

**Politics, Human Flourishing, and Bodily Knowing:
A Critical Theory of Embodied Care**

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“The really important kind of freedom involves attention, and awareness, and discipline,
and effort, and being able truly to care about other people and to sacrifice for them, over
and over, in myriad petty little unsexy ways, every day.”
--David Foster Wallace

For my parents, Sue and Steve Mann.

And for Brendan.

ABSTRACT

Hollie Mann: Politics, Human Flourishing, and Bodily Knowing:
A Critical Theory of Embodied Care
(Under the direction of Susan Bickford and Jeff Spinner-Halev)

This project investigates the relationship between human flourishing, politics and care. I consider how politics can stifle or foster citizens' potential to attain and practice the virtue of care and why this matters for politics. In this work, I make three principal contributions to our study of care: First, we must begin to see care as more than a means to other ends. Care not only helps us achieve political ends like autonomy, justice, and equality, but it is also an activity that should be done for its own sake. Second, the best *citizen* is a caring one, a claim that contrasts deeply with conventional understandings of citizenship, both ancient and modern. Others have articulated care's importance to democratic citizenship, but what we need now is a more capacious understanding of what it takes to create a caring subject and what political work is required to sustain citizens' practices of care. This requires reimagining ourselves, as well as thinking through the civic structures, institutions, and policies that are most compatible with an understanding of a caring self. Third, my conception of care as an embodied practice illuminates the relationship between bodies, inequality, and carework. I consider how a particular kind of embodied politics can activate and sustain an ethic that cultivates citizens' capacities and desires to care.

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CHAPTER ONE

CARING AND THE WORK OF POLITICS

I. CONNECTING CARE TO POLITICS

The United States now confronts what Ruth Rosen in a 2007 article in “The Nation” called the care crisis, characterized primarily by a societal failure to adequately restructure the workplace and family life following women’s mass entrance into the paid workforce so that the caring needs of individuals and families continue to be met.¹ The current congressional stalemate over how to address major failures in the health care system is only one manifestation of a much larger failure to make care a political priority. Today, most families are dual-earner households, wherein both adults work, usually full-time, outside of the home, which means that there is no longer a full-time, unpaid caregiver in the home.² With rising costs in childcare and elder care, families often struggle to find adequate and affordable care for children and, increasingly, for aging parents. Often, the work of finding, managing, and performing care continues to fall to women, even though they, too, have full time jobs.³ And when arrangements can be made

¹ Ruth Rosen, "The Care Crisis," *The Nation*, March 12, 2007 2007, 135.

² Janet C. Gornick and Marcia Meyers, *Families That Work: Policies for Reconciling Parenthood and Employment* (New York: Russell Sage Foundation, 2003), Arlie Russell Hochschild, *The Time Bind: When Work Becomes Home and Home Becomes Work*, 2nd Owl Books ed. (New York: H. Holt, 2001).

³ Sharon Hays, *Flat Broke with Children: Women in the Age of Welfare Reform* (Oxford ; New York: Oxford University Press, 2003), Arlie Russell Hochschild and Anne Machung, *The Second*

for the care of dependents during work hours, families must still figure out how to meet the often overwhelming caregiving needs for family members during those times when one or both earners are not at work.

Although men have increased their participation in housework and caregiving responsibilities over the past decade, it is still the case that women, on average, manage and perform the bulk of this work in the home.⁴ This means that the “burden” of care is not equally distributed across both genders in heterosexual dual-income households; even when care is outsourced so that both adults can work, men are much more likely to be “off the hook” for caregiving activity in the home, while women only during work hours and sometimes not even then. Single mothers are, not surprisingly, most vulnerable to the consequences of the care crises, since they very often have no extra help and are in low-paying jobs that make meeting the costs of childcare extremely difficult, if not impossible. Middle- and working-class families, as well as single-parents, most often end up having to patch together a combination of caregiving arrangements, which include paid childcare or eldercare and assistance from friends and families, while the working poor can sometimes gain access to federal or state programs, though many of these support services are certainly at risk of being diminished or disappearing altogether in the

Shift (New York: Penguin Books, 2003). For a good overview of the rising costs of child care in the United States, see Stephanie Armour, "High Costs of Child Care Can Lead to Lifestyle Changes, Adjustments," April 18, 2006.

⁴ Suzanne M. Bianchi, John P. Robinson, and Melissa A. Milkie, *Changing Rhythms of American Family Life* (New York: Russell Sage Foundation 2007), Ellen Galinsky, Kerstin Aumann, and James T. Bond, "Times Are Changing: Gender and Generation at Work and at Home," (Families and Work Institute, 2008).

recent economic downturn.⁵ Rosen writes that, “women who work in the low-wage service sector, without adequate sick leave, generally lose their jobs when children or parents require urgent attention. As of 2005, 21 million women lived below the poverty line—many of them mothers working in these vulnerable situations.”⁶ Further, it is far from clear that President Obama’s recent proposal for middle-class tax benefits, which would increase public support for child care, elder care, and retirement (thinking about elder care in advance), will either come to fruition or, if they do, provide much relief to the working poor and those most afflicted by the absence of public care or even the publicly shared value of care in this country.

One common assumption, which Rosen seems to share, is that the upper-class and very wealthy do not suffer the consequences of the care crisis and that this perhaps contributes to a lack of political will to address the problems that result from it.⁷ These families are not as vulnerable to the “burden of family care,” to use Nancy Folbre’s phrase in a recent NY Times article on the need for a Dependent Price Index to measure the costs of caring for dependents, because they are typically able to absorb the costs and employ full-time nannies or at-home caregivers, very often from developing countries, to meet their caregiving needs.⁸ Yet, at the same time, job loss and the need to be more flexible and mobile for work opportunities has meant that more workers in all socio-

⁵ Jason DeParle, "For Victims of Recession, Patchwork State Aid," *New York Times*, May 9, 2009, Paula Span, "Adult Day-Care Centers Worry About Funding," *The Washington Post*, December 1, 2009.

⁶ Rosen, "The Care Crisis."

⁷ Ibid.

⁸ Nancy Folbre, "How Much Do We Spend Caring for Family?," *New York Times*, February 1, 2010.

economic brackets are taking jobs that may not be nearby, which often leads to new care-related challenges in the home. Although women are less likely to experience job loss in the current economy, it is not clear that the exit of men from the labor market across all classes is resulting in a decrease of time spent on housework and care for women. In any case, it is certainly true that the wealthy are able to secure care more easily than the middle-class and the poor, and so, in one way, are less likely to feel the worst of the strain put on work/family arrangements as a result of the collective failure to make care a political priority. However, I want to suggest that even the wealthy are victims of the care crisis in this country, but not because they lack the financial means to pay for costly care services. Rather, to the extent that any individual is either denied opportunities to give care or is encouraged to choose not to do so as a norm, then they miss out on an incredibly valuable aspect of human existence.

One of the core themes of this dissertation is that care is an activity that is constitutive of human flourishing; in other words, although it has instrumental value and certainly is a form of paid and unpaid labor, I argue that caregiving is also an activity that when practiced in the right way and under the right political and social conditions is a mode of self-actualization and excellence that is distinctly human. Although almost all care theorists believe that care has value of some sort, either because of its benefits to society and to those who receive care or because it is work that citizens have a duty to perform, this emphasis on the value of practicing care because doing so makes us more excellent creatures represents a very different way to think about care.

Up until now, the ethics of care literature has basically developed along two dominant trajectories. The first focuses on the dependency side of care, specifically, the

philosophical, moral, and political problems that arise from shared conceptions of the self that do not admit of weakness and vulnerability.⁹ This work is characterized by critiques of traditional liberal conceptions of personhood and the political principles that very often derive from such accounts, as well as by efforts to make connections between healthy societies and care. The liberal self at the core of most political theory, the argument goes, is autonomous, disembodied, and atomistic; critics have responded to this by suggesting that this account of personhood barely reflect reality and has dangerous consequences for the most vulnerable in society—i.e. children, the elderly, the disabled, caregivers; they further argue that rational, autonomous, and independent persons, which we can say exist only in a very qualified and particular sense, are the product of a great deal of care and social reproductive labor that very often goes ignored by liberal political theorists and practioners, yet is extremely valuable for creating the political world in which we live.

A second approach to the study of care intersects with social welfare state scholarship and centers primarily on work/family issues.¹⁰ Specifically, these scholars are

⁹ See, for example, Annette Baier, "The Need for More Than Care," in *Justice and Care*, ed. Virginia Held (Boulder: Westview Press, 1995), Ruth E. Groenhout, *Connected Lives: Human Nature and an Ethics of Care* (Lanham, Md.: Rowman & Littlefield Publishers, 2004), Virginia Held, *Feminist Morality: Transforming Culture, Society, and Politics, Women in Culture and Society* (Chicago: University of Chicago Press, 1993), Eva Feder Kittay, *Love's Labor: Essays on Women, Equality, and Dependency, Thinking Gender* (New York: Routledge, 1999), Martha C. Nussbaum, "Aristotle, Feminism, and Needs for Functioning," in *Feminist Interpretations of Aristotle*, ed. Cynthia Freedland (University Park: The Pennsylvania State University Press, 1998), Martha C. Nussbaum, "The Future of Feminist Liberalism," in *The Subject of Care: Feminist Perspectives on Dependecy*, ed. Eva Feder Kittay and Ellen K. Feder (Lanham: Rowman & Littlefield Publishers, 2002), Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1994).

¹⁰ For examples of this approach, see Martha Albertson Fineman, *The Autonomy Myth* (New York: The New Press, 2004), Nancy Folbre, *The Invisible Heart: Economics and Family Values* (New York: New Press, 2001), Nancy Fraser, *Justice Interruptus: Critical Reflections on The "Postsocialist" Condition* (New York: Routledge, 1997), Gornick and Meyers, *Families That Work: Policies for Reconciling Parenthood and Employment*, Robin West, "The Right to Care," in *The Subject of Care: Feminist Perspectives on Dependency*, ed. Ellen K. Feder Eva Feder

interested in the relationship between care and gender inequality in the home and the workforce. Work that falls along this trajectory tends to focus on the obligations the state has to provide support to caregivers such that they are not unfairly burdened by care responsibilities. Often scholars in this camp are concerned to make arguments about the rights of citizens to give and to receive care, the state's role in ensuring gender equity in the home and the labor market with respect to care, and, in general, how to fairly distribute both the burden of carework and the resource of care among the population. There is obviously some overlap between these two areas of research in the ethics of care literature. The connections are fairly obvious: It is women who continue to be associated, ironically, with both dependency and care of dependents and because care is an activity that is not highly valued in the labor market and in the home, it is most often assigned to the least powerful in society; this has historically been women and, increasingly, we see women and men of color, specifically, immigrant workers, taking on a range of caregiving jobs for those who can afford the rising costs of privatized care.¹¹

This project is not so much of a critique of these approaches as it is an attempt to encourage a new way of thinking about why care is valuable and, perhaps more importantly, precisely how the crisis of care we now face constitutes a political question that demands a political response. Simply finding a more equitable and just way to compensate and value the work that “caregivers” do or to fairly distribute the “burden” of care across both genders, which I take to an important and fundamental aim of many care

Kittay (Lanham: Rowman & Littlefield, 2002), Julie Anne White, *Democracy, Justice, and the Welfare State: Reconstructing Public Care* (University Park, Pa.: Pennsylvania State University Press, 2000).

¹¹ Of course, we pay lip service to the domestic work and nurturing labor that women often perform in the home, but it's surely the case that if we placed a high premium on this work it would likely be paid and or men would be eager not reluctant to do it.

theorists, does not address the deeper issue of care's potential to enrich our lives; indeed, if the outsourcing of care is a norm that can be carried out in ways that are agreeable to consumers and careworkers alike, or if both genders are opting out of performing care at equal rates, or if we decide to rely more and more on robotic technology to perform caregiving tasks, as is happening in countries like Japan and Germany, then these "solutions" may bypass the question of caregiving and human flourishing altogether and we will be the worse off for it.

The centrality of care to ethical and political life has been largely ignored in Western political theory. Theorists of care have responded to the failure to adequately theorize care by calling our attention to the ethical and political implications of its necessity, which they argue follows from facts of human dependence and vulnerability. Though these theorists have highlighted the political and moral dangers that arise when we dismiss or deny care's significance, they have not gone far enough. My work offers three important theoretical revisions to our study of care. First, we must begin to see care as more than a means to other ends—ends like autonomy, justice, and equality. While caregiving enables the achievement of these ends, it must also be valued for its own sake. On my account, it is not only constitutive of just political communities and so should be pursued with that aim in my mind, but it is also a practice that is itself constitutive of individual human flourishing. Second, we must reimagine that the best *citizen* is a caring one, a claim that contrasts deeply with conventional understandings of citizenship, both ancient and modern. Others have certainly articulated care's importance to democratic citizenship, but what we need now is a more capacious understanding of what it takes to create a caring subject and what political work is required to sustain citizens' practices of

care. This work requires thinking through the civic structures, institutions, and policies that are most compatible with an understanding of a caring self. Third, we must recover an understanding of care as an embodied practice and elucidate the relationship between bodies, inequality, and carework. I consider how a particular kind of embodied politics can activate and sustain an ethic that cultivates citizens' capacities and desires to care. More broadly, this work investigates the relationship between politics (and practices of care).

Joan Tronto was one of the first feminists to make an argument that care is a political good and, by way of engagement with Scottish enlightenment thinkers, an activity that is deeply integral to modern democratic citizenship.¹² She offers an illuminating and expansive definition of care: "Care is 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."¹³ Tronto has significantly enriched theoretical discussions of care by conceiving of it a political good that everyone needs and is entitled to, rather than a mere personal choice or a form of charity. In particular, she has demonstrated the dangers of viewing care as a "feminine morality," dispelling the myth that care is a moral disposition associated only with women and the household, and thus irrelevant to civic life.¹⁴ Tronto makes her case largely on the grounds that individuals require care for survival and that a healthy society

¹² Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*.

¹³ Ibid. 103

¹⁴ Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, Mass.: Harvard University Press, 1982), Nel Noddings, *Caring, a Feminine Approach to Ethics & Moral Education* (Berkeley: University of California Press, 1984).

is one that cares for its citizens throughout the life-course. She further argues that one's ability to not simply care about others but to also actively take care of other human beings is a requisite skill for good citizenship. This view is absolutely correct, yet it fails to capture something of perhaps even greater political importance where care is concerned: Caregiving is more than something we need others to do for us in order to survive or something we must do for others out of a sense of obligation and reciprocity. Care is an activity that, when practiced in the right way and for the right reasons, and totally independent of the outcomes, makes us more excellent creatures than we would otherwise have been. For this reason, too, democratic polities have a responsibility to not only ensure that all citizens receive care, but also to secure opportunities for citizens to choose to *give* care to their fellows. Further, political communities must cultivate the necessary conditions that facilitate citizens actually practicing care without the risk of becoming economically or otherwise vulnerable.

We lack a normative argument that helps us to see caregiving as itself constitutive of a good life and why, on precisely these grounds, it is relevant to democratic citizenship. We also need a better understanding of the body's role in the practice of care and what it might mean to look to the work of politics to generate more caring dispositions and habits on the part of citizens.¹⁵ I enter the debate here: Against the view that care is merely instrumental to the continuation of biological and social life, I advance the deeper claim that care is something we should take up for its own sake precisely because we are at our best when we care for those with whom we construct and sustain

¹⁵ It will become clearer throughout the dissertation what, specifically, I mean by “work of politics,” but generally I refer to the role of formal political institutions, structures, and policies, as well as more individualized techniques of the self, projects of creative self-fashioning that, following Foucault, reflect a conversion of power—a political process—that constitutes work on oneself.

our political and moral life. This is the underlying ethical claim shaping my dissertation and I believe it has great significance for how we structure our political world.

II. CONCEPTUALIZING CARE

Virtue

Care ethics is similar to virtue ethics in so far as it assumes some picture of the good life and upholds the idea that having certain feelings and attitudes about others, like generosity, concern, and thoughtfulness, as well as acting in particular kinds of ways, are either in the service of that good life or in the service of some other, less ideal, life. If one has the intentions to care, a caring attitude, and caregiving habits, we say that one possesses the *virtue* of care, and that the possession of this virtue means that you are, at least in some way, attempting to live a good life. This virtue dimension of care has relevance for politics in a few ways. First, the virtue ethics view of care takes care to be inherently valuable because it presupposes a notion of the good life that cannot be lived outside of a certain kind of polity that sets some values and activities above others. Second, it redirects the ethical focus to one's motivations and precludes a consequentialist view of care wherein our moral evaluation is based on the consequences of an action rather than the spirit with which that action was undertaken. In other words, it allows us to evaluate whether someone behaves morally, that is, whether someone is other-regarding and caring, rather than simply efficient and competent at meeting caring needs; "results" are only one way of determine the quality of care. A good polity, then, will work to cultivate the right kinds of desires and preferences in citizens, desires and preferences which align with care as a value set over and above other values, like self-

interest or self-sufficiency. Third, conceptualizing care as a virtue allows us to retain some degree of agency and focus on individuals' ability to be, at least sometimes, something of their own making without totally abandoning the importance of relationality and community. Although, according to Aristotle, the virtues are not natural but arise in us once we have received the proper education and been "habituated" within larger structures, institutions, and processes, it is nevertheless the case that individuals possess the capacity to push back against those forces; that is, to be agents in the world and to make judgments as potential or actual caregivers. The ability to make judgments, often for the well being of another who cannot judge for himself, is another important feature of care. To care means to be attentive to others' needs and to make a judgment about how to respond. To perform an act of care without the proper feelings and motivations, or do to something that inadvertently has the effect of care for another, cannot be properly counted as owing to a caring disposition. If a young man, to impress his date, stops to help an elderly woman cross a busy intersection with her bag of groceries when he would normally not even notice such a situation, we would not say that this act is evidence that he is a truly caring person; instead, we would say only that he did a good thing in helping the woman cross the street. In other words, involuntarily performing a caring action or voluntarily taking up an act of care with less than caring motivations is, if we follow Aristotle, simply not care. Virtue ethics helps us to keep the distinction between actions that look like care and actions that really are care in view. For these reasons, it is sometimes useful to think about care as a virtue.

Practice

Care also involves a *doing*. Joan Tronto has labeled the first phase of care *caring about* someone or some thing. Despite the positive connotations this has for many, she has suggested that this is actually a less ideal mode of “caring” because it doesn’t involve the “direct meeting of needs for care” and often does not entail the ongoing effort and attention that caregiving does.¹⁶ Nevertheless, caring about is an important requisite for care because “it involves noting the existence of a need and making an assessment that this need should be met.”¹⁷ Yet we need much more than a feeling of care in a healthy polity. We need for those about whom we care to be cared for. In other words, we ultimately need care to be lived out in our daily lives, to be something that is done not something merely felt—the “grunt work,” if you will. This is also what I take Virginia Held to mean when she argues that care is both a virtue and a practice.¹⁸ She writes:

As a practice, [care] shows us how to respond to needs and why we should. It builds trust and mutual concern and connectedness between persons. It is not a series of individual actions, but a practice that develops, along with its appropriate attitudes. It has attributes and standards that can be described, but more important that can be recommended and that should be continually improved as adequate care comes closers to being good care.¹⁹

I accept this view of care as a practice and its necessary emphasis on the caring relation. Ultimately, Held argues that although caring may be thought of as a kind virtue, virtue ethics is incompatible with care ethics because it is too individualist and obscures the

¹⁶ Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 104-5.

¹⁷ Ibid.

¹⁸ Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford University Press, 2005).

¹⁹ Ibid.

interdependence and relationality that theorists of care take to be fundamental to human flourishing.

Any virtue ethic that does not elucidate the ways in which virtue ethics might derive from care ethics (so, not always the other way around) and the centrality of the caring relation to the *formation* of ethical subjects should be rejected.²⁰ Yet I think conceiving of care as both a virtue and a practice is absolutely coherent. We might give two possible responses that call into question Held's claims about the necessity of elucidating caring relationships and ultimately rejecting insight from virtue ethics: First, she moves too quickly to reject all variations of virtue ethics and is guilty of dismissing at the start some forms of virtue ethics, in particular, the Aristotelian sort that Held singles out. This is odd, since Aristotle is such a rich resource for giving an account of the ways in which our relationships with others work to cultivate and sustain the good in us, and the way that our own "goodness"—or the virtues we possess—nourish and sustain the same in others. Friendship is relevant here, but also the fact that Aristotle believes, as do most virtue ethicists, that we cannot practice the virtues outside of intimate and thick relationships with others, and the most valuable friendships for Aristotle, of course, are ends in themselves. And we also must rely on others to teach us the virtues, both through moral and intellectual education when we are children and in our experiences with the political structures, laws, and systems, all of which are constructed by a wider community, in adulthood.

The second response cautions against a tendency in care ethics to privilege caring relationships and communities at the expense of gaining a better understanding of the

²⁰ See also, Maureen Sander-Staudt, "The Unhappy Marriage of Care Ethics and Virtue Ethics," *Hypatia* 21, no. 4 (2006).

specific techniques and behaviors of those who do the work of caring. Even if we grant that virtue ethics is too narrowly focused on individuals' motives and attitudes and that an ethic of care ought to give primacy to practice in the context of relationality, care ethics must still probe important questions related to what constitutes a caring disposition and what it means for one to practice care. In other words, care ethics should call our attention to how a subject embodies care and it should make vivid what it means for individuals to do the work of care, even as they very often do this work in community. I view such a project as central to the critical component of care ethics, that is, to an examination of the social and political contexts in which care plays out, and to the normative piece of care ethics, that is, to the moral argument that care is a politically and ethically valuable activity and should be widely regarded as such by political theorists and practitioners. What is needed in the area of care ethics is a clearer picture of the specific habits, techniques, dispositions, and modalities that actually constitute caregiving. This necessarily entails a picture inclusive of caring relationships and communities, but it will also shed much light on the individualized caring practices of the people who do the "work" of care.

Tronto has correctly noted that "to call care a practice implies that it involves both thought and action, that thought and action are interrelated and that they are directed toward some end."²¹ She goes on to suggest that each phase of care, which includes receiving care, can serve as an ideal for a well-integrated act of care. This, once again, brings the caring relation into view, as well as the importance of some kind of equilibrium between one's attitudes and one's actions when giving good care. I do not wish to ignore the cognitive and emotional dimensions of care or, as I've said, the fact

²¹ Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 108.

that practices of care necessarily play out in relationships and in wider communities. (Though it's also certainly the case that many caregivers and dependents experience care in deep isolation from others. Further, even though caring relationships generally involve at least two people—the caregiver and the receiver of care—very often the one who is being cared for is unresponsive and not fully receptive to the caregiver in a way that makes the assessment and assistance of a caregiver's actions, not to mention the affirmation of those actions, very difficult; this is clearly the case with infants, severely mentally disabled people, and sometimes those who suffer from a terminal illness. Relationships of care often lack reciprocity even to such a degree that a “relationship” can hardly be felt to exist by the caregiver.) In any case, care is certainly a kind of practice that often takes its shape within community and networks of caregivers. But what concerns me about the language of practice is that it can obscure the fact that certain people don't seem to be able or willing to take up the practice. In our attempts to get away from associating care with femininity, we have moved too quickly from care as a strictly feminine virtue, as Ned Noddings envisioned it, to a practice that just about anyone can take up.

In what was one of the earlier watershed works in care ethics, *Maternal Thinking: Toward a Politics of Peace*, Sara Ruddick strikes a balance between honoring the fact that carework has historically been the work of women and holding open the possibility that care is a practice that can serve as the ground for a new pacifist politics.²² She adopts a materialist approach, developing a conception of a unique that arises from the maternal social reproductive work. She suggests that mothers are engaged in the work of

²² Sara Ruddick, *Maternal Thinking: Toward a Politics of Peace* (Boston: Beacon Press, 1989).

preservative love, fostering growth, and nurturing social acceptance. Viewed one way, Ruddick is quite similar to Gilligan and Noddings in that she takes for granted a great deal about women and mothering and tends to make a number of universalistic claims about both, when it is certainly the case that maternal practices vary across time and space. She fails to acknowledge that she is constructing a particular view of what it means to be a mother. Yet, viewed another way, Ruddick's work is instrumental in helping us to think about the possibilities for the widespread *practice* of caring. She believes that women are far more likely to be maternal thinkers and already engage in most maternal practices, and so she grounds her theory in women's experiences. It is refreshing to engage with political theory that does not begin with men's experiences in the world or with a "neutral perspective" that is blind to important differences. Yet her goal is also to extend the notion of caring rooted in mothering to a politics we can all take up. Ruddick helps us to see the value in honoring the work of mothers because doing so keeps us attentive to current injustices and differences with respect to gender, in a way that "even-handed talk of parenting" does not:

Since the maternal and womanly are politically and conceptually connected, a man who engages in mothering to some extent takes on the female condition and risks identification with the feminine. The fear of becoming "feminine"—more common in men but also evident in many women—is a motivating force behind the drive to master women and whatever is "womanly." Although I am not recommending that young boys be told they will be mothers, grown men should confront the political meaning of "femininity" and their own fear of the feminine. A man does not, by becoming a mother, give up his male body or any part of it. To be sure, by becoming a mother he will, in many social groups, challenge the ideology of masculinity. To a man taunted for "being a woman," talk of parenting may be temporarily comforting. But if he is undertaking maternal work, he is identifying with what has been, historically, womanly. What is so terrible—or so wonderful—about that? This is the question women and men might well sit with rather than evade.²³

²³ Ibid., 48.

Drawing on the work of Nancy Hartsock's feminist standpoint theory, Ruddick wants to extend maternalist thinking and practice to men, thus transforming what it means to be a father and a man.²⁴ Yet Ruddick seriously underestimates how deeply entrenched ways of thinking and acting are and how tightly certain identities are bound up with care, while others depend, for their success, on being non-caring. Practice is an important part of care, for it care looks like, even if we get such descriptions right. We need a better account of why certain habits of care are so deeply entrenched for some identities and so foreign to others, of why the practice of caregiving seems more available to some than to others. Finally, despite its emphasis on action, practice hasn't gone very far towards explaining the relationship between the political and social contexts in which care plays out, embodiment, and care. To better get at this relationship, we will need to introduce a new dimension of care, one that involves both virtue and practice, but also goes beyond these frameworks to illuminate the relationship between care, inequality, and bodies.

III. A CRITICAL THEORY OF EMBODIED CARE

As already noted, this work makes three principal contributions to the study of care: 1) Caregiving is constitutive of human flourishing. 2) Care is not only integral to the practice of citizenship, but politics must also take as its aim the cultivation of opportunities for citizens to give care and the fashioning of citizens who are capable and desiring of this practice. 3) Care is an embodied practice and, as such, it has a long history of being associated with the people who are themselves associated with the body;

²⁴ Nancy Hartsock, "The Feminist Standpoint: Developing the Ground for a Specifically Historical Materialism," in *Discovering Reality*, ed. Merrill B. and Sandra Harding Hintikka (Boston: Kluwer Academic Publishers, 1983).

further, a deeper understanding of the embodied habits, techniques, and disposition that constitute the practice of care is crucial to the transformation of ourselves into more caring subjects.

Each of these contributions emerges from a corresponding question. First, what is the relationship between human nature, the work of politics, and care? Many have tended to see nature and practice as opposed to one another. In contrast, I advance an Aristotelian view and, with Aristotle, argue that “the virtues arise in us neither by nature nor against nature. Rather, we are by nature able to acquire them, and we are completed through habit,” (*NE* 1103a25). Caring is both a part of human nature and an ethical practice that is necessarily informed and regulated by political structures, institutions and norms. In other words, politics can either stifle or foster those qualities we take to be good and part of the way it does so is by discouraging some practices and promoting others. This is important because it means that practices of care can be both an effect of a caring disposition and can help to produce such a disposition. Just as it is only through our close friendships with others that we learn the real value of friendship and how to be a good friend, it is only through our experience of caring for others that we are able to understand the value of caregiving and its potential to enrich our lives, transforming us in ways we cannot fully understand outside of care relationships and communities.

Second, what account of personhood must accompany an ethic of care? In response to a tendency in philosophy to privilege disembodied conceptions of the self, I seek to show the significance, for care and for political philosophy more generally, of the fact that we are embodied creatures. A view of the self that privileges rationality over corporeality, or self-sufficiency over interdependence impedes an understanding of care

as central to the human condition and as an embodied practice. We perform care with our bodies, which is to say that care involves more than cognition and affect. Care involves a *doing*. Our bodies also have meaning and knowledge rooted in them and our experiences of caring and being cared for constitute valuable tools for cultivating good caring habits and dispositions. Though being well cared for in our past is not sufficient for being good caregivers ourselves, such experiences can help to habituate us to care. To be a caring person is to conform to certain kinds of physical modalities, to inhabit one's body in particular ways, to possess a certain kind of attunement to others' bodies, and to display caring habits. Finally, care is made possible precisely because we are vulnerable and fragile creatures with imperfect bodies.

This approach to human vulnerability and dependency marks an entirely different understanding of the relationship of care to bodies. Care theorists and political theorists who have thought about care have tended to view it as a necessary activity since, quite obviously, human beings are dependent animals and generally lack the characteristics at some point in their lives that we associate with independence. Setting aside the question, for now, of whether anyone is ever really fully self-sufficient any of the time and what this fact means about our self-understandings, on this account it is only because we do not have bodies that are free of weakness and immune to illness or pain that we find ourselves in need of care. This is one way to think about care and it certainly does capture something true, namely, that human beings live much of their lives in relationships of asymmetrical dependency—for example, infancy, old age, illness, and disability. Care is directed towards the alleviation of what we experience as inadequacy and often suffering. This view emphasizes the importance of *receiving* care. Yet if we think about care as a

practice that cultivates and reflects human excellence, as something which helps us come more fully into our best possible selves, then we can begin to think about bodies as not only recipients of care but also as holding out the promise of *giving* care.

Third, what are the reasons for the continued devaluation of care? This question has been asked by others but not adequately answered, and for important reasons. Most have argued that it is care's association with women that has caused it to be devalued. This is absolutely true, but I'm not sure gender is the most useful or comprehensive lens through which to examine the landscape of carework. I propose that we shift our analytic lens to consider the fact that the association of care and dependency with a range of groups that have historically done bodily work and that are codified as bodily beings (as opposed to thinking beings) has greatly contributed to its neglect. This range includes many women, but not exclusively and not groups of women. The care literature has not made this point clear enough. Much of carework involves manual labor, using our own bodies to tend to and care for the bodies of others (changing bedpans, bathing, feeding, walking, lifting, breastfeeding, holding, cradling, etc.). As middle and upper-class white women enter the workforce, carework is being outsourced at growing rates and is increasingly performed by women and men of color, often immigrants and guest workers. This work is seen as something certain *kinds* of people (people of color, immigrants, poor people) do because they cannot do anything else. This suggests that there is an intimate and complicated relationship between care, the body, and inequality. Caregiving, which involves cognitive and embodied responses, is something that we as humans are born with the unique potential to develop but we do not acquire it without first being

habituated to care. Why, then, are some more likely to become caregivers than others and why should we care?

In bringing answers to these questions together, my dissertation investigates the specific political work that is necessary to cultivate caring dispositions and practices on the part of citizens. I offer a critical theory of embodied care that advances the idea that care is both a uniquely human virtue *and* is a practice to which we must be habituated; the way in which we are, or whether or not we are, depends a great deal on political communities. Embodied care is an *ethic* that understands individual and social morality as deeply bound up with the caring relationships and communities in which human beings are embedded, and which cannot be adequately understood without attending to the corporeal practices that constitute such relationships. Yet it is also a *set of practices* whereby individuals take up the work of caring for the bodies of others predominantly with and through their own bodies, but in a deeply mindful way. Further, a practice of embodied care is generally signified by a particular corporeal style, set of physical habits and techniques, and sustained engagement with body matter, as well as objects associated with material reproductive labor. I analyze the current unequal and unjust conditions of care and offer an alternative framework for conceptualizing the capacity and desire to care as integral to the best kind of life. In democracies, political institutions are both shaped by and shaping of citizens. If we as a political community fail to take care seriously, we misunderstand the selves we seek to govern and we limit the possibilities for realizing our fullest potential. Mine is a notion of care as both a human virtue and a civic ideal, as constitutive of our humanity and a practice that is informed and regulated by the work of politics. One measure of a political community, then, is the extent to

which it invests in cultivating a strong capacity and desire on the part of citizens to care for one another. I hope to show why we are not there yet and how we can get there. This theory of care is also *transformative* insofar as it suggests a path towards the transformation of our very selves into more caring citizens capable of cultivating better relationships to others and to ourselves.

I have said that the importance of care to ethical and political life has been largely ignored in the humanities and social sciences, but it cannot continue to be so. Families struggle to find affordable, quality child care; workers are losing health care benefits as jobs are lost and hours cut back; children of aging parents can neither afford to stay home and care for them nor outsource their parents' care to costly facilities which often provide inadequate services. In our efforts to reflect, explain, and indeed improve the lives of human beings, a broad range of disciplines in the humanities and social sciences need a more compelling account of why caregiving is not only crucial for survival and for achieving certain political and moral ends, but is also a practice that calls us to our highest selves, is itself constitutive of human flourishing, and integral to good citizenship. It is on these grounds that caregiving is worthy of our attention as scholars and of the difficult political work necessary for producing a more caring citizenry.

CHAPTER TWO

ARISTOTLE, POLITICS, AND THE WORK OF CARE

For what we do in our dealings with other people makes some of us just, some unjust...To sum up in a single account: A state [of character] results from [the repetition of] similar activities. That is why we perform the right activities, since differences in these imply corresponding differences in the states. It is not unimportant, then, to acquire one sort of habit or another, right from our youth. On the contrary, it is very important, indeed all-important.

—Aristotle, *Nicomachean Ethics*, 1103b14-22

For the legislator makes the citizens good by habituating them, and this is the wish of every legislator; if he fails to do it well he misses his goal. Correct habituation distinguishes a good political system from a bad one.

—Aristotle, *Nicomachean Ethics*, 1103b4-7

We begin our investigation into the nature of caregiving not, as one might reasonably assume, with contemporary arguments for care, but with a trek back to the very beginning of political science, to Aristotle. This chapter attempts to recover in the father of our discipline some fruitful lines of thought that might give shape to an ethics of embodied care and point to the political work entailed in cultivating more widespread caregiving practices. Below, I briefly consider some points of contact between Aristotle

and contemporary care ethics before exploring some of the most valuable and as yet unexplored contributions Aristotle can make to an ethic of care that takes both the practice of ethics, in general, and forms of caregiving, in particular, to be constitutive of a happy and flourishing life. I have two related goals in this chapter: First, to make clear why ethics of care is indebted to Aristotle in the first instance. Second, to make clear why the particular ethic of care that I am advancing is indebted to Aristotle. Specifically, I seek to show why an explicitly *corporeal* ethic of care, one that values practices of caring for human beings in their weakest, most vulnerable, and “leaky” states, also holds out the potential to enrich our shared political life and contribute to the flourishing of individual citizens.

