

## A Conversation on Care Ethics

A: Did you read the Robinson article finally?

B: Yes, I did.

A: Did you like it?

B: I found it to be an obscurantist rant. I think that the philosophical fundamentals of care ethics are all misplaced.

A: Well. Those are some strong views. I hope you are not saying it out of mere spite, for I found the article quite interesting.

B: Then I must say that you need to review your own philosophical fundamentals too. I do not see how someone who is not under the grip of an ideology would hold such a position as hers. I had thought that the entire talk of 'care ethics' was a philosophy in-joke.

A: Well. I hope you do have some justification for what you say. And given that the department has been giving article after article on feminist care ethics, it certainly doesn't seem to think of 'care ethic' as a joke. And should I remind you that Giligan & Baier are respected scholars?

B: If this constant showering of 'care ethics' articles isn't frivolous, then it is pernicious. Perhaps this myopic focus on only one kind of feminist philosophy is aimed at proselytising unsuspecting students...

A: [cuts B short] ...that is beside the point. And I am not interested in your speculations. I am interested in rational argumentation. You hold views which put you in direct opposition with Giligan, Baier and Robinson, and I am interested in how you would defend yourself.

B: Very well then. Shall we look at the fundamentals of 'care ethics' – which I believe are quite misplaced – before coming to the Robinson Article?

A: Okay. I think that won't be wholly unwarranted. Robinson is pitching for a *global* ethic of care, and it'll be a good idea to first get you rid of your apprehensions about 'care ethics'. But wait, what was that bit about 'obscurantism'?

B: Well, I feel that there is no point – beyond an purely emotive one – that Robinson makes with her use of such undefined, vague words as '*hegemonic masculinities*'. Let's talk about it when we get there. For now, let us focus on defining our terms. What do you think 'care ethics' means? Or wait, first tell me what gave rise to this very notion of 'care ethics'?

A: We have already done it in the Annette Baier paper. You want me to repeat it all?

B: Yes. For that is where I think the original sin was committed.

A: Well. Carol Giligan, this Harvard Psychologist discovered, through empirical studies, that women evaluate moral phenomena differently from men...

B: [cuts A short] ...wouldn't you want to begin from Kohlberg's stages of moral development?

A: Well, yes. That's a good idea. So there was this Psychologist, Lawrence Kohlberg, who was quite influenced by the Kantian moral tradition as developed by John Rawls. So Kohlberg developed a model of moral development which postulated multiple stages of moral development that a child goes through in becoming morally mature. Each stage was differentiated from the other on the basis of what kinds of moral *justifications* a child provided for his/her particular moral choice.

B: Isn't it awesome that Kohlberg did not differentiate the stages of moral development on the basis of moral choices *themselves*, but rather he differentiated them on the basis of the *justifications* provided by the subjects for *whatever* moral choice they made? Didn't he use the Heinz dilemma for eliciting moral justifications from his subjects?

A: Yes. And yes, so far as I remember, he used the Heinz dilemma. He sees moral development as the subjects' shift from the pre-conventional to the conventional level, and then to the post-conventional level. In the pre-conventional level, the subject is liable to think that all that matters is pleasing parental authority figures, or at least not offending such figures. In the next level, the subject places value in fitting within a group and conforming to its standards and rules, and such communitarian values become the basis of justification for a moral choice. And in the final stage - the post-conventional one - the rules of the conventional stage are subjected to tests. In this stage the individual's moral justifications are more likely to be in terms of Universal laws, for example, the Kantian Moral Law.

B: Thanks for the summary. And what were the results of Kohlberg's study?

A: Let me read from Baier's paper. I had it kept somewhere [*Pulls out a bunch of pages.*] Yes. Here it says: "What was found when Kohlberg's questionnaires were applied to females as well as male subjects [...] is that girls and women not only scored generally lower than the boys and men but tended to revert to the lower stage of the conventional level even after briefly (usually in adolescence) attaining the post conventional level."

