, S. (2003). The place of care: The relevance of the feminist ethic of care for social policy. *Feminist Theory, 4*(2), 179–197.

Shamir, R. (2008). The age of responsibilization: On market-embedded morality. *Economy and Society, 37*(1), 1–19.

Shaw, D., McMaster, R., Longo, C., & Özçaglar-Toulouse, N. (2017). Ethical qualities in consumption: Towards a theory of care. *Marketing Theory, 17*(4), 415–433.

Shaw, D., McMaster, R., & Newholm, T. (2016). Care and commitment in ethical consumption: An exploration of the 'attitude–behaviour gap.' *Journal of Business Ethics, 136*(2), 251–265.

Sneath, J. Z., Lacey, R., & Kennett-Hensel, P. A. (2009). Coping with a natural disaster: Losses, emotions, and impulsive and compulsive buying. *Marketing Letters, 20*(1), 45–60.

Thompson, C. J. (1996). Caring consumers: Gendered consumption meanings and the juggling lifestyle. *Journal of Consumer Research, 22*(4), 388–407.

Thompson, C. J., & Kumar, A. (2021). Beyond consumer responsibilization: Slow Food's actually existing neoliberalism. *Journal of Consumer Culture, 21*(2), 317–336.

Tronto, J. (1993). *Moral boundaries: A political argument for an ethic of care*. Routledge.

Tronto, J. (2013). *Caring democracy: Markets, equality, and justice*. New York University Press.

Tronvoll, B., & Edvardsson, B. (2022). Customer experiences in crisis situations: An agency-structure perspective. *Marketing Theory, 22*(4), 539–562.

Warde, A. (2022). Society and consumption. *Consumption and Society, 1*(1), 11–30.

West-Oram, P. (2021). Solidarity is for other people: Identifying derelictions of solidarity in responses to COVID-19. *Journal of Medical Ethics, 47*(2), 65–68.

Zimmermann, B. M., Wagenaar, H., Kieslich, K., Prainsack, B., Meyers, G., Buyx, A., El-Sayed, S., Fiske, A., Galasso, I., Geiger, S., & Hangel, N. (2022). Democratic research: Setting up a research commons for a qualitative, comparative, longitudinal interview study during the COVID-19 pandemic. *SSM-Qualitative Research in Health, 2*, 100158.