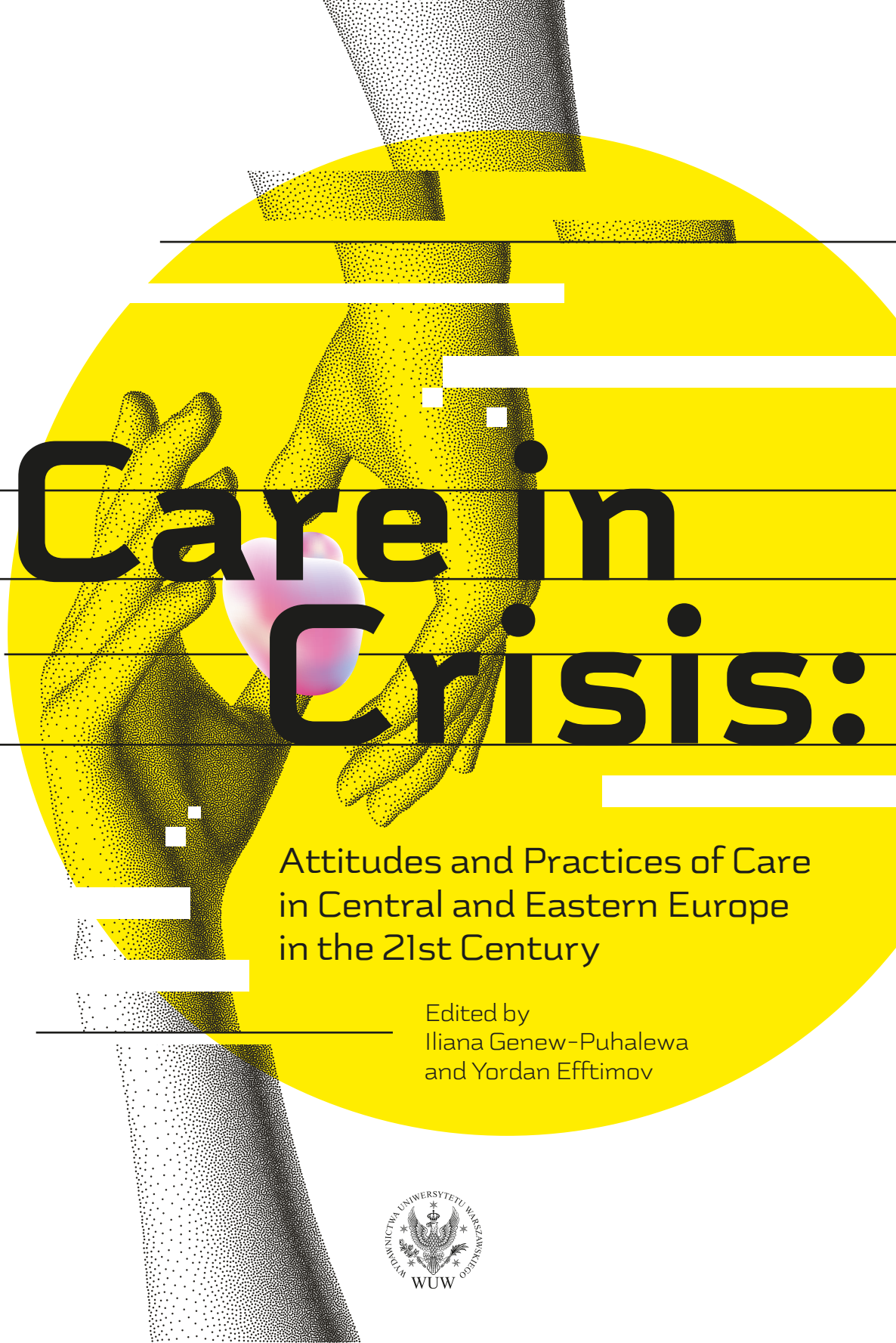




Care in Crisis:

Attitudes and Practices of Care
in Central and Eastern Europe
in the 21st Century

Edited by
Iliana Genew-Puhalewa
and Yordan Efftimov



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Introduction

This volume brings together selected papers presented at the international academic conference *Attitudes and practices of care in Central and Eastern Europe in the 21st century*, organised by the Institute of Western and Southern Slavic Studies at the University of Warsaw and the New Bulgarian University.¹ The conference took place in a hybrid format on 25 May 2023, with sessions hosted at both institutions' headquarters. Under the honorary patronage of the Commissioner for Human Rights of the Republic of Poland, the event brought together scholars from diverse disciplines—as well as activists—for a critical examination of the concept of care: its ethical, political, social, and institutional dimensions within the context of contemporary crises that continue to shape our reality.

At the time of the conference, the world was still grappling with the aftermath of the COVID-19 pandemic, which had not only exposed systemic weaknesses in health care but had also destabilised social structures, reshaped interpersonal relationships, and redefined the ways in which communities and institutions provide care. Simultaneously, Russia's war against Ukraine had been ongoing for over a year, forcing millions into exile and raising fundamental questions about solidarity, humanitarianism, and responsibility. Meanwhile, at the external borders of the European Union—between Poland and Belarus, as well as in the Mediterranean region—migrants from the Middle East and Africa remained in limbo, caught in spaces of exclusion where political discourse often overshadowed human suffering. The climate crisis, no longer an abstract concern for the future, had become an immediate threat, manifesting in extreme weather events, environmental degradation, and increasing pressure to implement sustainable policies. Across different regions, the struggle for women's rights, including reproductive autonomy, intensified, exposing deep societal and ideological fractures. Rising economic uncertainty—whether real or perceived—exacerbated social anxieties, shaped labour relations, and influenced everyday strategies of survival. It was within this complex and multilayered context that the conference sought to reflect on the notion of care.

¹ The organization of the conference on the University of Warsaw side was carried out by MA students—Dominik Jachimczyk, Kinga Kaczowska, Magdalena Kałuża, and Rafał Mrowiński—as part of the course 'Research Project' (Projekt naukowy). We gratefully acknowledge their essential contribution.

Today, as we present this publication, the world has not become more stable. The war in Ukraine persists, bringing continued destruction and displacement, while a new conflict has erupted—the Israel–Hamas War—further deepening humanitarian crises and geopolitical divisions. The climate crisis accelerates, and migration remains an unresolved challenge. The issues that framed the discussions at the conference have not disappeared; on the contrary, they have intensified, rendering the questions posed by the authors of this volume all the more pressing.

The articles collected here explore legal, linguistic, literary, and socio-political perspectives, offering an interdisciplinary approach to one of the most fundamental yet often overlooked aspects of human existence—what might be called a ‘universal empirical category’. By analysing care as both a discourse and a practice, whether in Poland, Bulgaria, the Balkans, Ukraine, or beyond, the contributions in this volume seek to deepen our understanding of how care is structured, contested, and enacted in a world marked by crisis, uncertainty, and continuous transformation.

The volume opens with Iliana Genew-Puhalewa’s article which offers an interdisciplinary perspective on care by analysing the language used in EU legislation in the context of the war in Ukraine. The author highlights how terminological and lexical choices reflect institutional logic and reveal the axiological and political implications of care in contemporary Europe.

Following this, Andreana Eftimova examines the gender asymmetry in Bulgarian and Polish professional nomenclature within the health care sector. Her analysis, based on dictionary entries, reveals how language shapes and reflects social perceptions of gender in medical professions, influencing career choices and public communication.

The next article, by Bilyana Kourtasheva, explores various representations of care in literature from the early 20th century to today, highlighting both the continuity and the transformations of its imagery, along with the power dynamics it entails.

Grażyna Szwat-Gylybow offers a folkloristic and dramatic perspective on care by examining the motif of the ‘walled-up woman’ as a representation of maternal sacrifice. Through an analysis of folk songs and Maria Stankova’s micro-play *The dead head spoke to me*, she reveals how care transcends binary gender roles and exposes ethical complexities.

The legal and institutional aspects of care are further explored by Deyana Marcheva, who identifies significant deficiencies in the Bulgarian public law system. She highlights the bureaucratic rigidity that hinders a compassionate and responsive approach to care, advocating for the integration of care ethics into legal theory and practice.

In a related discussion, Silvia Tsoneva examines the concept of duty of care in tort law. She presents care as a regulatory mechanism that balances responsibility for civil wrongs and defines acceptable social behaviour, impacting contemporary understandings of justice.

The volume then shifts to the practical dimension of care in education with Ekaterina Todorova’s article on inclusive education for students with special needs at the New Bulgarian University. She discusses institutional support mechanisms, accessibility initiatives, and the adaptation of academic environments to foster inclusion.

Finally, in the special contribution, Valeri Vachev, former Deputy Commissioner for Human Rights of the Republic of Poland, presents an analysis of the humanitarian crisis on the Polish–Belarusian border. Drawing on his experience in office at the time, his report

examines the clash between care ethics and political realities, shedding light on the moral and legal dilemmas surrounding the protection of migrants' rights.

This collection invites further inquiry into the ways care is shaped by—and shapes—institutions, ideologies, and everyday practices, particularly in regions undergoing profound social and political transformation or affected by crisis.

Iliana Genew-Puhalewa

The language of care in EU legislation on the war in Ukraine (based on Polish, Bulgarian, Greek, and English materials)

ABSTRACT: This study investigates the linguistic encoding of the concept of care in European Union (EU) legislative discourse, focusing on how it is expressed across English, Bulgarian, Greek, and Polish-language versions of legal texts. By analysing EU regulations, particularly those responding to Russia's war against Ukraine, the study examines how care is conceptualised through actions, objects, and subjects. The findings reveal that institutional mechanisms—financial, procedural, and regulatory—dominate the representation of care, rather than terminology reflecting interpersonal relationships or ethical concerns. Additionally, cross-linguistic differences emerge, with certain languages displaying historically charged terminology, contrasting with the neutrality of English legal discourse. While EU law largely adheres to terminological standardisation, these linguistic variations highlight subtle divergences in axiological framing. The study ultimately demonstrates that EU legal language operationalises care as an administrative function, reinforcing a governance-oriented rather than relational model of assistance.

KEYWORDS: care, EU legal language, terminology, axiological concept, Russia's war against Ukraine

Introduction

Researchers investigating the concept of CARE¹ in non-English linguistic contexts, such as Polish and Modern Greek, encounter a significant issue. Despite the widespread recognition of CARE as a fundamental social value—regarded by ethicists as a 'central anthropological category' and 'one of the fundamental things that make us human' (Baier 1985: 84, as cited in Engster 2005: 15)—there is no universally accepted terminological designation or single lexical equivalent for it in many languages. In Polish, for instance, terms such as *troska* and *opieka* often compete,² while depending on the context, expressions like *świadczenie troski*, *z troską*, and *usługi opiekuńcze* may also be used. In Bulgarian, the corresponding terms

¹ The following graphic conventions are used in this text: CONCEPTS and notions are written in small capitals, *lexemes* (exemplifications) in italics, and meanings are provided in angle brackets (<like this>).

² See the title of the Polish translation of Engster's work *Rethinking care theory: The practice of caring and the obligation to care*—*Rozważania na temat teorii opieki: praktyka i obowiązki opieki*. Available at: <http://www.ekologiasztuka.pl/pdf/f00087engster.pdf> [Accessed: 15 February 2024].

include *грижа, обгрижване, здравно обслужване, and медицински грижи*. In Modern Greek, the primary term used is *φροντίδα* (also present in Ancient Greek as *φροντίς*), although alternative terms such as *μέριμνα, έγνοια, στοργή, ευθύνη, κηδεμόνευση, and αρμοδιότητα* are employed in various discourses and contexts.

Over the past two decades, as discussions on *care ethics* have gained prominence in ethical discourse—initially within the context of or as an extension of feminist ethics developed in the United States—non-Anglophone scholars writing on the subject have increasingly drawn attention to the challenges of terminologically defining this axiological concept in other languages (Uliński 2012: 12 ff.). Notably, in Greek publications on this ethical trend, Care Ethics, the English term *care* is often used without adaptation, as a linguistic borrowing, with Greek authors referring to it as *ηθική του care* (Maropoulou [Μαροπούλου] 2011: 83 ff.³).

With this in mind, since 2021, a project has been underway at the University of Warsaw within the Institute of Western and Southern Slavic Studies, focusing on the terminological analysis of contemporary axiological concepts, particularly in the languages of the European Union (EU), including Polish, Bulgarian, Croatian, and Czech. Initially, the project explored the concept of CARE in thematic areas such as the climate crisis, economic inequalities, social solidarity, and the COVID-19 pandemic. However, following Russia's invasion of Ukraine in 2022 and the subsequent influx of refugees into Poland and other EU countries, the research shifted towards examining the EU's legislative responses. As these legal measures increasingly exhibited linguistic markers of CARE, the study turned to analysing how this concept is embedded in the evolving discourse of EU legislation.

Within this framework, the present study examines the terminological representation of CARE, leading to research questions grounded in several initial assumptions, which are discussed below.

The first postulate, as previously stated, is that the terminologisation of the concept of CARE presents a challenge. This difficulty stems from the strong axiological charge of the concept, which inevitably influences its linguistic expression, leading to the use of evaluative and emotionally marked language.

The second postulate is that the linguistic encoding of the concept of CARE in EU law must reconcile two competing demands: on the one hand, the established ways of speaking about CARE within a given linguistic and cultural tradition, and on the other, the fundamental requirement for neutrality in legal terminology. Since expressively marked or value-laden expressions may contradict the principles of legal language, they are frequently replaced with more 'technical' terminology.

Based on these two postulates, the research questions are formulated as follows:

1. How does the EU legislator linguistically encode the concept of CARE, and what general language terms and specialised terminology are employed to address this fundamental concept?

³ The researcher advocates for the term *φροντίδες* in the plural and also promotes the expressions *το φροντίζειν* and *έννοια του φροντίζειν* (the concept of care) (Maropoulou [Μαροπούλου] 2011: 84, 104).

2. Do the different linguistic versions of EU law (English, Bulgarian, Greek, and Polish) adhere to the requirement of expressive neutrality in the designation of the concept of CARE, and are there discernible cross-linguistic differences in this respect?

Although answers to these questions have not yet been fully provided, their formulation constitutes an important step towards deepening the analysis. Final conclusions will emerge from further analysis and comparisons to be undertaken throughout the project.

Conceptual background

Care appears to belong to the category of key words, such as *freedom*, *solidarity*, *gratitude*, or *truth*, which, as noted by Anna Wierzbicka in her book *Understanding cultures through their key words: English, Russian, Polish, German, and Japanese* (1997), are deeply rooted in culture and reflect community-specific ways of understanding reality. Wierzbicka emphasises that these words carry a certain cultural baggage, influencing their interpretation and translation across different languages and cultures. In the ethics of care, developed within feminist philosophy, care is perceived as an empirical universal, manifesting in interpersonal interactions and involving responsiveness to the needs of others. Nel Noddings stresses that a crucial aspect of care is attentiveness—actively recognising needs and being motivated to address them in a compassionate and empathetic manner. For Noddings and other scholars, care is regarded as a virtue that encompasses fundamental qualities such as attentiveness, responsiveness, and respect (Noddings 1984: 2 ff.; 2002: 13 ff.). Attentiveness involves perceiving others' needs, responsiveness refers to appropriately addressing them, and respect acknowledges the intrinsic worth and autonomy of the care recipient. These virtues form the ethical foundation of effective caregiving (see Engster 2005 and references therein).

This study is directly derived from theories defining CARE as a relationship between participants. In the context of terminological analysis of EU law, particularly legislation concerning Russia's war in Ukraine, a key question arises: How is the relational and axiological nature of CARE represented in legal texts?

The analysis focuses on three interrelated dimensions of CARE:

1. Subject—the provider of CARE
2. Object—the recipient of CARE
3. Actions—the specific practices and processes that constitute caregiving.

These elements reflect definitions that conceptualise CARE as a structured relationship. A widely cited definition by Berenice Fisher and Joan Tronto exemplifies this:

On the most general level, we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and to repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Fisher and Tronto 1990: 40)

By defining CARE through its essential role in sustaining human life and society, Fisher and Tronto situate it within material, institutional, and moral frameworks.

Sources and analytical focus

The research material for this study was selected by a project team comprising master's students from the Institute of Western and Southern Slavic Studies at the University of Warsaw.⁴ The analysed EU legal acts address key aspects of the response to Russia's war against Ukraine, including temporary protection for those fleeing Ukraine (1–3), border management and facilitation of border crossings (4), recognition of qualifications for war refugees (5), macro-financial assistance for Ukraine (6), humanitarian support and reconstruction (7), solidarity corridors for agricultural exports from Ukraine (8), and EU regulatory adjustments to mitigate the effects of Russian aggression (9).⁵

Among the collected material, the FAST CARE Regulation (2022/0208(COD)) stands out as particularly noteworthy, as its title contains a deliberately semanticised acronym. In light of a well-established interpretative principle—which holds that there are no 'empty' words in the titles of legal acts and that, in the legal cultures under examination, the title and subtitle of a text serve as a foundation for legal interpretation—the analysis of this term gains particular significance.

FAST CARE can be understood as ⟨rapid care/support/assistance/aid⟩; however, the full name of the document—*Flexible Assistance for Territories, Cohesion's Action for Refugees in Europe*—does not explicitly indicate a connection between EU actions and the concept of CARE.⁶ This connotation emerges only within the acronym's definition and the context of its application, which necessitates a more in-depth linguistic analysis of the role and function of conceptual framing in EU legislative discourse.

An analysis of the FAST CARE definition in the *InterActive Terminology for Europe* (IATE)⁷ multilingual database indicates that the hypernym for *care* in this document is *mechanism*. In this context, *mechanism* serves as a superordinate category—a term encompassing a broader set of concepts related to instruments of action.⁸

⁴ I extend my sincere gratitude to the Slavic Studies students and Law graduates, Dominik Jachimczyk, MA, and Magdalena Kaluza, PhD, for their expert selection of materials and their active participation in discussions on the analysed documents.

⁵ For a detailed list, see the Annex.

⁶ The document's title in different language versions—Bulgarian: *Гъвкава помощ за територии, Действие за сближаване в подкрепа на бежанците в Европа*, Greek: *Ευέλικτη βοήθεια για εδάφη, Δράση συνοχής για τους πρόσφυγες στην Ευρώπη*, Polish: *Elastyczna pomoc dla terytoriów, Działanie na rzecz spójności dla uchodźców w Europie*.

⁷ Available at: <https://iate.europa.eu> [Accessed: 15 February 2024].

⁸ See the definition of CARE in IATE: ⟨*mechanism* of cohesion policy that allows EU Member States and regions to provide emergency support to people fleeing from Russia's invasion of Ukraine, by introducing the necessary flexibility in the 2014–2020 Cohesion policy rules to allow a swift reallocation of available funding to such emergency support) [Accessed: 15 February 2024].

This is reflected in the document's other language versions: bg *средство*, el *μηχανισμός*, pl *środek* (or *mechanizm*).⁹ Such neutral terminology is characteristic of the institutional discourse of the EU, which prioritises precision and favours technical-legal formulations over axiologically charged expressions.

Conversely, in the definition of FAST CARE, evaluative meaning is implied in terms denoting ACTIONS, which function as hyponyms of *care*, for example, *providing emergency support to people fleeing from Russia's invasion of Ukraine* (bg *оказване на спешна помощ на хора, бягащи от руската инвазия в Украйна*; el *παροχή επείγοντως βοήθειας σε άτομα που διαφεύγουν από την εισβολή της Ρωσίας στην Ουκρανία*; pl *udzielanie wsparcia w sytuacjach nadzwyczajnych osobom uciekającym przed inwazją Rosji na Ukrainę*). While the Bulgarian *хора, бягащи* and Polish *uciekający* highlight urgency and forced displacement, the Greek *διαφεύγουν* is more neutral and procedural, framing movement as an act of avoidance rather than flight.

In the various language versions of the document, expressions such as *support*, *aid*, and *assistance* (bg *помощ/подкрепа*, el *βοήθεια*, pl *wsparcie*) are used—terms that convey a positively connoted, action-oriented framing of CARE. In contrast, the word *care* appears only as part of the acronym, rather than as an explicitly defined concept within the document.

The prominence of *flexibility* in the very title and acronym of FAST CARE (*Flexible Assistance for Territories*) already signals its central role in the conceptualisation of these measures. The term *flexible assistance* appears repeatedly in the document, emphasising *flexibility* as a defining characteristic of EU CARE. The document does not explicitly define *flexibility*, but its usage suggests that it refers primarily to the EU's capacity to adjust its measures to specific needs, particularly through budgetary reallocations and simplified administrative procedures. This institutionalised notion of *flexibility* can be examined in relation to ethical theories of CARE. As Engster (2005: 9) argues, CARE is fundamentally oriented towards addressing basic human needs, fostering individual development, and alleviating suffering in a manner that demonstrates attentiveness and respect towards care recipients. In this sense, *flexibility* in EU legislation may be interpreted not merely as a procedural or financial tool but also as a mechanism for implementing care through adaptive governance. This is reflected in the document's other language versions: bg *гъвкав*, el *ευέλικτος*, pl *elastyczny*. Adjectives meaning (flexible) acquire ethical and positively evaluative connotations in EU terminology, which embeds them within the institutional axiology of CARE.

Constituents of CARE in EU law: from actions to object and subject

The analysis follows a dynamic model that progresses from actions to object and finally to subject, allowing for a systematic examination of how CARE is linguistically encoded in EU legislative discourse. The first stage of this analysis focuses on actions, which serve as the primary linguistic vehicle of CARE, shaping the conceptualisation of assistance, protection, and resource allocation in legislative documents.

⁹ The language codes (bg, en, el, pl) follow the ISO 639-1 standard and correspond to Bulgarian, English, Greek, and Polish, respectively. This notation is also used in the IATE terminology database.

Three key axes structure the linguistic representation of CARE in EU legislation through the lens of **actions**. The first concerns legal regulations oriented towards adaptability, including instruments such as temporary protection (bg *временна закрила*, el *προσωρινή προστασία*, pl *tyczasowa ochrona*), recognition of qualifications (bg *признаване на квалификациите*, el *αναγνώριση προσόντων*, pl *uznawanie kwalifikacji*), and simplified employment procedures. The second axis pertains to resource and financial management, particularly the mobilisation of funds, framing it as an aspect of economic responsiveness (bg *мобилизиране на средства*, el *κινητοποίηση πόρων*, pl *mobilizacja środków*), budgetary reallocations (bg *прена-сочване на средства*, el *ανακατανομή κονδυλίων*, pl *przesunięcia budżetowe*), and the application of 100% co-financing for crisis-related measures (bg *100% съфинансиране*, el *100% συγχρηματοδότηση*, pl *100% dofinansowanie*). The third axis focuses on the coordination and organisation of assistance, as exemplified by the *Solidarity Platform*, refugee relocation mechanisms, and the EU-wide medical support system.

Beyond financial and procedural mechanisms, legislative texts introduce specific institutional actions that define the EU's operational approach to CARE. The activation of the Temporary Protection Directive,¹⁰ which grants access to housing, education, health care, and employment, represents one of the clearest legislative implementations of CARE, carrying strong protective connotations. Likewise, the establishment of the *Solidarity Platform*, a mechanism coordinating assistance across Member States, introduces solidarity as a key conceptual and linguistic element, as reflected in bg *Платформа за солидарност*, el *Πλατφόρμα Αλληλεγγύης*, pl *Platforma Solidarności*. *Protection* and *solidarity*, alongside *care*, stand out as the only terms that carry unambiguously positive axiological value, in contrast to the dominant neutral, functional, and technocratic terminology.