Although Aristotle is sometimes seen as a potentially fertile resource for care ethics, the most fruitful moments in his work, at least for thinking about problems related to caregiving today are missed. Grounding a critical theory of embodied care in Aristotelian thought and positioning Aristotle as a solid foundation for building a workable ethic of care will hopefully provide a more coherent and generative starting place for a theoretical inquiry into embodied care and democratic politics. In addition to constituting the theoretical ground for all that is to follow, this chapter is also foundational in the sense that I, along with Aristotle, believe that certain fundamental claims about what it means to be human and how we, as humans, ought to live together, claims which are not necessarily eternal or universal but which are nevertheless necessary as a starting point, are always central to political discussions.²⁵

²⁵ I discuss in more detail the necessity of an account of personhood for ethical and political thought below. For now, let me say that I contend some view of the human condition and human beings as such are always present in political theory. Sometimes these views are explicit, while

A conception of personhood is particularly important for reflections on the relationship between care, embodiment, and politics. If we follow Aristotle, then we begin, as many have, with the idea that humans are social, dependent, vulnerable creatures who will need a variety of material and immaterial goods over the course of a lifetime in order to live well. An Aristotelian account of politics means beginning with a capacious account of the human condition, one that includes attention to our physical existence—beginning, as he does, with all that we share with the animal world, rather than all that sets us apart—and capacity for rational thought and action. If we do this earnestly, then we are less likely to admit structures, policies, and practices that ignore facts of human dependency and connectedness into our political scheme.²⁶ Such a view is also more likely to lead to political arrangements that accommodate a wide range of human needs over a lifetime and reflect “Aristotle’s this-worldly view,” which, in the words of Martha Nussbaum, “tells us that the body is the scene of all of our ethical achievements and that the deprivation of resources has not just material, but also ethical significance.”²⁷

other times they are lurking in the background or simply obscured in an effort to shift focus away from ontology and towards action.

²⁶ This is not necessarily a “humanist” view. Indeed, the point about needing to take into account our corporeal and emotional dependency when building a workable political world is precisely one that I take Judith Butler to be making in her recent work. For example, see: Judith Butler, *Frames of War: When Is Life Grievable?* (London ; New York: Verso, 2009), Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (London ; New York: Verso, 2004). Also, for an excellent discussion of the pervasiveness of contemporary constructions of the doctrine of atomism and the difficulties in overcoming them, see Martha C. Nussbaum, *Frontiers of Justice: Disability, Nationality, Species Membership* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 2006), Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge, Mass.: Harvard University Press, 1989).

²⁷ Martha C. Nussbaum, “Aristotle, Feminism, and Needs for Functioning,” in *Feminist Interpretations of Aristotle*, ed. Cynthia Freedland (University Park: The Pennsylvania State University Press, 1998), 254.

Several Aristotelian insights that have thus far been overlooked by care theorists are central to my project. To the extent that Aristotle scholars have explored these insights, their implications for care in our shared political life have not been adequately drawn out. The first contribution that I wish to highlight is his understanding of the importance of actively giving care to a life well lived. Aristotle's acknowledgment of human dependency and vulnerability has been made much of by feminist theorists and care theorists, in particular, the connection he makes between politics and the human need to live deeply connected and interdependent lives. This work tends to briefly pick up on Aristotle's view of the person as dependent on the care of fellow citizens throughout the course of one's life. I will not take issue with the substance of these interpretations, only their scope. Our dependency is related to our animality and the deep bonds we share with others that sustain us over time are integral to happiness. Yet, for Aristotle, humans also require opportunities to give attention and care to others and doing so is not something we necessarily do out of obligation but something we might also do out of a deep desire to do what is just and fine. Aristotle canvases the enabling conditions that offer citizens opportunities to *give* care to others and he makes vivid the relationship between doing well by others within structures of care and living a good life. He understands activity that closely resembles something we would today call care to be integral to human flourishing (*eudaimonia*).²⁸ In other words, I will argue that being a political animal for

²⁸ My understanding of *eudaimonia* is "human flourishing," which involves more than right knowing but also just action and the exhibition of excellence in accordance with reason. For a more detailed explanation of this interpretation, see John M. Cooper, *Reason and Human Good in Aristotle* (Cambridge, Mass.: Harvard University Press, 1975). However, I also invite the more conventional but perhaps more imprecise interpretation of *eudaimonia* as happiness. That is to say, my understanding of *eudaimonia* includes both a conception of flourishing, wherein a person will encounter many challenges and trials but nevertheless can still be said to be doing well, and a sort of psychological state similar to what we might call "happy" today. I take caregiving to be

Aristotle, in a distinctly *human* way, not only entails being dependent on the care of others but also actively giving it to our fellows in accordance with practical wisdom. This latter point is the second Aristotelian contribution that I take to be central to an ethic of care that emphasizes embodiment.

I. WHY ARISTOTLE?

Care ethicists generally want to make explicit the salience of care in our daily lives and to clarify important questions around how we can treat care differently in social and political contexts. Caregiving relationships, theorists of care argue, are what sustain our political life and make ethics possible. Increasingly, work in the area of care ethics seeks to demonstrate the role care plays in politics.²⁹ We know that caregiving is work that women have historically performed and, for the most part, it remains “women’s work” globally. The gendered nature of care is likely a strong factor contributing to its almost total absence in Western moral and political philosophy. Care ethics became, then, a logical development within feminist philosophy, which seeks to make vivid certain features of our shared life that have been consistently ignored or devalued within mainstream philosophy and political theory. Aristotle’s relatively low opinion of democracy and his elitism, in particular, his views on women, makes it a fair question to

both one of the finest activities an human being can undertake and, under the right conditions, one of the most pleasurable. For more on this interpretation of *eudaimonia*, see Richard Kraut, “Two Conceptions of Happiness,” *The Philosophical Review* LXXXVIII, no. 2 (1979).

²⁹ See, Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford ; New York: Oxford University Press, 2007), Martha Albertson Fineman, *The Autonomy Myth* (New York: The New Press, 2004), Selma Sevenhuijsen, *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics* (London ; New York: Routledge, 1998), Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1994), Julie Anne White, *Democracy, Justice, and the Welfare State: Reconstructing Public Care* (University Park, Pa.: Pennsylvania State University Press, 2000).

ask, why go back to Aristotle to make a feminist argument about the political and ethical relevance of caregiving? After all, Aristotle believed that gendered and racial hierarchies were necessary for a well-run polity and he drew conclusions about women's place within the political hierarchy that could only be characterized as regressive coming on the heels, as it does, of Plato and his Philosopher Queens.³⁰ The greater part of this chapter is, in one sense, an attempt to answer that question. However, in the remainder of this section, I hope to put to rest the skepticism regarding "feminist appropriations of Aristotle" by articulating why it makes sense to ground an argument for an embodied ethic of care in the work of a philosopher who had such profoundly confused (and confusing) views on women.

Often readers of Aristotle are not only critical of his view that women are naturally inferior to men, but they are inclined to discount him as a resource for contemporary moral and democratic theory because of what we take to be rather archaic views on women and gender. Such readers quickly come to the conclusion that he was, at least by contemporary standards, ethically conservative and something of a misogynist. More charitable scholars of Aristotle will usually consider the cultural and historical moment in which Aristotle was writing. In contrast to critics like Spelman and Okin³¹, who focus on Aristotle's misguided sexism and racism, some have thought it remarkable that he even asked "the woman question" at all—that is, asked how ought we to understand the proper

³⁰ Susan Moller Okin, "Philosopher Queens and Private Queens: Plato on Women and the Family," in *Feminist Interpretations and Political Theory*, ed. Carole Pateman and Mary Lyndon Shanley (University Park: Pennsylvania State University Press, 1991).

³¹ Susan Moller Okin, *Women in Western Political Thought* (Princeton, N.J.: Princeton University Press, 1979), Elizabeth V. Spelman, *Inessential Woman: Problems of Exclusion in Feminist Thought* (Boston: Beacon Press, 1988).

role of women in the Greek polis.³² This view perhaps sits somewhat uneasily with the fact that Aristotle's predecessor, Plato, not only asked the woman question but gave the answer that some women could not be citizens but could even become members of the ruling class, provided they too could achieve self-mastery, political courage and the transcendence of bodily needs and desires so important to the art of rule.

Some feminist critics don't get beyond such first impressions of Aristotle's views on women and see him as not seriously invested in thinking deeply about women's capacities and activities and what sorts of entitlements and responsibilities belonging to women might be said to flow from these.³³ Still, others have defended Aristotle's potential to animate a feminist politics, despite what he said about actual women. Martha Nussbaum is perhaps one of the most enthusiastic defenders of Aristotle in this regard, arguing that Aristotle's "biological misogyny" is inconsistent with his ethical and political writings and therefore not a deep flaw in his methodology but rather a failure to properly apply his methods to women.³⁴ Linda Hirshman makes a similar argument in her interesting, if somewhat anachronistic, essay, "The Book of A," in which she argues that Aristotle was indeed a "feminist" and that a canvas of Aristotelian virtues positively illuminates many issues that confront feminism today, such as courtroom surrogacy

³² Harold Levy, "Does Aristotle Exclude Women from Politics?," *Review of Politics* 52, no. 397 (1990), Stephen G. Salkever, *Finding the Mean: Theory and Practice in Aristotelian Political Philosophy, Studies in Moral, Political, and Legal Philosophy* (Princeton, N.J.: Princeton University Press, 1990), Stephen G. Salkever, "Women, Soldiers, Citizens: Plato and Aristotle on the Politics of Virility," *Polity* 19, no. 232 (1986).

³³ See, for example, Jean Bethke Elshtain, *Public Man, Private Woman: Women in Social and Political Thought* (Princeton, N.J.: Princeton University Press, 1981), Okin, *Women in Western Political Thought*, Spelman, *Inessential Woman: Problems of Exclusion in Feminist Thought*.

³⁴ Nussbaum, "Aristotle, Feminism, and Needs for Functioning."

battles and the methodological and political challenges of feminist consciousness raising.³⁵ Other defenders of Aristotle, such as Stephen Salkever and Jill Frank, are more interested in reconciling Aristotle's biology with his metaphysics and ethics, arguing that his conception of human nature was non-essentialist and that a person's nature was determined in large part by her activities and habits, thus making it perfectly sensible for a woman or a slave, both of whom performed activities that merely supported but did not constitute civic life, to remain well beyond of the gates of citizenship.³⁶

My own view is that both "humanist" defenders of Aristotle, like Nussbaum, and those who present a more thoughtful (Salkever) or postmodern (Frank) Aristotle are correct. Indeed, it is certainly the case that on some fundamental level Aristotle failed to apply his methods to women, who were one among several blind spots in his ethical and political writings. Even the most elementary empirical investigation into the cognitive and deliberative capacities of women would surely have revealed that, at the very least, a portion of this class of persons is as capable of the same thoughts and actions of the noblest of men. Yet, at the same time, it must also be true that if Aristotle had thought even just a little more deeply about the way in which he cast the relationship between politics and nature, that is, one in which the latter is at least partly a function of the former, then he surely would have come to see that woman's distinct "nature" was to some degree a product of the deeply segregated space and activity that constituted the household and the polis, where women were, of course, relegated to the domestic realm.

³⁵ Linda Hirshman, "The Book of 'a'," in *Feminist Interpretations of Aristotle*, ed. Cynthia A. Freedland (University Park: The Pennsylvania State University Press, 1998).

³⁶ Jill Frank, *A Democracy of Distinction: Aristotle and the Work of Politics* (Chicago: University of Chicago Press, 2005), Salkever, "Women, Soldiers, Citizens: Plato and Aristotle on the Politics of Virility."

In other words, based on Aristotle's own account of how habits and dispositions are shaped by political institutions and education, we must conclude that if women were truly unable to acquire the kind of disposition and functioning Aristotle thought necessary for full participation in political life, then the activities assigned to them are at least partly responsible for this. Although he talks much of nature, I see Aristotle as a kind of classical constructionist, albeit a deceptive one, if what we mean by this is someone who thinks that what we become depends a great deal on how we are socialized, educated and habituated to choose and perform certain activities. This dominant element in his thought makes the following sort of claim puzzling indeed: "[W]e should look on the female as being as it were a deformity, though one which occurs in the ordinary course of nature."³⁷ But I want to echo Martha Nussbaum on this point, who writes that, "while we should not forget what Aristotle said here, we may proceed to appropriate other elements of his thought without fear that they are logically interdependent with his political and biological misogyny."³⁸

Although I think we are right to respond to claims that Aristotle is the "founder of ethics of care" with deep skepticism—indeed, such notions are substantively dubious and rhetorically misleading—Aristotle remains a rich resource for an ethic of care that takes practice seriously and the shaping of citizens' caregiving habits and desires through the work of politics.³⁹ To be clear, Aristotle is not a theorist of care in a strict sense, nor was

³⁷ A. L. Peck, Aristotle, *Generation of Animals*, Rev. ed. (Cambridge, Mass.: Harvard University Press, 1953), IV, 775a.

³⁸ Nussbaum, "Aristotle, Feminism, and Needs for Functioning," 250.

³⁹ For an argument that defends Aristotle as the founder of ethics of care, see Howard Curzer, "Aristotle: Founder of the Ethics of Care," *Journal of Value Inquiry* 41, no. 2-4 (2007). This

he, quite obviously, a democrat, though there are many strands in his thinking that have proved very fruitful for democratic theory.⁴⁰ However, his understanding of the way in which individuals acquire and maintain the virtues—dispositions that we *have* in one sense and activities we *do* in another sense—is productive for critically analyzing the ill-formed caregiving arrangements that exist today and for thinking about how we can positively transform those arrangements into more reflective, nurturing, and widespread practices of care. Fostering the caregiving capacities of citizens is not only important for a well-functioning democracy but is, on Aristotle's account, a critical component of human flourishing.

II. ARISTOTLE AND TRADITIONAL CARE ETHICS

Politics and the Good Life

In most late-modern liberal democracies, much of political life seems wholly divorced from morality and this is seen by most as a virtue not a vice. It isn't that liberal countries are immoral, of course, though some on the right and the left may believe that to be true, but rather that most democrats today take the goal of politics to be, at least in one sense, the widening of the space of freedom in which citizens may choose for themselves which life is best. Joan Tronto has argued that care ethics, in contrast to this

essay focuses more on common themes rather than textual evidence in favor of Aristotle's valuing of something like caregiving.

⁴⁰ For examples, see Susan Bickford, *The Dissonance of Democracy: Listening, Conflict, and Citizenship* (Ithaca, N.Y.: Cornell University Press, 1996), Jill Frank, *A Democracy of Distinction: Aristotle and the Work of Politics* (Chicago: University of Chicago Press, 2005), Martha C. Nussbaum, "Aristotelian Social Democracy," in *Liberalism and the Good*, ed. Gerald M. Mara R. Bruce Douglass, and Henry S. Richardson (New York: Routledge, 1990), Stephen G. Salkever, *Finding the Mean: Theory and Practice in Aristotelian Political Philosophy, Studies in Moral, Political, and Legal Philosophy* (Princeton, N.J.: Princeton University Press, 1990).

view, necessarily understands politics and morality to be deeply intertwined and mutually reinforcing.⁴¹ She points out that this is a uniquely Aristotelian way of approaching politics and morality and that this is particularly instructive for care, which she argues can “serve as both a moral value and as a basis for the political achievement of a good society.”⁴² The consequences of redrawing the boundaries of politics to include morality are significant for several reasons. First, though political arrangements are partly meant to serve the political ends of late-modern societies, such as security, autonomy, and equality, political constitutions are also mechanisms that allows us to lead better, by which we mean more excellent and fulfilling, lives than we might otherwise have lived. Care ethicists, as I understand this group of thinkers, and Aristotle both agree: “It is evident that the best constitution must be that organization in which anyone might do best and live a blessedly happy life,” (*Politics* 1323a14-17).

Care theorists also acknowledge that politics shape our ideas about what the most choiceworthy life is, and that we are educated to see certain activities and arrangements as superior to others. For Aristotelians, the challenge of philosophy is to engage in deep reflection and discussion about the good life and about which political arrangements might best meet our needs and facilitate the achievement of that life for all citizens. We see this most clearly in the *Politics* when Aristotle says, “A person who is going to make a fitting inquiry into the best political arrangement must first get clear about what the most choiceworthy life is—for if this is unclear, the best political arrangement must remain unclear also,” (*Pol.* 1323a14-17). Martha Nussbaum refers to Aristotle’s conception of the good life as thick, because it deals with human ends across all areas of

⁴¹ Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 8-9.

⁴² Ibid.

human life and includes the entire life trajectory rather than just an ideal level of functioning, but also vague because it proceeds by way of what Aristotle calls an “outline sketch” of the good life, which can always be revised in light of new information and experiences.⁴³ Care theorists also understand the best sort of life as one lived in deep connection with other human beings, where moral dispositions are shaped through social norms, laws, education, and political discourses, and where the pursuit of the good life is a project shared throughout the whole of a community.

Account of Personhood

Any normative political theory must include some coherent and persuasive picture of the human being. Both theorists of care and Aristotelians begin with a fairly detailed account of personhood and they do so because it is desirable to have some relatively clear idea of healthy functioning (physically, morally, and psychologically) when asking questions about human flourishing and the political conditions that contribute to it. In order to say how we ought to live together and how we might live better, we need to begin with a notion of our common tendencies, patterns, capacities, and vulnerabilities.

Discussions of care almost always proceed by way of sketching out a very particular picture of the human being who is embodied, vulnerable, and always embedded in relationships of dependency. Ruth Groenhout, a theorist of care who does begin with Aristotle but quickly leaves him behind for Levinas, has outlined four basic assumptions that form a rough sketch of the human person at the heart of an ethic of care.⁴⁴ These strike me as distinctly Aristotelian: 1) Relationships of care sustain human life. 2)

⁴³ Martha C. Nussbaum, "Aristotelian Social Democracy," in *Liberalism and the Good*, ed. Gerald M. Mara R. Bruce Douglass, and Henry S. Richardson (New York: Routledge, 1990).

⁴⁴ Ruth E. Groenhout, *Connected Lives: Human Nature and an Ethics of Care* (Lanham, Md.: Rowman & Littlefield Publishers, 2004), 24-40.

Humans are embodied and have particular bodily resources and limitations. 3) Humans are fundamentally interdependent and finite. 4) Human beings are social selves, desiring of deep affective and physical bonds with other human beings. I do not take this to be an exhaustive list of the features of human existence—indeed, the capacity for rational thought and practical reason is missing on this account—but I do think it's a good starting place for thinking about embodied care and it is consistent with the Aristotelian approach of drawing an “outline sketch” of the good life and the constitutive circumstance of human beings before proceeding to the particulars.

Nussbaum's understanding of how the thick vague Aristotelian conception of the good life and the human person works is particularly instructive for embodied care because it incorporates into its design the needs of a situated, embodied creature who will inevitably experience growth and decline:

The basic idea of the thick vague theory is that we tell ourselves stories of the general outline or structure of the life of a human being. We ask and answer the question, What is it to live as a being situated, so to speak, between the beasts and the gods, with certain abilities that set us off from the rest of the world of nature, and yet with certain limits that come from our membership in the world of nature? The idea is that we share a vague conception, having a number of distinct parts, of what it is to be situated in the world as human, and of what transitions either “up” or “down,” so to speak, would turn us into beings no longer human—and thus since on the whole we conceive of species identity as at least necessary for personal identity) into creatures different from ourselves.⁴⁵

Nussbaum believes that from this exercise we can approximate a story about what counts as a human life and that story includes things like mortality, the human body and its needs (hunger, thirst, shelter, sexual desire, mobility), cognitive capability, practical reason, affiliation, relatedness to other species, and so on. I leave aside the question of whether we are still looking at an Aristotelian picture of the human being when we arrive

⁴⁵ Nussbaum, "Aristotelian Social Democracy," 218.

at the end of this long list of human functional capabilities. Instead, I want to highlight and endorse what I think is an important connection between Aristotle's view of the human being as neither beast nor god, that is, a creature rooted on this earth, in a particular body, with distinctly human capabilities and limitations. And here we also get an account of the cognitive capacities humans possess, which allow us to participate in the planning, managing, and processes of evaluating our lives. Of course, we don't all share in the capacity to reason and choose wisely all of the time. But we do collectively have this capacity for practical reason and this fact, coupled with the fact that we also, as a species, possess the embodied resources for taking care of others, makes caregiving as a political practice possible.⁴⁶

Another important Aristotelian feature of personhood is that humans are creatures concerned with the well being of those with whom we share life projects. In other words, we are naturally other-regarding creatures. We can see this in Aristotle's discussion of the forms of friendship and the bonds between parents and children. But as Susan Bickford, John Cooper, and Sibyl Schwarzenbach have all argued, it is also true of those with whom we share a constitution, that is, our fellow citizens and not just carefully chosen friends or families into which we are born.⁴⁷ Care ethics begins with an account of

⁴⁶ I go on to say why embodied caregiving ought to be understood as a political practice, but let me briefly state what I mean by "political practice." I mean an activity that is both at least partially structured within political institutions and is based on a widely shared commitment from citizens that the activity is in some way critical for the community's well being.

⁴⁷ Bickford, *The Dissonance of Democracy: Listening, Conflict, and Citizenship*, Sibyl A. Schwarzenbach, *On Civic Friendship: Including Women in the State* (New York: Columbia University Press, 2009). John M. Cooper, *Reason and Emotion: Essays on Ancient Moral Psychology and Ethical Theory* (Princeton, N.J.: Princeton University Press, 1999). Also, for a careful and systematic treatment of Aristotle's analysis of friendship as it relates to his political thought, see Paul Schollmeier, *Other Selves: Aristotle on Personal and Political Friendship* (Albany: State University of New York Press, 1994).

personhood that is other-regarding, that understands mutual well-wishing and well-doing to be a fundamental feature of the human condition and of strong polities. Both Aristotle and care ethicists believe that our political arrangements ought to reflect and foster this tendency rather than ignore or stifle it.

Context and Generality in Practical Judgment

Aristotle has a contextual moral theory that requires attention to particularity and movement towards subjective experience rather than abstraction. This is an important shared principle between Aristotelianism and care ethics; the work of care requires discerning the particulars of a person's caring needs so that we can best determine how to meet them.⁴⁸ In Tronto's discussion of the limits of "rational moral theory," by which she seems to mean something like Rawlsian liberalism, for solving the problem of caring for distant others whose lives may look very different from our own, she notes this shared feature:

Our best solution to understanding how these problems [concrete, situated moral problems] can be resolved, is to return to an Aristotelian insight. Aristotle argued that virtue lies in a mean that depends upon context. What a care ethic requires from each individual or group in a caring process varies depending upon who are the involved people, groups, or objects. Aristotle's ideas further suggest this standard: since the task of care is to maintain, continue, and repair the world so that we can live in it as well as possible, we should do what will best achieve this end.⁴⁹

In other words, simply calling to mind an example of someone in need of care—Tronto uses the example of someone dying of AIDS—and then, from that exercise in abstraction attempting to put oneself in the shoes of that person to determine the best caring arrangement for a society is no guarantee that we will be able to discern and take into

⁴⁸ In the following chapter, I discuss in more detail how this element of care is distinctly Aristotelian.

⁴⁹ Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 145.

adequate account all of the morally relevant features of this particular situation. Rather, a better alternative is to steer clear of overly abstract role-reversals and attempt to perceive the particulars of caring dilemmas as they arise in our daily lives, as we encounter them in our personal and public lives—in family relationships, friendships, and communities, as well as in journalistic accounts and literary depictions that make vivid real suffering in the world, and so on. One aspect of this about which I shall have more to say in the following two chapters is that we need to think more deeply about the forces that make it more or less likely that one will encounter and possess the necessary form of attention to respond to caring dilemmas in their daily lives.

In *Politics*, Aristotle addresses the importance of law and the acceptance of fundamental rules for a well functioning society.⁵⁰ Yet, for Aristotle, legal proceduralism is not an attempt to capture something divine or perfect, but rather embodies more complex forms of human intelligence. As Martha Nussbaum has described the law in Aristotle's thought, it is a kind of "summary of wise decisions," on a given subject.⁵¹ It is also, however, inevitably general and often too vague to fit a situation, so new particulars will have to be brought to bear on every case. Of general versus particular statements, Aristotle writes that, "though the general ones are common to more cases, the specific ones are truer, since actions are about particular cases, and our account must accord with these" (*Politics* 1287a25-32). This reflects a basic tenet of care ethics: Our ethical responses in relationships of care are always contextual and grounded in actual experiences. Yet we need some general rules and principles to guide our thinking about

⁵⁰ *Politics*, 1287a25-32

⁵¹ Martha Craven Nussbaum, *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy* (Cambridge ; New York: Cambridge University Press, 1986).

care, too, otherwise we could not make much progress on transforming care in the political realm. One consequence of this view for a theory of embodied care we have already seen. We must start with a basic understanding of the caring needs of humans and this understanding will generate conclusions, vague though they may be, that are universalizable yet revisable. Embodied care places much value on the knowledge we gain from considering the embodied and affective dimensions of particular people in particular situations but it also makes normative and empirical assumptions about the need for care in society. Aristotle is a resource for care ethics, then, because he is a moral contextualist, but one who balances attention to concrete details with a concern for justice and general principles.⁵²

III. STRUCTURES OF CARE IN ARISTOTLE

Now that I have highlighted some important points of contact between Aristotle and care ethics generally, I now want to turn our attention to the way that structures of care permeate Aristotle's ethical and political writings. It is true that we do not find in Aristotle a well worked out theory of care and that is certainly not the case I wish to make here. Nevertheless, many of his claims concerning the practice of virtue, political life, and the natural sociality of human beings suggests that the practice of some forms of care are actually quite central to ethical and political achievement. In this section, I will discuss the structures of care that underpin Aristotle's work. By doing so, I hope to make more vivid the centrality of caregiving to a flourishing human life and to begin laying the groundwork for an argument about coming to value caregiving not simply as a means to

⁵² I find Nussbaum's claim that this general view of the human being is flexible, open-ended, and open to revision critical for thinking about the possibility for expanding Aristotle's conception of the self. See Nussbaum, "Aristotle, Feminism, and Needs for Functioning."

other ends but as an end in itself.

Aristotle believes that humans, like most creatures, naturally desire certain ends that are fundamental to their flourishing. In *Politics* he states unequivocally that we are creatures who desire to live in the presence of others who are like us and with whom we share joint projects:

Hence that the city-state is natural and prior in nature to the individual is clear. For if an individual is not self-sufficient when separated, he will be like all other parts in relation to the whole. Anyone who cannot form a community with others, or who does not need to because he is self-sufficient, is not part of a city-state—he is either a beast or a god. Hence, though an impulse toward this sort of community exists by nature in everyone, whoever first established one was responsible for the greatest of goods (1253a25-30).

This impulse to live with and to share a moral life with others is part of human nature, so much so that we could not even recognize someone as human if they were unable or unwilling to live with other humans (*Pol* 1253a15-30). Yet, he also emphasizes the importance of laws, institutions and rule in structuring the conditions within which shared ends are pursued and a moral code constructed. Like other animals, humans desire to live and to work with others who are like them in some fundamental way; in this way, humans are similar to bees, who are also “political,” just less so. Yet, we are quite unlike bees and other “political” animals because we understand that there is a distinct life that is best for us and we are able to deliberate together about how to achieve that life⁵³:

For as a human being is the best of the animals when perfected, so when separated from law and justice he is worst of all. For injustice is the harshest when it has weapons, and a human being grows up with weapons for virtue and practical wisdom to use, which are particularly open to being used for opposite purposes. Hence he is the most unrestrained and most savage of animals when he lacks virtue, as well as the worse where food and sex are concerned. But justice is a political matter; for justice is the organization of a political community, and justice decides what is just (*Politics* 1253a32-37).

⁵³ Aristotle, of course, says that we deliberate not about ends, but rather how to best achieve them.

Humans do have a nature and one can hardly get around this fact in Aristotle. Yet, at the same time, this nature can only be fully realized with a goodly amount of political work, habituation, and education. I take these two ideas—that some forms of life are more natural to humans than others and that the most natural is one that entails a great deal of social and political fashioning—to be central to a theory and politics of embodied care.

I wish to show that the practice of care is not only necessary for the achievement of ends but is also an end in itself, an activity that is choiceworthy regardless of the external goods it may bring about. Aristotle believes that the person who possesses practical wisdom (*phronesis*), and is in all respects the most virtuous, is one cared for by others and, importantly, also socialized within structures of care. The structures and practices of care advocated by Aristotle reveal something that contemporary care ethics misses: Human beings not only need care throughout the course of a lifetime but they also need opportunities to practice care. In the best possible circumstances, giving care is one the finest activities human beings can achieve. Further, because care is so central to a flourishing human life and to ethical achievement, it will be structured by the work of politics, that is, citizens working to give shape to the institutions and structures that can sustain their ethical life.

The Virtue of Care

For Aristotle, those who are not living deeply connected lives with other human beings are hardly recognizable as human beings themselves. In *Ethics*, he remarks that it would be “absurd to make the blessed person solitary. For no one would choose to have all [other] goods and yet be alone, since a human being is a political [animal], tending by

nature to live together with others,” (NE 1169b17-20).⁵⁴ We are naturally disposed to live with others, not only because we need a community to help secure certain ends, but because we are happiest when we take an active interest in our friends and fellow citizens and have others take a strong interest in us (NE 1169b10-15). As we have said, his account of personhood includes relationality, rejects self-sufficiency, and has built into it the need and desire for affiliation. Although Aristotle asserts that we are all, each of us, “one in number,” with separate life plans, he also believes that political communities are necessary for flourishing and that friendship is “most necessary for our life. For no one would choose to live without friends even if he had all the other goods,” (NE 1155a5).

Political arrangements, then, should do much more than secure basic resources and material goods, though they should do at least that (*Politics* 1272a12-20, 1330b11, 1329b39). Friendships, though fraught with conflict and challenges, are what hold cities together (NE VIII 13-14). Politics should concern themselves with civic friendships at least in so far as standards of justice and fairness are upheld so that all citizens can continue to participate in one another’s life projects (including projects like the securing of basic material resources and moral development); such jointly shared pursuits are simply less likely if those bound together by a constitution are not behaving justly towards one another (NE 1160a9-14).⁵⁵ In healthy politics, especially in democracies where there is both equality and plurality, we should see both justice and friendship in many forms: “Hence there are friendships and justice to only a slight degree in tyrannies

⁵⁴ For an excellent discussion of Aristotle’s understanding of political animals and civic friendship, see John M. Cooper, “Political Animals and Civic Friendship,” in *Aristotle’s Politics: Critical Essays*, ed. Richard Kraut (Lanham: Rowman and Littlefield, 2005).

⁵⁵ Ibid.

also, but to a much larger degree in democracies; for there people are equal, and so have much in common,” (NE 1161b9-11). Finally, political communities exist for the sake not of self-interested motives like securing property, but rather for “living well” and “for the sake of noble actions,” which, says Aristotle, can only happen where friendships and shared life projects are found (Pol 1280b35-40). In societies not defined by mere mutual commerce but rather by the joint pursuit of excellence, we still have the expectation of mutual benefit but we also take a strong interest in others’ character and well-being.⁵⁶

Contemporary ethics of care theorists also believe that the relationality of human existence places a special obligation on governments to take seriously the need for care. In this view, the reason why we live such deeply connected lives is largely a function of the facts of biological human need and dependency. Martha Nussbaum has repeatedly stressed the importance of Aristotle’s conception of the person as vulnerable and in need of the love and care of others:

[I] believe we need to adopt a political conception of the person that is more Aristotelian than Kantian, one that sees the person from the start as both capable and needy—“indeed of a rich plurality of life-activities,” to use Marx’s phrase, whose availability will be the measure of well-being. Such a conception of the person, which builds grown and decline into the trajectory of human life, will put us on the road to thinking well about what kind of society we should design. We don’t have to contract for what we need by producing; we have a claim to support in the dignity of our human need itself.⁵⁷

In addition to needing basic material resources required for healthy functioning,

⁵⁶ Cooper puts the point this way: Each expects his fellow-citizens in their dealings with him (political, economic, and social) to be motivated not merely by self-interest but also by concern for his good for his own sake (for his qualities of mind and character, as Aristotle emphasizes in *Pol.* III 9, but also for other elements in his good): Cooper, *Reason and Emotion: Essays on Ancient Moral Psychology and Ethical Theory*, 370-1.

⁵⁷ Martha C. Nussbaum, “The Future of Feminist Liberalism,” in *The Subject of Care: Feminist Perspectives on Dependency*, ed. Eva Feder Kittay and Ellen K. Feder (Lanham: Rowman & Littlefield Publishers, 2002), 194.

Nussbaum argues that we should include “affiliation” on a list of capabilities that every political society should secure. But beyond the brief mention of the person as “capable” above, nowhere does she discuss the fact that Aristotle sees humans as not only in need of care but capable and desiring of giving it. Nowhere does she explore the role that *giving* care plays in Aristotle’s understanding of virtue. This is odd since structures of care are not only present in Aristotle’s ethical and political writings, but practices of caring for others are absolute requisites for living an excellent life. I agree that Aristotle provides a picture of persons as needing care and a variety of life activities, but I think that more needs to be said about the value, for Aristotle and for us, of practicing care. On my reading of Aristotle, caring for others is one very available activity that aides us in the process of becoming our best possible selves. We know, of course, that friendships structure the good life for Aristotle and provide us with the necessary material to live virtuous and happy lives. What we need to better understand is that one of the main ways in which they do so is by serving as a structure of caregiving, a form in which practices of care are refined and contribute to an increase in the well-wishing of others in a very specific and in a general way.

Friendship

Friendship (*philia*) is the mutually acknowledged and reciprocal exchange of goodwill and affection that exists between people who share an interest in each other on the basis of pleasure, usefulness, or virtue (*NE* 1156a). Friendships of this sort are voluntary, but Aristotle also includes in his definition of friendship non-voluntary relations of affection and care, such as those that exist among family members and fellow-citizens (*NE* 1159b25-30, 1161b15). Two things will be important for our

purposes: First, Aristotle's understanding of "friendship" is much broader than our contemporary understanding and includes many relationships that we don't tend to identify, in the first instance anyway, as friendships. So, for example, fellow citizens count as friends on Aristotle's picture, as do children and parents. Yet, at the same time, the sort of friendship he values most—character friendship—is characterized by a sort of thickness that is perhaps also unfamiliar to us today; character friendship is constituted by a shared commitment to practicing the virtues and living a good life.⁵⁸ In other words, the best sort of friends are those who are equally committed to living an excellent life and to helping one another pursue the respective projects that enable and reflect such a life. Because I want to consider the ways in which friendship is also a mechanism for activating virtuous thoughts and actions, character friendship will be most relevant here. Yet friendships defined primarily by inequality and caretaking, like parent-child relationships, also have the ability to cultivate the capacities for character friendship and grow to become a character friendship (*NE* 1166a25). For this reason, these are relevant, as well.

What exactly is it about friendships that make them necessary for our lives and for living virtuously? In other words, for Aristotle, why do we need friends? The answer is not simply, as some have interpreted, because friends are needed in order to properly practice the virtues Aristotle explicitly privileges, like courage, temperance, magnanimity, and so on. Though this is certainly true, it's also the case that friendships are one important structure of care, that is, they require a goodly bit of care for their

⁵⁸ Character friendships can also include elements of pleasure and advantage, and visa-versa. For more on this, see Cooper's argument that the latter two are a combination of self-seeking and unself-interested well-wishing and well-doing in John M. Cooper, *Reason and Emotion: Essays on Ancient Moral Psychology and Ethical Theory* (Princeton, N.J.: Princeton University Press, 1999).

success and yet also serve the purpose of habituating individuals to other-regarding thought and action. Even a cursory reading of Aristotle on friendship suggests that at least one reason why friends are valuable is because they care for us in times of need. On this view, affiliation is important because we need it for our own survival. Aristotle is quite clear on this point: “But in poverty also, and in the other misfortunes, people think friends are the only refuge. Moreover, the young need friends to keep them from error. The old need friends to care for them and support the actions that fail because of weakness,” (NE 1155a12-15). And surely parents care for their children and, in turn, children for their parents, when they are unable to do so themselves. Indeed, the fact that “in ill fortune we need others to benefit us,” necessarily makes friendship one important structure of care (NE 1169b13-16).