B: And how did Gilligan respond to Kohlberg's study.

A: Well I guess she didn't agree to it.

B: And in what manner did she express her disagreement?

A: She conducted another *empirical* study to find out what women saw moral progress to be. While she found out that young men mostly agreed to Kohlberg's model, the women tended to speak in a *different voice* about morality and moral maturity.

B: Thanks. And what does she conclude from all this?

A: She reports the discontent of her female subjects with “the individualist, more or less Kantian moral framework which dominates Western moral theory”. I guess this is where the whole discourse on care ethics begins. The present ways of thinking about morality are mostly *male* views on morality, and do not adequately capture the moral experience of women. Thus we must revise our notions of morality such that they are more inclusive.

B: Don't you see how preposterous this argument sounds?

A: No. Why would you think that?

B: Suppose instead of conducting experiment to study the moral progress of subjects, Kohlberg had conducted experiments to study the let's say, *mathematical* ability of subjects. Suppose - for the sake of argument - that in such experiment girls and women had scored generally lower than the boys and men. Would you then, as a result of such study, suggest that the discipline of mathematics be revised to accommodate the experiences of women?

A: Why? That would be absurd!

B: But then, this mathematics example has the same *form* as Gilligan's criticisms!

A: I don't understand. How can you say that?

B: Look. Psychologists conduct experiments all the time, in many of which a gender difference is often found. Let us say, in a study on *workplace commitment* male employees are found to be less committed than female employees. Now, from this data, two conclusions might be drawn: (a) that perhaps the male employees have been dealing with some systematic problems in their life & work which lead them to having commitment issues; and hence they must be *assisted* so that their commitment levels rise to the level of their female peers or (b) that perhaps the very criteria of 'commitment' that were used in the study were fallacious, and do not adequately capture the *workplace experience of males*.

A: What are you getting at?

B: Gilligan concludes from the study that the very criterion of morality, i.e. the Kantian moral framework, on which Kohlberg's study was based, is *tainted* because women don't do as good on those standards. I am surprised how Gilligan completely ignores the fact that Kohlberg's study might be informing us of the oppressive conditions of society, under which women are forced into marriage, child-birth and care-giving, which consequently lead them slip down the scales of moral development! The fact that adolescent women slip down back to the 'conventional scale' after childbirth shows that while women are capable realizing their moral potential, yet they are held back from realizing it because of the oppressive requirements of their roles as caregivers.

A: Hmmm.

B: Infact, Baier talks about it in her paper too; while speculating on the reasons *why* women fare poorly on Kohlberg's tests, she says: “some find it retrograde to hail as a special sort of moral '*wisdom*' an outlook that may be the product of the socially enforced restriction of

women to domestic roles that might seem to play into the hands of those who still favour such restriction.” Now, if in response to Kohlberg’s study, we push for changing the very criteria of moral progress, such a move would be regressive, for it would be tantamount to wanting to keep women trapped in such unfortunate roles that they presently play in the society. Perhaps the poor performance of women in Kohlberg’s tests is because women have been forced into caretaking roles since centuries, or perhaps because of contingencies of childhood development which work to the disadvantage of women; and hence, instead of changing our conception of morality itself, it would help us more if *assist* women in dealing with such systematic problems that our society suffers with.

A: So you are saying that the ‘*care perspective*’ - which is hailed as such important a part of the moral experience of women - is a result of oppressive practices, and modifying our moral systems to include the ‘*care perspective*’ would only perpetuate such oppressive practices.

B: Yes.

A: But I have a problem with your position. Suppose we don’t consider *care* as a special moral ‘*wisdom*’ that women somehow possess. Let us consider ‘*care*’ - as Robinson puts it - as “both a fundamental aspect [of] everyday life and an essential feature of the human condition which is both essential for survival and necessary for human security and well being.” If we consider care as an *essential, a necessary aspect of human life* then the fact that it is women who have been primarily involved in caretaking can be thought as a mere historical *contingency*; and we can work towards developing an *ethic of care*, which, as Held would put it, is beneficial to *both* men and women.