Examining the linguistic encoding of CARE in EU legislative texts reveals that its **objects** encompass both individuals and institutions. The most frequently occurring terms in the examined languages refer to *people fleeing war*, such as bg *лица, които бягат от война*, el *άτομα που διαφεύγουν από τον πόλεμο*, pl *osoby uciekające przed wojną*. In some cases, the axiological component is more pronounced, particularly in Polish formulations, where expressions like *osoby uciekające przed rosyjską agresją* (people fleeing Russian aggression) or *obywatele Ukrainy uciekający przed agresją zbrojną Federacji Rosyjskiej* (Ukrainian citizens fleeing the armed aggression of the Russian Federation) contain explicitly evaluative elements, as seen in the lexemes {flee}, {aggression}, and {armed aggression}.

A distinct category within the object of CARE is that of *vulnerable persons*, as expressed in bg *уязвими лица*, el *ευάλωτα άτομα*, and pl *osoby wymagające szczególnej troski*. The Polish phrase, which explicitly contains a reference to CARE, is structurally different from the Bulgarian and Greek equivalents, where the concept of vulnerability remains more implicit.

An interesting linguistic phenomenon is the presence of terms embedded in specific national historical contexts. One example is the Polish *wysiedleńcy*, the Bulgarian *разселени лица*, and Greek *εκτοπισμένοι* which are historically charged equivalents of the neutral English *displaced persons*. Their use in EU legislative texts is particularly significant, as they designate the primary beneficiaries of EU CARE from a human-centred perspective. In Polish,

¹⁰ See Directive 2001/55/EC on temporary protection (Annex, item 10).

wysiedleniec primarily refers to forced resettlements in the 20th century, particularly following World War II—for instance, the expulsions of Poles from the eastern territories annexed by the Soviet Union or the forced relocations associated with the ‘Wisła’ operation. This term carries a strong collective memory and historical trauma, distinguishing it from neutral administrative designations.

Similarly, the Bulgarian *разселени лица* is also associated with forced displacement, especially in the context of armed conflicts and internal migration. In Bulgarian historical discourse, the term *разселени* has been used in reference to ethnic cleansing, such as the expulsion and destruction of the Bulgarian population in the southern part of Thrace during and shortly after the Second Balkan War (1913). Notably, *разселване* (resettlement) has strong negative connotations, with synonyms like *прогонване* (expulsion) and *разорение* (devastation) carrying even harsher evaluative undertones.

The term *εκτοπισμένος* in Greek legal and political discourse, like its Polish (*wysiedleniec*) and Bulgarian (*разселени лица*) counterparts, carries strong historical and emotional connotations. Unlike the neutral English *displaced person*, it is deeply linked to the forced displacement of Greek Cypriots following the 1974 Turkish invasion of Cyprus. In Greek versions of EU documents, its use may not only denote a general category of displaced persons but also evoke the legal and historical discourse surrounding property rights and the enduring impact of forced migration. This highlights how national histories subtly shape the linguistic encoding of displacement, influencing both public perception and legal interpretation.

Beyond individuals, EU legal texts also conceptualise Member States and Regions as objects of CARE. Expressions such as pl *państwa członkowskie i regiony* and bg *държавите членки, изправени пред прекомерни миграционни предизвикателства*, el *κράτη μέλη που αντιμετωπίζουν μεταναστευτικές προκλήσεις στα εξωτερικά σύνορα* (Member States facing disproportionate migratory challenges at the external borders) suggest that in EU legislative language, CARE is not only a relationship between individuals but also an institutional form of support for states managing migration crises.

Finally, an interesting extension of the object of CARE in EU law is its application to pets (*pet animals travelling with their owners from Ukraine*), as seen in the term bg *домашни любимци пътуващи със собствениците си от Украйна*, el *ζώα συντροφιάς που ταξιδεύουν με τους ιδιοκτήτες τους από την Ουκρανία*, pl *zwierzęta domowe podróżujące ze swoimi właścicielami z Ukrainy*. This inclusion suggests that the EU concept of CARE extends beyond people and states to other aspects of civilian evacuation and humanitarian protection.

The linguistic analysis of the **subject** of CARE in EU documents indicates that the responsibility for assistance measures primarily lies with EU institutions and Member States. The most frequently occurring designations include pl *Unia Europejska*, bg *Европейски съвет*, pl *Komisja Europejska*, bg *Европейската комисия*, pl *państwa członkowskie*, bg *държави членки*, emphasising the institutional and multilevel nature of the support system.

The legislative language of the EU consistently frames CARE as an administrative function rather than as a moral or relational category. This is reflected in the predominance of collective institutions over individual actors, distinguishing the legal discourse from more personal or community-based narratives of CARE.

Conclusion

This study has examined the linguistic encoding of CARE in EU legislative discourse, addressing both its terminological representation and its conceptual structuring across different linguistic versions of legal texts. The analysis demonstrates that CARE is predominantly expressed through institutional mechanisms, particularly financial, procedural, and regulatory instruments, rather than through terminology associated with interpersonal relationships or ethical imperatives. The examination of key legislative terms revealed cross-linguistic asymmetries, particularly in axiological connotations, where certain designations—such as Polish *wysiedleniec*, Bulgarian *разселени лица*, and Greek *εκτοπισμένοι*—carry historical and emotional connotations absent in the neutral English *displaced person*. While EU law largely adheres to expressive neutrality, these culturally embedded terms subtly influence the perception of CARE in different language versions.

Moreover, the study confirmed that actions serve as the primary linguistic vehicle of CARE, while the object of CARE encompasses both individuals (refugees, displaced persons, vulnerable groups) and institutions (EU Member States, humanitarian organisations). The subject of CARE, in turn, is predominantly institutional, with the European Commission, EU agencies, and Member States assuming responsibility for operationalising assistance. This confirms that EU legal discourse frames CARE as a function of governance and crisis management rather than as a moral or relational commitment.

By highlighting these linguistic patterns, the study provides insights into how EU legislative language balances technocratic precision with axiological meaning, ultimately shaping the way CARE is conceptualised and enacted in the European legal framework.

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Annex: EU legal acts related to the response to the war in Ukraine

- (1) Council Implementing Decision (EU) 2022/382 of 4 March 2022 establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection.
- (2) Communication from the Commission on Operational guidelines for the implementation of Council implementing Decision 2022/382 establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection (2022/C 126 I/01).
- (3) Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions—Welcoming those fleeing war in Ukraine: Readyng Europe to meet the needs (COM/2022/131 final).
- (4) Commission Communication—Providing operational guidelines for external border management to facilitate border crossings at the EU–Ukraine borders (2022/C 104 I/01).
- (5) Commission Recommendation (EU) 2022/554 of 5 April 2022 on the recognition of qualifications for people fleeing Russia's invasion of Ukraine.
- (6) Decision (EU) 2022/313 of the European Parliament and of the Council of 24 February 2022 providing macro-financial assistance to Ukraine.
- (7) Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions—Ukraine relief and reconstruction (COM/2022/233 final).
- (8) Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions—An action plan for EU–Ukraine Solidarity Lanes to facilitate Ukraine's agricultural export and bilateral trade with the EU (COM/2022/217 final).
- (9) Proposal for a Regulation of the European Parliament and of the Council amending Regulation (EU) No 1303/2013 and Regulation (EU) 2021/1060 as regards additional flexibility to address the consequences of the military aggression of the Russian Federation FAST (Flexible Assistance for Territories)—CARE (2022/0208(COD)).
- (10) Council Directive 2001/55/EC of 20 July 2001 on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between Member States in receiving such persons and bearing the consequences thereof.

Gender asymmetry in the lexical representation of health care professions in Bulgarian and Polish¹

ABSTRACT: The purpose of the described research was to determine whether there is a balance or imbalance in the presentation of feminine and masculine names of health care professions in selected Bulgarian and Polish dictionaries, as well as to examine how social reality could influence the choice of occupations and their names in public discourse. To this end, an analysis of the presence of the feminine and masculine job titles related to health care in the *Dictionary of the Bulgarian language* (*Речник на българския език* [DBL]) and *The great dictionary of the Polish language* (*Wielki słownik języka polskiego* [WSJP]) was carried out. This allowed us to draw conclusions about gender asymmetry in the field of health care in Bulgarian and Polish societies. Omission of feminine job titles and separate definitions of their meaning related to occupation are rare in both dictionaries. The trend of women being more permanently involved in these professions continues, yet their role is not always fully appreciated. On the other hand, the absence of men in support roles within health care confirms the stereotype of femininity being associated with charity, care, and compassion, while masculinity is linked to aggressiveness, competitiveness, and ambition.

KEYWORDS: feminine and masculine job titles, health care, dictionary

Introduction

The asymmetry in the expression of gender at different linguistic levels has been noted by a number of Polish and Bulgarian researchers (Wieniewski 1931; Burov [Буров] 2004;

¹ This paper, presented at the international scientific conference *Attitudes and practices of care in Central and Eastern Europe in the 21st century*, organised by the Institute of Western and Southern Slavic Studies at the University of Warsaw and the Department of Bulgarian Studies at the New Bulgarian University, held on 15 May 2023, is part of the first stage of research within the project *Women in language and media: competition between feminine and masculine job titles in codification and other types of texts (dictionaries, inclusive language guides, media, etc.)*. The study has been conducted as part of research mobility programme in the framework of the project BG05M2OP001-2.016-0019: *Innovative education in the humanities and social sciences through digital transformation and the modernisation of educational programmes at University of Veliko Tarnovo, Sofia University 'St. Kliment Ohridski', South-West University 'Neofit Rilski', and the Technical University of Gabrovo, in partnership with international universities from Greece, Poland, and Romania*, financed under the Operational Programme 'Science and Education for Smart Growth' (2014–2020). Special thanks to Prof. Dr Mira Markova, project coordinator.

Karwatowska and Szpyra-Kozłowska 2005; Łaziński 2006; Kubiszyn-Mędrala 2007; Dobрева [Добрева] 2009; Valchev [Вълчев] 2009; Arkhangel'skaya [Архангельская] 2011; Wieremiejewicz 2011; Krysiak 2013; Steciąg 2014; Sumrova [Сумрова] 2015; 2018; Eftimova [Ефтимова] 2016; Satoła-Staśkowiak 2018; Adamowicz 2020; Kaczmarek 2020; Krysiak and Małocha-Krupa 2020; Vodenicharov [Воденичаров] 2021; Osińska-Szymańska and Preuhs 2022; Szajbel-Keck 2022; Woźniak-Wrzesińska 2022). This asymmetry is reflected in lexicographic sources, leading to a closed vicious circle since in speech practice and during the preparation of texts intended for public use, people often refer to normative documents (official classifications of occupations, dictionaries, etc.).

The occurrence of sex and gender asymmetry in lexicographic sources is caused by two factors. On the one hand, it stems from the linguistic material itself—the texts that form the corpus used by lexicographers; from the planned number of entries, which affects the choice of lexical units; and from the overall concept of word selection related to the development of lexicography and language sciences. On the other hand, the selection and presentation of word forms in dictionaries are also influenced by ideologies and their communicative practices, as well as by public attitudes. Obviously, both the Polish and the Bulgarian society are 'an arena of diverse communication practices, characteristic of discourses competing with each other' (Steciąg 2014: 57). Smaller groups that support feminist discourse operate in both countries, but they have limited access to the media and receive less attention. Public attitudes towards feminine job titles in Poland and Bulgaria are similar. They include the fear of the introduction and affirmation of the liberal discourse, the fear of the forced imposition of political correctness, as well as the desire to preserve national identity and tradition (especially after the fall of communism—see Osińska-Szymańska and Preuhs 2022: 25).

Methodology of the research

The purpose of the study is to trace the presence of feminine and masculine job titles related to health care in one Bulgarian and one Polish dictionary, and to look for a connection between the linguistic and social realities by reviewing employment statistics in these professions through the lens of gender.

To achieve this, names of five health care professions (classified as health care specialists) were selected from the Bulgarian *List of posts in the national classification of professions and occupations*,² based on their entries in two online dictionaries: the *Dictionary of the Bulgarian language* (Речник на българския език [DBL], <https://ibl.bas.bg/rbe/>) and *The great dictionary of the Polish language* (Wielki słownik języka polskiego [WSJP], <https://wsjp.pl/>).³ The Bulgarian lexemes, given in the form in which they appear in the *List of posts*, are *лекар/*

² Annex 4 to Order No. RD01-931/27.12.2010 with the changes introduced in NKPD-2011 of 1 January 2023. For the classification, see *Natsionalna klasifikatsia...* 2011.

³ The dictionaries were selected for the following reasons: (1) they are the most representative dictionaries for both languages, providing 'the most comprehensive information possible about the functioning of words' (Żmigrodzki 2003: 24); (2) the dictionary articles have a comparable structure; (3) the dictionaries have an online edition, which makes it easier to work with the data included in them.

доктор (лечител), фелдшер, акушерка, медицинска сестра, and санитар. Two of them (акушерка and медицинска сестра) are feminine job titles. Table 1 gives their Polish equivalents and English meaning.

Table 1. Bulgarian and Polish lexemes relating to health care professions selected for the study

Bulgarian lexeme	Polish lexeme	English meaning
лекар/доктор (лечител)	lekarz/doktor (uzdrowiciel)	{physician/doctor} ({healer})
фелдшер	felczer	{paramedic}
акушерка	położna (akuszerka)	{midwife}
медицинска сестра	pielęgniarka	{female nurse}
санитар	salowy	{male hospital domestic worker}

Source: Own elaboration.

A number of Polish researchers have drawn attention to the problem of including feminine forms of words in various dictionaries (Żmigrodzki 2005; Horodeńska-Ostaszewska 2006; Kubiszyn-Mędrala 2007; Krysiak 2016). Following their example, the present analysis will apply five criteria for evaluating lexicographic descriptions: (1) presence of separate dictionary articles, (2) presence of separate definitions of meanings, (3) occurrence of words in collocations expressing prestige, (4) noting the cases of polysemy, (5) presence of examples of usage.

Results analysis

Presence of separate dictionary articles for masculine and feminine job titles and separate definitions of their meanings

As shown by the tables below, both dictionaries have a relatively balanced representation of feminine and masculine forms for most health care professions. An exception is the term {paramedic}, which appears only in the masculine form. The Bulgarian dictionary includes only the feminine form of the profession {nurse}, with no masculine equivalent.

Table 2. Presence of feminine and masculine names describing health care professions in the DBL

Profession	Feminine job title	Masculine job title
{physician}	x	x
{healer}	x	x
{paramedic}		x
{midwife}	x	x
{nurse}	x	
{hospital domestic worker}	x	x

Source: Own elaboration.

Table 3. Presence of feminine and masculine names describing health care professions in the WSJP

Profession	Feminine job title	Masculine job title
⟨physician⟩	x	x
⟨healer⟩	x	x
⟨paramedic⟩		x
⟨midwife⟩	x	x
⟨nurse⟩	x	x
⟨hospital domestic worker⟩		x

Source: Own elaboration.

In the DBL, there is a separate entry for *лекарка* ⟨female physician⟩, with an explanation that it refers to *докторка* ⟨female physician⟩. In the Polish dictionary, the definition of *lekarka* includes a gender-identifying word: **kobieta**, która zawodowo zajmuje się leczeniem ludzi lub zwierząt ⟨a **woman** who professionally treats people or animals⟩. The synonym *doktor* ⟨doctor⟩ is also listed as a general equivalent.

In the Bulgarian dictionary, *лечител* ⟨male healer⟩ has an obsolete meaning equal to ⟨doctor⟩. In the case of the feminine form *лечителка*, only the meaning of practicing alternative and non-regulated medical treatments is indicated. There are no differences between the definitions of *uzdrowiciel* ⟨male healer⟩ and *uzdrowicielka* ⟨female healer⟩ in the WSJP. They do not emphasise the lack of medical education.

The terms *фелдшер* and *felczer* ⟨paramedic⟩ lack feminine forms in both dictionaries.

In the definitions of ⟨midwife⟩, both dictionaries use words indicating gender—*акушерка: жена със специално образование, която оказва медицинска помощ при раждане и бременност* ⟨midwife: a **woman** with special education who provides medical assistance during childbirth and pregnancy⟩; *położna/akuszerka: kobieta pomagająca przy porodach* ⟨midwife: a **woman** who helps with childbirth⟩. The WSJP notes, however, that a masculine job title *położnik* ⟨obstetrician⟩ can also be used in reference to a woman:

Jeżeli wyrazu *położnik* używamy w odniesieniu do kobiety, we wszystkich kontekstach może występować forma równokształtna z M. lp., a wyraz może przyłączać formy żeńskie czasownika i przymiotnika, np. *położnik przyszła, spotkanie z nową położnik, Anną Kowalską*. Może też zostać zachowana odmiana i składnia charakterystyczna dla rzeczowników rodzaju m1, np.: *spotkanie z nowym położnikiem, Alicją Kowalską* ⟨If we use the word ‘obstetrician’ in relation to a woman, in all contexts a form that is equiform with Nom. sing. may be used, and the word may go with feminine forms of the verb and adjective, e.g. ‘the obstetrician came’, ‘meeting with the new obstetrician, Anna Kowalska’. The inflection and syntax characteristic of m1 nouns may also be retained, e.g. ‘meeting with the new obstetrician, Alicja Kowalska’⟩.

There are differences in the definitions of ⟨nursing profession⟩ between both dictionaries. In the DBL, a gender-neutral designation is used—*медицинска сестра: 1. Длъжност на медицинско лице, което подпомага лекаря при оказване на медицинска помощ на пациентите. 2. Лице (обикн. жена), което заема такава длъжност* ⟨nurse: 1. Position of a health care

person who assists the doctor in providing medical assistance to patients. 2. A **person** (usually a woman) who holds such a position). Due to the lack of an appropriate term in Bulgarian for men working in this profession, generic terms are used in the definitions to include male nurses. Meanwhile, the WSJP uses a gender-identifying word in the definition of the feminine—*pielęgniarka*: **kobieta**, która zawodowo opiekuje się chorymi i wykonuje proste zabiegi medyczne (female nurse: a **woman** who professionally cares for the sick and performs simple medical procedures).

Despite the presence of separate dictionary entries for (male and female hospital domestic workers) in the DBL (*санитар* and *санитарка*), it appears that the feminine lacks a distinct definition, as the article only provides the combination (woman + masculine job title) and refers the reader to the two meanings of the masculine form. In the WSJP, only the masculine substantivised adjective *salowy* (entry: *salowy II*) is listed as a job title, defined as a (person who cleans hospital rooms and assists patients). The etymological equivalent of the Bulgarian *санитар*, *sanitariusz*, is primarily associated with military contexts, as is its feminine form *sanitariuszka*, which—despite its strong historical and cultural resonance (cf. the song lyrics from the Warsaw Uprising: *Każdy chłopaczek chce być ranny... sanitariuszki – morowe panny...*)—is not recognized in this occupational sense in the WSJP.⁴

Usage examples and collocations expressing prestige

The analysis of articles in both dictionaries with regard to the presence of usage examples and collocations expressing prestige showed some imbalance, with masculine forms appearing in more collocations that indicate prestige. For example, in the DBL, *лечители* (male healers) are *прочути* (famous), *светци* (saints), *народни* (popular), while *лечителки* (female healers) are never referred to as saints.

Neither dictionary gives any collocations expressing prestige for the terms *фелдшер*, *felczer* (male paramedic) and *санитар*, *salowy* (male hospital domestic worker).

In the DBL, the articles for *акушер* (obstetrician) and *акушерка* (midwife) do not contain any examples, so no collocations could be extracted for those terms. The WSJP provides collocations such as *doświadczona położna* (experienced midwife), *położna dyplomowana* (qualified midwife), *położna społeczna* (community midwife), while the masculine form appears in both collocations and examples as part of the compound word *ginekolog-położnik* (obstetrician-gynaecologist), which in turn refers only to the meaning (physician).

The examples given in the DBL for *медицинска сестра* (female nurse) emphasise the support function of the job, but also use epithets indicating prestige such as *главна сестра* (head female nurse), *старша сестра* (senior female nurse). The inclusion of the phrase *милосърдна сестра* (sister of mercy) in the dictionary article is worth mentioning since it shifts the focus to volunteerism and the actual motive for the performance of this function, charity. The WSJP also provides collocations expressing prestige and does so for both the female and male forms, e.g. *pielęgniarka dyplomowana* (qualified female nurse), *wykwalfikowany pielęgniarz* (qualified male nurse). The example from the National Corpus of Polish

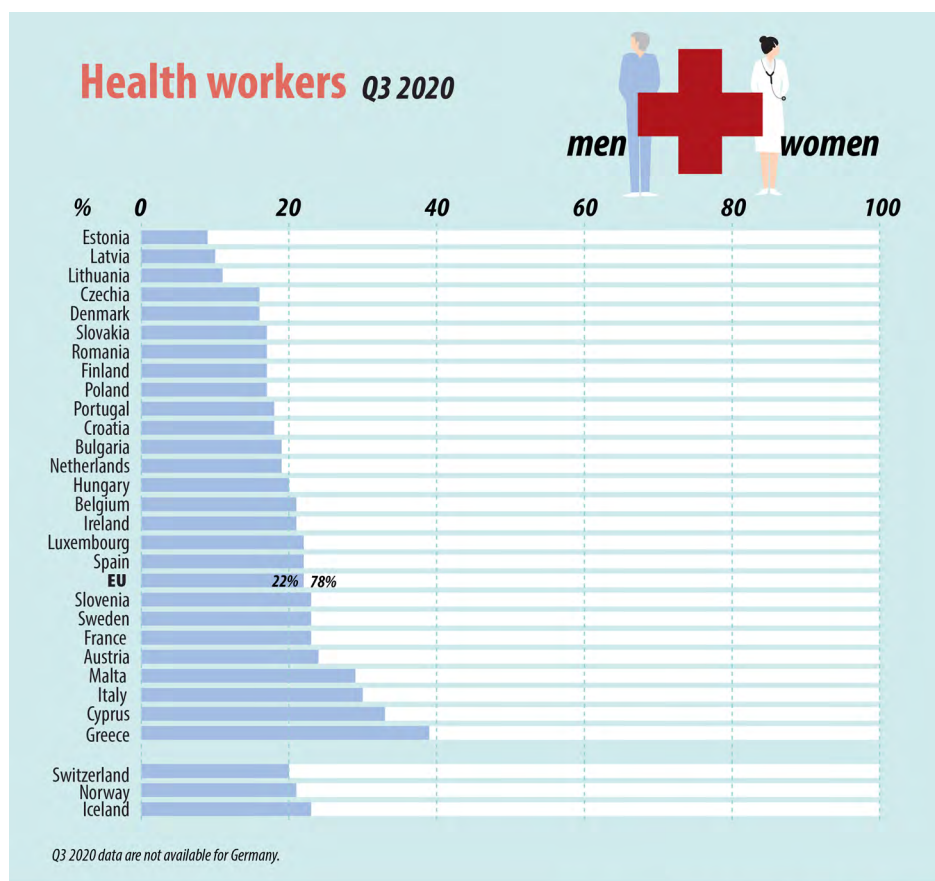
⁴ A false friend to the Bulgarian *санитарка* that resembles a feminine morphologically, *sanitarka*, denotes (a vehicle equipped to transport the sick and wounded).

(Narodowy Korpus Języka Polskiego) of the masculine form *zwykły pielęgniarz* refers to a situation in which a man becomes an (ordinary male nurse) in order to help patients. This example can be interpreted in two ways: either as a justification for a man's choice of this profession, or as an emphasis on selfless service and care for others.

Language and social reality: a two-way relationship?

The bidirectionality of the relationship between linguistic and social realities has long been debated in scholarly discourse.

