THE POLITICS OF CARE IN FEMINIST THEORY

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Certified that the dissertation entitled, "The Politics of Care and Feminist Theory", by Swati Pal, in partial fulfillment of the requirement for the award of the degree in Master of Philosophy, is an original work of her own. This dissertation has not been submitted for any other degree in this University or any other University.

We recommend that this dissertation may be placed before the Board of Examiners for evaluation.

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INTRODUCTION

Prima-facie my area of research on 'care' may appear too simple a topic to be explored. Care is a word that we commonly use in our everyday discourse and on the most general level it refers to a kind of engagement; something that all of us would have done or are doing at some stage of our lives. However, one may wonder what has it to do with politics and what needs to be explored in this? Care has often been subject to ordinary language analysis and there may appear nothing to research because we do not think about care in any terms except the intimate and personal.

We all need care and commitment in our day-to-day life, though it may differ in nature and degree and be provided by different relevant others. In simple terms caring is looking after people. Nothing complicated, nothing to brood over. However what we forget or often take for granted is that such looking after involves work, often hard work and it involves relationships, which are likely to be profoundly important to those involved. Talk of relationships, and the concept of care becomes sentimentalized and romanticized; care gets associated with the private sphere – a problem of individuals, not something of social concern. To make matters worse, care receivers are viewed as relatively helpless and as dependents. On the most general level, to require care is to have a need. The problem comes because when we conceive of ourselves to be autonomous, independent adults, it is very difficult to recognize that we are also needy. This is so because neediness is conceived of as a threat to autonomy, those who have more needs than us appear to be less autonomous, and hence less powerful and less capable. The result is that one way in which we socially construct those who need care is to think of them as pitiful because they require help. Furthermore, once care receivers have become pitiful by this construction, it becomes more difficult for others to acknowledge their needs as needs.

Not only this, the concept of care is related to the traditional division between genders. Traditionally when we retreat to the traditional gendered division, we support the ideological construction that women are more emotional than men, and men are more

rational than women. This traditional ideology thus reinforces traditional gender roles and the association between women and caring. Traditionally, women continue to do most of the work of caring in the private domain. However, neither this work, nor women who do this receive any acknowledgment. The reality of complexity of caring, and the fact that caring is intertwined with virtually all aspects of life just gets ignored. What is lost is that care is an important public activity, which we see immediately when we argue that one effect of globalization has been to create 'global care chains'.

It is important to understand that care is not just a moral concept restricted to private and local sphere. It is a valuable political concept. It may differ in nature and degree but care is something that is needed by all of us in our everyday lives. The fact that we often forget that everyone is in principle capable of giving care means that there is a politics of care that must be examined. The guiding thought of the ethic of care is that people need each other in order to lead a good life and that they can only exist as autonomous individuals through and via a caring relation ship with others.

However, what we see is that care as a whole is devalued. Very often care is considered as the work of servants, slaves and women. On a closer look at the kind of employment opportunities taken by different groups in society, it can be seen that caring activities are usually devalued, underpaid and disproportionately occupied by the relatively powerless in society[1]. Infact Tronto has very correctly remarked that what emerges as a result of this is that it becomes difficult to know whether the least well off are less well off because they care and caring is devalued or because in order to devalue people they are forced to do caring work[2].

The gender, race and class dimension to care is subtler than a first glance allows. Even within the practice of care, if one sees the various dimensions or phases of care, 'caring about' and 'taking care of' are the duties of powerful, 'care giving and care

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[1] Joan C Tronto, *Moral Boundaries: A Political argument for an Ethic of Care;* Routledge Publications 1993, 113.

[2] Ibid, 113

receiving' are left to the less powerful[3]. As a result of this *'taking care of'* gets associated more with public roles and with men rather than women. Perhaps one of the most common usages of 'taking care of' in American English language is the idea that, by working at his job, a man is taking care of his family. Out of this association of *'taking care of'* with masculinity *'caring about'* also becomes gendered, raced and classed. Thus, demarcation even within the work of care arises as men and people of greater privilege take care of; they care about public and broader issues[4]. Women and people of color have very little to *'take care of';* they care about private and local concerns.

Thus this dissertation attempts to understand the complex set of values that structure how we think about care in society, how care impacts on women whether through welfare state provisions or the globalization of care chains. The dissertation is divided into five chapters. The first chapter on 'The Feminist view on caring' brings out how the early feminist literature focused on issues of women's liberation: the oppressed majority, psychological and sexual repression, emerging political ideologies, and consciousness raising efforts. In essence, there was an absence of caring rhetoric in the feminist literature and no scientific inquiry about the concept of caring until the 1980s. In the 1980s, Nel Noddings, Sara Ruddick, Carol Gilligan, Joan C. Tronto all began, in different ways, to explore, define and research caring, to question the centrality, which had been accorded to justice in moral and political philosophy. The intention of this chapter is to give some rudimentary thinking about a feminist perspective on care and to see if there are any differences within the feminist perspective on caring. Within the feminist perspective, I have categorized two broad classifications, first is where care is referred to as an ethical disposition. Within this emerge three sub classifications of 1) essentialist view of care, 2) psychological approach to care, 3) location of care in moral experience and maternal practices of mothering. The second category of care is referred to as a political value or social practice essential to society. This chapter basically tries to

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[3] Ibid. 114

[4] Ibid. 115

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explore through the work of various thinkers, how the feminist ethic of care has developed overtime.

The second chapter explains the feminist perspective on the self in the notion of care. The topic of selfhood has long been salient in feminist philosophy, for it is pivotal to questions about personhood, identity, the body, and agency that feminism must address. In some respects Simone De Beauvoir's trenchant observation, " He is the Subject, he is the Absolute – she is the other", sums up why the self is such an important issue for feminism[5]. To be the other is to be the non-subject, the non-person, and the non-agent – in short, the mere body. In law, in customary practice, and in culture stereotypes, women's selfhood has been systematically subordinated, diminished and belittled when it has not been outright denied. Women have always been seen as lesser forms of the masculine individual. Women are givers of love and care. In virtually all cultures women's traditional role involves the rearing of children, and care for home, husband and family. These roles have been associated with some important moral virtues, such as altruistic concern, responsiveness to the needs of others, and a willingness to sacrifice one's own interests for those of others. They have also been associated with some distinctive moral abilities, such as the ability to perceive the particular situation and needs of other and the ability to reason resourcefully about how to meet those needs. In the garb of love and care, women are treated not as an end in themselves, but as an adjunct or instrument of the need of others as a mere caretaker, rather than as a source of agency and worth in her own right.

What theorization about care has done is to make us realize that we are working with a very masculinist notion of self. In analyzing the ethics of care, the focus on self becomes all the more important as critics from within and without the feminist circles have argued that an ethic of care draws a falsely essentialist picture of women's nature as emotional, nurturing and self sacrificing and in doing so reinstate the traditional accounts of women's nature – accounts which have served in the past to restrict women's freedom

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[5] Beauvoir Simone de. "Sartre and the Second Sex: An Interview by Nina Sutton." The Guardian, 19 February 1970, 11.

and to confine them to subordinate roles in home and in society at large. As an adequate response to these criticisms, women need a robust conception of selfhood. Does the ethic of care provide them with one? What happens to the notion of self in the ethic of care is what this chapter tries to understand. The first section dwells on feminist critique of the established view of self. Section two presents an alternative conception of self in the notion of care, which implies shifting from an independent to interdependent model of the person; a conception of self as enmeshed in local and global webs of interdependence and interconnection, from independent self to relational self where the facts of human dependency or neediness is not shunned but taken as compatible with self respect of the recipient and not exploiting the caregiver. The third section of this chapter glances through the problem and prospects of the 'caring self'.

Now as in the first chapter I had classified care broadly as an "ethical disposition", and "care as a practice" and since I find the second strand of thinking of care as practice and the need to politicize care as more useful, I have taken this up in detail in the third chapter which is on the 'Implications of care for policy making and citizenship'. This in turn implies a move away from care as an ethic and get away from privatizing and feminizing care to care as a practice. However, when we talk about care as an activity in public domain, then it becomes something that gets paid for and brings in the contradictions and tensions between care as an emotion and care as labour. To get away with this problem then care in the public domain, may not necessarily imply in the market, but as provided by the state. This in turn implies looking at welfare state provisions, where even though there had been strong welfare state which provided for care, it did it in a sexist way with universal breadwinner model. Weakening of welfare state later led to what Arlie Russel Hochschild has called "global care chain[6]" (where relatively well off women are 'freed' to work in the paid work force by employing women from the third world to care for their children and these women must leave the care of their own children to women even poorer than themselves. So the issue of

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[6] Hochschild, Arlie Russell. *The Time Bind: When Work Becomes Home and Home Becomes Work.* New York: Metropolitan, 1997.

work/care balance gets stratified and complicated by class as well as race, in the global economy).

The third chapter, therefore, looks at the work of those feminists who argue that since care is essential for all of us at different parts of our life then why is it that it gets devalued and seen as only women's work? Since care often becomes part of a patriarchal set up, can we rescue care from the clutches of paternalism? Given that care is so essential, why should not the practice of care structure public institutions? In this context, my project will be to analyze the feminist literature on the welfare state. Can care be taken out of the domain of family to structure relationships in the public domain? Can the state be structured according to principles of care? Very often the neo-liberal argument made against the welfare state points out that care creates dependency, care is a throwback to the old feudal paternalist order. However, feminists have argued that care is not about paternalism/patronage. Infact if we dismantle the welfare state, all caring activities will again be done at home by women. What is required therefore is not dismantling of welfare state but its reorganization. As Nancy Fraser has argued for redesigning social institutions to dismantle the gendered opposition between breadwinning and caregiving, between public institutional world of paid work and the private domestic sphere of care.

This chapter thus is divided in four sections where the first section attempts to define care and understand care as a disposition versus care as a practice. The second section dwells upon two meaning conflated in the term care: care as labour and care as emotion. Can one pay a careworker for her labour power and be unconcerned whether she is a caring person? Can one pay a person to be 'caring'? Infact, this chapter is an attempt to move away from care as a disposition to care as a practice, but care as a disposition comes back in the picture as soon as one discusses the emotion and labour dimension of care. It seems as if, if we want to use discussions of care to engender alternative conception of the self (as dwelled upon in chapter two) then we will have to focus not only on care as labour, but care as disposition and as an ethic too. Its difficult to completely get away with it as care is not just like any other wage labour. The third

section of this chapter looks at the policy parameters of care and care related policy reforms and the fourth section glances through the conception of citizenship and care.

What this chapter basically tries to question is whether care is only a temporary feature of our lives? It dwells on the division of caring work between state and family, between men and women. And because women mostly do caring work, it is concerned with the meaning of such work in women's lives, the material context in which women accept it and its material consequences.

Chapter four of my dissertation tries to deal with the dilemma between justice and care. It attempts to explore, *is a social order based on justice indeed the best order?* Should justice be the only virtue of social institutions? Should the rules, regulations and policies governing us be based only from the perspective of justice or can we reconstitute a social order in terms of *justice and care,* in order for it to be an ideal/complete model. The sphere of justice, from Hobbes to Locke and Kant is regarded as the domain where independent, male heads of households transact with one another, while the domestic-intimate sphere is put beyond the pale of justice and restricted to the reproductive and affective needs of the bourgeois paterfamilias. Agnes Heller has named this domain the "household of the emotions". An entire domain of human activity, namely, nurture, reproduction, love and care, which becomes the women's lot in the course of development of modern bourgeois society, is excluded from moral and political considerations, and relegated to the realm of "nature". The public sphere thus becomes the sphere of justice and moves into historicity whereas the private sphere becomes the sphere of care and intimacy and remains in dark as unimportant. The two conception of self-other relation that delineates both moral perspective and interactional structures is again touched upon in this chapter. The first from the standpoint of the "generalized" and second from the standpoint of "concrete" other. In the contemporary moral theory these conceptions are viewed as incompatible, even as antagonistic.

This chapter is divided in four sections. The first section brings out the necessity and importance of justice and to understand why so far it has been considered as the first

virtue of any socio-political order. In the second section, it is seen how justice alone as a principle of social order is not sufficient and the need to understand the important role-played by care. In the third section, it is explained how justice and care, seen usually at odds with each other, can infact be complemented together to restructure the social order. The last but not the least, fourth section looks at the issue of women and care and how justice and care when taken together can not only rescue care from becoming a mere parochial concern, but can also work against the exploitation of women that sometimes may emerge from taking only the care perspective. This chapter thus looks into certain questions that need to be answered in order to develop the care perspective into a full-blown Ethical theory and tries to understand can we have integration of both points of view, of justice and of care and what moral framework would allow us to question both standpoints and their implicit gender presupposition.

Thus, my dissertation on 'The Politics of Care in Feminist Theory' is about the need to reconceptualise care and to understand that the tasks of caring are in fact distributed in society along the lines of power. This distribution of caring duty and, indeed the very structures of inequality with which it has become associated can be traced back to the boundaries that constrain our present views on moral theorizing. Since our society treats public accomplishment, rationality and autonomy as worthy qualities, care is devalued in so far as it embodies their opposites. What is important is to question whether care is just a temporary feature of our lives? Something which is merely situational, needed only when one is sick or in infancy or old age? We need rethinking of a society which only considers rational, autonomous, economic individual as its fundamental unit and completely devalue the care as well as the care givers who plays a vital role in turning these men into "self-made" men.

Therefore, important is that care should not be treated as something on the periphery of our social order. It should be the place we begin, and not end our analysis of modern society. I would thus conclude with what Stacey aptly said, 'we shall never be able to understand the social processes going on around us so long as we tacitly or overtly

deny the part played by the givers and the receivers of "care", the victims of socialization processes, the unpaid labourers in the processes of production and reproduction'[7].

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[7] Cancian, Francesca M. and Stacey J. Oliker. *Caring and Gender*. Thousand Oaks, CA: Pine Forge. 2000.

CHAPTER – 1

THE FEMINIST VIEW OF CARING

The topic of care is an important theme in feminist literature. However this has not always been the case. The early feminist literature focused on issues of liberation: the oppressed majority, psychological and sexual repression, emerging political ideologies, and consciousness raising efforts. In essence, there was an absence of caring in the feminist literature and no scientific inquiry about the concept of caring until the 1980s. In the 1980s, Nel Noddings, Sara Ruddick, Carol Gilligan all began, in different ways, to explore, define and research caring, to question the centrality, which had accorded to justice in moral and political philosophy. Henry Maier, for instance, wrestled with the concept of 'caring' and characterized it as being a very personal experience whereby the care-giver and the cared-for person each need the other[8]. He posits that there are three components of caring: (1) a sense of physical comfort; (2) a certainty that whatever care was experienced would continue or be repeated; and (3) the involvement of a familiar and close caring person[9].

The underlying intention of this chapter is to propose some rudimentary thinking about a feminist perspective on care and to have a microscopic study of different strands of care within the feminist theory in order to analyze how similar or different these are from each other.

From a feminist point of view, here are some definitions:

- Caring is a species activity that includes everything we do to maintain, continue and repair our world so that we can live in it as well as

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[8] Maier, H.W., *Developmental group care of children and youth.* New York: Haworth Press, 1987.

[9] Ibid.

possible.... Caring can be seen as a process of four intertwining phases: caring about, taking care of, caregiving and care receiving[10]

- Caring is human service work – "people work" – but it has not been recognized as work

- Caring involves both love and labor, and it is precisely this combination that underlines its conceptual complexity.

- Caregiving is an activity encompassing both instrumental and affective relations[11]

In the 1970s care was identified as the 'labour' that women were trapped into by myths of femininity[12]. The primacy of care in women's lives was something feminism had to move away from and reject. For radical feminists, such as Shulamith Firestone (1972), the key was to free women through technology and communal living, from the burden of pregnancy, childbirth and child rearing. For liberal feminists, greater availability of child care facilities would help women take a greater role in the public sphere and dispel notions that the private was their primary sphere. For socialist and Marxist feminists like Delphy (1984), care in the private sphere should be recognized as labour and paid accordingly. Feminist psychologist such as Nancy Chodorow (1978) argued that shared parenting would challenge notions that only women are capable of care and produce children with less fixed gender roles. In this context the ethic of care, particularly the work associated with maternal ethics, appears a step back, placing women back in the private sphere and open to the exploitation that caring responsibilities bring

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[10] Fisher B. and J. Tronto, "Towards a Feminist Theory of caring," in Abel, E. and Nelson M (eds), *Circles of Care: Work and Identity in Women's Lives*. Albany, New York: State University of New York Press, 1990.

[11] Abel, E. and Nelson M., *Circles of Care: Work and Identity in Women's Lives*. Philadelphia, Temple University Press, 1990.

[12] Graham, H. "Caring: A labour of Love" in J. Finch and D. Groves eds, *Married to job: Wives Incorporation in Men's Work*, London: Allen & Unwin, 1983.

with it. Feminists who have taken the ethics of care forward argue that feminism cannot ignore questions of care or present it as someone else's problem. Joan C. Tronto argues that the fierceness of some of the criticisms against Gilligan comes from a desire to contain the implications of taking care seriously. Sevenhuijsen (1998) argues that feminism must make care dilemmas central because of important current contexts. Thus, the general theme of 'care' introduced into the feminist vocabulary has been taken up by a variety of feminists.

In the various subsections in this chapter, we will understand how the ethic of care has developed over time through the works of various thinkers. Since there is a wide range of writing on care by feminists, in order to organize such a vast literature on care, I have classified them in various categories as can be seen in the various subsections of this chapter. The important thing about care is in the first three subsections of this chapter is that it is taken as an ethical disposition here, whereas in the fourth subsection of the chapter it refers to an activity, a practice essential to society. However, before dwelling further, it may be important to note that this is not an effort to restrict the ethic of care in some fixed watertight conceptual boundaries. It is a medium to understand development of care through these conceptions as illustrated in different subsections. One should not forget that position of various thinkers have grown and evolved over a period of time.

I

ESSENTIALIST VIEW OF CARE

Feminists like Carol Gilligan fall broadly in the essentialist notion of care, by which I mean an argument about women's nature or essence, certain characteristics which are essential to women due to their biological nature, characterizing the very essence of their being a women. Since the 1982 publication of Carol Gilligan's In a Different Voice: Psychological theory and Women's Development, the concept of 'care' has found wide resonance in philosophy and social science, in particular as a way to understand lived experience of being a woman. Gilligan worked with Lawrence Kohlberg

as a graduate student and published with him. Kohlberg generated a typological scheme, which could represent the process of moral development. He argued that as children grow they develop the cognitive skills, through social interaction, with which to make moral judgments. He produced a hierarchy of moral thinking; as male infants develop, he moves from judging the world in simplistic ways, through six stages, until as an adult he is able to make good moral judgments. Not all individuals reach the sixth stage, or reach each stage at the same age, but all must go through the same path, and all if they reach the final stage of the hierarchy will share the same principles from which they make judgments. The six stages can be summarized as:

- Pre conventional level
1. Stage 1: the punishment and obedience orientation.
2. Stage 2: the instrumental relativist orientation.
- Conventional level
1. Stage 3: The interpersonal concordance or 'Good boy –Nice girl' orientation.
2. Stage 4: society maintaing orientation.
- Post conventional level
1. Stage 5: the social contract orientation.
2. Stage 6: the universal ethical principle orientation.

According to Kohlberg, one attains morality as he/she moves to higher stage. He referred the first sub stage of moral action in preconventional stage as 'heteronymous morality' where the main motivation to act morally is for avoiding any punishment. In the second preconventional stage of moral development, which he called 'individualistic instrumental morality', moral action is undertaken in order to show respect to the other (e.g. If you do good to other, other will do good to you). He referred the first sub stage of conventional level as 'interpersonally normative morality' where the motivation to act morally is to receive approval of people close to you, e.g. being one's family. In the next sub stage of conventional level termed by him as 'social system morality' one acts morally to seek approval of larger community, not just family. In the first sub stage of post conventional level, acting morally meant obeying certain rules because one has agreed to the creation of these interpersonal rules. The final stage of post

conventional level is morality of 'universalisable reversible and prescriptive general ethical principle', by which he meant applying certain principles impartially to all and not acting morally to seek approval of anyone but doing it out of your own reason. Kohlberg maintained that women do not reach the highest stage of moral development unlike men. As per Kohlberg, women's morality is restricted in terms of seeking approval of other people and thereby does not move beyond the conventional level.

What is significant about the stages is that they represent the increasing reduction of particular and emotional response in favour of universal, abstract and rational judgments. Gilligan became critical to this approach when, listening to women, she heard a 'contrapunctual theme, woven into cycle of life and recurring in various forms in people's judgment[13]. Gilligan's contribution has been to construct a different approach to thinking about the development of moral thinking, which replaces a focus on the ability to achieve rational cognitive thinking, with ability to care. The ethic of care, according to her, revolved around the importance of relationships to human condition. Care becomes self-chosen principle of a judgment that remains psychological in its concern for relationships and response but becomes universal in its condemnation of exploitation and hurt[14]. Thus, a progressively more adequate understanding of the psychology of human relationships – an increasing differentiation of self and other and a growing comprehension of the dynamics of social interaction – informs the development of an ethic of care[15]. This ethic, which reflects a cumulative knowledge of human relationships, evolved around a central insight, that self and other are interdependent. It concerns itself with questions of care and responsibility, rather than rights and rules.

To understand how the tension between responsibilities and rights sustains the dialectic of human development is to see the integrity of two disparate modes of experience that are in the end connected. While an ethic of justice proceeds from the

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[13] Gilligan. *In A Different Voice*, Cambridge, Mass: Harvard University Press, 1982.

[14] Ibid. 75

[15] Ibid. 75

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premise of equality – that everyone should be, treated the *same – an* ethic of care rests on the premise of nonviolence – that no one should be hurt. This dialogue between fairness and care not only provide a better understanding of relations between sexes but also gives rise to a more comprehensive portrayal of adult work and family relationships[16].