In *On Civic Friendship: Including Women in the State*, Sibyl Schwarzenbach seeks to set herself apart from “feminist care theory” by grounding a feminist democratic theory in Aristotle’s conception of *philia*.⁵⁹ In this complex and innovative work (at one point, she offers an interpretation of Marx’s *Economic and Philosophical Manuscripts* as an application of *De Anima* and an attempt to bring reintroduce both *praxis* and *philia* into modern contexts, which she believes he fails to do because he lacks a concept of social labor and does not reconcile socialist property with his production model of activity), she argues that we can construct a modern conception of civic friendship that is deeply rooted in the Aristotelian concepts of *praxis* and *philia*. Schwarzenbach makes the case that “a minimal civic friendship remains a necessary precondition of genuine justice in any state, including in the large, complex modern nation-state, and despite its historical

⁵⁹ Schwarzenbach, *On Civic Friendship: Including Women in the State*.

transformations.”⁶⁰ She argues that the ethical reproductive praxis that constitutes personal and civic friendship is, unlike “feminist care,” concerned to foster egalitarianism and reciprocity, and “entails the capacity for consciousness of one’s relations to the eternal and the divine, and hence the capacity for logos and its actualization.”⁶¹ In other words, on this reading, the existence of “some form of friend” is a necessary precondition for the actualization of human’s unique function (*ergon*), *logos*, and without friendships one cannot exercise one’s highest moral and intellectual capacities.⁶²

I largely agree with this reading of friendship in Aristotle, though I think the link between the practice of care, which does entail a kind of “ethical reproductive praxis,” and friendship is somewhat murky here; specifically, the two seemed to be collapsed into one on Schwarzenbach’s account, yet the emphasis on equality, reciprocity, and the goal of individual autonomy that characterizes *philia* for her does not sit easily alongside the reality of most caregiving relationships. Further, Schwarzenbach takes an overly sanguine view of Aristotle’s own conception of political friendship, as well as what this might look like in modern contexts, and does not help us to think through the role of conflict in modern states and how her model of civic friendship may or may not be a resource for navigating inevitable political conflict. In contrast to Schwarzenbach’s reading of the value of friendship, I wish to highlight the way in which Aristotle makes *philia* essential to the *expression* of care. In other words, although Aristotle was certainly invested in equality and reciprocity in certain forms of friendships, he also believed that some friendships entail considerable inequality and non-reciprocity; and *these* sorts of

⁶⁰ Ibid., 135.

⁶¹ Ibid., 43.

⁶² Ibid.

friendships are marked by the practices of care, care that very often involves more than “ethical reproduction” and moral development, which I take to be valuable forms of bodily caregiving. Nancy Sherman points out that friendships are sometimes a kind of external good, like money or power, but they are also the “form virtuous activity takes when it is especially fine and praiseworthy.”⁶³ On her reading, friendships of different types are important for virtue precisely because they provide us with the opportunity for excellent action and desirable sentiments that would otherwise be unavailable to us. This reading is certainly supported in passages that emphasize shared pursuits that are both virtuous and pleasurable, such as the following:

For friendship is community, and we are related to our friends we are related to ourselves. Hence, since the perception of our being is choiceworthy, so is the perception of our friend’s being. Perception is active when we live with him; hence, nor surprisingly, this is what we seek. Whatever someone regards as his being, or the end for which he chooses to be alive, that is the activity he wishes to pursue in his friend’s company (*NE* 1171b33-35).

Yet, it is not only in times of need or refuge that friends are desirable. Friendships provide us with the necessary context to do well by other human beings in need: “For how would one benefit from such prosperity if one had no opportunity for beneficence, which is most often displayed, and most highly praised, in relation to friends,” (1155a8-10). Friends are most valuable not because they do for us in times of need but because they are the enabling conditions for our own acting and doing well, for living virtuously:

It would seem absurd, however, to award the happy person all the goods, without giving him friends; for having friends seems to be the greatest external good. And if it is more proper to a friend to confer benefits than to receive them, and it is proper to the good person and to virtue to do good, and it is finer to benefit friends than to benefit strangers, the excellent person will need people for him to benefit. Indeed, that is why there is a question about whether friends are needed more in good fortune than in ill fortune; for it is assumed that in ill fortune we need people

⁶³ Nancy Sherman, *The Fabric of Character: Aristotle's Theory of Virtue* (Oxford Oxford University Press, 1989), 127.

to benefit us, and in good fortune we need others for us to benefit (*NE* 1169b9-16).

In other words, friendships are important for Aristotle not simply because they make us feel good or provide us with a sense of solace and security, though they surely do that, but because they call on us to do well by others, to act benevolently.⁶⁴

In what does this benevolent behavior consist? Of course Aristotle explicitly says that monetary generosity is a virtue, but this is not all he has in mind for friends, at least not merely the economic generosity he speaks of early in *Ethics*. It seems important to note that Aristotle focuses on structures of care and concern that involve not just moral support but rather *bodily* care; the physical growth and development of children is central to the kind of love parents give children and Aristotle says explicitly that the elderly are cared for when weakness and failing make *activity* impossible without the support of others (*NE* 1155a12-15). Aristotle even goes so far as to say that “the excellent person labors for his friends and for his native country, and will die for them if he must; he will sacrifice money, honors, and contested goods in general, in achieving the fine for himself,” where achieving the fine for himself means doing well by a friend through these actions, actions which, we imagine, often entail much more than mere economic generosity but extend to a kind of corporeal generosity (*NE* 1169a19-22).

Friendship is not mere goodwill, then, but “consists more in loving; and people who love their friends are praised; hence it would seem, loving is the virtue of friends,” (*NE* 1159b35-37). Interestingly, in his discussion of the role that giving and love play in the development and sustaining of friendship, Aristotle points to the pleasure that a mother

⁶⁴ I set aside the question for now about whether friendships are the only sort of relationships that have this power and focus on Aristotle’s conception of what it means to do well by others in friendship.

gets from loving her son (*NE* 1159a28-35, 1168a26-8). To highlight the value of caring about and for others in friendships, Aristotle asks that we consider a friendship defined primarily by radical *inequality* and, at least for some time, ongoing bodily care. Given Aristotle's examples intended to show the importance of love in friendships—friends who care for the elderly and mothers who care for their children—it seems reasonable to say that he is willing to admit, in perhaps an imprecise way, forms of bodily care into his conception of friendships.⁶⁵

Aristotle's word for "love" in describing character friendship is *strgein*, which is a word that is most often used to apply to a mother's love for her children and other family attachments. This is significant both because this word emphasizes a deep emotional bond and a particular way of relating to another that goes beyond the kind of attention we might give to someone with whom we are not in a relationship of bodily intimacy or dependency. The care that is part of any friendship is active and ongoing. Indeed, friends provide us with opportunities for happiness that are unavailable to those who are solitary or childless (*NE* 1099b1-5). Although Aristotle says that friendship is more than goodwill, both because it is more intense and because it entails mutuality, the features of this mutuality are fuzzy. Aristotle says that what is required for friendship is the mutual wishing for good things and awareness of this reciprocal wishing; he does not say, however, that reciprocity in action is required for friendship. This point is made clear in the context of friendship between non-equals, where love has a kind of equalizing effect:

⁶⁵ Aristotle also says this loving is still present even if a mother is not able to actively care for him or if he cannot love her back (*NE* 1159a28-34). This is a curious example since it seems to pull in the opposite direction of what Aristotle wants to say about activity in friendship and, in particular, the activities of loving and caring for another, which are certainly meant to structure family life. Indeed, Aristotle believes that well-wishing and well-doing are necessary for friendship and if one is separated from another for an extended period of time, the activity of doing well by that person becomes more difficult.

Friendship, then, consists more in loving; and people who love their friends are praised; hence, it would seem, loving is the virtue of friends. And so friends whose love accords with the work of their friends are enduring friends and have an enduring friendship. This above all is how unequals as well as equals can be friends, since this is how they can be equalized (*NE* 1159a15-35)

The example of the relationship of parent to child in the discussion of what we gain through friendship is especially important because it brings into focus the idea that complete reciprocity need not be present in friendships in order for us to find pleasure in them and to practice the excellences. This is in stark contrast to the view that character friendships are most valuable because they alone enable living an excellent life. To the extent that we have the opportunity to do well by another, even when we get very little in return, we have the opportunity to achieve excellence.

The value of care entailed in friendships is made even more vivid in Aristotle's chapter in *Ethics* on active benevolence and friendship (IX 7). Here Aristotle discusses the importance of benevolence to friendship, comparing the case of the benefactor to that of the craftsman. The craftsman, unlike the creditor who loans money to another who then becomes a debtor, loves what he produces because he has labored to produce it and he loves the finished product even though it does not have a soul and cannot pay him back. He says this is most true of the poets, "since they dearly like their own poems, and are fond of them as though they were their children," (*NE* 1168a1-2). The benefactor resembles this case but he loves his beneficiary even more than the producer loves his product. Aristotle explains:

The reason for this is that being is choiceworthy and loveable for all, and we are so as we are actualized, since we are insofar as we live and act. Now the product is, in a way, the producer in his actualization; hence the producer is fond of the product, because he loves his own being. This is natural, since what he is potentially is what the producer indicates in actualization. At the same time, the benefactors action is fine for him, so that he finds enjoyment in the person he acts

on; but the person acted on finds nothing fine in the agent, but only, at most, some advantage, which is less pleasant and loveable (*NE* 1168a5-10).

Again, we see that one important component of friendships is acting benevolently and this passage suggests that this activity, acting benevolently, is a kind of work that entails the moral, psychological, and physical growth of another human being. In the case of the benefactor, one is not merely loaning money to another, for that would be an instance of the creditor/debtor relationship. Nor is the work of benevolence similar to the friendship activities Aristotle says elsewhere constitute the activity of friendship, things like drinking, hunting, and doing philosophy (*NE* 1172a1-5). Quite the contrary, the work of benevolence seems to entail a certain kind of effort that runs deeper than merely caring about, in the way that Tronto discusses, or being financially generous. This is work that is bodily in nature, in addition to requiring cognitive and moral effort. Yet, as we will see below, despite what some of have interpreted as a strong disregard for bodily labor in Aristotle's work, here we see him placing a premium on bodily labor, at least in the context of the benevolence that characterizes the best sort of friendships. This work of producing or sustaining an other seems quite worth the costs and is even enjoyable to the one who "acts benevolently," even though the fruits of that labor may never produce anything externally valuable. Aristotle says that this work of "producing" another is one of the finest activities because it is part of our own self-actualization (*NE* 1168a5). Further, he believes this laboring of helping other to flourish actually works over time to produce more love and fondness for those in our care:

What is pleasant is actualization in the present, expectation for the future, and memory of the past; but what is most pleasant is the [action we do] insofar as we are actualized, and this is also most lovable. For the benefactor, then, his product endures, since the fine is long-lasting; but for the person acted on, the useful passes away... Moreover, loving is like production, while being loved is like being

acted on; and [the benefactor's] love and friendliness are the result of this greater activity. Further, everyone is fond of whatever has taken effort to produce; for instance, people who have made money themselves are fonder of it than people who have inherited it. And while receiving a benefit seems to take no effort, giving one is hard work. This is also why mothers love their children more [than fathers do], since giving birth is more effort for them, and they know better that the children are theirs. And this also would seem to be proper to benefactors (*NE* 168a15-1168b28).

In this way, doing well by others can lead to an increase in friendly feeling towards them.

Of course, we know that doing well by others will not always feel good to us, moment to moment; in almost all caregiving relationships, we find feelings of resentment on the part of the caregiver and receiver of care, despite the fact that the one caring, even a non-intimate caregiver who is paid for her services, often develops feelings of deep attachment and even love for the one cared for. Unfortunately, Aristotle glosses over the complicated nature of relationships of care, at least in the case of friendships and the mother-child dyad. The inequality that is such a central feature of caring relationships creates important challenges that he avoids discussion of entirely and though he writes so beautifully about the intrinsic worth of doing well by others, he does not help us to see the complicated feelings and thoughts involved in the work of friendship and care.

It is true that Aristotle's conception of justice, which is sketchy to be sure, would suggest that the one who does the work of care is deserving of more honors. The one who chooses virtue is the one who deserves our honor. Perhaps this is one way to think about his thoughts on friendships between unequals, wherein one person chooses the friendship because of its intrinsic value and the other for some external end. He writes that, "the superior person should get more honor, and the needy person more profit, since honor is the reward of virtue and beneficence, while profit is what supplies need (*NE* 1163b3-5).

In other words, I am suggesting that Aristotle might say that the one who chooses to do

the caring and benevolent work that sustains many friendships is deserving of our esteem; yet, for this to hold true, the work of care in family and friendship must be a real choice. And we know that free men could choose to care in ancient Athens and they can today; but women and slaves could not make that choice and many still cannot today—they do this work out of necessity, and they do it without the honor Aristotle would have us believe they deserve. Nevertheless, there is an important moment in the above passage for our thinking about embodied care and it comes in Aristotle's association of the love mothers feel for their children not with some essential quality that rests within women but rather with the work of laboring to develop capacities in someone else. His point is not the essentialist one that women are more loving towards their children simply because they are women, though this passage is sometimes interpreted this way; rather, Aristotle is saying that women come to love children more only as a result of the activity they have done (as women) for them, in particular, pregnancy, labor, and, I think we can infer, the labor of child-rearing in general. Presumably, fathers who do the work of care would be, on this account, better benefactors, caregivers, and friends to their children than women who give birth but do little else for their child. They would also be acting excellently, since participating in friendships, which requires this work of care, is one of the main ways that we express our virtue and our goodness. Good friends are benefactors of a sort, and this work of active benevolence suggests a caring for, not just about, others. Friends are valuable in Aristotle's conception of the good life both because they are co-partners in our agency and also because they provide opportunities for us to take up the activity of giving care.

Family

We can also think about the importance of caregiving for Aristotle in terms of the way he conceives of the work that goes on in the family (*oikia*) and its relationship to political life. As has already been noted, feminist theorists often criticize Aristotle for excluding women from the political realm and from participation in virtue and practical wisdom. These criticisms are warranted but they do not go deep enough to investigate the contributions the family makes to political life, even if only to subvert the strain that too much civic mindedness can put on individuals and communities. Stephen Salkever argues that familial life is important to Aristotle, not only because it prepares us for political life by instilling in us a notion of shame and a desire to do noble things, but because “it provides a separate focus of attention and care—a real job to do—which can check the danger of excessive civic mindedness that seems always to threaten to turn the most tightly knit cities into armed camps.”⁶⁶ Similarly, Arlene Saxonhouse has argued that Aristotle insists on the importance of the family “for concern for affectionate ties of care and love between human beings. He insists that the sense of oneself as an individual, as different in form, must be prior to a sense of oneself as a political equal.”⁶⁷ This is consistent with Salkever’s reading of Aristotle as striving to undermine rather than support the evaluative hierarchy of civic life over and above family life, which draws heavily on Aristotle’s criticisms of an intensely political life in Book 2 of *Politics*. In counter-balance to the virility and masculinist nature of the political realm, the family, for Aristotle, is one important arena in which we develop a capacity for deliberative choice,

⁶⁶ Salkever, *Finding the Mean: Theory and Practice in Aristotelian Political Philosophy*, 191.

⁶⁷ Arlene Saxonhouse, "Family, Polity, and Unity: Aristotle on Socrates' Community of Wives," *Polity* 15, no. 2 (1982): 218.

care, attachment, and ethical perception. Salkever explains:

For Aristotle, our human identity—as beings who can come into our own through living thoughtfully—requires both polity and family, and the latter even more (in one sense) than the former. This argument, itself thoroughly biological in character (in that it is a teleological explanation of human relationships in terms of the specific life and needs of human beings), serves as the ground for the Aristotelian derogation of the Greek attachment to virility and love of honor, and to the hierarchy and differentiation of gender roles which is its consequence.⁶⁸

Salkever wants to highlight the humanizing work that the family does for Aristotle insofar as it is within families that we find relationships and activities (e.g., care, love, friendship, moral education) through which we realize the needs that uniquely define us as human beings. On Salkever's reading, families are certainly a separate focus from politics. Yet, it is also clear that Aristotle believes that living well in a city-state depends upon the health of families and friendships in a way that necessitates taking caring relationships seriously for political purposes. For him, more is required for a city-state to exist than a common location and mutual exchange:

Rather, while these must be present if indeed there is to be a city-state, when all of the are present there is still not yet a city-state, but only when households and families live well as a community whose end is a complete and self-sufficient life. But this will not be possible unless they do inhabit one and the same location and practice intermarriage. That is why marriage connections arose in city-state, as well as brotherhoods, religious sacrifices, and the leisured pursuits of living together....And a city-state is the community of families and villages in a complete and self-sufficient life, which we say is living happily and nobly (*Pol* 1280b30-40).

Friendships and families provide the context for living happily and nobly, both to act benevolently as benefactors, that is, to do the labor of producing and sustaining another human being, and to participate in the relationships that help us correctly discern the kind of creatures we are and how we ought to live our lives. In and through these relationships of care and dependency, we find many opportunities for excellence and we discover and

⁶⁸ Salkever, *Finding the Mean: Theory and Practice in Aristotelian Political Philosophy*, 201.

rediscover our humanity. Recall that, for Aristotle, this project of self-understanding, which is sustained through different kinds of activities in the public and private realms, is integral to human flourishing. Further, as Schwarzenbach has argued, the nurturing and caring work that goes on in the home, work that women have historically performed and are largely responsible for today, furthers *philia* in Aristotle's view, which is not only intrinsically valuable to the good life but is also important political work, since friendship is what, according to Aristotle, "holds states together," (NE 115a22).⁶⁹

Care, then, is an activity, a virtue, that we should seek as an end in itself, even as we acknowledge that it has very important external ends related to the flourishing of those who are in need of care, preparation for the duties of political life, or, if it happens to be an occupation, a steady income so that we may live well. Of course, to count as full virtue, we must come to enjoy an activity for its own sake such that it constitutes its own end, regardless of whether or not it achieves its planned goals (NE 1105a30-34). This is consistent with Aristotle's understanding of *eudaimonia* and the virtues. We do not, for example, only act courageous when we know that we will defeat whatever threatens us. But what does it mean to say that one must come to enjoy the practice of a particular virtue for its own sake? Is it the case that one must always find pleasure in it, moment to moment? Although it is clearly the case that we are happiest when we live a good and virtuous life, happiness in Aristotle's view does not amount to a mere psychological state or a particular feeling.⁷⁰

The relationship between virtue and pleasure is somewhat unclear in Aristotle. But

⁶⁹ Schwarzenbach, *On Civic Friendship: Including Women in the State*, 52.

⁷⁰ For more on this, see Richard Kraut, "Two Conceptions of Happiness," *The Philosophical Review* LXXXVIII, no. 2 (1979).

we can at least say that whether or not a person finds pleasure in a particular activity depends not on the activity itself per se, but rather on whether or not the person is someone who, in general, acts well for the right reasons and so is someone we can say is good; someone with a stable disposition to acting well. In Books II-IV of *Ethics*, we see that virtue requires not just intellectual understanding but the proper direction of emotions and desires. It is true that only the virtuous person performs virtuous activity without feeling strained and finds a kind of pleasure in them. But virtue also requires a deep commitment to living one's life in a particular sort of way despite the challenges that living virtuously might entail. Otherwise, Aristotle could not say that the truly brave person, "stands firm against terrifying situations and enjoys it, or at least does not find it painful, he is brave; if he finds it painful, he is cowardly. For virtues of character is about pleasures and pains," (*NE* 1104b5-9). This passage suggests that whether or not a person feels pleasure while being virtuous depends both on the person and on the activity itself. Caregiving, like courage, will entail moments that are not pleasurable, but they are done in the service of something that brings one a great deal of pleasure—living an excellent life. Further, habituation to the virtues involves properly training desires such that one comes to find pleasure in a certain practice over time. This will involve not just the normalization of a task that once proved difficult, but also finding pleasure in more skillfully and successfully engaging in an activity over time. One might still find weariness, frustration, and even anger in the activity of caring, just as one might still feel fear while acting courageously. Yet these feelings do not necessarily constitute pain or the absence of a deeper pleasure, nor do they necessarily threaten to compromise the virtuous person's deeper commitment to doing just actions.

Aristotle takes seriously the desire human beings have to form strong attachments and to give care to others. At the same time, his discussion of the work that goes on in friendship and families cannot be said to require unthinking devotion to an other; indeed, this care work requires a concern for the self and for the other, as well as sharp cognitive and perceptual judgment. I am not claiming that Aristotle is defining morality in terms of what we owe to other people, for such an ethic would potentially foster women's tendency to disregard their own needs in the activity of tending to others' needs. Rather, I am arguing that Aristotle thinks that all of us are more complete when they actively do well by others with whom they share a moral life and a political constitution. It should be all the more appealing, then, to theorists of care who rightly worry about too much self-sacrifice, self-abnegation, and a lack of critical distance between the caregiver and the cared-for. In doing well by others, says Aristotle, "the excellent person awards more of the fine to himself," such that even if we decide to give our lives for the sake of another, we are, at the same time, "choosing something great and fine" for ourselves (*NE* 1169a35-7, 25-30).

IV. EMBODIED CARE AND HUMAN FLOURISHING

Thus far I have been making a case for why Aristotle's ethical and political treatises are fruitful resources for an ethic of care that takes the activity of *caregiving* to be constitutive of a life well lived. Aristotle, of course, includes monetary generosity in his list of virtues and there is certainly a caring desire to do well by others that motivates these acts of generosity. Further, his understanding of the good life is one that is deeply enriched by friendships, family, and civic association, which, as we have seen, are

defined in part by the sincere interest we take in the flourishing of others, in wishing them well and doing well by them. At this point, we should be able to see at least an outline of care in Aristotle's thought that cannot be captured by the concept of labor; nor is it a sentiment that is necessarily associated with women only. Indeed, what is remarkable, to my mind, is that care is an important activity for human flourishing and citizenship in Aristotle's view, and yet it is an activity that is associated with women, a group that Aristotle at times seems to believe are not quite fully human and obviously unworthy of citizenship.

Recall the definition of embodied care that I offered in the introductory chapter. I said that embodied care is *an ethic* that understands individual and social morality as deeply bound up with the caring relationships and communities in which human beings are embedded, and which cannot be adequately understood without attending to the corporeal practices that constitute such relationships. I also said that it is *a set of practices* whereby individuals take up the work of caring for the bodies of others predominantly with and through their own bodies, in a mindful way. Further, and as we will see in Chapter Four, a caregiver adopts a particular corporeal style, has a unique set of physical habits and techniques in her repertoire, and is often engaged in ongoing interaction with body matter and caregiving objects and materials necessary for material and social reproduction. This is, at best, implicit in Aristotle's thought, as well as that of most theorists of care; yet, the elucidation of the embodied nature of caregiving is crucial for improving our understanding of the inequality that characterizes much "carework" and for thinking about how to produce more subjects capable and desiring of giving care.

It seems a fair question to ask at this point, how much can Aristotle really contribute to a care ethic that values all aspects of care, specifically the most bodily forms of caregiving? Could Aristotle accommodate the view that caring for vulnerable, diseased, and “broken” bodies is constitutive of virtue and doing well? In other words, does Aristotle help us to imagine that the person living an excellent life is one who is also doing the “dirty work” of caring for those who are unable to care for themselves? Aristotle does not, as is well known, value the activities that we today conceive of as the messy work of caregiving (changing diapers, bathing the infirm and elderly, dressing wounds, and so on); indeed, at times he explicitly devalues that work. The magnanimous person is likely not going about changing bedpans, wiping up vomit and shit, serving as midwife to women in labor, or helping the elderly to die. This was work that women and slaves performed, of course, not citizens.⁷¹ Despite his insistence that the good life is one that is deeply bound up with the flourishing and happiness of others, we would be hard pressed to make the case that, for Aristotle, a genuine wish to contribute to others’ flourishing and happiness in any way corresponds to a practice of embodied care.

The question of whether or not Aristotle *should* defend embodied care is a much more promising one, however, especially given his views on human flourishing, activity, and doing well by others. Aristotle is not a thinker who entirely eschews the body, as his close attention to practice, habit, and activity—and, importantly, their relationship to human knowledge—all show. Unlike his predecessor, Plato, Aristotle believed that moral subjects were never free from bodily desire and that our own well being is deeply

⁷¹ Though, as discussed, his example of a mother who labors for her child to illustrate how fondness for others grows when we act as a benefactor who actively participates in the work of actualizing an other is both perplexing and opens up the possibility for a conception of embodied care.

dependent on the care others take with us, as well as features of the natural world beyond our control; further, these facts about human existence are not something to be overcome but rather something to be valued. I believe that his contributions to our judgments about the way that humans might live flourishing lives as rational creatures with fully animal bodies are inconsistent with his failure to address the value of performing even the most “unpleasant” acts of care. I will now connect some of Aristotle’s beliefs about personhood and the good life to a set of arguments for why the messy bodily practices of care are also integral to human excellence.

We might think about the justifications for my claim as circulating around different forms of knowledge—knowledge of our bodily limitations and possibilities, as well as knowledge related to various ways of self-consciously inhabiting one’s body, mindful of the goal of achieving excellence through care. Recall that for Aristotle every species and living creature has its own nature, reflected in the particular function (*ergon*), or work, common to that creature; the function of a particular creature, if properly cultivated and nurtured, will reflect its nature in the fullest sense. The work of the human being is, of course, not caregiving, but rather action in accord with reason; our unique work, then, is choosing the right end, for the right reasons, and then acting in such a way as to bring about that end. We are the deciders of which path is best for us in achieving the best life possible, and that life must include numerous opportunities for deliberating and deciding. Humans decide how we will live together. Another way of saying this is that *knowing is part of the action of being good*.⁷² It is my view that the knowledge about our uniquely human condition that we gain by practicing embodied care, as well as the potential to transform ourselves into more caring human beings that becomes available

⁷² Thanks to Susan Bickford for this precise formulation.

through such practices, enriches our lives in a way that is consonant with Aristotle's understanding of the work of human beings and their potential for human excellence. In what remains of this chapter, I will offer an outline sketch of some ways that embodied care is related to the work of human beings. Each of these suggestions will be more capaciously filled out in the chapters to follow.

Account of Personhood, Or Self-Knowledge

As Aristotle makes clear, what we first want in constructing (or revising) a vision of the good life is a clear and vivid picture of the kind of creature for whom such a life is possible. Constructing such a vision will most certainly entail empirical observation, but it will also mean acquiring knowledge through activity. Despite the special place Aristotle holds out for *theoria*, he also shows us that we come to understand our actions more deeply by cultivating a practice around whatever it is we seek to know or to do well.⁷³ Through cultivating a practice we come to better grasp relevant particulars and are able to exercise our capacities for finely tuned discernment and judgment based on what we have learned through practice. What we want, then, is to engage in a range of activities that reveal to us the unique kinds of creatures we are, possessing a plurality of possibilities and limitations. This kind of work will help us immensely in determining what sorts of things we need our political institutions to aim at.

Embodied care, in a very real way, forces us to confront and negotiate the radically vulnerable and contingent aspect of all our lives. In caring for the bodies of others, we come to better understand what we are, human beings inhabiting distinctly animal bodies. Our bodies in their most unsettling state—weak, leaky, deficient,

⁷³ I have in mind here Book Two of the *Ethics*, in which Aristotle discusses the importance of habituation, not only for grasping how to act in a particular way but why one ought to do so.

decaying—confront us. And when caregivers enter into relationships of care, they stand before some potential version of themselves; that picture, while often destabilizing, is important to developing a self-understanding that admits of limitations and weaknesses.

Practical Wisdom, Or Knowledge of Ends and How to Achieve Them

For Aristotle, human beings should seek knowledge of all things, but most especially how we are meant to live, so that they may flourish as fully actualized beings that deliberate together and decide wisely. Embodied care prompts us to identify certain ends and then to begin the difficult work of formulating political and ethical responses to facts of dependency and need. This is true in at least two senses. First, in a very general way, as a practice that always entails the facts of necessity and imperfection, embodied care can reorient our thoughts and feelings about what a human life should be and what sorts of achievements are even possible or desirable, living as we do, in an animal body. We come to see that some of us have severe limitations that frustrate things like progress, physical achievements, autonomy, inviolability, and sufficiency. And these are quite permanent states for many of us. In other words, some human beings will not experience a great deal of “improvement” in their physical or mental states, they will never “get better,” a fact that does not fit comfortably within the many post-enlightenment narratives of progress that permeate political discourses and worldviews in late-modernity. In other words, we often seem quite unwilling to accept that some of us are simply where we are and where that is might be less than ideal, or perhaps pretty awful. Cultivating a practice of embodied care should involve an acceptance of human limitations, coming to understand human frailty and need, and the development of the emotional, physical, and cognitive skills required to properly care for ourselves and for others.

Even more concretely than a new awareness around human finitude, then, the activity of practicing care is crucial for acquiring the precise techniques and habits of caregiving. We cannot develop the proper affective, physical, and cognitive skills appropriate to giving care if we are not first habituated to that activity. Mastering knowledge of the right tones of voice, forms of touch, methods and techniques for bathing, feeding, nursing, changing bedpans, cleaning and dressing wounds, and simply comforting the sick, requires participation in caring relationships. Further, these are skills that must not only be developed and sharpened through habituation; they must be preserved in and through ongoing practice. The more we care for others, the more we discover about the caring needs of human beings, and the more we discover about our own potential needs. Embodied care is fundamental to human flourishing because without it we would have a very incomplete picture of ourselves, of what it means to be fully human. It is also necessary for gaining knowledge of the forms that good care can take, care that we have come to see, through tending to the bodies of others, is a central feature of human existence.

Ethical Emotions and Affective Knowledge

Caregiving can orient our attention to body-mind connections and encourage forms of corporeal mindfulness that can otherwise be difficult to achieve in a culture that emphasizes efficiency and virtuality at the expense of mindfulness and presence. As creatures with both affective and deliberative capacities, humans have the potential to train or shape their emotional responses to the external world. What does this work look like? I am certainly not suggesting that one can or even should try to tell oneself not to feel sadness when tragedy has struck, or anger in the face of an injustice simply because

such feelings are not pleasurable to us; this would be neither effective nor wise. Indeed these emotions can be productive and quite correct. But it does mean that our emotions are not *always* appropriate or effective and that sometimes they need to be adjusted to better fit a situation in which we are called on to act morally.

Taking up the challenging activity of embodied care opens up several quite unique opportunities to alter our current emotional states when it comes to bodies that violate norms of health and beauty. As we have said, caregivers use their senses to do the work of care and they frequently interact with bodily fluids, waste, and material that many of us typically recoil from. But, following Aristotle's view of habituation and the virtues, we know that we can alter even the most visceral responses, such as fear or desire, through practice. Ongoing interaction with bodies that appear frightening or even contaminating to us can actually go a long way towards recalibrating our responses to such bodies and to our own bodies when they seem to fail us. A dirty diaper may never come to smell good to the parent or caregiver who must tend to them day in and day out, but it must be the case that the more one changes dirty diapers, the more indifferent one becomes to the smell and sight of human waste. Cultivating a critical practice of embodied care has the potential to alter reactions of disgust and fear of bodies in need of care. Another way of saying this is that a practice of embodied care can function as an antidote to anti-democratic forms of normalization, encountering bodies that resist dominant ideals of personhood.

Freeing Ourselves Through Care

An ethic of embodied care has the power to lead to democratic transformations of the self. To begin with, embodied care can provide the context for cultivating practices of

self-care and self-governance by offering a structure and set of norms within which we might cultivate a “disposition to steadiness” in our relations with the self and others.⁷⁴ These new pictures of the self that come into focus through embodied care can cultivate feelings that aide us in becoming more free, by which I mean less gripped by unrealistic images of the bodies we inhabit. Embodied care also has the power to make vivid for us connections between the emotional, intellectual, and corporeal aspects of human life. When we witness, from some critical distance (which is, an achievement and not a given in caring relationships), just how powerfully beliefs or emotions can shape bodily experiences—for example, how a person’s sadness, fear, or emotional trauma is related to their physical pain—we are confronted with the reality that bodies are much more complicated than objects that function independently of our self-understandings and emotional well-being. Bodies anticipate and respond to cultural norms in a multiplicity of ways. Ideas—about wellness and disease, pain and pleasure, beauty and unattractiveness, normality and abnormality, what sort of life is grievable and what sort of life is not—are instantiated corporeally. Using our own bodies to care for the bodies of others creates opportunities to foster mindfulness about this fact and illuminate the difficulties of compartmentalizing the body and viewing it as separate from the realm of ideas, norms, and discourse. By practicing embodied care we begin to see that bodily experiences are shaped and conditioned by the world around us and by perceptions of that world.

For example, many in the medical community believe that one of the most common causes of back pain is clinical depression. Confronting whatever is going on with a patient psychologically or emotionally is often necessary in order to properly

⁷⁴ Nancy Luxon, "Ethics and Subjectivity: Practices of Self-Governance in the Late Lectures of Michel Foucault," *Political Theory* 36, no. 3 (2008).

“treat” the pain, though it must be said that the medical community has also done a poor job of actually developing more integrative methods for treatment in this regard. Similarly, eating disorders and self-starvation are much more prevalent in wealthy Western societies that are often extremely image-conscious and obsessed with weight-loss and dieting. Drawing on the work of Foucault, feminist theorists and social-psychologists have argued that these illnesses are evidence of the powerful grip that social power and dominant ideologies can have on bodies; women’s disordered eating and distorted self-perceptions about body size are can be understood as reflective of deep and widespread cultural psychopathologies related to beauty and gender norms.⁷⁵

Where is the bodily potential in all of this? Further, what does the fact that bodily existence is partly constituted by political discourses and processes of normalization have to do with care? First, a concept of embodied care that acknowledges the power of norms to shape self-understandings points to the possibility of transforming those social imaginaries and problematic modes of inhabiting bodies. I do not mean to suggest that we can think ourselves out of illness or disease by practicing embodied care, but rather than we can begin to take seriously the idea that bodily habits and corporeal styles are deeply connected to the socio-political realm we construct for ourselves. Taking this seriously would mean urging democratic transformations that work to secure healthier bodies and corporeal styles that reflect rather than contradict democratic values. In short, it would mean acknowledging the political dimensions of bodily subjectivity, accepting that there is a range of constraints—natural, material, discursive—that constitute and fashion bodies. There is a certain kind of freedom that comes about with this knowledge, a

⁷⁵ Sandra Lee Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression, Thinking Gender* (New York: Routledge, 1990), Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California Press, 1993).

freedom that stands in stark contrast to the Cartesian conception of freedom as free will or Berlin's notion of negative liberty as the freedom to simply be left alone.⁷⁶ Indeed, bodily necessity and constraint complicates both notions of freedom. Rather than desperately trying to tear necessity away from freedom, we might rethink the relationship between the two.

Cultivating a disposition to steadiness must also entail learning how to be gentle, a quality that might be captured by Aristotle's conception of mildness, but also qualities like generosity and kindness. The gentleness required for care is related to the kind of freedom mentioned above; it requires accepting the limitations of our friends, family, but also our fellow citizens. To be gentle in our interactions with others requires relaxing our expectations and desires for things to always go well and for others to succeed as embodied subjects. This is indeed difficult to do because so much of our own well-being and ends (political and otherwise) are, as Aristotle teaches us, bound up with the happiness and flourishing of others. Yet gentleness does not require passivity, but in fact it may work to heighten our awareness rather than relax it. We must develop new forms of attention that encourage us to focus on the particulars of the sick person's state. We must learn to listen and to see differently and these forms of attention require a turning away from the various distractions of our own "discrete" lives. The point I wish to make is not that care requires that we all be gentle all of the time, certainly not. But rather that the gentleness and patience care demands are also features of a society that accepts that we don't always get to determine the course of our lives, to construct our own stories. Gentle is a mode of being in the world that strikes me as undervalued today, yet much

⁷⁶ Isaiah Berlin, *Two Concepts of Liberty, an Inaugural Lecture Delivered before the University of Oxford on 31 October 1958* (Oxford,: Clarendon Press, 1958).

needed.

