

〈講演会記録〉

From the Ethics of Care to Global Justice

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In the mid 1980s Carol Gilligan, a Harvard psychologist, created a stir with a little book entitled *In a Different Voice*. Gilligan challenged the model of moral development pioneered by Lawrence Kohlberg insofar as his theory yielded findings in which female moral development lagged behind that of men. Kohlberg's empirical findings were consistent with statements of philosophers and psychologists from Aristotle to Freud—all of whom declared women deficient in moral reasoning, even though women were sometimes granted some superiority in moral sentiment. Gilligan, privy to the design of the experiments from which the data had derived, was skeptical of the findings because in constructing his model, Kohlberg had purged data collected from girls and women and used only the findings from boys and men. Kohlberg portrayed a progression from a preconventional morality that responded to punishment and reward, to a conventional morality based on conformity to social norms, to a post-conventional understanding that morality invoked a universal impartial standpoint of equality. Girls and women seemed to get stuck at the conventional stages.

Using studies of how women deliberated when faced with the possible decision to abort in case of an unexpected pregnancy, Gilligan concluded that women reasoned not less well, but differently. Women's moral deliberation was also developmental, but the content of the stages was different. Women posited connection with others at every stage, terming those moments where the connections were dismissed as "selfish" and understanding in the last stages of moral development the equal importance of self and other, while locating the greatest harm in the severing of connections.

The reasoning proceeded not by deduction from general principles to particular instances, as was observed in the male data, but by a consideration of who will be hurt or helped, which connections are most central, which decisions were caring and which were uncaring. Caring decisions maintained the web of connections, while uncaring ones broke the relationships that held the web together. Gilligan spoke of the Kohlbergian model as reflecting an ethics based on the concepts of justice, and her own findings as reflecting an ethics of care.

Gilligan's studies organized the descriptive content of the decision-making into a stage-like progression, where the later stages were evaluated as superior forms of moral reasoning. But what was the basis of this evaluation? What theory supported the evaluative claims? Are all connections worthy of saving? If a woman fails to leave an abusive husband because that would sever connections, would that be the right thing to do?

Kohlberg had hypothesized a developmental trajectory based on established moral theory, in particular, Kantian ethics. The job for feminist philosophers was to construct a moral theory based on a

hypothesized moral developmental trajectory. If the starting point of a Kantian ethics was the autonomous moral agent, the starting point for an ethics of care has been the relational self. If the mode of deliberation of justice-based ethics was on general principles from which reason, stripped of emotion, evaluated the moral thing to do in the particular case at hand, the mode of deliberation of a care-based ethics was to be sensitive to emotions, to be contextual, and to pay attention to the uniqueness of each situation. If a justice-based ethics proceeds on the basis of impartial judgments, a care ethics insists that judgments that are partial to particular individuals are appropriate and the responsible course. If a justice-based ethics stresses duties and obligations, an ethic of care stresses responsibilities and relationships.

While Gilligan originally appeared to claim an ethic of care as an ethics that is embraced by women, she came to understand an ethic of care less as a woman's voice and more as a "different voice." In later work, she made the claim more precise: while approximately fifty percent of women responded in a voice of care, men rarely invoked it. Gilligan's methodology and results have been questioned, but what remains clear is the resonance the idea had with many women and many feminists. Many of us had encountered it in our daily lives. While we were formally trained in a voice of justice, an ethic of care was like an old familiar friend to our moral intuitions.

We Are All Some Mother's Child

An ethic of care insists that we are always in a mesh of relationships; we are never fully independent and self-sufficient, but we always stand in relationships of dependence and interdependence. While a justice-based ethics begins with the autonomous independent moral agent interacting with other equally autonomous independent agents, a care ethics is immersed in relationships of unequal power. A justice-based ethics has nothing to tell us about how we ought to act toward a child, an elderly individual who has lost his capacity to make decisions for himself, or a developmentally disabled child or adult. It is of limited use in telling us how to act toward someone who has powers unequal to our own—whether they be superior or inferior: a professor and a student say, or a doctor and a patient. For while these may be moral equals, a decision that fails to take into account the actual inequalities in power and position will not give us a good outcome.