Gilligan's ethic of care retains the notion that moral thought develops through levels; however, she provided the following alternative to Kohlberg's theory.

- The pre conventional level is a 'focus on caring for the self in order to ensure survival'
- The conventional level is where 'good is equated with caring for others'
- The post conventional level is where 'care becomes the self-chosen principle of a judgment that remains psychological in its concern with relationships and response, but becomes universal in its condemnation of exploitation and hurt[17].

Without the development of the third level, it is difficult for women to encompass both a sense of moral response and a belief that it is not selfish to care for the self. At the third level, care can become a moral principle, but one where it is freed from its 'conventional interpretation'. Here there is recognition that one is obligated not just to others, one has a duty to care to the self. This does not mean that dilemmas do not surface; conflicts do emerge in responding to others as well as oneself. Instead of looking to abstract principles to resolve conflict and minimize hurt, the ethic of care looks to the particular. Universality exists, but it is the universal imperative to care for others and the self and to be cared for. This universal standard, according to Gilligan, does not allow the 'blind willingness to sacrifice people to truth', a practice encouraged by 'an ethics abstracted from life'.

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[16] Ibid. 174

[17] Ibid.

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Both Gilligan and Kohlberg based their work on responses to hypothetical moral dilemmas. Kohlberg really thinks of moral reasoning to be one which is more abstract and impartial, potentially independent of community values and standards and more dependant on universal principles recognized as fair and just, for, in mature moral reasoning we start with a theory and apply it to a particular situation – a top down approach. Gilligan, a pupil of Kohlberg's, noted in interviewing women about moral dilemmas, that their reasoning did not seem to confirm to Kohlberg's model. (Also Kohlberg's original experimental subjects had been male). Her model of moral development contains three stages and like Kohlberg's starts with an emphasis on self. It develops through a sense of attachment to and responsibility for others, and matures into a balanced consideration of care for self and others, and a notion of universal responsibility.

Now, if we see the difference between the two, we find that for Kohlberg and others, to be moral is to leave behind the particular relationship we are part of and arrive at universal principles that do not take those relationships into account. Gilligan sees the care approach, however, as always wanting to take relationships into account. Care approach does not see dilemmas in term of a conflict of principles, but in terms of differing responsibilities in different relationships. In this sense the care approach is a bottom up approach, it starts from the particular relationship and moves to more general considerations. Critics may question whether ethics of care is so very different. According to some, Gilligan's mature ethical stage contains universal responsibilities and consideration of balancing competing obligations between self and the other. This they may not find very different from the detached impartiality of Kohlberg's stage six. But as the ethics of care is developed the emphasis shifts and the differences are more apparent. Gilligan argued that ethic of care is not so much about the application of principles but responding to the needs.

Would all this imply that women and men have distinct moral frameworks? In Gilligan's text there is the impression that relationships and care have a stronger presence in women's moral outlook. In contrast men appear to exist in a world of separation and

individual achievement, framed in 'an ethic of justice'. So is the care ethics gender based? Gilligan denies that only women reason on the basis of care and relationships. She asserts that her aim was not to disclose a statistical gender difference in moral reasoning, but rather simply to disclose and interpret the differences in the two perspectives[18]. She thinks it is perfectly possible for men to reason this way, and for women to reason in terms of principles and justice. It may have something to do with how people's identities develop, girls through attachment and relationships to their mothers, and boys by detachment and opposition to their mothers. Psychologist John Broughton has argued that if the gender difference is not maintained, then Gilligan's whole explanatory framework is undermined[19]. However, this is not correct. The different-voice hypothesis has significance for moral psychology and moral philosophy that would survive the demise of the gender difference hypothesis. Part of its significance lies in reveling the lopsided obsession of contemporary theories of morality, in both disciplines, with universal and impartial conception of justice and rights and the relative disregard of *particular*, interpersonal relationships based on partiality and affectivities [20].

Gilligan proposes that given that rights are an important context to the operation of ethic of care, the different moral frameworks of women and men can be thought of as complementary. Women and men go through different paths of development, but for each if they reach the fullest stage, justice and care, responsibility and choice operate. What is important is that an ethic of care, which has been associated with women, should be valued as a form of moral thinking that the human community would be greatly diminished without, and one of equal value to an ethic of justice. The implication is that ' in the end, morality is the matter of care'.

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[18] Gilligan, Carol. "Reply by Carol Gilligan." Signs: Journal of Women in Culture and Society 11 (Winter 1986): 324-333. Reprinted as Reply to Critics in Larrabee, Mary Jeanne, ed, *An Ethic of Care: Feminist and Interdisciplinary Perspectives*, New York: Routledge. 1993, 207-214.

[19] Broughton, "Women's Rationality and Men's Virtues", *Social Research* 50, 1983, 636.

[20] Michael Stocker, " The Schizophrenia of Modern Ethical Theories", *Journal of Philosophy* 63, 1976, 453-66

PSYCHOLOGICAL APPROACH TO CARE:

Historically, feminist reformist writers have been caught between two broad rhetorical options: (1) to avoid essentializing notions of gender and argue solely from the perspective of justice or (2) to argue that the patriarchal undervaluing of care must be overturned and the status of care elevated such that both women and men have a clear stake in it. Nancy Chodorow locates care in the psychic reactions to the social relations of child rearing, such that women's raising children virtually ensures that girls will be more empathic and prone to caring activities, and boys will struggle to assert their separateness and individualism. According to Nancy Chodorow's (1978) the fact that children's primary nurturers are mothers, it leads to a sexually differentiated developmental path for boys and girls. Girls identify with the same-sex nurturing parent, and feel more connected to others; boys, unable to identify so much with mother, develops a conflicted identity and feel themselves to be more "individuated"[21]. Chodorow argues that mothering is thereby reproduced across generations by a largely *unconscious* mechanism that, in turn, perpetuates the inequality of women at home and at work[22]. Chodorow's work is controversial, but it is undeniable that girls and boys grow up facing different expectations of how they will behave. Children receive strong cultural messages — from parents, teachers, peers and the media — about sex-appropriate traits and behaviors. Girls are supposed to be nurturing, self-sacrificing, non-aggressive and attractive; "care" is largely seen as a feminine characteristic. These traits traditionally contribute to women's inequality: nurturers are not seen as good leaders. There are few women CEOs, generals, or political leaders. Girls may also become disadvantaged by the anticipation of marriage and child-rearing, insofar as they are less likely than boys to invest in their human "capital.

Chodorow's revision of the Freudian model traces a girl's gender development to her closeness to her mother. She lacks, and wants, two privileges a boy has: he can be

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[21] Nancy Chodorow, *The Reproduction of Mothering*, University of California Press. 1978.

[22] Ibid.

loved even more by the mother as an object and yet also detach himself from the mother. The solution to the girl's dilemma is to translate her envy of male prerogatives into heterosexual desire. Chodorow argues that a girl's resolution of her Oedipal complex never really removes the traces of a long primary identification with the mother.

Nancy Chodorow's appropriation of object relations theory reclaims and revalue femininity, for Chodorow's account of the relational self reclaims and revalues feminine mothering capacities. Chodorow sees the self as relational in several respects. Every child is cared for by an adult or adults, and every individual is shaped for better or worse by this emotionally charged interaction. As a result of feelings of need and moments of frustration, the infant becomes differentiated from its primary caregiver and develops a sense of separate identity. Concomitantly, a distinctive personality emerges. By selectively internalizing and recombining elements of their experience with other people, children develop characteristic traits and dispositions.

Moreover, Chodorow attributes the development of a key interpersonal capacity to nurturance. A caregiver who is experienced as warmly solicitous is internalized as a "good internal mother"[23]. Children gain a sense of their worthiness by internalizing the nurturance they receive and directing it toward themselves, and they learn to respect and respond to other people by internalizing their experience of nurturance and projecting it toward others. Chodorow understands the self as fundamentally relational and thus linked to cultural norms of feminine interpersonal responsiveness. For Chodorow, the rigidly differentiated, compulsively rational, stubbornly independent self is a masculine defensive formation — a warped form of the relational self — that develops as a result of fathers' negligible involvement in childcare.

Chodorow's appreciation of the relational self together with her diagnosis of the damage wrought by hyperindividuation advances feminist demands for equitable parenting practices. Neverthless, feminist philosophers have noted strengths and weaknesses in her views. Chodorow's relational self seems to glorify weak individuation and scorn the independence and self assertiveness that many women desperately needs.

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[23] Ibid.

Thus, in nut shell, according to Chodorow women do child care. Babies self centeredness leads them to experience conflict when they find that, in reality, mother is a separate person who can't meet all needs (eg., restriction on their wants). Boys and girls, however, come to expect women to have the maternal roles as caretaker and retain this attitude in adulthood. Later, girls retain their attachment and identification with the mother and become nurturers and care givers "relational, and boys must sever their attachment with the mother in order identify with father or as male; boys learn to devalue women and things that are "feminine". So in brief, the premises of Chodorow's theory or model can be illustrated as:-

- Relationship with women recaptures infant relationship with mother.
- Women have greater relationship needs not entirely satisfied by men.
- Have children to meet relationship needs.
- Women's mother role perpetuates whole division of labour since women committed to child care, so men must do other work.
- Penis only symbolises power men have; girls envy power not penis.
- Need for equal participation both in child care.
- All women aome to be devalued as part of male's need to separate and define their masculine identity.
- Fathers are essentially absent.

However, her views have come under attack for heterosexist biases as well as for too much focus on gender and inattention to other forms of difference among women. Critical race theorists and poststructuralists have been particularly vocal about this failure to come to grips with the diversity of gender, and they have offered accounts of the self designed to accommodate difference.

Poststructuralist Judith Butler maintains that personal identity — the sense that there are answers to the questions 'who am I?' and 'what am I like?' — is an illusion[24]. For Butler, psychodynamic accounts of the self of Chodorow, camouflage the

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[24] Butler, Judith, *Gender Trouble: Gender Trouble: Feminism and the Subversion of Identity*, Routledge, London, 1990.

performative nature of the self and collaborate in the cultural conspiracy that maintains the illusion that one has an emotionally anchored, interior identity that is derived from one's biological nature, which is manifest in one's genitalia. Such accounts are pernicious. In concealing the ways in which normalizing regimes deploy power to enforce the performative routines that construct "natural" sexed/gendered bodies together with debased, "unnatural" bodies, they obscure the arbitrariness of the constraints that are being imposed and deflect resistance to these constraints[25]. The solution, in Butler's view, is to question the categories of biological sex, polarized gender, and determinate sexuality that serve as markers of personal identity, to treat the construction of identity as a site of political contestation, and to embrace the subversive potential of unorhodox performances and parodic identities.

III

LOCATION OF CARE IN MORAL EXPERIENCES AND MATERIAL PRACTICES OF MOTHERING

Sarah Ruddick (1989), Nel Noddings and Virginia Held (1997) locates care not through essential emotions that all women feel, but in the moral experiences and material practices of mothering that most women perform, either by force or choice. Mothering is presented as a creative enterprise, which is concentrated in values of nurturing and emotional growth and connection. Both Virginia Held and Sara Ruddick look at the practice of mothering as values that can enrich the public sphere. in supporting the possibilities of maternal ethics, neither author argues that it should become the only framework, instead its presence and validity in public sphere challenges the notion that justice and impartiality are the only frameworks within which to make judgments. Both authors also acknowledge that mothering is not inherently moral, indeed some practices, in terms of the direct harm they cause to the child, can be thought of as immoral from a perspective grounded in care or justice.

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[25] Ibid.

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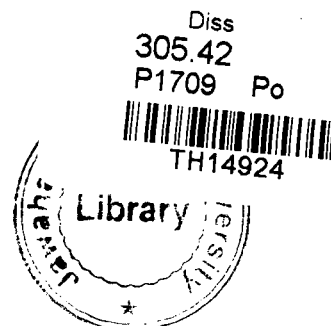
Virginia Held contends that traditional philosophical ethics fails to take women's moral experience seriously, and she undertakes to correct that oversight. For Held, moral experience is "experience of consciously choosing, of voluntarily accepting or rejecting, of willingly approving or disapproving, of living with these choices, and above all of acting and of living with these actions and their outcomes[26]." Since women and men have been traditionally been assigned different social roles, they have faced different moral problems, and they have had different moral experience. Feminist moral theory, in Held's view, focuses on women's moral experience and articulates its ethical significance.

Held examines women's moral experience as mothers. She argues that as long as women and men experience different problems, moral theory ought to reflect the experience of women as fully as it reflects the experience of men. The insight and judgments and decisions of women as they engage in the process of moral inquiry should be presumed to be valid as those of men. In the development of moral theory, men ought to have no privileged position to have their experience count for more. There should be no justification for discounting the experience of women as deficient or under developed on biological grounds. Biological "moral inferiority" makes no sense. Held suggests that one should never forget the horrors that results from acceptance of the idea that women think differently from men, or that men are rational beings, women emotional ones. One should be constantly on guard for misuse of such ideas, as in social roles that determine that women belong in home or in educational programmes that discourage women from becoming, for example, a mathematician. Yet excessive fear of such misuses should not stifle exploration of the ways in which such claims may, in some measure, be true.

Held suggests how the nurturance given by a mother to her child may provide a better model for social relations than the fair contract provided in a free market. An argument is often made that art and industry and govt. create new human reality, while

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[26] Held, Virginia. "Non-Contractual Society." In Hanen, Marsha, and Kai Nielsen, eds. *Science, Morality and Feminist Theory,* Canadian Journal of Philosophy, supplementary volume 13. Calgary: University of Calgary Press, 1987, 111-137

mothering merely "reproduces" human beings, their cultures, and social structures. But consider a more accurate view: in bringing up children, those who mother create new human *persons*. They change persons, culture, and social structures that depend on them, by creating the kind of persons who can continue to transform themselves and their surroundings. Creating new and better persons is surely as "creative" as creating new and better objects or institutions.

The relation between buyer and seller has often been taken as the model of all human interactions[27]. Most of the social contract tradition has seen this relation of contractual exchange as fundamental to law and political authority as well as to economic activity. And some contemporary moral philosophers see the contractual relation as the relation on which even morality itself should be based. The marketplace, as a model for relationships, has become so firmly entrenched in our normative theories that it is rarely questioned as proper foundation for recommendation extending beyond the market place. Consequently, much moral thinking is built on the concept of rational economic man. In the society imagined in the model based on assumptions about rational economic man, connections between people become no more than instrumental.

Held sees relationship between "mother" and child as a much more promising source of trust and concern than any other. Social relations would be seen as dynamic rather than as fixed-point exchanges. It may be that no human relationship should be thought of as paradigmatic for all the others. Relations between mothering person and children can be oppressive for both, and relations between equals who can decide whether to enter into agreements may seem attractive in contrast. But no mapping of the social and moral landscape can possibly satisfactory if it does not adequately take into account and provide appropriate guidance for relationships between mothering persons and children.

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[27] Nancy Hartstock, *Money, Sex and Power*, New York: Longman, 1983.

She further argues that the mother child relationship highlights the domain of relationship between particular individuals, and it demonstrates that self-interest and egoism do not intrude in all relationships. Owen Flanagan and Jonathan Adler provides useful criticism of what they see as Kohlberg's "adequacy thesis" – the assumption that the more formal the moral reasoning, the better[28]. What feminist moral theory will emphasize, in contrast, will be the domain of particular others in relation with one another. The "other" in this picture are not "all others", or "everyone", or what a universal point of view could provide. They are particular flesh and blood others for whom we have actual feelings insides and in our skin, not others of rational constructs and universal principles. To focus either self-interested individuals or the totality of all persons is to miss the qualities of actual relations between actual human beings. Particular others can, Held argues, be actual starving children in Africa with whom one feels empathy or even the anticipated children of future generation, not just those we are close to in any traditional context of family, neighbors, or friends. But particular others are still not "all rational beings" or "the greatest number".

Held brings to forth an important point that it is true we have limited resources for caring. We cannot care for everyone or do everything a caring approach suggests. We need moral guidelines for ordering our priorities. The hunger of our own children comes before the hunger of children we do not know. But the hunger of children in Africa ought to come before some of the expensive amusements we may wish to provide for our own children. These are the moral problems calling to some extent for principled answers. One needs to figure out what one ought to do when actually buying groceries, cooking meals, refusing the request of our children for the latest toy they have seen in advertisement, and sending money to UNICEF. What Held wants to bring forth is that the context is one of real action, not of ideal thought.

She maintains that the vulnerability of children argues for respecting principles that protect individual from caprice and domination, yet it is a mistake to suppose that

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[28] Owen J. Flanagan Jr. and Jonathan E. Adler, "Impartiality and Particularity", *Social Research* 50, no.3 Autumn 1983: 576-96.

few general principles can resolve complex and diverse problems. She agrees that when we when we take the context of mothering as central, rather than peripheral, for moral theory, we run the risk of discounting other contexts. It is a commendable risk, given the enormously more prevalent one of excessively discounting mothering. But she thinks that too far critics of traditional moral theory have sometimes carried the attack on principles.

On ethical views that renounce principles as excessively abstract, one may have few arguments to uphold the equality of women. After all, as parents can care for children recognized as weaker, less knowledgeable, less capable, and with appropriately restricted rights, so men could care for women deemed inferior in every way. On a view that ethics can satisfactorily be founded on caring alone, men could care for women considering undeserving of equal rights in significant areas in which women have been struggling to have their equality recognized. So an ethic of care, essential as component of morality, seems deficient, as per Held, if taken as an exclusive preoccupation.

That aspect of the attack on principles, which seems entirely correct, is the view that not all ethical problems can be solved by appeal to one or a few simple principles. It is often argued that all more particular moral rules or principles can be derived from such Categorical Imperative or the Principle of Utility, and that these can be applied to all moral problems. The call for an ethic of care may be a call, which Held shares, for a more pluralistic view of ethics, recognizing that we need a division of moral labor employing different moral approaches for different domains, at least for the time being[29]. Thus, need for principles concerning relationships, not only concerning actions of individuals, as we will need evaluations of kinds of relationships, not only of the character traits of individuals.

Maternal practice is governed by preservation, growth and accessibility of the child. In short, actual mothers have the same sort of relation to maternal practices as

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[29] Held, Virginia. "Non-Contractual Society." In Hanen, Marsha, and Kai Nielsen, eds. *Science, Morality and Feminist Theory,* Canadian Journal of Philosophy, supplementary volume 13. Calgary: University of Calgary Press, 1987, 111-137

actual scientist has to scientific practice or actual believer to religious practices. As mothers they are governed by the interest of their respective practices (Sara Ruddick, 1989). Rejecting the view that mothering is simply a biologically programmed, instinctual activity, Sara Ruddick maintains that practices of mothering shape and express maternal thinking. In order to understand maternal thinking, Ruddick examines the predominantly female practice of mothering and draws out the virtues and values implicit in its ideal form. However, she holds that maternal practice is based on a conception of achievement and that this goal sets standards for mothers. Ruddick's principle aim is to articulate these standards.

According to Ruddick, three interests govern maternal practice: 1) preserving a child, 2) Fostering a child's growth, and 3) nurturing. These three interests govern maternal practice and suggest a set of maternal values and disvalues. With respect to preserving a child's life, Ruddick identifies three values. She sees holding as a value and contrasts it with the disvalue of excessive control. She sees humility as a value and contrasts it with both assertiveness and self-effacement. She sees resilient cheerfulness a value and contrasts it with both cheery denial and melancholy. Because in dominant society "humility" and "cheerfulness" name virtues of subordinates and because these virtues have infact developed in conditions of subordination, it is difficult to credit them, easy to confuse them with self effacement and cheery denials which their degenerative forms. With respect to fostering a child's growth, Ruddick identifies three additional values. Innovation, she urges, is a value that takes precedence over permanence. Disclosure and responsiveness are values that take precedence over clarity and certainty. Maternal practices begin in love. For whatever reasons, mothers typically find it not only natural but also compelling to protect and foster the growth of their child. With respect to nurturing a socially acceptable child, Ruddick argues that the value of appreciably supersedes conformism and inauthenticity. Finally, Ruddick endorses an overarching virtue that she calls love and that she contrasts with fantasy. It is crucial that caregivers register the unique individuality of children and refrain from projecting their experience and values onto their children. Guided by these values, maternal thinking unites intellect

and emotion to yield judgment. According to Ruddick, these values should not be confirmed to childbearing – they should be applied to public policy issues, as well.

Ruddick asks do women, who rightfully now claim the instruments of public power, have cultures, traditions and inquiries that we should insist bringing to the public world. If "womanly" can be identified, should we respect it or surpass it? Our current gender dichotomies are rigid and damaging. Praising cultures of oppression comes close to praising oppression itself. She holds that there are female traditions and practices out of which a distinctive kind of thinking has developed. Maternal thinking is only one example of "womanly" thinking. She further maintains that "maternal" is a social category. Although maternal thinking arises out of actual child caring practices, biological parenting is neither necessary nor sufficient.

Jean Baker Miller is hopeful that if we attend to maternal practices, we can develop new ways of studying, learning appropriate to the changing natures of all people and communities, for it is not only children who change, grow and need help in growing. Most obvious those who care for children must change in response to changing reality. Miller believes that achievement of women are that they learn to change but admits that tragically in our society women are prevented from enjoying these pleasures (of growth) themselves by being made to feel that fostering them in others is the only valid role of women[30]. Acting in interest of preservation and growth, Ruddick argues that women have thereby developed a maternal perspective. However, this perspective also has a degenerative form whereby preservation can turn into fierce desire to foster one's own children's growth, whatever the cost to other children. Yet, though liable to degenerative forms, this is a perspective that any moral or thinking person might profitably consider.

