

## Chapter 6

# Relational Solidarity and Climate Change in Western Nations

Michael D. Doan and Susan Sherwin

**Abstract** The evidence is overwhelming that members of particularly wealthy and industry-owning segments of Western societies have much larger carbon footprints than most other humans, and thereby contribute far more than their “fair share” to the enormous problem of climate change. Nonetheless, in this paper we shall counsel against a strategy focused primarily on blaming and shaming and propose, instead, a change in the ethical conversation about climate change. We recommend a shift in the ethical framework from a focus on the role of individual agents and a conversation about guilt; in its place, we propose a relational approach to public health ethics that is centered around the idea of relational solidarity. We begin by briefly reviewing the most common—and woefully inadequate—approach in the West to reducing emissions and responding to the health-related impacts of climate change. We then go on to propose a relational approach to public health ethics as an alternative ethical framework that better fits the moral problems associated with climate change and holds promise for a more meaningful response.

Western nations are in an uncomfortable place when it comes to global discussions of climate change. It is well known and widely documented that industrialized Western nations have historically been among the highest emitters of industrial greenhouse gases, and have not done nearly enough to reduce those emissions. In spite of numerous injunctions to stop worsening the harms of climate change, the use of fossil fuels and chemicals continues to proceed without restriction in many parts of the West; indeed, emission levels are continually on the rise (IPCC 2007). The evidence is overwhelming that members of particularly wealthy and industry-owning segments of Western societies have much larger carbon footprints than most other humans, and thereby contribute far more than their “fair share” to the enormous problem of climate change.

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Clearly, there is ample reason to blame wealthy and industry-owning segments of the West for their disproportionate contributions to climate change and for their strong resistance to the kinds of changes required to significantly reduce its adverse effects. Nonetheless, we shall counsel against a strategy focused primarily on blaming and shaming and propose, instead, a change in the ethical conversation about climate change. We recommend a shift in the ethical framework from a focus on the role of individual agents and a conversation about guilt; in its place, we propose a relational approach to public health ethics that is centered around the idea of relational solidarity. In Sect. 6.1 we shall briefly review the most common—and woefully inadequate—approach in the West to reducing emissions. Then, in Sect. 6.2 we shall propose a relational approach to public health ethics as an alternative ethical framework that better fits the moral problems associated with run-away climate change in the West and holds promise for a more meaningful response.

## 6.1 Climate-Related Policy, Ethics, and Bioethics in the West

The adverse effects of climate change are now familiar. They include unusually frequent and intense weather events (heat waves, cold spells, “supercharged” storms), ecological disturbances (melting glaciers, rising sea levels, floods, droughts, wildfires), and pressures to modify traditional agricultural practices. Each of these effects poses enormous threats to the lives and health of innumerable humans and countless other species. Because of the interrelated implications for population-level patterns of (water- and vector-borne) disease and mortality; food and water security, sanitation, shelters and settlements; and migration (e.g., forced displacements and relocations of peoples as “climate refugees”), climate change has been identified as “*the biggest global health threat in the 21st century*” (Costello et al. 2009, emphasis added).

The adverse effects of climate change are already intensifying the ecological and social vulnerabilities of large portions of the world’s population, in many cases “precisely because they uphold ecological values that have not been engulfed by global capitalism and technological modernization” (Cuomo 2011, 695). These devastating impacts are expected to continue to fall first and most heavily on poor peoples and communities of color around the globe, especially women, children, the elderly, and people with disabilities living in impoverished urban areas, coastal regions, and other areas with severe air quality issues (Bullard 2008; Cuomo 2011; Shiva 2012; MacGregor 2014). Even in the industrialized West, poor communities face more urgent challenges from climate change than do those in wealthier and better serviced neighborhoods. Thus, feminist philosopher Chris Cuomo is quite right when she stresses that, “climate change is a matter of global social justice” (Cuomo 2011, 693).

Indeed, mitigating climate change is an enormously complex *political* challenge in addition to an ethically and practically demanding one. Significant changes in policies and practices are required at all levels of human organization, from individual citizens, through community groups, corporations, and reaching to local and national governments, as well as international bodies (Sherwin 2012). Yet, at

present the area of greatest consensus and activity seems to be primarily at the level of individuals: citizens of industrialized nations are called upon to cultivate and exercise political agency in recognition of responsibilities we share with others worldwide (Young 2011). Difficult public decisions urgently need to be made concerning what and how much to produce and consume, and on what forms of energy to rely—decisions that have wide-ranging consequences for the lives and livelihoods of large numbers of differently located and situated peoples around the globe. Especially weighty claims have been pressed upon citizens of Western nations that have contributed the most to producing the industrial greenhouse effect over the last century and a half, and that continue along unsustainable pathways of resource extraction, production, consumption, and waste.