B: I understand what you just said. But I see that your position has shifted now. You don’t anymore seem to consider the *empirical* fact of ‘women’s moral experience’ as a *justification* of care ethic. Your argument now is that ‘*care*’ is *essential* and hence we must incorporate it in our moral thought. Now you seem to be batting for care ethics on grounds *independent* of what women’s moral experiences are like. You seem to be asserting: *care is essential*, and where this philosophical insight came from - whether men or women - is inconsequential.

A: I don’t have a problem with that. I don’t think one has to be a woman or a feminist to defend care ethics. The *truth* is: *care is essential*. That we realized this truth after Gilligan’s experiment is, again, just a contingency. Just like the Pythagoras Theorem. The Pythagoras Theorem doesn’t become True because it agrees with someone’s experience. Pythagoras Theorem is not True because Pythagoras or the Ancient Greeks *thought*, or *experienced* it to be true; Pythagoras Theorem is True because of the simple and tautological reason that it is True, and, this truth having been grasped by the Greeks is just a historical contingency. In the same manner, care is essential for human life, it’s just that women happened to grasp this fact earlier than men did.

B: I have a lot to agree on with you there. But then there is another manner in which your position has shifted. You seem to have given up the importance of *empirical* evidence in determining what ought to be considered moral progress. I hope you’d admit that while

Kohlberg might have been wrong about his specific conception of the different levels of moral progress, yet he was not wrong *because* Gilligan's *empirical study* showed that women perceive moral phenomena differently. Wouldn't you want to say that argument of 'care ethics' is valid on independent, *a-priori* grounds, and not merely because a bunch of women subjects were found to favour it in an *empirical study*?

A: I would not want to agree with you there. I think care ethicists place a lot of importance on empirical research on the status of moral subjects. In fact, I think it constitutes a major part of their argument: their contention is that liberals, and neo-liberals take the moral subject to be a detached, autonomous individual, which it seldom is. The moral subject is always situated in a web of relations and inter-dependencies, and an empirical study can inform us of such inter-relations and inter-dependencies. And any moral theory must be based on such actual, real situation of the moral subject established through solid empirical research; rather than being based on some chimerical, fantastic notion of an ideal subject.

B: I wouldn't disagree with you on your reading of care ethicists. Robinson rubs that in all through her article. But I have a lot to disagree with you on your other assertions. Firstly, while empirical study is undoubtedly important, we must be clear as to *what its importance lies in*. While empirical data can inform us of what the present state of moral subjects *is*, it cannot tell us what the state of moral subjects *ought to be*. While empirical research can tell us what subjects *consider to be moral*, it doesn't tell us what *ought to be moral*. The rightful realm of Ethics is the realm of 'ought,' not the realm of 'is'. The realm of 'is' belongs to the sciences. The sciences tell us what the moral life of society is like, and Ethics tells us what the moral life of a society ought to be like. Secondly, empirical research has an undoubted importance in *policy formation*. The policy maker must be both a social scientist and an ethicist in that she must know not only the *goal* of a policy - something in which a normative discipline like ethics might inform her of - but also the *present state of affairs* so that the *right instruments might be chosen for a policy to be implemented*. While the importance of sciences and empirical data cannot be exaggerated, they must not be confounded with Ethics, whose purpose is purely normative. In fact, I often feel appalled by the blatant appropriation of Hume's philosophy by the care ethicists. Those who call Hume a 'woman's philosopher' - because he holds morality to be grounded in subjective 'sentiments' - only betray their own simplistic assumptions about women. Further, they very conveniently ignore whatever *else* Hume has to say about Morality, for one also finds a very radical strain of *scepticism* in Hume. Hume embarks on the third volume of the Treatise - where he talks about morality - quite grudgingly; because he emphatically holds that Ethics is not an *object of reason*, and thus *cannot be known about*. In fact, given that in the first volume Hume *also* says that whatever is not an *object of reason* ought to be 'committed to flames,' one could very justifiably conclude that Hume would want all the elaborate works on Ethics, including those by the care ethicists to be committed to flames as well. Further, Hume was the first to propose the fact-value distinction, which separates *facts*, i.e. the kind of knowledge sciences produce, from *values*, i.e. the kind of knowledge ethics deals with; and puts them into separate, watertight compartments. Hume would say that Ethics is not meant to tell you what *is* the case, Ethics tells you what *ought to be* the case; and in this sense Ethics can never be