Ruddick argues that when she describes maternal thought arising out of interest in growth and preservation, she was not speaking of the actual achievement of mothers, but a conception of achievement. Similarly in describing the thought arising out of the

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[30] Miller, *Towards a New Psychology of Women*, Boston Beacon Press, 1973, 54

interest in acceptability she's not speaking of actual mother's adherence to dominant values, but of a conception of their relation to those values in which "obedience" and "being good" is considered an achievement. There are many individual mothers who "fail" that is who insist on their own values, who will not remain blind to the implication of dominant values for the lives of their children. Moreover Ruddick doesn't blame mothers for their obedience. She sees obedience largely as a function of social powerlessness. She argues that in these conditions of work, inauthentic obedience to dominant patriarchal values is as plausible a maternal response as respect for the results of experiment is in scientific work. Ruddick believes that maternal thought will have to be transformed by feminist consciousness. Because feminist consciousness is experience of coming to know the truth about oneself and one's society..., apprehending certain features of social reality as intolerable, as to be rejected on behalf of a transforming project for future[31]. Thus what is important to understand is it's not necessary that a male child "join the army" to differentiate himself from his mother. They should remain in the deepest sense, sons of mother, yet also to grow into themselves, to discover new ways of being men as we are discovering new ways of being women[32].

Caring for one we love is understandable, but exactly what enables people to care for strangers? Philosophers like Nel Noddings (1984) takes an essentialist view of women as innately more caring because they are linked to biological process of reproduction. For Noddings, caring is a propensity or attitude that individuals first learn within the family, caring for all categories of people – relatives, friends or strangers – begins with this element of care. From this standpoint, the capacity for caring beyond the home – and our ability to care for those with whom we have no special ties – is seen as a 'natural' extension of processes individual 's first experience privately, within the close circles of kin. In contrast, the social capital approach suggests that the ability to care for 'generalized others' begin not as a private process, but a public one – where citizens

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[31] Sandra Lee Bartky, "Towards a Phenomenology of Feminist Consciousness", in *Feminism and Philosophy*, ed. Mary Vetterling – Braggin, Fredrick A. Elliston, and Jane English, Totowa, N.J..Littlefield Adams, 1977, p.22-34, 33,25,28-29.

[32] Ruddick, Sara. "Maternal Thinking." *Feminist Studies* 6.2, Summer 1980: 342-367.

reach out to others as a consequence of civil recognition. On this account, the institutional pre requisites of care are not the obligatory ties of kin, but the voluntary ties of association and the extension of sociable impulses to others.

According to Seyla Benhabib, caring cannot be understood in the abstract, only in the context of tangible experience and the uniqueness of certain personal relationships. It is because we know them and have feelings for them that we are able to care for them in a way, which adequately meets their needs. This approach has been given sympathetic treatment in work on feminist ethics, which places women's experience at the centre of our understanding of care. Much of this work focuses on the mother/child relation as the prototypical case of caring. Care is facilitated, it is argued because of the strong link and bonds of love between the carer and the care recipient. Nell Noddings even go so far as to define the sort of willing care relations possible between mother and child as natural[33]. 'A mother's care taking efforts on behalf of her child are not usually considered ethical but natural. Even maternal animals take care of their offspring and we do not credit them with ethical behavior'[34]

Here Noddings is not trying to suggest a naturalizing of maternal bonds as the kernel of true care. Her principle reason for defining this sort of caring as 'natural' is not because of any biological relationship between mother and child, but because the bonds of love between mother and child make such care feel natural and voluntary. 'When my infant cries at night, I not only feel that I must do something. Because I love this child, because I am bonded to him, I want to remove his pain, as I want to remove my own[35]. So for Noddings, natural caring occurs in situations 'where we act on the behalf of the other because we want to do so'. Noddings argue that in order for this caring to take place, three conditions – engrossment, interest displacement, and reciprocated recognition of care – needs to be met.

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[33] Noddings, Nel. Caring: A Feminine Approach To Ethics And Moral Education, Berkeley: University of California Press, 1984, 97

24 Ibid.76

[35]Ibid. 82

For Nel Noddings care is foundational to ethics and definitely opposed to the impartialist masculine view of ethics. Impartial principles are inadequate because they require you to extract from a situation the very details that may be morally relevant (Sue Chetwynd). Like Gilligan, Noddings appeal to the sort of moral reasons women typically give, arising from concrete and detailed knowledge of the situation. Here the focus is on the caring relationships, the one-caring and the cared-for. Her model of the ethical caring relationship is based on such relationships as mother/child and teacher/student. Here one member (the cared-for) is dependent on the other (the one-caring). The focus of the one-caring should be on the needs, interests and concern of the cared-for, which she calls engrossment, and the cared-for should reciprocate by sharing their needs concerns and accomplishment with the one-caring. It is not just the attitude of the one-caring and the cared-for that is important, caring is shown in actions.

Thus, on Nodding's view, it is not just an individual's capacity for engrossment and interest displacement that enables caring to occur, but also the potential for entering into a caring relation with them, which is the key. This recognition is important for several reasons, but perhaps most significant is the fact that it is the basis of the caring bond which human beings are capable of recognizing – and indeed, renewing – in other caring situations. In this respect caring finds it true beginning not in an individual's psychology or in naturalistic impulses, but in our ability to recognize the conditions of our human relatedness and the desire to act on them.

But Noddings argue we can only talk about the possibility of natural caring in situations, which allow an actual relationship to develop – and this is why she argues we cannot care equally for everyone. Our capacity for engrossment depends on our genuine good feeling for another. Noddings believe that it is only in loving relations with those closest to us that we can allow natural or voluntary caring to develop. Hence, on her view, 'natural caring' cannot be extended to strangers. Although she notes the ongoing potential for developing caring relations with others simply because of our shared

humanity, without the possibility of actualization, natural caring finds its natural limits – for it is unlikely that we will be able to care those deeply outside our circle.

However, there are certain problems in her model, which needs to be dealt with. Her requirement that the one-caring focus so intently on the cared-for has been seen as too one sided. She often seems to suggest that one should care for to the exclusion of one's own interest; that the only point of caring for oneself is to enable better caring for others. It is argued that she sees relationships as so important that she holds that breaking one can lead to ethical diminishment, whereas we would hold that it might sometimes be necessary to finish a relationship. The relationships she regards as paradigmatic are relationships of dependency – mother/child, teacher/student. Many think that her paradigm ought to be equal relationships such as friendship. Of course, it may be that in the context of medical ethics such dependable relationships may be a more useful paradigm. But she holds that caring relationships are not complete unless recognized by the cared-for. This reciprocation is not however always possible. Caring for young babies, unconscious patients or animals does not seem to fail to be caring simply because they might not recognize and appreciate caring.

Thus, in Nodding's text "natural caring" becomes the explanatory context for a gendered critique. But, Noddings argument unfortunately acquire essentialist overtones when she says that women by virtue of their natural caring cannot do harm to their children. The problem is that making the idea of natural caring the final backstop to explanation prevents us from grounding the act of caring in the more originary human context.

IV

CARE AS A POLITICAL VALUE AND A SOCIAL PRACTICE

Various feminists advocate working with the ethic of care through a political, as opposed to psychological, discourse. Joan C.Tronto (1996), Sara Hoagland (1991),

Nancy Hirschmann (1996), Mansbridge (1996) all subscribe to this approach. Here the focus is less on the models of care that appear in the private sphere and more with the lack of care in public. As <u>Sara Hoagland</u> says, the priority in this work is to find a way for ethics to be involved in the 'diminishment of dominance and subordination[36]'. Further, if the ethics of care are interpreted as coping strategies of people linked by experience of subordination, then the skills that it celebrates can be understood as those practices that emerge from group actions and resistance. If approaches to care, associated with ethics of care, can be found amongst varied groups who experience oppression and marginalisation, then it follows that it can be practiced amongst strangers as well as intimates. In this way care discourse can be understood as 'a table of values those surrounding the activities of caring and connection, upon which a politics of democratic community can be build[37].

<u>Selma Sevenhuijsen</u> (1998) argues that feminism must make care dilemmas central because of important current contexts. Leaving care to state or to technology seems less tenable when the social and ethical costs of either solution have been so clearly identified. At the same time, most western societies currently have to think about how they care in response to pressures on and critiques of social and welfare service provisions. Finally, changes in forms of relationships and life bring with them new patterns of caring, connected to commitment bonds outside traditional models of heterosexual family life. To avoid romanticizing care, which occurs when it is founded on a celebrated subject (the good mother/woman/carer), Sevenhuijsen focuses on care as a social practice. Care is something one does in varied ways and for varied reasons, and therefore the responsibility that come with it should be thought of as grounded and unromantic. According to her, the importance of narrative and interpretation to the practice of care ensures that care is linked to actuality and cannot be guided by abstract criteria. Listening and responsiveness are a form of reason, "attentive reasoning" as per her. She argues for revaluation of care from a feminist perspective. She proposes a new political concept of an ethics of care that will integrate themes from feminist ethics and

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[36] Hoagland, Sarah Lucia. "Some Thoughts About 'Caring." In Card, Claudia, ed. *Feminist Ethics*, Lawrence: University Press of Kansas, 1991, 246-263

[37] Ibid.

gender in concrete examples taken from the practice and discourse of care, those found in parental rights, health care education, the family and in the public health sector.

Sevenhuijsen deals with the core concepts and founding ideas of the ethic of care and explains the idea of care as a moral practice, and the implication of this definition and the idea of human nature that is underlying the care ethic. She talks about its core values, like attentiveness, responsibility, competence, responsiveness and trust. Her approach emphasizes that care should also be seen as a social practice and that we should interpret this practice in terms of social inequalities and social in/exclusion in terms of gender, race and class. Against this background she argues, for conceptualizing care as a democratic practice and an element of citizenship.

Similarly, Joan C.Tronto argues that Ethics of care argument, which concentrate on relationships existing between individuals', dismiss from the outset the ways in which care can function socially and politically. The explanatory framework of psychology is replaced with a concentration on the impact of modern society by the condition of subordination. According to Tronto investigating ethics of care in the public sphere involves two stages. First, a consideration of how the public sphere operates in a way that excludes question of care and second, development of the mechanisms or strategies through which care can be introduced into the public sphere. Tronto argues that there are three boundaries that exclude care from political discourse. First, the distinction made between politics and morality; second the central position of the disinterested individual moral actor; and the third, the separation of private and public spheres.

The second stage involves breaking down the dichotomy of public/private world by placing questions of care and responsibility within the debates about the role of the state and the responsibility of citizens: as per Tronto, the qualities of attentiveness, of responsibility, of competence or responsiveness, need not be restricted to the immediate objects of our care, but can also inform our practices as citizens. They direct us to a politics in which there is, at centre, a public discussion of needs.

Tronto's "ethic of care" emerges out of a historical and methodological critique of what she calls the "universalist morality" of modern philosophy. Contemporary moral theory, she argues, maintains certain "boundaries" that systematically deprive women's morality arguments from effective theoretic footing[38]. She traces these boundaries to the eighteenth century Enlightenment, in which she notes a decline in the classical ideal of "civic virtue" in favor of a "minimalist morality" that *disconnects* the political from the moral (*a*), moral thought from moral action (*b*), and the rational from the sentimental (*c*).

In the course of developing her ethic of care, Tronto delineates four "phases" of caring -- *caring about, taking care of, care-giving,* and *care-receiving*[39]. Tronto argues that contemporary moral boundaries have systematically designated these phases to specific positions within the sociopolitical structure of society. Thus, *caring about* and *taking care of* occupy the "universal" domain of the more powerful[40]. *Caring about* is, for Tronto, the "public" manifestation of the nominal willingness to care, and is the subject of public and political deliberation, and of reason. *Taking care of* is likewise a "public" activity resulting from deliberation translated into agency, and it connotes a certain mobilization of resources: a working man, by working, *takes care of* his family; the taxpayer, by giving money, *takes care of* public works; etc[41]. *Caring about* and *taking care of* make up those aspects of care that are not only accountable in terms of public reason, but can be realized through the media of organizational agency.

> Conversely, she argues that *care giving* and *care receiving* are generally relegated
> to the less powerful:

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[38] Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 1993, 10.

[39] Ibid. 105-108

[40] Ibid. 114

[41] Ibid. 115-116

Care has mainly been the work of slaves, servants, and women in Western history. The largest tasks of caring, those of tending to children, and caring for the infirm and elderly, have been almost exclusively relegated to women. While slaves and servants have often been employed in tasks of production, it has also been assumed that they should appropriately do the work of caring as well. Thus, slaves not only worked in the mines and fields, but also as house servants[42].

Care giving represents the particularization of the intention to care -- it is care removed from the realm of the public and enacted in a context, with the *care-giver* in direct interaction with the *care-receiver*[43]. *Care-receiving* occupies a position different from the former three phases: in contrast to the modern ideal of the self-sufficient individual, *care-receiving* implies neediness, dependence, functional inadequacy, and even immorality. In sum, while *caring about* and *taking care of* represent the public, the universal, and the rational aspects of caring, *care-giving* and *care-receiving* represent the private, the menial, and the emotional aspects of it. Tronto's four phases of care can be divided, in essence, into two pairs. The first pair, *caring about* and *taking care of*, fit well into the public domain and can be the subject of rational deliberation -- they are hence associated with the powerful, the white, and the male. Conversely, *care-giving* and *care-receiving* are consigned to the private realm, and are associated with the powerless, the dependent, the "ethnic," and the female. In this way, "care" as such has traditionally been relegated to the work of women and housewives, to servants and slaves who have generally been people of color, and to the lower socioeconomic strata of society in general. Tronto connects this division of labor to the moral boundaries, which she claims restrict our ability to discuss issues of care in the *public realm*.

Accordingly, the public realm is shaped for the free interaction of universal, autonomous individuals who are economically self-sufficient, functionally independent, and rational, i.e., unburdened by "lower" necessities that are emotional, bodily or otherwise menial; incidentally, this same "self-made man" is generally white, male, and

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[42] Ibid. 113

[43] Ibid. 107-114

middle to upper-class. As this definition of the public individual is incompatible with the menial tasks of caring, they are necessarily pushed into a *back region*, the private realm. We can detect an implicit strategy behind the illusion of the universal, autonomous individual and his reliance on relations of power that consign the needs and interests of women, minorities, and [44]lower classes engaged in caring activities beyond the public realm. Tronto asserts, "It is the enormous power of care that makes its containment necessary". Care is essential, yet social standards of autonomy and self-sufficiency demand that signs of need or dependence -- physical or emotional -- be hidden in order to maintain the standard.

Thus, Tronto explains how the very tasks of "caring" are in fact distributed in society along the lines of power. This distribution of caring duties and, indeed, the very structures of inequality with which they have become associated can be traced back to the boundaries that Tronto believes constraints our present view on moral theorizing. The politics-morality, "moral point of view", and public private boundaries shape our understanding of society with the rational, autonomous, economic individual as its fundamental unit. Tronto makes the remark that "These 'self-made' figures would not only find it difficult to admit the degree to which care has made their lives possible, but such an admission would undermine the legitimacy of an equitable distribution of power, resources, and the privilege of which they are the beneficiaries"[45]

Tronto is, of course, not the first author to note how the public private distinction has proven a barrier to the recognition of female subjection within the household as a political issue. The asymmetrical division of roles that traditionally permitted men to move freely between the public and the private realms while at the same time confining women to the private realm, resulting in the "disappearance" of women altogether from the purview of political discourse, has been noted and explicated by feminist authors such as carol Pateman. Tronto's unique contribution comes from how she demonstrates the part this division plays not just in keeping women's experience "hidden" from politics

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[44] Ibid. 122

[45] Ibid. 111

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but in constituting the paradigm of moral thinking that informs what politics is in first place. Thus, Tronto writes, "By the time women were able to voice their demands for a place in moral and political life, the boundaries to contain their argument within a lesser, private, moral sphere were already in place. The boundary between public and private spheres, and the presumption that moral actors must assume a universalistic, abstract 'moral point of view' made Anglo-American, middle class women's arguments for 'women's   morality'   ultimately   ineffectual[46]".

Such ideas strengthen an important element of Gilligan's argument often missed care flourishes in a context where notions of individual rights exist. Care, as well as justice, can be thought of as a component of citizenship in that it entails recognition of others who have the right to their own view of the world. In this context, good citizens are those who respect differences and maintain an active dialogue over the varied values and morals of a society. Democratic citizenship requires space to negotiate values and principles of both care and justice. Without this values and principles become obligations and duties that are abstracted from the lives of those meant to live by them. The values that are associated with the ethics of care – attentiveness, responsiveness, and responsibility - can enrich citizenship by encouraging it to encompass 'diversity and plurality'. At the same time, retaining questions of justice allows care to be evaluated and debated in socially situated contexts of judgment.

Thus, in the present chapter, we noted how ethics of care debate, in a way, brought together psychology, philosophy and political theory. One of the central and unique features of care ethics however is its depiction of the moral agent. Therefore, it would be important to understand the conception of self in the notion of care as dealt with in my next chapter.

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[46] Ibid. 25

CHAPTER-2

FEMINIST PERSPECTIVE ON THE SELF IN THE NOTION OF CARE

The ethics of care is a contemporary feminist account of ethics that has been developed by theorists who focus on women's experiences and ways of thinking. It is an account of ethics that is grounded in care for the other in his or her particularity. In analyzing the ethics of care, the focus on self becomes all the more important as critics from within and without the feminist circles have argued that an ethic of care draws on falsely essentialist picture of women's nature as emotional, nurturing and self sacrificing and in doing so reinstates the traditional accounts of women's nature – accounts which have served in the past to restrict women's freedom and confine them to subordinate role in the home and in society at large. An adequate response to these criticisms requires an articulation of the account of self that is implicit in care theory. Theorization about care has helped us to realize that so far we had worked with a very masculinist notion of the self.

The chapter is divided into three sections. The first section dwells on the feminist critique of the established view of self and brings out feminist reflection on the nature of self. Section two presents the alternative conception of self in the notion of care, and the third section makes a glance through the problems and prospects of the 'Caring Self'.

I

Feminist and non-feminist philosophers alike have challenged the ontological and epistemological commitments of conventional conceptions of self. These philosophers have questioned, for instance, whether the self is some kind of unity, which persists as a unity over time, and whether self-knowledge is (at least in some degree) possible. Those

who challenge these commitments appear to deny the plausibility of the very idea of the self and the importance of that idea to understanding human subjectivity and identity. Infact, some of the most important developments in feminist philosophy have involved efforts to understand the nature of the self.

The primary task of a philosophy of self is to clarify what makes something a self. Feminist philosophers are acutely aware that this is not a value free task. To get an analysis on the nature of the self off the ground, one must decide which entities count as selves (or, at least which entities are non controversially counted as selves within one's linguistic community). Since we regard selves valuable – as members of our moral community and worthy of respect – these judgments are in ways judgments about which entities are valuable. Moreover, values enter into these judgments because it considers selves to be the sort of things that can achieve (or fail to achieve) ideals of selfhood. The philosophical account of the self has implications for conceptions of what it is to lead a good life.

According to Catherine Keller, traditional paradigms about the self reflect the notion that humanity is separated in nature. She relates such traditional ideas about humanity to the notion of the "separate self". The separate self, she informs us, is an understanding of self that is rooted in the radical separation of mind and body[47]. This paradigm of self results in all kinds of separations or dualistic perspectives of the cosmos. For instance, such dualistic categories as self and other, conscious and unconscious, male and female, East and West, them and us.

She argues, the economy of the separated self is twofold: first, the separative self conceives of itself as its own property; and, second, man's self possession requires the possession of the other, i.e., that women be his property[48]. This perspective draws one to the conclusion that a woman's self is "no self of her own, and thus a false, an owned, self,

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[47] Catherine Keller. *From a Broken Web: Separation, Sexism, and Self,* Boston: Beacon Press, 1986.

[48] Ibid. 9

somehow not quite a self at all"[49]. For Keller, women who settle for such prefabricated self-definitions, women who define themselves through a lack of self-possession, collaborate in a form of self-deception typical of the separated male self. Such women, she claims, foster in the warrior hero a "covert dependency" upon them "by which he sustains his sense of independence"[50]. Such women have a sense of self that Keller characterizes as `soluble.' This soluble self of the `classical dyad,' Keller argues, complements and completes the separated self. The soluble self reflects women's "tendency to dissolve emotionally and devotionally into the other...." The soluble self represents the woman who waits for the male hero to come and bring her joy[51]. The woman who complies with this dyadic relationship is co-opted and becomes a "male identified" woman, because she "appends to her female emotional base the anxieties of the traditionally masculine-separative self"[52]. Such anxieties include a fear of dependency, which appears as excessive individualism, autonomy, and refusal to take part in community. It is no wonder, Keller muses, that concepts of transcendence are so appealing to women. The belief in the possibility of escaping such psycho-social self bondage must appear liberating to women who lack a sense of self[53]. In a way, implicating that the women's sense of selfhood becomes dependent on their male counterpart for achieving any fulfillment or identity.

The two views of the self have been prominent in contemporary Anglo American moral and political philosophy – a Kantian ethical subject and homo economicus. Both these conception takes the individual as a free and rational chooser and actor – an autonomous agent. According to Diana Meyers, the Kantian ethical subject uses reason to transcend cultural norms and to discover the absolute truth, whereas homo economicus

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[49] Ibid. 11

[50] Ibid. 11

[51] Ibid.

[52] Ibid. 13-16

[53] Ibid.

uses reason to rank desires in coherent order and to figure out how to maximize desire satisfaction[54]. For the Kantian ethical subject emotional bonds and social conventions imperil objectivity and undermine commitment to duty. For homo economicus, it makes no difference what social forces shape one's desires provided they do not result from coercion or fraud, and one's ties to other people are to be factored into one's calculation and planning along with the rest of one's desires. Some feminist philosophers modify and defend this conception of the self. But their decontexualised individualism and their privilege of reason over other capacities trouble many feminist philosophers.