While government and corporate agents in high-emitting Western nations persistently refuse to acknowledge their roles in causing climate change, and decline to take responsibility for addressing the problem, people living in the West have been encouraged to accept the individualization of responsibility for addressing climate change, so much so that this particular division of labour is in many cases simply taken for granted (Maniates 2001; Cuomo 2011; Webb 2012; Doan 2014). Various environmentalist groups, businesses, and governments have been promoting the idea that changing light-bulbs, recycling more, riding bicycles, and planting trees are particularly effective ways of slowing the pace of climate change and transforming into environmentally conscious citizens. The prevalence of these recommendations needs to be understood in the broader context of neoliberal micro-economic governance strategy in nations such as the United States, the United Kingdom, and Canada. In response to the question of how best to strike a balance between the apparently contradictory requirements of economic growth through resource- and energy-intensive consumption on the one hand, and extensive reductions of greenhouse gas emissions on the other, the most consistent message is that each of us can help to mitigate climate change if we shift patterns of personal and household consumption toward low-carbon alternatives and transform ourselves into “green consumers” (Szasz 2011; Webb 2012).

Meanwhile, the operations of markets and large corporations, including major energy firms, have for all practical purposes been exempted from questions of government regulation and collective responsibility, leaving governments and citizens to shoulder the burdens of cleaning up air, soil, and water pollution and providing disaster assistance in the wake of severe storms, flooding, desertification, and wildfires. In effect, current techniques and processes of resource extraction and distribution (notably, the extraction of fossil fuels, such as oil, through offshore drilling and the surface mining of tar sands; coal, through depth mining and mountain-top removal; and natural gas, through hydraulic fracturing or “fracking”), existing relations of production and manufacturing, and corporate waste practices have been left to the discretion of powerful decision-makers in private industry, who are able to guide and respond to shifting market conditions under limited regulatory constraints. To the extent that these largely corporate controlled processes, relations, and practices are in any way subject to reorganization through collective decision-making processes involving the wider public, it is mainly through indirect, highly

individualized means: primarily via market mechanisms, where “consumer demand” is expressed as an aggregate of the everyday choices of consumers given the options made available for consumption. And those indigenous peoples, environmentalists and others who publicly challenge the mitigation policies proposed by neoliberal politicians, or who engage in direct action campaigns to disrupt the resource extraction and distribution projects of energy firms, are routinely branded as “threats,” labeled “extremists” or “eco-terrorists,” and subjected to criminalization and intense surveillance (Shiva 2012, 22).

In this way, the individualization of responsibility for addressing climate change leads to the privatization and depoliticization of crucially important areas of decision-making that affect the lives and livelihoods of billions (Swyngedouw 2010, 2011; Macgregor 2014). Control over the direction of resource extraction, production, consumption, and waste is ceded to powerful decision-makers in private industry on the one hand, and to their market-mediated interactions with far less powerful consumers on the other. Concerns for equity and social justice are effectively sidelined by this strategy for addressing climate change, for their expression is limited to the endorsement of particular goods, services, and companies through everyday commercial transactions. Public deliberation and participation in collective decision-making processes are eschewed in favour of the injunction to “vote with your dollars,” regardless of whether “you” have very much money, and hence influence, to begin with. Even if the individualization of responsibility did not offer “limited and largely self-defeating means of transition to a sustainable society” (Webb 2012, 121), it would still be an inadequate strategy for significantly reducing emissions. For as Cuomo points out, “Even if personal sphere reductions that can be directly controlled by individuals and households are ethically imperative, they are insufficient for adequate mitigation,” seeing as how “household consumption and personal transportation account for a significant but minority slice of total greenhouse gas emissions worldwide” (Cuomo 2011, 701).