We might object to all of this and say that care simply cannot be constitutive of flourishing for the simple fact that it does not bring us enough pleasure and is often quite miserable. But we must remember that for Aristotle, flourishing is not synonymous with a psychological state of happiness, and this calls us to rethink the relationship between pleasure and excellence more generally. In other words, doing well will not always *feel* like we are doing very well in his account of the good life. Aristotle tells us that, “[N]ot all the excellences give rise to pleasant activity, except to the extent that pleasant activity touches on the end itself,” (117b15) and he gives the examples of courage and temperance (*Ethics*, 1117b10). The courageous soldier will experience fear in the face of danger and surely pain upon being stabbed with the enemy’s sword, yet he will also, and hopefully simultaneously, experience a certain kind of pleasure in attaining the end that is practicing courage. So this isn’t a classical republican conception of virtue where “virtue is its own reward” and we do good deeds, not because they are pleasurable, but because we have to. We do find pleasure in practicing human excellence but there is also challenge and pleasure is something that may be less immediately present at different times. It is also the case that we become more excellent, the more we engage in excellent activities. So, following Aristotle, we become more generous the more we practice generosity, more temperate the more we practice temperance; it is reasonable to imagine that progress with respect to a particular practice will coincide with a quieting of the inner-conflict that can attend practicing the virtues.

I think this is a useful model for thinking about how to conceptualize embodied care; in other words, feelings of disgust, fear, and even resentment might be inescapable

in the practice of embodied care, at least at the start, but the more we take up the activity of caregiving, the better able we are to practice care. However, as I said, for some virtues (like courage and temperance, and I would add to this *embodied care*), there is likely to always exist some sort of conflict with respect to our emotions and feelings, but this is certainly no reason for us to reject out of hand the possibility of a (sometimes) deeply unpleasant activity to count as constitutive of a flourishing life

To summarize, then: Embodied care is central to human flourishing because it (1) is an experience that gives us a more realistic picture of personhood, and self-knowledge is an integral part of human excellence, (2) prompts ethical and political responses to facts of embodiment and need, and living ethically and politically is something that humans are naturally disposed to do, (3) is an important context for altering our current emotional and visceral responses to bodies that violate norms of health and beauty, and coming to see things more correctly is also an exercise in human reason and practical wisdom required for flourishing, and (4) promotes a healthier mode of embodiment, one that involves gentleness, patience, and acceptance of forces that are very often beyond our control, thus encouraging us to rethink the relationship between freedom and bodily necessity. Relationships and communities of care lead to the discovery of knowledge about human beings—self discovering, of a sort—and they open up the possibility of transforming our actions in accordance with this knowledge.

IV. CONCLUSION

Making practices of embodied care a feature of any polity entails the acceptance that a moral self cannot develop and flourish outside of social relationships that are,

among other things to be sure, communities of care that call on us to discover truths about who we are and to transform our actions in accordance with these new discoveries. Care and the gentleness it requires are constitutive of a political life, a life lived in common with others who are imperfect, who are in need, and who are also reflections of ourselves. Aristotle thought that the virtuous person seeks the truth in all things, but especially knowledge as it relates to the sort of creatures we are and might become. For this reason, he should accept that embodied care is constitutive of human excellence, and so should we. The bodily work of care forces us to confront the facts of human animality and fragility, but it does much more than this, as I hope to have shown. It calls on us to make use of the uniquely human capacity to take that knowledge and, through the transformation of our actions and habits, put it in the service of human excellence.

If we follow Aristotle's understanding of political inquiry as largely directed towards determining how to best promote the good life, then to say that caregiving is constitutive of that life is to also commit oneself to the idea that our polity is responsible for creating the conditions that make caregiving possible. Recall that this is an important point of contact between traditional care ethics and Aristotle, and it's one that I, too, endorse. Living excellently requires community and politics is the activity through which we collectively structure our shared life. Now I want to very briefly consider some of the practical considerations of what I have said. I will discuss each of these in more detail Chapter Five, but for now let me just make a few remarks that point us in that direction.

First, a conception of caregiving as necessary for living an excellent life means that it must be widely shared and not withheld from particular individuals and groups. Of course, caregiving is currently widely devalued and frequently outsourced, so this is an

odd way to put the point; caregiving, it would seem, is not an activity or a good that most currently believe to be so valuable that its denial to citizens actually constitutes harm. Indeed, our society has failed to restructure work/family policies since women's entrance into the labor market and, although more men are taking on caregiving roles than they once did, we know that women continue to do the majority of carework in and outside of the home. We have not successfully secured caregiving for men, through social norms, education, and public policy aimed at restructuring work/family arrangements, and we have made it immensely difficult for women from all class backgrounds to both work and be the primary caregivers in the household (though many, of course, do both). And if we want these individuals to flourish, then we must find ways that allow all workers to also care for their loved ones.

Similarly, care can no longer be the work of the marginalized and oppressed, which, as I shall show in Chapter Four, it has always been to some extent and is increasingly associated with immigrant labor and undocumented workers. This is a problem not only because those of us who are privileged miss out on something that contributes to *our* actualization as human beings, but also because the exploitation of careworkers and the continued devaluation of this work by dominant groups only engenders feelings of resentment on the part of those performing care, which threatens caring relationships. I am also not suggesting that caregivers in the current system of care are morally superior to non-caregivers; indeed, the unjust arrangements of care that constitute and contribute to the "care crisis" we face today appear to exclude the possibility of precisely this sort of excellence that a more ideal ethic of embodied care reflects. Further, when care is the work of devalued persons, it reflects and reifies the

myth that some people are just naturally nurturing and really enjoy doing carework, despite its devalued status in the labor market and in society, thus making it “easier,” in a sense, to keep them in a marginalized and relegated position. This is another way of romanticizing care and, in turn, contributes to the codification of certain kinds of people as natural caregivers. And all of this only makes a widespread achievement of embodied care more challenging, as well as the taking up of carework by people in positions of privilege or power.

So we will need to think seriously about how we might habituate all citizens to care, which may be accomplished in and through educational programs and a range of social services that teach people how to care and help to provide support systems so that caregivers are less isolated. Indeed, this is not an altogether unfamiliar concept in the West, as many Western European countries have free programs for new parents to help them learn how to care for their infant children; in the States, too, these sorts of programs are in place, but usually only for low income mothers, the assumption being that they are the only people who need an education in how to care for their dependents. But one imagines that many new parents need this sort of education and perhaps many of us will need some kind of training and support for caring for our aging parents too. This could be provided by social programs that seek to cultivate in citizens the requisite skills and techniques. Outsourcing is only one option but, though necessary sometimes, it is far from the best. Although this does presume that individuals and not states per say will perform carework, I see this possibility as fundamentally different from the current system which just throws back onto citizens caregiving responsibilities without giving them the necessary skills to perform that work and the ethical and material resources that

make caring for others possible and a desirable choice.

It is also useful to consider how we can work to support—materially and civically—communities of care. We might imagine public care in a variety of ways, depending on context. We know of successful “communities of care” in which able-bodied and disabled persons, dependents and caregivers, live and work together. Let me give just one example: In *Living Gently in a Violent World: The Prophetic Power of Weakness*, authors Stanly Hauerwas and Jean Vanier write about L’Arche, a non-profit organization which establishes and operates caring communities where individuals who are in some way dependent on a great deal of care and abled-bodied people come to live together.⁷⁷ I have something very much like these communities in mind when thinking about how we might structure and support public communities of care. Founder of L’Arche, Jean Vanier, talks explicitly about the power that caring for and living with severely mentally and physically disabled individuals has to transform the non-disabled person’s self-understandings and even their bodily habits. Vanier comments on his earlier experiences of personal growth and development through embodied care at L’Arche:

We began living together, buying food, cooking, cleaning, working in the garden, etc. I knew really nothing about the needs of handicapped people. All I wanted to do was to create community with them. Of course, I did have a tendency to tell them what to do; I organized and planned the day without asking their opinion or desire. I suppose this was necessary in some ways, for we did not know each other and they came from a very structured situation. But I had a lot to learn about listening to the needs of handicapped people; I had a lot to discover about their capacity to grow.⁷⁸

The authors go on to discuss the limits of political theory for revealing to us the value—to us and to those for whom we care—of living with those who are unable to care for

⁷⁷ Stanley Hauerwas and Jean Vanier, *Living Gently in a Violent World: The Prophetic Witness of Weakness* (Downers Grove, Ill.: IVP Books, 2008).

⁷⁸ *Ibid.*, 89.

themselves. “Significance,” they write, “found in sharing one’s life with another person—a significance that will usually come as a surprise—cannot be found outside the activity itself.”⁷⁹ Interestingly, the authors go on to criticize and set themselves apart from Aristotle, claiming that this sort of friendship, on which L’Arche is founded, is far superior to Aristotle’s understanding of friendship, which, according to them, does not allow for friendships between radically disabled and able-bodied persons. As should be clear, I think there is textual evidence to suggest that this is more of an open question for Aristotle and, in fact, it strikes me that there is a deep tension in Aristotle’s work around just this point: If friends really do love nothing more than to live together always and if friendships are most necessary for the good life because friends care for us in times of need and afford us opportunities to become excellent through good deeds, then it makes very little sense to cut out from friendships the important work of embodied care, which is so fundamental to human fragility and excellence.

That aside, I do think the authors miss another deeply Aristotelian moment in their own thinking and it has much to do with the relationship between practice and knowledge. Caregiving communities based on the necessity of caregiving for “becoming human” and not solely on the instrumental goals of care are evidence of how we might still benefit from Aristotle’s understanding of political and ethical inquiry, which begins, not with exercises in abstract moral reasoning, but rather with what we observe when we take a look around.⁸⁰ Participating in communities of care is both a way of living

⁷⁹ Ibid.

⁸⁰ I use the phrase “becoming human” both because I am arguing that we require the practice of embodied care in order to be fully actualized human beings and because this is the title of a book by Jean Vanier (1998), in which he discusses the role that caregiving has played in his own life in

excellently and an important method for determining how to best achieve the excellence that is caregiving. Many liberal theorists have advanced political principles defending why we ought to care *about* those in need of care; in other words, they have shown why children, the disabled, and the terminally ill have a share in justice despite their inability to live up to the liberal account of personhood.⁸¹ But if embodied care is truly a virtue, then we need to better understand why we ought to *live* with such people rather than merely secure the material conditions that make their care (by someone else) possible. We need to come to see how living with those who need our care in order to live well can enrich our own lives. This kind of knowledge can only come about when we have sufficient opportunities to live just this way, in communities of care. It may be the case that we cannot even know what constitutes justice with regard to the radically dependent until we live with such people; but it is most certainly the case that we cannot know how caring for them will change who we are and widen our own possibilities for excellence and freedom until we do so.

helping him to understand what it means to be human. See: Jean Vanier, *Becoming Human* (New York: Paulist Press, 1998).

⁸¹ For examples, see Martha C. Nussbaum, *Frontiers of Justice: Disability, Nationality, Species Membership* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 2006), Nussbaum, "The Future of Feminist Liberalism.", John Rawls, *A Theory of Justice*, Rev. ed. (Cambridge, Mass.: Belknap Press of Harvard University Press, 1999), West, "The Right to Care."

CHAPTER THREE

DOES *EVERY* BODY CARE? CULTIVATING A CRITICAL PRACTICE OF CARE

At the very moment when I live in the world, when I am given over to my plans, my occupations, my friends, my memories, I can close my eyes, lie down, listen to the blood pulsating in my ears, lose myself in some pleasure or pain, and shut myself up on this anonymous life which subtends my personal one. But precisely because my body can shut itself off from the world, it is also what opens me out upon the world and places me in a situation there.

—Merleau-Ponty,
Phenomenology of Perception

And so the virtues arise in us neither by nature nor against nature. Rather, we are by nature able to acquire them, and we are completed through habit.

—Aristotle, *Nichomachean Ethics*

Care theorists and feminists from a wide range of disciplines have successfully shown us some of the dangers—for philosophy and for politics—of failing to acknowledge the facts of human dependency and vulnerability. All human beings share an ongoing need for a considerable amount of care over the course of a lifetime and, it has been well argued, we would do well to take that fact into account when designing political institutions and the principles by which we are to govern ourselves. Yet, although care is quite obviously a necessary feature of our bodily human existence, care

theorists have not yet seriously explored the bodily dimensions of care, in particular the embodied practice of *giving* care.

This chapter offers a critique of one of the few sustained theoretical investigations into the body and care, Maurice Hamington's work entitled *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*.⁸² Hamington is an exception to others who have overlooked the body in discussions of care. He relies almost exclusively on Merleau-Ponty's phenomenology of the body in order to "attend to the corporeal aspects of mortality," and to emphasize the ever-present character of care in human relationships. I shall argue, however, that despite the centrality of the body to this particular formulation, he offers little insight into how the experiences and habits constitutive of good caregiving become available to individuals who regularly practice care. Instead, with Hamington, care continues to exhibit a kind of taken-for-granted quality, but in a distinctly non-gendered way. Care is naturalized in his phenomenological picture and what emerges is a wholly undifferentiated, universal subject in possession of a shared "embodied knowledge of care," the precise features of which remain as murky as the account of how it is acquired.

In the second half of the chapter I continue to draw on insights from Aristotle in order to sketch out a theory of embodied care as critical practice. This view understands the cultivation of caring habits and dispositions in individuals as a distinctly political enterprise. Specifically, and in contrast to the phenomenological view, I explore the formation of caring habits, the role of choice in embodied care, and what it means to practice care in a way that is both fully corporeal and fully rational. I advance the

⁸² Maurice Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics* (Urbana: University of Illinois Press, 2004).

Aristotelian view that a caring disposition and practice, as part of an individual's character, is not something that is dependent upon given, internal qualities but is rather something that must be achieved and sustained through political education and habituation.

I. CONNECTING CORPOREALITY TO CARE

Contemporary political thought has taken a "corporeal turn" in recent years and pure rationalism, it seems, is giving up the ghost.⁸³ Scholars from a diverse set of traditions and disciplines with widely different intellectual interests and normative commitments are increasingly focusing on the body's relationship to politics and philosophy. Words like "corporeality," "embodiment," "biopolitics," and the "lived body" are no longer exclusively the domain of obscure phenomenologists or postmodernists but are now commonplace in new book titles from a range of disciplines in the humanities and social sciences.⁸⁴ In political theory, which has exhibited strong

⁸³I borrow this phrase from John Tambornino who identifies the features of this turn to embodiment in his book on the subject (2002). There, he argues that the challenge of exploring corporeality and politics is to "foreground the body without relegating language, culture, and consciousness to the background," (3). I respond to that challenge here and in doing so I invoke "corporeality" to refer both to our material existence as embodied creatures and to the complex relationship between body and mind, as well as nature and culture.

⁸⁴ I cannot here give an exhaustive list, but some examples include: Alain Beaulieu and David Gabbard, *Michel Foucault and Power Today: International Multidisciplinary Studies in the History of the Present* (Lanham, MD: Lexington Books, 2006), Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body*, Judith Butler, *Bodies That Matter: On the Discursive Limits Of "Sex"* (New York: Routledge, 1993), Monica J. Casper and Lisa Jean Moore, *Missing Bodies: The Politics of Visibility* (New York: New York University Press, 2009), Stephen R. L. Clark, *The Political Animal: Biology, Ethics, and Politics* (London ; New York: Routledge, 1999), Rosalyn Diprose, *The Bodies of Women: Ethics, Embodiment, and Sexual Difference* (London ; New York: Routledge, 1994), Michel Foucault, Michel Senellart, and Collège de France., *The Birth of Biopolitics: Lectures at the Collège De France, 1978-79* (Basingstoke [England] ; New York: Palgrave Macmillan, 2008), E. A. Grosz, *Volatile Bodies: Toward a Corporeal Feminism, Theories of Representation and Difference* (Bloomington: Indiana

tendencies toward Kantian-influenced philosophy for at least the past four decades, such titles are particularly alluring and seem to stand out for their sharp turn away from more common themes, such as distributive justice, political right and equality, public versus private, transnational justice, sovereignty, and political obligation.⁸⁵

The flesh's rise to fame likely has much to do with a deep and abiding interest in the work of Michel Foucault, who wrote most prolifically and persuasively on the relationship between power, bodies, and subjectivity.⁸⁶ Indeed, much of the recent work on the body in political theory today is an extension of or a response to Foucault's thinking, shaped by the thought of Hegel, Marx, Nietzsche, Heidegger, Merleau-Ponty and others who were concerned in various ways with the material, bodily aspects of human existence.⁸⁷ Questions concerning the disciplinary nature of bodies and the way

University Press, 1994), Alison M. Jaggar and Susan Bordo, *Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing* (New Brunswick, N.J.: Rutgers University Press, 1989), Pirkko Markula and Richard Pringle, *Foucault, Sport and Exercise: Power, Knowledge and Transforming the Self* (London ; New York: Routledge, 2006), Majia Holmer Nadesan, *Governmentality, Biopower, and Everyday Life* (New York: Routledge, 2008), Vandana Shiva and Ingunn Moser, *Biopolitics: A Feminist and Ecological Reader on Biotechnology* (London: Zed Books; Third World Network, 1995), Lorna Weir, *Pregnancy, Risk and Biopolitics: On the Threshold of the Living Subject, Transformations* (London ; New York: Routledge, 2006), Simon J. Williams and Gillian Bendelow, *The Lived Body: Sociological Themes, Embodied Issues* (London ; New York: Routledge, 1998), Iris Marion Young, *On Female Body Experience: Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory* (Bloomington, Ind.: Indiana University Press, 1990).

⁸⁵ For other familiar topics in political theory and philosophy, see Gerald F. Gaus and Chandran Kukathas, *Handbook of Political Theory* (London ; Thousand Oaks, Calif.: SAGE, 2004), David Held, *Political Theory Today* (Oxford: Polity, 1991).

⁸⁶ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1979), Michel Foucault, *The History of Sexuality*, Vintage Books ed. (New York: Vintage Books, 1980), Michel Foucault and Joseph Pearson, *Fearless Speech* (Los Angeles, Ca.: Semiotext(e): [Distributed by MIT Press], 2001), Foucault, Senellart, and Collège de France., *The Birth of Biopolitics: Lectures at the Collège De France, 1978-79*.

⁸⁷ See, for example, Beaulieu and Gabbard, *Michel Foucault and Power Today: International Multidisciplinary Studies in the History of the Present*, Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body*, Roberto Esposito, *Bios: Biopolitics and Philosophy*

that powerful discursive and disciplinary forces both hold “bodies in their grip” and constitute subjectivities remain a popular area of study in political thought.

Perhaps more simply, though, the corporeal turn has a great deal to do with a desire to recover the body from a Western philosophical tradition that has, at best, relegated it to the margins and, at worst, explicitly rejected its relevance to philosophy and ethics. It is no surprise that the first and most insightful contributions in this area came from feminist theorists, queer theorists, and critical race theorists, all of whom have been concerned to make connections between the relegated status of the body in philosophy and the relegated status of persons in society associated with bodies in general and the particular kinds of bodies they inhabit—e.g, women, people of color, queers, disabled individuals. Elizabeth Grosz has gone so far as to claim that “since the inception of philosophy as a separate and self-contained discipline in ancient Greece, philosophy has established itself on the foundations of a profound somatophobia,” wherein the body, beginning with Plato’s *Cratylus* and continuing up through much of contemporary liberal political theory, is regarded as a source of interference in and a threat to the functioning of reason.⁸⁸ This mind/body distinction maps directly onto the association of men with the mind and of women with the body, where mind is to hold sway over body and man is to hold sway over woman. This particular mapping explains feminism’s interest in recovering the body; for Grosz and others, recovering the experiences of women necessarily entails investigations into the body:

(Minneapolis: University of Minnesota Press, 2008), Cressida J. Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies* (Oxford University Press, 2007), Markula and Pringle, *Foucault, Sport and Exercise: Power, Knowledge and Transforming the Self*, Margaret A. McLaren, *Feminism, Foucault, and Embodied Subjectivity, Suny Series in Contemporary Continental Philosophy* (Albany, NY: State University of New York Press, 2002).

⁸⁸ Grosz, *Volatile Bodies: Toward a Corporeal Feminism*, 5.

Given the coupling of the mind with maleness and the body with femaleness and given philosophy's own self-understanding as a conceptual enterprise, it follows that women and femininity are problematized as knowing philosophical subjects and as knowable epistemic objects. Woman...remains philosophy's eternal enigma, its mysterious and inscrutable object—this may be a product of the rather mysterious and highly restrained and contained status of the body in general, and of women's bodies in particular, in the construction of philosophy as a mode of knowledge.⁸⁹

Grosz and other feminists believe that the coding of femininity with corporeality must be analyzed and revealed as a particular construction of Woman rather than a natural, discoverable given.

At the same time, feminists also seek to reevaluate the relevance of corporeality for politics and to refigure the body in political thinking, which, they argue, has much to gain from a better understanding of how embodiment is related to cognitive, emotional, and moral capacities. It is not just women but men, too, who are *embodied*, reasoning creatures, after all. As Aristotle and Merleau-Ponty both understood, we live in a world that is incomprehensible outside of the particularity of specific bodies and interests and not context-free facts that hover in the atmosphere. Indeed, one way for women to subvert the problematic association of femininity with the body is for female philosophers to engage in critical inquiry into the corporeal nature of our moral and political life, as well as the political and moral dimensions of corporeality.

There is much disagreement among political thinkers regarding precisely how much weight and attention to give to the bodily character of our lives, or even whether it is wise to talk about things like affect, disposition, and disciplinary practices lest we risk constructing bodies as more real—or, *natural*—than they perhaps are.⁹⁰ Perhaps because

⁸⁹ Ibid., 4-5.

of this worry, much of the literature in gender and cultural studies focuses on *representations* of the body but has the odd effect of actually obscuring bodies in favor of discussions of language, symbols, and belief.⁹¹ Emphasizing constructions and representations of the self and of bodies, which is one popular mode of theorizing *about* the body that risks losing sight of bodily practices, tactics of the self, or, as Nancy Luxon has recently named, in a discussion of Foucault's on parrhesia, *ethical self-governance*.⁹² In my exploration of the relationship between care and embodiment, I aim to focus on both; that is, how bodies and bodily habits are fashioned by social and political forces and the ways in which individuals can and do cultivate expressive ethical practices, like care, in the broader context of internal and external constraints.

A less controversial area in political and moral thought has emerged alongside discussions of the body over the past few decades: ethics of care. As discussed in Chapter One, this literature developed largely out of the debate between Nel Noddings and Joan Tronto over how to best think conceptualize care and what its proper role is in social and political life. Is it best conceptualized as a distinctly "feminine morality" properly

⁹⁰ This worry can be partly attributed to the linguistic turn, which precedes the recent corporeal turn and perhaps is one reason why we need to turn our attention to back to the materiality of bodies; an emphasis on language, symbols, and discursive power, though illuminating in many ways, has tended to elide talk of actual bodies.

⁹¹ The work of Judith Butler perhaps illustrates this best: Butler, *Bodies That Matter: On the Discursive Limits Of "Sex"*, Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, *Thinking Gender* (New York: Routledge, 1990), Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (London ; New York: Verso, 2004). See also, Moira Gatens, *Imaginary Bodies: Ethics, Power and Corporeality* (London ; New York: Routledge, 1996), Grosz, *Volatile Bodies: Toward a Corporeal Feminism*, Rebecca Kukla, *Mass Hysteria: Medicine, Culture, and Mothers' Bodies*, *Explorations in Bioethics and the Medical Humanities* (Lanham, Md.: Rowman & Littlefield, 2005). For more on the limits of this focus, see John Tambornino, *The Corporeal Turn: Passion, Necessity, Politics* (Lanham: Rowman & Littlefield Publishers, 2002).

⁹² Luxon, "Ethics and Subjectivity: Practices of Self-Governance in the Late Lectures of Michel Foucault."

assigned to a domain occupied by women or, at the very least, distinctly *feminine* subjects? This view draws heavily on Gilligan's famous work *In a Different Voice* and is representative of the position articulated by Noddings in her book *Caring, A Feminine Approach to Ethics and Moral Education*, which argues that an ethic of care should be based on the mother-child relationship and women's natural predisposition towards kindness, generosity, and care.⁹³

Alternatively, we might conceive of care as a political practice that has, at least in the modern era, been associated with the moral disposition of women but is properly understood as a practice that is necessary for a flourishing democracy and must be cultivated in *all* citizens, regardless of their identity. This view moves us away from a focus on caregiving as both an individual and specifically gendered enterprise and urges us to more closely consider the false boundaries between the private and the public, individual need and collective responsibility, morality and politics. This is Tronto's position and it remains the most compelling argument to date for the relevance of caregiving to political thought and to the everyday functioning of a healthy society.⁹⁴ What has come to be called "ethics of care" has grown considerably since the publication of Tronto's *Moral Boundaries*: Recent literature in this field has expanded to include more complex issues, such as the relationships between care and global ethics, economic justice, education, democratic politics.

Despite the turn to corporeality and the expansion of the ethics of care literature to include a wide range of topics and research agendas, there has been relatively little focus on the relationship between corporeality and care. With few exceptions, the significance

⁹³ Noddings, *Caring, a Feminine Approach to Ethics & Moral Education*.

⁹⁴ Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*.

of corporeality to caregiving and the epistemological, political, and moral questions that arise from the fact of our embodiment continue to be obscured in the ethics of care literature. In much of the current work in this area, there is virtually no mention of bodies, despite the fact that caregiving is obviously an embodied practice.⁹⁵ Questions about the rights of caregivers and dependents, what the demands of justice are when weighed against the needs of care, women's exploitation in carework, and what quality care looks like are all important areas of inquiry but they do not exhaust the range of issues related to care, nor do they strike me as the most pressing questions if what we aim at is a deep and wide-ranging transformation in our political life to include more and better practices of care.

Care ethics does generally begin with one basic assumption relating to the body: Our status as embodied beings that necessarily require care in order to live well is a relevant moral and political fact and one that has been consistently dismissed in the Western philosophical tradition. This is further reflected in our political arrangements, which must be transformed to accommodate the needs of care.⁹⁶ What these and other care ethicists have focused on, though, and what some still dismiss as irrelevant to politics and to philosophical inquiry in general, are the fundamental features of

⁹⁵ See, for example: Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford ; New York: Oxford University Press, 2007).. Also, Peggy DesAutels and Rebecca Whisnant, *Global Feminist Ethics, Feminist Constructions* (Lanham, Md.: Rowman & Littlefield Publishers, 2008). Finally, see Held, *The Ethics of Care: Personal, Political, and Global*.

⁹⁶ See, for example, Groenhout, *Connected Lives: Human Nature and an Ethics of Care*, Nussbaum, "The Future of Feminist Liberalism.", Selma Sevenhuijsen, *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics* (London ; New York: Routledge, 1998), Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, West, "The Right to Care.", White, *Democracy, Justice, and the Welfare State: Reconstructing Public Care*. Although she is less inclined to focus on the political dimensions of care, see also Noddings, *Caring, a Feminine Approach to Ethics & Moral Education*.

dependency and *vulnerability* that mark the human condition, features which follow from the fact that we are not just rational but also animal creatures.⁹⁷ In these formulations, the agentic, active, and intentional qualities that bodies exhibit in practices of caregiving are not generally remarked upon; instead, the focus tends to be on the body's tendency towards passivity and deprivation in moments of care.

Theorists of care have not gone far enough in investigating the relationship between corporeality and practices of care. Instead, they have focused too narrowly on corporeal dependency at the expense of exploring the body's potential for ethical and political achievement in and through the practice of care. What is needed, then, is a compelling story about the work that caregivers perform with their bodies. Such a story should say something about the precise nature of caring habits and how they take root in bodies; the role of choice in shaping and sustaining practices of care; and, finally, how politics figures into the fashioning of caregiving dispositions and subjectivities.

II. THE PHENOMENOLOGY OF EMBODIED CARE

In this section I consider the only serious investigation to date of the relationship between the body and care, Maurice Hamington's book *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*.⁹⁸ Hamington's work is an exception to the tendency to overlook the importance of the body in our thinking about care's importance to social and political life. He argues that once we come to see the embodied dimension of care it will lead to the moral mandate that we "experience one another" more fully and completely. His critical discussion of traditional attempts to decouple bodies from minds

⁹⁷ Even this point, though, is often only implicitly made. See, for example, Fineman, *The Autonomy Myth*, Noddings, *Caring, a Feminine Approach to Ethics & Moral Education*.

⁹⁸ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*.

and, more specifically, care ethics from lived experience, is persuasive and compelling. However, Hamington's phenomenological framework lacks the resources necessary for analyzing at least two important dimensions of care as embodied practice, draining the theory of any real critical value. First, he ignores *difference* with respect to bodies and care and so misses entirely the importance of the fact that there is no one essential structure of perception that leads to caregiving habits for everyone and in the same way; and this is true not only because different bodies have different internal qualities and objective structures but, more importantly, because certain individuals are more or less likely to be *habituated* to care.⁹⁹ Second, although Hamington arrives at several policy conclusions towards the end of his book, he does not consider carefully enough the role that politics and power play in shaping caring habits and dispositions. Instead, he consistently invokes a naturalized body and offers no account of the ways in which we actually learn to be caring, or learn to be something else entirely. But before I elaborate on the incompleteness of this picture, allow me to give a more detailed account of Hamington's phenomenology of embodied care.

Care is an embodied practice. This is true in at least two senses: First, although good care necessarily involves a range of affective, moral, and cognitive capacities, we ultimately care with and through our bodies. Even when tending to a friend's emotional needs, we find that we typically do so with a set of physical gestures and movements, such that tactility and physicality seem to go hand-in-hand with setting a loved one, or even a stranger, at ease. Second, we quite obviously care for others who are embodied; often, we care primarily for bodies, which is to say, caring usually entails attending to

⁹⁹ Of course, whether or not an individual is habituated to care might depend a great deal on perceptions about the internal qualities and objective structure of the body she inhabits.

someone's physical needs. As will be discussed in Chapter Four, caregiving, whether in a professional or non-professional setting, often involves encounters with the less desirable material stuff of bodies (feces, urine, vomit, blood, etc.), tending to sores and wounds, and cleaning up after someone who has not yet mastered, already lost, or never quite had control over his bodily functions. It is perhaps easy enough to see these embodied dimensions of care. Hamington, however, makes a considerably stronger claim: Human bodies, he argues, are "built to care," and all human share a fundamental embodied knowledge that constitutes the necessary resources for a widespread ethic of care.

The core of Hamington's argument is simple. Care cannot be fully understood without attending to its embodied aspects. Broadly, this means that any care-based approach to ethics must confront corporeality and the affective aspects of knowledge that are rooted in the body.¹⁰⁰ Hamington defines care as "*an approach to personal and social morality that shifts ethical considerations to context, relationships, and affective knowledge in a manner that can be fully understood only if care's embodied dimension is recognized. Care is committed to the flourishing and growth of individuals yet acknowledges our interconnectedness and interdependence.*"¹⁰¹ In addition to a shift in focus away from rationality and towards corporeality, and these two things remain starkly

¹⁰⁰ Hamington follows Virginia Held (see *Feminist Morality: Transforming, Culture, Society and Politics*, Chicago: University of Chicago Press, 1993) and others who see care as too fundamental to our humanity to be captured solely within ethical or moral theory. Care has the potential to serve as a wider framework that can encompass a range of practices, virtues, and ethics. Hamington also conceives of embodied care as more than a mere theory and describes it as "grounded in the ambiguity and complexity of the human condition and as such permeates all morality," (29). In other words, he does not seek to develop a new theory of care that can be weighed against other moral or political theories, though he presents us with a theory nevertheless.

¹⁰¹ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 3.

contrasted through the book despite phenomenology's commitment to seeing the two as intertwined, Hamington's definition also urges a shift in methodology.

Traditional modes of explanation that rely on highly abstract axioms and appeals to principles are not going to be very helpful to our thinking about care. I agree with Hamington that a Kantian-based philosophy, while not necessarily hostile to a theory of care, is not going to be as useful as a framework that begins with the human being as embodied and embedded in particular social situations and relationships of care.¹⁰² As argued in Chapter Two, care is always practiced in a particular context with specific and knowable others and so philosophical discussions about care push us to consider the contextualized nature of moral action. Indeed, it may be that theorizing care pushes us to ask more questions rather than provide us with universal solutions to problems. Hamington suggests that it is precisely because of the contextuality and particularity of care in our daily lives that it has not been adequately addressed by Western philosophy, which has tended to direct its focus towards the abstract and generalizable. Peta Bowden also reminds us that care confronts the *vagueness* of the human condition because it recognizes that no one moral idea or abstraction can capture the practical, interrelated, and process-oriented quality of social relationships.¹⁰³ A focus on relationships of care and dependency also urges us to confront the unpredictability and contingency of human life, disrupting traditional philosophical efforts to rid our thinking of the complexity and messiness of moral life.

¹⁰² For more on this view from a philosopher who does not take a phenomenological approach but rather a *liberal* one, see Martha C. Nussbaum, "The Future of Feminist Liberalism," in *The Subject of Care: Feminist Perspectives on Dependency* ed. Eva Feder & Kittay, Feder, Ellen K. (Lanham: Rowman & Littlefield, 2005).

¹⁰³ Peta Bowden, *Caring: Gender-Sensitive Ethics* (London ; New York: Routledge, 1997).

In order to attend to particularity and context, Hamington adopts a phenomenological approach, which he argues best facilitates paying attention to the lived experience of care. In his view, it also provides a robust understanding of the body's capacity and tendency to care. Although he acknowledges the fact that caring is something we learn to do in specific ways in and through specific kinds of corporeal interaction with others, Hamington also argues that there is a certain kind of tacit knowledge rooted in the body, a *moral* knowledge even, which we tend to overlook in our thinking about care. The focus on perception, essences, and primordial experiences in Merleau-Ponty's brand of phenomenology, make it particularly well suited for understanding embodied care in Hamington's view.

Drawing heavily on the work of Merleau-Ponty and excluding entirely others in the phenomenological tradition who might be equally or even more instructive, such as Heidegger, Levinas, and contemporary political theorist Iris Marion Young, Hamington makes use of the concepts of *lived experience*, *embodied epistemology*, and *habit* which are invoked in *Primacy of Perception* and *Phenomenology of Perception* to make his case for an impulse to care that is, first and foremost, rooted in the body and somehow far downstream of cognitive processes.¹⁰⁴ Merleau-Ponty argues that the body has both meaning and knowledge embedded within it in the form of habit. As such, our lived experience is a source of valuable knowledge and habits are the proof of that special knowledge, even if we cannot verbally articulate it, which we all possess and which is prior to rational determinations and justifications. Lived experience is also a kind of

¹⁰⁴ Maurice Merleau-Ponty, *Phenomenology of Perception*, *International Library of Philosophy and Scientific Method* (New York,: Humanities Press, 1962), Maurice Merleau-Ponty, *The Primacy of Perception, and Other Essays on Phenomenological Psychology, the Philosophy of Art, History, and Politics*, *Northwestern University Studies in Phenomenology & Existential Philosophy* ([Evanston, Ill.]: Northwestern University Press, 1964).

continuously replenished well from which we draw more knowledge of our world and what it means to live well in it.

Hamington argues that the body captures a certain kind of meaning related to care in the form of habit. *Caring habits* comprise all those “bodily movements that contain the body’s understanding of how to care in and adapt to new situations.”¹⁰⁵ Hamington argues that habits are more than a familiar or merely repetitious movement; they are related to knowledge because there is an understanding attached to the movement. Habits are a form of embodied knowledge wherein the body “captures movement” and imbues that particular movement with meaning. Merleau-Ponty describes this process as the body “catching” certain kinds of movement and then comprehending more fully that particular action the more one performs it. Hamington takes up the notion of habit and extends it to care, such as capturing the movement of gentle stroking a child’s head to soothe her after a fall; most of us would do this or something similar automatically and we would, if pressed, concede that we understand our movement to carry with it a very precise kind of meaning, care. Caring habits are those that exhibit a regard for growth, flourishing, and well-being of another, and includes things like gentle tactile interactions, speaking in a soft tone of voice, tending to the sick, teaching someone to read, and even something as simple as a nod of the head. Hamington explains the complexity of the relationship of lived experience to caring habits in a discussion of three central phenomenological concepts: perception, figure-ground phenomena, and the flesh. These three phenomena, along with bodily motility, provide the necessary material out of which caring habits become possible.