a science. And in this, Robinson is clearly not following Hume's injunction. Finally, in observing that the source of moral conduct is not obedience of some rational principle but surrendering to some subjective '*sentiment*', Hume is effectively putting the shutters of the discipline of Ethics down. Because if doing the '*good*' thing is nothing but following one's own personal sentiment, the very possibility of everyone agreeing on one action or a thing being *good* is precluded; for there is no guarantee that everyone might share the *same* sentiment. Hence there can be no common '*good*' that might serve as the aim of the discipline of Ethics. And insofar as ethics is considered as the enquiry into the question of '*what is good?*' there won't be any ethics, because instead of '*good*' we will only chance upon one or the other subjective *sentiment*. And if the care ethicist follows Hume to this extent, it would be trivially easy to counter her; because any of her proposals as to what a '*good*' moral theory should be will reduce to expression of her *sentiment*: liable to be met and *refuted* with merely an opposite *sentiment* of mine. Perhaps it was for the purpose of rescuing ethics from such absurdities that arise from Hume's scepticism that Kant envisages moral system to be governed by a Universal Moral Law which all moral subjects are capable of apprehending: a *universally true system of morals* - wholly independent of the identity of the moral subject & the caprice of an age - and thus available to *any* subject capable of rational thought, irrespective of the contingencies of one's birth and upbringing.

- A: Well. While I agree with your interpretation of Hume, I am not wholly sure of its relevance to the present discussion. Regarding the other two points you draw between the relation, or lack of it, between empirical study & ethics, I think you haven't got the argument of Robinson's article right. She isn't confounding ethics with science. No. Her position is quite different. She presupposes 'care' as an essential element of human life. And the notion of 'care' is nothing but relationships between two people with complementary identities, for example, a mother and a child, a teacher and a student etc. Thus, in order to accommodate the notion of 'care' within a system of ethics, the ethicist would need to inform herself of the kinds of identities and the nature of relationships existent among such identities. For example, the ethicist would need to know how many mothers are there and what the caretaking expectations of a child are etc. And it is for this reason that the ethicist must immerse herself knee deep in empirical data before formulating any system of ethics.
- B: My comments about Hume were only meant to draw attention to a selective representation of one aspect of Hume's philosophy. Hume expresses such a plethora of views in his philosophy that his status and authority form an easy target of appropriation by interested elements. Indeed, as Selby-Brigge remarks in his introduction "he says so many different things in so many different ways and different connexions [...] This makes it easy to find all philosophies in Hume, or by setting up one statement against another, none at all." Care ethic dogmas are often perverse, and we must scrutinize any name that comes up. Nevertheless, I apologize for having brought Hume without good reason. Regarding the other issue, I believe that both of us *do* agree on the *usefulness* of empirical data, but I am not sure if we have reached a point of agreement on *what its importance lies in*. I believe it is because we are still working with very vague terms like 'care,' and I think once we figure

it out we will be able to make some progress on this issue. So let's get back to a question we asked earlier. *How do we define 'care'?*

A: Perhaps I can borrow Baier's characterization of it as '*a felt concern for the good of others and for the community with them.*'

B: Could you flesh it out a bit more for me please?