An overview of the gender ratio of doctors in Poland shows a significant dominance of women in this profession (Kaczmarek 2020). According to the statistics for selected European countries, in Bulgaria more than 80% of those working in health care professions are women (in Poland this percentage is slightly higher; see Fig. 1).

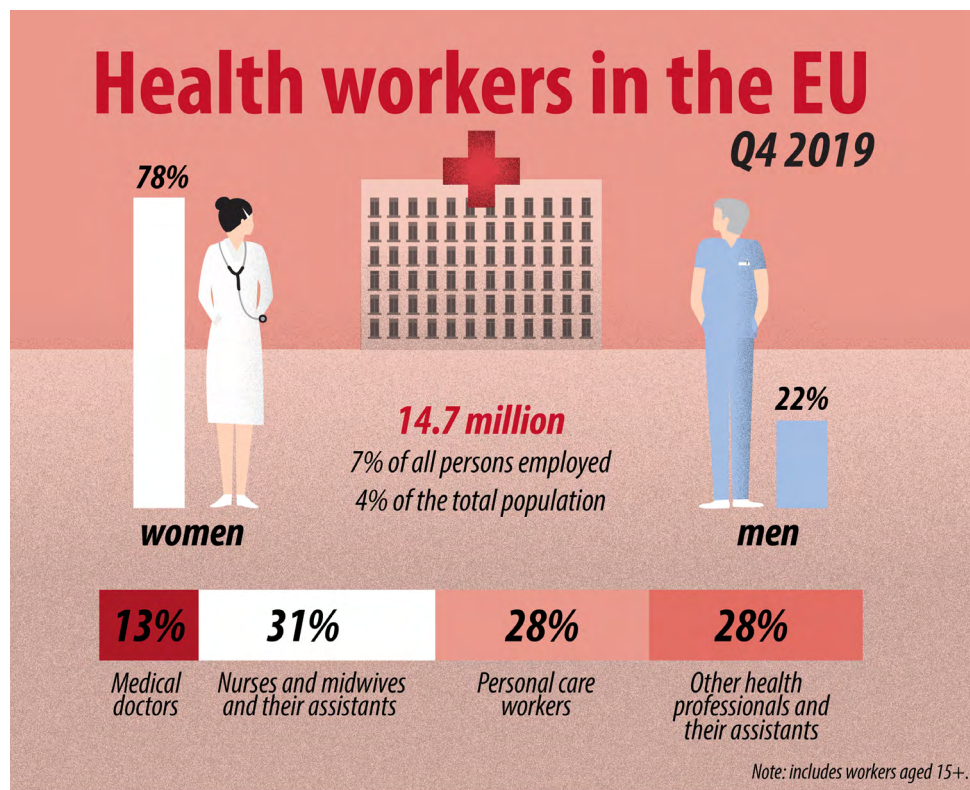


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Fig. 1. Gender ratio of health care workers in selected European countries in 2020 (source: Eurostat)

This data clearly demonstrates the significant role of women in health care professions in both countries, and the fact that this social reality is reflected in language is understandable. Therefore, the balance introduced in the lexicographic description of job titles in this field appears fully justified.



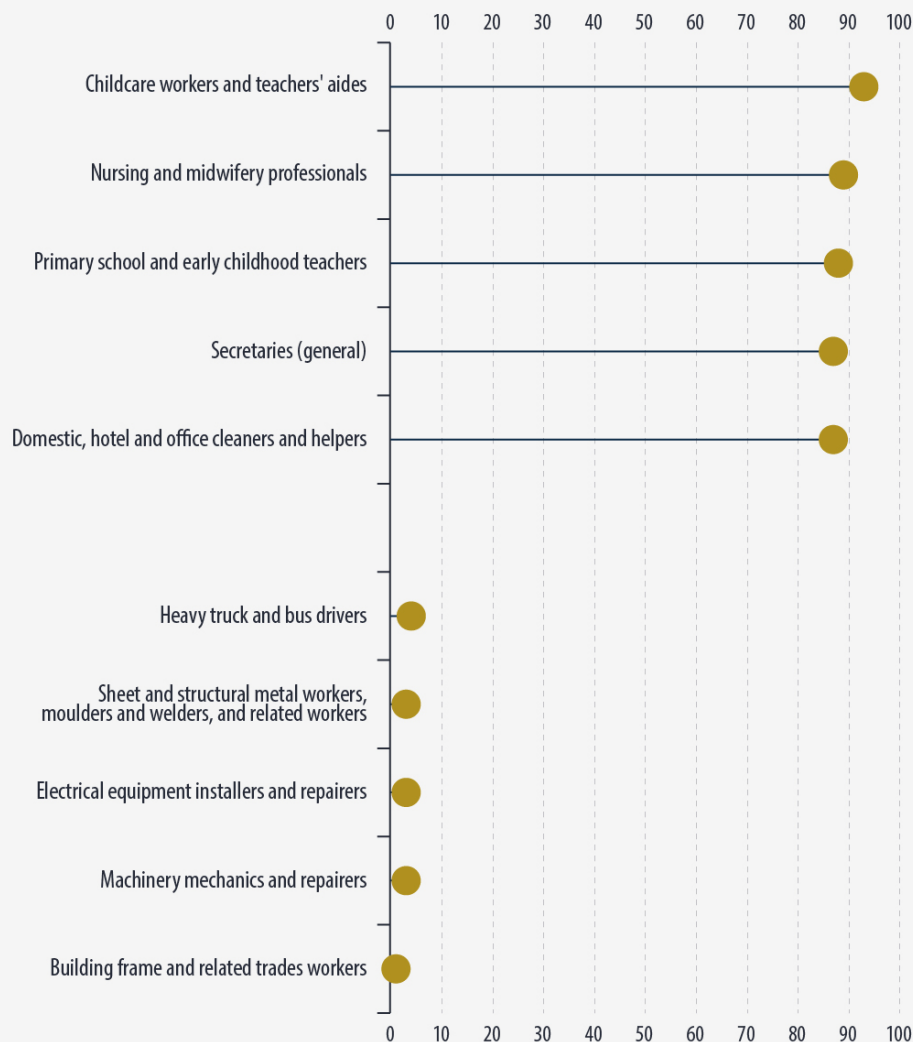
ec.europa.eu/eurostat 

Fig. 2. Gender ratio of persons employed in health care professions in the European Union in 2019 (source: Eurostat)

The statistics for the whole of the European Union show that 90% of those working as nurses and midwives are women (Fig. 3). It is thus not an accident that in the Bulgarian list of health care professions, nursing and obstetrics are denoted by feminine job titles. In Bulgaria, the presence of men in the nursing profession is still ignored and even a reason for taunts. This is also reflected in the language. There is no compelling need to propose a suitable masculine form of the job title.

Top and bottom 5 of detailed groups of occupations in terms of shares of female employment, EU, Q3 2022

(in % of total employment in each group of occupations)



Detailed group of occupations: ISCO 08 3-digit level.

Occupational groups below the reliability threshold are excluded.

eurostat  | #InternationalWomensDay

Fig. 3. Occupations with the highest and lowest female employment in the European Union in 2022 (source: Eurostat)

Conclusions

(1) Feminine job titles and individual definitions of their meaning related to occupation are rarely omitted in both the DBL and the WSJP (however, neither dictionary lists a feminine form for the term (paramedic)). Interestingly, the Polish dictionary registers masculine forms for both (nurse)—*pielęgniarz* and (hospital domestic worker)—*salowy* as occupations, suggesting a partial shift away from the traditional association of charity and care exclusively with women.

The form *медицинска сестра* (female nurse) has long been a subject of debate in Bulgarian public discourse due to the lack of an adequate masculine equivalent. No such term is proposed in the DBL, reflecting a gender asymmetry that corresponds to the traditional predominance of women in this professional role. According to some researchers, this reinforces stereotypes that associate femininity with compassion, mercy, and care, while linking masculinity to ambition, competitiveness, and aggressiveness. Furthermore, women are often relegated to support functions within health care. This is exemplified by one of the meanings of the feminine *акушерка* (midwife: a person who assists during childbirth).

(2) Special attention should be paid to the polysemy involving feminine and masculine job titles which refer to (obstetrician/midwife). In these cases, it is difficult to determine whether there is a balance in the use of the gendered forms since in both Bulgarian and Polish, the masculine job titles are used only in the meaning of (doctor specialising in the relevant field).

(3) While the dictionary articles for *лекар* (male physician) and *лекарка* (female physician) in the DBL provide separate definitions for each professional role, in the case of *санитар* (male hospital domestic worker) and *санитарка* (female hospital domestic worker), the definition of the feminine form is given as (woman + the masculine form) and refers the reader to the entry for the masculine job title.

(4) The predomination of feminine forms in definitions due to the use of gender-identifying words is common to both dictionaries (cf. (midwife)—*акушерка/поłożna* [akuszerka], (physician)—*лекарка/lekarka*). The case of (nurse) is more special. In the DBL, the neutral phrase (medical person) is preferred—probably to allow the use of the term in reference to men. At the same time, the Polish dictionary notes that the masculine form *lekarz* (male physician) is used in reference to women, which may be interpreted as encouraging such a practice, where the masculine form carries higher prestige and suggests the woman's elevated professional status.

(5) It is noteworthy that both dictionaries include a considerable number of collocations expressing prestige which feature these names of occupations, regardless of their gender affiliation. This reflects the public attitudes towards these professions. At the same time, the predominant use of feminine job titles in support health care roles signals society's disregard for these professions, the decline in their prestige, and a shift in values associated with the dehumanisation of the medical profession—a process resulting in the replacement of health care with health care services, among other things. The trend of women being more permanently involved in these professions continues, yet their role is not always fully appreciated. On the other hand, the absence of men in support roles within health care confirms the

stereotype of femininity being associated with charity, care, and compassion, while masculinity is linked to aggressiveness, competitiveness, and ambition. The inclusion of a masculine form of ⟨nurse⟩ in the Polish dictionary is a positive step towards breaking stereotypes in both thought and language. Meanwhile, the presence of the term *милосърдна сестра* (sister of mercy) in the Bulgarian dictionary entry for ⟨nurse⟩ recalls the motivation inherent in such professions—selfless and compassionate care for those in need.

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Contested care

A few literary cases from Symbolism to dystopia, from the Grey Companion and the Angel in the House to the Android Governess

ABSTRACT: The text presents various portrayals of care in literature from the early 20th century until today—from Symbolism to dystopia, from the Grey Companion and the Angel in the House to the Android Governess. It offers condensed analyses of texts by Dimcho Debelyanov, Atanas Dalchev, Virginia Woolf, Michael Cunningham, Isaac Asimov, Ted Chiang, and Kazuo Ishiguro. These often unexpected readings demonstrate the endurance of the practices of care but also the startling twists in its imagery, as well as the power struggles and the futuristic aporias woven into it. The latter include the care/freedom dilemma of female artists, the looming robotic future of caregiving, and the need to provide human care for the developing artificial intelligence.

KEYWORDS: care, gender roles, robots, androids, mother function

An oxymoron

What follows are a few fragments on care, its meaning and portrayal in different literary and historical contexts. Of course, ‘fragments on care’ is in itself an oxymoron. Care is *par excellence* non-fragmentary. Ideally, it is a silent continuum, without gaps and pauses. According to Heidegger, care is our way of being in the world. At the same time, the topic of care in the aspects of bioethics, environmentalism, medicine, economics, politics, demography, motherhood, fatherhood, childhood, old age, etc., has become so broad that it is impossible to approach it comprehensively and coherently. The cases of care in literature that follow demonstrate the endurance of the concept but also the startling twists in its imagery and the power struggles woven into it.

Duality

The Bulgarian word *грижа* (care) has two meanings—of concern and of looking after somebody/something. On the one hand, it signifies an inward feeling that borders on anxiety, worry, melancholy (or what the Romantics called *Weltschmerz* and *spleen*), and on the other hand, an act of nurturing and helping. The word stands for both contemplative care and active

care if we use the old dichotomy. This splitting and doubling of the Slavic word's meaning is similar to the way the English word *care* and its Latin origin *cura* function:

On the one hand, it meant worries, troubles, or anxieties, as when one says that a person is 'burdened with cares'. On the other hand, care meant providing for the welfare of another; aligned with this latter meaning was the positive connotation of care as attentive conscientiousness or devotion. (Reich 1995)

An embodiment around 1910

In the early 20th-century Bulgarian Symbolism, it is the first of the above-mentioned meanings that is brought to the fore. We find it in the sonnet *Care* (*Грижа*) by Dimcho Debelyanov (1887–1916), included in his lyrical poem cycle *Stanzas* and published in 1910 in the first anthology of Bulgarian poetry (Podvarzachov and Debelyanov [Подвързачов и Дебелянов] 1910: 316). In this particular poem, Care appears personified as an allegorical female figure, a lyrical device that is quite natural in Bulgarian since the word *грижа* (care) is a feminine noun. According to her description, she is 'deathly pale', with 'anxious half-light' in her eyes, 'her greyish hair loosely falling'. Apparently not so young, with fading beauty, waiting at the doorstep every morning, this woman is not the usual amorous addressee; she does not quite fit an aesthetic ideal; she is a different 'you' that silently partners with but also opposes the lyrical speaker. The sonnet is constructed as an already-solved enigma. This intrusive ghostly female presence remains unnamed until the last line. Only there is she finally revealed as Care (capitalised), thus the last line invokes the title and reveals it as a key to the poem:

... how many deities had died unborn
in the most guarded recess of the suffering heart,
oh, Care, companion in the steep and joyless path!¹

Care turns out to be the sad, unchanging companion of the post-Romantic (male) soul. In the last line we can detect an echo of the famous and influential German embodiment of Care (*Sorge*) that appears in the finale of Goethe's *Faust*. *Sorge* is described as 'the eternally anxious companion' (*Ewig ängstlicher Geselle*, Goethe 1832: 315). Embracing *Sorge* is a step towards redemption of the selfish Faustian (male, Romantic) soul. In Debelyanov's poem, Care is somewhat rejuvenated: her hair is only greyish; she is not quite an old woman like in *Faust*; she has retained some residual subdued charm.

A disembodiment around 1923

After World War I (in which Debelyanov perished in the trenches), we come across a more literal and socially engaged depiction of care in the poem *Huts* (*Хижи*) by the post-Symbolist poet Atanas Dalchev (1904–1978). First published in 1923, in the literary journal *Hyperion*

¹ Own translation.

(Хиперион), and then as a second poem in *Window (Прозорец)*—Dalchev's renowned debut book from 1926—*Huts* is a description of slums, of a ghetto. The concern here is not about eternal matters but about the daily bread, the day-to-day survival. The whole universe is narrowed down and de-romanticised: the sun is a sort of anti-sun of sorrow and grief; there are never 'bells of celebration'; the work is endless and fruitless toil; dreaming is futile; the night brings no sleep; the day feels long and heavy like a year; joy and laughter are foreign notions; the only actual joy comes from not being hungry for a while; and only the dead have the privilege of being happy. In this world, we could say, care and poverty are sisters, and hunger is their brother, although the post-Symbolist writing generally abandons the use of allegorical figures. Dalchev's vision of care is so acute and painful, both mentally and physically, that it actually unites the two meanings of the word in a doomed, entirely negative way:

Neither people live there
nor the children of God,
just shadows scattered by the wind,
they bend and move,
and withered faces lurk,
gouged by unceasing care,
not even faces, only masks
with the eternal mark of hunger.
(Dalchev [Далчев] 1923)²

A contemporary digression

Alas, even in the 21st century, the above-quoted depiction is still relevant in many places in the world. Sometimes it is right around the corner. Put metaphorically, Care is always poor. Care remains the handmaid of the world. Care is unattractive, unappealing, and that is why it is rarely portrayed, rarely made the protagonist. Care is necessary, indispensable, but at the same time always underappreciated. Sociologically speaking, the field of care provides professions for the poor. Care, in its various forms, is regarded as menial labour, ill-paid, often despised. Paradoxically, it is precisely care, the highest expression of humanity and solidarity, that exposes some of the greatest inequalities in our world. Alvin Toffler famously observed once that if women's work (the 'invisible' daily domestic chores, such as caring for children and the elderly, cleaning, cooking, etc.) was paid for at some point, the world would immediately go bankrupt (Toffler 1983: 134).

The Angel in the House vs the 'literary mother'

Since care has been and still is mainly women's domain, detaching oneself from the field of care is one of the dramatic dilemmas of the female artist. Virginia Woolf vividly depicts this

² Own translation.

struggle between caring as a 'natural' virtue of women and the pursuit of intellectual labour that demands its own time and space. In her famous public speech *Professions for women* (1931), Woolf uses the figure of the Angel in the House to embody all things like domestic care provided by women that is taken for granted, the wife's unconditional omnipresence, her obligation to be available and attentive to others, to be kind and consenting (this dangerous merging of what you are supposed to do and how you are supposed to think). The Angel in the House, this image of the ideal wife, is borrowed from Coventry Patmore's 1854 Victorian poem of the same name, only to be turned on its head. Woolf insists with all possible irony that in order to be able to write, a woman must kill the Angel in the House in self-defence by throwing the ink pot at her.

In the light of this, we should note that Miglena Nikolchina (author of a significant interpretation of Virginia Woolf through Julia Kristeva's theoretical work—see Nikolchina 2004), in her study of the beginnings of Bulgarian women's literature, repeatedly describes the poets Elisaveta Bagryana and Dora Gabe as ... carefree, in spite of their long and turbulent lives and writing careers. Their seemingly natural talent for being free from care is what enables their success and explains their rare capacity to establish themselves not just as poets, but as 'creators of time' who managed to guarantee the continuity and visibility of both the earlier Bulgarian women's literature and the one yet to come (Nikolchina [Николчина] 2002: 50). Paradoxically, it is precisely the figure of the 'literary mother' that requires a healthy dose of light-heartedness and nonchalance in order to be established and solidified.

***The Hours*, or the Angel in the House is not dead**

Virginia Woolf's bold portrayal of the tragic tension between care and freedom is at the heart of Michael Cunningham's novel *The Hours* (1998), which has become a modern classic. Famously, it is based on *Mrs Dalloway* (1925), a text that Cunningham subjects to a loving deconstruction and reconstruction, playing it out in a triple way: in three days in different decades through three female characters and their intertwining stories. But it is safe to say that *A room of one's own* (1929) and *Professions for women* are equally important for the stories of the three heroines (Woolf herself, Laura Brown, and Clarissa Vaughan in the 1920s, 1950s, and 1990s, respectively). The drama of providing care, of constantly being there for others, is a kind of a narrative undercurrent that erupts in unexpected ways.

For example, Cunningham's Virginia has managed to gain a room of her own, to subordinate life to literary work. We see her coming up with the first sentences of her masterpiece, and yet, the day never ceases to submit her to encounters with the Angel in the House, with unavoidable, annoying practical matters that take her mind and hand off the page ...

The collision with the Angel in the House is most dramatic in the case of Laura Brown, a 1950s American housewife with a good-natured husband, a little boy, and a second child on the way. Laura is not a writer, only a reader. She does not ask for much, just to be left alone so she can read. No one forbids her to do so, but the stifling domestic idyll provides neither time nor 'a room of one's own', not even a way to express her need. Eventually, she makes a desperate attempt to escape—having stolen an hour during the day, she rents a hotel room where she plans to end her life. Before she does, she opens a novel (*Mrs.*

Dalloway), reads a bit, and that saves her, prevents her from taking the final step, at least that day. Her little hubris is cheating on her husband with ... a book. Ironically, thanks to Woolf, Laura Brown suppresses her rebellion against the Angel in the House. But one day, she is going to walk away from her husband and children and become a librarian (what else?) in a faraway place. In order to survive, she will have to abandon her loved ones and dare to choose freedom and living with guilt, something unthinkable for a woman in the 1950s (and not only then).

Clarissa Vaughan, the third character, is seemingly the most emancipated of the three, although she dedicates much of her time to Richard, a tormented, terminally ill poet (the son that Laura Brown had once abandoned). Clarissa's New Yorkish worldliness and same-sex relationship seem to save her from the harshness of the care/freedom dilemma. She is a balanced and composed figure, and let's not forget about her profession—she is an editor, the often invisible connection between the writer and the reader exemplified by the other two female protagonists. In the end, the poet's suicide brings an almost utopian female (re)union and understanding, if not forgiveness.

Care always requires sacrifices.

Between the migrant and the robot

For Eastern Europe, the 1990s (when *The Hours* was published on the other side of the Atlantic) were the time of the great exodus. The opening up of the world, the new mobility after the fall of the Berlin Wall created new aporias of care, or rather enhanced the old ones and brought them to a new level. During major social and geographical movements, the most vulnerable family members are often left behind. In the previous decades, communism and industrialisation in Bulgaria created generations of children who were raised by their grandmothers. In the years of the transition to democracy, the phenomenon of 'Skype mothers' emerged. Married women of working age went to Western Europe to work as caregivers mainly to the elderly (the so-called *badante women* in Italy, as shown in Stefan Komandarev's 2009 documentary), leaving behind their children for the sake of whom they had set out to earn money. At the same time, the greatest fear in our demographically shrinking post-transitional society is the fear of migrants ...

On the other hand, in the ageing welfare societies of the West, the care economy is struggling with ever greater deficits. The new technologies will increasingly and inevitably play a role in this field. Probably sooner rather than later, the elderly will have to choose who will be at their bedside in their last hours—a migrant or a robot. Caring for another person is a close, physical, warm presence and yet it is among the first potential domains of robotization. It might sound like dystopian science fiction. Interestingly enough, writers of this very genre have long considered such plots.

The theme of a robot babysitter, to whom the child becomes irrevocably attached, appears as early as in *I, Robot*, Isaac Asimov's famous 1950 collection of short stories. Robbie, from the eponymous first story (written even earlier, in 1940), is good-natured and patient with little Gloria. He is better tempered and more understanding than her mother, who cares most about 'what the neighbours will say' and insists on returning her daughter's mechanical friend

to the manufacturer when Robbie is no longer the latest fashion. But the little girl grieves inconsolably for her lost friend. Her parents take her to the robot factory so that she could see that Robbie is nothing more than a pile of metal parts powered by electricity like many others on the assembly line. However, Gloria unmistakably recognises her Robbie among the hundreds of identical robots. When he saves her from an accident, the little girl manages to bring him back home. For Asimov, the problem are not the robots themselves, but our own dehumanisation, the dehumanisation of the adults. The year in the story is 1998, a future that is already our past (Asimov 1950).

The development of robotics has not fulfilled Asimov's predictions. We expected robots to replace humans in the dullest physical labour, but instead, advances in artificial intelligence (AI) threaten to replace our brains. AI will write novels while people from poor minorities will still be employed to collect garbage from the streets, the only profession available to them in many countries around the world.

We can only speculate what exactly will happen when the virtual ChatGPT gets a body, human-like or not. But that will not narrow the field of care, quite the opposite. Any intelligence, even artificial one, needs in fact training and care, long, patient, and very similar to that of parenthood. Ted Chiang's novella *The life cycle of software objects* (from his collection *Exhalation*, 2019) demonstrates this rather convincingly by tracing the various stages of 'bringing up', shall we say, an artificial soul. This prolonged, somewhat over-precautious narrative (partly resembling a child-care manual) is followed by the very short story *Daisy's patented automatic nanny*, which, I would argue, enters into dialogue with Asimov's *Robbie*. A little boy stops developing not because he has been nursed by a machine, but because at one point his contact with the mothering machine has ceased. So it seems that what is really important is the **mother function** and not so much the accidental substantiality of the mother figure.