¹⁰⁵ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 46.

An argument for the body as a proper subject of moral theory and ethics necessitates a theoretical linking of corporeality to rational judgment in a way that makes clear the relationship between the two and why that relationship matters for politics. For Hamington, this link is made via the concept of perception; we perceive our political and social world through our bodies first and foremost, so says Hamington, thus making disembodied formulaic ethics largely unhelpful for thinking through questions related to care.

For Merleau-Ponty, we are organisms with a set of ongoing dialectical processes between body and mind, such that the two can barely be made out as distinct entities. Hamington explains with a long quote from Merleau-Ponty:

Man taken as a concrete being is not a psyche joined to an organism, but the movement to and fro of existence which at one time allows itself to take corporeal form and at others moves towards personal acts. Psychological motives and bodily occasions may overlap because there is not a single impulse in a living body which is entirely fortuitous in relation to psychic intentions, not a single mental act which has not found at least its germ or its general outline in physiological tendencies. It is never a question of the incomprehensible meeting of two causalities, nor of a collision between the order of causes and that of ends...they psycho-physical event can no longer be conceived after the model of Cartesian physiology and as the juxtaposition of a process in itself and a *cogitatio*. The union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought about by arbitrary decree. It is enacted at every instant in the movement of existence. We found existence in the body when we approached it by the first way of access, namely through physiology.¹⁰⁶

The body is not a mere appendage to the self in this view but is rather a constitutive part of the self, a self from which we have become disconnected since the Cartesian split between body and mind. Merleau-Ponty believes that by “remaking contact with the body

¹⁰⁶ Merleau-Ponty, *Phenomenology of Perception*, 76.

and with the world, we shall also rediscover ourselves, since, perceiving, as we do with our body, the body is a natural self and, as it were, the subject of perception.”¹⁰⁷

In this phenomenological tradition there is an authentic bodily experience that takes seriously the idea of a “truth” to the body.¹⁰⁸ Although Merleau-Ponty blurs the Cartesian boundary between mind and body, there is little attempt in his work, and many who follow him, to theorize the ways in which one’s self-understandings, experiences and interpretations of the world are mediated by social forces. Hamington does not depart from Merleau-Ponty here in any significant way, a point I shall return to below.

Unlike traditional accounts of perception, which rely on a distinction between the object of knowledge (the known) and the subject of knowledge (the knower, as mind not body), Merleau-Ponty’s account of perception blurs this boundary because perception occurs with the body as well as the mind. By privileging corporeality and intertwining it with the mind, phenomenology constructs perception as less a matter of knowing the world as it exists outside of the individual, but rather a way of being in it.¹⁰⁹ Merleau-Ponty believes his body schema and theory of perception can speed along the process of *returning* to a primordial way of knowing:

We have relearned to feel our body; we have found underneath the objective and detached knowledge of the body that other knowledge which we have of it in virtue of it always being with us and of the fact that we are our body. In the same way, we shall need to reawaken our experience of the world as it appears to us in so far as we are in the world through our body, and in so far as we perceive the world through our body.¹¹⁰

¹⁰⁷ Ibid., 206.

¹⁰⁸ Ann Game, *Undoing the Social: Towards a Deconstructive Sociology* (Toronto ; Buffalo: University of Toronto Press, 1991).

¹⁰⁹ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 40-1.

For Merleau-Ponty, as well as Hamington, we can make choices regarding whether or not we want to attend to bodies and tap into our embodied knowledge or become increasingly alienated from our bodies, our/selves, and others. In thinking through the body's relationship to care, Hamington shares Merleau-Ponty's intuition regarding the power of unarticulated, unnoticed and even unconscious understanding that resides in our bodies and in "webs of understanding" created by and through our relationships with others.

Perception is rooted in what Merleau-Ponty calls the *figure-ground structure*, which entails the discrimination of one object from all perceptible objects in a particular field. In such moments we are not paying attention to the body's processes, that is, we are not actively perceiving at the moment of perception, or at least not actively aware that and how we are perceiving. Although the body takes on a recessive quality upon perceiving a particular object, it is not consigned to a passive role but rather actively learns about the particularity of the other through this phenomenon. Caring habits do involve a commitment to other-regarding behavior. Hamington wants to connect this fact to Merleau-Ponty's figure-ground phenomenon in just these brief passages:

The body has the spectacular ability to place itself in the background and put the other in the foreground. It is not that the body does not continue its perceptual dance with the environment; rather, conscious attention is focused outward, making it possible to care for an other.

The phenomena that Merleau-Ponty describes as the body's being built around a perceptual focus also establish the body as built around care. When confronted with another person, my senses focus on the other, and I become part of the background. The other is the foreground, or source of perceptual focus. The transition makes care possible...The ability to pick the subjectivity of another embodied being out of a flood of perceptual data is similarly crucial for care...Care would be difficult without the foreground-background distinction to restrict the myriad objects that would otherwise equally vie for my attention. Fortunately their embodiment makes them stand out in my perceptual sphere as possible subjects for complex relationships that may include care, differentiating

¹¹⁰ Merleau-Ponty, *Phenomenology of Perception*, 206.

them from, say, a chair with which I cannot have a rich relationship. The focus phenomenon facilitates many different types of actions, but it is important for caring knowledge because it allows us to attend to other embodied individuals as object and subjects.¹¹¹

We should note the force of the claim. Such a view assumes that all individuals appear before the perceiving subject as embodied persons worthy of attention and emerging as such “out of a flood of perceptual data.” Specifically, they appear before the subject as potential subjects for relationships of care. This formulation rules out from the start the possibility of the perception—or, to be more accurate, the misperception—of certain human beings as mere objects, things no more complex or worthy of interpersonal engagement than, say, a chair. There is no account of how one learns to perceive relevant features and to disregard others, nor is there any discussion of about the fact that such things—that is, discerning the particulars of situation—are at least partly a matter of social and political conditioning. Hamington also notes the importance of caring activities that occur in the background, where the perceptual foreground of the other, constituted by an array of visual, tactile, and olfactory data is able to transfer knowledge to the perceptual background in the “silent dance that occurs between the bodies involved.”¹¹² The figure-ground resource is here conceptualized as a primordial habit of the body that makes caring habits possible and, to Hamington’s mind, even probable.

The *flesh* is the final resource for caring habits and it is the most difficult conceptually for Hamington, in part, because it is not clearly articulated by Merleau-Ponty, and is confusing even to scholars of Merleau-Ponty.¹¹³ In any case, in addition to

¹¹¹ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 50-1.

¹¹² *Ibid.*, 51.

providing the grounds for a knowledge and ethics rooted entirely in corporeality, the flesh also offers a kind of metaphysical understanding in so far as it is “not matter..., not fact or sum of facts ‘material’ or ‘spiritual’...the flesh is in this sense an ‘element’ of Being.”¹¹⁴ It is, as Hamington says, our “entrée into the lifeworld,” which is given to us in and through other embodied persons. We are intertwined and interconnected to others and to the world we inhabit through the flesh. Participation in the “world of the flesh” is facilitated by our bodies and allows for all sorts of ambiguous relationship moments, such as, being touched by and touching an other, being seen by and seeing another, being cared for by and caring for another, and so on. Because corporeal existence is shared with other human beings, so too are our sensory perceptions and understandings. In essence, the flesh is what leads to shared knowledge, or an “intercorporeal understanding” of the world and of one another. This is crucial for our understanding of embodied care precisely because it creates the potential for sympathetic perception, which is both what makes care possible and helps us to distinguish it from other kinds of habits. Hamington closely links Merleau-Ponty’s rough theory of intersubjectivity and relational knowledge to the potential for caring knowledge and habits, arguing that it is the continuity of the flesh that allows us to have a shared, and in this case, *preperceptual* meaning. In other

¹¹³ For more on the concept of the flesh in Merleau-Ponty, see Fred Evans and Leonard Lawlor, *Chiasms: Merleau-Ponty's Notion of Flesh, Suny Series in Contemporary Continental Philosophy* (Albany, NY: State University of New York Press, 2000), Garth Gillan, *The Horizons of the Flesh; Critical Perspectives on the Thought of Merleau-Ponty* (Carbondale, IL: Southern Illinois University Press, 1973), Dorothea Olkowski and Gail Weiss, *Feminist Interpretations of Maurice Merleau-Ponty, Re-Reading the Canon* (University Park, Pa.: Pennsylvania State University Press, 2006), Gail Weiss, "Urban Flesh," in *Feminist Interpretations of Merleau-Ponty*, ed. Dorothea and Gail Weiss Olkowski (University Park, Pa.: University of Pennsylvania Press, 2006).

¹¹⁴ Merleau-Ponty quoted in Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 52.

words, the meaning that is attached to my own movements and which I have a precognitive understanding of creates the potential for understanding the meaning of others' movements.¹¹⁵

In order to move care beyond intimate and familial relations and extend it to a large community, like the broader democratic society in which we live, the imagination must do some work when actual physical encounters with others are not possible. Hamington begins to develop the concept of “caring imagination” as a mechanism for achieving imaginative transcendence.¹¹⁶ The caring imagination is animated by the intimate knowledge we have of our own embodied experiences and is a vehicle for bridging gaps between ourselves and unknown others. Similar to the moral imagination developed in philosophic discourse, the caring imagination focuses more on an overarching consideration of care, and has three forms of imaginative transcendence: imagination as empathy, which allows us to transcend physical and social distance; imagination as critical reflection, which assists us in transcending time; and imagination as psychosocial context, which allows us to transcend the subject position and see ourselves as objects of care rather than simply caregivers. These imaginative processes establish the link between habits of care and a larger social ethic of embodied care, the possibility of which Hamington demonstrates through a consideration of the life and work of Jane Addams.

¹¹⁵ Ibid.

¹¹⁶ Ibid., 61.

III. RETHINKING EMBODIED CARE: IS EVERY BODY REALLY BUILT TO CARE?

There are at least two possible *prima facie* reasons to object to Hamington's articulation of embodied care. The first is his uncritical appropriation of Merleau-Ponty's phenomenology to make his case that "the body is built for care." It is certainly the case that Merleau-Ponty and the phenomenological tradition in general has much to contribute to feminist and care ethics, in particular the emphasis on lived experience, the body-subject, and the way that our embodied experiences and experiences of our bodies shape our understanding of the world. Yet, as Elizabeth Grosz has pointed out, it is significant that all feminist writings on his work, even those that endorse certain elements in his thinking, are quite critical of him for a variety of reasons.¹¹⁷ The focus of such criticisms range from his emphasis on vision over and above the involvement of other senses in subject-object relations, his avoidance of the question of sexual difference, and his unacknowledged debt to femininity and maternity, which, as Luce Irigaray has argued, structure his conceptual foundations.¹¹⁸ In other words, given the skepticism of Merleau-Ponty shared by feminists from a variety of different traditions, I am suggesting that we ought to be skeptical of Hamington's overly enthusiastic endorsement of his project to support his theory of care. At the very least, a more nuanced, richer reading of Merleau-Ponty seems in order.

Another reason we might reject Hamington's approach from the start is because he too facilely collapses normative claims about how the body should behave into empirical claims about how the body does behave, naturally. This presents a few problems that are related to one another. First, if it is in fact the case that "the body" is

¹¹⁷ Grosz, *Volatile Bodies: Toward a Corporeal Feminism*.

¹¹⁸ Luce Irigaray, *An Ethics of Sexual Difference* (Ithaca, N.Y.: Cornell University Press, 1993).

built for care, one wonders why a complicated philosophical argument for an ethics of care need be made in the first place. In other words, this theory of embodied care which takes physiological capacities and proclivities for care as a natural given risks making similar mistakes as Noddings' "feminine morality" approach to care which I have already discussed in Chapter One. It is unclear why embodied care should be brought into political discourse at all if it is always already naturally occurring, regardless of how we as theorists and everyday citizens choose to conceive of and interpret the caring work that bodies do or the various bodies that perform such work. Second, though Hamington's specific claims about the caring body and the phenomenological grounds on which his argument rests should be viewed with skepticism, a red flag is raised when it becomes obvious that Hamington has committed Hume's is-ought fallacy. It isn't immediately clear why care, in the way that Hamington conceives of it, ought to be valued as a good simply because, according to Hamington anyway, the body is built to perform it. There is no normative argument here about why care is a good thing and when it is not a good thing, if ever. Third, arguing that we ought to care more for others, especially others who are not "like us," simply because the body is built to care and we all share this corporeal capacity obscures considerations and arguments in favor of choosing not to care. In other words, if we are in so many ways compelled to care because our bodies are meant to do it and all we need do is to see this fact more clearly, how do we then negotiate the many difficult challenges and conflicting considerations that are often prior to and arise within relationships of care? Again, Hamington does not provide a good answer to these questions.

Setting aside these concerns, I would like to focus on two additional failings in Hamington's theory of embodied care. A closer examination of these problems can begin to point us in the right direction for an alternative framework for embodied care, one that draws on important Aristotelian insights regarding habituation and the shaping of moral character and human action. Hamington's first mistake is this: he overstates his case with respect to a shared corporeal experience of care and a shared bodily knowledge of caregiving, thus leaving out any discussion of the particular corporeal experiences undertaken by individuals who inhabit different "body types" (i.e. female versus male bodies, feminine versus masculine bodies, white versus brown or black bodies). His talk of *the* body and its capacity for giving care has the (by now too familiar effect) of universalizing experience and, more importantly, presents a wholly inaccurate picture of who is likely to exhibit caring habits and become a care laborer, whether in the home or in the labor market.

There are *multiple types of bodies* with numerous relationships to caregiving. Not only does Hamington, and this is also true of Merleau-Ponty, tell us very little about what bodies are actually like and how their structures affect our perceptual experiences and caring habits, he is silent about the fact that different bodies are obviously imbued with different meanings and ascribed different statuses within society.¹¹⁹ Indeed, it is especially strange that this is absent in his work since feminists and theorists of care have so diligently attended to connections between femininity and carework in public and private spaces! Regulatory ideals and processes that work to shape who will be

¹¹⁹ For more on the former point regarding Merleau-Ponty, see Hubert Dreyfus, "Overcoming the Myth of the Mental: How Philosophers Can Profit from the Phenomenology of Everyday Expertise," *Proceedings and Addresses of the American Philosophical Association* 79, no. 2 (2006), Samuel Todes and Samuel Todes, *Body and World* (Cambridge, Mass.: MIT Press, 2001).

responsible for the caring activity of material and symbolic reproduction that makes human existence possible help to determine how one comes to view and experience oneself, including whether or not one is a “caring” person. Further, bodies are marked with a multiplicity of meanings and interpreted in ways that shift depending on context. Some features of a person’s identity, such as their caring disposition, will be obscured at times, and made more salient at others. The imaginings and representations of different kinds of bodies that circulate in public discourses, the media, political institutions, and so on, are fluid and change over time, thus changing the way we inhabit our own bodies and the way we care for and interact with others.

This brings me to the second but related problem in Hamington’s articulation of embodied care: the concept of care he advances is *wholly* embodied, by which I mean that there is no discussion of the cultivation of conceptual and emotional capacities necessary for both developing habits of care. Indeed, the notion of care as a practice to be cultivated and sustained seems largely incompatible with Hamington’s view of care as a kind of nonconceptual, corporeal coping that we “learn” by virtue of having been cared for ourselves and by being born with a body that can feel pain just as everyone else can feel pain. For Hamington, it seems enough to say that caring habits are deeply rooted in “the body’s affective knowledge,” which is “less explicitly discrete than propositional knowledge and therefore often not entirely possessed,” by which he means to suggest that we do not always have complete mastery over our habits.¹²⁰

What is troubling about this view is that Hamington’s rendering of Merleau-Ponty’s concepts of perception and habit leaves very fuzzy the role of cognition and practical judgment. On this view, it is our bodies that possess knowledge of how to care,

¹²⁰ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 56.

even if we are not cognitively aware of our body's potential for care and the myriad ways in which we already do.¹²¹ Of course, we often do things “without thinking,” but that doesn't mean that we should or that care is not a practice that requires both perceptual and critical capacities, and moreover, that those perceptual capacities can't themselves rely on critical thinking and cognitive discernment. Further, Hamington makes no attempt to explain how the caring habits that he constructs as largely nonconceptual might be transformed into a skill or practice with conceptual content.¹²² It is true that Hamington does say in a very brief sentence that caring habits are not instinctual but learned and also says, shortly after a remark that caring habits are often performed “without much reflection,” that caring is always something that is chosen. But he never once elaborates this point, and the use of Merleau-Ponty's body schema and theory of embodied subjectivity leaves the reader with the sense that caring habits and impulses are actually quite natural and not something shaped by the social and political world we inhabit and the choices individuals make based on the education and acculturation they receive. We are given no account of how habits become routinized and what exactly the role of conceptual capacities and choice play in caregiving. Instead, it is the essence of the body, specifically the intertwining and reversibility of the flesh and the notion of a corporeal impulse to perceiving others' caring needs (made possible by the physiological capacity of vision), which does all of the work in terms of not just the capacity but also the *impetus* to care. This is insufficient. We need a richer account of the habituation of a caring disposition, one that constructs care as a kind of practice and includes the cultivation of choice and mindfulness in caregiving.

¹²¹ Ibid.

¹²² For more on this, see Todes and Todes, *Body and World*.

Additionally, there are normative and political questions that must be considered by political communities regarding what kind of capacities, skills, habits, and desires constitute and sustain an embodied ethic of care if care is to be considered a democratic value. Two claims, then, can shed new light on Hamington's statement that "the body is built to care": First, there are political processes that produce and normalize ethical action; in this deeper, politicized and constructivist sense, bodies *may* be built for care, but, depending on the body, they may be built for something else entirely. Indeed, as I explore in the next chapter, the bodies of some individuals are more likely to be codified as caregiving, while others less so. Cultivating an enriching care ethic, one that is consistent with other democratic values, is a political enterprise that must be achieved and practiced, not simply rediscovered as always already operating by virtue of our shared corporeality. Second, in addition to the transformation of our political institutions, structures, and discourses to better promote practices of care, habituating individuals to care must also entail the development of rational and critical thinking capacities wherein part of learning to practice care means learning to make choices and to continuously exercise judgment in one's caring practice. For more on this, we need to turn, once again, to Aristotle.

IV. TOWARDS CARE AS CRITICAL PRACTICE

In the beginning of this chapter, I said that political theory has taken a corporeal turn as of late, and that we are witnessing an increasing interest in the link between politics, ethics, and embodiment. Specifically, a "corporeal turn involves focusing on complex relations, layered combinations, and indiscernible zones between corporeality

and culture, embodiment and discipline, techniques and governance, and affect and sensibility.”¹²³ In his book on just such a corporeal turn in political thought, John Tambornino argues that the best sort of theoretical attention to corporeality entails identifying and developing practices of reflection that give prominence to embodiment and to ethical sensibilities and social arrangements that best express it. He suggests that we be critical of harmful disciplinary practices and tactics of the self that work to diminish freedom and plurality, giving the example of “faith-based healing” that entirely rule out treatments that include medicine and psychiatry for reform drug addicts and juvenile delinquents. I would add to this disciplinary and normalization techniques, such as weight-loss dieting, cosmetic surgery, and various other beauty techniques that seek to limit the range of what might count as an acceptable appearance (mostly for women) rather than enlarge it.¹²⁴

Importantly, however, Tambornino also suggests that a corporeal turn in politics should also attend to the various ways in which politics *inevitably* shapes bodies, emotions, and desires and the productive potential of politics to cultivate healthier citizens with desires and habits that are both self-conscious and reflect wider democratic values. In other words, we need to acknowledge that governing embodied subjects *always* involves some form of “discipline” and “normalization”—we might more generously describe this activity as moral and civic, or *habitation* to acting well—“yet seek ways in which this can be more thoughtful, careful, and acceptable.”¹²⁵ Although Tambornino

¹²³ Tambornino, *The Corporeal Turn: Passion, Necessity, Politics*, 3.

¹²⁴ For more on this, see Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression*, Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies*.

¹²⁵ Tambornino, *The Corporeal Turn: Passion, Necessity, Politics*, 5.

ultimately turns to the self-conscious materialism of philosopher Stuart Hampshire to develop a theory for how to go about doing this, I think that Aristotle's understanding of the way in which a citizen *learns* to be virtuous and is habituated to acting well and practicing virtuous activity is most fruitful for furthering our conceptualization of embodied care. On mine and others' readings, these processes involve the moral development of citizens and the habituation of individuals to ethical action. Learning to be a caregiver also entails the cultivation of decision-making (*prohairetic*) capacities and activities in citizens, which Aristotle believed involved both desire and thought, moral and intellectual virtue (*NE* 1139b1-5).

Why do we need a concept of care as critical practice? If care is to be brought fully into the political realm, as I and other care theorists have argued, then it needs to be both critical and a practice. It should be critical in the sense that public policy and institutions related to care, as well as individual caring practices and habits, should be frequently reflected on, subjected to judgment, and *decided* about. Public care and political policies, institutions and discourses that shape caregiving arrangements and practices should not only be judged by citizens and revised on the basis of those judgments, they should be vigorously deliberated about in the public sphere, produced by citizens themselves, and based on their life experiences and needs. Indeed, that is what the work of democracy demands of us. Individual caregiving habits and practices should also be subjected to internal critique and revision; embodied care, as I shall argue following Aristotle's notion of virtuous activity, is a thought-full practice, not merely mechanical bodily movement.

Care is also a practice because it is not the product of divine or natural law, though nature does provide the necessary material for a practice of embodied care; it is an activity that is sustained by agents' intentional actions and decisions. In other words, it lacks the "always already occurring" (without reflection) quality that Hamington suggests actually defines care. Rather, caregiving is something that must be *achieved* by individuals and societies, quite literally, through habituation and a certain kind of work, including work on oneself. It is true that care can appear natural, probably because our bodies require care to survive and are also the primary vehicles through which we care for others, about which I shall say more in Chapter Four. Yet, performing care in a way that is intentional and directed towards the project of maintaining, continuing, and repairing our world, in particular, the corporeal and psycho-emotional worlds we inhabit, is something to which we must be oriented and habituated. It is an activity that requires the acquisition, refinement, and continual use of certain emotional, bodily, and intellectual skills.

I have said that Aristotle's understanding of how one becomes virtuous, or how one acquires the necessary skills and disposition to properly practice virtue, can provide a solid framework for an understanding of care as a practice that is both critical and fully embodied. Central to Aristotle's virtue ethics is also the idea that certain actions and activities, often those done in concert with others, are moral and just, not simply the product of biological necessity. If we take an Aristotelian view, we can also see that the normative component of caregiving, which drops out in the phenomenological framework, is what necessitates our orientation to it in the first place. Let us begin with a review of Aristotle's understanding of the process of habituation toward moral action,

before considering the implications of this for cultivating an ethic of embodied care. Although there is no explicit, well worked out model of a child's moral and intellectual development in *Eudemian Ethics*, *Nicomachean Ethics*, or even *Politics*, the last two books of which include prescriptions for a child's physical and practical education, some scholars have urged that we look beyond Aristotle's grouping of the child with the animal, whom he says at various times are both lacking the deliberative and decision-making capacities (*prohairesis*) and action (*praxis*) that we find in mature, ethical adults (*NE* 1111a25-7, 1111b8-9, 1144b8, 1147b5, *EE* 1224a25-30 1240b31-4).¹²⁶ Indeed, in Book I of *Politics*, Aristotle says that the child has "a deliberative part" (*to bouleutikon*) and that his virtue is not relative to him, the child, but relative to the one who has authority over him (1260a13-14, 32-3). This passage seems to Nancy Sherman to invite a developmental model "in which the child is viewed not statically, but as in progress toward full humanity, on his way towards some end."¹²⁷ This is important for my purposes since I will need to say something about the earlier stages of learning to feel compassion and practice care. The right place to begin, then, is the education and habituation of young children, who may tend towards excess and immoderation—though not, according to Aristotle, egoism (*NE* 1144b3-5)—but for whom the aim of education is to shape desires and actions in such a way that they correspond to, and eventually follow, reason and deliberative capacities.

¹²⁶ M. F. Burnyeat, "Aristotle on Learning to Be Good," in *Essays on Aristotle's Ethics*, ed. A. O. Rorty (Berkeley: University of California Press, 1980), Nancy Sherman, *The Fabric of Character: Aristotle's Theory of Virtue* (Oxford Oxford University Press, 1989), Richard Sorabji, "Aristotle on the Role of Intellect in Virtue," in *Aristotle's Ethics*, ed. A. O. Rorty (Berkeley: University of California Press, 1980).

¹²⁷ Sherman, *The Fabric of Character: Aristotle's Theory of Virtue*, 234.

Early in Book II of *Ethics* Aristotle states clearly that virtue requires that individuals (1) act knowingly, (2) choose virtuous actions and choose them for their own sake, and (3) act virtuously from “firm and unchanging states” (*NE* 1105a32-35). Then later, Aristotle says that children may be born with a kind of “natural virtue,” or they may not, but if they seem to possess a virtuous character, this is deceptive.¹²⁸ An individual cannot be said to act from the kind of full virtue outlined earlier until she is brought to an understanding of *why* a particular act or activity is virtuous, which requires (1) an habituation to that activity relatively early in one’s life and continuing as one ages (1103a19-26, 1180a1-5); (2) the guidance of an adult (Aristotle specifies the father) who will also serve as a model for the child (1103a1-4); and (3) the cultivation of the child’s own deliberative and choice-making capacities—i.e. practical wisdom—such that she or he is able to judge for herself which action is right and thus desires to choose that action in accordance with reason (1113a10-14). Aristotle is clear about the distinction between what appears as natural virtue and what actually counts as fully virtuous action:

For each of us seems to possess his type of character to some extent by nature; for in fact we are just, brave, prone to temperance, or have another feature, immediately from birth. But still we look for some further condition to be full goodness and we expect to possess these features in another way...For these natural states belong to children and to beasts as well [as to adults], but without understanding they are evidently harmful. At any rate, this much would seem to be clear: Just as a heavy body moving around unable to see suffers a heavy fall because it has no sight, so it is with virtue.

But if someone acquires understanding, he improves in his actions and the state he now has, though still similar [to the natural one], will be fully virtue...What we have said, then, makes it clear that we cannot be fully good

¹²⁸ Of course, when Aristotle speaks about virtue and the rational capacities of young children, he is speaking of young male rationality only. However, as I have argued in Chapter Two, we do not compromise Aristotle’s political and moral theory by extending his claims to women; indeed, we only enrich it, since his exclusion of women cannot generally be sustained or justified within the contours of his own ethics and science, let alone in light of what we know about women’s capacities for moral action and reason today.

without prudence, or prudent without virtue of character (*NE* Book VI, 13 1144b4-17, 1144b32-3).

So for Aristotle it is not enough to perform a good action either because one experiences pleasure in it or even because one “knows” that it is good (in so far as one as one acquires a sense that this activity is either pleasurable or good). Rather, one must come to know, in the stronger sense, that something is good through one’s own experiences of performing the activity and internalizing the knowledge of why it is good by weighing reasons and judging for oneself. Only then can we be said to truly love a particular activity or doing a noble action.¹²⁹ I’ll return to this point below.

It is also true that we must perform virtuous actions in the right way and for the right reasons (*NE* 1103b33-5). So if I do a good thing, like care for an elderly family member on death’s doorstep, but do it for the wrong reasons—say, to ingratiate myself in order to get an inheritance—then I am surely not acting virtuously on Aristotle’s account, despite the fact that my outward actions are all well and good. A more detailed example might be useful here. Let us take for granted that it is better for the environment for individuals to ride a bike than to drive a car whenever possible and that it would be a great achievement if more people did commute via bike than do now and certainly than do drive vehicles. We can probably all agree, at least initially, that this practice of riding one’s bike regularly to get around is a virtue, for it shows a deep commitment to the well being of our shared planet. Now suppose I decide to sell my car, buy a bike, and use only this to get around, no matter the weather, no matter the distance needed to travel, and no matter how tired I am feeling. We are tempted to say at the start that this is an unqualified

¹²⁹ Burnyeat’s reading of Aristotle on habituation, which explores how one moves through habituation from a knowledge of the “that” (qualified knowledge of what is noble) to the “because” (unqualified knowledge of what is noble), nicely explains why this must be so and has been instrumental to my own thinking: Burnyeat, “Aristotle on Learning to Be Good.”

virtuous act, one that can only be counted as good, and that it would be a better world if more people followed suit; for it decreases the release of toxic carbon emissions into the atmosphere and lessens traffic on the roads. But suppose that after having made this choice, perhaps for virtuous reasons to start, I am overcome with feelings of moral superiority and begin to derive a great deal of pleasure from feeling more virtuous and more committed to the environment than my fellow SUV driving neighbors. In fact, although others cannot see as much in my actions, I am pleased each morning to know that I will be the one to shoulder the burden of sacrifices that must be made for a cleaner world, while my counterparts are too weak and unable to moderate their desires to do so. Now the situation has changed; while the action remains good, my feelings are no longer so. My conscientiousness about the environment only betrays a certain kind of priggishness about being more virtuous than everyone else.

We can see more clearly now that virtue requires the right actions in accordance with the right feeling and with practical wisdom; these take time and a good deal of work to develop in individuals. The implication is clear for the practice of care: Although each of us is born into a body that can experience all manner of pain and pleasure, we are not born with the technical knowledge required for care, which is why we need habituation; we are not born with the deep understanding, the practical wisdom, about why it is good to practice care; and, finally, we are not born with the experience and critical skills required for properly finding pleasure in its practice. These are things that must be cultivated in us. We must learn both how to participate in virtuous and noble activities and we must be predisposed to have the right sorts of feelings while doing them. But how? To begin with, since we cannot depend on nature, Aristotle is clear that an

individual must first be well brought up (*NE* 1095b5-15, 1179b25-30). By this, he seems to mean both well served by teachers who can cultivate “habits for enjoying and hating finely” and by laws that not only prescribe various guidelines and practices for bringing up children well but also support the pursuit of all things noble and good (*NE* 1180a1-5).

This is important because, although we start from unreasoned beginnings in our moral education (Aristotle refers to children as the “nonrational part” who must listen to and obey the “rational part,” a parent or some adult), we must still have the correct orientation towards the good and a concept of what is just and noble, as well as a desire to know more about why (*NE* 1102b32-35). In other words, if someone is not brought up to want to be good and to desire to understand better what, precisely, that entails and why, then they are not likely to achieve full virtue and perform virtuous actions in the right way, for the right reasons. They can have little hope of achieving the goal of the study of ethics and politics, which Aristotle says is not mere knowledge but virtuous action (1095a5-6, 1103b26-31, 1179a4-9).¹³⁰

Although parents have a role in shaping children’s orientation toward the good and love of noble actions early on, the parents’ practices and commitments will also be shaped by politics, specifically, by a polity’s constitution, legislators, and laws.¹³¹ All of these work in tandem to normalize good practices and values where the moral development of children is concerned:

¹³⁰ Burnyeat has argued that this is how we should understand what Aristotle is doing in the *Nicomachean Ethics* and why he asks for good upbringing at the start. According to Burnyeat, he is “addressing someone who already wants and enjoys virtuous action and needs to see this aspect of his life in a deeper perspective (218).”

¹³¹ And, of course, in Book VIII, Chapter One of *Politics*, Aristotle argues that education should be communal and a matter of public concern, much as it is today, or is intended to be.

It is difficult, however, for someone to be trained correctly for virtue from his youth if he has not been brought up under correct laws; for the many, especially the young, do not find it pleasant to live in a temperate and resistant way. That is why laws must prescribe their upbringing and practices...(1179b33-6).

And on the commitment of the legislators to this project:

For the legislator makes the citizens good by habituating them, and this is the wish of every legislator; if he fails to do it well he misses his goal. Correct habituation distinguishes a good political system from a bad one (1103b8-13).

And, again, on the importance of law in helping to shape and provide a moral context for individual teachers' and parents' decisions in helping children to see rightly:

Now a father's instruction lacks this power to prevail and compel; and so in general do the instructions of an individual man, unless he is a king or someone like that. Law, however, has the power that compels; and law is reason that proceeds from a sort of prudence and understanding. People become hostile to an individual human being who opposes their impulses, even if he is correct in opposing them, whereas a law's prescription of what is decent is not burdensome (1180a19-24).

This likely leads Aristotle to make the following recommendation in *Politics*:

No one would dispute, therefore, that legislators should be particularly concerned with the education of the young, since in city-state where this does not occur, the constitutions are harmed. For education should suit the particular constitution. In fact, the character peculiar to each constitution usually safeguards it as well as establishes it initially....and a better character is always the cause of a better constitution. Besides, prior education and habituation are required in order to perform certain elements of the task of any capacity or craft. Hence it is clear that this holds for the activities of virtue. (1337a10-20).

Aristotle does not go so far as to follow Plato in suggesting that families live and raise children communally, yet he is clear that "training for communal matters should be communal," and this entails community involvement and structuring of the moral, intellectual, and physical education of children (*Politics* 1337a26-7). This is seen as a public concern and not a private one for two reasons. First, Aristotle believes that it will not do to only have parents privately educating and shaping their children's moral and

political character (*Politics* 137a20-26). Not only does this show us a concern on Aristotle's part that polities secure the necessary conditions for a basic education and a shared set of habits, dispositions, and capacities to be instilled in young people, but it also reveals an understanding that *different people will have different capacities and dispositions depending on their education and habitation at a young age*. In order to secure in the citizenry a basic orientation towards things like courage, generosity, temperance, and care, a polity must take care to give children an early education in such things and it is simply more practical to do this collectively and to have some basic guidelines.

It's more than pragmatic for Aristotle, however. He also sees the shaping of young people's character and habituation to virtuous action as a public matter because it concerns the bodies, minds, and souls of future citizens who will act in accordance with and in the spirit of a state's constitution; as a part of that larger *political* project and achievement it is necessarily up to the entire citizenry to participate in the "supervision of all" not just their own children. Questions about what kind of education should exist, the particulars of the subject matter, and how it should be carried out, says Aristotle, should be debated vigorously and decided on based on collective judgments with an eye to what will best promote virtue. In any case, Aristotle seems to have preemptively understood one of the aims of Tambornino's "corporeal turn," which is that we must acknowledge that governing embodied subjects always involves discipline and normalization, which Aristotle does not equate with restrictions on freedom but rather with securing the conditions necessary for citizens' flourishing by giving them a good moral education

early on, one that they desire initially and will come to see, by dint of their own reason, truly is excellent.

If one is to give a full account of how a person learns to be virtuous, it may be necessary to say what is involved in the acquisition of each virtue in Aristotle's schema. Since I have already made a case for coming to view caregiving as an Aristotelian virtue in Chapter Two and will say more about the specific qualities that accompany a caregiving disposition in the next chapter, I aim here only to show, in a general way, that a virtue like care is something to be acquired, practiced, and eventually chosen for its own sake. So I will follow others in approaching virtue as a combination of perceptual, affective, and intelligent capacities, rather than taking each one in turn.¹³² And I have already said that care, too, is a complex of these three types of capacities. Yet, too often, caregiving has been associated solely with affect and emotion, where emotion is understood as disconnected from reason and conceptual faculties.¹³³ In these formulations, care is something that people, usually women, perform because it is their nature to be altruistic, kind, and self-sacrificing. Aristotle, however, saw emotions as intentional and viewed them as perfectly educable.¹³⁴ In *Rhetoric* he makes a case for understanding passions not as blind feelings that spontaneously enter our bodies and play

¹³² For other examples, see Burnyeat, "Aristotle on Learning to Be Good.", Howard Curzer, "Aristotle: Founder of the Ethics of Care," *Journal of Value Inquiry* 41, no. 2-4 (2007), Sherman, *The Fabric of Character: Aristotle's Theory of Virtue*.

