

# CareVisions Briefing 1

## Four Key Theorists of the Feminist Ethics of Care

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This briefing paper provides an overview of four theorists of the feminist ethics of care. The feminist ethics of care is a theoretical perspective which reveals the importance of care, both to individuals and to society. The theory draws attention to humans' individual and collective need to give and receive care and the societal structures and supports which are necessary for caring. The ethics of care also emphasises the inequalities in current care arrangements, in which care is economically and socially undervalued and often provided by marginalised groups.

Since the 1980's, the feminist ethics of care has been developed by scholars across many fields, including philosophy, psychology, political science, sociology and economics. The theorists discussed here – Carol Gilligan, Eva Feder Kittay, Joan Tronto and Virginia Held – each bring unique insights to the development of this theoretical perspective. Gilligan's work disrupts traditional individualistic moral thinking by naming a voice of care, which makes decisions based on relations with others. Kittay illuminates human dependency and interdependence in care relations. Tronto and Held draw out the political significance of care as a lynchpin of social and political life.

### Carol Gilligan

Psychologist Carol Gilligan's formative work, *In a Different Voice: psychological theory and women's development* (1982), is heralded as a formal beginning of an ethics of care (Barnes, 2012, 2020; Friedman and Bolte, 2007; Held, 2007; Williams, 2001). Gilligan became concerned about the emphasis on male experiences in psychological research on moral development. Listening to how women reflected on their lives in her research, Gilligan heard how care concerns were threaded through their life experiences and entangled their decision-making (Hamington, 2004; Tronto, 1993). The 'different moral voice' she heard 'emphasised the importance of situated judgements and ... highlighted the importance of maintaining connections with others, rather than the formal application of rules of conduct' (Barnes, 2012: 25). Gilligan concluded that the constricted nature of traditional moral reasoning built around competing rights and abstract reasoning (justice) failed to see moral reasoning based around responsibilities and relationships, requiring contextual and narrative understanding (care):

Yet in the different voice of women lies the truth of an ethic of care, the tie between relationship and responsibility, and the origins of aggression in the failure of connection. The failure to see the different reality of women's lives and to hear the differences in their voices stems in part from the assumption that there is a single mode of social experience and interpretation

(Gilligan, 1982: 173).

This different voice of care – a result of women’s position in patriarchy – challenged mainstream liberal reasoning which did not include the experience of caring (Held, 2014; Koggel and Orme, 2010). The different voice ‘is simply, a human voice. We had been telling a false story about ourselves, falsely gendered and false in its representation of human nature’ (Gilligan, 2014: 90). Gilligan provided to the feminist ethics of care the paradigm-shifting recognition that what was seen as a failure of the feminine under patriarchy – empathy, caring, embodiment and relationality – was really a problem of the limits of a long-standing moral framework, hindered by rationality, disembodiment and autonomy (Fitzgerald, 2020; Gilligan, 2014; Hamington, 2004; Held, 2014; Robinson, 2020). Sometimes in an abridged history of care ethics, Gilligan’s work has been characterised as naming an essentialist, *female* voice of care. A more critical reading demonstrates how she challenged the deficient construction of morality itself, drawing out ‘the relation between power, binary thinking, and moral knowledge’ (Fitzgerald, 2020: 253) and contested how these power relations relate to and inform gendered hierarchies. As Gilligan (2014: 101) has more recently stated, ‘Care is a feminist, not a “feminine” ethic’. Gilligan’s (re)discovery of the different moral voice was widely taken up by feminist theorists dissatisfied with the exclusion of care from politics.

## Eva Feder Kittay

Philosopher Eva Feder Kittay made significant contributions to the feminist ethics of care through her centring of human dependency and caring as dependency work. Kittay’s work (2002, 2020) demonstrates care ethics as grounded theory, which, as much as it is a critique of Western philosophical and political thought, also emerges from lived experience. In 1999, drawing on her experience of caring for her disabled daughter Sesha, Kittay’s *Love’s Labour* (2020, 2<sup>nd</sup> ed.) challenged presumptions about human independence and equality. Kittay’s approach, mixing personal narrative, philosophical reasoning and public policy analysis, demonstrates how the ethics is often drawn from direct care experiences. This directly echoes Gilligan’s recognition of the voice of care when listening to women speak about life’s difficulties (Hamington, 2004).

Kittay (2002, 2013, 2020) demonstrated that all humans experience dependency (as children, or when ill) and that for some this dependency continues throughout their lives. Kittay’s seemingly unremarkable act – naming human interdependence – challenged centuries of political theory which had emphasised humans as autonomous and interdependent (Barnes, 2012; Kittay, 2001, 2020; Shanley, 2001). Kittay (2020: 74) demonstrated that ‘we are all some mother’s child’ (p. 71) and deserving of care. As such, humans need to achieve connection-, rather than individual-based

equality. Connection-based equality assumes humans' fundamental need for relationship and our responsibilities to others, which must be maintained if we are to receive care ourselves and provide care to those who depend on us. Kittay (2001, 2002, 2020) formulated the term '*doulia*' for the reciprocal relations and obligations connection-based equality gives rise to. Referencing the *doula* who cares for the mother after birth, the *doulia* would provide the support necessary for the dependency worker care for her 'charge' (Kittay, 2001).

Through her dismantling of the illusion of human independence Kittay revealed the necessity of a public ethic of care. The purpose of this public ethic of care is to spread the impact and effects of dependency across the population that benefits from dependency care, which is *everyone* (Kittay, 2001). Examining interpersonal care, Kittay (2020) demonstrated the need for society to support dependency relationships through a societal transformation in care arrangements. Kittay identified the external resources needed to maintain the carer and cared-for. These are the nested dependencies connecting those who need care to those who can provide care, and which further link caregivers to a set of supports. Kittay's work offers an embodied critique of the existing political order based on independent individuals, which has invisibilised those who are dependent and their carers.