Feminist philosophers have charged that these views are, at best incomplete and, at worst, fundamentally misleading. Many feminist critiques take the question of what provides the paradigm for these conceptions as their point of departure. Who mode these free rational self? Although represented as genderless, sexless, race less, ageless and classless, it is in reality not the case. Feminist argues that the Kantian ethical subject and homo economicus mask a white, healthy, youthfully middle aged, and middleclass, heterosexual MAN. He is pictured in two-principle role – as an impartial judge or legislator reflecting on principles and deliberating about policies and as a self-interested bargainer and contractor wheeling and dealing in market place. It is no accident therefore that politics and commerce are both domains from which women have historically been excluded. It is no accident either that the philosophers who originated these views of the self typically endorsed this exclusion. Deeming women emotional and unprincipled, these thinkers advocated confining women to the domestic sphere where their vices could be neutralized, even transformed into virtues, in the role of submissive wife and nurturing mother[55].

Feminist critics point out, furthermore, that this misogynist heritage cannot be remedied simply by condemning theses traditional constraints and advocating equal

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[54] Meyers, Diana T. "The Socialized Individual and Individual Autonomy: An Intersection Between Philosophy and Psychology." In Kittay, Eva Feder, and Diana T. Meyers, eds. *Women and Moral Theory*, Totowa, NJ: Rowman & Littlefield, 1987, 139-153.

[55] Ibid.

rights for women, for these conceptions of the self are themselves gendered. In western culture, the mind and reason are coded masculine, whereas body and emotion are coded feminine[56]. To identify the self with the rational mind is, to masculinize the self. It was believed that if selfhood is not impossible for women, it is only because they resemble men in certain essential respects – they are not altogether devoid of rational will. Yet feminine selves are taken as deficient, something which only mimic and approximate the masculine ideal.

Problematic, as well, is the way in which these gendered conception of the self contributes to the valorization of the masculine and the stigmatization of the feminine. The masculine realm of rational selfhood is a realm of moral decency – principle of respect for others and conscientious fidelity to duty – and of prudent good sense – adherence to shrewd, fulfilling, long range life plans. However, femininity is associated with emotionally rooted concerns for family and friends that spawns favoritism and compromises principles. Likewise, femininity becomes associated with immersion of unpredictable domestic exigencies that forever jeopardize the best-laid plans and often necessitate restoring to hasty retreats or charting new directions[57]. By comparison, the masculinized self appears to be sturdy fortress of integrity. The self essentially masculine, and the masculine self is considered essentially good and wise.

Another strand of feminist critique targets homo economicus's preoccupation with independence and planning. The role of mothers and caregivers are completely ignored in making any individual grow into the so-called 'autonomous' self. The self appears to materialize on its own, endowed with a kit of basic desires, ready to select additional desires and construct overarching goals, and skilled in performing instrumental rationality tasks[58]. No one's powers ever seem to deteriorate either, for time is suspended

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[56] Lloyd, Genevieve. "Maleness, Metaphor, and the 'Crisis' of Reason." In *A Mind of One's Own*, eds., Louise Antony and Charlotte Witt. Boulder: Westview Press. 1992

[57] Meyers, Diana T. "The Socialized Individual and Individual Autonomy: An Intersection Between Philosophy and Psychology." In Kittay, Eva Feder, and Diana T. Meyers, eds. *Women and Moral Theory*, Totowa, NJ: Rowman & Littlefield, 1987, 139-153.

[58] Baier, Annette. 1997. "Trust and Anti-Trust."*Ethics* 96 (January 1986): 231-260.

along with biology. All affiliations are taken to be \freely chosen, and transactions as freely negotiated. The repudiation of feminine caregiver underwrites the illusion of independence, underwrites homo economicus's voluntarism[59].

Feminist critics, accuse regnant philosophical accounts of masculinizing of the self. One corollary of this masculinized view of selfhood is that women are consigned selflessness – that is, to invisibility, subservient passivity, and self-sacrificial altruism. Feminist critique exposes the partiality of the ostensibly universal Kantian ethical subject and homo economicus. These conceptions of the self are: 1) andocentric because they replicate masculine stereotypes and ideals; 2) sexist because they demean anything that smacks of the feminine; and 3) masculinist because they help to perpetuate male dominance. Stereotype of feminine selflessness still thrive in the popular imagination. Any self confident, self assertive women is out of step with prevalent gender norms, and a mother who is not unstintingly devoted to her children is likely to be perceived as selfish and to face severe social censure[60].

A tension within feminism complicates the project of reclaiming women's selfhood, however. The claim that women are systematically subordinated and that this subordination has grievous impact on women's lives is central to feminism. Yet, this key insight seems to bring the claim that women's selfhood and agency have been overlooked. To be unjustly subordinated, it would seem is to be diminished in one's selfhood and to have one's agency curtailed. Some feminists have endorsed this very position. Arguing that moral virtues have no gender, Mary Wollstonecraft regards "feminine" virtues as perversions of true human virtues and laments women's conscription into bogus ideal[61]. Similarly but more vividly, Simone De Beauvoir labels women "mutilated" and "immanent". "Socialized to objectify themselves, women

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[59] Benhabib, Seyla. 1999. "Sexual Difference and Collective Identities: The New Global Constellation." *Signs* 24: 335-361.

[60] Bordo, Susan. *Unbearable Weight,*. Berkeley: University of California Press.1993

[61] Wollstonecraft, Mary. (1792) 1982. *A Vindication of the Rights of Woman,* 2nd Edition. London: 1792. Recently, ed., Miriam Brody Dramnick. New York: Penguin, 1982.

become narcissistic, small minded and dependent on other's approval. Excluded from careers, waiting to be chosen by their future husbands, taken over by natural forces during pregnancy, busy with tedious, repetitive housework, women never become transcendent agents. Indeed, they are content not to assume the burden of responsibility for their own freedom"[62]. Cast in the role of man's other and at the most of feminine vices, women succumb to bad faith and surrender their agency. This portrayal of women as abject victims has been challenged and modulated by contemporary feminist philosophy.

II

One of the central and unique features of care ethics is its depiction of the moral agent. Looking at the conception of the self in notions of Care, we see that care ethics portrays the moral agent as a self who is embedded in webs of relations with others. These relations shape the care agent's self-conception. She defines herself in terms of the relationships in which she is engaged. They also shape her perception of the world, serving as a lens through which she sees and understands the events of her life. This relationship focus gives rise to the moral orientation of care. The care agent strives to be the kind of person who fosters caring relationship by the way in which she encounters and interacts with others. She tries to realize the fundamental moral commitments of care – avoid harm, respond to need or vulnerability, and maintain caring relations – in her exchange with other persons.

The care agent approaches others with a caring attitude. That is, she exhibits both a willingness to engage in relation and an interest in and concern with the good and well being of those with who she already is in relation. This interest and concern is manifested through attentiveness to the other's particular needs and unique life circumstances and through the expression of compassion when faced with great need or vulnerability on the part of the other.

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[62] Beauvoir, Simone de. *The Second Sex*, H.M. Parshley (Trans). New York: Vintage Press, 1952

The attitude of care makes the boundaries between self and other more fluid. For, through this attitude, the good of the other becomes part of the self's own good, and the ends of the other, while not becoming the self's ends, nonetheless become alive to the self in a new way and take on new value because they are the ends of the other. While caring acts can be carried out in the absence of a caring attitude, the value of such acts is enhanced when accompanied by this attitude. For example, when a nurse not only makes a patient more comfortable but does this out of concern for the patient's well being, the act of tending to the patient takes on additional value. It addresses not only the patient's physical needs but also her emotional need to feel cared for as a unique human being.

Care manifests itself not only in an attitude but also through a distinctive form of moral thinking. Care thinking is generally described as narrative, contextual, and particularistic. It contends that the right thing to do in these particular circumstances given this particular constellation of individuals and relationships need not be the right thing to do in all apparently similar cases. Care ethics embraces partiality as a moral good, maintaining that our responsibilities are (and should be) stronger towards those to whom we feel ourselves to be "closer," with our strongest responsibilities obtaining towards those who are both "closer" and more vulnerable.

In addition to the above, care ethics emphasizes the importance of communication as a means to realize its fundamental moral commitments. Communication is valued because it is through the sharing of experiences that caring relations are initiated and mutual trust, the bedrock of stable caring relations, is established. Communication also allows the care agent to become better informed about the other's needs, thereby increasing the likelihood that she will engage in appropriate caring. Finally, communication is important for more pragmatic reasons: it can be an effective means to defuse possible crises or to reach creative, compromise solutions to apparent moral dilemmas.

While care is manifested in the attitude, thinking, and communicative skills of the care agent, probably the most important manifestation of care occurs in the caring actions she undertakes. Caring acts are those acts that aim to realize the moral commitments of

care: avoiding harm, responding to need or vulnerability, and maintaining caring relations. What is important to note is in ethic of care, dependency is taken as a part of self. it is not something which needs to be pitied or transcended as autonomy is understood not in the traditional sense of complete independence or non-interference, rather more relational view of autonomy of maintaining affiliations and relationships.

Seyla Benhabib describes two conceptions of self-other relations that delineate both moral perspectives and interactional structures. The first as the standpoint of 'generalized', and the second that of the 'concrete' other. Care thinking is basically narrative, contextual, and particularistic and thus subscribes more towards the 'concrete conceptualization of self and other', rather than taking a 'generalized' view. In contemporary moral theory these two conceptions of self as propounded by Benhabib are viewed as incompatible, even as antagonistic. These two perspectives reflect the dichotomies and splits of early modern moral and political theory between autonomy and nurturance; independence and bonding; the public and the domestic; and more broadly between justice and the good life[63]. The content of the generalized as well as the concrete other is shaped by this dichotomous characterization, inherited from the modern tradition.

The standpoint of generalized other requires to view each and every individual as rational being entitled to the same rights and duties we would want to ascribe to ourselves. In assuming the standpoint, we abstract from the individuality and concrete identity of the other. We assume that the other, like ourselves, is a being who has concrete needs, desires and affects, but that what constitutes his or her moral dignity is not what differentiates us from each other, but rather what we as speaking and acting rational agents, have in common. Our relation to the other is governed by the norms of formal equality and reciprocity: each is entitled to expect and to assume from us what we can expect and assume from him or her[64]. The norms of interaction are primarily public and institutional ones. The standpoint of the concrete other, in contrast, requires to view

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[63] Seyla Benhabib, *Situating the Self: Gender, Community and Post Modernism in Contemporary Ethics*, Cambridge Polity Press, 1992, 148-170

[64] Ibid

each and every rational being as an individual with a concrete history, identity and affective emotional constitution. In assuming this standpoint, we abstract from what constitutes our commonality, and focus on individuality. We seek to comprehend the needs of the other, his or her motivations, what she searches for, and what s/he desires. The relation to other here is governed by the norms of equity and complementary reciprocity: each is entitled to expect and to assume from the other forms of behavior through which the other feels recognized and confirmed as a concrete, individual being with specific needs, talents and capacities[65]. Our difference in this case complements, rather than exclude one another. The norms of interaction are usually, although not exclusively private, non-institutional ones. They are norms of friendship, love and care. The moral categories that accompany such interactions are those of responsibility, bonding and sharing. The corresponding feelings are those of love, care, sympathy and solidarity.

Although feminist accounts of care vary in many respects, they share a relational conception of the self. Feminist proponents of care see the moral subject as a self-in-relation – an individual who values and enjoys intimacy, whose identity is in significant measure defined through her interpersonal ties, and whose concerns are interdependent with those of other people. Embedded in a web of relationship – some voluntary, other non voluntary; some between equals, others with dependents – a self-in-relation construes moral choice in terms of the question of how to respond to others in a way that avoids harm and maintains relationships[66].

Feminists who have developed different versions of care ethics insist on taking women's experience seriously and use this experience as a basis for new approaches to morality and social policy. The aim of the psychological studies that first made the voice of care audible was to recognize and understand the capacities for moral judgment of women whose competency had become under rated. Previous research comparing boys'

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[65] Ibid

[66] Gilligan, Carol. "Moral Orientation and Moral Development." In *Women and Moral Theory*, eds., Eva Feder Kittay and Diana T. Meyers. Totowa: Rowman and Littlefield, 1987.

and girls' development was stunted, but Carol Gilligan argues that this assessment misconstrued the data[67]. According to Gilligan, there are two paths of moral development. Many girls and women but almost no men follow the care trajectory[68]. The Care Perspective, Gilligan views, is a different and equally good way to interpret moral situations and to decide how to act. Gilligan argued that by noticing this alternative, we are able to recognize women's moral agency and defend women against the age-old charge that they are morally inferior to men. Although some feminist philosophers like Moody Adams, Friedman, Card, Fraser and Nicholas, criticize Gilligan's investigations on empirical philosophical grounds, her research prompted a number of feminist philosophers to develop moral theory marked by quite different emphasis from those of traditional moral theories.

The theme human interconnectedness and value of inter subjectivity are prominent in contemporary feminist moral philosophy. A climate of trust forms an indispensable background for all sorts of undertakings, but no voluntaristic ethic can account for trust[69]. The ability to empathize with other individuals and imaginatively reconstruct their unique subjective viewpoint is vital to moral insight and wise moral choice, but ethics that base moral judgment on a universal conception of the person marginalize this skill. By developing narratives of one's moral identity, one's relationships, one's values and sharing those narratives with one's associates, one endows one's life with moral meaning and integrity, rationalistic ethics overlook this process of self disclosure and interpersonal mediation[70]. Taking responsibility for who one is and how one shall respond is a salient feature of informal personal relationships, yet justice oriented ethics focus exclusively on being held responsible for what one has done and the

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[67] Gilligan, Carol. *In A Different Voice: Psychological Theory And Women's Development.* Cambridge: Harvard University Press, 1982.

[68] Gilligan, Carol. "Moral Orientation and Moral Development." In *Women and Moral Theory,* eds., Eva Feder Kittay and Diana T. Meyers. Totowa: Rowman and Littlefield, 1987.

[69] Baier, Susan. "The Need for More than Justice." In *Science, Morality, and Feminist Theory,* eds., Marsha Hanen and Kai Nielsen. Minneapolis: University of Minnesota Press, 1987.

[70] Walker, Margaret Urban. *Moral Understandings.* New York: Routledge, 1998.

credit or blame one's action may deserve[71]. Appreciating the inevitability of dependency and the need for care demonstrate poverty of conceiving justice exclusively in terms of rights not to be interfered with and the urgency of developing a theory of justice that includes provision for care[72]. In each instance, feminist moral theory revalue that which is traditionally deemed feminine as feelings, intimacy, nurturance, and so forth. The 'caring self' is constituted of all these elements. By highlighting these contexts and values, they reclaim the venues traditionally associated with women as morally significant sites, and they reclaim the moral agency of individuals whose lives are centered in these sites.

III

This section tries to understand some of the problems confronted by the 'self' in care ethic. Women are givers of love and care. In virtually all cultures women's traditional role involves the rearing of children, and care for home, husband and family. These roles have been associated with some important moral virtues, such as altruistic concern, responsiveness to the needs of others, and a willingness to sacrifice one's own interests for those of others. They have also been associated with some distinctive moral abilities, such as the ability to perceive the particular situation and needs of other and the ability to reason resourcefully about how to meet those needs. These virtues and abilities Nussbaum argues, needs to find a place in any viable Universalist feminism. Feminists have long criticized male Universalist theories for their alleged neglect of these important values, and have frequently argued that universal approaches based on liberal ideas of dignity and equality cannot make sufficient room for them. They have worried that liberal theories of justice would turn havens of love and care into collections of isolated mutually disinterested atomic individuals, each bargaining against others with a view to personal advancement. Nussbaum argues that in the garb of love and care, women is treated not as an end in herself, but as an adjunct or instrument of the need of others as a

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[71] Card, Claudia. *The Unnatural Lottery.* Philadelphia: Temple University Press, 1996.

[72] Kittay, Eva Feder. *Love's Labor.* New York: Routledge, 1999.

mere caretaker, rather than as a source of agency and worth in her own right. Thus equally important is to understand the problems and prospects of the 'Caring Self'.

In many different types of families, women overwhelmingly do the child rearing and housekeeping, and are expected to give care and support to men, often without return in kind. It is frequently alleged that this traditional function is itself "natural", and it is often inferred in consequence that there would be something wrong with any attempt to shake up traditional patterns of care giving.

When we talk about love and care, we are talking both about emotional and about complex pattern of behavior, mediated not only by desire but also by habits and social norms[73]. The tendency for women to focus their energies on care for children and family may well have biological roots; at one time in human pre history such a division of roles may have had adaptive significance. But we should remind ourselves from the start that, insofar as such biological differences obtain, they are differences in tendency only, and they give us no reason to promote traditional roles for women or to fail to promote them for men – any more than the putative linkage of aggressive behavior with maleness (far more convincingly demonstrated – for example, by violent crime statistics everywhere in the world), gives us reason to relax the restraints of the criminal law or to view male aggression with special indulgence[74]. There are plenty of evidences that men are capable of loving and of caring for children, and that women can succeed in the "outside" life of work (as indeed, poor women always have done, even while they have also cared for children and done most if not all of the housework); so even if there is some differential tendency, it isn't of the sort that prevents us from establishing social norms of functional sharing if we want to. We have to ask who we want to be.

Nussbaum argues that Mill is infact correct when he says " the nature of women" as we know it, is an "eminently artificial thing: the result of forced repression in some

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[73] Martha Nussbaum, *Women and Human Development – The Capabilities Approach*, Cambridge University Press. 2000.241-283.

[74] Ibid.

directions, unnatural stimulation in others". Nussbaum approaches it using three distinct arguments.

The first is a conceptual argument. The emotion of love, and patterns of desire and actions associated with caring, cannot adequately be understood simply as impulses. They are best understood as involving quite a lot of thought and interpretation, especially evaluation[75]. Love involves seeing the object in a particular way, and having a variety of beliefs about the object. These prominently include beliefs about the object's special ness or value. Patterns of care also involve beliefs about what things and people are important and valuable, what is right and proper, and a host of other beliefs, many of a normative nature. These are not the sorts of things that are simply there from birth: they have to be learned. That does not mean that there is no biological basis for the learning: the human capacity for language has to be developed, but such training activates innate biological equipment. Nonetheless, as with language, so here; the large role that training must play in order to impart the relevant types of cognitive complexity also gives much room for social interpretation and for cultural variety to work. And this means that all patterns of love and care must be understood as at least in principle be altered by altering the beliefs on which they rest[76]. Thus, as per Nussbaum, those who treat love and care as simply instinctual, they have not got the concepts right.

Second, there is according to her, from the pervasiveness of cultural influence. Experiments with young infants show that babies are treated differently in accordance with their perceived gender – even in cases where there are no actual sex differences, and the same baby has been differently labeled. Perceived girls are cuddled and hugged close; perceived boys are more likely to be tossed in air. Perceived girls who cry are called frightened; perceived boys who cry are called angry. In that way, and in others, the perceived sex of the child becomes an active factor in his or her emotional

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[75] Martha Nussbaum, *Women and Human Development – The Capabilities Approach*, Cambridge University Press. 2000, 241-283.

[76] Martha Nussbaum, *Upheavals of thought: A theory of Emotions*, chapter 3.

development[77]. This is of course, only one instance of more general phenomena: in every area, environment contributes to the development of personality. Particularly in the area of sex difference we have a great deal of evidence of culture shaping at an early age. One cannot use such evidence to rule out a biological component in sex difference with regard to love and care; but one can point out that we are still where – in absolutely no position to know what that component may be, so early and pervasive are the environmental differences.

Third is an argument from cultural variety. When we observe differences between human communities with regard to emotions and patterns of behavior, this is pretty good evidence, humans being a single species, that historical and cultural factors are at work. And we do see wide variation among cultures in the ways they construct gender difference in the area of love and care.

Thus, from above discussion, we see that care based moral agency is particularistic. A caregiver must pay attention to and meet the needs of a distinctive individual. Secondly, care-based moral agency cannot mechanically derive decisions from general theories and must proceed improvisationally. A caregiver must be alert to fluid, sometimes peculiar, circumstances that give rise to special needs or necessitate a reordering of the priorities. Thirdly, care-based moral agency is interactive. One cannot presume to understand the needs of another person; one must open lines of communication and listen attentively. Fourthly, care-based moral agency does not exclude emotion. Affective ties to others can enhance moral sensitivity, and emotional receptivity can sharpen moral perception.

All these capacities are other-directed. Consequently, they bring to mind the objections to self –sacrificial altruism that has prompted some feminists to doubt that care furnishes a tenable feminist ethic. Feminists who would reclaim women's experience in

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[77]Anne Fausto Sterling, *Myths of Gender,* New York: Basic Books, second edition 1985.

intimate social contexts must show that a care ethic can be extricated from its historical role in women's subordination and cooption[78].

Feminist scholars repudiate the stereotype of feminine care that attributes to women and unflagging disposition to serve the interests of others. Because, caregivers are equally deserving of care, caregivers must include themselves in the orbit of care. Since caring for oneself presupposes knowledge of one's own needs, desires, values, aspirations, and the like, introspective skills together with the imaginative, calculative, and volitional skills that enable one to realize one's plans are indispensable to care[79]. However, because self knowledge and self affirmation may led to interpersonal tensions and conflicts, feminist care theorists construe a care a form of moral thought that calls on characteristic cognitive and expressive capacities and that eventuates in discerning judgment. Care-based agency requires balancing skills that enable individuals to weigh the moral concerns that are at issue and to find a course of action that keeps these concerns in equilibrium. Also, it requires expressive skills that enable individuals to assert their needs and represent their choices without rupturing relationships. In some, care mobilizes a repertory of skills – a moral competency – that enables an individual to define her own moral identity and to improvise enactments of her moral identity that take into account both her empathic understanding of others and her introspective understanding of herself.