¹³³ See Gilligan, *In a Different Voice: Psychological Theory and Women's Development*, Kittay, *Love's Labor: Essays on Women, Equality, and Dependency*, Noddings, *Caring, a Feminine Approach to Ethics & Moral Education*.

¹³⁴ Nussbaum, "Aristotle, Feminism, and Needs for Functioning.", Martha Craven Nussbaum, *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy*, Rev. ed. (Cambridge, U.K. ; New York: Cambridge University Press, 2001), Sherman, *The Fabric of Character: Aristotle's Theory of Virtue*.

out in our lives beyond our control.¹³⁵ Rather, emotions are selective responses to salient features of the environment, features which appear thusly as a consequence of evaluative beliefs and a cultivated disposition to notice certain circumstances of a situation that call for a particular kind of response. Emotions both affect and are based on judgments; they are intricately connected to beliefs that we hold and our ability to correctly evaluate a moral dilemma and make judgments (*Rhetoric* 1378a8, 30-20). It follows, then, that if our judgments and evaluations are correct, then emotions can also be more or less appropriate, some will be correct and others entirely inappropriate.

Since emotions have cognitive components and are based on beliefs about the world that shape and constitute emotions, educating individuals' passions will be a key part of developing their character and teaching them to practice care in a critical way. This entails shaping some beliefs about what is good and what is not but, more importantly, it also means helping young people to develop the cognitive, perceptual, and affective skills necessary for discerning the ethically relevant particulars that will facilitate the proper calibration of emotions, as well as the communication of those emotions to others. This is Nancy Sherman's conclusion, too: "Cultivating the dispositional capacities to feel fear, anger, goodwill, compassion, or pity appropriately will be bound up with learning how to discern the circumstances that warrant these responses."¹³⁶ We can say that one task of those who are in some way responsible for bringing up children (e.g., parents, child care workers, school teachers, legislators, and,

¹³⁵ I refer here to Aristotle's definition of emotions in *Rhetoric* as "those things through which, by undergoing change, people come to differ in their judgments and which are accompanied by pain and pleasure," (1378a8) and also to what he says about anger, which is that it is a feeling directed at particular individuals for particular reasons (for example, a slight without provocation or justification) which, if correct, makes the emotion perfectly intelligible and reasonable.

¹³⁶ Sherman, *The Fabric of Character: Aristotle's Theory of Virtue*, 167.

for Aristotle, citizens who are not parents but nonetheless have some stake in the dispositions of future citizens) is to help them learn how to “see aright.”¹³⁷

Although there is no detailed discussion in either the *Ethics* or *Rhetoric* on the relationship of the emotions to the skills necessary for fine and accurate discrimination, several commentators have made convincing arguments based on some of Aristotle’s presuppositions about the study and practice of ethics, the power of discernment within the activity of perception (*phantasia*), the qualities of the *phronimos*, and what he does say about the education of children.¹³⁸ Burnyeat offers us a picture of the starting points necessary for moral education in Aristotle’s account: You need a good upbringing and the guidance of older, wiser people not just to tell you what is good and what is bad, though you do certainly need this, but, more importantly,

[Y]ou need also to be guided in your conduct so that by doing the things you are told are noble and just you will discover that what you have been told is *true*. What you may begin by taking on trust you can come to know for yourself. This is not yet to know *why* it is true, but it is to have *learned that* it is true in the sense of having made the judgment your own—Hesiod’s taking it to heart.¹³⁹

This is Burnyeat’s interpretation of the passage in Book I of *Ethics*, which emphasizes habits and familiarity with those activities that are noble:

[W]e need to have been brought up in fine habits if we are to be adequate students of fine and just things, of political questions generally. For we begin from the belief that something is true; if this is apparent enough to us, we can begin

¹³⁷ Ibid., 171.

¹³⁸ Burnyeat, “Aristotle on Learning to Be Good,” John Henry McDowell, *Mind and World* (Cambridge, Mass.: Harvard University Press, 1994), Martha C. Nussbaum, “The Discernment of Perception: An Aristotelian Conception of Private and Public Rationality,” in *Aristotle’s Ethics*, ed. Nancy Sherman (Lanham: Rowman and Littlefield, 1999), Sherman, *The Fabric of Character: Aristotle’s Theory of Virtue*, Sorabji, “Aristotle on the Role of Intellect in Virtue.”

¹³⁹ Burnyeat, “Aristotle on Learning to Be Good,” 210-11. Here, he is referring to Aristotle’s use of Hesiod to explain why a knowledge of “the that” is necessary for the subsequent knowledge of “the because,” (*NE* 1095b2-13)

without also knowing why it is true. Someone who is well brought up has the beginnings or can easily acquire them (*NE* 1095b5-10).

There is a difference for Aristotle, according to Burnyeat, in having been told that a particular activity is just (sharing one's belongings with others, for example) and having learned for oneself that it is good by taking pleasure in doing the just activity.¹⁴⁰ How does one begin to *make a judgment* that an activity like sharing one's belongings is good if one does not yet possess the practical wisdom necessary for understanding why a particular activity, desire, or feeling is the right and noble one? Learning to be good and learning that a particular activity is good and indeed pleasurable is a long process. It involves first learning to experience an activity and then learning to make finer distinctions and decisions for oneself within that activity; only then, after being oriented to the good, habituated to fine actions, making fine distinctions and decisions for oneself, can one finally come to find pleasure in an activity and choose it for its own sake. Let's look at this process more closely.

Aristotle is clear that being habituated to doing virtuous actions precedes an understanding of why such actions are good and so ought to be taken up (*NE* 1103a14-22, 1105b10-12). Yet, it is certainly the case that all the while one performs the actions, much is going on for the young cognitively, as well. Conceptual capacities are developing in the process of habituation, and, as we will see shortly, learning to make decisions and to find pleasure in certain actions cannot be easily separated from our habituation to them. We have already said that aiding another in acquiring virtue and acting virtuously will involve helping them to "see aright." This means helping a learner

¹⁴⁰ Burnyeat also wants to make the important distinction, at least for him, but certainly one that is a bit more vague, between learning for oneself to enjoy something and learning that an activity is, as a matter of fact, pleasurable. But I set this question aside for now and return to how it is that we come to choose something for its own sake below.

to develop the critical capacity of discernment and cultivating in them a wide range of emotional and perceptual experience that they can draw on and put in the service of moral reasoning and virtuous action. It means helping those who are not yet fully rational to see the important features of particular situations that call for certain emotions and actions. A teacher, parent, or caregiver must help children to interpret situations in particular ways such that they come to understand what counts as a fair judgment and an appropriate feeling about a situation or person. This will involve helping children to sometimes see from the point of view of others. It might mean helping a child to overcome feelings of anger, resentment, and jealousy at the idea of a sibling going on a special outing while they must stay behind. What the child took to be favoritism is really an effort to help her sibling manage feelings of loneliness and rejection as of late, and the parent will need to reassure the offended child that taking her sibling to the park is not a reflection the parents' greater love for the sibling, but is rather an attempt to help him along and work towards peace in the family. The child will need to be shown that sympathy and concern are the proper feelings in this instance, not anger and jealousy. Sherman points out that this sort of education is not meant to merely produce certain actions and emotions, but is rather a matter of bringing the child to more critical discriminations.¹⁴¹ The goal, then, is not manipulation of emotions and desires and an emphasis on outcomes that are good ("do this," "don't do that"), but is rather the development of patterns and trends that produce generous and thoughtful ways of noticing and seeing.

So one might very well perceive with one's eyes and ears, in the physiological manner of Merleau-Ponty, that others are smiling and laughing in one's direction. But

¹⁴¹ Sherman, *The Fabric of Character: Aristotle's Theory of Virtue*, 172-3.

without an education in the skills of discerning and discriminating other *ethically* relevant features (for example, that these people are my friends, that these people have a long history of kindness and generosity towards me, that these people are happy to see me after a long separation, that these people are pleased with my appearance before them), one may misperceive a situation in a way that could very well be harmful. In order to perceive *properly*, however, it takes the cultivation of the abilities to discern particulars, to notice the ethically relevant features of a situation, to remember certain facts about the past that are relevant to the here and now, and to imagine the perspective and needs of others, all of which makes use of one's emotional and cognitive skills. The learned skill of properly perceiving and noticing what things call for an ethical response is, as I shall show in the next chapter, a necessary condition for being a good caregiver. One must be properly attuned to others' needs and feelings, and this requires the development and full use of cognitive, affective, and corporeal capacities oriented towards identifying others' caring needs and meeting them.

Caregiving also involves making decisions; both in terms of one's own practice of care and with respect to public policies that shape the political and social arrangements that facilitate and support care. And, as we have said, *prohairetic* reasoning is a necessary condition of full virtue. Of course, any child can make a choice to do one thing (like be selfish with one's toys) and not another (share one's toys with others); but the fully rational, mature individual will make decisions with respect to their overall ends and objectives, which have been conceived from a more global and complex point of view that takes into consideration long-term goals and allows for the possible revision of one's

goals in light of new information. Aristotle is clear that practical wisdom goes well beyond the simple means-ends reasoning we might see in a child:

It seems proper to a prudent person to be able to deliberate finely about things that are good and beneficial for himself, not about some restricted area—about what sorts of things promote health or strength, for instance—but about what sorts of things promote living well in general (*NE* 1140a25-29).

This sort of reasoning is what begins to develop following the cultivation of discernment, of finely nuanced and emotionally sensitive judgment about moral action. As Sherman suggests, full virtue is perhaps not yet present at this stage, but the learner is certainly not simply mimicking the actions of others, as one does in acquiring a skill. (Indeed, this is Hamington's suggestion about caregiving when he says that we learn to care by having been cared for ourselves. This will not do since caring involves deliberative thought and action, not rote memorization.) Rather, she is reacting to circumstances that she has been trained to "read" by carefully considering them and then deciding for herself how best to act. In the case of caregiving, practicing care will necessarily involve coming to work out *for oneself*—with guidance, models, and the proper encouragement—what to do; it is to practice making choices about whether or not to go forward with giving care in light of other considerations (such as, whether or not one has the proper resources and desires to give care), as well as how to best provide that care.¹⁴² But, of course, as I have already said in Chapter Two, deciding to practice care for some other external ends, like the alleviation of someone's pain or the achievement of equality, while important, does not constitute a fully virtuous action. In order to count as a virtue, care must be chosen for its own sake, as well as for the benefits care brings to the cared for. It is the action of

¹⁴² Nancy Sherman's discussion in Chapter 5, specifically pp. 174-99, concerning how one learns to make choices in an Aristotelian developmental model has influenced my own thinking on this with respect to caregiving.

caregiving itself that must come to be valuable and the agent must eventually, through practice and habituation, come to find pleasure in that activity which expresses virtue. In this way, developing good character generally, and learning to be a caring person specifically, requires more than complex deliberation and judgment about external ends and how to best achieve them; it requires learning to experience pleasure in doing an activity over and over again, though not in the same unreflective way every time.

It is clear enough that Aristotle takes habituation to be fundamental to the acquisition of virtue and to its ongoing practice (*NE* 1103a14-22, 1105b10-12). But surely it is not the case that he simply believes that the more we do a thing, the better we will become at it, and then, finally, the more we will love it. This reading, as Burnyeat, Sherman, and Sorabji have all argued in various ways, is to leave out many steps in Aristotle's thinking. Indeed, it cannot be that the mere repetition of an activity means we will improve at it. Further, it clearly doesn't guarantee that we will develop a true love of the activity, especially if it something that requires, at least initially, a considerable amount of fortitude, sacrifice, and strength. The refinement of one's actions with respect to a particular virtue and an increase in pleasure when performing it are intricately linked to one another and both can only come from a commitment to a *critical* practice of whatever the virtue may be. In the case of caregiving, we can only improve upon it if we take it up as a critical practice. Once we do this, we will come to find true pleasure in performing care precisely because it is in and through this activity that we are able to put to full use and in a particular way the set of capacities—cognitive, corporeal, and affective—that belong distinctly and solely to human beings.

Aristotle believes, regardless of the subject or activity at hand, that human beings take delight in figuring things out, in learning “what a thing is” and “that a this is a that,” (*Poetics* 1448b4-17). This is easy enough to see in the realm of intellectual pursuits, but Aristotle also believes that we enjoy puzzling things out in the ethical sphere, too. In a discussion of the function of mimetic enactment in learning music and poetry, which contains ethical modes since it is meant to express character or mood of the people featured in the songs or dramas, Sherman says that learners are not only mimicking but also coming to feel from the inside the relevant qualities of character and emotion.¹⁴³ On this reading, ethically judging fine and just actions, and with the corresponding emotions, comes about by performing the role of someone who acts justly and enjoys virtuous activities. There is textual support for this view. In *Politics*, Aristotle explicitly makes the connection between being exposed to certain emotions (in this case, through music and drama) and *critically practicing them* such that we work on their refinement until our own performance approximates a model:

And since music happens to be one of the pleasures, and virtue is a matter of enjoying, loving, and hating in the right way, it is clear that nothing is more important than that one should learn to judge correctly and get into the habit of enjoying decent characters and noble actions. But rhythms and melodies contain the greatest likenesses of the true natures of anger, gentleness, courage, temperance, and their opposites, and of all the other components of character as well. The facts make this clear. For when we listen to such representations are souls are changed. But getting into the habit of being pained or pleased by likenesses is close to being in the same condition where the real things are concerned (1340a15-28).

The idea that music, literature, art, and drama are integral to our moral education is persuasive and certainly many great philosophers have thought so.¹⁴⁴ What is important

¹⁴³ Sherman, *The Fabric of Character: Aristotle's Theory of Virtue*, 183.

in the above passage for a critical practice of care, though, is that when we habitually act *as* a noble and good person, or, when we act *as* someone who cares (that is, when we “perform” the role of caregiver over time), keeping in view the models we wish to follow and the work we must do in cultivating our capacity for sensitive judgment and ethical discrimination, then we come to know what it is like to truly possess all of the feelings and emotions that characterize someone as caring. In this way, “going through the motions” of giving care to another and doing well by them, can eventually lead to a more authentic and deeper well-wishing and genuine kindness towards another. To practice care in a critical way is to perhaps mimic at first, when one is just learning, but then to refine and improve upon one’s own actions as one matures emotionally and morally, reflecting a deeper understanding for what it means to, say, stand firm in the face of fear, as in the case of bravery, or remain steadfast in one’s devotion for another despite the challenges such caregiving brings.¹⁴⁵

Aristotle is more direct on this point in *Ethics* when he outlines *correct* habituation, versus bad teaching. Correct habituation is repetitive and critical, that is, it is aimed at improving upon previous actions; otherwise we would not need good teachers:

Virtues...we acquire, just as we acquire crafts, by having first activated them...we become just by doing just actions, temperate by doing temperate

¹⁴⁴ Stanley Cavell, *Cities of Words: Pedagogical Letters on a Register of the Moral Life* (Cambridge, Mass.: Belknap Press of Harvard University Press, 2004), Cora Diamond, *The Realistic Spirit: Wittgenstein, Philosophy, and the Mind* (MIT Press, 1995), Nussbaum, "The Discernment of Perception: An Aristotelian Conception of Private and Public Rationality.", Nussbaum, *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy*, William and Keane Rothman, Marian, *Reading Cavell's the World Viewed: A Philosophical Perspective on Film, Contemporary Film and Television Series* (Detroit: Wayne State University Press, 2000).

¹⁴⁵ Although it’s true that Aristotle requires the “silencing” of recalcitrant desires that fight against the sort of full acceptance and pleasure one should find in practicing the virtues, this standard is perhaps too high to begin with and, in any case, Aristotle also suggests that nothing is ever always pleasant because of our complex nature (*NE* 1154b22-24).

actions, brave by doing brave actions...And so we must examine the right ways of acting; for, as we have said, the actions also control the sorts of states we acquire (1103a32-1103b1, 1103b30-2).

Bad habituation would not strive to hit the mean, but would let in activities that are likely to carry one farther away from one's goal (of temperance, bravery, care, etc.). Good habituation both orients learners towards *properly* performing an activity, which leads to feeling pleasure while doing so.

Habituation is not only mindful and linked to reason, but it is also concerned with desire. It may be that, initially, external pleasures are linked to practicing the virtues. Indeed, if we have not yet perfected something, like care, then we are likely to enjoy the practice of it less. So we may not intrinsically love caregiving from the start, but may only enjoy the external pleasures that are associated with our practice of it; these may come in the form of rewards (though that is certainly not the case in our current political arrangements), or simply the knowledge that we are trying to learn to perform something that is noble in a more perfect way. Over time, though, as one slowly improves in the practice, the learner is being habituated to find pleasure in getting right the perceptions and discernments that the particular virtue demands. Sorabji says that as this inductive process, "gives him an increasingly general conception of what is required, habituation makes him like that general idea," that is, that there *is* a moral way to act and that he can figure it out and then put the response into action.¹⁴⁶

This emphasis on powers of discernment leading to pleasure, rather than the particular features or qualities of an activity, further supports the idea that an activity or practice that is *critical* and reflective, and to which we must be critically habituated, is something we will over time come to value in itself. Perhaps this is what Aristotle meant

¹⁴⁶ Sorabji, "Aristotle on the Role of Intellect in Virtue," 216.

when he said that the “best activity is the activity of the subject in the best condition in relation to the best object of the capacity,” (*NE* 1174b17-9). The one in the best condition is the one who has the best perceptual capacities, has the skills and technical knowledge necessary for practicing care, is motivated by the right sorts of feelings and concerns, and has a lot of experience from which to draw on in making judgments and decisions about how to best care. And perhaps this is why Aristotle says that when first *learning* to be good we do not begin with a defense of the good life or of the individual virtues (*NE* 1095b4-8). Indeed, if we follow Aristotle, then we agree that we ought not have to begin with a theoretical justification and explanation of the pleasures intrinsic to caregiving if the learner has been properly brought up to value care from the start. Instead, we begin, quite simply, with a commitment to care as part of the good life. In this way, it is only when we have actually learned through critical practice what it is to *be* caring, that we can give a full and persuasive account of its pleasures.

CONCLUSION

I have attempted to show why we need a concept of care, one that allows for a notion of care as a fully embodied and reflective practice. After arguing that theorists of care have not gone far enough in investigating the relationship between corporeality and caregiving, I said that what we need is a compelling story about the way that politics figures into the fashioning of caregiving dispositions and subjectivities. By drawing on Aristotelian insights concerning the acquisition of virtue and critical habituation, I hope to have shown that an embodied ethic of care that does not adequately attend to the processes by which one learns to practice care and make use of a complex of cognitive, perceptual, emotional, and corporeal capacities is insufficient. With Aristotle, I also

understand the cultivation of virtuous habits and dispositions, in which I include caregiving, as a distinctly political enterprise rather than something that follows from the fact that we inhabit bodies. Specifically, and in contrast to the phenomenological view I have considered in the first half of the chapter, I include the practice of deliberative thought and decision, as well as the experience of pleasure, in my understanding of embodied care. Following Aristotle's view of how one develops character and acquires the virtues, the practice of care is not something that is dependent upon given, internal qualities but is rather something that must be achieved through political education and habituation. Without a model of how we might better produce caregiving habits and dispositions, we cannot see politics as a way forward in cultivating a more widespread ethic and practice of care.

CHAPTER FOUR

Fashioning Caregiving Bodies: Inequality, Bodywork, and Care

In short, any real society is a caregiving and care-receiving society and must therefore discover ways of coping with these facts of human neediness and dependency that are compatible with the self-respect of the recipients and do not exploit the caregivers. This is a central issue for feminism since, in every part of the world, women do a large part of this work, usually without pay, and often without recognition that it is work. They are often handicapped in other functions of life.

—Martha Nussbaum

The Future of Feminist Liberalism

This chapter investigates the relationship between caregiving, inequality, and corporeality. In the previous chapter I argued that a phenomenological theory of embodied care does not, by itself, provide us with the necessary conceptual resources for understanding the political dimensions of caregiving. In particular, such a view naturalizes bodily habits and universalizes embodied subjectivity, while saying very little about how the structures of “the body” actually affect our perception and habits; it does not attend to the role that politics plays in shaping caregiving habits. Alternatively, I suggested that we move away from this picture of care as a kind of nonconceptual embodied coping and instead conceptualize it as an embodied critical practice, a

distinctly political enterprise entailing both the habituation of caring habits and the cultivation of particular cognitive and perceptual capacities in citizens.

Now that we have an idea of care as critical practice in view, I want to return to the bodily dimensions of carework for two reasons. First, more needs to be said about those features of carework that contribute to its devaluation in society. Although I have argued that care, properly understood, is a practice that makes full use of one's conceptual and choice-making capacities, it is also true that carework is a form of "bodywork," both in the sense that it tends to bodies and must be performed with one's body, and as such it occupies a marginal, devalued status in our society. Second, a critical theory of embodied care should attend to the codification of certain kinds of persons and the bodies they inhabit as "naturally suited" to the work of care. The institutions, policies, and structures that participate in this codification have anti-democratic affects, including the unequal distribution of carework, the reification of stereotypes concerning caregivers, and socio-economic arrangements that are inconsistent with other democratic values.

Most have argued that it is care's association with women and femininity that has led to its devalued status in society. While it is certainly the case that work historically performed by women continues to be low-status and low paying (if paid at all), this is only part of the story. I argue that a more accurate account of care's devaluation must go beyond an analysis of gender and consider the fact that carework is a form of bodywork. The bodily nature of carework and its association with groups that have historically done bodily work, and so are themselves associated with the degradation of bodily functions, has also contributed to its neglect. This still includes women, but it is certainly not limited to them.

The ethics of care literature has tended to focus its attention on gender and carework and the threats posed to democracy by failing to cultivate an ethic of care that is compatible with gender equality. This analysis, though correct, fails to get at other characteristics of caregiving that contribute to its undervalued status in society. Much of carework involves manual labor, using our own bodies to tend to and care for the messy and “failing” bodies of others (changing bedpans, bathing, feeding, walking, lifting, breastfeeding, holding, cradling, etc.). As middle and upper-class white women have entered the workforce and thus caused a significant shift in work/family arrangements and needs, carework is being purchased and outsourced more frequently; it is increasingly performed by low-status workers, women and men of color, often immigrants and guest workers.¹⁴⁷ This work is seen as something certain kinds of people do because they cannot do anything else. Indeed, the caregiving habits and techniques constitutive of the embodied experiences of care laborers give them the appearance of having been, as Maurice Hamington says of all of us, “built for care.” This suggests that there is a complicated relationship between care, the body, and political inequality. Citizens do not possess the knowledge, skills, and will to care without first being habituated to it, without being fashioned into a caregiver. This chapter first sketches a picture of the corporeal style of caregivers and the corporeal nature of carework. I then consider why it is that certain kinds of people are more likely to be habituated to care than others. Finally, I conclude with some thoughts on the dangers posed to democratic societies by the codification of certain subjectivities with the bodily work of care.

¹⁴⁷ Joan C. Tronto, “The “Nanny” Question in Feminism,” *Hypatia* 17, no. 2 (2002), Nicola Yeates, *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains* (Basingstoke [England]: New York: Palgrave Macmillan, 2009).

I first offer a reformulation of carework as a form of bodywork, focusing on the bodily dimensions of caregiving, including the “corporeal styles” of caregivers and the material nature of the work they do. Then I connect these bodily aspects of care to an investigation of the processes whereby certain kinds of bodies are codified as caregiving and are marginalized in the labor force and in society. I argue that these processes threaten democracy in so far as they seek to restrict rather than enlarge the range of choices individuals can make with respect to caregiving, discourage a critical practice of care that is consistent with other democratic values, and obscure from us care’s importance to the flourishing of individuals and societies.

I. CARE AND SUBJECTIVITY

Turning to the bodily dimensions of care is important for several reasons. First, we need to better understand the features of carework that have contributed to its devaluation in society. Specifically, we should go beyond an analysis of gender to understand why it is that care, and the people who perform it in occupational and familial settings, are denied respect and recognition in any number of ways. Second, a clearer picture of the nature of carework, as well as the corporeal habits and dispositions of caregivers, is necessary in order for political institutions and policies to effectively cultivate more and better practices of care in society. Properly understood, care is a practice that makes full use of one’s conceptual and choice-making capacities. Yet, it is also true that carework is a form of bodywork, both in the sense that it tends to bodies and must be performed with one’s body. More needs to be understood about the bodily work that care demands of us.

Finally, any theory of care must attend to the fact that certain features of identity are integral to the status and social position of subjects and one way that this is manifested is through the codification of certain kinds of bodies as “naturally suited” to the work of care. This is what Hamington misses in his undifferentiated phenomenology of embodied care. The institutions, policies, and structures that participate in this mode of fashioning caregivers produce anti-democratic outcomes, including the unequal distribution of carework, the burdening of some with the corporeal work of others, and socio-economic arrangements that are inconsistent with and disruptive to other democratic values. Most importantly, the association of the corporeal work of caregiving with things like sex (women), race (non-whites), citizenship status (immigrant workers), and class (low-status workers) all conspire to obscure not only the fact that every human being has been and will be a receiver of care and most of us are able to have the capacities and desire to care cultivated in us. The cultivation of an embodied ethic of care that enriches democratic values entails the elevation of care as an end worth pursuing in itself and the habituation of all citizens to practices of care, not just those for whom it is imagined nothing else can or should be achieved

Shifting the focus to the bodily work of giving care prompts us to rethink, or perhaps simply expand, our notion of what care is relative to those who sustain an ongoing and habitual practice of it. As discussed in Chapter One, some have argued that care is best conceptualized within a virtue ethics framework, while others think care is best understood as a practice.¹⁴⁸ Often this picture is bound up with the idea that care is a

¹⁴⁸ Aristotle, Hume and Rousseau have all been interpreted to put forth this sort of view. For reflections on care as virtue, see Annette Baier, "Hume, the Woman's Moral Theorist?," in *Women and Moral Theory*, ed. Eva Feder Kittay and Diane T. Meyers (Lanham: Rowman and Littlefield, 1987), Curzer, "Aristotle: Founder of the Ethics of Care.", Groenhout, *Connected*

virtue necessarily associated with certain types of people, usually women.¹⁴⁹ But, as we have seen in Chapters Two and Three, this need not be the case.¹⁵⁰ Care is also often referred to as a practice.¹⁵¹ Tronto writes, “to call care a practice implies that it involves both thought and action, that thought and action are interrelated and that they are directed toward some end.”¹⁵² Practice is an important part of care because it connects action to an underlying ethic and attempts to disrupt the persistent association of care with feminine values. Yet, despite my claims in the previous chapter that we need to emphasize both action and judgment in care, neither care as a virtue nor care as a practice can adequately explain the relationship between power—specifically, the constellation of political institutions, discourses, and policies—and patterns that emerge concerning the kinds of people who consistently perform carework. I think we need to introduce a new dimension of care to better understand why caregiving remains so central to the experiences of some and so far removed from the experience of others.

Care should be rethought as a constitutive element of subjectivity, like gender, which is fashioned, manipulated, and sustained by powerful, though often invisible,

Lives: Human Nature and an Ethics of Care, Alasdair C. MacIntyre, *After Virtue: A Study in Moral Theory*, American ed. (Notre Dame, Ind.: University of Notre Dame Press, 1981), Rita Manning, *Speaking from the Heart: A Feminist Perspective on Ethics* (Lanham: Rowman and Littlefield, 1992), Rosemarie Tong, “The Ethics of Care: A Feminist Virtue Ethics of Care for Healthcare Practitioners,” *Journal of Medicine and Philosophy* 23 (1998).

¹⁴⁹ See Gilligan, *In a Different Voice: Psychological Theory and Women's Development*, Noddings, *Caring, a Feminine Approach to Ethics & Moral Education*.

¹⁵⁰ Here I refer to my “constructivist” reading of Aristotelian virtue and the development of character lends itself to an understanding of care as a virtue that is available to anyone who is brought up and educated in the right way.

¹⁵¹ For examples of this view of care, see Virginia Held, *The Ethics of Care: Personal, Political, and Global*, Ruddick, *Maternal Thinking: Toward a Politics of Peace*, Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*.

¹⁵² Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 108.

forces. Such a conception will help us to see more clearly what it means for a person to *embody care* and can serve as a starting point for theorizing the formation of caring and non-caring subjects from within our current political and social constraints—that is, a set of constraints that distinctly prohibits the cultivation of a more democratic distribution of caregiving in society.¹⁵³ Foucault said that if we want to understand how power operates in a particular society, we should study what kind of body that society needs to function.¹⁵⁴ Societies, of course, need more than one type of body to function, yet every society needs human caregiving bodies since care is not something we seem, thankfully, quite ready to abandon to technology and robotics, though technology certainly enhances care.¹⁵⁵ One way that societies secure care is by aligning caregiving with particular identities such that certain kinds of people are compelled to perform care in order to “successfully” actualize themselves and be fully intelligible to others. Socio-political arrangements work to thrust carework upon the less powerful members of society because this work involves tending to (“imperfect”) bodies and, importantly, with one’s own body. Carework both produces and is the product of major inequalities in our society. Another important reason to turn to subjectivity and the embodied nature of care,

¹⁵³ To be clear, I am not arguing that care is best understood as subjectivity, but rather that highlighting this dimension of caregiving illuminates some of the more recalcitrant barriers to the cultivation of a more democratic ethic and practice of care.

¹⁵⁴ Michel Foucault and Colin Gordon, *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, 1st American ed. (New York: Pantheon Books, 1980).

¹⁵⁵ Even radical feminists have remained unconvinced by Shulamith Firestone’s suggestion that women abandon their role in reproduction entirely and that we as a society develop the technology to gestate the fetus in an artificial womb to free women from the burden of pregnancy. See Shulamith Firestone, *The Dialectic of Sex: The Case for Feminist Revolution* (New York: Bantam Books, 1971).

then, is be more precise about why care is not a highly regarded activity and why persons on the margins of society perform it.

II. CAREWORK AS BODYWORK

The term ‘bodywork’ has historically been used to describe the work that individuals do on their own bodies, or have done to them, often for aesthetic or health purposes.¹⁵⁶ Julia Twigg notes that the term has recently been expanded to refer to “paid work done on the bodies of others who thus become the objects of the worker’s labour. The aim of such interventions can be medical, therapeutic, pleasurable, aesthetic, erotic, hygienic, symbolic.”¹⁵⁷ In a study of caregivers for the elderly, Twigg considers the bodily elements that constitute carework, which has thus far been a missing dimension in analyses of caregiving occupations. She identifies three primary elements of bodywork in carework: First, carework involves dealing with human waste and as such it involves managing dirt and disgust; second, carework involves negotiating nakedness in a society that restricts images of naked bodies to those that are sexually appealing and conform to standards of beauty; and, finally, carework involves touch and intimacy, which are necessarily “written into” caring exchanges, even if they are not always sought or welcome by the cared-for. Twigg goes on to argue that it is for these reasons that

¹⁵⁶ To my mind, this understanding of bodywork includes something like the problematic corporeal projects that Cressida Heyes explores in her recent book, Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies.*, as well as the alternative, productive corporeal projects she offers as a remedy. I also see this term capturing the techniques of femininity that Sandra Bartky, Susan Bordo, and other feminist theorists have written about. See: Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression*, Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body*.

¹⁵⁷ Julia Twigg, “Carework as a Form of Bodywork,” *Ageing and Society* 20, no. 4 (2000): 389-411, 389.

carework is work of low esteem and so has a dematerializing tendency whereby higher status occupations and positions, even in the health care sector, are constituted by a retreat from bodily contact and are occupied by individuals who are privileged by virtue of their gender (male) and race (white).

Although Twigg's research focuses solely on occupational caregiving, this analysis calls our attention to the fact that the activity of caregiving often entails the "dirty work" of caring for dependent bodies. I would like to expand Twigg's conception of carework as bodywork in two ways. First, caregiving can take place in occupational settings but it is also important to keep in view the non-occupational practices and relationships of care that permeate social relations. Whether carework is paid, as in the health and childcare sectors, or whether it happens in the home, it is still a kind of *work* that tends to the bodies of others. Of course, the fact that it is a kind of work requiring a great deal of conceptual and technical skills and fortitude, regardless of whether one is rewarded monetarily, does not rule out the possibility of altruistic motives or the experience of pleasure while doing it.¹⁵⁸ Although the trend in dual-earner households has been towards outsourcing elder care and child care, the vast majority of carework has historically been and remains unpaid, which means that much of it continues to be performed in the home. This is partly the result of our collective political failure to restructure work and family life following middle and upper-class white women's entrance into the workforce. It

¹⁵⁸ See Folbre, *The Invisible Heart: Economics and Family Values*. See also, Deborah Stone, "Commodifying Care," in *Rethinking Commodification*, ed. Martha A. and Joan C. Williams Fineman (New York: NYU Press, 2005). Although Stone is primarily discussing paid care work, I find very persuasive her discussion of the way in which, even in the most stressful care relationships and even those between utter strangers, often "love creeps in" and caregivers feel gratitude and affection for their clients. Indeed, as both Folbre and Stone point out, it's hard to imagine the absence of altruistic motives in carework, since there is so little real value, monetary and otherwise, attached to it in our society.

might also reflect a response to the rising costs of care. Yet, the fact that care remains a central feature of family and social life reflects something significant about the nature of care and those who depend on it—that is, all of us—for survival: care relationships and networks are not contained in occupational settings but rather permeate every aspect of our lives. We are embedded in families and friendships that create moments of care and require them for their existence. This is true but so difficult to see, since care is contained and segregated in many ways, marked off from public life.

The second revision to Twigg’s conception of carework as bodywork, and the one I would like to focus more on in this chapter, is the expansion of our analysis to include the corporeal nature of caregiving. Care both has as its object the bodies of others *and* calls for the caregiver to use her own body in particular sorts of ways in order to properly perform such work. When a notion of embodied care is not also linked to something like Twigg’s conception of carework as bodywork, that is, work that tends to the bodies of others, one is likely to miss important connections between care, bodies, and inequality. Because carework requires activity directed toward the bodies of others (bodies that are viewed as disgusting, uncontained, broken, deformed, or just not yet fully developed), and since we live in a society that recoils from, and sometimes views as contaminating, “imperfect” bodies, the question of who is likely to *embody* care turns on another question: Who is considered fit for this kind of work? In the remainder of this section, I will explain what I have in mind when I say that a caregiver is one who *embodies care*. Specifically, we need to consider some of the modalities of subjects embodying care, and the corporeal styles and configurations common to them.

It will be helpful to distinguish between three different categories of analysis when thinking about how carework is both embodied and bodily—attunement, technique, and materiality. Although it is specific caring needs which must be used to determine what care will look like and how to measure the quality of it, there are enough similarities across a range of practices of care—paid, unpaid, childcare, elderly care, short-term illness, long-term disability, etc.—for these three analytic categories to illuminate certain aspects of the complex relationship between bodies and care. It will also be useful to keep each dimension conceptually distinct, even though they clearly overlap in practice.

Caring Attunement

In a rich exploration of female body experience, Iris Marion Young has written that “there is a particular style of bodily comportment that is typical of feminine existence, and this style consists of particular modalities of the structures and conditions of the body’s existence in the world.”¹⁵⁹ Caregivers, most of whom are female, also have a particular corporeal style. Specifically, they embody an attunement to the needs of others and adopt an *other-regarding disposition and openness* that signals receptivity and concern for others. A caregiver can register the existence of others’ needs and is able to make a judgment that a particular need should be met. Tronto describes something like this in her discussion of the importance of attentiveness to the practice of care.¹⁶⁰ On this point, she writes:

If people in the first world fail to notice everyday that the activities spurred by a global capitalist system result in the starvation of thousands, or in sexual slavery in Thailand, are they inattentive? Is this a moral failing? I suggest that, starting

¹⁵⁹ Young, *On Female Body Experience: Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory*, 31.