Despite the limitations individuals face in having an impact on climate change, questions of ethical and political responsibility for the excessive production and consumption patterns of the West have come to focus primarily on the role of individuals, qua individuals. Just as the dominant trend in ethics and bioethics in the West has been preoccupied with concern over the moral duties—or moral virtues—of individual agents, the attention of theorists, activists, and ordinary citizens worried about climate change has been directed primarily to the actions and practices of individual agents. Mainstream ethics and bioethics typically encourage environmentalists to focus on individual agents and government agencies and to concern themselves with assigning blame and seeking reparations for wrongful behavior. It is true that many people, groups, and institutions in the West are guilty of excessive contributions to climate change, but it is not often recognized that agents of various types at multiple levels of organization are not offered meaningful ways to significantly reduce emissions, and are not always well positioned to do so on their own initiative. Furthermore, talk of blame and guilt has had limited effects on actually changing policies and practices. It is often ineffective in persuading those who are charged with wrongful behavior to make significant changes, and it can suggest to

others who are “less guilty” that they do not need to make changes themselves, or at least not until the worst offenders are on board (a pattern that has unfortunately been mirrored during negotiations at the international level).

Hence, we suggest a different approach to the ethics of climate change, involving an alternative understanding of the role and character of ethics. We propose moving away from an exclusively backwards-looking, finger-pointing ethics of blame, which falsely imagines individuals making decisions and acting in isolation; in its place, we propose a shift towards a more forward-looking ethics of responsibility, which recognizes how tangled together all agents are in networks of highly interdependent relationships, not to mention how changeable those relations and relationally constituted agents can be. We believe such an ethics will help us figure out how agents and agencies at multiple levels of human organization can coordinate their actions to make effective and wide-ranging changes in existing patterns of resource extraction, production, consumption, and waste. It will do so, in part, by helping differently located and situated agents see the need to build trusting relationships with one another while learning to work collaboratively for the protection and achievement of health-related public goods (Young 2011; Sherwin 2012; Doan 2014). For this task, we shall propose a relational approach to public health ethics—an approach that upholds the values of relational autonomy, social justice, and solidarity.

## 6.2 Relational Public Health Ethics

As noted above, climate change poses a major threat to public health. Hence, the ethical framework to appeal to in the West—and around the globe—should be one developed to address issues central to public health. Public health ethics is an approach to ethics that recognizes the *collective* nature of public health and acknowledges the limitations of bioethics strategies that were developed to deal with clinical care for individual patients and research involving individual subjects. Whereas the primary focus of clinical bioethics is on individual patients and, often, individual providers, the principal concern of public health is with *populations*, not individuals. At least in the case of public health ethics, then, it is reasonable that we seek a more collective understanding of ethics which attends to the activities of agents and agencies of many levels of complexity (Baylis et al. 2008; Sherwin 2012).

There are various proposals relating to public health ethics available to us. The most thoroughly worked out is that offered by Madison Powers and Ruth Faden in their book, *Social Justice: The Moral Foundations of Public Health and Health Policy* (Powers and Faden 2006). We are very sympathetic to their approach and share their commitment to placing social justice at the very core of public health. But we differ somewhat in our understanding of social justice and we do not agree that social justice alone constitutes “the foundational moral justification for public health” (Powers and Faden 2006, 81). We favor an explicitly *relational* approach to public health ethics that is centered on three important relational values: autonomy, social justice, and solidarity (Baylis et al. 2008). We shall speak very briefly about relational approaches to

autonomy and social justice and then turn to the matter of relational solidarity, which in our view holds the key to involving the wealthy industrialized West in responding to the demand of public health ethics to address climate change.

The sort of relational theory we favor is rooted in an understanding of persons as *relational*—that is, as constituted within specific historical, economic, social and political circumstances and through inter-relationships with other persons, both chosen and unchosen. It is a theory that is particularly sensitive to ways in which membership in various groups defined along such categories as age, gender, (dis)ability, sexuality, race, nationality, and economic status are systematically associated with power and privilege or with disadvantage and oppression (Downie and Llewellyn 2012). Relational public health ethics is, then, an approach to public health ethics in which the core values of autonomy, social justice, and solidarity are understood from the perspective of a theory attentive to the relational nature of persons.

Relational autonomy, like its more familiar cousin, traditional autonomy, is concerned with the interests, values, and commitments of those who will be affected by policy decisions and related practices. It differs, though, in asking us to be sensitive to ways in which members of oppressed groups are particularly vulnerable to having their interests sacrificed in favor of those with greater power, and it demands that we be attentive to the value of autonomy in responding to the resistance of the vulnerable to oppressive treatment. It also reminds us that not everyone is equally well situated with respect to the options and opportunities available to them when making choices. Hence, it is important in public health to consider how differently located agents will be affected by various policy options. We also need to be sensitive to ways in which those who are most seriously disadvantaged and oppressed may face fewer, and less acceptable, choices so that we can take action to ensure that there are meaningful options available for them to benefit from public health measures (Sherwin 2012). For example, when a severe storm is predicted for a specific geographical region and residents are advised to evacuate, we must ensure that public transit, safe shelter, and adequate medical care is provided to the poor, elderly, and disabled and avoid assuming that every citizen has access to private or public transportation out of the danger zone (Pastor et al. 2006; Bullard 2008).