The situation from which an ethic of care emerges is that of a caregiver and a cared for—an inherently unequal relationship. As a feminist for whom an ethics of care had great resonance, yet also a feminist who believed in the idea that justice and equality were important rallying cries for women, I needed a way to reconcile these two ideas. My book, *Love's Labor*, was born from that quest. It came about as I tried to understand why equality had eluded women even as women in the United States had succeeded in eliminating all legal and formal barriers to equality.

Within traditional theories of justice, equality is a key concept. The equal citizen of political philosophy along with the equal moral actor of justice-based ethics, is a fully functioning, independent, free and rational agent. But dependents by definition are not independent. Nor are they equally situat-

ed or empowered. And they need not be fully functioning or in possession of the ability to rationally deliberate. This means that traditional theories of justice appear to exclude dependents from their scope. Furthermore if women, who in large part care for dependents, in doing so become dependent, then traditional theories may fail to include them as well. Given the fact that human beings have extensive periods of inevitable dependency, times when they require care to do what they are unable to do for themselves—that is, the periods of infancy and childhood, many forms of illness and disability, and frail old age—if all women were to abandon caregiving to do the work that men do and men did not step into the breach, we would not be able to sustain human life. The dependency critique of equality allows us to argue that equality requires not only that women cross over to the male side of the sexual division of labor, but also that men cross over to the female side.

The concern with dependency came not only from my intellectual embrace of the ethics of care, but also from a personal engagement with care, the care of my daughter Seshu. Because of her severe intellectual and developmental disabilities, Seshu will never outgrow her need for care. Thus I have lived most all my adult life with questions about how to provide that care for someone who is fully dependent and to do so in a way that is just and caring to all concerned.

The primary question that the caregiver must ask is what constitutes good care. How can I further the interests and well-being of the person I care for. To be an act of care, my actions must be done *for the sake of the cared for*. This means that I have to be attentive to the other's needs, willing to look past my own needs and interests to understand the other's. In my book *Love's Labor* I speak of the "transparent self" of the caregiver—a self transparent to the needs of another. But an ethic of care is *not* an ethic of self-sacrifice. When a carer sacrifices her own self for the sake of the other, there are no longer two selves that can stand in relationship, each exerting a pull, each with a legitimate set of needs and claims, some of which are shared. But a fully dependent individual, say an infant, cannot reciprocate care. A third party, whom I have called the dependency worker is needed to attend to the needs of the one caring for the dependent. Her needs and interests may have to be deferred, but ought not to be sacrificed.

With this move, we can begin to see how the equal importance of dependent and dependency worker is demanded by an ethic of care itself. Each one has needs and interests that must be served if an individual is to survive and thrive. When we are dependent on another to help us meet these needs which we are, by reason of features we all share as part of the human condition and not by the artifices of social arrangements, then our inevitable dependency must be met by another, the dependency worker. Because in meeting the needs of the dependent, especially someone who is entirely dependent, we lose some or all of our capacity to meet our own needs. But we too need our needs met, we too need care, or as I put it in *Love's Labor*, we too are some mother's child, some others must attend to the needs of the dependency worker. This creates a nested set of dependencies. More of these later.

The Myth of Independence

The idea that we are all some mother's child provides us with a relational conception of equality. The thesis of *Love's Labor* then is about equality and dependency—how traditional understandings of equality have failed us and how they can be reconceptualized to reconnect us to the human dependency. Equality, understood in the terms of traditional liberal political philosophy, may be achievable for some women, but cannot be attained by *all* women because this particular conception depends on an understanding of persons which fails to acknowledge fundamental human dependency. As long as we continue to think of society as primarily an association of equal independent actors, the critical role of dependency in human life is placed out of view—outside of public concerns. The consequence is that significant elements of any human society are excluded from political consideration, including

- Those who are temporarily or permanently dependent and are so inevitably, not merely because of contingent and alterable social conditions.
- Those whose labor is devoted to the care of dependents.
- The relationships of dependency that are rooted in the facts of human vulnerability and frailty.

Because women have traditionally, and continue to be, the primary source of dependency workers, dependency responsibilities are attributed to them. In the social division of benefits and burdens, the dependency worker carries the burden for more than one and receives the benefits of less than one. This inherent lack of equality most egregiously affects those who are poor, who come from racial or ethnic minorities, or who are otherwise disenfranchised, but all women, even those who are middle-class and well-educated are affected by the inequalities posed by dependency and dependency work. As we will note, one of the most egregious of the inequities is borne by women who migrate to care for others, leaving their own children behind for years at a time. Until we can forge a conception of equality that begins with our relationality, we will not realize equality for *all* women.