Care mandates responsiveness both to others and to oneself. Although the feminists account of care-based moral agency originates in commitment to reclaiming and revaluing activities and experiences that are culturally coded feminine, the capacities this account cause upon have far wider applications than their derivation from maternal practices and other intimate relationships might suggest. Moreover, feminist care rediviva does not submerge women's identity in the identities of other people, does not divert women's lives into vicarious satisfactions, and does not block women's self fulfillment.

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[78] Alison M. Jaggar & I.M Young, *A companion to Feminist Philosophy*, Blackwell Publishers, 1998, 372-381.

[79] Ibid.

Indeed, care may mandate breaking of harmful relationships, and opposition to harmful social practices may be mounted in the name of care. Thus, there is growing consensus that an ethic of care or, perhaps better, an ethic that incorporates certain care themes is an important component of a feminist ethic. Still, it is argued by many that there is a reason for skepticism, for it is arguable that cares presumption in favor of accommodating others, reconciling competing interests, and sustaining existing relationships deflects and dilutes social critique and blunts oppositional politics. In light of these misgivings, many feminists advocate an alternative model of the self and moral agency. Interestingly what one sees are problematising moral norms like care and sympathy as elements of patriarch cal oppression, while ignoring the inherent connection of norms like justice and equality to patriarchal domination.

CONCLUSION

Thus, through exploring inadequacies in psychological approaches to moral and cognitive development feminist have developed new models for thinking about the place of care in society. These models respond to difference by considering the role of context in the development of moral thought and the appropriateness of response. Instead of seeing a hierarchy in different approaches to moral and intellectual problems, feminist find different style of problem approach and solution appropriate to different situations. Some articulations of the ethics of care link it to pattern of care women have developed in the private sphere, in particular within the care of children. However, for some feminists this is dangerous, as it appears to define and depoliticize the ways in which we can think of care and women's identities. Out of this critique has come the most valuable element of the ethics of care debate, a political debate about the approaches to care found in the public sphere. A politicized ethics of care allows for links to questions of citizenship, state responsibility and interconnection; it generates alternative visions of human and social relationship, which broadens notions of citizenship and justice. The next chapter, thus, attempts to focus on the practical implications of care for policy making and citizenship as exploration of care has become central to the contemporary welfare debates

and questions about care and welfare within feminism, particularly Britain and Europe, have concentrated on women's role as the unpaid, informal carers of the welfare state.

CHAPTER-3

IMPLICATIONS OF 'CARE' FOR POLICY MAKING AND CITIZENSHIP

The concept of care has a long history but with feminists, it came to the forefront. Until 1970s, 'care' apparently represented few if any theoretical challenges for social research, either as a concept or a social activity. Since then the academic debate about the meaning and contents of terms like 'care' and 'caring' has flourished. With the feminist scholarship as the main driving force the many threads that make up the relational, symbolic, political and practical tapestry of care and caring relationships have been progressively unraveled.[80] In this process different actors have emerged on both side of caregivers and of care receivers. Not only have needs, interests and conflict of interest been acknowledged and named and contrasted, but also locations of care giving and care receiving have been identified.[81] As the 'Caring deficit'[82], that is, the shortage of resources available for providing care, becomes more widely acknowledged, there is increasing debate about the rights and responsibilities of care dependent and of cares providers

Some of the most interesting recent work in feminist social policy has centered on caring, or 'human service' or 'people's work'. According to Hilary Graham, 'caring is not something on the periphery of our social order; it marks the point at which the relations of capital and gender intersect. It should be the place we begin, and not end our analysis of modern society'[83]. Graham goes on to quote Margaret Stacey: 'we shall never be able to understand the social processes going on around us so long as we tacitly or overtly deny the part played by the givers and receivers of "care" and "service", the

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[80] B.Hobson, *Contested Concepts in Gender and Social Politics;* Heijenham: Edward Ellar Publishing Ltd. 2002, 55

[81] Ibid, 55.

[82] Hochschild, Arlie Russell. *The Time Bind: When Work Becomes Home and Home Becomes Work.* New York: Metropolitan, 1997.

[83] Graham, H. "Caring: A labour of Love" in J. Finch and D. Groves eds, *Married to job: Wives Incorporation in Men's Work.* London: Allen & Unwin, 1983.

victims of socialization processes, the unpaid labourers in the processes of production and distribution'[84]. Stacey points to the need to connect the division of labour at home to the division of labour in the public world; to understand social policy developments in terms which incorporate both, and which analyze the changing boundaries between state and family in caring for people[85]. Such a look at the division of caring labour shows that a large part of state social policy consists in taking a small part of caring work into the public sphere.

There is, thus, a need to politicize care and think of care as a practice. This will mean a move away from care as an ethic and from privatizing/feminizing care. This is needed all the more as the state has not taken away much of the work of caring from families or from women. Individuals of all ages, young and old, are likely to require care and to be looked after at home by women. The small percentage of children and elderly who are cared for out of families – at great expense – are still cared for mainly by women. Caring work cuts across the boundaries of family/employment and family/social policy; understanding its pattern is central to understanding social policy. Explorations of care are central to contemporary welfare debates; can the ethics of care be part of this debate? According to Finch and Ungerson, questions about care and welfare within feminism, particularly in Britain and Europe, have concentrated on women's role as the unpaid, informal carers of the welfare state[86]. There are various ways in which the ethics of care debate has entered welfare discussions within and outside feminism. This approach has especially become prominent in discussion about nursing and social work.

A different strategy for including the ethics of care, according to Daly and Lewis, is to focus on the ways in which, as a political framework, it can interrogate the place of

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[84] Cancian, Francesca M. and Stacey J. Oliker. *Caring and Gender*. Thousand Oaks, CA: Pine Forge, 2000.

[85] Ibid.

[86] J. Finch and D. Groves eds, *Married to job: Wives Incorporation in Men's Work*, London: Allen & Unwin, 1983. ; Ungerson, Caroline (1987) *Policy is Personal. Sex, Gender and Informal Care*. London: Tavistock Publications.

care within society. Priorities within this include questioning the pattern of private and public responsibilities for care. Demands that caring for others should be placed more centrally in the public sphere are hindered by the assumption that care is the preserve of the private, and it is the identification of this role with women that maintains the separation. What an ethics of care, interpreted from a political stance, stresses is that care entails wider obligations on the part of society. Sevenhuijsen and Tronto advocate placing ethical questions about how we approach care at the centre of welfare debates.

With this background, this chapter attempts to look at the work of those feminists who argue that since care is so essential for all of us at different parts of our life then why does it gets devalued and seen as women's work? Care often becomes a part of patriarchal set up, is it possible to rescue care from the clutches of paternalism? Can it be taken out of the domain of family to structure relationships in public domain? Can the state be structured according to the principles of care? Women who do caring work do a valuable service, which unfortunately is not acknowledged. However, following from this, should the welfare state be dismantled or is there a need to strengthen it? These are some of the issues that need to be analyzed. The neo liberal argument made very often against the welfare state points out that care creates dependency, a "nanny state", care is a throwback to the old feudal paternalist order. However, care is not just about paternalism/patronage. What is not realized in midst of all these arguments is that if we dismantle welfare state, all caring activities will again be done at home by women. Therefore, as has been emphasized before in my dissertation, it is important is to question whether care is only a temporary feature of our lives?

This chapter, thus, is divided in four sections.

- ☐ Many thinkers who have written about care describe it as attitude or disposition. The first section thus attempts to define care and understand care as a disposition versus care as a practice.

❏ The contradiction and tensions in the provision of 'care' are clearly apparent when care work is performed as a job for a pay. Can one pay a care worker for her labour power and be unconcerned with whether she is a 'caring person'? Can one pay a person to be 'caring'? The second section thus dwells upon the two meanings conflated in the term 'care': care as labour and care as emotion.

❏ The third section looks into the policy parameters of care and care related policy reforms.

❏ The contours of the conception of citizenship and care can become more visible when we combine it with normative ideas of the individual who can take care of him/herself with its supposition about normal social participation. Thus, the fourth section glances through the conception of citizenship and care.

I

DEFINING 'CARE': 'CARE' AS A DISPOSITION VERSUS CARE AS A PRACTICE

Since the early 1980s, caregiving has been an issue, which has received much attention in both research and feminist writings. The analysis of care, and the actors, relationships and contexts involved, is not a linear or additive process. Tronto, Sevenhuijsen, Hobson and Lister argue that it is interesting that in recent years we have witnessed attempts to develop general social theories based on an all encompassing ethics of care, starting from interpersonal relations rather than rights. Care has recently grown into a major policy issue for many governments. Care has entered policy agendas through a variety of channels, ranging from the reform of healthcare and welfare policies to new programmes for regulations regarding parental leave and social care for elderly. These forms of 'new politics of care' go hand in hand with a search for new normative

frameworks: political visions that can enable policy makers to integrate care into their actions and to broaden the political value system that are used in these policies. However before dwelling on these political issues further, it would be important to have clarity and specificity in the use of the concept, as witnessed in the form of care being studied.

DEFINING 'CARE': -

Care is a very commonly used word of our everyday language. On the most general level care connotes some kind of engagement; this point is most easily demonstrated by considering the negative claim: 'I don't care'.[87] But the kind of engagement connote by care is not the same kind of engagement that characterizes a person who is led by her or his interests. To say that 'I don't care' is not the same as being disinterested. An 'interest' can assume the quality of an attribute, a possession, as well as something that engages our attention. On the contrary, to say 'we care about hunger' implies more than that we take an interest in it. Care seems to carry with it two additional aspects. First, care implies a reaching out to something other than the self: it is neither self-referring nor self-absorbing.[88] Second, care implicitly suggests that it will lead to some type of action. We would think that someone who said, 'I care about world's hungry', but who did nothing to alleviate this hunger did not know what it meant to say that she cared about hunger. Semantically, care derives from an association with the notion of burden;[89] to care implies more than simply passing interest or fancy but instead acceptance of some form of burden.

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[87] 'Care' has often been subject to ordinary language analysis, for e.g., Jeffery Blustein, *Care and Commitment: Taking the Personal Point of View*; New York: Oxford, 1991. ; Nel Noddings, *Caring: A Feminine Approach*, Berkeley: University of California Press, 1984. ; and Ruddick, *Maternal Thinking*, Boston: Beacon Press, 1989.

[88] Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*; Routledge Publication 1993,102

[89] Nel Noddings, *Caring: A Feminine Approach*, Berkeley: University of California Press, 1984, 9.

Rather than discuss the myriad ways in which we use 'care', it would be better to offer this definition that Fischer and Tronto devised: -

'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 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'.[90]

There are several features of this definition of caring. First, it is not restricted to human interaction with others. We include the possibility that caring occurs for objects and for the environment as well as for others. [91] Second, we do not presume that caring is dyadic or individualistic. Too often, care is described and defined as a necessary relationship between two individuals, most often a mother and a child.[92] Third, the activity of caring is largely defined culturally, and vary among different cultures. Fourth, caring is an ongoing process. Care can characterize a single activity, or it can describe a process. In this regard caring is not simply a cerebral concern, or a character trait, but the concern of living, active humans engaged in the process of everyday living. Care is both a practice and disposition.

Many of the thinkers who have written about care describe it as attitude or disposition.[93] Jeffery Blustein even talks about 'second order caring' as caring about caring. Separated from all particular acts of caring, Blustein argues: -

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[90] Berenice Fischer & Joan C.Tronto, "Towards A Feminist Theory of Care", in *Circles of Care: Work & Identity in Women's Lives* ed. Emily Abel & Margaret Nelson; Albany, New York: State University of New York Press, 1991, 40

[91] Many consider care as a part of Environmental Ethics or Ecofeminism. See, Irene Diamond & Gloria F.Orenstein, Eds. , *Reweaving The World: The Emergence of Ecofeminism,* San Francisco Sterra Club Books, 1990.

[92] Nel Noddings, *Caring: A Feminine Approach,* Berkeley: University of California Press, 1984

[93] Nel Noddings, *Caring: A Feminine Approach,* Berkeley: University of California Press, 1984. ; Blustein, *Care and Commitment;* Benner & Wrubel,

'To care about caring is to care about one's ability to care deeply about things and people in general, to invest oneself in and devote oneself to something (or someone) or other.... The person who cares about caring... is emotionally invested in being a caring person, that is, a person who takes an interest in and devotes him or herself to things, activities and people on his or her world.[94]

For Blustein and for other thinkers as well, caring is not so much about the activity of care, but about the emotional investment that has been made in order to care. The problems with this way of understanding care should be obvious. To think of care solely in dispositional terms allow us to think of care as the possession and province of an individual. It makes any individual's ideals of care fit into the worldview that the individual already possesses. This perspective allows care to be sentimentalized and romanticized, permitting the divisions in care previously described.

As Sara Ruddick has suggested, the way to avoid over idealizing care is to think about it in terms of a practice.[95] When we think of care as a practice, with all the necessary component pieces, then we must take into account the full context of caring. Then, we cannot ignore the real needs of all of the parties; we must consider the concerns of the care receiver as well as the skills of the caregiver, and the role of those who are taking care.

To think of care as a practice rather than a disposition changes dramatically how easily care is contained. As a disposition or an emotion, care is easy to sentimentalize and to privatize. When we retreat to the traditional gendered division, we support the ideological construction that women are more emotional than men, and men are more rational than women. Since women are more emotional than men, then, women are more caring; men's 'caring' is limited to their achievement of rational plans (One of which is taking care of their families). This traditional ideology thus reinforces traditional gender roles and the association between women and caring. What is lost in this association is

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[94] Blustein, J. *Care and Commitment,* London: Oxford University Press, 1991, 61-62.

[95] Sara Ruddick, *Maternal Thinking,* Boston; Beacon Press, 1989, 132-133.

the realty of complexity of caring, and the fact that caring is intertwined with virtually all aspects of life. What is gained in this association is a division of spheres that should serve to placate women and others who are left to the task of caring. All this is not to say that care has nothing to do with disposition or emotions. But these dimensions are one part of care. Unless we also understand care in its richer sense of a practice, we run the risk of sentimentalizing and in other ways containing the scope of care in our thinking. One of the other reasons, why care is taken as a mere disposition or a sentiment is because of its association with private sphere.

'CARE' AS PRIVATE ACTIVITY

In addition to care being associated with the emotional as opposed to the rational, care is also devalued in its meaning through its related association with private sphere. Care is usually conceived of in our culture as, ideally, a private concern. Care is supposed to be provided in a household. Only when the household fails to provide care in some way does public or market life enter. For example, ideologically, mothers should care for their children; the use of daycare facilities is seen as a fall back option. That daycare should be private is a major resistance to the establishment of more formal daycare policy in the U.S.[96] The view that care must be private, and the privatizing of the difficulties women encounter as care givers, further supports the perception that care is not a social concern, but a problem of individuals.

To make matters worse, care receivers are viewed as relatively helpless. On the most general level, to require care is to have a need; when we conceive of ourselves as autonomous, independent adults, it is very difficult to recognize that we are also needy. Part of the reason that we prefer to ignore routine forms of care as care is to preserve the image of ourselves as not needy. Because neediness is conceived as a threat to autonomy,

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[96] Jill Norgren, "In Search of a National Child Care Policy: Background and Prospect" in *Women, Power and Policy* ed. Ellen Boneparth; New York: Pergamon Press, 1982, 124-143.

those who have more needs than us appear to be less autonomous, and hence less powerful, less capable. The result is that one-way in which we socially construct those who need care is to think of them as pitiful because they require help. Furthermore, once care receivers have become pitiful by this construction, it becomes more difficult for others to acknowledge their needs as needs. This construction further serves to drive distance between the needs of the 'truly needy' and regular people who presume that they have no needs. Those in the disabled rights movement have long acknowledged how difficult it is to get so called able-bodied citizen to recognize them as people who are equally deserving of dignity and respect.

Thus, we see how the work of care is typically, and increasingly privatized. As global capitalism erodes household and subsistence economies all over the world, forcing women and men into the labour market for survival, childcare and domestic work largely remains women's responsibility and largely "private", insofar as governments and employers take far too little responsibility for this work. Moreover, as Chandra Mohanty points out, the ideology of the public breadwinner/private caregiver is a powerful force, which is not restricted to white, middle class culture. Mohanty argues that Third world women's exploitation as a cheap flexible labour pool plays on "ideologies of domesticity, dependency, and (hetero) sexuality, which designate women in this case, Third World women – as primarily housewives/mothers and men as economic supporters/breadwinners[97]. Lourdes Beneria goes further, arguing that "the private sphere of the household is at the root of continuing asymmetries between men and women" in developing countries[98].

The recognition of carework on par with male workers who do any other wage labour in public sphere, and the institution of public childcare cannot solve the problem

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[97] Chandra Talpade Mohanty, "Women Workers and Capitalist Scripts: Ideologies of Domination, Common Interests, and the Politics of Solidarity" in M.Jacqui Alexander and Chandra Talpade Mohanty, eds. *Feminist Genealogies, Colonial Legacies, Democratic Futures,* New York &London: Routledge, 1997, 21.

[98] Lourdes Beneria, "Capitalism and Socialism: some Feminist Questions" in Nalini Visvanathan, Lynn Duggan, Laurie Anisonoff, and Nan Wiegersma, eds. *The Women, Gender and Development Reader,* London: Zed, 1997, 330.

of privatization of women's carework. As we have seen, this solution only leads to women's "double day". Moreover, it fails to recognize the importance care as something we desire: as a distinctive social good, and an essential component of interdependent freedom. To challenge the privatization of women's carework, and to implement the 'Global Universal Caregiver model' (this model has been discussed in detail in section III of this chapter), we would need to transform work and transform care. "Work" would be transformed to include as normative the work that women do: care must be recognized as work, and other work must be made compatible with care. And care would be transformed by opening up civil society as a sphere of care, and developing mediating care networks. Now, if care gets de-privatized, that means it will be done as a job. What implications will this have is something that is dealt in the next section.

II
'CARE' AS LABOUR/CARE AS EMOTION

The contradictions and tensions in the provision of 'care' are clearly apparent when care work is performed as a job for a pay. Can one pay a care worker for her labor power and be unconcerned with whether she is a 'caring person'? Can one pay a person to be 'caring'?

It is widely accepted that there are two meanings conflated in the term 'care': care as labor and care, as emotion, and it can be very difficult to entangle the two. Finch and Groves, in the introduction to their edited volume, write that caring cannot be reduced to 'a kind of domestic labor performed on people', but that it always include emotional bonds[99]. In her contribution to the volume, Graham states that affection and services 'can't be disentangled' and Waerness argued that caring is about labor and feelings and about relations, and that we all need to be cared for. Much of the labor of care is devoted

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[99] Graham, H. "Caring: A labour of Love" in J. Finch and D. Groves eds, *Married to job: Wives Incorporation in Men's Work*, London: Allen & Unwin, 1983.

to basic domestic chores[100]. But once one allows that caring does include some measure of domestic work it is difficult to draw the line – how much of the domestic work is part of caring for one's own charge, and when does it become general servicing of the household? And could not domestic work in general be seen as 'caring' as looking after one's loved ones and making sure they are comfortable and at ease? As Rose puts it: 'it has been a theoretical and empirical problem that even where we tried to separate the housework from people-work, they continually merged'. The particular danger, however, of viewing care as labor and care as emotion as indistinguishable is that it can lead to an argument that care is not exploitative because women want to do it. (After all, catering for your loved ones will provide you with immense personal satisfaction) and because they are doing it of their own free will. It can also lead to an argument that informal care is better care because it is guided by love, which Ungerson has pointed out, has serious implications for unpaid women carers[101].

The negotiating of labor and emotion poses particular problem for women. Much of the literature on care in the 1980s including Stacey, 1981; Waerness, 1984; Daley; 1988, focused on this, and in particular on women's experiences as unpaid carers in the home. There are issues around paid care in home and its relation to gender. One of the most influential works on care, Bubeck's *Care, Gender and Justice* (1995) examines how and why caring work is exploitative of women, and renders women peculiarly and structurally vulnerable to exploitation.

Bubeck's definition of 'care' emphasizes the difference between doing something for someone who cannot do it, and doing something for someone who'll not do it (which she calls 'servicing'), rather than distinguishing caring from other types of domestic work in terms of tasks performed. So cooking a meal for a bedridden person is, according to her criteria, 'caring', cooking a meal for a husband/able bodied employer is 'servicing'. No matter that they have not got time to cook, it is possible for them to cook in a way,

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[100] Wærness, K. Holter (ed.) "Caring as Women's Work in the Welfare State", *Patriarchy and a Welfare Society*. Oslo, Universitetsforlaget, 1984, 67-87.

[101] Ungerson, Caroline, *Policy is Personal. Sex, Gender and Informal Care*. London: Tavistock Publications, 1987.

which is not possible for someone who is bedridden. Her definition also seeks to elucidate both caring work is necessary and its peculiarly human quality:

'Caring for is the meeting of the need of one person by another person where face to face interaction between carer and cared for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself'[102].

The whole complexity involved in viewing care as labour and care as emotion as indistinguishable is that it can lead to an often said argument that care is not exploitative because women wants to do it. To a certain extent I too would say that after all catering to your loved ones would provide you with immense satisfaction because you are doing it out of your own free will. But again, counter argument could be that you have been conditioned so deeply that you don't even realize when is it simply caregiving and when an exploitation of the caregiver. So, it is very difficult to draw that line. However I would not agree fully with Bubeck's distinction between care and servicing. Even if it were possible for the need to be met by machine, without face-to-face interaction, it is unlikely that this would be deemed desirable – the prospect of totally mechanized old people's home is a nightmare rather than a utopia. The definition does seem to miss the point, though, that it is only human to show one cares through meeting such needs – whether or not the object of our affection can meet those needs themselves – and, from time to time at least, to meet them in an 'excessive' way. This is evident from Bubeck's own example of 'care' according to her definition, 'cooking a favorite dish for a sick child'[103]. But why 'favorite'? Cooking food for a sick child is caring according to her own definition, but cooking her favorite dish suggests labor beyond strictly necessary. And if one's only consideration is the most suitable, easy and economical dish for a sick child, and what she likes to eat really doesn't enter into it, is that really showing care?