A: Of Course. I hope you would agree that humans are social animals. We cannot live alone in our respective corners. We have social needs. Our infants need to be taken care of through their growing years. We need to help each other when we are ill. We need to be looked after when we are vulnerable, for example when we lose a loved one or fail at a marriage or relationship. And once we grow old we need to be *cared* for.

B: You listed a lot many examples. Thanks. But here is one thing that I could never understand. Why can't we set up institutions whose function would be to deliver all such instances of 'care' that figure in the list? We can have *nurseries* and *childcare homes* to take care of infants, we can have good hospitals, ambulance services and nursing staff to take care of us when we are ill. Relief to broken or desolate hearts may be better provided by well trained clinical psychologists at counselling centres, and we can better our old-age homes to take care of old people as they wish to be cared for.

A: Ermmm. I guess that is theoretically possible. Okay. I accept that.

B: But, if you accept that, you'll lose the whole argument of care ethics.

A: How?

B: The core argument of care ethicists is that the 'justice' perspective doesn't account for this basic human need of being *cared* for. As Baier puts it: "...the main complaint about the Kantian version of a society with its first virtue justice [...] is that none of these goods does much to ensure that people who have and mutually respect such rights will have any other relationship to one another than the minimal relationship needed to keep such a "civil society" going. They may well be lonely, driven to suicide, apathetic about their work and about participation in political processes, find their lives meaningless, and may have no wish to leave offspring to face the same meaningless existence." Once the policymakers working behind Rawls' hypothetical '*veil of ignorance*' recognize care as being '*essential*' and '*necessary*,' they could very well envisage such institutions that disburse care; such 'relationships' as are required for care-giving can also be *institutionalized* and what is hailed as 'care perspective' with much hoopla could then simply be subsumed within the 'justice' perspective!

A: That can't be right. Perhaps by *care*, then we mean the *personal touch* you get when your mother hands you over the medicine instead of a hospital nurse. A mother does it out of some *felt concern*, but the nurse might do it *without any concern* for your well being and merely out of some sense of duty. Maybe that's what Baier is getting at with her use of the word 'felt concern'. You've got to *feel* the care too, and not merely *show* it.

B: Can we *do* something to get our nurses to *feel* that *concern*, get that *personal touch*?

A: I guess I would have to answer in negative, because if I say *yes*, you'll again argue for institutionalization of that *personal touch* and thence to the argument that care ethics can be subsumed within the 'justice' perspective.

B: Okay. But do *all* mothers *feel* that *concern* towards their offspring?

A: I would *want* to say yes, but that would be a *lie*. All mothers don't care for their children. Some even end up killing their own offspring, like the one case we have been listening to in the news these days. So I guess a strict answer would be a *no*.

B: Are *all* relationships defined by a *concern* which is *felt* by one party towards the other, and vice-versa?

A: That certainly is not the case. You feel concern for the other in some relationships; for example, most likely, but not always, personal relationships. But then there are other relationships, like relationships at workplace, where you seldom feel concern for other people.

B: Can we do something to get people in such relationships and interdependencies that Robinson talks about to have that *felt concern*, that *personal touch*?

A: I think that won't be possible either. We have felt concern for people we somehow *like*. And our likings for others is almost *arbitrary*, there are no rational grounds for that. One may even end up liking a criminal, and may feel concern for the same.

B: Can I conclude, then, that insofar as '*care*' is thought of in the manner care ethicists want to think of it, we cannot get people to *care* for each other?

A: Ermmm. I feel like disagreeing, but I do not see how your argument could be wrong. I guess I will have to accept this conclusion or else be called irrational.

B: Exactly. Care ethicists seem to be working with an elusive, phantom notion of '*care*' that is of no use in debates and discussions about *public policy*. If '*care*' is well defined in objective terms - like handling over the pill every day at a fixed time etc. - *it can also be institutionalized*, for example, we can train our nursing staff to '*care*'. However, if it is left vague and subjective, and doled out in terms like '*felt-concern*', and '*personal touch*', it is *useless* to talk about such '*care*' for purposes of public policy, because it is a variable which we cannot *control* through state apparatus! Who I care for and who I don't is very much my personal decision, and no amount of coercing and cajoling by the state or anyone else can change my decision of that. Who to like, and hence care for, and who not to like, and hence be apathetic towards, is one of the fundamental freedoms of my person which no-one can take from me even if one wished to.