An ethic of care is the ethic that is both based on the fact of human dependency and the consequent need for care, and it addresses the moral dimensions of the relationships that arise from this form of human connectedness. My contribution to an ethic of care in *Love's Labor* was to underscore the importance of acknowledging inevitable human dependency in constructing a just and caring society. An artificial construction of dependency, such as when a wife becomes entirely dependent on her husband because she does all the dependency work and then must depend on his good will to support her and their dependents, can be a source of subjection for the wife. The dependence of the "lady" on her maid is a constructed dependency that is oppressive to the maid. The dependence of many disabled people on welfare when, given the right support, they could earn a living themselves is a socially constructed disability that is oppressive to the disabled. But inevitable human dependency is neither good nor bad. It just is. It can also be an occasion for human flourishing. Indeed the original, if not the only source of human social and political arrangements comes about in order to provide for and protect dependents.

To find a conception of equality capable of incorporating human dependency, the ideals of self-suf-

iciency and independence must be demystified. The individual who meets the ideal of the independent citizen does so by relying on others to care for the needs of his dependents and in the knowledge that someone will come forward to care for him should he ever become dependent. But the dependency of the “independent” has to be hidden from public view or it will reveal independence for the myth it is.

The originary myth of much Western political philosophy is that of a social contract entered into by independent, self-sufficient, free, equal, and fully functioning adults. They enter into the social contract for mutual protection and advantage. But to the extent that these parties are independent and self-sufficient, the quandary for political theory has been explaining why individuals would give up their freedoms to bind themselves with the obligations of a social contract. A better originary tale is emerging from evolutionary, anthropological and sociobiological theories. According to this view humans are alone among apes in sharing caregiving. Because human infants are dependent for longer periods of time, because their large developing brains need a lot of nutrition, and because of contingent environmental conditions, human infants could not survive if only the mother cared and foraged for the infant. While other ape mothers will not trust their infant even to a grandmother or sister, humans developed the ability to ascertain the motivations of another with greater acuity, developed trust, trustworthiness, and empathy, all of which allowed them to leave their own infant with another. These prosocial capacities were critical to the development of the complex social structures and the degree of cooperation we see among humans. It is our very dependency—not our independence—that is at the heart of all social orders (See Hrdy, 2009).

It is in an ethic of care where we can begin to understand how relational selves can achieve equal moral standing even as moral interactions between unequals are given a place. Such a concept of equality requires a different conception of the reciprocity required for social cooperation. In *Political Liberalism*, the preeminent political philosopher John Rawls writes, “Those who can take part in social cooperation over a complete life, and who are willing to honor the appropriate fair terms of agreement are regarded as equal citizens” (1992, 302). In my book, however, I argue that we cannot limit our understanding of social cooperation to interactions between independent and fully functioning persons because it obscures or minimizes the social contributions of dependents—who, even in their neediness, contribute to the ongoing nature of human relationships—and of those who care for dependents. Instead, I suggest a notion of reciprocity I term “*doulia*.” The term captures the idea that those whose attention and resources are directed at aiding others who cannot fend for themselves (that is, who, in the given circumstance, would fail to survive or thrive without the care of another) must in turn be tended to and supported in their efforts by others. This is necessary to the extent to which caring for another diverts attention and resources from meeting one’s own needs and to the extent that the one caring has to provide the attention and resources needed to care for dependent. I adopt the term “*doulia*” from the postpartum caretaker, the doula, who assists the mother who has just given birth, not by caring for the infant as much as by caring for the mother so that the mother can herself care for the infant. I argue for a *public* conception of *doulia* (service) by which we ac-

knowledge the social responsibility to care for the caretaker. In the case of the newborn this is necessitated by the newborn's need and the mother's neediness in her own care as she devotes her physical and emotional energy to tending to the utterly helpless newborn. Another – those who benefit from the dependency workers' care of dependents, society at large as well as those more intimately involved, are morally obligated to attend to the caretaker, because, I want to insist, at the heart of our notion of equality is the idea that we are “all some mother's child” – we are each persons who have benefited from the care of another, who have been seen as worthy of an investment of care and attention merely to survive, much less thrive as we grow into adults. If another is worthy of my care, it is because I too am worthy of care. This is a notion of fairness and reciprocity that is not dyadic, but involves at least a third party, in fact an infinite spiral of relationships that reaches both into our past and projects into future generations. What is called for is a collective, social responsibility for care, but one that doesn't dilute relationships between dependent and caregiver, between dependent and dependency worker is what I call for.