The theme of the android governess was explored anew in Kazuo Ishiguro's novel *Klara and the Sun* (2021). A significant move in the text was the choice of the narrating figure. Klara is an Artificial Friend (AF) of a sick girl from the not-too-distant future, and her perspective and voice function as a subtle tool of deliberate 'estrangement' (Wood 2021). Seen through the android's eyes, the inequalities and absurdities of the human world stand out even more starkly, and the perils of the human condition seem greater and lesser at the same time.

The persistence of the theme of a robot babysitter or an AI child's companion anticipates one of the important cultural and civilisational thresholds that we are already imperceptibly crossing: the encounter between the child and the robot, the child and the artificial intelligence, and their mutual taming of each other.

Beyond depiction

Finally, let us ask ourselves again why Care is poor, and why care often remains invisible, unrecognised. One possible answer would be: because care in its various forms and figures cannot be sexualised. That is why it remains outside the field of advertising, of commercialised 'sexy' imagery on screens and billboards. The intimacies of care defy depiction. Caring, though highly feminised, does not (and should not) have sex appeal. Once it does, care turns into something else: at best into romance, at worst into perversion.

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Trapped by care. Some thoughts based on Maria Stankova's drama *The dead head spoke to me* (Мъртвата глава ми проговори)¹

ABSTRACT: In folklore, the motif of the walled-up woman expresses the attitude of the folk artist to the issue of the sacrifice of a woman's life made for the good of the community, which is the epitome of maternal concern. I prove that, contrary to cultural stereotypes, a folk song with this theme can be considered as a testimony to a deep pre-understanding of the limitations flowing from the shortcomings of moral attitudes attributed to men and women as special agents of care. The article is devoted to the problem of adapting this folk motif in the contemporary micro-play by Maria Stankova, *The dead head spoke to me* (Мъртвата глава ми проговори). Stankova, using a grotesque exaggeration of folk motifs, reveals the non-binary nature of ethical reality. Admittedly, the characters' attitudes and their openness to caring for others are preconditioned by their cultural gender, but they are not determined by it.

KEYWORDS: ethics of care, Bulgarian folklore, motif of the walled-up woman, Maria Stankova, Bulgarian literature

As is well known, the political theory of care emerged in the 1980s as a result of the meeting of the earlier maternal feminism with the chronologically later concept of ethics of care. The symbolic moment of the emergence of this ideological current is considered to be the 'Women and moral theory' conference, which took place in the United States in 1985. Its aftermath was a book under the same title, published in 1987, edited by Eva Feder Kittay and Diana T. Meyers (1987). In its pages, ethicists and maternalists of the late 20th century gave voice to the need to find a new way of reflecting on the place of caring in ethics and social practices. The following decades brought multifaceted discussions (Kamińska 2008). The feminist aspect came to the fore in them, despite the fact that many of the researchers argued against treating caring as an attribute of essentialist femininity (Ziemińska 2008) and preferred to speak of **maternal thinking**, thus rightly recognising that predisposition towards an ethic of caring may occur in representatives of both sexes (Ruddick 1980; Rumsey 1990).

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The very concept of care has many definitions. Best suited for my research purposes seems to be the approach proposed by Gender Studies pioneer Carol Gilligan, who emphasises the culturally motivated (and therefore, precisely, gendered) aspect of the moral dispositions of women and men (see Tronto 1987). Although her ground-breaking dissertation *In a different voice* (1982) has undergone many re-evaluations, it still remains an adequate tool for analysing cultural phenomena in self-identified binary societies. Dorota Sepczyńska, a Polish researcher on the ethics of care, writes that according to Gilligan:

Moral dispositions in women involve the development of an inclination to care; in men, the learning of principles. For men, responsibility means taking care of themselves and refraining from actions that could infringe the rights of others; for women, it means the duty to actively care for the welfare and needs of others. To men, the social world appears as an area of equal, independent, autonomous, and rational individuals whose consensual coexistence is made possible by a system of hierarchically ordered norms; to women, it is a network of particularistic interpersonal relations based on concern for another human being. Therefore, women's moral perspective is an ethic of care linked to interpersonal relationships and responsibilities, while men's moral perspective is an ethic of justice related to entitlement, rules, equality, fairness, and impartiality. This is connected to the fact that women and men experience their identities differently. From the perspective of justice, the moral subject arises as a separateness and individuality, and its value is assessed by reference to the abstract ideal of the perfect applicability of abstract rules; from the perspective of care, the self emerges as a result of its relationship with the world and other people, and is evaluated positively when it spontaneously responds to the needs of specific others in a particular situation and, in doing so, expresses and sustains a relationship with them. (Sepczyńska 2012: 42)

I hope that this approach will help to accurately capture the message about the condition of the exponents of the ethics of care and the ethics of justice who are the protagonists of the micro-play *The dead head spoke to me* (*Мъртвата глава ми проговори*) by Bulgarian writer Maria Stankova (Мария Станкова) (Трайкова 2009). This harrowing and, to my knowledge, still unpublished text was made available to me as a computer file by Veselka Kuncheva—director of the famous play *Immured* (*Вграждане*), which was inspired by Stankova's piece. Staged for the first time in 2012 at the Plovdiv State Puppet Theatre, in the following years it was shown in many Bulgarian cities, capturing the interest of the audience and winning numerous awards.

Both the creators of this performance and Stankova used the topos of the 'walled-up woman', which is well known in the folklore of South-Eastern Europe. It refers to archaic rituals involving the sacrifice of a woman to ensure the permanence of a building that is being constructed. This topos has survived in cultural memory to the modern era and has crossed from the oral tradition to multilingual writing and art. Today, it functions in an aporetic manner: on the one hand, as a monument of oral culture that still inspires awe, a valued relic of the ancient 'wisdom of the people' (Ciesielska 2020), and on the other, as an embarrassing testimony of ancient barbarism; but in both cases, it is an object of hypoleptic discourse (Assmann 2011: 257–267).

In the Bulgarian material which uses this topos, the plot pattern of folk songs and legends is simple: a group of brothers (architects/masons) erects a mighty structure of 'public utility',

as we would call it today (bridge, church, monastery, fortress, spring basin, etc.). Unfortunately, every night their creation collapses, so they repeatedly start over and after more failed attempts eventually turn to magic related to foundation offerings (Parpulova 1990; Wawrzeński 2016). Believing that the structure will survive when the wife of one of them is immured in its foundations, they make a vow that the first one to arrive with dinner the next day will be walled up. However, they all warn their wives of the danger, except for the youngest brother, Manol, and as a result it is his beloved who must die. In most of the Bulgarian versions of this story, she is a nursing mother and feels concern for her child. Thus, she asks her executioners to leave a hole in the wall erected around her body so that she can breastfeed the baby through it (Parpulova 1990).

In the end, the motif of the transformation of a woman-mother into the protective spirit of a building functions in folklore as an element of the story about the male act of creation, affirming such virtues as honour and the willingness to make a personal sacrifice for the benefit of the collective. Following Gilligan's reasoning, we could say that the brothers' behaviour is governed by an ethic of justice. In some variants of the ballad, Manol is simultaneously predisposed towards an ethic of care and attempts to reconcile those two approaches by imposing a large number of tasks on his wife to delay her arrival at the construction site. She must therefore perform multiple tasks around the house: carry water, wash the pots, sweep the yard, do the laundry, grind grain for flour, milk the cows, find the lost calf, bake bread, curd the milk, bathe the child, feed and rock him to sleep, put him in the cradle, cook dinner. Her extraordinary diligence and perseverance, characteristic of women in folk songs, allows her to accomplish all the tasks.² When she is the first (and only one) to arrive at the construction site with food for the workers, she continues to show generosity towards others. First she goes down to the foundations to retrieve a lost bride ring because her husband has tricked her into believing that this is the cause of his problems. Then—caught in a trap by the builders—she is only concerned about her baby and begs the men to leave an opening in the wall so she can feed it.

Concern for the well-being of those who depend on her is thus a paramount value for the heroine. In the context of the meanings that Jolanta Brach-Czaina, in her treatise *The cracks in existence* (*Szczeliny istnienia*, 2018), gives to banal everyday activities, the 'busyness' of Manol's wife can be interpreted as performing life-sustaining tasks in the fight against death that is invading from everywhere, symbolised by soil and decay.

If we analyse this folklore text from the perspective of the theory of care, we can see that it does not attribute the ability to care to only one gender. The other men act dishonestly towards the youngest builder out of concern for the fate of their wives and children. He tries to outwit them and save his own beloved, but he underestimates their capacity to deceive. The masons' wives accept co-responsibility for the planned crime, as they have foremost in mind the welfare of their own families. In the end, it is the naïveté of Manol (displaying an ethic of justice) and the infinite self-sacrifice of his wife Manolitza/Struma/Todorka (displaying an ethic of care) that together bring death upon her.

² *Vgradena nevesta* – variant 1 from Chepelare, Asenovgrad [*Вградена невеста* – вариант 1 от Чепеларе, Асеновградско], <https://liternet.bg/folklor/motivi-2/vgradena-nevesta/chepelare1.htm> [Accessed: 10 February 2025].

It is worth mentioning at this point that in the anthology of songs about walled-up women compiled by Todor Mollov ([Моллов] 2011), there is only one song in which Manol declares his willingness to be walled up.³ A similar situation can be observed in literary works that take up this topos. Prominent among them is Stilyan Chilingirov's drama *Bridge over the Struma River* (*Мост на река Струма*, [Чилингиров] 1930), whose protagonist dies in a battle with the man who has caused his wife Milezina to be immured in the foundations of the titular bridge. In the afterlife, they care for their child together, and he makes sure to attach the infant, who is crying with hunger, to the breast of its trapped mother so that it can be fed (Szwat-Gytybowa 2022). In his case, caring means the nurturing so typical of 'maternal persons'.

In the 21st century, the motif of caring understood in this way is taken to absurdity by Maria Stankova in the above-mentioned micro-play *The dead head spoke to me*.⁴ This grotesque piece, only eight pages long, belongs to the genre of mash-ups. In the stage directions, the author evokes the modern world ideas about ancient Greek tragedy, with its masks, choruses, and monotonous chanting:

The action takes place on an empty stage set in black. In the middle stands a lone tree, and on its branches instead of leaves hang skulls and masks expressing various emotions. The sound of a creek can be heard. The characters bring in and take away the necessary props themselves. It should be played like an ancient Greek tragedy. The characters dance rather than walk on stage. To the rhythm of the drum and the tarambuka. ...

The text should be sung, as in a folk song, in several voices. The sound and rhythm must be similar to that of a song, but the body language should be expressive. (Stankova n.d.)

The stage directions also include an elaborate justification for the musical setting of the play, referring to the archaic rhythms pounded out on drums and tarambukas, to which the author attributes Orphic and Assyrian origins. Thus, she makes the leap from ancient Greece to the Near East. Here, Stankova locates the roots of the ritual of the walling up of a woman, which (especially in the Assyrian variant) was supposedly accompanied by extreme cruelty:

If one bears in mind that the myth of the walling up of the shadow is Orphic in origin, the mixing of rhythms is justified. The origin of the ritual of the walling up is much older—[it dates back to] Assyria; the bodies of the victims were torn into four parts and buried in the four corners of the city walls. The dead could not find peace and screamed whenever an enemy approached the city. If the bones were to be dug up and reassembled, the city would fall and the inhabitants would be slaughtered. Some victims were torn apart alive. (Stankova n.d.)

However, in her interpretation of the topos of the walled-up woman, Stankova distances herself from both the presumed archaic Assyrian folklore and the local Bulgarian one. Manol—

³ *Vgradena nevesta* – variant from Stefan Stambolovo/Gradina, Velikoturnovsko [*Вградена невеста* – вариант от Стефан Стамболово, ст. Градина, Великотърновско], <https://liternet.bg/folklor/motivi-2/vgradena-nevesta/stefan-stambolovo.htm> [Accessed: 10 February 2025].

⁴ Stankova's play has not been published. I was unable to contact the author. The typescript of the text was made available to me by Veselka Kuncheva, the director of the performance mentioned here.

the husband of Nena, who is walled up in the finale—is not a builder. A peaceful shepherd of his own flock, he is murdered by greedy fellow villagers, who hide their deed from Nena while she waits each day for her husband's return. Stankova puts the emotional aspects of human actions—individual and collective—in the spotlight. Like in ancient plays, the characters' faces are covered with masks set in a grimace of anger (Men's Chorus), fear (Women's Chorus), boredom (Narrator), humility (Nena), suffering (Manol), and reflection (Master). They all move to the rhythm of Balkan folk dances, which seem to define their attitudes to life: the Men's Chorus—simple *choro*, the Women's Chorus—*kopanitsa*, the Narrator—heavy men's *choro*, Nena—women's *rachenitsa*, Manol—Greek *sirtaki*, the Master—men's *rachenitsa*. Through musical chants and mantras recited by two separate choirs (one male, one female), Stankova reveals the predatory nature of the human world hidden under the guise of life's wisdom. Regardless of the cultural forms of expression with which this predatory nature may be associated, it is always equally terrifying. While the information contained in the stage directions serves to highlight stereotypes related to cultural gender, the social practices of a binary-defined world ultimately reduce these original oppositions in the work. Cruelty is a trait of both genders.

Nena, the character created by Stankova in imitation of the above-described folk heroine of Bulgarian ballads, is a breastfeeding mother absorbed in taking care of her child and running a household. In her characterisation, the author uses hyperbole, reducing the daily tasks she performs to obsessively sweeping the yard on Sunday morning. The word *sweep* is repeated ten times just in the short passage quoted below. The accompanying lexeme *clean* occurs as many as three times:

Narrator: The woman Nena was sweeping the yard
on Sunday before church.

Nena: Early.

Women's Chorus: You're sweeping early, Nena.

Nena: Early, but on time.

My child is young, my husband
far;

God is not here.

Women's Chorus: A woman is humble and bony.

Men's Chorus: Towards whom is she humbled?

Narrator: In the face of fate?

Men's Chorus: Why bony?

Women's Chorus: She is not made of clay; she is made of bone.

Nena: The man has a destiny;
the woman has a road.

Women's Chorus: The road must be clean,
swept,
sprinkled with water,

Nena: so he can walk on it
and return.

Narrator: Back.

Like a cat,
like a weaving shuttle,

Women's Chorus: forward—backward,
 Men's Chorus: forward—backward.
 Narrator: Sweep, Nena, sweep!
 —Your husband will be back soon.
 Women's Chorus: Where do men go?
 On their various errands.
 Men's Chorus: Women are waiting.
 On the road.
 In the yard.
 Clean and swept.
 Women's Chorus: Sweep, Nena, sweep!
 Early before church on Sunday.

Pause

Narrator: And the sun looks down from on high and watches.
 The woman Nena was sweeping the yard in the morning
 —on Sunday before church.
 The wind was rocking the cradle,
 and in the cradle the swaddled child,
 asleep,
 fed,
 beloved,
 attended.
 Nena: And the sun looks down from above
 early on Sunday before church.
 The yard and road swept.
 Clean.
 I'm waiting and, as it were, waiting no more. (Stankova n.d.)

In the above-mentioned folk ballads, the range of activities that Manol's wife performs is sometimes much more extensive, while individual tasks are not infrequently repeated three times (see Mollov 2011). In Stankova's piece, the yard and the road by which Manol is to return are swept clear of any soil particles encroaching from the outside that threaten human life (see Domańska 2017: 70). The courtyard and the house are ready to receive the lost one; as is the new life born of this union, the child 'swaddled, asleep, fed, beloved'. However, caught in the trap of busyness, maternal concern, loneliness, and experiencing God's absence, Nena gradually weakens; as she puts it, she is 'waiting and, as it were, waiting no more'.

Nena's struggles are witnessed by the people who comment on her life as the two choruses and by the silent sun. The latter motif, which appears twice in the text, evokes associations with Bulgarian folk narratives about the sun's forbidden love for a girl endowed with exceptional attributes (Georgieva [Георгиева] 2013). As a nursing mother, Nena may not be the sun's chosen one, but her uniqueness predestines her to play the role of a victim.

Short, monosyllabic comments by the women, the men, the Narrator, and Nena herself somehow objectify her. The Women's Chorus characterises her as 'humble and bony'. 'Bony'

because she has been created not from clay, but from bone—Adam's rib. Is this meant to imply that she has different psychosomatic qualities than a man? 'Humble', yet not in the face of fate, but her road because, as Nena puts it, the road (clean and sprinkled with water) is an attribute of women. After all, Stankova's heroine is aware that she is moving along this path in a pendulum motion (forward—backward), 'like a cat' (Narrator) or like a 'weaving shuttle' (Women's Chorus). This allows her to measure the passage of time but does not involve actual movement in space; it is a repetition, treading in circles:

Nena: Nena sweeps the yard,
sweeps and splashes puddles.
The world smells beautiful,
of earth, yellow quince, and cleanliness.
Like I've always just done it,
as if there was no end.
And I've had enough.
I also want to put on a dress
and go out to people ...
And I'm just rocking the cradle;
and I'm just sweeping the road;
and I'm waiting. (Stankova n.d.)

The Men's Chorus describes Nena's suspension in space as being in accordance with the world order: 'women are waiting', waiting 'on the road, in the yard, clean and swept', waiting for the return of men who are busy with their own affairs, waiting for someone to take care of their lives as well. Among other things, this evokes the fate of the mythical Penelope (the weaving shuttle points the viewer in this direction), showing it as a model that protects the foundations of the patriarchal order. In Stankova's work, the situation of Nena—the one who has no one to protect her—quickly changes, however. Her 'awaiting' status is not enough to save her. It becomes necessary to take her life and make her the glue of the new order symbolised by the stone construction.

When the men of the village decide to build a bridge and problems arise with the stability of the structure, the stones are set in chaotic motion. First they are scattered by the sun itself onto the road, the bridge, and the people. But then, after the construction has collapsed repeatedly every night, one of the men reaches for a stone and hits God in the face with it:

Narrator: And a man threw a stone at God,
and as he threw it—he hit Him.
And the stone was real.
It hit God in the face.

...

Women's Chorus: Oh my, God in the face!
Narrator: The unfortunate curse.
Men's Chorus: Dark.
Women's Chorus: Absolute.

Narrator: Bitter.
 The unfortunate curse.
 Worse than an insult.
 God threw a stone at the people. (Stankova n.d.)

The community is aware of the act of profanation, which arouses horror. Fearing retribution from God, the people want to take control of the situation and make a sacrifice to Him as a gesture of reparation. The villagers quickly abandon the idea of crucifying the guilty party; instead, they accept with relief the Master's suggestion that, in line with Christian tradition, an innocent person should be nailed to the cross.

Men's Chorus: On the cross,
 on the cross.
 Crucify the guilty!
 Master: Guilty of sin will not bring redemption.
 Nail the innocent to the cross.
 Narrator: For someone's fault, another pays.
 Men's Chorus: Just so.
 Master: This is how it is now.
 Narrator: This is how it will be.
 Nena: Always.
 Narrator: Now and always. (Stankova n.d.)

Nena herself (wearing, as you remember, a mask with the characteristic expression of humility) agrees with this perverse reasoning, based on a demonic imitation of Christ's sacrifice. The execution of the task is placed in the hands of the men, who make further changes. First, they decide that not a man but a woman will be sacrificed, and in the wake of this they abandon crucifixion in favour of walling up alive. The woman is to be the one who will bind the stones together and awaken their power:

Men's Chorus: A woman will be walled up.
 Women's Chorus: Alive.
 Alone among the stones.
 Narrator: The woman is faithful and bony.
 Men's Chorus: A woman will bind the stone,
 and it will become like iron.
 That's the way it is now. (Stankova n.d.)

In Stankova's piece, Nena arrives at the construction site with a meal for the masons first and unprotected by anyone, which—according to the logic of the myth—seals her fate. At the last moment, the Women's Chorus (warned of the danger by their husbands) and the Narrator try to reverse it by telling her to escape, but the initiative is taken by the men who are united in this action. Despite Nena's pleas and the argument that her child needs her, they remain intransigent, and the woman is put to death in front of everyone.

Nena: Why me, God!

I still have to wait; it's my
stupid waiting.

Narrator: A bridge is needed!

Women's Chorus: Dying.

They walled up her shadow.

Men's Chorus: Dying with a walled-up shadow!

Narrator: Already the shadows are calling her.

Women's Chorus: No more crying.

Men's Chorus: She does not call out.

Women's Chorus: Poor her!

Narrator: The road needs a bridge so that people can return.

So much. (Stankova n.d.)

The Narrator's comments are intended to explain the men's actions as an expression of care for the well-being of the community, against which the fate of an individual woman is irrelevant. However, behind the words 'The road needs a bridge so that people can return' lies an androcentric motivation, a crippled justice of the privileged. After all, an attentive reader will remember that, according to the Women's Chorus, the awaited bridge was supposed to benefit men returning home. One might be tempted to conclude that this group does not represent **maternal persons**, as it is apparently incapable of broader maternal-type thinking. Thus, an ethic of justice devoid of care leads to a moral transgression. However, this does not mean that all men lack the will and ability to weigh reasons, and that maternal women are not capable of committing a similar wrong.

After Nena's death, the first person to appear on the road leading to the bridge is her husband, subjected to a grotesque defragmentation that evokes the poetics of 1920s Bulgarian Expressionism. His head, detached from his torso (as in the case of Orpheus or John the Baptist), informs those gathered that he—Manol—has been murdered by men eager for profit. In response to his questions about Nena's fate, the Men's Chorus, pragmatic in its statements, brings up the only fact it considers relevant: 'There is a bridge!'. Initially, Manol earns the sympathy of the Narrator and the Women's Chorus, who are shocked by Nena's walling-up. The women, in solidarity with her at this point, cast a curse on those using the bridge:

Narrator: People are not human! Even the wolf is more human!

Women's Chorus: May those who cross the bridge be cursed.

Women's Chorus: May their houses collapse! (Stankova n.d.)

However, when, in the spirit of responsibility, Manol's head asks God to restore his life so that he can mourn his wife and take care of their child, the women suddenly lose compassion. They consider this plea from a dead man who is motivated by concern for a living being to be an unseemly violation of order, and quickly (under the pretext of feeling pity for the orphan's plight) support another request made by the hero—this time for the death of the child. The chaos that takes place on stage at this point does not bring an answer to the question of whether Manol's will was fulfilled, or whether the life of the child, to whom Nena

had subordinated her daily toil, was extinguished with her death. Although the severity of the suggested stage setting and the economy of words, multiplied by the actors in numerous repetitions, intensify the emotional message suggesting the triumph of evil, the open-ended nature of the work leaves the viewer uncertain as to the outcome.

Thus, the demonic element in this play is inscribed in the very fabric of human reality: it lurks in the relationships between the villagers, in the acrimonious determination of the builders, in their cruelty, in their celebration of the crime, in the conformism of the women, their God-fearing and sinister whispering, their fear, their shunning of responsibility by making small benevolent gestures to their own children. They avert their gaze from evil. Each one's maternal concern is expressed in this case at the price of condoning murder.

This is how Stankova opposes the binary vision of the world, in which only two variants of the ethics of care are possible—those related to the division between the private (female) and public (male) spheres (Sepczyńska 2012: 55). Following the folkloric texts, the writer hyperbolises the primitive egocentrism of human attitudes and seems to agree with Joan Tronto's assertion that both justice and care 'are characterised by universality ... they are essential in order for us to be fully human, for care without justice is a dubious concept, and justice without care is incomplete' (Sepczyńska 2012: 55).

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Deficiencies and gaps in the concept and system of care in Bulgarian public law

ABSTRACT: This article examines the concept of ‘care’ within Bulgarian public law, highlighting significant deficiencies in the current legal framework that fails to adequately address the needs of vulnerable individuals. Despite constitutional commitments to special protection for groups such as children, the elderly, and persons with disabilities, a prevailing rights-based approach often results in bureaucratic rigidity and insufficient responsiveness. The 2019 reform of social services in Bulgaria attempts to evolve care terminology but falls short of establishing a comprehensive and compassionate care system. The article advocates for the integration of care ethics into legal theory and practice to promote empathy, relational dynamics, and context-sensitive decision-making, ultimately fostering a more just and equitable care framework in Bulgaria.