## Joan Tronto

Joan Tronto's work has been key to demonstrating care's political implications. A political theorist, Tronto asserted that 'we cannot understand an ethic of care until we replace such an ethic in its full moral and political context' (Tronto, 1993: 125). Tronto argued 'care is a central concern of human life. It is time that we began to change our political and social institutions to reflect this truth' (Tronto, 1993: 180) and assess policies 'from the standpoint of the adequacy of care in society' (Tronto, 1993: 173).

In 1990, Tronto and Berenice Fisher (1990: 40) developed the literature's archetypal definition of caring as '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 possible'. Reflecting this expansiveness, Tronto (1993: 137) recognises 'caring will always create moral dilemmas because the needs for care are infinite'. Tronto and Fisher's definition is balustraded by four phases: '*caring about*, noticing the need to care in the first place; *taking care of*, assuming responsibility for care; *care-giving*, the actual work of care that needs to be done; and *care-receiving*, the response of that which is cared for to the care' (Tronto, 1993: 127, emphasis added). These phases give rise to four ethical elements of care: attentiveness,

responsibility, competence, and responsiveness. All phases do not need to be undertaken by a single person, but they imply – just as for Kittay – a collective responsibility for care (Barnes, 2012).

Tronto's work is emblematic of the feminist ethics of care's focus on the political, as well as personal and moral significance of care (Barnes *et al.*, 2015). In *Moral Boundaries: a political argument for an ethic of care*, Tronto (1993) illustrated the way society degrades caring to maintain the power and the avoidance of caring by those who are economically and politically privileged. She challenged the false boundaries between care (private sphere) and politics (public sphere) through which 'the concerns and activities of the relatively powerless are omitted from the central concerns of society' (Tronto, 1993: 20). She exposed the operation of power and privilege through care in society, where the powerful are 'care-demanders' (Tronto, 1993: 174) and the weak provide care.

Identifying that political life should be about allocating caring responsibilities across society (Barnes *et al.*, 2015), in *Caring Democracy* Tronto (2013: 23) added a fifth phase of caring, 'caring with' to represent citizens taking their responsibility to care *with* one another in ways that are consistent 'with democratic commitments to justice, equality and freedom for all'. Caring democracy suggests a process for citizens to work to understand one another's perspectives and make contextualised and practical care choices for the benefit of fellow citizens. Centring care in politics, Tronto moved care from a marginalised element of private life to the centre of 'the larger structural questions of thinking about which institutions, people and practices should be used to accomplish concrete and real caring tasks' (Tronto, 2013: 139).

## Virginia Held

Like Tronto, philosopher Virginia Held examined how the ethics of care, widely seen as suitable for evaluation of family life, is also apposite for political analysis at the state and international level (Barnes, 2012; Robinson, 2010). For Held (2006: 35), caring 'is a relation to which carer and cared-for share an interest in their mutual well-being'. This determination enables the practice of care to radiate out from the family to the welfare state (once the boundary of much official care thought) to political and social institutions and into global concerns (Held, 2006). Held's 2006 book, *The Ethics of Care: Personal, Political, and Global*, moved beyond hands-on care, to elucidate care ethics as a theory and a thought system based on the genuinely universal experience of care (Held, 2006, 2014, 2018).

From her early work, Held (1991: 128) was driven to examine how 'the framework that structures justice, equality, rights, and liberty mesh with the network that delineates care, relatedness, and

trust?' Where justice is framed around the values of equality, impartiality, fair distribution, and non-interference, she identified care as centring on trust, solidarity, mutual concern, and empathetic responsiveness (Held, 2006). The hegemony of liberal moral theory and its success in being applied well beyond the market, even to those areas in which care was the primary motivator and value, exposed for Held the limits of its understanding of humans as indifferent to the welfare of others. She demonstrated that the life-sustaining practices of care, from mothering to maintaining social relations, have not been subject to adequate moral thought and that the practices of care themselves display both the values of the ethics of care, as well as demonstrating the injustices (gender, race and class) in which care practices are currently embedded. Care she said is 'worthy of the kind of theoretical elaboration justice has received' (Held, 2006: 38). Held (2006) argued that placing care at the centre of our moral lives would drive social transformation. The raising of children and the development of trust in society would be seen 'as the most important concerns of all' (p.64). Economic goals would focus on the meeting of genuine needs, rather than unequal accumulation of wealth, and public policy would be re-ordered to reflect the practices of caring.

At the international level, Held (2006, 2018) determined that the ethics of care could transform relations between states and underpin the international cooperation necessary to repair ecological damage and eradicate poverty. Through her attention to global issues, Held (2014, 2018) showed the potential for the feminist ethics of care to be 'a comprehensive approach to morality applicable to political and global issues as well as to those activities and segments of society more obviously devoted to care' (Held, 2018: 408-9).

## Conclusion

The work of these four theorists illustrates the expansiveness of the feminist ethics of care as a critical and political approach to care. Listening to Gilligan's different voice of care reveals 'the power relations that have led to the silencing of this voice. This is care ethics as politics' (Robinson, 2018: 14). Underpinning Kittay's work is the understanding that we are all interdependent, we have a universal need for care (Barnes, 2012) and that policy and provision need to reflect these human realities. Tronto offers a politicised, democratic conception of care through which to analyse contemporary caring systems and institutions. Adding her perspective on care and justice, Held provides a basis for care-claims to be surfaced in public life and at a global level. Their work, and the work of ethics of care researchers and activists across disciplines, provide a framework to foreground the experiences of care givers and receivers, expose the structural inequalities inherent in current caring systems, and to demonstrate the political relevance of care to resource allocation and public policy.

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