A: I don't understand. What do the nurses and teachers do, if not care for patients? Aren't we requiring them to care? Why can't we require people to show empathy and concern in the same manner that we get nurses and teachers to '*care*'?

B: Must I remind you again of the two senses of care we just laid specific? The first sense of 'care' is one which is defined in objective terms: for example, a teacher may be said to 'care' if she makes sure that her students understand the lessons, if she makes sure that the children don't hurt themselves and each other etc. Once we have such *criteria* for what we mean by care, we can perhaps create a paid position in an institution, recruit and train a person to perform such a care-giving role. In this sense, care can very well be institutionalized and accommodates within the liberal, 'justice' framework. However, if the requirements of care be defined in such terms that apart from performing her duties, she also 'love' her students as she would *love* her own children; then it is a requirement that is impossible to impose for the same reason that you can command a person's body, but not a person's mind.

A: I do not see how the liberals would deal with the latter notion of 'care'.

B: I believe the liberals were wise enough to recognize the *limits* of public policy and the limited capacity of the state in dealing with such issues as the latter notion of care that we discussed; hence the distinction between the '*public*' and the '*private*'. Public policy works within the *public* realm, the state apparatus functions within the *public* realm; and any version of ethical theory that addresses more than one individual must restrict itself to the *public* sphere. The latter notion of care is a personal matter, and the state and public policy better remain out of the personal matters of individuals for the simple fact that they can neither influence nor govern individual's personal life. I don't see how the adherents of care perspective can be so oblivious of the utter impotency of the state in ensuring that their version of 'care' is made a reality!

A: I don't agree. There are clear counter-examples to what you just said. For example, in our own country we have state laws that require grown up children to *care* for their elderly parents; something that was thought of earlier to be a personal matter! And the state, by making such laws has successfully intervened in alleviating the plight of the elderly. What gives you reasons to believe that we can not formulate state policy such that the teachers might also begin loving their students as they love their kids?

B: I don't think you got me right. My claim is a simple one. Insofar as you can spell out - in clear & objective terms - what care *means*, it can be accommodated within the justice perspective, and thence dealt with institutional mechanisms. For example, if you recognize that grown-up children paying a particular amount of money to their elderly parents amounts to *care*, we can set up institutions that make sure that such 'care-rights' of elderly are honoured. But no arm of the state apparatus can *ensure* that these grown-up children, over and above giving money, would also 'love' their parents. If all that is meant by care is such '*subjective*' concern, I don't think the state can do anything about it.

A: Hmm. So what you are saying is that if the notion of 'care' is spelled out objectively, it can very well be subsumed within the justice perspective. I cannot help but notice that this goes against one of the conclusion of Robinsons' article.

B: I guess that leads us to our earlier talk about obscurantism. It serves the purpose of care ethicists to keep the very notion of 'care' vague, ambiguous and ill-defined. In the entire

article by Robinson, the very meaning of the term ‘*care*,’ is assumed as settled and understood, while it is not. I got reminded of what a manager of mine used to tell me: sometimes *ambiguity is celebrated*. The whole article is written in an imperious tone of voice. And I never understood what she means by ‘*Hegemonic forms of masculinity*’. It only starts to irritate you when one ascribe all the ills that one can list about the world to the ‘evils’ of masculinity without caring to give an argument. After a point, I started to feel that the words ‘patriarchy’ and ‘masculinity’ are not deployed in service of argumentation, but merely to rouse certain kinds of sentiments in people with a particular bent of mind.