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[102] Bubeck, Diemut Elisabet, *Care, Gender, and Justice*. New York: Oxford University Press, 1995, 129.

[103] Ibid. 130

The central problem around care as labor/care as emotion is difficult to resolve. Human beings can labor to demonstrate affection – for the able bodied, powerful as well as for the weak and vulnerable. Community and human relations with their ties of power, and of affection, are lived and are created through care. The labor of care is the work that anyone can do, as opposed to care as emotion, which is dependent on many other factors. This constructs paid domestic labor, then, as simply that: labor. It sometimes seems as if employers are adopting this model, particularly those who hire and fire easily (the carer is 'just' a laborer, and the relation between carer and the cared for is of no consequence). It is also made use of when the worker oversteps the mark and gets 'too close' to the cared for. Very occasionally workers, too attempt this emotion/labor divide:

I'm telling you, on the top of what they are paying you for, the physical work… but there is also psychological work, that's double work…. Double pay. Sometimes, when they say to me, for example, that I should give her lots of love, I feel like saying, well for my family I give love free, and I'm not discriminating, but it's a job you will have to pay me… (Magnolia, Dominicana working in Barcelona)[104]

In practice it is not easy to maintain this separation. Employers are not only looking for a laborer when they are looking for a carer; they want somebody 'affectionate', 'loving', good with children'. Sometimes employers attempt to keep workers by appealing to their 'inner feelings' (rather than offering an increase in salary). Sometimes an employer seeks out a domestic worker for a private household precisely because she offers one to one care and a 'special' relationship, something perceived as lacking in, for example a nursery or an old people's home. Gregson and Lowe found that the reason why middle class English families choose nannies rather than child minders was because they offered a 'mother substitute'[105].

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[104] Ibid.

[105] Gregson, N. and Lowe, M. *Servicing the Middle Classes: Class, Gender and Waged Domestic Work in Contemporary Britain.* Routledge: New York and London, 1994.

Care involves the whole person. It is bound up with who we are. A worker is not only a worker, she is a woman, a human being, and caring is, as Bubeck puts it, a 'deeply human practice', with a particular resonance for women since, 'caring as an activity, disposition, and attitude forms a central part of probably all cultural conceptions of feminity[106]'. Care involves whole person in the personal requirement.

'Caring' work requires human beings to do it and cannot be mechanized, but when care is paid for, the person who is paying can avoid acknowledging that the worker is expressing and forming human relationships and community (which is not to say that unpaid care may not be expressing and forming oppressive human relations); her caring brings with it no mutual obligation, no entry into community, no 'real' human relations, only money. So a worker who has cared for a child over many years, who has spent many more hours with her, than her 'natural' mother has no right to see the child should the employer decide to terminate the relationship, because the work is paid. Money expresses the full extent of any obligations. This reduction of human relations to cash is rendered easier because the emotional relationship is typically not between the carer and the person who is paying her wages (who is in her final analysis, her employer) but between the carer and the cared for, and both are relatively powerless before the financer of the care. The growth of this emotional relationship renders the carer vulnerable to exploitation, and the cared for vulnerable to whims of the person holding the purse string.

As Bubeck points out, some unpaid carers may find themselves empowered by care, their self esteem enhanced by making others happy and well: it is in this sense of power that underlies peculiar logic of care, whereby the more one gives the more is given in return[107]. This is strikingly inappropriate for paid carers, where even on the level of individual relationship between carer and cared for, a genuine affectionate relationship does not bring empowerment but rather its opposite. The care financer is not able to manipulate the relationship between the carer and the cared-for to her own ends – to

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[106] Bubeck, Diemut Elisabet, *Care, Gender, and Justice*. New York: Oxford University Press, 1995, 160.

[107] Ibid. 148

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extract more labor from the carer for lower wages for example – safe in the knowledge that the carer will want to do her best for the cared for. Thus, we see that care is not just like any other labour performed for wages.

In more recent studies, a major issue which is coming up is the relationship between public and private – where private has come to refer more to market than the family.[108] The meaning of commodification has also shifted. It now addresses less and less the issue of paying (or being paid) for care and increasingly, if not exclusively, the 'marketization' of social services. But there are many intricacies involved in it. It is not a full solution to resolve the problem of feminization and privatization of care. Would placing care in the public domain, not necessarily in the market, but as provided by the state, will solve the above problem is something that is dwelt in the next section of this chapter.

III
THE POLICY PARAMETRES OF 'CARE' AND CARE RELATED POLICY REFORMS

Taking the literature on care overall, there are a number of points worth emphasizing. The first is that social policy is extremely important in determining the form and consequence of care in society. This is not to say that public policy has always and everywhere actively engaged with care as this varies. But when public policy has treated care as a social imperative, the possibility of an alternative vision of women's lives and family life is introduced.[109] The second point is that the political economy of care extends beyond public provision[110]. While the State may provide support and

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[108] B.Hobson, *Contested Concepts in Gender and Social Politics*; Heijenham: Edward Ellar Publishing Ltd. 2002, 64.

[109] M.Daly and J. Lewis, *Gender and Welfare State*; Cambridge Polity. 2003, 49.

[110] Ibid

services and regulate the conditions under which care is undertaken in the public realm, most care is provided informally in families and communities and has costs attaching to it (even if these are not always visible). Care, although it tends to be more readily conceived of in inter-personal terms, is present also at the macro or collective level. To the extent that welfare states respond to the needs associated with care, they are altering the division of labor, cost and responsibility among the state, market, voluntary/non-profit sector and family. In addition, making provision for care involve welfare state in recasting what was here to fore in almost all national settings, private form of solidarity and exchange. Relations of gender are especially affected.

A second dimension of complexity arises from the fact that making provision for care may entail the satisfaction of (one or more of) three needs: a need for service, for time, and for financial support. The underlined point here is that although welfare state may choose to respond in a unidimensional fashion, care as an exigency for public policy has at least these three dimensions[111]. A further complicating aspect of care is that it is a policy good with a number of constituencies: first, the person experiencing the set of needs that comprise care, second the actor who seeks or are assigned to satisfy that set of needs; and finally and related to the last point, care can be either or both formal or informal. Even in the most advanced welfare state, care is never provided completely in formal (professional) settings.

Pared to its essence, the welfare state either provides care directly or provides resources to enable people in private life to (continue to) provide it. This is to oversimplify the situation, however. The policy landscape surrounding care in European welfare states is actually quite crowded. One can identify four general types of provisions for each with its own compensatory aim or logic:

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[111] Ibid. 50

1. Monitory and social security benefit, such as cash payment, credit for benefit purposes, tax allowances. These compensate people financially for either the provision of care or the cost incurred in requiring care.

2. Employment related measures, such as paid and unpaid leaves, career break, severance pay, flexi-time, reduction of working time, time and income compensation for earning lost, are the main 'good' conferred by these provisions.

3. Benefits or services provided in kind such as home helps and other community based support services, child care places, residential places for adults and children, and so forth. These provide care directly, thereby substituting for private provision.

4. Incentives for provisions other than by State, such as, subsidies towards costs, vouchers for domestic employments and vouchers for childcare.

These in some sense influence the supply of care and have a direct effect in shifting the locus of care. Countries vary in terms of emphasizes that they place on home services as against care in institutions. M. Daly and Jane Lewis in *Gender and Welfare State* show how the countries resemble or differ from each other[112]. Sweden merits the epithet of a 'caring state' in that the guarantee of social security embraces not only monetary security but also the promise of professional care for those with high needs. Care conceived mainly as the right to receive it, is a constituent element of Swedish social citizenship. Germany and Netherlands form a second grouping. These states, especially Germany, and to a lesser extent Netherlands, appear to hold the view that care should be, as far as possible, be provided by the family. Hence, there are limits placed on the extent to which public authorities are prepared to make financial and other arrangement for a good that they view as appropriately located in the family and the civil society. Countries like Ireland, Italy, and the UK – resemble each other to the extent that they are characterized by inaction on some front but some public provision on other. While Italy tends to be more active as regards provision for children, Ireland and the UK

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[112] Ibid.

are quiet active on care for the elderly, having, over the course of time, increased services and more actively promoted the provision of care related cash payment. France is somewhat an exception. While it resembles Sweden in some aspects of its approach to childcare, the norm of family care is quite strong, and certainly in larger families, care is managed in such a way that it is most appropriately provided by mothers. The USA is another exception, by virtue of the very low prevalence of public services.

In all these countries the vast majority of care is informal (in the sense of being provided on an unprofessional basis in the care recipient's own home and unpaid). In regard to care of elderly, one report suggests that across the 15-member states of the EU and Norway, informal care is five times more prevalent than formal care[113]. This varies cross-nationally though. It is important to note that the identity of the carer and the gender distribution of care work depend to some extent on the location of care. In Great Britain, for example, when care is being provided for someone in the same household, men are, as likely as women, to be the provider. But when the care recipient lives in another household, women are much likely to be the carer[114]. Overall, however, caring is highly gendered activity in European countries, except for the Netherlands, and to a lesser extent the UK. Mary Daly and Jane Lewis have defined social care as 'the activities involved in meeting the physical and emotional requirement of dependent adults, and children, and the normative cost social frameworks within which this work is assigned and carried out'[115].

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[113] European Commission Report, 1999, 20.

[114] Arber, Sara. *Gender And Later Life A Sociological Analysis Of Resources And Constraints.* Newbury Park, CA: Sage Pub. 1991.

[115] M.Daly and J. Lewis, *Gender and Welfare State;* Cambridge Polity. 2003, 6.

Attention has shifted in comparative studies of care to 'caring regimes' and 'caring packages'. This has made an important contribution not only to comparative analysis of the welfare state, going beyond the 'male breadwinner regime' approach, but also to our understanding of complex ways in which care is provided and received[116]. In addition, it has contributed to understanding how changes in public provision of care can affect the working conditions of informal and formal carers, causing possible conflicts of interest and tension over forms of provision.

At the same time, interest has moved away from the question of how carers negotiate meanings and identities among themselves. We may perhaps be witnessing the emergence of a 'division of labor' in care research[117]. While some studies deal exclusively with the 'caring about' aspects, the characteristics and qualities of caring relationships and the kind of ethic these represent, other studies are addressing the various practices and provisions of 'caring for' leaving unexamined the crucial link between the two.

However, in debates and policies concerning payment for care, the conceptualization of caring as labor of love tends to reemerge, although often veiled. It also appears in discussion about the virtues of third sector services in contrast to the over bureaucratic and impersonal public services, and about the need to recruit and integrate family, neighbors and kin to provide an integrated package of care in connection with 'ageing in places' and similar policies. In relationship between unpaid family caregivers and paid ones is an issue once again coming to fore in the analysis of the hierarchical chain of care. In receiving and transforming the traditional forms of commodification

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[116] Sainsbury D. *Gender, Equality and Welfare State*, Cambridge University Press, 1996.

[117] Leira, Arnlaug, *Welfare States and Working Mothers: The Scandinavian Experience*. Cambridge: Cambridge University Press, 1991.

(and housework in general), the care chain is now becoming increasingly global[118]. It is more and more common for children and frail elderly in the First world to be taken care of by women from the Third world, who in turn pay another women in their country to take care of their own children or elderly parents. This resurgence of domestic caring work, and the very fact that it often has to be performed by women who are too far away from their own children to care for themselves, is prompting new questions. Issues such as someone undertaking paid care for others and in the process unable to do the unpaid care for one's own relations, or for instance, someone who cannot look after her own child due to the paid caregiving elsewhere, shows the fact that it is still perceived as a women's issue, primarily involving the responsibilities of and relationship between women, and how despite all talks about changing scenario, the gendered vision of caring work is still so persistent.

Thus, the crux of matter is that welfare state is needed because in its absence all care work will fall on the shoulders of women in private sphere. Nevertheless, merely the presence of a strong welfare state is not an answer to our problem. This is because what is seen is that while state may provide support and services and regulate the conditions under which care is undertaken in the public realm, not just that inspite of this most care is still provided informally in families and communities and has a cost attaching to it, but, whatever little welfare measures are provided to support the caregivers, have a gender subtext to it. Many welfare systems are internally dualised and gendered. For instance, they include two basic kinds of programs – "masculine" social insurance programmes tied to primary labour force participation and designed to benefit principle 'breadwinner', and "feminine" relief programs oriented to what are understood as domestic "failures", in short, to families without a male bread winner. Not surprisingly, these two welfare subsystems are separate and unequal. Clients of feminine programme, virtually exclusively women and their children, are positioned in a distinctive feminizing fashion as the negative of "possessive individuals": they are largely excluded from the market both as workers and as consumers and are familialized, that is, made to claim benefits not

[118] Hochschild, Arlie Russell. *The Time Bind: When Work Becomes Home and Home Becomes Work.* New York: Metropolitan, 1997

as individuals but as members of "defective" households. They are also stigmatized and denied rights and made into abject dependent of state bureaucracies.

Of course welfare measures do have a positive side in so far as they reduce women's dependence on an individual male breadwinner. However, there is also a negative side in so far as it substitutes the characters of male dominance, as Carol Brown says, from private patriarchy to public patriarchy by making women dependent on patriarchical and andocentric state bureaucracy. So, there is no denying that welfare system is needed. But important is it should deal with women on women's terms and not taking women as mere subjects, giving various measures like unemployment or social security by calling them as family failures to compensate for the absence of male breadwinners. What is needed is a universal caretaker model as proposed by Nancy Fraser, where all social and political institutions be restructured on caretaker model, not on male breadwinner model. Change however is required not just at a superficial level in terms of granting certain provisions but a change in thinking and attitude which sees men as right bearing beneficiary, a possessive individual and women as dependent client or negative of possessive individual.

Thus, as Fraser argues, all social institutions would have to be redesigned, to dismantle the gendered opposition between breadwinning and caregiving, between the public institutional world of paid work and the private domestic sphere of care. For this, she gives two concrete suggestions, first, all jobs would be designed for workers who are assumed to be caregivers too; all jobs would have shorter workweeks and the support of "employment-enabling services". Secondly, some informal carework would be located outside households and outside the realm of paid work, in civil society: "In state-funded but locally organized institutions, childless adults, older people, and others without kin-based responsibilities would join parents and others in democratic, self-managed carework activities[119]". Fraser acknowledges that she has only begun to sketch the implications of this model. And she acknowledges that this is a utopian model – but so

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[119] Ibid. 61

are the other two models, and as we work toward making changes in public policy and social institutions, we need to be sure we focusing on the right utopia.

However, in her book, *The Soul of Justice,* Cynthia Willet argues that this is the wrong utopia. Willet argues that the place to begin is with the immigrant women and women of color who bear so much of the burden of childcare in this society. Instead, Fraser's analysis takes its starting point from the public worker/private caregiver dichotomy which structures white, middle-class ideology, and her Universal Caregiver model proposes a universal model of the citizen located at the intersection of these two conventional identities. In proposing a universal ideal, a "single norm of a socially useful person," Fraser follows the enlightenment theorist, and radical egalitarian theorists like Marx, who define the citizen in terms of some common capacity through which each contributes to the social good, but who fails to include caregiving as an important social contribution[120]. A model that takes the perspective of the marginalized poorly paid careworker, Willet argues, will recognize that carework is labour and needs to be valued and proffesionalised and paid. In proposing that carework be a duty of every citizen, Fraser fails to respect this work as work. Fraser's model seems to assume that, rather than being a specialized form of work, carework is an unskilled, informal activity external to work, which can and should be done by everyone. For the disposable worker, Willet writes, "care is not leisure; it is undervalued and underpaid work[121]".

These are important charges made by Willet. But Fraser is certainly fully aware that childcare is work: the aim of the Universal Caregiver Model is to ensure that this work will be equitably distributed, to alleviate women's poverty, exploitation and marginalisation. It is true, however, that Fraser does not focus her analysis on the work of women who care for other people's children; her focus is more generally on the work done by women – and particularly poor and marginalized women – to support and care for their own families. Again, however, in her focus on the careworker, Willett probably

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[120] Cynthia Willet, *The Soul Of Justice: Social Bonds and Racial Hubris,* Ithaca: Cornell University Press, 2001, 91.

[121] Ibid. 91

does not take into account the very fact that careworkers are not just workers; they are also typically mothers. Fraser's point is that because careworkers are typically also mothers, they still have to deal with the gender inequity of the double day. When Willett writes, "The work of care is not adequately recognized until it is viewed as on par with any historically male occupation" and thus should not be a duty but should be well-compensated labour, she is taking the breadwinner model as the paradigm of work[122].

Drawing on both Fraser's and Willett's arguments, we can see that both are important: an adequate model of childcare needs to address childcare as a social contribution, as professional work that must be valued and recognized and economically supported; but unless we are willing to move to Plato's Republic, where all childcare is professionalised, we need also to address childcare as a social responsibility that must be more equitably distributed. While Willet rightly focuses on the redistribution of resources to support those who do carework, Fraser rightly focuses on the redistribution of carework itself.

But neither solution is entirely adequate. Both Willett's solution and Frazer's model are focused on the situation of carework in the nation state. They do not directly addresses the global inequities of the global care chains: the global division of labour by race and class, which forces women to leave their home countries to do carework for the wealthy. To address the situation of careworkers, we need to eliminate the global care chains. To do this, we need to acknowledge that for careworkers, caregiving is not only labor: it is also something they desire, a source of identity and meaning. As Ann Ferguson argues, caregiving is perceived and valued by us as an intrinsic good[123]. Thus, Ferguson argues along with Martha Nussbaum, that caring for one's own children ought to be recognized as a basic human right[124]. As Ferguson points out, acknowledging such a right would require major global economic restructuring.

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[122] Ibid. 92

[123] Ferguson, "A Feminist Ethics and Politics of Motherhood and Care" 2002, 19

[124] Martha Nussbaum, "Human Capabilities, Female Human Beings," in Nussbaum and Jonathan Glover, eds. *Women, Culture and Development: A Study of Human Capabilities*, Oxford: Clarendon, 1995.

Thus what is needed is a complex model of care – a model that recognizes care both as work and love, work and relational intersubjective activity, and as both duty and desire. Thus, the need is to recognize that caregiving is: 1) an important social contribution that is deserving of fair remuneration and social support; 2) an important social contribution that must be more equitably distributed; and 3) an intrinsic good, a source of identity and meaning, which should be recognized as a human right. The (Global) Universal Caregiver model is that model where carework will not be a matter of mere free choice, because free choosers typically become free riders – people who leave the socially necessary work of care to others. And those others are typically women, and typically mothers. In this model then we are *forced to choose:* either accept the Caregiver – Dependent terms of your chosen profession or workplace and comply with its demand, or accept that you will be penalized for giving priority to caregiving.

If we take seriously the ideal of women's liberation, then we need to take women's perspective in our analysis of what freedom might mean. Freedom, then, can no longer mean the right to choose whether or not to do care work. Women's liberation would require *freedom NOT to be forced to choose among impossible choices.* Freedom would thereby mean a world in which caring for one's children is highly valued and well supported, and shared; in which we could expect to combine child care with other meaningful work, whether simultaneously or in different times of life. Women's liberation, then, would require a society that would support childcare not as a choice but as a responsibility and a right, and as a shared social good. The Global Universal Caregiver model focuses on our interdependence, and recognizes both a right and an obligation not only to be social, but also to take responsibility for each other.

IV

CARE, GENDER AND CITIZENSHIP

Thinking in terms of citizenship and care can, for several reasons, is of help as we are then prepared to stretch the language of citizenship beyond the liberal vocabulary of individuals, rights and duties[125]. An approach in terms of a broadened concept of citizenship can place considerations of care firmly in the public domain, the sphere where deliberations about the best social arrangement for care should take place. And it can provide in roads to discuss the supposition about identity and human nature that inform public policies, provided that we recognize and consciously employ the normative dimension of both concepts of citizenship and care[126].

The contours of the conception of citizenship and care can become more visible when we combine it with normative idea of the individual who can take care of him/herself with its supposition about normal social participation. The idea of the normative individual fits into a neo liberal conception of citizenship, where it figures as the central normative ideal for human personhood. Normality is in this conception constructed as self-sufficiency, the ability to lead an independent life in economic, social and political respects. The image of self-sufficient individual corresponds to an individual who is not in need of care when engaging in normal social participation. The idea of the self-sufficient individual fits into the program of reprivatisation of public provision and the introduction of market oriented forms of regulations. 'Normal' citizens are then first and foremost constructed as individual participant in the labor market. This individual is supposed to translate his or her needs for care in terms of market oriented behavior, thus conceiving him/herself as a care consumer in a market of supply and demand of caring services.

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[125] Patrice Di Quinzio and Iris Marion Young, *Feminist Ethics And Social Policy*, Indian University Press. 1997, 57.

[126] Ibid

This conception of citizenship and care has its origin in the history of western political thought. It was Aristotle who laid the foundation for this mode of conceptualizing citizenship and politics by the way in which he delineated the polis from the household[127]. While the household was seen as the place where life sustaining activities take place in the form of labor by wives and slaves, the polis was constructed as a place where free male citizens came together to engage in common affairs and to deliberate about and live the good life. It was this coming together in the polis that was constructed by Aristotle as the constitutive act of human freedom. Political participation and freedom are, then closely connected, and they are linked together by drawing a distinction between freedom and necessity. The public sphere is then considered as a domain where free males can transcend not only embodied ness but also the finite and mortal aspects of the human conditions. In the polis, free males were coming together in order to do deeds and make works of art that leave their traces on history providing them thus as citizens with the idea of immortality. The western tradition is thus left with a mode of theorizing politics, where care is associated with immanence, necessity and the private sphere, while politics is constructed as a social activity that enhances the freedom of the human subject, by freeing him from the burdens of necessity and the fear of finity and death.