With regard to social justice, we follow Iris Marion Young (1990) in understanding relational social justice to be concerned not only with fair distribution of the material benefits and burdens of our social policies and practices, but also with fair access to social goods such as rights, opportunities, power, and self-respect as well as substantive participation (as opposed to merely formal representation) in collective decision-making processes. Powers and Faden make clear that human well-being is itself an important social good (Powers and Faden 2006, 15). In the context of public health, they identify six essential dimensions of well-being: health, personal security, reasoning, respect, attachment, and self-determination. We agree with them that public health policies and practices should strive to secure a sufficient level of each of these dimensions for each individual. On our relational account, this requires that policy makers, and those charged with implementing public health practices, be attuned to ways in which members of oppressed groups are at particular risk with regard to each dimension, and recognize the need for

substantive participation in collective decision-making processes and policy adjustments to bring all groups up to acceptable levels. In the context of climate change, this surely requires that we find ways of reducing the threats to life and health confronting those living in impoverished nations and communities who are confronted with the most immediate and severe effects of climate change.

The value we think most useful in our discussion of the industrialized West is that of relational solidarity (Baylis et al. 2008). Solidarity is central to public health insofar as we humans have a shared interest in survival, safety, and security, and climate change imperils the very survival of our species. Moreover, in many areas of public health, these interests can only be achieved or protected through the pursuit of *public goods*, where a public good is understood to be a good “that is non-excludable ... and, in pure form is non-rivalrous,” such as scientific knowledge and control of communicable diseases (Labonté and Schrecker 2007, 4). Public goods benefit nearly everyone; hence, everyone is called upon to act in solidarity with one another in light of our having a shared interest in supporting their defense and pursuit. Because all humans will suffer severely if the pace of climate change is not immediately reduced, slowing climate change is undoubtedly a public good. Moreover, the pace of climate change can only be effectively slowed if there is widespread commitment to the task and broad-based participation in the elaboration and enactment of long-term coordinated response strategies. We truly all are in this together, for every single person depends on the health of the Earth’s oceans, waterways, air, flora and fauna, not to mention the technical and social infrastructure necessary for the continued survival and flourishing of human lives. Since serious degradation and destruction of any of these elements threatens everyone, solidarity is a pragmatically as well as ethically and politically important value when it comes to climate change and other threats to health-related public goods.

We propose a distinctly relational understanding of solidarity—that is, an understanding that is sensitive to important differences in the power and privilege of various individuals, groups, and institutions, and to the significance of these differences as experienced and (re)negotiated in efforts to work collaboratively for the protection and achievement of public goods. In its Statement of Principles for public health approaches to the control of pandemic flu, The Bellagio Group emphasizes that *trust* is an essential element for public health efforts: “public health efforts are more likely to succeed in an atmosphere of social solidarity and trust, including the trust of disadvantaged people” (Bellagio Group 2007). Relational solidarity reminds us that not every human will be affected as early and severely as others; indeed, some communities and groups are already suffering profoundly from the adverse effects of climate change. Relational solidarity requires us to exercise concern for the needs of the disadvantaged and vulnerable and to contribute to building trusting relationships while learning to work collaboratively. Thus, it encourages us to work out strategies of the sort that contrast starkly with the currently dominant, highly individualized, and evidently ineffective responses still favored in many parts of the West.

In helping us move away from the individualization of responsibility for addressing climate change, relational solidarity helps agents operating at multiple levels shift towards participation in genuinely *collaborative* forms of collective action.

Consider some of the differences between a familiar threat to health-related public goods, such as community (or “herd”) immunity, and those associated with the adverse effects of climate change. In the case of vaccination programs (e.g., the MMR and flu vaccines) there is something that each citizen can do qua individual to help secure the public good of community immunity—indeed, once certain conditions are in place (e.g., the provision of vaccines by healthcare providers), individuals can each act separately, performing tasks that are identical for all (i.e., arranging for a vaccination). Thus, the relevant kind of collective action is *additive* in nature—the effects of each of our individualized actions add up, and we all end up benefiting from the achievement of a public good.