A: I would somehow agree with you there. It has become intellectually fashionable to ascribe any and all wrongs of the society - from our cavalier attitudes towards the disabled to the anathema that caste system is - to *patriarchy* or *masculinity*. No-one ever cared to define what is meant by these terms and what warrants the use of these terms. Intellectual prowess in the humanities is gauged these days not by the clarity and rigour of argumentation, but by one’s demagogic abilities: how well can one fan passions using emotionally loaded yet obscure terms like ‘patriarchy’. The days of easy and simple philosophy like that of Hume and Schopenhauer are past us. Today we publish papers and earn our PhD’s by making ourselves as less understood as possible. Earlier, spending an hour listening to a philosopher would provide you insights into your own life and thought; today, an hour at a philosophy seminar is akin to listening to a person speak in a foreign language. You end up gathering merely the *attitude* of the speaker without really *understanding* anything.

B: Well. That might be your opinion. But again, I must say that is beside the point. The absurdities of contemporary academic philosophy shouldn’t bother us much. But there is yet another peculiarity of care ethics that I often wonder about, something that I often feel afraid of expressing out in the open for I fear that I might be wrong.

A: And what is that?

B: The typical liberal subject looks like this independent, self-reliant, autonomous person, who is enabled enough - through her own efforts, and some assistance from the state - to make her own choices in life. To think of a liberal subject is to think of a woman who chooses her own profession: a teacher or a farm-worker or for that matter a care-worker at an institution; who earns her own bread and picks her own lifestyle; and whose personal relationships - whether she wants to be a wife or a sister or an independent woman - are results of her own choices. That is the image of a typical liberal subject that my mind conjures up for me. I often wonder what the typical subject of a care ethicist’s study looks like.

A: I often wonder that too. Care ethics conjures up image of a needy, oral person whose life is defined in terms of her identity as a mother, wife or sister; rather than as a free person capable of choosing her own station in society. She perhaps manages to get another person to ‘*care*’ for her as well. Now when you point it out, I remember how all of Baier’s male subjects are such people who are ‘jolted’ by some mid-life crisis into realizing ‘real emotional needs,’ and, of course, Baier seems to be thinking of all women as yearning for ‘attachment’ and fulfilling their ‘emotional needs’, which obviously is false.

B: And that makes me consider if care is really ‘essential’ or ‘necessary’. That seems to be to be a false assumption to begin with. *Caring for others* and being *cared by* should, at best be an ‘option’ that you might want to exercise. In fact, the demands of caring or being cared for can very well be impediments in one’s projects in life. It seems to me that the appeal of ‘care ethics’ lies in the fact that it panders to the attitudes of some people who prefer to live their lives attached to, and dependent on, other people; ‘care ethics’ appeals to people with that bent of mind.

A: And how would you explain that?

B: Don’t you think the demands of ‘*caring*,’ as the care ethicists use the term - i.e. alongwith its entire emotional baggage of ‘concern’ - can be taxing on people who really don’t want to be cared for? Let us look at the sciences, or maybe our own discipline. Luminaries like Dr. APJ Kalam or philosophers like Soren Kierkegaard made conscious decision to devote their lives to greater ideals. And they realized that they could not fulfil their potential to commit the great deeds that they did commit had they kept themselves bound in such ‘relationships’ that care ethicists think are *necessary*. Clearly, the ‘ontology of the subject as embodied, vulnerable and relational’ that care ethicists *assume* misses the mark, because the requirements of the projects that great people aspire to execute require them to be disembodied from relationships and stay strong.

A: And thus, a moral system that deems ‘care’ to be *necessary* would actually burden such individuals; thereby robbing them of such space where they might work without the restrictions imposed by the requirements of caring for one’s family and reciprocating to the care provided by family members.

B: Of course these individuals will need to be cared for when they are ill or when they are old. But the requirement that such care must be provided within the frameworks of family and community is superfluous. Such minimal care that is required for an individual to subsist can very well be provided by hospitals and old-age homes. Care, clearly is an added extra which some people might desire, others don’t; like chocolate fillings on an ice-cream.