While citizens are invited to participate in a public discussion about necessary care, care is at the same time situated outside the realm of 'normal social participation'. Care is primarily supposed to have a supportive function, a function of 'repairing' citizens for their normal social participation. It is, as Joan C. Tronto has stated, a model that over-emphasizes the autonomous, rational, life project, choosing vision of (male) individual, who perceive illness as a "foreign invasion". Illness and disease are perceived as deviation from normal social functioning instead of inherent, though often disturbing, part of human life. Some philosophers, like Callahan, perceive illness indeed as a threat, as the object of the fundamental human fear, from which the State should protect its citizens. This concord with a construction of care as a 'necessary evil', as something

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[127] Tronto, Joan. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge, 1994.

which should be there but also has to be contained, that individual, unless corrected by collective decisions about boundaries, want too much care and will have 'endless' needs.

When care is situated outside the sphere of social participation, it is put in the black box of private realm, where so-called informal arrangement guarantees that care is provided spontaneously. For instance, to argue for a priority of care for the elderly, does not touch upon the question of how the care should be provided; nor does refer to the complex socio-political problem around informal care. It just draws upon the silent logic of a 'natural' provision of care in the family and kinship network, where it seems self-evident that women care spontaneously for others whenever there is a need[128]. The effect of this 'gender logic' extends not only to social arrangement of care, who cares for whom, but also to the institutionalized symbolic meaning of care. Gender is in this respect a powerful factor that gives meaning to care. Images of care still have a strong connotation of feminity, privacy, dependency, while the opposite of these – labor, independence and public identity – are more easily associated with masculinity. An approach that takes public "male" norms as the normal perspective easily adopt the view point of privileged and powerful who can speak from a position where the receiving of care is taken for granted, without having to fully realize what is involved in the process of providing care, a position that is called by Joan Tronto one 'privileged irresponsibility' which needs to be changed now.

V

CONCLUSION

Thus what is required is a reconception of caring. Social policy has studied the work aspect of caring. Psychology, on the other hand has focused on the emotional aspect of caring. Instead of these separate accounts we need an analysis which can contain both love and labour, which can take seriously both the material and the emotional

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[128] Sevenhuijsen, Selma, ed. *Citizenship and the Ethics of Care.* Routledge, 1998

understanding of caring. We can conclude then by saying that the endeavor to find the foundations for "necessary care" in a combination of ideas about 'normal social participation' and constitutional norms of equality is bound to lead to contradictory and selective mode of reasoning. This normative regime tends to marginalize care because it considers care as a precondition of social participation instead of as a social phenomenon and a meaningful social activity in itself. This framework can only deal with feminist issues when they are phrased in a language of individualism, independence and equality as sameness. Women are then fitted in the regulatory parameter of late modernity by being asked to enter the work of paid labor and independent citizenship and to see the work of care as 'traditional', as a barrier to freedom and equality[129].

Thus care is both a complex cultural construction and the tangible work of care. It is a way of making highly abstract questions about meeting needs return to the prosaic level of how these needs are being met. It is a way seeing the embodiments of our abstract ideas about power and relationships. By thinking about social and political institutions from the standpoint of this so-called 'marginal and fragmented' concept, we see how social structures shape our values and practices. Many social theorists have begun to talk about the importance of using a political language that makes us connect our broadest social and political aspirations with the consequences and effects of our actual practices[130]. The vocabulary of care is one such mechanism and the one that offers the greatest possibility for transforming social and political thinking; especially in the treatment of 'others'. In order to think about 'care' differently, we need to situate it differently as an integral moral and political concept. Thus, can we reconstitute our social order in terms of care is what will be analyzed in the next chapter (chapter- 4), exploring if justice and care can be integrated in order to form an ideal/complete social order.

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[129] Susan Moller Okin, "Reason and Feeling in Thinking about justice" Ethics 99, January 1989, 229-249.

[130] Nancy Fraser, *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory*, Minneapolis: University of Minnesota Press, 1989.

CHAPTER-4

JUSTICE AND CARE: RETHINKING THE SOCIAL ORDER

In the last chapter we analyzed some of the implications of care for policy making and citizenship and noted certain difficulties that arise when we put care in the public domain. Issues of paying a person to be caring and can the work involved in caring be taken as any other work or job one undertakes for wage labour, are some of the questions that still need answers. Chapter 3 thus raised some of the difficulties for care if we take it to the public domain. The present chapter, however, tries to analyze in detail what problems can arise for the public domain if we push care into the public sphere. Does this pose difficulties not so much for 'care' but for the public domain itself?

Justice has always been considered as a central virtue of any good political order. Ever since the time of Plato, upto Rawls, and since then, the aspiration for a just social order has been on the agenda of every political philosopher and it will not be an exaggeration to say that justice has been a central concept of moral and political philosophy. This chapter attempts to explore if a social order based on justice is indeed the best order. Should the rules and regulations and policies governing us be based only on the perspective of justice or can we reconstitute a social order in terms of justice and care, in order for it to be an ideal/complete order and in this way rescue care too from becoming merely a parochial and private concern. This is so because an entire domain of human activity, namely, nurture, reproduction, love and care is taken as women's lot in the course of development of modern bourgeoisie society, and is thereby excluded from moral and political considerations, and relegated to the realm of "nature". The public sphere thus becomes the sphere of justice and moves into historicity whereas the private sphere becomes the sphere of care and intimacy and remains in the dark as unimportant.

What is important to understand is that the concern is not only for being fair and just to ethic of care alone, but also to understand that justice cannot be the only ordering relation between humans/strangers. So far the major objection to any revaluing of care is the premised distinction between care and justice, and the assumption that if one takes

care seriously, justice will be displaced since the presumption is that caring and justice arise out of two different metaethical starting points which are incompatible[131]. The voice of justice speaks of equality, reciprocity and rights. The voice of care on the other hand speaks of connection, not hurting, response. The ethic of justice and the ethic of care have each different ways of imagining the self in relation to the other. Care is particular, justice universal; care drawn out of compassion, justice out of rationality. The tension between these perspectives is suggested by the fact that detachment, which is the mark of mature moral judgment in justice perspective, becomes the moral problem in care perspective – the failure to attend need. Conversely, attention to the particular needs and circumstances of individual, the mark of mature moral judgment in care perspective, becomes the moral problem in justice perspective – failure to treat others fairly, as equals[132]. Thus, what moral framework would allow us to have integration, if possible of both the perspectives, of justice and care, is what this chapter seeks to analyze.

This chapter is divided in four sections. The first section brings out the necessity and importance of justice and to understand why so far it has been considered as the first virtue of any socio-political order. In the second section, we'll see how justice alone as a principle of social order is not sufficient and the need to understand the important role played by care. In the third section, we will try to understand how justice and care can be complemented together to restructure the social order. The last but not the least, fourth section will look at the issue of women and care and how justice and care when taken together can not only rescue care from becoming a mere parochial concern, but can also work against the exploitation of women that sometimes may emerge from taking only the care perspective.

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[131] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education,* Berkley: University of California Press. 1984

[132] Ibid.

Plato in the *Republic* treats justice as an overarching virtue of individuals (and of societies), meaning that almost every issue he (or we) would regard as ethical comes under the notion of justice. According to Plato, the just individual is some one whose soul is guided by a vision of the good, some one in whom reason governs passion and ambition through such a vision[133]. Both Plato and Aristotle were rationalists as regards both human knowledge and moral reasons, and what they say about the virtue of justice clearly reflects the commitment to rationalism. Much subsequent thinking about justice (especially in the Middle Ages) was influenced by Plato and Aristotle and likewise emphasized the role of reason both in perceiving what is just and in allowing to act justly rather than give in to contrary impulses or desires.

Henceforth, many subsequent ethical thinkers led to conclusion that justice cannot be based in sentiment, rather requires a require an intellectually constructive rational(ist) basis, and in contemporary times this view of the matter seems to have been held, most influentially, by John Rawls in *A Theory of Justice*. Rawls believed that human sentiments and benevolence are inadequate in formulating an adequate conception of social justice. He says in particular the sentiments leave unanswered or indeterminate various important issues of justice that a good theory of justice ought to be able to resolve[134]. Rawls's positive view of justice is concerned primarily with the justice of institutions or (what he calls) the "basic structure" of society: justice as an individual virtue is derivative from justice as a social virtue defined via certain principles of justice. The principles, famously, are derived from an "original position" in which (very roughly) rational contractors under "veil of ignorance" decides how they wish to commit themselves to being governed in their actual lives. Rawls deliberately invokes Kantian rationalism (or anti-sentimentalism) in explaining the intellectual or theoretical motivation behind his construction, and the two principles of justice that he argues would

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[133] Plato, *Republic.*

[134] John Rawls, *A Theory of Justice,* Harvard, 1971.

be agreed upon under the contractual conditions he specifies represent a kind of egalitarian political liberalism. Roughly, those principles stress (equality of) basic liberties and opportunities for self-advancement over considerations of social welfare, and the distribution of goods in society (according to the the so-called difference principle) is then supposed to work to the advantage of all (especially the worst-off members of society). Rawls argues that a utilitarian principle of justice dictating simply the maximization of overall social well-being would not be accepted in his original position and is accordingly less plausible than the conception of justice embodied in his own two principles and the construction that leads to them. He also says that the idea of what people distributively deserve is derivative from social justice rather (as with Aristotle and much common-sense thinking) providing the basis for thinking about social justice.

However, it is not merely social justice that Rawls understands in (predominantly) rationalist fashion. When he explains how individuals (within a just society) develop a sense and/or the virtue of justice, he invokes the work of Piaget, who saw moral development as akin to the other sorts of development he so famously studied. Those other sorts were of course various forms of cognitive or intellectual development, and Piaget treats moral development, therefore, as principally involving increasing cognitive sophistication. More particularly, Piaget sees that sophistication as a matter of taking more and more general or universal views of moral issues, and the Kantian and rationalist idea that morality rests on and can be justified in terms of considerations of universality (if it is right for me, it is right for everyone similarly situated) or universalizability (could I will this to be a rule governing everyone's actions?) seems to underlie or to be presupposed in much that Piaget says about moral development.

Now Rawls lays more stress than Piaget does on the role that our affective nature (i.e sympathy and the desire for self-mastery) plays in the acquisition of moral virtue. But, like Piaget, he stresses the need for a *sufficiently general appreciation and rational understanding* of social relations as the grounding basis of sense of duty or of justice and he explicitly classifies his account of moral development as falling within the "rationalist

tradition[135]." Rawls also gives distinct arguments for believing that it is rational to *retain and act upon* a sense of justice.

According to Rawls, individual justice is theoretically derivative from social justice because the just individual is to be understood as someone with an effective or "regulative" desire to comply with the principles of justice[136]. Rawls is far from the only thinker to conceive of moral development in terms substantially derived from Jean Piaget's work, and at the time Rawls was writing *A Theory of Justice*, educational psychologist Lawrence Kohlberg was working out a Piaget-inspired conception of moral development that postulated six stages of normal human moral development. Kohlberg claimed that the highest stage of such development involves a concern for justice and human rights based on universal principles and he relegated sheer concern for relationships and for individual human well-being to lower stages of the process. Moreover, he saw the ordering of the different stages in Piagetian fashion as basically reflecting differences in rational understanding: those whose moral thinking involved the invoking of universal principles of justice and rights were said to show a more advanced cognitive development than those whose moral thought appeals primarily to the importance of relationships and of human well-being or suffering.

This treats utiltarianism as less cognitively advanced (more primitive) than rationalist views like Rawls's and Kant's, and utilitarians (like Hare) have naturally called into question the objectivity and intellectual fairness of Kohlberg's account. (In fact, Rawls also questions whether any purely psychological theory of moral development could ever undercut utilitarianism in the way Kohlberg sought to do.) More significantly, perhaps, the evidence for Kohlberg's stage sequence was drawn from studies of boys, and when one applies the sequence to the study of young girls, it turns out that girls on average end up at a less advanced stage of moral development than boys do.

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[135] Ibid.

[136] Ibid

For Kohlberg the basic referent of morality is judgment, rather than a type of behavior, emotion, or social institution[137]. As per Kohlberg, considerations of morality are defined by general formal criteria. Morality is defined in terms of the formal character of a moral judgment rather than in terms of its content.

These formal criteria are, however, only fully met in the most mature state of moral judgment, a state that Kohlberg defines in terms of Rawls's concept of reflective equilibrium[138]. Rawls defines reflective equilibrium as a state of complete impartiality and reversibility. These characteristics are exemplified in the hypothetical "original position" wherein one is required to choose principles of justice under a "veil of ignorance" (not knowing one's eventual place in the society nor one's innate talent) prior to the creation of society. Kohlberg maintains that the original position and the veil of ignorance represent the formal criteria of moral judgment: impartiality (veil) and reversibility (original position).

Within the context of moral development, impartiality entails the ability to separate one's self from one's own egocentric needs, stepping back to a reflective position wherein one can judge moral claims impartially. In addition, moral judgment requires us to be empathic, to take the position of the other and, in that sense, mature moral judgment requires reversibility. Kohlberg's stage theory of moral development is based upon these formal criteria in the sense that each stage of moral development contains a greater degree or capacity for impartiality and reversibility.

Kohlberg's formalistic conception of morality is an appealing proposition in the following sense: It avoids the problem of relativism inherent in conceptions of morality which define morality in terms of content or in terms of the standards of the existing social order. However, his formalism is open to critique on other grounds.

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[137] Dale T. Snauwaert, "Ecological Identification, Friendship, and Moral Development: Justice and care as complementary dimension of morality", *Philosophy of Education*, 1995

[138] John Rawls, *A Theory of Justice*, Harvard, 1971.

For Kohlberg, moral dilemmas are justice dilemmas in the sense that they require judgments of right and duty in situations that involve conflicting claims. However, moral judgment seems intuitively to be broader than an abstract consideration of principles of justice (rights and duties). The conception of moral dilemmas as solely justice dilemmas portrays moral judgment as a rational calculation, abstracted from the particularities of their context. However, real life dilemmas involve love, forgiveness, compassion, conflict, struggle, pain, and care, which transcend considerations of fairness per se, suggesting that moral conflicts are embedded in the particularity of complex relationships. This is precisely the critique of Kohlberg developed by Carol Gilligan emphasizing the importance of care, which is dealt with in the next section of this chapter.

II

In her 1982 book *In a Different Voice: Psychological Theory and Women's Development*, Carol Gilligan responded to Kohlberg's views by questioning whether a theory of moral development based solely on a sample of males could reasonably be used to draw conclusions about the inferior moral development of women. Gilligan argued that her own studies of women's development indicated that the moral development of girls and women proceeds and ends in a different fashion from that of boys and men, but that that proves nothing about inferiority or superiority: it is merely a fact of difference[139]. In particular, Gilligan claimed that women tend to think morally in terms of connection to others (relationships) and in terms of caring about (responsibility for) those with whom they are connected; men, by contrast and in line with Kohlberg's studies, tend to think more in terms of general principles of justice and of individual rights against (or individual autonomy from) other people[140]. The roots of the Kohlberg/Gilligan debate can

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[139] Carol Gilligan, *In a Different Voice: Psychological Theory and Women's development*, Harvard, 1982.

[140] Ibid. 60

be traced to this difference in perspective: Justice is derived from ontology of the self as capable of rational and disinterested choices; it is the bounds that separate the self from others that legitimizes justice. Care is based on a contrary view; what connects us is prior to what separates us.

Gilligan's theory is based upon the distinction between the development of masculine and feminine identity. The development of male identity is critically tied to separation and individuation, since separation from the mother is essential for the development of masculinity. This separation is the basis for all further development in the male, and is illustrated in games where boys develop elaborate rules for the fair adjudication of conflicts. This male trait of separation is at the core of Kohlberg's moral theory, for principled moral judgment is, in part, contingent upon impartiality -- a function of separation.

In contrast, Gilligan argues that feminine identity is not dependent upon separation, but is defined in terms of attachment. Consequently, as male development proceeds in terms of separation, female development progresses in terms of connection and relatedness. This female progression is based upon the "ideal of care"; caring is "an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection[141]." Thus, in Gilligan's view, the moral development of the female is a function of the ethic of care, whereas male moral development is a function of the ethic of justice.

Gilligan posits a theory of female moral development based upon the ethic of care. Moral development for females culminates, not in the realization of justice per se, but in the "realization that self and other are interdependent and that life, however valuable in itself, can only be sustained by care in relationship[142]." Thus, female moral

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[141] Ibid. 62

[142] Ibid. 127

development is guided by an ethic of care, which is context-specific and founded upon the inherent interdependence existing between individuals.

Subsequently, many have questioned the empirical validity or accuracy of the studies Gilligan relied upon, but others have pointed out that the idea of a "different voice" need not be tied to specific assumptions about differences between the sexes. The voice of justice and principle represents a different style of moral thinking (and of an overall moral life) from that of caring for and connection with others, and later writers (notably Nel Noddings, but also Gilligan herself in later work) have tried to elaborate what a morality (moral life) based in caring would be like and also to show that such a morality may be superior to that embodied in traditional thinking about justice and rights and universal(izable) moral principles.

The primary fulcrum for articulation of any ethic of caring seems to lie in an ideal that stresses connection over separateness. The Kantian emphasis on the autonomy of the moral person and the Rawlsian/contractarian assumption of separate individuals coming together to forge a social contract see us as basically separate from others, whereas an ideal of caring concern for others sees our (initial) actual historical and personal connections with others as the basis for a positive and caring response to such connection[143]. (However, an ethic of caring doesn't favor social conservatism in the way much communitarian thought does: any social structure that shows insufficient concern for one group or another can arguably be criticized via the ideal of mutual caring.)

In addition, an ethic of justice and rights tells us to regulate our actions or lives in accordance with certain general moral principles (or explicitly moral insights), whereas the ethic of caring stresses the good of a concern for the welfare of others that is *unmediated by principles, rules, or judgments that tell us that we ought to be concerned about their welfare*[144]. In an ethic of caring, therefore, caring is treated as a natural virtue

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[143] Ibid.

[144] Martin Hoffmann, *Empathy and Moral Development: Implications for Caring and Justice*, Cambridge, 2000.

in Hume's sense, but this further highlights the way in which such an ethic involves us in connection with, rather than separateness from, other people. If we are concerned about others on the basis of a conscientious desire to do our duty or adhere to certain moral principles, then our concern for them is mediated by moral thinking, and someone, therefore, who cares about the welfare of others without having to rely on or be guided by explicit moral principles (or thinking) is more connected with those others than someone who acts only on the basis of such mediating principles (or thought)[145]. So the ethic of caring stresses connection with others both in what it says about the normative basis of morality and in what it says about the ways in which moral goodness shows itself within a morally good life; and by the same token, traditional Kantian or contractarian views of rights and justice give a double importance to separateness or autonomy from others through the grounds they adduce for moral/political obligation and the stress they place on being guided by moral principles or judgments within the moral life[146].

As I indicated above, defenders of an ethic of caring have increasingly come to view caring as grounding (offering a normative basis for) morality as a whole. That means that ideas about justice and rights either have no validity or can actually be reinterpreted and given an arguably firmer justification in terms of (what we originally regarded as the opposed notion of) caring. But it is difficult to believe that morality can properly or plausibly be confined to intimate relations of caring. For better or worse, we have to learn to live together in larger social units, and we cannot be intimate or even acquainted with every human being whose actions and fate are morally significant for us. So an ethic of caring that seeks to account for individual and social morality generally needs to say something in its own voice about social and international justice and about how given individuals can realize the virtue of justice.

In answer to this more or less explicit challenge, some caring ethicists have highlighted potential analogies between the way a mother cares for her children and the

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[145] Ibid.

[146] Ibid.

kinds of care a government, state, or society can offer to its citizens or inhabitants (who presumably cannot provide everything they need and want on their own). Others have noted that the notion of caring doesn't have to be restricted to close personal relationships and that one can intuitively speak of caring, in humanitarian fashion, about people one doesn't know (except by description). This then allows there to be obligations of caring both toward near and dear and toward humanity more generally, though the issue of how to balance these concerns becomes very important at that point.

But all these ways of developing and extending an ethic of caring seem united in stressing (what Hume calls) natural motives over artificial ones. If someone who doesn't care about his family or about human beings in general, always fails to act helpfully toward others, he exhibits a lack of caring, and an ethic of caring regards acts which display such morally deficient motivation as morally criticizable and wrong. This is virtue ethical because, as with Hume, the criterion of the rightness of an action has to do with the inner state or motive that lies behind it. But by the same token individuals who demonstrate the virtue of caring act in ways that show how much they care or are concerned about others, in ways that demonstrate their emotional connectedness with others, and this means in particular that such people don't have to remind themselves of moral ideals and obligations in order to get themselves to help those they care about. They help because they care, not because conscience or some sort of (abstract) love of the Good tells them (how virtuous or dutiful it would be) to do so.But is this sort of natural virtue really adequate to those moral/political concerns that transcend intimate personal relationships?

Normal human caring isn't impartial (in the manner of "universal benevolence"), because it is easier to empathize with those near and dear to us, i. e., those with whom we share thoughts, lives, roots, or familial (or ethnic or national) traditions. But recent psychological studies of empathy and its relation to altruism indicate that we also tend to empathize more with those whose problems are immediate for us. We respond more to a child drowning right before our eyes than to the plight of a child we don't see and whom we know (only by description) to be in danger of dying of starvation in some distant

country; and, similarly, we respond more to the "clear and present" danger faced by miners we hear are trapped underground than to dangers we know will arise in some indefinite future. Thus, is care and justice always are in opposition or can they be intertwined in ways that allow new possibilities and ways of being in social relations to emerge is what we will see in the third section of this chapter.