KEYWORDS: care, Bulgarian public law, rights-based approach, care-based approach, human rights

Introduction

The notion of ‘care’ (*грижа*) has not been theorised within Bulgarian public law,¹ despite its usage in legislation since the 1980s and 1990s. This oversight largely stems from the mainstream legal theory in Bulgaria, which has traditionally employed a rigid and abstract concept of ‘legal subjects’ (Ganev [Ганев] 1947; Milkova [Милкова] 2001: 106–111; Radev [Радев] 2008: 189–195; Boichev [Бойчев] 2010: 60–62; Tashev [Ташев] 2010: 339–381; Kolev [Колев] 2015: 392–406) without considering individuals through the lens of their vulnerability (Fineman 2004; 2008; Fineman and Gear 2016). However, the advancement of human rights law, and especially the need for special protection of children, elderly people, persons with disabilities, victims of violence, etc., calls for an exploration of the potential for a care-based approach in Bulgarian public law and a re-evaluation of the concept of care.

¹ In contrast, the concept of ‘care’ has been extensively applied in Bulgarian private law, especially in obligations law, for decades through the notions of ‘standard of care’ and ‘duty of care’, which require individuals to act towards others and the public with the attention, caution, and prudence that a reasonable person would exercise in similar circumstances. Failure to meet this standard can result in negligence and potential liability for tort (Tsoneva [Цонева] 2019: 42–90; 2021: 108–113).

In this paper, I will first provide an overview of how 'care' emerged in Bulgarian legislation. I will then examine the commitment of the Constitution of the Republic of Bulgaria to the special protection of certain categories of vulnerable individuals, as well as the rights-based approach adopted by the Constitutional Court. Unfortunately, this commitment has not evolved into a comprehensive concept of 'public care'. I will outline some reasons for this regrettable development, focusing on deficiencies in public law theory in Bulgaria. Additionally, I will discuss the advantages of introducing a care-based approach within Bulgarian legal theory and how it could enrich the understanding of individuals while potentially leading to a significant transformation in the institutional framework and practices of care in Bulgaria.

The term 'care' in Bulgarian public law and policy

Historically, the legal construct of 'care' in Bulgaria has been closely intertwined with institutional practices, particularly during the totalitarian and post-totalitarian eras of the late 20th century. The terminology surrounding 'medical care' (*медицинска грижа*) and 'social care' (*социална грижа*) has evolved, reflecting shifts in governmental structures and societal attitudes.

In the 1980s and 1990s, the Bulgarian legislator utilised the terms 'medical care' and 'social care' to designate various institutions and policies within the totalitarian and post-totalitarian state. Notably, the term 'social care' has evolved in its institutional associations. Initially part of the Ministry of National Health and Social Care in the 1980s, it transitioned to the Ministry of Labour and Social Care in the 1990s, before ultimately being incorporated into the broader Ministry of Labour and Social Policy in 1997. Thus, 'social care' has proven to be a concept that can be readily shifted from one ministry to another and from one institutional framework to another, and ultimately—easily replaced by a broader term that emphasises policies,² procedures, and services, focusing more on processes than on outcomes. This fluidity in nomenclature raises critical questions about the underlying principles that govern the provision of care.

Alongside these institutional connections, the term 'care' has been extensively used in legislation aimed at protecting children, the elderly, persons with disabilities, and other vulnerable groups.³ However, in the 21st century, there has been a shift towards coining the term 'social services' (*социални услуги*) and its derivatives, such as 'residential care services' (*услуги за резидентна грижа*). Currently, the law even employs the complex phrase 'integrated health and social services for residential care' (*интегрирани здравно-социални*

² Bulgarian social studies characterise this development as a transition from 'care for the poor' to 'state social policy' within the context of Bulgaria's emergence as a welfare state. However, the origins of certain state social policies can be traced back to the 1930s (Chavdarova [Чавдарова] 2012; Hristov [Христов] 2020).

³ Combating Antisocial Behaviour of Minors and Adolescents Act (promulgated: State Gazette No. 13/14.02.1958), Social Assistance Act (promulgated: State Gazette No. 56/19.05.1998), Child Protection Act (promulgated: State Gazette No. 48/13.06.2000), Asylum and Refugees Act (promulgated: State Gazette No. 54/31.05.2002), Preschool and School Education Act (promulgated: State Gazette No. 79/13.10.2015), Persons with Disabilities Act (promulgated: State Gazette No. 105/18.12.2018), etc.

услуги за резидентна грижа), which is applicable to various vulnerable groups, including at-risk children and permanently disabled individuals.⁴

In 2014, the Bulgarian government adopted the National Strategy for Long-Term Care to guide the provision of 'long-term care services' (*услуги за дългосрочна грижа*) for elderly individuals and people with disabilities over the next 20 years. This strategy aims to develop a comprehensive long-term 'care' concept to improve access to social services in community and family settings, as well as to health services, by enhancing the national network. It also seeks to increase the variety, volume, scope, and quality of these services. Consequently, in recent years, Bulgarian public policy and law have explicitly linked 'care' to 'services' in the context of what institutions formally provide to 'vulnerable groups'—a term mentioned four times in the National Strategy for Long-Term Care. Additionally, policymakers have referred to 'care for the most vulnerable persons' in relation to several social service schemes, such as 'personal assistant', 'social assistant', and 'domestic assistant', which are provided temporarily within family environments for people with disabilities.⁵

In summary, Bulgarian legislation currently employs the term 'care' broadly, referring to social services or care services offered within an institutional framework to support vulnerable groups, as well as serving as a standard for their special legal protection.⁶ At first glance, this legal projection of 'care' appears unproblematic and aligns with our expectations of public law and policy. However, a closer examination of this institutional framework reveals that 'care' is often provided temporarily and intermittently, typically as an exception when funding is available through specific programme schemes. This approach dismembers 'care' into separate social services, treating vulnerable groups as a basis for engineering categories of various social rights applicable to individuals who meet certain generalisable standards and impartiality criteria. In essence, this represents a 'rights-based' approach that excludes a 'care-based' perspective, where objectivity tends to overlook context and values often fail to acknowledge multiplicity. In the radical terms of feminist legal theorist Ann Scales: 'rights preclude care'.⁷

⁴ Article 79 of Persons with Disabilities Act.

⁵ These services are summarised as social services providing support to families caring for dependent members. Some of these have been available in Bulgaria since 2003 under the National Programme 'Assistants to People with Disabilities', which offered social care services in the family environment for individuals with permanent disabilities or severe illnesses living alone. Between 2007 and 2013, several new schemes and related projects were implemented to expand the range of social services in family settings, including initiatives like 'Home Care Towards Independent and Dignified Living'.

⁶ For instance, the Child Protection Act includes among its principles the notion of 'care in accordance with the needs of the child' (Article 3(9)).

⁷ Ann Scales highlights: 'In our current gendered realm, therefore, the "rights-based" and "care-based" ethics cannot be blended. Patriarchal psychology sees value as differently distributed between men and women: Men are rational, women are not. Feminist psychology suggests different conceptions of value: Women are entirely rational, but society cannot accommodate them because the male standard has defined into oblivion any version of rationality but its own. Paradigmatic male values, like objectivity, are defined as exclusive, identified by their presumed opposites. Those values cannot be content with multiplicity; they create the other and then devour it. Objectivity ignores context; reason is the opposite of emotion; rights preclude care. As long as the ruling ideology is a function of this dichotomization,

Interpreting the 1991 Constitution of the Republic of Bulgaria through the lens of care ethics

Since the development of the ethics of care by feminist thinkers in the 1980s,⁸ caring has been recognised as a distinct mode of relating to others that has long been overlooked by Western modern rationalism. Care-based theories criticise the application of generalised standards, arguing that they foster 'moral blindness and indifference'.⁹ Instead of framing issues in terms of rights, these theories focus on needs and emphasise the importance of avoiding causing harm whenever possible.¹⁰ However, as Daniel Engster elaborates, care theory contains several gaps and ambiguities (Engster 2015: 2–4) that have hindered the advancement of an 'institutional political theory of caring' (Engster 2004).

Early proponents of care ethics who emphasised relating to others through sympathy, attentiveness, and responsiveness, faced criticism for offering a notion of caring that was too indistinct and ambiguous to effectively support policy development.¹¹ Despite the later refinements in the definitions of 'caring', the fundamental issues remain that the specific actions involved in caring for others are still unclear (Engster 2015: 3). At the outset of the 21st century, theorists in the field of care have identified various social and political policies linked to the concept of caring (Harrington 2000; Noddings 2002; Fineman 2004), yet the discussion around these policies remains fragmented (Engster 2015: 4). Nonetheless, care-based approaches in public law and policy have begun to transform the legal landscape and

incorporationism threatens to be mere co-optation, a more subtle version of female invisibility ... If I am right that the "rights-based" and "care-based" approaches are incompatible, we must make a choice between adjudicative principles. The choice is not, however, between male and female hegemony. The choice is rather between a compulsion to control reality and a commitment to restrain hegemony. Do we want a system that brooks no disagreement or one that invites as many points of view as the varieties of existence require?' (Scales 1986: 1383, 1385–1386).

⁸ The development of the ethics of care is primarily associated with the work of Carol Gilligan and Nel Noddings in the 1980s (Gilligan 1982; Noddings 1984).

⁹ Gilligan emphasises the relational nature of moral decision-making and the contextuality of justice: 'As a moral perspective, care is less well elaborated, and there is no ready vocabulary in moral theory to describe its terms. As a framework for moral decision, care is grounded in the assumption that self and other are interdependent, an assumption reflected in a view of action as responsive and, therefore, as arising in relationship rather than the view of action as emanating from within the self and, therefore, "self-governed". Seen as responsive, the self is by definition connected to others, responding to perceptions, interpreting events, and governed by the organising tendencies of human interaction and human language. Within this framework, detachment, whether from self or from others, is morally problematic, since it breeds moral blindness or indifference—a failure to discern or respond to need. The question of what responses constitute care and what responses lead to hurt draws attention to the fact that one's own terms may differ from those of others. Justice in this context becomes understood as respect for people in their own terms' (Gilligan 2007: 471).

¹⁰ For examples of a political theory grounded in care ethics, see Held 2006; Engster 2015: 17–24.

¹¹ Owen Flanagan and Jonathan Adler summarise the issue succinctly: 'We have been told nothing about [care ethics] until we are told what features of situations context-sensitive people pick out as morally salient, what weightings they put on these different features, and so on. ... We simply need to know more, in a detailed way ... about exactly what it is they care about' (Flanagan and Adler 1983: 592).

reform institutional practices, moving towards more individualised and context-sensitive legal procedures, involving vulnerable individuals (Fineman 2008).

However, Bulgaria has not followed these trends, despite the 1991 Constitution's commitment to providing 'special protection of the state and society' for certain vulnerable individuals, including mothers,¹² children without care,¹³ elderly individuals without relatives who cannot support themselves from their own assets, and persons with physical and mental disabilities.¹⁴ In addition to the expression 'special protection of the state and society', the constitution-makers also used the phrase 'protection of the state and society' in reference to family, motherhood, and children.¹⁵ Yet more than 30 years after the adoption of the 1991 Constitution, the distinction between its concepts of 'protection' and 'special protection' has not been addressed in either the jurisprudence of the Constitutional Court or in legal academia.

Several decisions of the Constitutional Court discuss the relevant constitutional provisions; however, none clarify the conceptual or criteria distinctions between 'protection' and 'special protection'. In the 1990s, the Court further obscured this distinction by asserting that 'children and adolescents' are under the 'special protection of the state', without addressing the differing terminology used by the constitution-makers in Article 14 ('protection' of children) and Article 47(4) ('special protection' for the subgroup of children left without the care of relatives).¹⁶ In its early jurisprudence, the Constitutional Court interpreted the 'special protection by the state and society' outlined in Articles 47(4) and 51(3) for children without care, abandoned and impoverished elderly individuals, and people with disabilities as encompassing 'privileges' and 'compensatory benefits given their disadvantaged social situation'.¹⁷ Consequently, the Court adopted a rights-based approach to the special protection provided by the Constitution for these vulnerable individuals.

In a 1998 decision, the Constitutional Court declared unconstitutional a legal provision that mandated a contribution of 1% from insurers, based on amounts paid under compulsory insurance for civil liability related to motor vehicle use, to the Rehabilitation and Social Integration Fund for people with disabilities.¹⁸ The Court reasoned that the legislation imposed

¹² Article 47(2) of the Constitution: 'The mother is entitled to special protection from the state, which provides her with paid leave before and after childbirth, free maternity care, labour assistance, and other social benefits'.

¹³ Article 47(4) of the Constitution: 'Children who are left without the care of their relatives are under the special protection of the state and society'.

¹⁴ Article 51(3) of the Constitution: 'Elderly individuals without relatives who cannot support themselves from their own assets, as well as persons with physical and mental disabilities, are under the special protection of the state and society'.

¹⁵ Article 14 of the Constitution: 'The family, motherhood, and children are under the protection of the state and society'.

¹⁶ Decision No. 21 issued on 14 November 1996 by the Constitutional Court of the Republic of Bulgaria in Case No. 19 of 1996.

¹⁷ Decision No. 14 issued on 10 November 1992 by the Constitutional Court of the Republic of Bulgaria in Case No. 14 of 1992.

¹⁸ Decision No. 31 issued on 24 November 1998 by the Constitutional Court of the Republic of Bulgaria in Case No. 24 of 1998.

a financial burden on only a segment of society—the insurers—without justifying why they alone were responsible for this contribution.¹⁹ The decision further clarified that:

It is the state's responsibility to finance citizens with impaired health, as outlined in Article 52(2) of the Constitution.²⁰ However, when the legislature seeks to go beyond voluntary contributions from society to support the state's constitutionally defined functions and imposes financial obligations on the public, it should not favour certain members of society at the expense of others.²¹

In its reasoning, the Constitutional Court overlooked the concept of 'special protection by the state and society' for persons with physical and mental disabilities as stated in Article 51(3) of the Constitution. Instead, it treated these individuals the same as all 'citizens with impaired health', determining their health care rights solely on health insurance and disregarding their specific 'disability' status. This fallacy of Decision No. 31 of 1998 was clearly articulated in the dissenting opinions of five out of twelve judges, who argued that the deductions from insurance payments allocated to the Rehabilitation and Social Integration Fund for people with disabilities should be viewed not as a burden on insurers, but rather on motor vehicle owners, who represent a broader segment of society.²² The progression of this constitutional case demonstrates how the Constitutional Court's rights-based approach to the concept of 'special protection' for individuals with physical and mental disabilities is diminished and rendered ineffective due to the absence of comprehensive measures and mechanisms for its legal implementation.

Given the vulnerable status of individuals²³ designated for 'special protection' under the Bulgarian Constitution, it is essential to adopt a distinct approach tailored to their needs.

¹⁹ This was deemed as violation of the constitutional principle of equality and of the provision of Article 19(2) of the Constitution requiring the law to create and guarantee uniform legal conditions for economic activity to all citizens and legal persons.

²⁰ According to Article 52(2) of the Constitution, 'the health care of citizens shall be financed from the state budget, by employers, through personal and collective health insurance contributions, and from other sources under terms and according to a procedure established by a law'.

²¹ Decision No. 31 issued on 24 November 1998 by the Constitutional Court of the Republic of Bulgaria in Case No. 24 of 1998.

²² See the Dissenting opinion of then-President of the Court Zhivko Stalev regarding Decision No. 31 of 1998: 'In his request challenging the constitutionality of Article 50(2) of the statute, the chief prosecutor cites Article 52(2) of the Constitution to support a restrictive interpretation of health care excluding from its scope the prevention and medical rehabilitation of individuals with disabilities ... Such restrictive interpretation is unacceptable. Rehabilitation is undoubtedly a vital part of health care. Furthermore, since Article 51(3) of the Constitution places individuals with physical and mental disabilities under the protection of the state and society, it follows *per argumentum a fortiori* that if the Constitution guarantees the financing of the health care system, including the establishment of fundraising initiatives, then such funds should also be permitted to support individuals with disabilities. This conclusion is reinforced by the principles of humanism and justice articulated in the Preamble of the Constitution'.

²³ It is important to clarify that here I do not reference the universal vulnerability of human beings as articulated in Martha Fineman's theory, although I recognise its heuristic potential for reforming law and social institutions to allow for greater contextualisation (see Fineman 2008).

The terminology in the 1991 Constitution differentiates between ‘protection’ and ‘special protection’, indicating a necessity for an approach that diverges from the one employed by the Constitutional Court. This approach could benefit from integrating concepts from care and care ethics.

Relying solely on rights-based frameworks, which emphasise legal entitlements, individual autonomy, equal treatment, and adherence to laws and international human rights standards, proves inadequate. While these frameworks are important, they often lead to a bureaucratic mindset that prioritises compliance over genuine care, potentially neglecting the dependencies and specific needs of vulnerable individuals. In contrast, care-based approaches focus on the relational and contextual dimensions of public care, prioritising the well-being of individuals in vulnerable situations. These approaches recognise the significance of empathy, compassion, and the relationships that underpin effective care. Rather than applying a one-size-fits-all legal framework, care-based methods tailor support to the unique needs and circumstances of individuals, fostering community involvement and support networks as essential components of care. Ultimately, care-based approaches aim to address the complexities of individual needs, promote personalised care, and cultivate a sense of community and support, thereby enhancing the overall quality of care for those in vulnerable positions.

The façade reform of public care in the 2019 Social Services Act

In 2019, the Bulgarian Parliament enacted a new Social Services Act²⁴ to reform the social care sector by promoting an integrated approach to service delivery while ensuring accessibility and quality. The law emphasises key principles such as individualisation of social support, comprehensiveness, integration, continuity of care for those in need, prevention of institutionalisation, respect for the rights of service users, active participation in decision-making, and flexibility and transparency in service management.²⁵ It also introduces and defines new legal concepts such as ‘social exclusion’ and ‘crisis’,²⁶ as well as ‘community support’ and ‘community work’,²⁷ which appear to align with the terminology of care-based policies.

²⁴ Social Services Act (promulgated: State Gazette No. 24/22.03.2019).

²⁵ Article 2 of the Social Services Act.

²⁶ ‘Social exclusion’ is defined as ‘a condition in which an individual, due to personal or objective reasons, lacks the conditions and opportunities for meaningful participation in various areas of public life’ (§ 1(1) of the Supplemental Provision of the Social Services Act). ‘Crisis’ is described as a scenario in which an individual experiences helplessness, instability, or life-threatening danger, does not require hospitalisation, and is unable to cope independently or with assistance from others (§ 1(4) of the Supplemental Provision of the Social Services Act).

²⁷ While ‘community support’ refers to the provision of social, emotional, and material assistance to individuals, families, or groups with specific needs within their living or working environments (§ 1(3) of the Supplemental Provision of the Social Services Act), ‘community work’ is defined as a set of activities conducted in vulnerable communities or groups, focused on prevention, protection, and the promotion of community development (§ 1(9) of the Supplemental Provision of the Social Services Act).

The various types of individuals in need of care become somewhat depersonalised when referred to as ‘users of social services’.²⁸ This designation also highlights the agency and active role individuals have in seeking and utilising social support, rather than defining them solely by their needs and vulnerabilities, which might carry negative and potentially stigmatising connotations. Labelling individuals as ‘users’ implies that they are actively making choices about the services they require, thereby fostering a sense of empowerment. Yet, this notion contradicts the prevailing legal framework in Bulgaria, which holds that children and individuals with mental disabilities may lack full or partial legal capacity.

The Soviet model of legal capacity, established by the Persons and Family Act of 1949,²⁹ remains in effect today. It is important to note that Bulgarian legislation employs the term ‘individuals’, placed under full or limited ‘restriction’,³⁰ which pertains to the judicial process of appointing a guardian for certain individuals with mental disabilities. The terminology emphasises not the protection of these persons, but rather their restriction and exclusion from legal and social life. Bulgarian law classifies all children under 14 years of age and individuals under full ‘restriction’ as legally incapacitated, meaning that all legal actions are conducted on their behalf by their parents or guardians.³¹ Children aged 14 to 18 and individuals under limited ‘restriction’ can perform legal actions with the consent of their parents or custodians respectively, and they may independently engage in ordinary minor transactions to address their current needs and manage what they have earned through their own labour.³² As a result, within this legal framework, the agency of all children and individuals with mental disabilities is called into question within the social services system, as they are unable to access it independently. Referring to them as ‘users’, which implies ‘agents’, is therefore inadequate.

The term ‘user of social services’ focuses on the bureaucratic service delivery framework, rather than highlighting the vulnerable individuals needing social care. The lawmakers outline three foundational pillars upon which social services are built: social work, an individual approach, and individual assessment of needs.³³ The law defines ‘social work’ as an activity based on human rights and social justice, aimed at supporting individuals, families, groups,

²⁸ According to Article 14 of the Social Services Act, ‘users of social services’ are categorised into seven groups based on their specific needs: (i) all children; (ii) children at risk as defined by the Child Protection Act; (iii) parents, adoptive parents, guardians of children, candidates for adoption, and candidates for foster families; (iv) children and adults with disabilities; (v) adults in crisis or in need of assistance to overcome the consequences of such situations; (vi) elderly individuals beyond working age; and (vii) individuals who provide care for adults.

²⁹ Persons and Family Act (promulgated: State Gazette No. 182/09.08.1949).

³⁰ Typically, translations would refer to individuals placed under full or limited guardianship rather than using the term ‘restrictions’, which can sound out of place. However, I want to emphasise the nuances of the Bulgarian legal language, which reveals how these individuals are treated as restricted from participating in legal life.

³¹ Article 3 and Article 5(1) of the Persons and Family Act.

³² Article 4 of the Persons and Family Act.

³³ Article 3(2) of the Social Services Act.

or communities to improve their quality of life by developing skills to utilise their own capabilities and those of the community in addressing their needs.³⁴

The 2019 Social Services Act provides also for distinct legal definitions of the concepts 'individual approach' and 'individual assessment of needs'. Its Article 5 states that the 'individual approach' involves implementing professional actions to support and accompany individuals, with their specific needs, capabilities, and potential placed at the forefront of the process. The 'individual assessment of needs' is defined as a professional evaluation of a person's life situation and psycho-social condition, aimed at identifying their emotional, social, developmental, and self-realisation needs to inform social work.³⁵ This assessment includes professional opinions, conclusions, findings, and recommendations based on an objective and comprehensive analysis, prepared by a multidisciplinary team of staff.³⁶ This team is also involved in the development of the subsequent individual support plan. It is noteworthy that the law distinguishes between the so-called general publicly available social services³⁷ and those that require an individual assessment and a subsequent individual support plan, formulated by the administration. Based on this plan, the individual then enters into a social services contract with one or more licensed social services providers.³⁸

The complex structure established by the 2019 Social Services Act poses significant challenges to the effective implementation of social care. Firstly, the emphasis on formal contracts with licensed providers fosters a bureaucratic environment that prioritises compliance and documentation over the immediate needs of vulnerable individuals. Consequently, the administrative procedures detract from the person-centred approach that the individual assessment and support plan are intended to promote. This focus on contractual obligations obscures the accountability in the provision of social services, shifting the responsibility onto both the individual in need and the licensed service provider.