¹⁶⁰ Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 128-9.

from a standpoint of an ethic of care where noticing needs is the first task of humans, this ignorance is a moral failing.¹⁶¹

This reminds us that we cannot begin to practice care without first cultivating, or having cultivated in us, the capacities to discern the particular and relevant facts about situations that call for care. What is obscured in Tronto's account, however, is that even this first phase of care—of noticing others' needs—can and often does correspond to a certain kind of bodily attunement.

What can we say about caring attunement? Specifically, how is it expressed? Maurice Hamington has invoked Merleau-Ponty's conception of perception to make vivid the bodily habits and expressions of care.¹⁶² Merleau-Ponty's epistemology of the body might be a rich resource for thinking about connections between self-understandings and how we perceive the world. And although I mostly accept Merleau-Ponty's view of the function of perception to (sometimes) ground how we understand ourselves in relation to others, I think it is perhaps more helpful to begin with the concept of receptivity when talking about a physical attunement that corresponds to care. The concept of perception advanced by Merleau-Ponty and endorsed by Hamington in his work on care lacks an explicitly *moral* component. It is possible to physiologically perceive someone without ever feeling morally compelled to acknowledge others, let alone tend to them. Further, some feminist theorists have argued that Merleau-Ponty's privileging of sight overlooks other important corporeal resources for perception and

¹⁶¹ Ibid.

¹⁶² Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*.

receptivity, such as sound, touch, speech, and hearing.¹⁶³ Practices of care go beyond visual perception and draw on multiple modes of receptivity, which entail being open to witnessing others' weaknesses and to discerning and understanding their specific caregiving needs. To be receptive as a caregiver is to be open to receiving important information about the suffering and needs of others through and with the entire *sensing* body. There is no one single way that this kind of receptivity is embodied, or communicated to others, but there are a few things we can say about how one communicates and makes use of receptivity in a way that constitutes a kind of caring attunement.

One way to begin to sketch out a picture of the receptivity central to attunement is to start with physical comportment. Bodies can be either open or closed off to receiving information about the world around them and caregivers, in particular, have an awareness that their bodies are an important vehicle for signaling a willingness to respond to someone else's needs. Let us consider an example that might make more vivid caring attunement and receptivity. Imagine that a student who has been absent from class for the past two weeks has come into her professor's office to discuss why she has missed so much class time. She tells her teacher that her uncle has recently died and that she was not able to be in class last week because of funeral arrangements and family commitments. A generous but purely procedural response on the part of the professor might be to simply accept this explanation as an excuse for the student's absence and abruptly dismiss her. This would fail to be a truly caring response, though. Non-receptive corporeal motility might include a hurried-ness such that the professor only gives the

¹⁶³ E.g., Gillan, *The Horizons of the Flesh; Critical Perspectives on the Thought of Merleau-Ponty*, Grosz, *Volatile Bodies: Toward a Corporeal Feminism*, Olkowski and Weiss, *Feminist Interpretations of Maurice Merleau-Ponty*.

student a few minutes and makes his own work a priority over taking the time to listen and be present with his student, who is clearly anxious about the conversation and still suffering from the sadness of the loss of a family member. The professor might be disinclined to move away from his computer to turn toward her and meet her eyes with his own. He might only halfway listen as he continues to do other things at his desk, occasionally nodding in an effort to hurry her along. He might say very little in the way of sympathy or regret for her loss, and might exhibit a general discomfort and displeasure with the distraction. This image of a person who is closed off and generally inaccessible to others, even those who may have a legitimate claim on one's receptivity and generosity is, unfortunately, not very difficult to call up in our minds.

Now let us imagine what a person who is properly attuned to his student in a way that embodies and signals care and concern. *Being* receptive necessitates that the professor move away from his computer and the work he may have been hoping to get done by the day's end. It further requires that he reposition his chair and body in a way that signals to his student that he is fully present and ready to listen. Caring attunement entails embodying responsiveness by meeting another's eyes and crafting a thoughtful and honest verbal response, which one cannot do if one is not truly listening and reflecting on what the student might need to hear in order to be both comforted about her loss and her worry about having missed class. If he is properly attuned, he responds in a way that lets his student know that she has been heard, that he empathizes with her, and that he is willing to work with her to accommodate the situation. When we move in the world with a corporeal style of receptivity and generosity towards others, we both signal

that we are caring and open ourselves up to the possibility of future caring moments that follow from important information that we have received.

Active listening is also importantly related to receptivity and is a key component of the corporeal generosity we should show others with whom we share certain kinds of projects. Susan Bickford has argued that active listening is a democratic practice of citizenship, citizenship that is necessarily interdependent, yet is often adversarial and deeply conflictual. Also drawing on the work of Merleau-Ponty, Bickford argues that listening “cannot mean abnegating oneself; we cannot hear but *as* ourselves, against the background of who we are.”¹⁶⁴ I agree that listening is a necessary practice of citizenship in the context of conflict and dissonance, and that being a good listener means both placing oneself in the background and foregrounding the other’s concerns and perspective while never fully disavowing one’s own perspective. Both attentiveness, which requires a kind of closeness, and distance are required for active listening; closeness when listening to someone else happens in that moment when we are able to quiet our own voice temporarily and put space between the self and what is foregrounded. Bickford notes “without moving ourselves to the background, we cannot hear another at all.”¹⁶⁵

Listening also enhances care, which is certainly integral to democratic citizenship. Listening is a way to signal to the other person that they are being heard and that we are making a good-faith effort to take that person’s feelings and thoughts into consideration when making a judgment about how to respond. For Bickford, Merleau-Ponty’s

¹⁶⁴ Bickford, *The Dissonance of Democracy: Listening, Conflict, and Citizenship*, 24.

¹⁶⁵ Ibid.

conception of perception and the figure-ground relationship allows for an openness in listening constituted by a willingness to construct relationships of attention in which neither partner has meaning without the other. Citizens who are willing and able to engage in this kind of listening even and especially in contexts of discord, disagreement, and dislike are central to the deliberation that takes place in democracies; as such, active listening is an important political practice. Yet, listening is also an embodied practice that opens the door to practices of care, bringing us closer to our fellow citizens and perhaps opening up some space for the cultivation of more friendly feelings towards those we may not initially like or feel as though we do share in certain projects.. In this way, listening is also a deeply moral act. It is what we owe our fellow citizens, but it can also lead to better practices of care, which has the potential to make us better citizens.

Listening is one way that caregivers cultivate knowledge and understanding about moral situations that call for a particular kind of (caring) response; this is a skill that is central to democracies concerned to make citizens' actual lives, needs, and experiences the basis for public policies. Hamington looks to Jane Addams as an excellent example of someone who used the practice of listening as a way to better care for the individuals and groups in her work at Hull-House and to act politically.¹⁶⁶ I think this description of Addams' own practice of listening illuminates what Merleau-Ponty was after when he said, "there is a relationship of consultation and exchange with others which is not the death but the very act of the self":

Much of what is communicated between people is found in the subtleties of facial expressions, hand gestures, posture, inflection, and eye contact. When one is actively attending to someone else face to face, these subtleties can be absorbed consciously and subconsciously through the body. Hull-House allowed Addams

¹⁶⁶ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 89.

to be physically present and thus to listen actively to the stories of the poor and oppressed in a way that an outside visitor would have a difficult time replicating. Addams used what she learned through listening to people's stories to inform her writing and her activism...She used what she learned to help meet the needs of the neighborhood.¹⁶⁷

This is particularly instructive because it links the act of listening to practices of care, around which she was able to cultivate a politics and program for social change.

The person who lacks receptivity to the caring needs of others and does not engage in active listening has gone a long way towards hindering the possibility of *becoming* a more caring person. This is partly true for the simple reason that she has foreclosed the possibility of perceiving certain facts about the world. We can register the effects of such a foreclosure on two levels: First, she cannot perceive and so come to understand anything meaningful about the particular person before her who is in need of care. Second, she makes it difficult for herself to fully comprehend and confront the fragility of human beings, which is something that must be taken seriously and inform citizens' choices and actions regarding how we will care for one another. By not being an active listener and so not being properly attuned to the needs or suffering of others, she participates in rendering invisible to herself a fundamental part of what it means to be human. Listening is both constitutive of corporeal attunement and contributes to better practices of care; and care, in turn, strengthens citizenship in so far as it better habituates us to thinking about the needs and interests of others who may not be like us but who nevertheless have important claims on us and our shared political resources.

The information we receive in the practice of active listening is filtered through language, perspective, and choice on the part of the speaker about what to include and

¹⁶⁷ Ibid., 109.

what to leave out. Let us consider one final, very bodily, example of how caring attunement is embodied and marked by an openness and receptivity that precedes acts of care. Caregivers, especially those of infants and babies, rely on smell for important information about the bodies of the cared-for. Because caregivers “work with” the emission of substances and smells in a way that makes their work more effective, they necessarily challenge Western ideals of individual autonomy and boundedness. Of the significance of smell to the work of caregiver, Twigg writes:

It extends the patients corporeality in such a way that intrudes and seeps into others’ spaces. Odours by their nature cannot be easily contained; they escape and cross boundaries. This boundary-transgressing quality acts to threaten the abstract and impersonal regime of modernity...Smell and disintegration undermine individualistic constructions of the person as stable, bounded, and autonomous. Careworkers, in dealing with bodies, have to negotiate their way through these ambivalences and deal with aspects of bodily existence that modern society is reluctant to acknowledge openly.¹⁶⁸

It is not only the case that careworkers “negotiate” ambivalence around smell, though they do this at times, but that their own corporeality is, in a sense, also extended as they invite, or at the very least confront, the smells of bodies which many of us recoil from in disgust or shame.¹⁶⁹ Caregivers must be receptive to smells that we might otherwise wish to avoid. Smell is what lets them know when a diaper is dirty, a sore is infected, something dangerous or unhealthy has been ingested. It is true that caregivers, especially in the beginning, often need to resist a reaction of disgust or perhaps shock around certain smells in order to be sensitive to the care-for, yet there is more to it than this. They must

¹⁶⁸ Judith Twigg, "Carework as a Form of Bodywork," *Ageing and Society* 20 (2000).

¹⁶⁹ For more on physiology, culture, and sense of smell as it relates to carework, see Howes Classen C., D. and Synott, A., *Aroma: The Culture History of Smell* (London: Routledge, 1994), J. Lawton, "Contemporary Hospice Care: The Sequestration of the Unbounded Body and 'Dirty Dying'," *Sociology of Health and Illness* 20, no. 2 (1998), William Ian Miller, *The Anatomy of Disgust* (Cambridge, Mass.: Harvard University Press, 1997).

learn to resist what seems to us an instinctive mode of not breathing in through the nose or mouth, so as not to become sick ourselves, because doing so would actually close down receptivity and prevent one from discerning the kind of care that is called for or if care is needed at all.

The caring attunement that is signified through bodily comportment, active listening, and smell does not by itself constitute a caring *relationship*. Instead, this picture reveals that caring moments are made possible by adopting a disposition and corporeal style that is properly attuned to the needs of others. Such an attunement suggests that one is predisposed to give care and that much of the moral groundwork requiring *bodily* adjustments has already been laid. Caring attunement is necessary for good caregiving, but it is not sufficient.

Techniques of Care

If caring attunement captures a kind corporeal disposition and style, then the concept of *techniques of care* captures the more precise habits that are common to a wide range of caregivers. Techniques and habits of care are directed towards maintaining, nurturing, or restoring the life of another human being, and they are best characterized by *intentionality* and the use of one's body to directly care for the bodies of others. At the start, it's important to note that techniques of care express a certain degree of agency and intentionality that is less easy to see with the concept of attunement. An analysis of caring techniques and habits can tell us something more specific about the particular practices of care that caregivers take up on a regular basis, and it can challenge some conceptions of feminine motility that emphasize passivity, vulnerability, and inhibition.

Hamington describes caring habits as those that “comprise all those bodily movements that contain the body’s understanding of how to care in and adapt to new situations.”¹⁷⁰ In this view, when a mother immediately moves to pick up her crying baby and cradle the child to give it comfort, she is doing so less because she has learned that this is the proper moral response but rather because her “body has captured the subtle movements necessary to communicate care,” in that moment.¹⁷¹ But this is too vague. Hamington does go on to say that caring habits also “exhibit a regard for the growth, flourishing, and well-being of another.”¹⁷² The specific examples he gives are using a soft tone of voice, cradling a baby, tending to a sick person, and even teaching someone to read. It is true that these are caring acts, but his analysis of these habits, which rests mainly on the overly simplistic claim that, “human interdependence creates moments of care,” is not helpful for discerning the systematic patterns of behavior and actions that largely shape the lived body of individuals whose identities are tightly bound up with caregiving. I will describe only a few techniques of care here.

Caregiving involves a lot of heavy lifting. Specifically, it requires the lifting and transporting of persons who are incapable of moving themselves—infants, toddlers, sick people, injured people, disabled people, and elderly people. As any parent of young children will tell you, caring for someone who cannot walk very well on their own (or, who can walk *too* well, but lacks judgment about when and where to walk), is a familiar and exhausting aspect of caregiving. And is often the case that a person who is unable to walk is also unable to bathe himself or herself. Bathing is another common practice of

¹⁷⁰ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, 46.

¹⁷¹ *Ibid.*, 57.

¹⁷² *Ibid.*

care that involves negotiating and moving someone that could be quite heavy or helpless, or both. Lifting and bathing are important parts of jobs like nursing and physiotherapy and often caregivers in these situations must act as though they are, at least in some ways, the bodies of those for whom they care. I want to highlight that lifting and bathing bodies is very common in caregiving, that many caregivers do it without a great deal of cognitive reflection, and that it requires a certain degree of physical strength and intimacy with the cared-for. Lifting and bathing other human beings generally requires a relatively strong and healthy body, at least if it is to be done properly and with the requisite care.

Caregivers also physically nourish and provide sustenance for the cared-for. Of course, not every dependent requires assistance in feeding, but many do. This is important to highlight because physical nourishment is something that is so fundamental to our well being, yet is so often looked upon with shame and disgust. Feeding others always involves careful attention to the movements and needs of someone else. It can involve preparing and serving food, and very often does, but it can also mean literally bringing food to another's mouth and helping them to ingest it. It entails monitoring how much food the cared-for has actually taken in to ensure that it is enough, and it sometimes involves helping someone physically swallow; in circumstances where acid reflux is a problem, such as with many cancer patients and diseases affecting the digestive tract, massaging the throat when necessary or helping to regulate the breathing of the cared-for in a way that works to keep food down is quite common.

Breastfeeding is one of the most remarkable techniques of care, both for its degree of intimacy and for the way that it throws into sharp relief the way that the body is so often the primary vehicle for caregiving. In breastfeeding, care takes the form of the

literal transference of nutrients from one person's body to another. Pregnancy is, of course, an even more vivid example of this, yet more complicated because the boundaries between two subjects are even more blurred in pregnant experience.¹⁷³ Second, breastfeeding brings the relationship between touch, intimacy, and caregiving into better focus and so vividly illuminates how an epistemology based on touch, rather than sight, might be possible. In her essay "Breasted Experience," Iris Young explains how the experience of touch is relevant for feminine subjectivity. She describes the retreat from universalisms and abstractions fundamental to an epistemology that relies heavily on touch and emphasizes the "fluidity" of bodies, rather than a masculinist metaphysics of self-identical objects; this epistemology is relevant to caring habits, breast-feeding among them because it emphasizes alternative ways of apprehending the world, mainly, through one's bodily senses.¹⁷⁴

Even more than caring attunement, caring techniques, which utilize touch so frequently, illustrate the blurred boundaries that often exist between two subjects—the caregiver and the cared-for. Young's account of the centrality of touch to female experience highlights the importance of physical presence and begins to shed light on the way that other habits of care involving touch—such as soothing, bathing, tending to wounds, managing pain, and feeding in ways other than breastfeeding—reflect and are generative of a different way of discerning relevant information and acting based on information gathered through touch. Although I think Young tends to overemphasize embodiment and gives inadequate attention to cognition and judgment in her

¹⁷³ For a good exploration of pregnant embodiment, see Young, *On Female Body Experience: Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory*.

¹⁷⁴ Ibid.

phenomenological work, the way that we might utilize touch as a resource to determine how to act in a moral context is instructive.

Caring habits exhibit a corporeal intentionality that is often not present in women's bodily experiences outside of care. This is an important point given that most caregivers are women. Feminist theorists, including Young, have pointed to the ways in which women's bodily movements and comportments are unlike men's. Women tend to restrict their movements, drawing inward, and often fail to move with assertiveness when it comes to moving towards and around other objects and people.¹⁷⁵ Young gives the example of lifting, writing that women "often do not perceive themselves as capable of lifting and carrying heavy things, pushing and shoving with significant force, pulling, squeezing, grasping, or twisting with force."¹⁷⁶ She goes on to say, "a woman frequently does not trust her body to engage itself in physical relation to things."¹⁷⁷ This is true in many arenas of women's experience, especially athletics and sexuality, but it is absolutely untrue of women's experiences as caregivers.

Embodied care, unlike Young's picture of feminine bodily existence, involves *uninhibited intentionality*, which indeed "projects the aim to be accomplished and connects the body's motion toward that end in an unbroken directedness that organizes and unifies the body's activity," thus requiring a deep connection between aim and

¹⁷⁵ Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression*, Diana Tietjens Meyers, *Being Yourself: Essays on Identity, Action, and Social Life*, ed. Sara Ruddick Hilde Lindemann Nelson, Margaret Urban Walker, *Feminist Constructions* (Lanham: Rowman & Littlefield, 2004).

¹⁷⁶ Young, *On Female Body Experience: Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory*, 33.

¹⁷⁷ Ibid.

enactment. I am pointing to a dissonance between embodied care, which is often enacted by women and certainly feminized subjects, and Young's account of feminine subjectivity as characterized by inhibited intentionality and passivity.¹⁷⁸ One problem is that Young doesn't adequately distinguish between different types, or fields, of feminine subjectivity, especially as these relate to other features of a woman's identity.¹⁷⁹

Caring habits like lifting, bathing, and feeding, are fundamentally intentional and uninhibited habits directed towards the care of other subjects which are held in view, and they demand assertiveness that is not necessarily common to *certain* women's experiences of their own bodies; they are common, however, to *some* women's self-perceptions, such as women of color and immigrant women, and other identities associated with carework as bodywork, about which I say more below.¹⁸⁰ In any case, we ought not neglect the corporeality of care because it complicates feminist critiques of the codification of femininity with weakness, passivity, and vulnerability. Rather, we should more carefully reflect on embodied care in order to better understand both feminine and caregiving subjectivities, and how they intersect.

In addition to a moment of uninhibited motility, there is also an openness that shapes caregiving habits that can also make one vulnerable in ways that she or he would

¹⁷⁸ For a similar critique of Young's paradigm that looks at the embodied experiences of women's climbing, see Dianne Chisholm, "Climbing Like a Girl: An Exemplary Adventure in Feminist Phenomenology," *Hypatia* 23, no. 1 (2008).

¹⁷⁹ Young seems to be describing a very particular kind of woman, not one who has spent her life doing manual labor, for example, and the hard work of caring for and cleaning up after others. Sojourner Truth's "Ain't I a Woman?" speech comes to mind and reveals the dissonance between Young's picture of "feminine subjectivity" and the bodily experiences of women like Truth and her modern-day counter-parts.

¹⁸⁰ See also, Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, 2nd ed. (New York: Routledge, 2000).

not otherwise be if they lacked a caring practice. Another way of saying this is that caregiving typically involves a certain kind of risk, a risk that we might be asked to give more than we are capable of giving or the risk that our offering of care might be inadequate or rejected. Indeed, the very fact that care is a kind of offering necessarily implies vulnerability to others and the possibility of refusal and the near certainty of non-reciprocity. Importantly, both the uninhibited intentionality constitutive of caring techniques and the openness and vulnerability that accompany such techniques intersect particular identities, including feminized, raced, and classed subjectivities. With the concepts of caring attunement and technique, we can see the emergence of a kind of corporeal style that links different types of caregiving; it is a style that is coextensive, as I shall argue below, with other modalities and subjectivities which are fashioned by anti-democratic political structures, systems, and policies that bind certain kinds of people to the “dirty work” of care.

Materiality of Care

We might also consider the objects that constitute the materiality of carework in order to better understand its bodily nature. I refer here to the fact that caregivers encounter and are often associated with a certain kind of *materiality* that has to do with bodily process and functions. In other words, the basic material with which caregivers work and come to be associated with consists of bodily processes and bodily substances that are deeply intertwined with feelings of disgust, shame, and even pollution. Although the materiality of care is closely related to attunement, as we saw in the example of smell, and techniques of care, it also differs in that it emphasizes the raw materiality of caring relationships, or the “materials” that are specific to the work of care, whereas attunement

and techniques highlight the signifying of a caring disposition and skill set that is corporeal in nature.

Perhaps the most obvious feature of the materiality of care stems from the fact that carework tends to human bodies that are somehow deficient, by which I mean that they lack self-sufficiency (to a greater degree than an otherwise healthy individual). Care is generally directed towards “abnormal,” “imperfect,” and potentially “contaminating” bodies; the internal disgust that often creeps in at the sight or smell of bodies that are not so clearly contained is often compounded by a displeasure in the cared-for’s yet to be developed rationality (as with children), or a loss of cognitive capacities (as with the elderly).¹⁸¹ In any case, one obvious and fundamental material of carework is other bodies, bodies that are often denied the possibility of appearing or being represented in public spaces and discourse.

The materiality of these bodies introduces another set of substances that careworkers frequently come into contact with and must handle in various ways. Carework involves human wastes: shit, pee, vomit, blood, sputum, fingernails and toenails, hair, nasal mucus, etc. Further, certain kinds of patients receiving care in hospice situations are considered distinctly ‘unbounded’ in that they cannot be easily accommodated, symbolically or realistically, in public, as a result of things like incontinence, smell, or disfigurement.¹⁸² As a form of bodywork, then, much of

¹⁸¹ So sometimes it isn’t just that care tends to bodies that are undeveloped, disabled, failing, needful, ageing, hurting, or dying, but also that the persons who inhabit those bodies are or are perceived to be lacking in cognitive capacities that make others more palatable to us and do not force us to face the fragility of our own existence.

¹⁸² Lawton, "Contemporary Hospice Care: The Sequestration of the Unbounded Body and 'Dirty Dying'."

caregiving involves managing dirt and grappling with those things that our society has labeled a disgusting and even shameful part of the human condition. Regardless of whether one has a cultural or biological account of the origins of bodily disgust, disgust is at least partially rooted in some fear of contamination, either through direct ingestion or touching, or even through images that may be so horrifying that we think of them as somehow polluting to us, the witness. In other words, bodily disgust relates, importantly, to *other* people and their bodily processes and wastes. Twigg puts this most succinctly in her study of bodywork in caring for the elderly: “Our capacity for self-pollution is limited; and it is other people’s dirt that is of most concern”¹⁸³ Caregivers spend a lot of time managing and interacting with processes that produce substances and materials that many of us are ashamed of in ourselves.

Often, when caregivers are not directly contacting bodies, they are still interacting with materials that are neither flesh nor bodily waste, but are meant to serve or interact with bodily functions and needs (cooking utensils, diapers, rags, bottles, bedpans, soap, etc.); caregivers come to be strongly associated with these sorts of objects over time. Caregivers tend to do a great deal of housework and domestic labor in addition to tending to bodies, such as cooking, cleaning, washing clothes, ironing, disinfecting, and dispensing medicine. All of these activities reproduce the material conditions of others’ lives and requires interacting with materials, such as diapers for babies and the elderly, cleaning supplies, cooking utensils, and other inanimate objects, which do not have a great deal of value attached to them in our society. I highlight this to reinforce the fact that the materiality of care consists in working with substances and processes that are not

¹⁸³ Twigg, “Carework as a Form of Bodywork,” 325.

generally seen as desirable and are often seen as contaminating to otherwise healthy bodies.

Each of these categories of caring subjectivity—attunement, techniques of care, and the materiality of care—is important because each highlights a particular aspect of carework as it relates to bodies. When taken together, these categories give us a clearer picture of what it means to perform care in a bodily way, while also allowing for a broad but rich definition of carework.

III. SERIALIZING CAREGIVERS: BODYWORK AND INEQUALITY

Feminist theorists have taught us a great deal about how identities and bodily habits are at least partially constructed, fashioned, and sustained by the particular worlds that different groups inhabit. We need to be clearer about the forces that contribute to the fashioning of bodies that are, in one sense, *built for care* in so far as they are encouraged and even disciplined in such a way that leaves them few other alternatives besides carework. One way to interpret the claim that bodies are built for care is to consider the multiple, intersecting, and intervening factors that conspire to fashion and alter caring and non-caring subjectivities over time.

Some care theorists have been attentive to the fact that care is contained and both reflects and contributes to inequality. Most have argued that care is devalued because it is “women’s work,” and some have made loose connections between corporeality and care. I argue that carework is undesirable both because it is a form of bodywork and because it is work done by people who are regarded as nothing more than mere bodies. This includes but is certainly not limited to women.

These two claims—(1) carework is marginalized and devalued because it is bodywork and (2) carework is marginalized and devalued because, as bodywork, it is work that is performed by individuals who are codified as mere bodies and so occupy a marginal status in society—stand in a productive, dynamic tension with one another. We must take seriously care's relationship to bodily processes and needs; yet, carework is also devalued because it has historically been performed by individuals on the margins of our society, individuals who are themselves associated with bodies and material reproductive labor. The work of caregiving is seen as something certain *kinds* of people (for example, people of color, immigrants, poor people, women) do when they cannot do anything else. This suggests a more complicated relationship between care, the body, and political inequality than has been adequately explored in the literature. Political actors, policies, discourses, and structures all work to fashion caring subjectivities and they exploit individuals already in a position of economic and political subordination.

Tronto has argued that carework is contained in so far as it has classed, raced, and gendered dimensions and feminist theorists have long focused on unequal distributions of domestic labor and social reproduction between women and men.¹⁸⁴ The work of care has long been associated with women and femininity and, until recently, less so with the bodies of laborers who are constructed as fit only for carework and domestic labor—in particular, in the US, black Americans, the poor, and non-white male and female immigrants. The language of containment is useful for beginning to think about how care is written onto certain body types and how it plays out in segregated spaces that are very often hidden from public view. Iris Marion Young's concept of gender as seriality further illuminates the containment and structuring of care and can perhaps shed new light on the

¹⁸⁴Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 112.

way that caregivers are unified around caregiving objects and their shared association with bodies and bodily work.

Young describes seriality as “a level of social life and action, the level of habit and the unreflective reproduction of ongoing historical structures.”¹⁸⁵ Although her appropriation of seriality is meant to reorient our thinking about female experience, moving us away from thinking about women as a group of people who share similar qualities toward thinking about them as a group of people who share similar kinds of activities and interact with similar kinds of objects, her framework for the conceptualization of the structuring of gendered activity can be applied to our thinking about the structuring and fashioning of caregiving activity. It might be helpful to conceive of caregivers as a social collective “whose members are unified passively by the objects around which their actions are oriented or by the objectified results of the material effects of the actions of the others.”¹⁸⁶ Individuals are positioned as certain kinds of subjects (caregivers, in this case) in this process of fashioning and serialization by those activities around the structures and objects that constitute their common project(s). Yet, they are also co-constructors of their reality in so far as they “pursue their own individual ends with respect to the same objects conditioned by a continuous material environment, in response to structures that have been created by the unintended collective results of past actions.”¹⁸⁷ Serial membership constrains actions but it does not ultimately define a person by constituting her purposes and projects. In other words, there are constraints that

¹⁸⁵ Iris Marion Young, "Gender as Seriality: Thinking About Women as a Social Collective," *Signs* 19, no. 3 (1994): 728.

¹⁸⁶ *Ibid.*: 724.

¹⁸⁷ *Ibid.*

work to encourage and reinforce certain actions that are oriented around a set of objects and “practico-inert” histories, but membership in a series does not ultimately and eternally define one’s identity.¹⁸⁸

As a series, *caregiver* is the name of a “structural relation to material objects as they have been produced and organized by a prior history,” and, as we saw in the previous section, bodies of depends constitute part of that material world. *Caregivers* are the individuals who are positioned as naturally and willfully caring, perfectly happy to give so much of themselves and ignore their own caring needs and desires; they are positioned as such by the activities that surround certain structures and practico-inert realities. These structures are multi-faceted and consist of inanimate objects, discourses that codify gendered and racialized bodies, historical artifacts, geo-political factors, and even language. Here, I will consider only a few.

The sexual division of labor is perhaps the most obvious system that structures subjects’ relations to the practico-inert objects that constitute the caregiving series.¹⁸⁹ In her discussion of the series women, Young writes, “the division between caring for babies and bodies, and not doing so, is the most common sexual division of labor over which many other labor divisions are layered in social specific ways.”¹⁹⁰ In addition to reinscribing gender roles, this sexual division of labor also solidifies caregiving roles and works to structure (female) subjects’ actions and habits around caregiving tasks, projects, objects in the home and in the labor market, where women are much more likely than

¹⁸⁸ From Sarte, “practico-inert” is a descriptor for something that has been constructed by human beings for a practical purpose and yet also experienced by them as inert.

¹⁸⁹ Young cites this as a major structuring force for gender, as well.

¹⁹⁰ Young, “Gender as Seriality: Thinking About Women as a Social Collective,” 730.

men to enter caregiving occupations.¹⁹¹ Even as women have entered the workforce in the West in large numbers, women continue to do the majority of caregiving and domestic labor in the home.¹⁹² Although there is more variation with respect to men's caregiving in the home now than there once was in the United States, it is still the case that their caregiving is contingent on their relationship to women caregivers. The presence of wives and daughters, who have been oriented towards caregiving knowledges and objects from early on, "pull men into caregiving," while men's adult sisters act as substitute caregivers in their absence.¹⁹³ This serialization process, whereby caregiving skills are acquired (or not) at early ages in informal settings constitutes another mechanism for the structuring of subjects' future choices and actions. Subjects who have been oriented towards certain objects and habits from an early age can still be said to make the "choice" to give care in informal or formal settings, paid or unpaid, as an adult, but the external conditions that have delimited, constrained, and encouraged their choices, might still yet prevent them from making such choices freely.¹⁹⁴ Further, to the extent that these processes orient our

¹⁹¹ For a good discussion of the way that caregiving, by its nature, creates the conditions for exploitation and how this plays out with respect to the sexual division of labor, see Diemut Elisabet Bubeck, *Care, Gender, and Justice* (Oxford: Clarendon Press ; Oxford University Press, 1995), Folbre, *The Invisible Heart: Economics and Family Values*, Hochschild and Machung, *The Second Shift*, Rhacel Salazar Parreñas, *Servants of Globalization: Women, Migration and Domestic Work* (Stanford, Calif.: Stanford University Press, 2001), Rhacel Salazar Parreñas, *Servants of Globalization: Women, Migration and Domestic Work* (Stanford, Calif.: Stanford University Press, 2001), Yeates, *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains*.

¹⁹² Hochschild and Machung, *The Second Shift*.

¹⁹³ Naomi and Sally K. Gallagher Gerstel, "Men's Caregiving: Gender and the Contingent Character of Care," *Gender and Society* 15, no. 2 (2001).

¹⁹⁴ Foucault's understanding of power and the task of critical theory to investigate how individuals come to make choices in broader contexts of power and constraint shapes this view significantly. Nancy Hirschmann has recently undertaken the project of exploring the consequences of this for a feminist theory of freedom. Nancy J. Hirschmann, *The Subject of*

attention away from the oppressive and exploitative conditions that set limits and constraints on individuals' choices, they threaten democratic practices of freedom, like the critical evaluation of the contexts in which subjects make choices.

Just as female bodies and the meanings and possibilities ascribed to them structure women's experiences, so, too, do the bodies of caregivers structure their experiences. And there are multiple structures which work to define bodies, such as institutionalized heterosexuality, forms of racialization, and, increasingly, anti-immigrant sentiment that positions immigrants as threats to American freedom or only fit for jobs that Americans don't want, domestic labor and carework among them. White women's wombs have historically signified motherly instinct and love, and they have been appropriated for reproduction and nurturance from the time of the ancients until now; similarly, brown and black skin has historically signified, and continues to signify in many ways, a laboring body, one fit for slave labor in some cases, but also a body fit for the dirty work of care.¹⁹⁵

In the United States, black women have performed domestic labor in the homes of white families, stretching from the nineteenth century slave era to today.¹⁹⁶ Racism has been an important serializing mechanism of caregivers, and this is reflected in and enforced by controlling images of black women as mammies and matriarchs.

Liberty: Toward a Feminist Theory of Freedom (Princeton, N.J.: Princeton University Press, 2003).

¹⁹⁵ See Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Micki McElya, *Clinging to Mammy: The Faithful Slave in Twentieth-Century America* (Cambridge, Mass.: Harvard University Press, 2007), Parre s, *Servants of Globalization: Women, Migration and Domestic Work*.

¹⁹⁶ Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Chapter Three.

Historically, when the labor of black women has been appropriated by white households, their care-giving labor was reframed as motherly instinct and love (most familiarly, in the figure of the mammy), and thus not really work. The same is true of Latina women and other immigrant women today who constitute a significant proportion of child and elder care workers in the US today; they are seen as best suited to do this work, in part, because they get so much pleasure from it.¹⁹⁷ In a discussion of the way that discourses about race constrained black women's options with respect to work and choices they might wish to make regarding their own families, Micki McElya writes,

The system of slavery placed a monetary and labor value on black women's production of more laboring black bodies...The emotional traits that defined maternal affection fell outside the realm of black women's relationships to their own children in this framework. The black mammy figure became a powerful icon of motherly affection and care, but this was not held to be an inherent attribute, innate to black women. Rather, promoters of the mammy narrative believed these traits to be the product of the supposedly civilizing environs of white domestic space.¹⁹⁸

It may no longer be the case that the mammy narrative, in this particular form at least, has as powerful a grip on subjects such that it continues to significantly structure caregiving relationships and further entrench racial inequality; though it is surely the case that other racist discourses do. However, this example serves to illustrate the powerful materializing effects of discourses and images of bodies when it comes to unifying individuals around a particular set of objects and type of work. This is one way that racist discourses fashion and perpetuate anti-democratic caring relationships. Such structures of care clearly conflict with other democratic values like equality and justice, as well as pose clear

¹⁹⁷ The film "Spanglish," though certainly comedic, nicely depicts the perniciousness of the belief on the part of wealthy whites that the Latinas who work for them do it out of the kindness of their hearts and not, as is most often the case, because they have few other work options due to their non-citizen status and lack of skills that can command value on the labor market.

¹⁹⁸ McElya, *Clinging to Mammy: The Faithful Slave in Twentieth-Century America*, 82.

threats to the democratic freedom to choose one's own life plan. They also restrict the cultivation of capacities and knowledges relevant to the practice of citizenship. If a person is forced to give up so much of their private lives, including obligations to their own children and family members, in the service caring for another's family, they are not likely to be afforded time, energy, and resources that to civic education and engagement.