III

The ethic of justice and the ethic of care appear to be diametrically opposed conceptions of morality and moral development. However, it can be argued that they complement rather than conflict with each other. First, on the highest level of abstraction the ethic of justice as fairness maintains that there exists a universal obligation to humanity. This obligation is generally taken in terms of a universal commitment of respect for the inherent dignity of all persons. The ethic of care, on the other hand, maintains that moral obligation is grounded in the particulars of the moral context. In this sense the ethic of care grounds morality in an ethic of association. Now, the ethic of association maintains that moral responsibility is based in particular human relationships over time, not universal standards. Ethical obligation emerges out of relationship, and it is care, from the feminist perspective, that is the central emergent property of ethical association[147].

However, while perceiving the associative quality of morality as essential, the ethic of care is also based upon a universal commitment to our shared humanity. For example, one of Gilligan's subjects maintains that we have a duty to "that giant collection of everybody...the stranger is still another person belonging to that group, people you are connected to by virtue of being another person." Gilligan herself concludes that the essential motivation of an ethic of care is "that everyone will be responded to and

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[147] Dale T. Snauwaert, "Ecological Identification, Friendship, and Moral Development: Justice and care as complementary dimension of morality", *Philosophy of Education*, 1995

included, that no one will be left alone or hurt[148]." These statements suggest that a commitment to our shared humanity in a universal sense, rather than one that is founded upon particular and immediate association is as basic to the ethic of care as it is to an ethic of justice. The web of relations extends beyond immediate association to include an ontological interdependence.

Second, it seems that the basic orientations of each conception are fundamentally different: the ethic of justice requires separation, while the ethic of care requires attachment. Separation is needed for the development and exercise of impartiality, which, in turn, enables one to adjudicate moral conflict fairly. Attachment, on the other hand, is necessary for care, as care is based in empathy, and empathy in the recognition of interconnectedness. In other words, the ethic of care is founded upon reversibility. Without the capacity of reversibility it would be impossible to care. As discussed above, the ethic of justice also entails reversibility. Kohlberg and Rawls maintain that it is impossible to be fair without empathy. If justice is a function of reflective equilibrium, then it must, by definition, entail reversibility. Moral development for both ethics is constituted by the enlargement of one's capacity for reversibility; one's capacity for care and fairness respectively are based upon the degree one is capable of identifying with other persons. Thus, one's capacity both for care and fairness is based upon the expansion of one's identity.

Responsibility is essentially a function of one's capacity to respond to others, whether in terms of their needs (care) or in terms of respect (fairness)[149]. Being responsive is the ontological foundation of moral obligation and, hence, moral development. And, responsiveness is a function of identification. Responsiveness occurs within a relational field. It requires and is constituted by relationship. Responsible relationship implies a mutually permissive interaction that can only occur if there is

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[148] Gilligan, cited in Will Kymlicka, Contemporary Political Theory, New York, Oxford University Press. 1990, 271

[149] Dale T. Snauwaert, "Ecological Identification, Friendship, and Moral Development: Justice and care as complementary dimension of morality", *Philosophy of Education*, 1995

resonance between the individuals who are in relationship[150]. *Resonance, in turn,* occurs on the basis of identification. Therefore, if there is no identification, there will be no response and, hence, neither care nor fairness. As one's identification expands or contracts, one's capacity to respond and, thus, to act morally, expands or contracts. This is the essence of reversibility as a moral foundation, and it applies to both care *and* justice.

However, there is a different flavor, if one will, between the reversibility of care and that of justice. Care entails the embracing of interconnectedness. The expansion of identification here is one of unification with the other -- recognizing the web of relationships that literally connect our identities. Whereas the expansion of identification entailed in justice does not imply interconnection per se, but it is an identification that recognizes the sameness of interpersonal boundaries that define individuality within a relational field[151]. This identification of the boundaries of others as identical to the boundaries that define our own individuality is the basis of respect. This kind of identification is a recognition of the fact that, just as we do not want our private boundaries to get violated, neither do others. This accounts for justice as respect. This notion of responsibility is essentially negative in that it requires a response that prohibits interference (the essence of respect for boundaries), whereas the ethic of care entails a positive conception of responsibility in that it requires a response to help, to provide in order to satisfy a need.

These two kinds of identification and their emergent ethics are not in conflict, but are, in fact, complementary. Moral responsibility entails both respects for the boundaries of other persons as well as responsiveness to their needs. Care devoid of respect is smothering and invasive, while respect devoid of care is impersonal and legalistic. We exist in a web of relations, which interconnects us, and that interconnection demands that we respond to each other with care, but while existing in this web we are also individuals; we are individuated even though interconnected, and our individuated status demands

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[150] Ibid.

[151] Ibid.

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that we respect interpersonal boundaries. Thus, it can be argued that both justice and care are necessary *and* complementary dimensions of morality.

What we need, in other words, is a "just caring". "Just caring" is a phrase also used by Rita Manning as the title of chapter 4 of her book, *Speaking from Heart*, 1992. Manning argues for a greater role for the ethic of care by demonstrating that while principle-based ethics give us minimum standards for moral behavior, care goes beyond this in giving us rules for positive moral responses to others[152]. Critics of Gilligan have used examples of sexual harassment and sexual assault to defend justice as prior to or more important than care and to separate out contexts where care is appropriate from ones where justice is appropriate. However, a more adequate response to these sorts of examples is to construct a notion of "just caring" that moves away from exclusive attention to care as concern for others in interpersonal relationships. We need to examine the social practices of a society that define these actions in ways that circumscribe oppressive relationships and perpetuate inequalities. Not only do we realize why care as "concern for others" is not sufficient for addressing injustices at the level of political and public relationships, but we also learn that women's perspectives on sexual harassment and sexual assault need to form the basis for understanding these inequalities and changing institutional structures. These perspectives generate an account of our responsibilities to others that has not been evident in justice theory so far, an account that needs to be sensitive to differences with respect to people, positions, social practices, and political contexts.

On the one hand, a critical perspective on care is needed to know what justice requires because it is needed to know what treating people in all kinds of relationship with equal concern and respect requires. On the other hand, justice cannot be assessed without a focus on relationships and a capacity to take a variety of perspectives into account. We need to be more attentive to different people's perspectives on the structures of power, in particular of those people who continue to be on the margins or outside those

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[152] Rita Manning, *Speaking from Heart: A Feminist Perspective on Ethics*, Lanham, Md.: Rowman & Littlefield, 1992

structures. Justice theory needs to take account of the diverse needs of different others, how they perceive their needs and how all this affects what is required to treat them with genuine concern and respect.

In the process of realizing that genuine respect for the perspectives of all those who are oppressed results in challenging to the norms of liberal structures, we found a way to escape the dilemma of difference and thereby to strengthen the case for inclusion, not assimilation. But the possibility for enabling and enacting change rests on permitting genuine interactions, ones in which the dominant and the powerful recognize the validity and value of different perspectives. These interactions are places where complex intertwining between the different approaches to morality can and do take place. The relationship between care and justice, then, does have to be in terms of each perspective informing the other and transforming the whole.

IV

Therefore, we see how justice is an integral part of a caring society and vice versa. Although, the first generation of care theorists were primarily interested in differentiating the concept of justice and care, in our chapter we discussed how justice and care can appropriately be combined from a feminist point of view. Justice is important to avoid caring relationship sliding into paternalism and parochialism if not governed by some objective criteria of genuine care. This is particularly important as women who do most of the caring get exploited in the name of caring. Justice has an important role to play to ensure that equality and rights are extended to women in political, social and family affairs in order to foster the development of healthy caring relationships within the family as well as society at large. Unjust family and social relations not only impede the development of care but also actually promote uncaring pathological relationships. It is important therefore to embody justice within the larger framework of care.

At the same time, caring relationships are the foundation and end of society. Many social problems are the result of unhealthy caring relationships that can only be corrected by extending justice personal relationships and elevating the status of care giving duties. Moral progress of society consists of world in which men and women recognize the supreme importance of their care-giving duties within the family and society at large. Men should play a more active role within the family as fathers and husbands, since family affection is the foundation of public virtue. Likewise, independent civic existence for women as a means for broadening their private affection. Cultivation of virtue depends upon drawing more men into home and more women into the public sphere. Both men and women should spend at least as much time and energy on domestic care as they devote to their political and business pursuits and public sphere needs to be redefined as a space where care is accorded special prominence. Caring duties for both men and women need to be given equal respect with and made essential to the obligations of citizenship (can possibly introduce public subsidies for parenting activities by govt. to foster care). Govt. needs to ensure that women and men have equal access to careers and politics and to encourage them to fulfill their care giving duties.

Thus, integration of justice and care can help us to think differently about human nature and human conditions and in turn in understanding and improving human life by examining whether justice and care perspective are necessarily at odds with each other or can justice and care as the two ideals of human relationship coordinates for a new theory of human development and help in addressing some of the central pathologies – that afflict contemporary liberal societies.

CONCLUSION

"Take care" is a word most commonly and most casually used in our everyday lives. Does it amount to trivializing the concept "care" or is the concept itself a mere trivial thing, a non-issue? This dissertation attempted to dwell in detail on the various dimensions of care and to dispel the myths surrounding the notion of care. It also tried to bring to fore how important care and caregivers are in our daily lives; therefore they should get their due recognition and value and not be treated as an inferior value (neither the concept, nor the person doing care work), or a trivial thing.

The dissertation focused on the western literature. Looking at the political and intellectual context of my dissertation, we find that with Rawls *Theory of Justice*, there emerged resurgence in political theory. Feminists pointed out that the centrality given to justice neglected other important concepts; "care" being one of them. It was relegated to the private sphere. When care plays such a active role in our everyday lives, then why it did not get any attention or even when recognized, mostly was taken in the sense of charity, benevolence, private, moral or emotional, something which does not need any serious study or research.

It all began 24 years ago when Carol Gilligan first suggested that philosophers, psychologist have overlooked different, yet valid, ethical system. Gilligan's work had an influence on all academic areas affected by feminist theory, from literature theory to veterinary medicine. In her 1982 book, *In a Different Voice*, she detailed her research. At that time the Harvard University Professor was responding to the Freudian notion that women had inferior moral judgment when compared to men, Freud, and those who followed, claimed that women – because of both their biological hard wiring and their environmental training – are slower to develop as individual moral agents, more resistant to society's rules and regulations and in general "less civilized than men". Those who followed included Gilligan's mentor, Lawrence Kohlberg, who pioneered a six-stage scale for measuring morality. His scale is still used today in many circles to both teach and judge ethical development. On Kohlberg's scale, men consistently scored higher than

women, reinforcing the Freudian notions of morality. Gilligan questioned whether women were truly less moral than men, or if Kohlberg's scale was somehow skewed toward male experience and language.

The short version of her answer was yes, the scale being skewed. Gilligan and her assistants interviewed hundreds of women about to make an ethical decision. What she found was that many women didn't fit neatly into Kohlberg's scale. Instead they used different language and a different framework for decision-making. Gilligan went on to describe a masculine version of ethical decision – making rooted in an abstract set of values, to which weight is assigned during a specific case of ethical reasoning. She called this a traditional ethic of justice. The feminine version of ethical decision-making is rooted in preserving relationships and connection. When operating from this framework, a decision maker works to prevent connection between people from being severed. She called this an ethic of care. Thus Gilligan mapped out two equally valid methods of making moral choices. The first, justice, as the traditional form of ethics practiced in most modern day setting and the ethic of care, while widely practiced, not recognized by most institutions as a method at all.

Thus, although Gilligan asked the right question and pioneered the ethic of care, she limited her research to one culture and generalized to different cultures from there. Even if Gilligan has never clearly expressed that "the different voice" she studies is always a female one, most people have interpreted her as describing a different approach to morality between the sexes. An important part of the rejection of her argumentation has been results from empirical studies, partly based on the same methodology as that used by Gilligan, which describe the same differences that Gilligan finds between men and women, as differences between the middle class and working class or between different ethnic groups. Other studies find no differences between men and women with respect to moral development in populations that were less privileged than Gilligan's white middle class informants. These empirical studies showed therefore that other differences than gender might be significant to differences in moral development. In addition to these empirical studies, there were also analyses based on other theories and

ways of thinking that give good arguments for the difference between care morality and justice as described by Gilligan as not necessarily being gender-related, but also describable as a difference between classes or between ethnic groups.

Infact, if we see closely, one of the very strong reasons to reject Gilligan's argumentation is that it could very well be used to support the correctness of traditional gender roles by saying that men and women are traditionally different. This is a position that leading feminist theorists have distanced themselves from in recent years, to such an extent that in the opinion of many people "essentialism" has become too loose and uncritical a basis of criticism.

Thus, in my dissertation, it started with Gilligan since she championed the ethic of care, but we tried to move beyond Gilligan to see that care is not just a moral but a very valuable and important political concept as well. Political, because the traditional gendered division of care work which leads to exploitation and suppression of women is not just a private affair but also very much a matter of important political concern. Infact, it is this gendered division of care work in the private and domestic realm, which actually sustains the public sphere, enabling the men to go out and work with carefree mind. Hence, this dissertation, "The Politics of Care in Feminist Theory" tries to emphasize how care is not just a moral concern, but a need to understand the politics involved in care. Thus, beginning with Gilligan, moving on to Joan C. Tronto, an attempt is made to understand how the very task of "caring" is infact distributed in society along the lines of power, how the so called "self-made" individuals find it difficult to admit the degree to which care has made their lives possible.

Therefore, the dissertation, through the work of various feminists, although started with care as an ethical disposition, but in the process moved towards taking care as a political value and a social practice and its implications there in. Now, taking care in public domain in order to rescue it from being a private and emotional concept, many issues come in forefront. Questions like, can a care worker be paid for her labour power irrespective of whether she is a "caring person", can care work be performed as a job for

pay, and is it same as any other wage labour, need serious consideration. Negotiating of labour and emotions poses particular problem for women. Much of the literature in the 1980s focused on this and in particular, women's experience as unpaid carers in the home. Looking at the policy parameters of care, we found that although various monetary and social security benefits are provided by welfare state, nevertheless these welfare measures basis themselves on a 'universal breadwinner' model. The social welfare programme, officially supposed to be gender neutral, infact has a gender subtext, as various measures like unemployment, social security etc are designed to compensate for what are considered to be family failures, the absence of male breadwinner. It is this attitude of taking men as right bearers and women as dependent client that needs change in welfare state at public realm. All social and political institutions need restructuring on 'caretaker model', not on 'male breadwinner' model.

The earliest phase of the Anglo-Saxon feminist research on care distinguished between two different discourses: one that places emphasis on care as work and one that places emphasis on the emotional aspects of care. Studies, which placed emphasis on the work content, analyzed care as a woman-suppressing practice, full of routine and alienating tasks. Studies that placed emphasis on the emotional aspects considered care to be a meaningful activity, which makes women better people. In feminist research it is always easy to criticize studies based on one of these perspectives with the other perspective, as a point of departure to develop scientific knowledge on care that should matter in policy and planning; it is still a great challenge how to balance these perspectives. In the anthology *Caring: A Labour of Love* by Finch and Groves these perspectives were combined. All the authors in this book have been important participants in the British discourse on care and common to them all is that they study care as a physically and emotionally demanding *unpaid* job that women carry out in the home[153]. It showed the hidden care work in the family, how it is shared between men and women and what it costs the caregivers. Criticism rose against this by Baldwin and Twigg, Morris, Quereshi and Walker who argued that it was too one-sided; both in the

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[153] Groves, D. and J. Finch eds. *A Labour of Love: Women, Work and Caring,* London: Routledge and Kegan Paul, 1983.

sense that it only focused on the caregivers and not on those receiving the care and that it only discusses informal care and not care as a paid and professional work[154].

With Anglo-Saxon and Scandinavian feminists inspiring research on care, three lines of development with respect to the understanding of what care is, is highlighted:

- o From either feelings or (manual) work to both/and eventually also intellectual work
- o From the family via unpaid women's work in the govt. service, to the state as either a women friendly and/or shaky social service states.
- o From focus on women as carers and care workers to a perspective that also includes those who need and receive care.

The main emphasis is to show how care is threatened by male, scientific, bureaucratic, and market economic rationalities, values and interests and on care as being women's work. However, we can also see the outline of a few new development trends, the risk of encroaching on the other's freedom, which care gives the possibility for. These have become an important topic and there is increasing interest in studying possibilities for service schemes that may be good or better alternatives to more person-oriented and continuous care relations. There has also been increased focus, inter alia in studies of what is called "the new paternity", on whether there is a "masculine kind of care" which is different from the feminine kind. But the risk of these expansions from feministic point of view is that they can lead to the basis for the feminist oriented research being forgotten, namely the desire to make visible the traditional female work and social importance of this and thus help to raise women's marginal status in society.

The political-sociological and empirically rooted research on care has had a strong position in Scandinavian feminist research. Scandinavian feminist researchers have participated very little, however, in the international development of political-normative theory on care. This does not mean that there are no important contributors in

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[154] Quereshi, H. and A. Walker, The Caring Relationship: Elderly People and their Families, London: Macmillan, 1989.

this area. Both the Swedish sociologist Rosmari Eliasson and to an even greater extent, the Norwegian nurse, philosopher and historian, Kari Martinsen, have contributed important theoretical contributions to care ethics, contributions, which in addition to being based on important philosophers, are also based on women's public care work in the past and present. However, this work has not reached the international theoretical debate on care and gender. Thus their influence on the care discourse in general, also in the Nordic countries, has hitherto been more limited than the influence of leading American feminist theorists in the field. The American feminist theorists have not been so much concerned about specific dilemmas and problems that the welfare state's care workers face. This is perhaps not so strange, if we take into consideration the big differences between the Scandinavian and American welfare state model. Greater understanding of this dominant division in feminist theory and research on care may contribute, however, to a more relevant insight into the care crisis that late modern society now appears to be in, regardless of which welfare state model they use as a basis.

What is needed is basically to focus on care as a process and place emphasis on care as practice. And this analysis would be incomplete unless care is taken as a key topic of the political discourse. Care ethics must be discussed on the basis of both moral and a political context. As Tronto has well explained, this requires breaking the boundary, which sees, moral and political as separate spheres. Firstly, breaking the boundary, which sees morality and politics as separate spheres. Care can serve both as a moral value and as a basis for how to achieve a good society politically. Secondly, breaking the boundary, which says that moral assessments shall be made from a distanced and uncommitted position, because this boundary means that everything to do with feelings, the real world and political circumstances will be irrelevant or of secondary importance. Thirdly, breaking the boundary between the public and private sector, as has been argued for some time in feministic research. Breaking these boundaries does not necessarily mean that they must be done away with, but can mean that they should be drawn up differently, if women are to be equal participants in public life[155].

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[155] Tronto, Moral Boundaries: *A Political Argument for an Ethic of Care, New York*: Routledge, 1993, 6-11.

From a purely conceptual point of view, care is both particular and universal. What is construed to be adequate care varies between cultures and between different groups in society. Despite these variations, care is a universal aspect of human existence. All people need care, even if the need requirement varies, not just based on cultural differences, but also on biological differences. A baby cannot survive without care, and disease, disability and ageing mean that the need is greater than it would otherwise be. Therefore, care is not universal with respect to the specific needs in question, but everyone needs some kind of care.

In both the Western world and in many other cultures, direct care giving has always been a job assigned to the lowest groups in the hierarchy; women, slaves, servants. The direct and specific care for children, as well as for the sick and the elderly has nearly always been exclusively delegated to women. In the late-modern society specific care work is still downgraded, unpaid or poorly paid and to an overwhelming extent left to those who have the least power in society. A consequence of the unbalanced distribution of care roles and care work is that the relatively most privileged groups can ignore much of the strain care entails, because they never have to face this. Tronto calls this privilege "privileged irresponsibility". This concept might be useful in explaining why the approach to the care problems is so marginal in the political discourse and why the male intellectual elite so easily refers care ethics to the private sphere. Women belonging to the elite do not immediately assume such a position of "privileged irresponsibility". To several of the pioneers in women's studies it was the tension between the academic world's definition of reality and family life's requirement for everyday care that gave the inspiration to theoretical rethinking. The whole of the growth of feminist research in opposition to the established academic world can perhaps be said to be a result of large groups of women being given access to the academic world, but without it being possible in any simple way to hand over the practical care of their own children or the family in general to other women. This was not an easy matter economically or ideologically for most women in the Western world who entered academia in the 1970s and who eventually began to make their mark in the academic and political debate. The time of house-maids in middle-class households was over and other

justifiable and financially reasonable child care for working and studying mothers was in short supply at the time large groups of women populated the institutions of higher education.

Feminists have argued strongly for several different practical measures to make it easier for women to combine work and motherhood. Many have also argued in favour of the need to change the ideology that links mother and child so closely together by defining mother's care as being unique and necessary for a child's development and welfare. This has partly been done through historical studies to show that mother's love, in the sense of how we have defined it in our time, is not something "naturally" given, but is a modern ideology, which has helped keep women at home. By highlighting the reality of fathers' increasing care for their children and of the advantages of different types of professional child care from an increasingly younger age, Western feminism has helped to change the understanding of motherhood on which family law and much of the welfare legislation has been based.

It is important to understand that regardless of how we might assess today's development trends with respect to distribution of care responsibilities, we need greater political focus on working conditions for those care workers who perform the specific everyday care of our children, the sick, disabled and elderly. We also need political focus on what division of responsibility and labour in care we want to have, and what division actually exists between the family and the political authorities. This dissertation is an attempt to think differently about human nature and human conditions and in turn understanding and improving human life through "just caring" in order to facilitate rethinking of the present social order.

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