Secondly, despite the legislative requirement for an individual approach and the involvement of multidisciplinary teams to facilitate its implementation, institutional practices often rely on standardised assessments and plans. This reliance leads to a one-size-fits-all approach that overlooks the uniqueness of individual circumstances, rendering the involvement of multidisciplinary experts little more than a legislative façade—an empty normative framework that lacks genuine implementation.

³⁴ Article 4 of the Social Services Act.

³⁵ Article 6(1) of the Social Services Act.

³⁶ Article 80 of the Social Services Act.

³⁷ The law establishes that every individual has the right to access publicly available social services without requiring a referral from the 'Social Assistance' directorate or the municipality, and without a prior assessment of needs (Article 77(1) of the Social Services Act). These services include information, counselling, and training aimed at realising social rights and developing skills, offered for a period not exceeding two months, as well as mobile preventive community work (Article 12(2) of the Social Services Act). They are provided without the necessity of an individual assessment of needs or an individual support plan, in accordance with the general conditions set by the service provider, and do not require the conclusion of a social services contract (Article 83 of the Social Services Act).

³⁸ Article 85(1) and Article 134(3) and (4) of the Social Services Act.

Thirdly, budgetary constraints within the Bulgarian social support system exacerbate the challenges in meeting the needs of vulnerable individuals.³⁹ Furthermore, both doctrine and constitutional jurisprudence assert that social rights, specifically tailored to certain vulnerable groups, lack direct judicial protection.⁴⁰ The principle of proportionality is applied differently to 'classical' rights⁴¹ compared to 'social' rights, highlighting the reasonableness of restrictions and granting legislators broader discretion in regulating the latter (Dimitrova 2025: 184). Regarding welfare rights, legislators have the authority to amend regulations—including the repeal of existing legal texts—after assessing the needs of those in need and the capabilities of society.⁴² Despite recent theoretical advancements in the proportionality test as it applies to fundamental rights,⁴³ Bulgarian law still lacks a clear framework for evaluating the discretion of both the legislator and public administration in the regulation and implementation of social care services.

Fourthly, the administrative procedures outlined in the new Bulgarian law of 2019 adopt a rights-based approach⁴⁴ but lack a robust framework for context-specific and discretionary decision-making in public care services. One of the primary reasons for this deficiency is Bulgaria's outdated administrative law and procedures, which are structured around a hierarchical method of control and subordination in a centralised 'top-down' approach (Marcheva [Марчева] 2013). This framework falls short of the horizontal and networked governance models that are essential in the 21st century. In an increasing number of areas, including

³⁹ See *Yocheva and Ganeva v. Bulgaria*, 18592/15 and 43863/15, European Court of Human Rights, Judgment of 11 May 2021, § 99. The Court emphasises the state's assertion that if it were found to be in violation of the prohibition against discrimination by not treating families with unknown fathers as equal to those with a deceased parent, it would likely be compelled to eliminate the allowance entirely due to the excessive burden on the budget.

⁴⁰ Decision No. 2 issued on 22 February 2007 by the Constitutional Court of the Republic of Bulgaria in Case No. 12/2006.

⁴¹ In Decision No. 2 issued on 4 April 2006 in Case No. 9/2005, the Constitutional Court clarifies that civil rights are characterised as 'defensive' and 'negative', serving to protect individuals from the intrusion of public authority. In contrast, social rights are deemed 'positive' and rooted in 'solidarity', requiring the state to take proactive measures to establish the conditions necessary for their realisation.

⁴² Decision No. 13 issued on 15 July 2003 by the Constitutional Court of the Republic of Bulgaria in Case No. 11/2003.

⁴³ Maria Dimitrova (2025) examines and compares the theoretical models, developed by Robert Alexy and Aharon Barak. She concludes that the proportionality test in any case involves a judicial evaluation founded on the following rules: the legitimacy of the aim, the appropriateness and necessity of the measures for achieving that aim, and a balancing test that weighs the benefits of achieving the legitimate aim against the harms inflicted on the rights being restricted. All these rules apply only to the first-generation 'classic' civil rights. In contrast, for later generations of social, economic, and cultural rights, legislators should be afforded greater discretion, with state intervention evaluated through a broader lens of reasonableness. As a result, when addressing these rights, courts generally adopt the principle of reasonableness in their review of legislative constraints, leading to a more cautious stance.

⁴⁴ The Social Services Act explicitly establishes the so-called 'right to social services' in Article 7, which asserts that 'every person in need of support for the prevention and/or overcoming of social exclusion, realisation of rights, or improvement of their quality of life has the right to social services, regardless of their age, health condition, education, income, social, and property status'.

social care, traditional hierarchies are being replaced by networks, leading to reconfigured and blurred boundaries between the public and private sectors. As a result, public administrations worldwide need to navigate multiple, complex, and constantly evolving contexts, increasingly relying on 'soft law' instruments and a variety of discretionary powers (Barnes 2010). However, Bulgarian legislation and administrative law jurisprudence continues to adhere to traditional hierarchical decision-making processes and lacks the essential conceptual framework and mechanisms needed to effectively tackle the challenges of modern governance. The rigid hierarchical approach impedes responsiveness, as it often prioritises formal procedures over necessity for timely and context-sensitive solutions. This limitation is particularly detrimental to the entire social care system in Bulgaria, where adaptability and swift decision-making are crucial for meeting the diverse needs of vulnerable individuals.

Within the obsolete administrative law and governance framework in Bulgaria, any legislative efforts to adopt an integrated approach to social care—such as the establishment of multidisciplinary teams for individual needs assessment and the development of personalised support plans—are unlikely to succeed in implementation.

Towards care-based approaches in Bulgarian public law

No superficial legislative reform in the social care system can effectively address the gaps in Bulgaria's legal doctrine and conceptual frameworks. The most significant deficiencies include not only an outdated understanding of administrative governance but also a lack of feminist legal theory (Marcheva [Марчева] 2020), whose insights have largely informed and shaped the concept of care within public law and policy.⁴⁵ The feminist viewpoint challenges the appropriate organisation and allocation of relationships between caregivers, those receiving care, and the broader political community, raising fundamental issues of justice (Fineman 2008). This framework is valuable for critiquing how the contemporary administrative state structures the social care system. Agencies exercise power, deliver social services, and allocate benefits ostensibly on behalf of the public, frequently prioritising 'care for the public' (Emerson 2021: 41) over 'care for the vulnerable individuals'. Moreover, as Blake Emerson notes, while government bureaucracies have the potential to advance the interests of those under their authority, they also carry the risk of arbitrariness, coercion, and abuse. However, administrative law scholarship typically fails to conceptualise regulatory actions in terms of care, instead concentrating on formal issues such as statutory authorisation and procedural fairness (Emerson 2021: 41).

Wendy Brown's feminist critique highlights how the masculinist traits embedded in bureaucracy and the welfare state contribute to a failure in administrative law to adequately theorise and fulfil the obligation of public care (Brown 1992). This shortcoming may reflect

⁴⁵ Blake Emerson comments: 'Feminists have variously understood "care" as a moral psychology centered on social interdependence rather than individual rights, as a political obligation to provide for basic human needs and development, as a social responsibility to provide for both the vulnerable and their direct caretakers, as a component of democratic equality, and as an un- or under-compensated labor that undergirds the capitalist economy' (Emerson 2021: 40–41).

a misleading, and arguably patriarchal, dichotomy that separates the ostensibly rational language of law, rights, and authority from the emotional dimensions of empathy, concern, and attachment.

In Bulgaria, this issue is further compounded by a formalistic approach to human rights protection across all domains of public administration and justice. This approach is characterised by strict legalism, inflexibility, and a limited engagement with context. Administrators and judges in social care cases often adhere to rigid interpretations of legal texts, procedures, and formalities, prioritising protocols over the specific circumstances of individual cases and broader principles of justice. As a result, they tend to overlook diverse social, cultural, and economic contexts, leading to decisions that do not accurately reflect the realities faced by vulnerable individuals and groups. Consequently, formalistic approaches to human rights protection can result in outcomes that fail to address the true essence of human rights, potentially perpetuating injustices rather than remedying them.

To advance the social care system, we must move beyond the traditional hierarchical model of administrative governance and the formalistic approach to human rights. This involves recognising the existing yet often underappreciated care obligations within Bulgaria's public administration and promoting a new governance model with focus on the needs of the vulnerable individuals. In this model, communication, responsiveness, and timely action should be prioritised as essential components of good governance, rather than merely focusing on hierarchy, efficiency, and impartiality.

Conclusion

The exploration of the concept of 'care' within Bulgarian public law highlights significant gaps in the existing legal framework, which fails to adequately meet the needs of vulnerable individuals. Despite a constitutional commitment to special protection for groups such as children, the elderly, and persons with disabilities, the dominant rights-based framework often results in bureaucratic rigidity and insufficient responsiveness to individual circumstances. The evolution of care terminology in the 2019 reform of social services does not achieve the creation of a comprehensive and compassionate care system. To foster a more effective and humane public care system, it is crucial to integrate care ethics into legal theory and institutional practice, emphasising the importance of empathy, relational dynamics, and context-sensitive decision-making. By prioritising the well-being of vulnerable individuals and acknowledging the complexities of their experiences, Bulgaria can progress towards a more just and equitable care framework.

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The duty of care as a tool to keep tort liability under control

ABSTRACT: The concept of care in tort law serves as an important device to control liability for civil wrongs. The paper examines the issues of caring for others and taking care not to harm them from the perspective and in the narrative of tort law, with an emphasis on the terms 'wrongfulness' and 'duty of care'. It presents the concept of care as a tool used in controversial cases of tort liability and shows its influence on shaping the standards of acceptable behaviour when living in community with others. The author seeks to demonstrate how care, the lack of which lies at the heart of the breach of the duty of care and fault, affects the modern understanding of justice.

KEYWORDS: care, tort law, wrongfulness, duty of care

Introduction

Care is a topic with many facets. In this paper, it will be examined from the perspective of law, particularly tort law. This will be done in order to present care as a fundamental concept of tort law philosophy, underpinned by specific legal terminology used in tort legislations. Moreover, the aim is to demonstrate the leading role that care plays on the coordinate system of law for judging what is an acceptable behaviour when living in community with others. Care will be shown as a criterion for distinguishing right from wrong for the purposes of law and as a beacon pointing the way to the solid ground of justice and equity. In this paper, care is framed using the concepts of 'duty of care' and 'due care', as accepted in common law and civil law jurisdictions, in an attempt to bridge the apparently distinct but in fact identical categories of these two separate legal traditions.

Wrongfulness and the duty of care

Tort law is based on the simple idea that victims should be compensated for the harm they have suffered as a result of the wrongful conduct of others. It deals with the allocation of losses arising from the behaviour of one person and suffered by another. The key question is whether the injured person has experienced a misfortune for which the law offers no compensation, or a legally recognised loss for which the law provides redress. To put it simply:

should the loss remain with the person on whom it fell, or should it be passed on to the perpetrator who caused the harm (Brun and Quézel-Ambrunaz 2013: 84)?

The word 'tort' has the meaning of something twisted or distorted. It has the connotation of deviation from the right path, so that what has been done is considered wrong, and in law 'tort' means a civil wrong (van Dam 2013: 139). Tort law deals with the standards of right and wrong that govern one's behaviour towards other people, dictating how to treat others in a legally acceptable manner.

The historical roots of the commandment 'Injure no one' can be traced back to the great precepts of Roman law.¹ Since liability is premised on fault, the prohibition against harming others requires everyone to behave in such a way as not to cause harm to another. In the language of law, this means a legal obligation not to cause harm to others, and more precisely a legal requirement to behave in such a manner and exercise such caution, diligence, and prudence as not to cause harm or injury to other people. Tort liability applies when someone does something they should not have done or does not do something they should have done in the circumstances, and this has caused harm to somebody else. In the history of tort law, liability has developed as a sanction for not acting in a way that would avoid causing harm to others, i.e. for not taking care to prevent harm to others. In the law of obligations, fault has been viewed not only as a failure to exercise reasonable care but also as a breach of a pre-existing duty of care (Ibbetson 2003: 479). The legal obligation not to cause harm to others has in fact become a positive duty to take care not to cause harm to others. Failure to fulfil that duty results in tort liability.

The concept of 'reasonable care' is of primary importance in tort law. Firstly, the law demands that one should care for others and imposes a duty to take care not to harm them. The legal duty refers to taking care to avoid causing harm to others. The duty of care in tort law extends only to avoiding making things worse, as there is no obligation in tort law for failing to make things better. Secondly, the law requires care in one's conduct as one must behave with prudence, caution, and diligence to prevent harm or injury to others. The notion of care is not only an important component of the philosophical foundation of civil liability, but it is also explicitly present in the elements of liability and the terminology used in legislation, case law, and legal theory.

Tort law uses a handy toolkit to decide whether a situation gives rise to liability or not. In order to incur liability for wrongful conduct, certain essential elements must be established. The prerequisites for holding someone tortiously liable in civil law include wrongfulness, fault, damage, and causation. In common law, the broad equivalents of the first two elements are the duty of care and the breach of the duty of care. Although at first glance wrongfulness and the duty of care on the one hand, and fault and the breach of the duty of care on the other, appear to have little in common, from a functional point of view they overlap.

In both the civil and common law traditions, wrongfulness and the duty of care play a key role in determining tort liability. Therefore, they are the first element of tort liability to be checked, and if there is no wrongfulness or a duty of care, then fault, damage, and causation become irrelevant.

¹ The precepts of the law, as formulated by Ulpian, are these: to live honestly, to injure no one, and to give everyone his due (Digesta I, 1, 4).

The element of wrongfulness in the civil law tradition typically assesses whether what has been done is in accord with or contrary to the norms of law. However, legal doctrine also recognises that wrongfulness cannot be reduced merely to conduct ‘contrary to law’, and that it implies a breach of a pre-existing duty.² Since fault builds on wrongfulness and is defined as a failure to exercise due care, it obviously presupposes that care was due. There must be a pre-existing legal obligation to take care before a failure to exercise due care can be established. This pre-existing obligation corresponds to a duty of care, which is the first element of tort liability in common law. In both civil and common law, the legal construct of the duty to take reasonable care not to cause harm to another is well known. This is so despite the fact that some jurisdictions regard this duty as general and universal,³ while others take a more restricted view.

A given conduct is considered wrongful when someone has violated the legally recognised and protected rights and interests of another. It is wrongful because the wrongdoer has failed to take due care to ensure that the rights of the victim are respected and protected. The duty of care is equivalent in its functions to the idea of wrongfulness in civil law jurisdictions.⁴ Both wrongfulness and the duty of care serve in practice as a means of controlling the extent of civil liability through protected legal rights and interests.

Unlike the wrongfulness/duty of care pair, in respect of which there may exist some doubt about the extent to which the two coincide, the fault/breach of the duty of care pair undoubtedly enjoys much greater recognition. The understanding of fault in civil law resembles the common law idea of a breach of the duty of care. Fault in the form of negligence is defined as the failure to exercise reasonable care.⁵ A wrongdoer is at fault when they fail to exercise due care under the circumstances to keep the victim safe. Both civil law and common law apply identical standards for establishing fault/breach of the duty of care, i.e. the standard of the reasonable man, *personne raisonnable*, *buon padre di famiglia*, etc. Some jurisdictions use the language of care directly to define fault, such as Section 276(2) of the German Civil Code, which states that a person acts negligently if they fail to ‘exercise the care required in business dealings’ (Smits 2022: 213).⁶ Typically, legislations explicitly address the debtor’s standard of care for purposes of contract performance. Although these provisions apply to contracts, they are used for both contractual and delictual liability—such is the case in Bulgarian

² Professor F. H. Lawson observes that ‘French lawyers have been brought to the point of acknowledging the need of something not very far removed from the English duty of care’ (cited after Marsh 1951: 61).

³ In French law, the duty of care and diligence is general and owed by everyone, at all times, in all places, and for the benefit of all (Borghetti and Whittaker 2019: 90).

⁴ On the interrelation between the duty of care and wrongfulness, see also Zimmermann 1992: 999 and the literature cited there in fn. 279.

⁵ For a comparative law analysis, see van Dam 2013: 230–233. See also Article VI. – 3:102 of the Draft Common Frame of Reference, which defines negligence using the term ‘standard of care’.

⁶ In German law, there are corresponding duties to act with the care of a ‘prudent businessperson’ (*ordentlichen Geschäftsmannes*)—see Section 43 of the Act on Limited Liability Companies; Section 93 of the Stock Corporation Act.

(Kalaydzhiiev [Калайджиев] 2020: 383),⁷ German (Markesinis and Unberath 2002: 84),⁸ French (Terré and others 2018: 1037),⁹ and Italian law (Torrente and Schlesinger 2021: 903).¹⁰

The analysis in both civil and common law follows the same steps—it starts with wrongfulness/duty of care and once it is determined that they exist, the next step is to apply the standard of care, which is what a reasonable person would or would not do in a given case to avoid causing harm to others.

The duty of care in practice

The common law duty of care fulfils the same functions as wrongfulness in civil law. It serves as a mechanism for establishing whether a certain conduct is right or wrong in the eyes of the law and is used as a test for determining liability in various situations. It may be that something that is outright wrong from a moral standpoint is not wrong from a legal perspective. Generally, the law does not provide compensation to everyone who has suffered damages through the fault of another person. Take the simple example of a spouse who cheats on the other spouse. No matter how egregiously the first spouse has acted and how gravely the second spouse has suffered, the latter will usually not have a cause of action in court to be compensated for emotional distress. The legal arguments may be that the spouse does not owe a legal duty of care to the other spouse to protect them from this kind of harm, or that the harm is legally irrelevant. Jurisdictions sometimes reach identical conclusions based on different elements of tort liability. Thus, tort liability may not be found in one and the same case because there is no duty of care, no legally relevant harm, or no proximate causal connection between the act and the injury.

The duty of care provides the framework for a wide variety of situations in which liability for damage may arise. In the vast majority of cases, the existence of a duty of care is clear and leaves little room for doubt. One can cite typical liability situations involving manufacturer–consumer, doctor–patient, teacher–student, attorney–client, car driver–other road users/pedestrians, employer–employee, builders–residents/visitors, etc. There is not a shadow of a doubt that a duty of care exists and wrongfulness is present when a car driver recklessly exceeds the speed limit and hits a pedestrian on the street; when a negligent neighbour refuses to fix a leaking pipe in their apartment and it causes damage to a neighbouring property; when someone maliciously spreads false statements that ruin another’s reputation, and so on. In all these types of cases, there is an obligation to take care not to cause harm to others and to act reasonably to avoid foreseeable harm. In these types of situations, the

⁷ Article 63(2) of the Bulgarian Obligations and Contracts Act refers to the care of a ‘good owner’ (*грижа на добър стопанин*). For a detailed and in-depth analysis of the concept of care in civil liability, see Конов (Конов) 2010.

⁸ See Section 277 of the German Civil Code.

⁹ In 2014, the care of a ‘good family father’ (*soins de bon père de famille*) in Article 1301-1 of the French Civil Code was replaced by the care of a ‘reasonable person’ (*soins d’une personne raisonnable*).

¹⁰ Article 1176 of the Italian Civil Code refers to *diligenza del buon padre di famiglia*, or the diligence of a ‘good family father’ (i.e. a reasonable person).

duty of care and wrongfulness are firmly established and beyond dispute. For this reason, in these cases, issues of duty of care and wrongfulness fade into the background.

The true significance of the concept of the duty of care can only be seen in other types of situations where it plays a key role for tort liability purposes. In such cases, the duty of care is not obvious and proves to be a thorny issue that forces courts to grapple with controversial and difficult matters. Those relatively novel situations, which remain unresolved and are hotly debated, raise the question of whether care is owed and how much care is owed. The law seems at a loss to determine whether what was done was wrong or not and whether or not liability should be imposed. We are already swamped by problems in tort law brought about by emerging technologies, such as driverless cars, robots, artificial intelligence (Dheu and De Bruyne 2023), and so on, but the truth is that there are many problematic 'old' cases of liability that still await solution. They include issues related to the liability of auditors, vaccine manufacturers, education and social workers, etc. For the limited purposes of this paper, three types of cases will be examined in order to show the duty of care as a primary tool for determining tortious liability. It is important to emphasise that different jurisdictions approach these situations from different perspectives, treating them as questions of the duty of care, wrongfulness, breach of duty, fault, or legally relevant harm.

First case: the duty of care of psychotherapists

The first situation concerns a psychotherapist who, during his sessions with a patient, becomes aware that the patient is determined to take revenge on someone else and commit murder. The psychotherapist continues with the sessions and does his best to treat the patient. Meanwhile, he does not do anything else, such as, for example, reporting the patient to the police, initiating a procedure for compulsory treatment of the patient in a specialised mental health institution, warning the targeted person or her relatives about the threat, etc. Unfortunately, at some point the patient carries out his deadly plan.¹¹

There is no doubt that the psychotherapist must care about the mental health of his patient and that the law imposes on him such a duty of care. Yet, must the psychotherapist care about the third party who may become the victim of violence that will be committed by his patient? Does the psychotherapist owe a duty of care to third persons whom he knows (or should know) to be in danger of serious physical harm from his patient?

Although mental health professionals appear to be somewhat different from ordinary physicians, they also must observe the duty of care that exists in any doctor–patient relationship. The problem with the above case stems from the fact that the psychotherapist's liability here is not considered in relation to a patient but in relation to a third party who is not his patient. Obviously, this is not a typical malpractice lawsuit scenario involving a doctor who failed to diagnose or properly treat a patient but a scenario in its own right.

In the above situation, the victim was injured by the patient and the patient was held responsible for it. The question is whether he is the only one who should be held liable and the only one to blame. The answer is far from easy due to the involvement of many complicated ethical and public policy issues.

¹¹ These facts resemble the case of *Tarasoff v. Regents of the University of California* (1976).

Typically, a number of factors are considered when determining whether a duty of care exists—foreseeability and extent of harm likely to result from the defendant’s conduct; alternative ways to protect the plaintiff’s interests; the chilling effect the duty may have on the defendant’s conduct; whether imposing a duty would constitute an unjustified burden on personal autonomy; evidentiary issues, etc. (Glannon 2022: Chapter 13). In the above case in particular, the factors of primary importance would be the difficulty of assessing the threats; how serious the risk of violence was; whether the threats were directed at an easily identifiable victim or at a vague and ill-defined group of people; what was the extent of the psychotherapist’s power to control the situation. A major concern here would certainly be the confidentiality of the psychotherapist–patient relationship. Imposing a duty of care on psychotherapists with respect to non-patients may expose them to the risk of liability to the patient for breach of the confidential relationship.

From a legal perspective, the issue of the psychotherapist’s liability would fall under the category of duty of care. Do psychotherapists owe a duty of care to the intended victims of their patients? The answer has enormous implications for professional standards of care in mental health practice. Courts are generally reluctant to give definitive or abstract answers, instead responding conditionally based on factors such as the seriousness of the threat and how specifically the potential victim could have been identified. Once the duty of care is established, the next step would be to assess whether the psychotherapist exercised reasonable care to prevent the risk that their patient would harm a third party.

Second case: the duty of care of liquor providers

Similar to the previous example, the second scenario addresses the duty of care to protect another person who is endangered by a third party. It involves the following hypothetical situation. A man walks into a bar and orders drinks for himself. The bartender continues to serve him drinks even though the customer is clearly already drunk. Later, the intoxicated client gets into his car, drives recklessly, and soon after causes an accident in which he injures someone.

Again, there is no question that tort liability should lie with the drunk driver, but there is some doubt as to the bar’s potential tort liability. The case resembles the previous example in that the issue concerns the potential liability of one party to a third party for damages caused by a client of the first party.