Although there is no way for people living in the West to immunize ourselves to the adverse health-related effects of climate change (e.g., increased prevalence and severity of respiratory illness due to more frequent and intense heat waves in urban areas), we can act collectively at and across multiple levels to reduce risks and harms to entire populations. When compared to the work of securing the public good of community immunity, one important difference is that what each of us can do as individuals is clearly insufficient—the sum of our efforts to reduce private-sphere emissions may well make a difference, but not one big enough to secure the health-related goods at issue. Hence, the kind of collective action required must be other than simply *additive* in nature; further, it must also be other than the sort that aims to protect or achieve all public goods directly. Instead, agents and agencies at multiple levels need to coordinate our actions to mitigate climate change while also preparing for its downstream effects—forms of collaborative action that are instrumental to, or that indirectly help to defend, health-related public goods.

To coordinate our actions effectively, agents of various kinds need to get down to the hard work of sorting out the complex *interconnections* of responsibilities to be assigned and assumed and learn to work collaboratively in the process. Thus, in the context of climate change a relational approach to public health ethics encourages us to make sense of how precisely “we are all in this together,” emphasizing that we truly need to be coming together, building trusting relationships, and acting together to bring about dramatic shifts in existing patterns of resource extraction, production, consumption, and waste. We simply cannot afford to be planning and acting separately when such important public goods are at stake.

Finally, relational solidarity helps us to understand that some people, especially affluent and industry-owning citizens of Western nations, have the luxury of being able to deny the realities of climate change (Norgaard 2011), or to engage in what are known to be woefully inadequate responses a bit longer (Doan 2014). Indeed, many of those with the most wealth seem to believe that they can evade the serious consequences of climate change since they have not yet been seriously affected. However, these delusions cannot be maintained for much longer. Even industrialized Western nations have experienced unusually frequent and powerful storms, devastating droughts and wildfires in some areas, and frightening floods in others. In an increasingly interconnected global order, patterns of illness, disease, displacement, and migration tend to both presuppose the actions of physically distant agents and come to affect the lives and livelihoods of differently located and situated



groups in various, frequently unpredictable ways. Not everyone yet recognizes the need for solidarity with our fellow humans from all strata of our own societies and all those across the planet, but surely this need will become increasingly impossible to deny.

Relational solidarity provides an ethical basis for environmental activists and policy-makers to investigate ways of building trust and solidarity with the privileged and powerful as well as with the disadvantaged and oppressed. When considering responses to the public health threats of climate change, we need to go even further than the Bellagio Principle by speaking to the importance of building trusting relationships among communities, groups, and institutions with varying kinds and degrees of privilege and power. Particularly wealthy and industry-owning segments of Western societies, too, need to be part of our emphasis in efforts to forge relations of solidarity. Indeed, relational solidarity must aim for inclusivity and resist the temptation to frame policies in terms of “us” versus “them” in light of the complex array of coordination problems that need to be explicitly addressed. We will need the skills, knowledge and resources of all sorts of persons, groups, and institutions to devise and implement strategies that can significantly slow the pace of climate change. As the rich and powerful come to appreciate the public health threats of climate change, they can become powerful catalysts of collaboratively orchestrated change within and among the various organizations of which they are members: multi-national corporations, governments at all levels, communities, religious organizations, and so on. Since the structures of these organizations are also subject to change, working for broadly inclusive relations of trust and solidarity could well be crucial to ensuring that strides are taken in the direction of relational social justice.

Nevertheless, it is essential that those developing policies and practices to slow the pace of climate change be attentive to the ways in which members of differently located and situated communities, groups, and institutions can be expected to become leaders in developing strategies for evading its most devastating consequences. As more and more people discover the need to foster broad-based solidarity in responding to the public health challenges of climate change, we hope that a relational approach to public health ethics will be adopted. It will direct us to invoke the core values of relational autonomy and social justice, which will (hopefully) guide our long-term coordinated responses to this unprecedented threat to public health. It will remind everyone to be particularly attentive to the vulnerabilities and agency of the disadvantaged and powerless, and also attuned to the importance of including those with privilege and power. Relational solidarity can help us to approach our collective problems of climate change in accordance with the values of trust, collective responsibility, and accountability that are at the heart of relational public health ethics.

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