Green Paper 03 — Viability and the Conditions for Care

Green Papers: Notes Toward Planetary Guardianship
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Abstract

This paper explores care as a viability condition. Care is often treated as a moral ideal or a personal virtue, but it is also a systemic capacity: something that requires time, attention, trust, and institutional support.

In overloaded systems, care becomes fragile. It collapses not only through cruelty, but through exhaustion, fragmentation, and the disappearance of repair. Viability, in this context, refers to the ability of people, relationships, and institutions to remain coherent enough for responsibility to be carried over time.

The paper proposes a simple orientation: if care is expected, care must be possible. The ethical question therefore becomes practical—what conditions allow care to endure, without moralizing those who are already carrying too much?

1. Care is not only intention

Many societies speak of care as a value. Many institutions speak of care as a principle. Individuals often hold care as an aspiration.

Yet care is not sustained by intention alone. It requires capacity: time, stability, and access to repair.

When care collapses, the cause is often interpreted as moral failure: "people no longer care," "institutions have become cynical," "society is losing its values."

Sometimes that is true. But often the deeper cause is simpler: care has become structurally difficult to perform.

2. Viability as a quiet ethical concept

Viability means the capacity to remain alive and coherent through change. It is not perfection. It is not growth. It is the ability to continue without collapse.

In the Green Papers, viability is treated as an ethical condition: a system that cannot remain viable will not remain caring.

We can think of viability as something that must exist across multiple levels:

- **Personal viability** — regulation, recovery, enough stability to remain human
- **Relational viability** — trust, boundaries, repair, shared rhythm
- **Institutional viability** — coordination, legitimacy, feedback, responsibility structures
- **Ecological viability** — planetary thresholds, long horizons, irreversible change

Care becomes sustainable when viability is protected across these layers.

3. The hidden costs of care

Care is not free. Even when it is offered lovingly, it has costs: emotional labor, time, responsibility load, and exposure to other people's distress.

In viable systems, these costs are buffered by support—social, economic, institutional. In overloaded systems, the costs accumulate silently.

When the costs accumulate without repair, care often mutates into:

- burnout
- resentment
- withdrawal
- procedural coldness
- reactivity disguised as efficiency

These are not primarily failures of character. They are signals of overload.

4. Institutions that ask for care while removing its conditions

Many contemporary institutions demand care rhetorically while making it practically impossible. They may celebrate empathy and responsibility, while organizing work through chronic scarcity, time compression, and constant reactivity.

This produces a cruel ethical structure: people are blamed for failing to do what the system prevents them from doing.

If care is expected, care must be possible. That means institutions must protect:

- time for attention
- spaces for repair
- clear responsibility boundaries
- real feedback from lived reality
- legitimacy through participation, not only compliance

Otherwise care becomes a moral aesthetic—something spoken, not practiced.

5. Care under planetary constraint

Planetary instability changes the ethical landscape. Care is no longer only a local interpersonal matter.

Care now includes:

- care for future generations
- care for the more-than-human world
- care for institutions that must carry long horizons
- care for truth under pressure

But planetary care cannot be sustained through moral intensity alone. It requires viable structures capable of holding grief, uncertainty, and uneven burdens over time.

6. A practical orientation

The point of this paper is not to define care. The point is to protect the conditions that allow care to remain possible.

A simple test can guide design:

- Is care being demanded where repair is unavailable?
- Is responsibility being assigned without capacity?
- Is time being compressed beyond what attention can carry?
- Is coherence being lost through fragmentation?
- Is the system becoming reactive by default?

When the answer is yes, moral language tends to increase—while moral capacity declines.

Closing questions

- What makes care sustainable rather than heroic?
- Where does care collapse first: body, relation, or institution?
- Which institutional designs consistently produce overload?
- What forms of repair restore viability after rupture?
- How do we carry planetary responsibility without burning out?

References (working constellation)

Care & ethics: Tronto · Gilligan · Held
Stress & viability: McEwen · Sapolsky · Sterling (allostasis)
Institutions & complexity: Simon · Ostrom · Weick
Planetary constraint: Rockström · Steffen · Meadows

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Spiralweb: spiralweb.earth