For the purposes of tort liability, the case must be examined from the perspective of the duty of care, namely whether bars and restaurants owe a duty of care to third parties who may be harmed because of the intoxicated state of their patrons. Do public policy, justice, and fairness require that bars and restaurants should have a duty not to serve alcohol to intoxicated customers and to take reasonable affirmative steps to prevent them from driving and thus protect others from harm that could result from the acts of the intoxicated clients? Should bars have to care not only about the quality but also the quantity of the drinks they serve; should they have to intervene to prevent a drunk customer from driving; should they have to care that their intoxicated clients may injure themselves or someone else; should liability be limited to cases where alcohol is served when the patron is clearly already drunk and known to be driving soon; does it matter whether the alcohol provider was a commercial or social host?

In situations such as the one described above, liquor providers are usually found to bear no liability to the victims of their customers. Courts may refuse to impose liability on commercial establishments serving alcohol due to a lack of causation between their conduct and the harm suffered by the victim. From this perspective, the drunk driver is the sole cause of the harm. Any liability on the part of bars and restaurants would therefore seem rather far-fetched, as it goes beyond the scope of the risks assumed by such establishments, as well as beyond proximity and legal causation. Furthermore, it could be argued that if liability is split between the alcohol provider and the drunk driver, some of the responsibility would be unduly taken off the latter.

There is also an alternative perspective—one that approaches liability not solely through the lens of causation and individual responsibility, but rather in terms of the duty of care and the broader needs of the community.¹² Arguments against the liability of those serving alcohol may be counterbalanced by concern for the community as a whole. The high number of alcohol-related accidents and the fact that the alcohol-serving industry is profit-driven may give reason to impose liability on the industry and thus help solve pressing social problems. A possible counter-argument could be the fact that commercial establishments serving alcohol are more financially stable, seek to increase their sales, are better placed to control alcohol abuse and are thus sufficiently well suited from a law-and-economics loss-spreading perspective to foot part of the bill.

This example shows how difficult it may sometimes be to determine whether a duty of care exists, and how conflicting values may come into play leading to much controversy and tension. What we have here is a clear case of a conflict between personal responsibility and self-control, but it also has a very broad impact on the wider community (Dixon and Spinak 2004). The initial conclusion that liability lies firmly with the person consuming the drinks rather than the one serving them may be partly reconsidered.

As we have seen, the duty of care element of tort liability is driven by social morality and public policy concerns. It is therefore possible that in the future this issue will be revisited and that courts will gradually begin to impose greater obligations on commercial hosts.

Third case: the duty of care in wrongful conception, wrongful birth, and wrongful life cases

The third group of cases includes the categories of wrongful conception, wrongful birth, and wrongful life.¹³ All refer to medical malpractice. In some of the cases, the doctor did not carry out the sterilisation/vasectomy procedure correctly and an unwanted child was subsequently born. In others, the doctor failed to correctly diagnose the parent or the foetus, which resulted in the birth of an unhealthy child. In the first instance, the medical malpractice occurred before conception, while in the second, it happened after conception. Another important difference is that in the former case, a healthy child is born, and in the latter—an unhealthy one. What also differs is the person of the claimant—it can be either the parents or the child.

¹² For different approaches, see Dixon and Spinak 2004; Watson 2004.

¹³ For comparative law overview, see Markesinis and Unberath 2002: 156–191; van Dam 2013: 193–201; Goleva [Голева] 2015: 291–297; Graziano 2018: 43.

When a healthy (but unwanted) child is born, the parents sue for wrongful conception; when an unhealthy child is born, the parents sue for wrongful birth; the child's suit, meanwhile, is for wrongful life.

In wrongful conception cases, the problem is that because of the doctor's negligence, the parents lost their autonomy to freely plan their family and could not make an informed decision about whether to become pregnant or not. In wrongful birth lawsuits, on the other hand, the parents claim that they were deprived of the possibility to terminate the pregnancy.

In a typical case of medical malpractice, there is no doubt that doctors owe a duty of care to their patients (Todd 2005). It is more likely that the dispute will be about whether there was a breach of the doctor's duty or whether the breach was the cause of the harm suffered by the patient. Wrongful conception, wrongful birth, and wrongful life lawsuits differ from typical medical malpractice cases because they touch upon the very existence of the duty of care.

The above-mentioned cases present complex controversies of their own. This is quite easy to understand, given that compensation is claimed for the very fact that a child was born. The main argument is that but for the doctor's negligence, the child would not have been born and consequently the parents or the child would not have suffered any losses. Courts are noticeably stirred by the question of whether the existence of a human being ought to be recognised by law as a legally relevant compensable injury. The problems are further compounded by the public debates on abortion and euthanasia.

In wrongful conception cases, compensation is usually given for the costs associated with the unwanted pregnancy. The costs of raising the child appear to be more problematic. Generally, the birth of a healthy child is not considered a compensable injury. Furthermore, it is argued that the pecuniary losses incurred by the parents in raising the child are offset by the joy and blessing of having a child.¹⁴ Some concerns have also been raised about the possible detrimental effect on the familial relationship when the child learns that their parents are trying to squeeze a profit out of the fact that they did not want them.

In wrongful birth cases, the parents seek compensation for the extraordinary expenses they must meet to raise a child with severe disabilities. They claim that because of the doctor's negligence, they lost the opportunity to terminate the pregnancy of a disabled child. Such lawsuits may get further complicated if it is argued that the mother might not have decided to get an abortion even after learning that she might give birth to an unhealthy child, or that the parents could have mitigated their losses by putting the child up for adoption, etc.

Things get very controversial and difficult when it comes to the child's cause of action, in which they claim that it would have been better not to have been born at all. Do the doctors owe a duty of care to the child who has to live a miserable and unbearable life because, due to the doctor's negligence, the parents missed the opportunity to terminate the pregnancy? Usually, for policy reasons, wrongful life claims are not recognised. On one hand, there are legal problems with calculating the compensation, mainly due to the fact that one cannot compare the child's situation before and after the doctor's negligence, since the child did not exist before it. On the other hand, there are strong policy reasons for refusing to recognise

¹⁴ Against compensating economic losses with emotional benefits see Diamond and others 2010: 156–157.

the child's claim, as life is considered precious and sacred, no matter how hard it may prove to be.

Conclusion

The gates of tort liability are kept under control by the mechanism of care—was there a duty of care not to harm others in the circumstances; what was the standard of care to avoid harming others; to whom was the duty of care owed; what care would a reasonable person have exercised in such a case? The modern understanding of care in tort law, balancing consideration for the harm caused and individual autonomy, determines the scope of tort liability nowadays. New situations arise that challenge our idea of justice and fairness, and the 'duty of care' tool has a role to play in defining new cases of liability.

The impact of judicial decisions recognising or denying the existence of a duty of care in specific situations is profound. Such rulings play a crucial role in shaping societal understandings and perceptions of what constitutes acceptable and appropriate conduct within the community. In deciding whether a duty of care exists, a wide range of factors—type of harm, foreseeability of consequences, moral culpability associated with a particular conduct, effect on society, etc.—must be considered and reasonably balanced. There has always been concern that if the right balance is not struck, it could have a chilling effect on socially important activities, impose an undue burden on citizens and companies, or leave victims insufficiently compensated. The scope of the duty of care not only affects the autonomy of individuals, but also sets standards for reasonable behaviour when living together with others in society and shapes our understanding of justice and fairness.

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Inclusive education of students with special educational needs at the New Bulgarian University

ABSTRACT: The paper discusses the concept of care through the idea of inclusive education for people with special educational needs (SEN). It presents the different types of support provided at the New Bulgarian University for students with SEN in all aspects of their academic life—learning and assessment, using administrative services, participating in the cultural life of the university. Strategies for easier adaptation implemented by the Support Centre for Students with SEN are discussed, as well as its activity in the area of adapting the academic, regulatory, and physical environment to the needs of such students. The paper describes different training programmes for different target groups: deaf and hard of hearing students; blind and visually impaired students; students with severe motor limitations; students with autism spectrum disorders; students with developmental dyslexia.

KEYWORDS: inclusive education, special educational needs, deaf, hard of hearing, blind, visually impaired, motor limitations, autism spectrum disorders, developmental dyslexia

Introduction

The idea of integration or inclusive education of individuals with special educational needs (SEN) is one of the most frequently discussed issues in special psychology, special pedagogy, and speech therapy. This approach stems from an awareness of the existence of significant differences between people (Ivanova [Иванова] 2015). The goal of an inclusive learning environment is to ensure that all students are treated equally and receive the same opportunities. According to William and Susan Stainback (1990: 3), ‘an inclusive school is a place where everyone belongs, is accepted, supports, and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met’.

The idea of universal and equal education for all children and students, regardless of their social or health status, was introduced in Bulgaria in 2017 with the adoption of the Ordinance on Inclusive Education, amended later in 2018, 2019, and 2020. This regulation sets educational standards for inclusive education. It specifies the social relations involved in ensuring inclusive education of children and students in the system of preschool and school education, as well as the activities of systemic institutions aimed at providing support for

the personal development of those pupils.¹ The Ordinance thus marked the beginning of the deinstitutionalisation of children with SEN in Bulgaria and their inclusion in the general system of education.

However, for inclusion to be successful, a change in attitudes is necessary. Of key importance here is the belief that everyone has the right to choose, the right to live, the right to be supported and understood. It also requires a shift in focus—instead of disability, the potential skills and opportunities for development should be the centre of attention (Matanova and Todorova [Матанова и Тодорова] 2013). Inclusive education should not be seen only as an opportunity for equal learning. It is above all a way for people with special needs to be equal and active participants in their own development. To ensure this, the potential of the individual must be tied to the system of training and education.

A major problem in Bulgaria is that the state provisions for inclusive education are primarily focused on the inclusion of children and pupils of preschool and school age. The access of students with SEN to university education remains limited. Even though regulations exist, there is no monitoring system. Their implementation thus rests on the own initiative of individual academic communities and university authorities.

The New Bulgarian University (NBU) was established in 1991 as an academic institution oriented to the needs of its students. Its mission is to create an environment conducive to the development of their unique abilities and meeting their unique needs. During the three decades of its functioning, the NBU has been offering education to students with SEN. The successful alumni of the NBU include individuals with various disabilities: deaf and hard of hearing, with low or no vision, with severe motor limitations, with autism spectrum disorders, with developmental dyslexia, with mental disorders, and others. From the 2020/2021 academic year, these good practices have been integrated into a single unit—the Support Centre for Students with SEN.

Support Centre for Students with SEN

The Centre² supports students with SEN in all aspects of their academic life—learning and assessment, using administrative services, participating in the cultural life of the university. It is responsible for ensuring both their adaptation to the academic environment and the adaptation of the NBU to them with regard to educational programmes, regulations, and facilities.

The Centre provides standard support services, such as:

- advocating for changes to university regulations in line with requirements for inclusive education
- ensuring accessibility of facilities
- helping students who have communication difficulties
- helping students with finding, scanning, copying, and processing study materials
- helping students with using electronic learning systems (e.g. E-student, NBU; Moodle, NBU)
- helping students with navigating the campus

¹ Article 1(1) and (2) of the Ordinance on Inclusive Education.

² <https://cssn.nbu.bg/> [Accessed: 30 May 2025].

- helping students with choosing undergraduate or graduate courses and programmes that suit their individual capabilities.

The Centre also assists faculty and administrative staff to ensure that students with SEN are better understood and served. It provides information on the various new methods of instruction and classroom work, as well as alternative forms of assessment.

The Centre operates as part of the Department of Health Care and Social Work at the NBU and runs the following three programmes:

- training and assessment programme for students with developmental dyslexia
- support programme for students with SEN
- tutoring programme for all NBU students.

The Centre is managed by an Advisory Board which consists of nine people, including two students with SEN, as well as full-time faculty and staff of the NBU who are specialists in neurology, speech and language pathology, psychology, psychiatry, social work, pedagogy, and philology.

Programme for students with developmental dyslexia

The term 'developmental dyslexia' refers to an 'unexpected difficulty in reading in children and adults who otherwise possess the intelligence, motivation, and schooling considered necessary for accurate and fluent reading' (Lishman 2003: 1603). Dyslexia is among the most common neurodevelopmental disorders, with prevalence rates ranging from 5% to 18% according to various studies (Shaywitz and others 1990; Katusic and others 2001; Matanova and Todorova [Матанова и Тодорова] 2013; 2015). People with dyslexia may exhibit a specific combination of cognitive strengths and difficulties that influence the learning process. These challenges stem from a distinct way of processing verbal information, which should not be confused with impairments in language acquisition or phonological competence (Lyon and others 2003; Catts and Kamhi 2005; Fletcher and others 2007; Matanova and Todorova [Матанова и Тодорова] 2015). As noted by the British Dyslexia Association (n.d.), this alternative mode of processing is often accompanied by enhanced abilities in areas such as reasoning, problem-solving, and visual or creative thinking.

The programme for students with dyslexia has been operating at the NBU since 2004. It includes a screening procedure; diagnosis and counselling of dyslexic students; special conditions for learning and assessment in undergraduate and graduate courses and for assessment in general education courses (Bulgarian language, foreign languages, computer skills); use of a specialised Cyrillic font for people with dyslexia (Adys Font), etc. The most common recommendations for working with dyslexic students are:

- they should not have to read aloud in front of an audience
- they must be given 30% more time on written exams than other students
- their grade should not be reduced because of punctuation and spelling mistakes.

Informational brochures have been prepared for lecturers and students at the NBU to disseminate knowledge about dyslexia and the services provided by the university in terms of diagnosis, special conditions for learning, and support.

Support programme for students with SEN

The priority of the programme for students with SEN is to create an appropriate learning environment for every student, irrespective of their disability, which is in line with modern requirements for inclusive education and the provision of opportunities regardless of physical, mental, and cognitive limitations. The programme's objectives also include the analysis and assessment of challenging situations that arise when working with students with special needs.

The programme for deaf and hard of hearing students aims to create an accessible and appropriate learning environment for them. This includes specialised support; counselling and provision of online learning during the COVID-19 pandemic; and the development of special forms of assessment in general education courses (Bulgarian language, foreign languages, computer skills). The services offered by the Centre were presented in a video in Bulgarian sign language.

The Bulgarian Sign Language Act adopted in 2021 recognises the Bulgarian sign language as an independent language and grants deaf people the right to use it to express themselves and to access information. A training course in the Bulgarian sign language for faculty and staff has been conducted at the NBU since 2020 (i.e. one year before the adoption of the law). The teacher is a deaf person, an alumnus of the NBU. The training significantly raises the awareness of the special needs of people with impaired hearing, which improves their life on campus. In 2021–2022, students and faculty of the NBU volunteered in a project of the Union of the Deaf in Bulgaria. As a result, a youth space dedicated to the deaf community was created, named 'Deaf Culture'.

The services offered as part of the programme for visually impaired students include specialised support, counselling, and the development of special conditions for assessment in general education courses (Bulgarian language, foreign languages, computer skills) and undergraduate courses. Online learning introduced due to the COVID-19 pandemic has been a big challenge to visually impaired students. Therefore, tutorials were created for both lecturers and students to assist them. Prepared by Monika Andreycheva (a blind student from the NBU), they contain useful information about specialised software such as Screen Reader and Speech Synthesiser, e-learning platforms Moodle, NBU and Virtual Classroom, online platforms for students to organise their learning process, as well as advice on preparing independent projects. The infrastructure and facilities of the university campus are fully adapted to accommodate the mobility needs of blind students.

Motor limitations are the result of neurological disorders that impair muscle function, tone, or coordination. Students with this kind of disability often have difficulty speaking, writing, working with electronic devices, drawing, or are completely unable to do so. As part of the programme dedicated to them, they are provided easy access to all academic and administrative buildings on campus, are allowed to have an accompanying person with them during lectures and exams, and can choose distance learning (fully online courses). One of the important objectives of the programme is to create conditions at the NBU for using high-tech means for augmentative and alternative communication. In 2021, an eye-tracking system (Tobii Eye Tracker 5) was introduced, enabling people with severe motor limitations to use a computer, including a program for speech synthesis. It allows them to read and write

fluently, communicate on social networks and via e-mail, talk, and draw. Also, the NBU Library has a special workspace for students on wheelchairs.

The term 'autism' was introduced in child psychiatric practice in 1943 by Leo Kanner, but to this day it remains one of the biggest puzzles in abnormal child development. According to Kanner (1943), it manifests primarily as the child's inability to relate in a normal way to people and situations from an early age. In 1944, Hans Asperger, independently of Kanner, used the term 'autism' to describe a similar condition (Asperger 1994). There is, however, a difference between those two syndromes: the children described by Kanner have limited speech, whereas those with Asperger syndrome express themselves well. Asperger believed that the core of the disorder lies in problems with social functioning. According to Eyrena Burgoine and Lorna Wing (1983: 261), the main clinical features of Asperger syndrome include 'lack of empathy; naive, inappropriate, one sided interaction and little or no ability to form friendships; pedantic, repetitive speech; poor non-verbal communication; intense absorption in certain subjects ...; clumsy and ill-coordinated movements and odd posture'. Often, individuals with Asperger syndrome are diagnosed as high functioning, which allows them to continue their education at university level. Such students require:

- their personal space to be respected
- strict adherence to time assigned for lectures, exercises, and exams
- simple explanations and instructions
- polite form of communication
- a positive attitude from the group
- having an accompanying person with them during lectures and exams if necessary.

Currently, there are high-functioning autistic people enrolled in various undergraduate programmes at the NBU. Some have already graduated but face many difficulties in their further career development.

Tutoring programme

The Tutoring System at the NBU is a programme of academic partnership between lecturers and students. All newly admitted students from 2020 onwards are invited to participate in it. They choose their tutor from among selected professors, who then support them in their integration at the university and in their future growth as individuals. Participation in the Tutoring System is voluntary for both students and lecturers. Since 2020, certain undergraduate students chosen in a competition are also acting as tutors.

As part of this system, a programme has been developed that allows students to collaborate on projects when they have a shared interest in science or art. The Tutoring System also includes the 'Hand in Hand' programme, in which students from the later years of the undergraduate course in Speech Therapy and the graduate course in Language and Speech Pathology work with their peers from other courses who have various articulation disorders. Students work under supervision and receive credit for clinical practice.

Final remarks

The presented support programmes for students with SEN are not the only activities undertaken at the NBU to ensure effective work with students with special needs. Every semester, the Support Centre for Students with SEN organises a training seminar conducted by the full-time faculty of the university, who are leading specialists in the fields of neurological disorders, augmentative and alternative communication, mental health, learning difficulties, and sensory disorders. However, the Centre is primarily concerned with individual counselling of students who experience various difficulties in their academic life because of their health condition. For each case, documentation is prepared containing personal data, request for support, anamnestic data, action plan, results, follow-up meeting, accompanying medical and academic documentation. The Centre also provides advice and support to teaching and administrative staff who work with students with SEN.

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Special Contribution

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The humanitarian crisis on the Polish–Belarusian border and the protection of migrants' rights

ABSTRACT: The article examines the response of the Polish state to the humanitarian crisis at the Polish–Belarusian border, with a particular focus on the actions of the Commissioner for Human Rights. The author highlights serious violations of migrants' rights, including the use of pushbacks, restrictions on access to public information, and disproportionate limitations on freedoms under the pretext of the state of emergency.

KEYWORDS: humanitarian crisis, Polish–Belarusian border, migrants' rights, pushbacks, right to international protection, prohibition of collective expulsion, non-refoulement principle, Ombudsman, Commissioner for Human Rights, state of emergency, human rights restrictions, access to public information, media freedom, non-governmental organisations

Background of the humanitarian crisis

The humanitarian crisis on the Polish–Belarusian border has been caused by actions taken by the Belarusian authorities in the middle of 2021. It has been one of the greatest challenges faced by the Polish state over the last few years. In the face of the crisis, it was necessary to find appropriate mechanisms and a balance between the need to protect the country's borders and to comply with human rights standards, in particular the rights of people crossing the Polish–Belarusian border in an irregular manner (see Klaus 2021).

According to media reports available already at the beginning of the crisis, foreigners trying to enter the European Union (EU) were deliberately misled by the Belarusian authorities. False information about the purpose of travelling to Belarus and the process of crossing the border into the EU was allegedly disseminated in the migrants' countries of origin. People seeking to enter the EU were encouraged to use the services of Belarusian travel agencies, which purported to guarantee safe transfers to Poland and onward to third countries of the EU, via the territory of Belarus. The travel packages offered by these agencies included a flight to Minsk, a Belarusian visa, and transport to the vicinity of the Polish–Belarusian border. Some migrants were also led to believe that the Belarusian side would allow them to transfer directly to Germany. Migrants who sought to enter the territory of the EU in the aforementioned manner were subsequently left in border forests, meadows, and swampy areas, without

shelter, food, medicine, or appropriate clothing, in low temperatures—that is, in conditions that threatened their lives and health as well as degraded their dignity.

Since the onset of the crisis, the Polish Commissioner for Human Rights (CHR) has taken a number of actions meant to ensure that individual rights and freedoms are appropriately protected. The CHR has made numerous visits to the Polish–Belarusian border, border zone, and facilities for migrants. He has sent several dozen letters to central and local government authorities. Finally, the CHR initiated or joined several court proceedings in national and international courts whose rulings have significantly contributed to the proper protection of individual rights and freedoms within the context of the migration crisis.

Due to the complexity of the issue and the multitude of areas impacted by the migration crisis, the CHR's efforts to address them have been divided into individual thematic areas as discussed below.

Visits to the Polish–Belarusian border

From the beginning of the crisis, CHR representatives conducted unannounced visits to the Polish–Belarusian border (Biuro Rzecznika Praw Obywatelskich 2025). The visits were caused by the dire situation faced by migrants, including many families with children, who crossed the Polish–Belarusian border in an irregular manner. As part of the visits, the CHR monitored Polish Border Guard posts and other posts subordinated to the Guard. The CHR also intervened in places where activists operating at the border found migrants in need of humanitarian aid and intending to make use of measures available under law, in particular to file an application for international protection.

The CHR took steps in several hundred cases concerning the apprehension or detention by the Border Guard of persons crossing the border (Biuro Rzecznika Praw Obywatelskich 2022). Many of those cases concerned repeated pushbacks to the border of foreigners who crossed it in an irregular manner. The migrants in whose cases the CHR took action came mainly, but not only, from Afghanistan, Iraq, Iran, Syria, and Congo. These people varied greatly in age and circumstances, and included families with children, people with disabilities, and chronically ill individuals. Most of them declared their intention to apply for international protection in Poland.

The declaration of the state of emergency in border areas (in Podlaskie and Lubelskie Voivodeships) and the resulting threats to individual rights and freedoms

By way of the Regulation of 2 September 2021, the President of the Republic of Poland declared, at the request of the Council of Ministers, a state of emergency in parts of Podlaskie and Lubelskie Voivodeships. The regulation was issued pursuant to Article 230(1) of the Polish Constitution and Article 3 of the Act on the State of Emergency. The detailed scope of restrictions on human freedoms and rights during the state of emergency was set out in the Regulation of the Council of Ministers of 2 September 2021 on Restrictions on Freedoms and Rights in Connection with the Declaration of a State of Emergency, which was issued

pursuant to Article 22(1) of the Act on the State of Emergency. According to the Polish government, the reason for declaring the state of emergency was ‘a significant threat to the security of citizens and to public order’ stemming from the situation on the international border between the Republic of Poland and the Republic of Belarus (see Górski 2021).