Dependencies Extend Beyond the State

Thus far I have followed traditional conceptions of justice in speaking of ethical and political obligations as they emerge from and bind individuals into societies, societies that in modern times developed the political structures we recognize as nation-states. Since I wrote *Love's Labor*, I have come to recognize the limitations of such citizen- and state-based models of justice. I believe that a public ethic of care conceptualized along these lines is incoherent in the globalized world we inhabit, especially in light of demographic shifts in age and mobility, and given the altered gender roles that are global in scope.

The challenge comes most directly from the migration of caregivers. These are women who leave home, often for years at a time to travel to wealthy parts of the world, to care for children, the ill and disabled, and the elderly. They leave their own dependents in the care of other family members or still poorer women who lack the resources to travel abroad. The families of these domestics receive the most minimal care. If we want to build a society that is based on a public ethic of care and on a feminism that seeks to benefit all women, it cannot be one where the public support for care benefits dependents and citizens at the expense of migrant women who have to sacrifice their own familial connections in order to support their families.

Perhaps a nation that was really organized along a public ethic of care would create conditions so favorable to caregiving that citizens, men and women alike, would be sufficient to the care needs of the nation. But given the current organization of developed nations, which is one in which men “help” but do not fully share care work, in which the workplace is still structured along the lines of a male breadwinner/female caregiver model, in which more people need care far longer as they are living many years as frail elderly, and in which modern industrialized lives are marked by high levels of mobility, is it possible to exclude the necessity of the importation of caregivers to places where there is

a “market” for such labor? Unfortunately such a market best serves those with wealth. Those in need have to make do with whatever they get. Given that good care is so essential to the development and cohesion of a society, does this not suggest that the fewer care resources in developing nations might deepen the divide between rich and poor parts of the world?

If an ethic of care urges the importance of assuring care for all who need it and a release from caregiving for those who seek it, it also urges the right to give care to those who wish to care for the dependents whose welfare is most critical to their own. It cannot coherently provide such “*doulia* rights”—rights to receive care and be supported in one’s own caregiving—to its citizens while relying on caregivers from abroad whose *doulia* rights are denied by the home country and by the host country alike. This is especially so since the harm that is experienced by these mothers, sisters, and daughters who migrate, is a harm best identified through an ethic of care. For the harm of what Arlie Hochschild (2002) has called “the Global Heart Transplant” is the harm of broken relationships. Even though the women themselves view the sending home of remittances as a form of care, it is difficult for the relationships we tend to hold most dear not to suffer when they have to be sustained across spans of time and long distances.

Yet, the migration of care workers is caused both by a pull, the need for care workers, and a push, the need of these women to provide for their families. If the pull is the creation of demographics, of women’s entry into the labor market, of the insufficient response of men to the demands of care, of inflexible work structures, and of levels of mobility that spread family members far and wide, the push is created by deeply unjust global economic forces that include a heavy indebtedness of poor nations, by the structural adjustment policies that cut services, gut public education, and drive the middle-class civil servants lower on the economic scale, by the various forces that have been responsible for increasing economic inequality globally, by governments that view the exportation of care workers as a significant source of revenue, to mention but a few. The push, in short, is created by forces of global injustice.

While an ethic of care was first articulated in opposition to a justice-based ethic, here we see justice and care occupying not opposing positions, but complementary ones. A just world needs to take the demands of an ethic of care as an important matter for its political life. A caring world, in turn, needs a just world, where global economic, military, and political power is distributed equitably and is not used to dominate. The nesting dependencies extend beyond the state, for these are nested in larger regional and global economic and political orders. Ultimately, the evaluation of the ethics of even intimate relations centered on care has reference to the nested dependencies that ripple out into what we call the global order. We cannot have just caring at home if we do not have caring justice globally.

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