A: Hmm. It has already been long since we’ve been talking and I need to go. So let us get back to the Robinson article. How would you respond to the three main points that Robinson raises in her article, i.e. the relationship of ethics with empirical sciences, the ontology of the moral subject and the ‘injustices’ that the liberal outlook results in?

B: I think we have covered much in our discussion. To extrapolate the ‘is’ into an ‘ought’ is obviously a fallacy. Data from the empirical sciences is important, but not for ethics. If you were to say that the ethicist needs to take empirical data into account so that the various identities & the complicated web of relationships are well understood, my response to you would be qualified: While knowledge of such identities and relationships is desirable for purposes of choosing the right tools by policy makers in creating the society they envisage; such data cannot inform the ethical discourse on whether such identities and relationships are *themselves* desirable. Further, as we discussed, the model of ‘embodied, vulnerable and relational’ self that care ethicists assume is itself a mere assumption. Not all of us look at

ourselves that way. And more would not like to look at their selves in such manner. This assumption puts restrictions on the kind of things that a human can aspire of doing.

A: And what about injustice?

B: I did not understand the special notion of ‘injustice’ that Robinson is working with. Do you think the kind of injustice - that Robinson thinks is meted out to migrant care-workers - is of such kind that it cannot be dealt with in the Justice perspective? Can we not frame laws to stop such injustice and give migrant workers such *rights* that protect them from discrimination etc.?

A: Yes. But I guess Robinson is talking of some other kind of *injustice*. Perhaps, migrant workers not getting ‘emotional’ care is what Robinson would classify as injustice.

B: Drawing back on our earlier talk, do you think such requirement for ‘emotional’ care can be addressed within the framework of public policy?

A: I guess not.

B: Then what is there to this talk of injustice, except non-fulfilment of some teenage desire of feeling loved? And what is to this postulation of care ethic as some kind of Messiah, except an attempt at misleading vulnerable people?

A: I don’t know. I am not myself wholly convinced that one could do *without* care. I think we all have emotional needs that need to be fulfilled. And we feel that we should build up some machinery that fulfils that need. And looking at the state apparatus feels like the first thing to do.

B: Well. I understand your concern. But we agreed that state cannot be such a machine that ensures that emotional needs of an individual are fulfilled. These issues must at best be relegated to the individual. Personal relationships are a matter of choice and volition. We cannot force people with that. And instead of looking at the state for fulfilling one’s emotional needs, wouldn’t it serve better if one looks into her own heart and at her own disposition towards others?

A: Hmmm.

B: But there is one more respect in which I think ‘care’ is not only non-essential, but insidious.

A: How would that be?

B: What reasons do we have for believing that ‘care’ is not merely a tool that was invented in history to exercise power?

A: What would you mean by that?

B: Look, through history, men have wielded power in obvious ways. They used brute physical force and amassed economic wealth to exert power. But women had to exert power in non-obvious and surreptitious ways: by ‘*caring*’. If you can make someone believe that your

actions somehow amount to his/her *good*, and that caring is somehow *necessary*, you can have a lot of influence over that person. Over centuries of cultural history, we forgot the original nature of these acts, and such tools of exercising power got ingrained in the psyche of people. In such scheme of things, what is care but a means of seduction and enslavement?

A: That sounds really counter-intuitive, but this discussion would take us way off our original talk. And I am in a hurry.

B: Yes. You must leave. We will meet later.

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**Bibliography:**

- A. Baier, A. "The Need for More than Justice". In James E. White (ed), *Contemporary Moral Problems*, California, Wadsworth, 2000.
- B. Held, V. "Rights" in Alison Jaggar and Marion Young (ed.) *A Companion to Feminist Philosophy*, Blackwell, 2000.
- C. Robinson, F. Global care ethics: beyond distribution, beyond justice, *Journal of Global Ethics*, 9:2, 131-143. (2013)