Without questioning the need to declare the state of emergency as such, it should be noted that some provisions of the Regulation of the Council of Ministers of 2 September 2021 raised doubts, in particular in the context of the constitutional principle of proportionality. For instance, the Regulation declaring the state of emergency introduced a ‘prohibition to stay’, at any time, in the area to which it applied. While the prohibition in itself does not raise any doubts under the conditions of the state of emergency, it made it impossible also for journalists to remain in the area. In particular, they were not covered by the ‘system of passes’ issued by the commanding officers of Border Guard posts. This raises the question: Why did lawmakers fail to include a provision enabling journalists to enter the emergency zone under a pass mechanism—e.g. based on the decision of the commanding officer of the relevant Border Guard station—which would grant them at least limited and supervised access to such zones? In the context of the above, the CHR took the position that the application of the ‘prohibition to stay’ to journalists was a government measure that posed a significant threat to the freedom of the press, the freedom to express one’s views, and the freedom to obtain and disseminate information by oneself, i.e. separately from the reporting obligations imposed on other entities, in particular public entities. Since the legislator had decided to declare the ‘prohibition to stay’ in the declared emergency zone, the legislator had a legal duty to enable representatives of the public, practicing the profession of journalist, to obtain information in this zone. It is particularly important that the public have access to independent sources about the actions being taken by government authorities in areas that the public is prohibited from entering.

Attention should also be paid to the fact that non-governmental organisations which play a key role in the system of recording and reporting human rights violations, as well as media representatives, were likewise prohibited from entering areas affected by the migration crisis near the border with Belarus, under the Regulation of the President of the Republic of Poland of 2 September 2021 and the subsequent introduction, pursuant to an amendment to the Act on the Protection of the State Border, of the ‘prohibition to stay’ in the border zone.

Another issue that raises doubts is the imposition, under the Regulation of the Council of Ministers, of significant restrictions on the right to access public information, enshrined in Article 61 of the Constitution. Doubts in this case concern primarily the reasons for not considering the use of milder measures than a general, abstract, absolute ban on sharing information. This ban is particularly problematic given that actions taken by government authorities in the emergency zone directly affect fundamental human rights. The complete exclusion of professional journalists from access to public information increases the risk of the uncontrolled spread of false or unverified information or harmful speculation, especially in social media, which paradoxically could result in exacerbating the threat to public safety and order, as well as weakening citizens’ trust in government authorities.

Furthermore, the rights and obligations of Border Guard officers as well as Armed Forces personnel under the state of emergency merit special attention. The crisis on the Polish–

Belarusian border resulted in the deployment of several thousand soldiers to the border zone. The necessity of accommodating and feeding them as well as providing for their basic needs posed a major challenge to military logistics services. Taking into account the daily tasks carried out by lower-level military units in the border zone, priority should be given to conditions allowing these personnel to rest properly after performing their gruelling service. Yet it turned out to be impossible to provide all interested parties with accommodations under a roof, so some soldiers were forced to live in heated tents, in circumstances similar to training base conditions.

In connection with the above, a representative of the CHR examined the following social issues affecting military personnel in the field and explored ways to solve them: whether soldiers were able to shower/bathe in hot water (whether the number of mobile baths and the amount of hot water was sufficient) and change into dry clothes after duty (whether they were provided with mobile laundries, or were at least able to wash and dry their clothes within the accommodations provided); whether their physiological needs were being met (whether the number of portable toilets was sufficient and whether they were systematically emptied); whether soldiers received hot meals and how they were prepared (own kitchen facilities, catering, other) and whether the meals could be eaten sitting indoors in a heated canteen; whether and how soldiers' free time after rest and duty was organised.

Moreover, considering that the soldiers were serving at the border with firearms, a particularly important issue is the organisation of their storage after duty. While safety rules for weapon storage are observed at training bases, this obligation is not so obvious when soldiers are being accommodated in hotels, guest rooms, or guesthouses.

The state of emergency and prohibitions imposed under it also caused numerous problems for business owners and residents of border areas. In complaints addressed to the CHR, they mentioned difficulties faced by representatives of the broadly understood tourism sector (including owners and employees of accommodation and catering facilities, transport services, guide services, and other tourism-related services), as well as people engaged in commerce and the sale of local products. These people expressed deep concern about the financial condition of their companies and families. Seeking compensation for their losses, they proposed expanding the group of beneficiaries of state aid to include business entities and service providers outside the strict area covered by the 'prohibition to stay' as well as those affected by the negative consequences of the restrictions. It should be noted that deleterious impacts on the region's economy affect not only the towns covered by the 'prohibition to stay', but also neighbouring tourist centres and, to some extent, all of Podlaskie Voivodeship.

Representatives of the Podlasie community also called attention to the problem of the barrier erected on the border with Belarus. According to residents, this barrier will negatively impact flora and fauna, and contribute to the degradation of Białowieża Forest, which straddles the border. This could lead to a decline in tourist interest in this region and exacerbate the industry's problems. Concerns were also expressed about Białowieża Forest losing its UNESCO designation, which is important, especially for foreign tourists. In this context, the necessity of developing an economic support programme for the region would appear obvious. With these complaints in mind, the CHR asked the Prime Minister to provide information on

whether the government was developing any plans to remedy the economic stress of business owners and residents of Podlaskie Voivodeship.

In response, the Secretary of State at the Ministry of Finance explained that the applicable provisions of the Compensation Act include entities that may, after meeting certain criteria, be eligible for support. An amendment to the Compensation Act expanded the scope of entities entitled to compensation. The voivodeship governor may—in particularly justified cases, after receiving a documented request and obtaining the consent of the minister responsible for public administration—grant compensation to entities that operate in the restricted area when the circumstances, in particular the level of losses, lost profits, or difficult financial situation, indicate that considerations of equity require it. This mechanism has made it possible to support a wide range of beneficiaries. The Minister of Finance, following a resolution adopted by the Council of Ministers, has made successive adjustments to the state budget in response to individual requests submitted by the governors of Podlaskie and Lubelskie Voivodeships. Funds thus allocated from the state budget are paid to business owners based on decisions made by voivodeship governors.

Returns of foreigners who have crossed the border in an irregular manner (pushbacks)

The migration crisis on the Polish–Belarusian border initiated by the Belarusian authorities has resulted in Polish border guards returning foreigners, including families with children, apprehended on the Polish side of the border after having crossed it irregularly to the Belarusian side, a practice known as pushback. When used on persons intending to apply for refugee status, this practice violates Poland's international obligations and prevents the effective submission of application for international protection (see Baranowska 2021). On 7 April 2022, the Office of the Commissioner for Human Rights of the Council of Europe published a report entitled *Pushed beyond the limits. Four areas requiring urgent action to put an end to human rights violations at Europe's borders*, which addressed the phenomenon of pushback and its use by some Member States of the Council of Europe, including Poland. The report recommends that Member States respect their legal obligations, *inter alia*, by refraining from returning people across borders without an individualised procedure, which is necessary to prevent violation of the principle of non-refoulement, the ban on collective expulsions, or the right to effective legal recourse. It is therefore necessary to refrain from adopting laws or policies that allow the return of persons across borders without providing them access to individualised procedures. The report also recommends carrying out prompt, effective, and independent investigations into all allegations of pushbacks and violence against refugees, international protection seekers, and migrants, sanctioning the wrongdoers and compensating the victims. It furthermore suggests issuing clear and binding regulations and rules of conduct for authorities responsible for border control regarding how to proceed with people crossing the border in places not intended for this purpose, ensuring respect for human rights and standards of protection of refugee rights. Moreover, all persons wishing to apply for international protection should be provided with access to a fair and effective asylum procedure with appropriate guarantees (including access to information, translators, and

legal assistance). Furthermore, the circumstances of persons who have crossed the border in an irregular manner should be considered before deciding on expulsion or return. In this regard, according to the Commissioner for Human Rights of the Council of Europe, it should be determined whether these people will have access to food, water, and emergency health care. If such basic needs are not met, border guards should refrain from expelling or returning apprehended foreigners. The report noted that by using pushback, Member States risk violating the principle of non-refoulement, which is deeply rooted in international legal instruments, especially the Convention relating to the Status of Refugees, which prohibits signatory states from returning refugees (including asylum seekers) to a place where they would be at risk of persecution.

In the context of the above, since the beginning of the migration crisis the CHR has paid special attention to the Polish Border Guard's implementation of procedures for returning foreigners to the border line. These procedures, previously unknown in Polish law, came into effect in August and October 2021. The first procedure was enacted by way of the August 2021 amendment to the Regulation of the Minister of the Interior and Administration of 13 March 2020 on Temporary Suspension or Restriction of Border Traffic at Specified Border Crossings (hereafter, 'Border Regulation'). The second procedure concerned the issuance of decisions by the Border Guard on persons departing the territory of the Republic of Poland—a procedure introduced to the Act on Foreigners in October 2021. As soon as these regulations were enacted, the CHR signalled that both of them were inconsistent with, *inter alia*: provisions of the Geneva Convention relating to the Status of Refugees, the EU Charter of Fundamental Rights, the European Convention for the Protection of Human Rights and Fundamental Freedoms (including Article 4 of Protocol no. 4 to this Convention, prohibiting the collective expulsion of foreigners), and provisions of the Constitution of the Republic of Poland.

Since the latter provision went into effect, the CHR has sent general intervention letters to, among others, the Headquarters of the Border Guard and the Minister of the Interior and Administration, informing them that the new regulation is inconsistent with national and international law. The CHR articulated similar arguments in a complaint lodged with the Provincial Administrative Court in Białystok. On 15 September 2022, this court accepted complaints submitted by the CHR and by the legal representative of a seven-member family from Iraq concerning their pushback to the state border line. In the legal grounds cited for the ruling, the court detailed the standards of conduct that the Border Guard should adopt in dealing with the complainant. The CHR also noted that regardless of whether the complainant had informed the officers of their intent to submit an application for international protection or not—which could not be determined at the stage of court proceedings—the Border Guard acted illegally by returning the foreign woman to the territory of Belarus. In both cases, officers failed to abide by required procedures. The court indicated that if the complainant expressed her will to obtain international protection to the officers she encountered, the Border Guard should follow the provisions of the Geneva Convention and the Act on Granting Protection to Foreigners on the Territory of the Republic of Poland (the Polish law that implements these provisions of the Convention)—that is, the Border Guard officers should promptly enable her to submit an application on an official form; and, most importantly, abide by the prohibition on expelling such a person from the country. Under Polish law, this prohibition

is set forth in Article 303(3) of the Act on Foreigners, under which proceedings to oblige a foreigner to return are not initiated if proceedings are underway to grant the person international protection. However, pursuant to Articles 330(1)(1) and 330(1)(8) of the Act, a decision obliging a foreigner to return shall not be enforced if the foreigner has declared intent to submit an application for international protection. From that moment on, the foreigner has the right to remain on the territory of a Member State while the competent authorities conduct proceedings on whether to grant the person international protection.

However, if the complainant did not declare her intent to apply for such protection, the duties of the Border Guard encountering her would consist in checking the legality of her stay and, if found to be inconsistent with the law, initiating administrative proceedings to require her and her minor children to return. In both scenarios, the complainant's position vis-à-vis the state authorities would be much stronger because, as the court points out, 'regardless of which of the aforementioned administrative proceedings would be initiated, the complainant would obtain the status of a party thereto, thus procedural guarantees, including the right to actively participate in the proceedings, which includes the right to appeal the decision issued to a higher instance'. In the complainant's actual situation, she was completely deprived of these guarantees and had neither influence on what the Border Guard did with her nor the possibility of appealing this course of action.

The court also emphasised that before implementing the decision obliging the complainant to return, the Border Guard would be obliged to examine *ex officio* whether there were any grounds for granting her permission to stay on the territory of the Republic of Poland for humanitarian reasons or for a tolerated stay. Both of these institutions are directly connected with the expulsion procedure and, together with the institution of subsidiary protection (Article 15 of the Act on Granting Protection to Foreigners on the Territory of the Republic of Poland), the premises of which are considered *ex officio* in the event an apprehended person fails to meet the requirements necessary to grant them refugee status (i.e. in the procedure for granting international protection), constitute three forms of so-called subsidiary protection, which provides foreigners additional protection on top of the protection stemming from the Geneva Convention.

The Border Guard must perform these actions in order to comply with Article 33(1) of the Geneva Convention and Article 19(2) of the EU Charter of Fundamental Rights (the principle of non-refoulement). According to this principle, the state cannot expel or return a refugee to the border of territories where this person could be persecuted due to their characteristics or membership in a social group. In the Polish legal system, these circumstances are verified in proceedings to grant subsidiary protection. The court noted that since the principle of non-refoulement is based on international and EU law, no provisions of national law may exclude its application, due to the hierarchy of legal acts specified in Chapter III of the Polish Constitution.

Interpretation of the principle of non-refoulement in the domestic context should aim to strike a balance between the requirements to protect the state border and to respect foreigners' rights. In the context of the complainant's case, this means that Article 3(2b) of the Border Regulation, under which the Border Guard took action against the complainant and her family, should not be applied in isolation from the above-mentioned norms. However,

since this regulation allows for the arbitrary and forced return of foreigners to the border line, it should not be applied because it is inconsistent with statutory norms as well as with Article 56(1) of the Polish Constitution, which guarantees foreigners the right to asylum on the territory of the Republic of Poland. This is why the court in Białystok ruled that the Border Guard was obliged to disregard the provisions of the Border Regulation and apply statutory norms reflecting the principle of non-refoulement.

In the court's opinion, the very application of a lower-level provision by the authority while ignoring statutory regulations, EU law, and provisions of international agreements that cannot be reconciled with it, constitutes a significant violation of the law, justifying the ruling that the contested action was ineffective.

Moreover, the Border Guard's failure to investigate the individual situation of the complainant and her family violated the ban on collective expulsions of foreigners, as set forth in Article 19 of the EU Charter of Fundamental Rights and Article 4 of Protocol no. 4 of the European Convention on Human Rights. The court indicated that

collective expulsion is understood as any measure forcing foreigners as a group to leave the country, with the exception of measures taken on the basis of a prudent and objective examination of a given case in respect to each specific foreigner belonging to a given group. It is also the duty of the state expelling the foreigner to investigate whether this person will be able to effectively submit an application for international protection in the state to which they are to be expelled.

Arbitrary expulsion of the complainant and her family without hearing her arguments or examining her personal situation and determining whether, as a result of expulsion, they would be exposed to danger violated the above-mentioned prohibition, in the court's opinion.

In connection with the issue of pushbacks, the CHR stated his opinion in the case of *R.A. and others v. Poland* pending before the European Court of Human Rights (application no. 42120/21). In this opinion, the CHR drew attention to numerous complaints received by his office describing situations in which foreigners were turned back to the border line and forced to cross it in places not intended for this purpose, regardless of their health, disability, or age. The CHR is aware of cases in which families with children several months old were pushed back.

Representatives of the CHR personally intervened when the Border Guard apprehended a family of several people with a four-month-old child, who had previously been returned to Belarus eight times. The CHR stated he knew of pushbacks that occurred in difficult conditions, at night, in winter, at low temperatures. This return procedure was and is applied despite the Border Guard's awareness that Belarusian officers do not allow foreigners to move away from the border line into the interior of their country, where they could seek to safely return to their country of origin, and force them to make repeated attempts to cross the border, often using violence or death threats. In the CHR's opinion, pushback to the border line violates the right of foreigners to apply for international protection in Poland.

Activities of international bodies and organisations in the context of the humanitarian crisis

In connection with the humanitarian crisis on the Polish–Belarusian border, a number of international organisations and bodies have expressed their concern to the Polish government. The Group of Experts on Violence against Women and Domestic Violence (GREVIO) operating under the Council of Europe has called on the Polish government, *inter alia*, to comply with its obligation to respect the principle of non-refoulement towards victims of violence against women, in particular at border crossings with Belarus (Brest–Terespol) and Ukraine (Medyka–Shegyni), as well as to ensure that victims of violence against women in need of protection are not returned to any country where their safety would be threatened. These recommendations are of particular concern to the CHR, who serves as the National Mechanism for the Prevention of Torture and oversees enforcement of the principle of equal treatment.

Issues relating to the CHR's efforts to protect the rights of migrants and refugees in Poland were the main topic of a visit by the United Nations Special Rapporteur. The Polish CHR's activities dealing with the migration crisis on the Polish–Belarusian border, and in particular the consequences for humanitarian organisations providing assistance to migrants of the newly adopted Act on the Protection of the State Border, was also the main topic of the visit of the Regional Director of the International Organization for Migration and the Head of IOM Mission in Poland to the Office of the CHR. The Vice-President of the European Commission, Commissioner for Democracy and Demography Dubravka Šuica, and the European Union Commissioner for Home Affairs Ylva Johansson have also expressed interest in the situation of migrants on Polish territory.

From the point of view of protection standards applicable to the rights and freedoms of foreigners, a significant element was the issuance of an interim order by the European Court of Human Rights (ECtHR) on 25 August 2021 in the case of *R.A. and others v. Poland* regarding 32 foreigners who stayed in the area adjacent to the Polish–Belarusian border, near the town of Usnarsz Górny. The ECtHR order required the Polish government to provide to the above-mentioned persons—whose legal representatives had petitioned the Court—access to food, water, clothing, appropriate medical care, and, if possible, temporary shelter. Publicly available information, including statements posted by the Border Guard, indicate that none of these forms of help were provided—the Polish side did not give the complainants any form of assistance, maintaining that they were under Belarusian jurisdiction, therefore the Polish guards could not take any of these actions for them. Subsequently, on 27 September 2021, the ECtHR communicated a complaint to the Polish government in the case *R.A. and others v. Poland* (regarding the above-mentioned group of foreigners), in which the Polish side was charged with violating, *inter alia*, Article 3 of the European Convention on Human Rights and Article 4 of Protocol no. 4 to this Convention. The first provision prohibits torture and degrading treatment or punishment, the second prohibits collective expulsion of foreigners. The ECtHR ruled again to apply an interim measure, extending the validity of the above-mentioned measure indefinitely. Moreover, in order to ensure that proceedings before the ECtHR were conducted properly, it required the Polish side to give the foreign applicants' legal representatives access and direct contact with their clients—by allowing these lawyers to meet with

them if they are within the territory of the Republic of Poland, or by admitting them to the Polish border close to the place where the applicants are located if they are outside that territory. Furthermore, the ECtHR obliged Poland not to return the applicants to Belarus if they are on the territory of the Republic of Poland. In connection with the above, the CHR asked the Minister of the Interior and Administration to respond to the above information and to explain when and how the ECtHR interim order of 27 September 2021 will be implemented.

* * *

Despite the fact that more than two years have passed since this paper was delivered, it is impossible to see any positive changes in the current policy of the Polish government. The change of government at the end of 2023 did not contribute to this either. The current government, which had previously viewed the actions of its predecessors as violating human rights, including Poland's international obligations, now takes a different stance. What is more, the prime minister of the new government announced recently a 'suspension of the right to asylum', which was met with unequivocal and entirely justified criticism from non-governmental organisations and other human rights defenders (Easton and Aikman 2025).

Conclusion

The ongoing migration policy crisis on the Polish–Belarusian border is undoubtedly a challenge for state institutions whose mission is to protect Poland's borders, ensure citizens' safety, and secure public order. However, the most important task of state institutions in a democratic state based on the rule of law is to protect human life, health, and dignity, regardless of a person's origin, values held, or religion. This protection should be extended in particular to migrants who have crossed the Polish border: these people come from countries often torn by armed conflict, serious political and social instability, violence and ubiquitous human rights violations, including torture as an everyday phenomenon. While fleeing danger and seeking a safe future for themselves and their loved ones, migrants crossing the Polish–Belarusian border have additionally been victimised by a Belarusian government misinformation campaign on methods of crossing the external borders of the European Union.

The Polish authorities should take all possible measures to prevent the migration policy crisis from getting worse. In particular, they should strive to protect migrants from actions taken by Belarusian uniformed services that undermine their dignity and expose them to the loss of health and life. While the vast majority of Polish government actions aimed at providing assistance and shelter to foreigners seeking protection on Polish territory due to Russian aggression against Ukraine deserve approval, the treatment of foreigners caught in the migration crisis caused by the Belarusian authorities on the Polish–Belarusian border leaves much to be desired. Migrants, including families with children, who cross the Polish state border in an irregular manner are pushed back to the border line by the Polish Border Guard. This practice, when applied to persons intending to apply for refugee status in Poland, violates Poland's international obligations and national laws, which has been confirmed by the final decisions of administrative courts.

The restrictions on freedoms and human rights imposed by the Polish government under the state of emergency declared in areas near the border with Belarus should also be critically assessed, in particular with regard to the insufficient protection of the rights and freedoms of people living in the border areas and the restrictions on access to public information.

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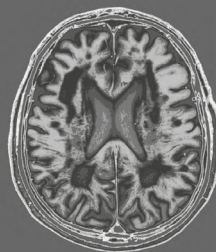
CHILD PROTECTION SYSTEM — JUST THINK DIFFERENTLY?

Critical analysis of selected models



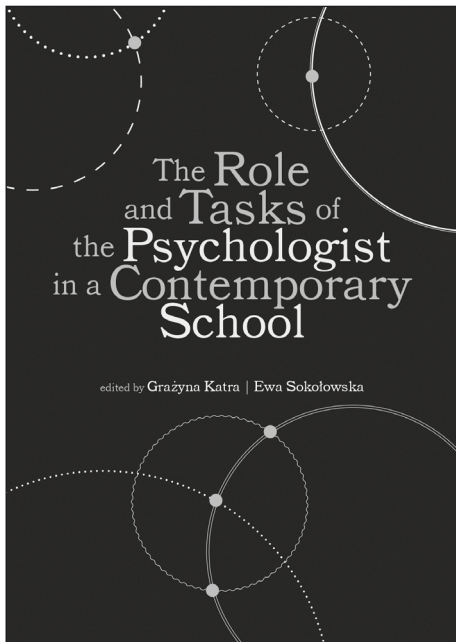
Life and aging with HIV

AN INTERDISCIPLINARY APPROACH

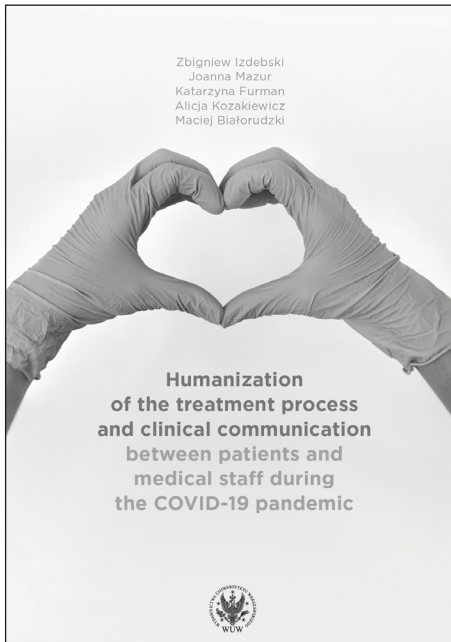


The Role and Tasks of the Psychologist in a Contemporary School

edited by Grażyna Katra | Ewa Sokółowska



**Humanization
of the treatment process
and clinical communication
between patients and
medical staff during
the COVID-19 pandemic**



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This volume stems from discussions held during the international conference *Attitudes and practices of care in Central and Eastern Europe in the 21st century*, co-organised by the Institute of Western and Southern Slavic Studies at the University of Warsaw and the New Bulgarian University in Sofia.



The collected texts—written primarily by scholars from Bulgaria, as well as from Poland—examine care as a key ethical, social, legal, and cultural category. Their point of departure is the context of contemporary crises: the war in Ukraine, migration, social inequality, and disputes over human rights. The authors explore the concept of care not only in legal and institutional terms but also through its representations in language, literature, and folklore—revealing the tensions and cultural imaginaries surrounding it.



The volume invites reflection on how care influences ideologies, law, institutions, and everyday practices—and how, in turn, it is conditioned by them in a world marked by multiple crises.