The global capitalist economy and subsequent international migration flows are also key structures, containing numerous sub-structures, which contribute to the serialization of caregivers. Global care chains (GCC's) are multiplying as a result of the outsourcing of care labor and internationalization strategies of governments, households, religious orders, and kinship networks. Arlie Hochschild coined the term "global care chains" to refer to "a series of personal links between people across the global based on the paid or unpaid work of caring."¹⁹⁹ Hochschild focuses mainly on "motherly" labor and describes a typical GCC as "an older daughter from a poor family who cares for her siblings while her mother works as a nanny caring for the children of a migrating nanny who, in turn, cares for the child of a family in a rich country."²⁰⁰ In this account, the chain is driven by white women's mass entrance into the labor market in the West, which has created a demand for inexpensive childcare and elder care.²⁰¹ To be sure, shifts in work/family arrangements for white middle-class families contribute to the construction

¹⁹⁹ Arlie Russell Hochschild, "Global Care Chains and Emotional Surplus Value," in *On the Edge: Living with Global Capitalism*, ed. W. and A. Giddens Hutton (London: Jonathan Cape, 2000), 131.

²⁰⁰ Ibid.

²⁰¹ For similar analyses, see Folbre, *The Invisible Heart: Economics and Family Values*, Joan C. Tronto, "Care as the Work of Citizens: A Modest Proposal," in *Women and Citizenship* (Cary: Oxford University Press, 2005), Tronto, "The 'Nanny' Question in Feminism.", Yeates, *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains*.

of GCC's, but they are not the only factor and probably not the most influential. Governments and labor networks also mobilize and coordinate the supply and demand of care labor internationally. Additional factors which drive and structure the serialization of caregivers in a GCC include national programs that recruit, train, organize, and provide financial means for labor export in migrating countries, the production of vacancies in carework occupations in developed countries, recruitment efforts, cultural concern with maintaining lifestyle and social status, and regulatory frameworks and governance in host countries focused on tracking migrant workers into care labor.²⁰²

Tronto has suggested that we consider the obligation to grant immigrant care workers citizenship on the grounds that they provide a service to the host society that it simply cannot do without.²⁰³ This is an appealing proposal because it seeks acknowledgment and reward for a group of people who do low-status work, receive very little economic compensation, and make great personal sacrifice in the process. In this view, we are called upon as democratic citizens to institute some modicum of equality and to empower a group that is made both economically and politically vulnerable as a result of their "choice" to participate in a global care chain. And I agree that we need a "care movement" to "change the way American's think of themselves as public actors," which would entail not only rethinking their reliance on immigrant care workers in an increasingly globalized and privatized context, but would also mean rethinking ourselves

²⁰² Interestingly in many Middle Eastern countries where women do not have high labor market participation, yet this region was one of the first major targets of migration of care labor in the second half of the 20th century. For more on this, see R. Silvey, "Transnational Domestication: State Power and Indonesian Migrant Women in Saudi Arabia," (2004).

²⁰³ Tronto, "Care as the Work of Citizens: A Modest Proposal."

as caregivers and working to transform our democratic institutions and policies to reflect this fact.

Yet, we should also be cautious to not reproduce and further entrench the very structures, networks, and policies that provide incentives to potential migrant workers to enter a host country on the conditions that they are willing to perform a certain kind of (currently devalued) labor, especially when that choice is so constrained by external factors. Such policies continue to align racialized and feminized bodies with the work of care and perpetuate narratives and images of non-white immigrants as best suited to do the work of care, either because they are “naturally maternal” or because they are not capable of making contributions to society that are thought to be more valuable. This is related to another worry about recruitment practices in rich countries that target care laborers in poorer countries and incentivizing their care labor with the promise of citizenship. Such policies might hinder the cultivation of a democratic ethic of care that equalizes the burdens of carework across a range of subjectivities and also reimagines care as a practice that all citizens should be habituated to, not just those who are politically disenfranchised and economically exploited.

Rethinking *caregivers* as a series that works to fashion subjectivity by orienting individuals’ attention and actions around a set of “objects” (dependent bodies, bodily waste, segregated spaces of dependency and care, household and domestic goods, etc.) via structures (sexual division of labor, racist and sexist narratives, the global capitalist economy and privatized networks of care, national and transnational immigrant careworker policies, etc.) allows us to shift our analysis away from gender, which is just one dimension of the series, to the structural constraints and relations that shape

caregiving bodies and carework. Further, this framework brings into view the processes whereby the caregivers become tightly fastened to bodily work and perhaps reveals places where we can begin to reconstruct all capable citizens as practioners of care and cultivate more effective and ethical caregiving arrangements.

In this chapter, I argued that we should connect the study of care to corporeality, and proposed that we rethink *caregiver* as an embodied subjectivity fashioned by structures and forces that orient and habituate certain individuals to the work of care. I outlined the bodily features of carework, including the caring attunement and techniques of caregivers, and the materiality of caregiving labor, all of which are crucial to the provision of good care, yet contribute in some way to the representation of carework as nonconceptual and “dirty work.” Care is economically and socially devalued because it involves *body work*—that is, work that tends to bodies and work that requires the use of bodies—and so continues to be taken up by individuals associated with corporeality. Finally, I suggested that Young’s framework of the seriality of gender might serve as a good model for analyzing the structuring of caregiver’s actions and choices.

Constructing a democratic ethic of embodied care will require not just an equalizing of the “burden” of carework, but also critical reflection on the forces and barriers that prevent all citizens from embodying care. Importantly, it also necessitates a resolve to re-habituate ourselves, as democratic citizens, via the work of politics, to caregiving practices. This is a tall order, no doubt, but we might begin with challenging the institutions and policies that codify already marginalized and exploited bodies as “naturally caregiving” and preclude others from experiencing themselves as caregivers and, indeed, from experiencing a sincere desire to practice care in their daily live

CHAPTER FIVE

EMBODIED CARE RECONSIDERED: (RE)CREATING CARING SUBJECTS

Before he acquires excellence, then, a person must in a way already possess a character akin to it, one that is attracted by the fine and repulsed by the shameful. But it is hard for someone to get the correct guidance towards excellence, from childhood on, if he has not been brought up under laws that aim at that effect...So their upbringing and patterns of behavior must be ordered by the laws; for these ways will not be painful to them if they have become used to them.

—Aristotle, *Nicomachean Ethics*, 1179b30

No technique, no professional skill can be acquired without exercise; nor can the art of living, the *tekhne tou biou*, be learned without an *askesis* that should be understood as a training of the self by oneself.

—Foucault, “Self-Writing,” from *Ethics*

Working in philosophy—like work in architecture in many respects—is really more like working on oneself.

—Wittgenstein, *Culture and Value*

This chapter explores how we might take up the political work of cultivating practices of embodied care in a way that is consistent with the view that caregiving is central to human flourishing and an important practice of citizenship. This marks a final shift from a critical perspective on care to a more constructive one. The preceding chapter highlights this project’s concern with critiquing unjust constellations of care and

identifying the mechanisms by which certain types of bodies are more likely to be coded as caring—*naturally* caring—than are others. Although I have been quite critical of failures to adequately explore the relationship between caregiving, corporeality, and inequality, I now want to move beyond these critiques and explore how we might begin to put into practice the embodied ethic of care that I have been developing, which, as should be clear by now, does include a critical component but does not end there. Here I consider some of the political implications of all that I have said thus far and articulate the modes by which better caregiving arrangements and practices might be democratically secured and an ethic of embodied care more widely adopted. I will also discuss in more detail some of the specific policies, structures, and practices that comport with the two main modes of political transformation that I propose.

I begin with a brief discussion of the relationship between care and democratic politics and an overview of some arguments for how we might engender more fulfilling, equitable and just caregiving arrangements, both for caregivers and receivers of care. Following this brief engagement with some of the major contributions in this arena, I shall argue that there are two modes by which an ethic of care that is both critical and fully embodied can be achieved: First, a structural, or “top-down,” approach that is consistent with democratic values and processes is necessary. We must move beyond measures that seek only or primarily to give individuals more choices with respect to caregiving arrangements, as well as arguments that orbit the question of where the citizens’ responsibility to care for dependents ends and the state’s begins. Though expanding the range of choices and support available for individuals and families who receive and give care—that is, all of us—is extremely valuable, it also seems to be the

case that simply giving people more choices is insufficient for achieving the kind of egalitarianism and justice feminist scholars have long argued for in the realm of caregiving.²⁰⁴ If we want the work of care to no longer be primarily the work of those who are exploited and oppressed, we must begin the difficult work of radically reshaping political institutions, laws, and discourse in a way that takes seriously the idea that practicing care is central to human flourishing. This should have the much desired effect of lessening what is certainly, in many ways anyway, a “burden” of care for women and other minorities—for, as I have said, care becomes a burden when it is not widely shared by all members of society—and introducing all citizens, not just those who are associated with corporeality and bodywork, to the possibility of flourishing in and through practices of care. In other words, this restructuring must be undertaken not only for instrumental purposes—to end the exploitation of those who currently do carework—but also out of a deep commitment to the idea that giving care is central to human flourishing and that politics must take as one of its ends the securing of those material and social conditions that make that flourishing possible.

In addition to what I take to be necessary—that is, inevitable and extremely valuable—collective work of “normalizing” bodies in a way that is consistent with our political values, a somaesthetic, or “bottom-up,” approach will also be indispensable to securing better caregiving practices and to cultivating a widespread ethic of care.²⁰⁵ Here

²⁰⁴ For a good critique of the view that women’s freedom is synonymous with mere choice, see Hirschmann, *The Subject of Liberty: Toward a Feminist Theory of Freedom*, 143.

²⁰⁵ I borrow the word “somaesthetic” from philosopher Richard Shusterman, which he coined to describe, among other things, programs of “disciplined, reflective, corporeal practice, aimed at somatic self-improvement.” Richard Shusterman, “Somaesthetics and the Second Sex: A Pragmatist Reading of a Feminist Classic,” *Hypatia* 18, no. 4 (2003). The terms is even more developed here, Richard Shusterman, *Body Consciousness: A Philosophy of Mindfulness and*

I suggest taking up something like what Amy Allen, following Foucault, has called the “politics of ourselves.”²⁰⁶ Such a project entails practices of “self-writing,” to borrow a phrase from Foucault, closely examining how we as subjects become attached in various ways to our subjection and the processes by which we are subjectivated, with much of our will and desire determined by forces beyond our control. Yet, the politics of ourselves as articulated by people like Foucault, Allen, and also Cressida Heyes also charts paths of self-transformation despite obvious constraints on autonomy and the fact that autonomy is always situated within relationships of dependency and care.²⁰⁷ On this view, subjects are able to acknowledge and critique current relations of power that structure embodied habits and subjectivity, yet also find ways to participate in their own self-fashioning. This work of self-transformation, then, requires that we risk interrogating our desires, working to change those that frustrate our ability to act freely in the world and to flourish. In our efforts to secure care for all citizens, I suggest that we simultaneously, though not unproblematically, engage two modes of power first made vivid by Foucault: disciplinary power *and* ethical subjectivation, or care of the self.

In the first section I discuss several different formulations of what public support for an ethic of care requires as a way to introduce the policy recommendations that might

Somaesthetics (Cambridge ; New York: Cambridge University Press, 2008). And it is specifically applied to the work of Foucault here, Richard Shusterman, "Somaesthetics and Care of the Self: The Case of Foucault," *Monist* 83, no. 4 (2000).

²⁰⁶ Amy Allen, *The Politics of Our Selves: Power, Autonomy, and Gender in Contemporary Critical Theory, New Directions in Critical Theory* (New York: Columbia University Press, 2008). Drawing on Foucault, though correcting him along the way, Allen conceives of the politics of our selves as both a critical inquiry and reflection on the forces that place limits on our autonomy and yet also practices and disciplines of self-transformation that we can take up as a way of going beyond these limitations (2).

²⁰⁷ Ibid, Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies*.

be suggested by my own understanding of care's relationship to political life.²⁰⁸ After reviewing what I think are compelling arguments, I argue that they all ultimately fall short on two scores: First, they take caregiving to be a kind of instrumental good rather than an activity that is constitutive of human excellence. As such, these arguments do not reveal the full force of care's potential to enrich our lives. The instrumentalist conception is too thin to gain the theoretical or political traction needed to persuade us that, whenever possible, we should choose to take up the work of care ourselves for reasons that go well beyond the benefits that care brings to the one receiving it. Second, these theories do not shed light on the relationship between care and embodied subjectivity, and they do not offer insight into how the collective choices we make about how to structure our lives and channel desires can produce different and better embodied habits of caregiving.

I propose a two-pronged approach, one that is consistent with the project of rehabilitating ourselves to different modes of inhabiting our bodies. To be clear, then, my main concern here is not how to best arrange our political institutions and structures so that people may simply *choose* to give care, if they so desire, without the risk of being unjustly burdened, financially or otherwise. Nor am I simply considering the question of the limits of the state's duty to provide care for citizens or citizens' moral and legal responsibility to provide care for dependents, though these are not altogether irrelevant questions for what follows. Rather, my primary concern is how we, as democratic citizens who have set for ourselves the task of governing ourselves, might resist the prevailing modes of subjectivation discussed in the previous chapter that keep some of us from adopting caring dispositions and habits, while compelling others of us to do so at

²⁰⁸ I will only consider some of the most central arguments in the literature here.

the expense of our own well being, while also compromising a range of other democratic values that we hold dear. In short, my task is to think through how we might undertake the kind of collective and individualized transformation that encourages and corresponds to the practice of embodied care that I argue is integral to human flourishing. So my focus will remain on the relationship between corporeality, care, and politics; and though I am indebted to many contributions from a range of scholars to our thinking about care and politics, most especially from welfare state scholars, I will not linger too long on analyses that have ignored this critical component of care ethics.

I. PROSPECTS FOR A POLITICS OF CARE, A BRIEF OVERVIEW

Structural support for care can take a range of forms and it can be justified on a number of different grounds. A good place to begin is with some of the earliest calls for the inclusion of care in political discourse and public policy, those made by “maternalist feminists” in the Progressive Era of the United States.²⁰⁹ Stretching as far back to the early 1900’s and the work of Jane Addams at Hull House, some women have historically been very active in attempting to bring the care labor that was traditionally relegated to the home into the public sphere, most notably through efforts to build the social welfare state. Certainly, this early movement has been criticized in retrospect for its racist, ethnocentric, and elitist undercurrents.²¹⁰ Yet these early activists believed deeply in the

²⁰⁹ For more on this work and its relevance to the contemporary welfare state, see Paula Baker, “The Domestication of Politics,” in *Women, the State, and Welfare*, ed. Linda Gordon (Madison: University of Wisconsin Press, 1990). Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge, Mass.: Belknap Press of Harvard University Press, 1992). Gwendolyn Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942* (Ithaca, NY: Cornell University Press, 1995).

²¹⁰ Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942*.

political value of care both in terms of the state's responsibility to care for "dependents," a class of people which included children, the disabled, the indigent, and even unwed, young mothers, and the way that they construed care as an important *civic* practice, a form of valuable work that enriches society.²¹¹

The value of the work of Addams and others who believed that women had a unique contribution to make to society ought not be underestimated. Indeed, much was accomplished by the work at Hull House and women's suffrage depended in large part on making the case that society would great benefit from contributions made by "the woman citizen." Yet as Tronto and others have argued, in order for care to be a widely accepted political value, for it to receive the attention it deserves, and, indeed, for gender equality to be fully realized, care can no longer be considered "women's work." Care is something that all citizens need in order to flourish, and it is an activity that both women and men alike are able to perform; therefore, all should take an interest in seeing that our political institutions and policies take the needs of citizens to both give and receive care seriously.

²¹¹ Jane Addams and Ellen Gates Starr built Hull House in 1856, which was a kind of community center for immigrants, ethnic groups, and young women living in Chicago; it was a school for adults and children alike, committed to facilitating self-development through a range of outlets, and gave many young women opportunities and resources to improve their lives, while also giving them work as caregivers and teachers at Hull House. Later maternalist activists, or "social feminists," helped to establish the Children's Bureau in 1912 under President William Taft, which led to a number of controversial regulations that intervened into the feeding and parenting practices of many new ethnic groups coming to the States. At the heart of these initiatives was the belief that women's values and work must be brought into the public sphere and that society would be greatly improved if the value of care (especially for children) associated with women was a proper subject of political debate and policy. This is the justification for taking care seriously. Although the political relevance of a caring ethic or care labor is difficult to find in the work of people like Gilligan or Noddings, the strong association of care with women's morality that we do find in the early contemporary literature on care certainly echoes these maternalist progressives.

In a sharp and persuasive critique of Rawlsian political liberalism, Eva Kittay argues that any acceptable account of political justice must include the distribution of care.²¹² I would like to focus briefly on the concept and principle of *doulia* that Kittay introduces into these discussions and on which her formulation for a public ethic of care rests. The principle of *doulia* is this: “Just as we have required care to survive and thrive, so we need to provide conditions that allow others—including those who do the work of caring—to receive the care they need to survive and thrive.”²¹³ *Doulia* is an ethic captured by the familiar phrase, “What goes around comes around,” suggesting that just as caregivers have a responsibility to care for dependents, we, as a society, have a responsibility to attend to the well-being of the caregiver.²¹⁴ This is not reciprocity in a strict sense, since care very often entails doing something for someone (whether a dependent or another caregiver) who is unable to give care, now and maybe never. Kittay clarifies how we ought to think about the centrality of reciprocity to care: “Since society is an association that persists through generations, an extended notion of ‘reciprocity (a transitive—if you will—responsiveness to our dependence on others) is needed for justice between generations.’”²¹⁵ The justification for care in this formulation, then, is that we all need care to survive and so care must be considered in the list of primary goods

²¹² Kittay, *Love's Labor: Essays on Women, Equality, and Dependency*. After spending a great deal of time pointing out the injustice of not only Rawls's list of primary goods but much of his methodology as well, Kittay surprisingly suggests that we remedy the situation by simply adding care to our list of primary goods derived in the original position. I'd like to set aside the possibility or impossibility of doing so for now, and simply call the reader's attention to Martha Nussbaum's explanation in *Frontiers of Justice* as to why such a course is actually not workable on Rawlsian grounds.

²¹³ *Ibid.*, 107.

²¹⁴ *Ibid.*

²¹⁵ *Ibid.*

that all citizens need. Society should act as a *doulia* for caregivers, which, for Kittay, means direct payment to “dependency workers,” and this is justified on the grounds that we have been cared for and have a collective obligation to support dependency relations and to ensure that others are cared for as we have been. This is a kind of moral obligation argument.²¹⁶

Legal scholar Martha Fineman largely agrees with Kittay’s analysis of Rawlsian political justice and she, too, concludes that there is a care of crisis. For Fineman, the fact that we are all, sooner and later, dependent on someone else’s care for our well being, places a moral obligation on the state to secure that care and to provide public support for caregivers.²¹⁷ Her analysis of liberalism’s failure to address care goes even further than Kittay and Okin’s respective critiques of Rawls’, however. She argues that the structural position of the family and the attendant appropriation of domestic labor by both the state and the market becomes apparent if the family is a central part of any consideration of justice. It isn’t just that dependency isn’t listed as a primary good, as Kittay argues, nor is it that Rawls fails to consider inequality within the family, as Okin points out.²¹⁸ It’s also the case that a failure to consider the family’s position in the ordering of institutions obscures the fact that the family itself, including the status positions within it, is shaped by political institutions and its structure and functioning affect abilities and capabilities in

²¹⁶ When we begin from the principle of *doulia*, rather than poverty, when trying to determine how to best support the women who do the majority of carework in this country today, Kittay believes we will get very different policies. Specifically, she argues for a socialization and universalization of compensation for “dependency work” that is not means tested since the state would be merely a provider and not the party to whom the dependency worker is ultimately responsible. See *Ibid.*, 144.

²¹⁷ Fineman, *The Autonomy Myth*.

²¹⁸ Susan Moller Okin, *Justice, Gender, and the Family* (New York: Basic Books, 1989), Chapter Five.

those other arenas.²¹⁹ Fineman's analysis of the family as not a "natural" site of dependency work or caregiving, but rather a public institution that has been *assigned* the role of caretaking by society is also consistent with my larger claim that caregiving habits and practices are always already being, to some extent, fashioned by politics generally and by the state specifically. Further, economic, social, and historical events have made it the case that "the contemporary family can no longer be relied upon to fulfill historic expectation in regard to dependency," so some of this responsibility, Fineman argues, must be allocated to the state.²²⁰ Her model includes both direct subsidies to caregivers and what Maxine Eichner refers to as the "public integration" approach.²²¹ This approach includes significant transformations in the workplace; in fact, it focuses primarily on work/family policies that will allow individuals and families to meet their caregiver and worker responsibilities.

Eichner notes the importance of the shift in Fineman from seeing caregivers as "charity cases" to seeing them as persons who are owed a debt by society. I agree that think this formulation is significant, though not without problems. Although she agrees with Fineman's fundamental claim that the state has a responsibility to support caregiving, Eichner takes a more conservative view of just how comprehensive that responsibility actually is. Specifically, Eichner argues that the state's responsibility ought not be grounded in the notion of "inevitable dependency" as Fineman argues, but rather should be based on the "state's responsibility to protect the vulnerable and to ensure

²¹⁹ Fineman, *The Autonomy Myth*, 217.

²²⁰ *Ibid.*, 239.

²²¹ Maxine Eichner, "Dependency and the Liberal Polity: On Martha Fineman's the Autonomy Myth," *California Law Review* 93, no. 1285 (2005): 9.

development of its citizens' capacities."²²² For Eichner, the "naturalness" of dependency in no way implies a normative demand to support the care that dependency requires and "Fineman's assertion of the inevitability of dependency fails to answer the question of why the state rather than, for example, parents or other family members should support dependency."²²³ I have already addressed this question in Chapter Two, but it seems to me that any answer to this question has much more to do with one's view of the ends of politics and what it means for a human being to flourish than it does the naturalness of dependency or whether particular dependents will one day produce societal benefits. If we think that flourishing depends in some way on the extent to which one's "dependency" needs are met and we think the state has some interest in promoting the flourishing of its citizens, then it seems to me that the state must give considerable support to the practice of care. On Eichner's view, the ends of politics seem to be neither excellence nor happiness on this view, but rather the protection of the most vulnerable and the development of citizens' capacities. There are many things that we think pleasant and enriching of our lives but all of those things cannot be supported by the state.²²⁴

Eichner ultimately finds some middle ground between those who argue that the state

²²² Ibid.: 10.

²²³ Ibid.: 10-11.

²²⁴ She notes there are many instances in which we, as citizens, benefit from the private actions of other citizens but we do not think those from whose actions we benefit are entitled to compensation, at least not in every case. She gives the example of someone who, of her own volition, plays a beautiful violin solo in the town square, an activity that happens to bring much pleasure to many others nearby. Such a person may be enriching our lives in very important ways, says Eichner, but they are not worthy of compensation by the state. But of course, we *do* think that (some) musicians who bring much pleasure to citizens through their music are entitled to some compensation for that labor; this is why we have the National Endowment for the Arts, for example. We do believe, quite uncontroversially, that some actions, ranging from military service to musical performance, contribute immensely to civic life and are thus deserving of federal and state support.

should only step in when the family has failed in its duty to care for dependents and those, like Fineman, who argue that the state has a considerable degree of responsibility to provide care regardless of how well or poorly the family is doing this work. Eichner seeks to keep the boundaries between the state and the family fluid and sees both as simultaneously responsible for the well-being of the vulnerable. She explains:

The division of responsibility that I propose posits what might be called both “strong families” and a “strong state.” This division expects that people should seek to meet dependency needs of the family members, and therefore requires families to take on the difficult task of caring for dependents. Yet it also maintains that such caretaking requires supportive institutional structures, and that it is the state’s responsibility to secure such structures. In contrast to the reigning autonomy myth, this approach recognizes that the ability of families to nurture their members does not simply exist as a matter of fact, or spring up as a matter of spontaneous generation; instead, it is an achievement to be pursued jointly by both citizens and the state.”²²⁵

I certainly agree that individuals, families, and the state are all responsible for the care of citizens and that this is an activity to be widely taken up by the public. Eichner concludes with an argument that the state should arrange institutions in a way that facilitates citizens’ meeting their caregiving needs while not being impoverished and maintaining their worker identities.²²⁶ The poorest in society should receive the most financial help, and there should be adequate parental and family leave policies in place to ensure that

²²⁵ Eichner, “Dependency and the Liberal Polity: On Martha Fineman’s the Autonomy Myth,” 13.

²²⁶ In this way, she quite sympathetic to the views of scholars like Mary Anne Case and Katherine Franke, who argue that rather than seeking ways to compensate women for carework or find other ways to support care publicly, feminists should instead encourage women to question the naturalness of this role and to challenge “repronormativity” by rejecting their roles as caregivers. See Mary Ann Case, “How High the Apple Pie? A Few Troubling Questions About Where, Why, and How the Burden of Care for Children Should Be Shifted.,” *Chicago-Kent Law Review* 1753 (2001), Katherine M. Franke, “Theorizing Yes: An Essay on Feminism, Law, and Desire,” *Columbia Law Review* 181 (2001). Specifically, and echoing earlier calls made by radical feminists Shulamith Firestone and Jeffner Allen, they suggest women find other things to do besides have and raise children. See Jeffner Allen, “Motherhood: The Annihilation of Women,” in *Mothering: Essays in Feminist Theory*, ed. Joyce Trebilcock (Totowa: Rowman and Allanheld, 1984), Firestone, *The Dialectic of Sex: The Case for Feminist Revolution*.

workers are not made more vulnerable through job or wage replacement policies that disadvantage those with caregiving responsibilities.

Comparative welfare state scholars Janet Gornick and Marcia Meyers, as well as critical social theorist Nancy Fraser, have put forth public policy recommendations that are compatible with the views of both Fineman and Eichner.²²⁷ These theorists are concerned with individuals who both work and have dependents in their care, rather than focusing primarily on how the state can repay full-time carework performed by stay-at-home moms (or dads). What they seek is a balance between “caregiver” and “earner” roles, where both are conceived primarily as responsibilities and obligations, in a radically transformed labor market that now consists primarily of dual-earner households.

Fraser constructs a “Caregiver-Parity” model that accepts Okin’s earlier suggestions regarding comparable pay for domestic labor in the household and also aims to restructure institutions in the labor market “so as to welcome human beings who can give birth and who often care for relatives and friends, treating them not as exceptions but as ideal-typical participants.”²²⁸ Drawing a good bit of cross-cultural data, Gornick and Meyers offer more concrete suggestions, which include: 1) a comprehensive paid family leave program, in which all employed parents and other primary caregivers of children, would be granted six months of paid nontransferable leave entitlement following childbirth or adoption; 2) a 100 percent wage replacement during leave periods; 3) flexibility in paid leave entitlements to take benefits either full-time or in combination with part-time employment; 4) the right to take paid time off occasionally to attend to

²²⁷ Fraser, *Justice Interruptus: Critical Reflections on The "Postsocialist" Condition*, Gornick and Meyers, *Families That Work: Policies for Reconciling Parenthood and Employment*.

²²⁸ Fraser, *Justice Interruptus: Critical Reflections on The "Postsocialist" Condition*, 49.

family-related obligations. The focus is on working parents and families here, with the primary goal being that of enabling these particular caregivers to adequately divide their time between caring and earning responsibilities. Gornick and Meyers are primarily concerned with how to widen the range of choices for nuclear families with two working parents and children in the household. What they fail to address, however, are the numerous other caregiving relationships modern families face today. Further, by structuring their discussion around the triad of “father,” “mother,” and “children,” they reinscribe a notion of the family that, although perhaps common, excludes a wide range of non-traditional families that may have similar but also perhaps quite different caregiving needs.²²⁹

Finally, Martha Nussbaum has also contributed to the conversation around engendering a public ethic of care, focusing primarily on people with disabilities, in *Frontiers of Justice: Disability, Nationality, Species Membership*.²³⁰ This is her most comprehensive attempt to extend Rawlsian principles of justice to those who were previously thought to be more like charity cases than entities (humans and some non-humans too!) with some claim on justice.²³¹ She argues that her capabilities approach

²²⁹ Indeed, as women are waiting to have children well into their 30's and people are living longer and longer, it is now not at all uncommon for families to have childcare and eldercare needs to manage.

²³⁰ Nussbaum, *Frontiers of Justice: Disability, Nationality, Species Membership*.

²³¹ Though some interpret Nussbaum's capabilities model as a direct challenge to Rawlsian liberalism, and indeed it does challenge some of the methodology and basic assumptions of his political liberalism, she is careful to note that because, “this alternative approach shares some intuitive ideas with the Rawlsian version of contractarianism, and because the principles it generates have a close family resemblance to the principles of justice, we may view it as an extension of or complement to Rawls's theory...,”(69).

suggests three areas where policy should be improved.²³² First, she argues that full-time at-home caregivers should be paid by the state and that society should no longer benefit from the labor without giving some sort of compensation.²³³ In these countries, the state conceives of care as a kind of national service, one among a few options, including military service, which individuals can choose. Second, acknowledging the limitations of this approach for significantly altering the gendered dynamics of carework, Nussbaum argues that education, the second arena in which transformation is needed, must emphasize the importance of carework, though she does not specify how, and should help to shift the conceptions of manliness that contribute to men's reluctance to do this "work." The workplace must also be altered to reflect the fact of care and to engender more concern for caregiving needs. New, more flexible arrangements must be introduced into the modern workplace, which are easily brought about by new technologies that make it possible for workers to do their tasks at satellite locations and to communicate via the internet with fellow workers and employers. There is also potential for the workplace to take on the responsibility of changing ethical norms, helping workers to see care as an integral part of their lives.²³⁴ Nussbaum doesn't say a lot about how corporations and employers might go about doing this or why we should believe that they would willingly do so given that it is not in their economic interest to do so. Although she

²³² The capabilities approach gives an account of core human entitlements to be honored and implemented by all governments as a bare minimum of what respect for human dignity requires. See Martha Craven Nussbaum, *Women and Human Development: The Capabilities Approach* (Cambridge ; New York: Cambridge University Press, 2000).

²³³ This is the arrangement in Denmark and Finland, where the contract is most beneficial to caregivers, or in France, Austria, Germany, and the Netherlands, where it is more limited but there is still some compensation for care labor.

²³⁴ Nussbaum, *Frontiers of Justice: Disability, Nationality, Species Membership*, 211-16.

notes that many corporations are “already doing this,” that is already offering things like flex-time and the option to set up a home office, she fails to note that often times these arrangements do not result in less work and more care, but rather set up situations wherein employees are made to feel like they can (and should!) work any time, anywhere. Young workers need to begin to think of care as part of their lives, but what will spark this transformation?

Each of these views sheds light on the need to more evenly distribute carework in society, as well as ensure that individuals are given opportunities to care without being unduly burdened. However, I have two criticisms of these formulations. First, these are all instrumentalist arguments for why the state and its citizens should care about care. In other words, because they all advance arguments in favor of care within a justice framework they cannot move beyond conceptions of care as duty, right, or valuable because of the good it bring to those receiving care. These arguments do not shed light on the possibility that practicing care is a key component of a fully actualized human life.²³⁵ Nussbaum does believe that the capability to give care is integral to a fully flourishing life, one that we could say is lived with dignity, but she insists that what politics should be concerned to secure and preserve is not the functioning of caregiving, for that would press too hard against the rights of citizens to choose their own life plans, but rather the capability to care without becoming more economically vulnerably as a result of this *choice*. This, of course, leaves open the possibility that many will continue to not choose care, unevenly distributing the work of this particular virtue and thus contributing to the

²³⁵ It should be clear by now that I value justice as a critical norm for an ethic of care. My claim here is simply that justice-based arguments for privileging care in the public realm are neither theoretically rich enough, nor likely to spark the sort of transformation in people’s attitudes toward care that most care theorists advocate.

malformed nature of much care as it exists in private, privatized, and public settings. In any case, to the theorists we've considered here, care is an activity that, although pleasurable at times, as Kittay nicely illustrates, must be worked out in a just manner suitable to all parties because it is a form of labor from which all of society benefits. This is, at root, a collective action problem; all of society benefits from care labor, but now everyone wants to do the work of care, and those that do are often economically exploited and socially marginalized. The weakness in reciprocity arguments, like that of Kittay's and even Fineman's to some extent, is easy enough to see. Much of the work of care does not, in fact, result in a direct benefit to society, as Eichner reminds us. And how do we measure such benefits? Economically? Socially? Morally? We *may* benefit in all of these ways from the care that healthy children receive, but this depends a great deal on the quality of care and a great many other factors. But what about care for those who lack the capacities to make even the slightest contribution to society and may, in fact, pose a threat to or constitute a drain on shared resources?

In Chapter Two, I made a case for conceptualizing caregiving as central to human flourishing. I share the concern most theorists of care that women, people of color, and, increasingly, immigrant workers, will continue to be associated with caregiving, and made vulnerable by that association, if a range of alternative life plans are not made available to them.²³⁶ I, too, believe strongly that one central component of developing structural support for caregiving must be a commitment to gender egalitarianism, at home and in the workforce, and men must have their own caregiving capacities nurtured and

²³⁶ See, Case, "How High the Apple Pie? A Few Troubling Questions About Where, Why, and How the Burden of Care for Children Should Be Shifted..", Eichner, "Dependency and the Liberal Polity: On Martha Fineman's the Autonomy Myth.", Franke, "Theorizing Yes: An Essay on Feminism, Law, and Desire.", Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*.

promoted. Indeed, for care to be a virtue in an Aristotelian framework it must be a choice, something one achieves, not something that is thrust on a particular individual or group with shared characteristics. So to say that women need not be mothers or professional caregivers if they are to either count as “women” or simply be valued as human beings is not to commit oneself to the view that they should not care at all. To put the point a bit differently: The potential of care to enrich a life, depends in large part on the structural and political conditions that support (or fail to support) practices and relationships of care across the whole of society. We want to avoid structures and norms that make the practice of care a burden for some and the non-practice of it a privilege for others.

II. ENGENDERING CRITICAL PRACTICES OF EMBODIED CARE

Although each of these theorists sees care as something we should take seriously in the political arena, this is largely justified on the grounds of care’s relevance to the achievement of other ends or because care for others is a kind of debt we owe to particular individuals and the larger political community in return for our own past and future care. These formulations tend to construct care as a problem in need of solving or, at best, a social good in need of better distribution. Care is sometimes performed for the purposes of achieving other ends and it is not entirely wrong to say that we should care for others because we have been cared for ourselves or because doing so constitutes the meeting of some sort of obligation. But these arguments fail to give us a rich enough conception of caregiving, one that makes vivid its potential to enrich the life of the one caring and to make what would count as a moral life possible. Further, these justice-oriented formulations are not likely to motivate the deep transformations in the

caregiving capacities of individuals and societies that these scholars and I have argued are both politically necessary and morally desirable.

My second criticism, and the one I shall further develop in the rest of this chapter, is that these arguments do not adequately address the relationship between corporeality, politics, and caregiving. More specifically, they take the government's responsibility to facilitate care seriously yet ignore the implications of the deeply embodied character of caregiving habits and dispositions. They do not go much further than the notion that political institutions, structures, and discourse should ensure that all citizens and families can provide care without being unjustly burdened, thus ignoring the potential of our politics to help shape citizens' desire *for* giving care in the first place and fashioning the embodied habits and dispositions that correspond to a range of caregiving relationships. In short, then, these approaches do not think the embodied nature of caregiving and how challenging it will be to shift those deeply entrenched embodied habits to give care unthinkingly and uncritically or to simply avert it. Engendering an ethic of care will require refashioning citizens—refashioning *ourselves*—such that they begin to inhabit their very bodies differently, and with the intention of practicing care. The question now becomes: How might politics better habituate us to caregiving? Further, how might we restructure caregiving arrangements so that we can practice care in a way that is consistent with the democratic values of justice and freedom?

In what follows, I will address these questions and in so doing make two distinct contributions to conversations around how we might support care as a democratic political community. This particular community is one in which we are constantly engaged in the process of shaping and reshaping our political institutions to facilitate our

becoming who and what we wish to be. I first explore what it would mean for democratic citizens to structure some aspects of their shared life, such as education, work/family policy, political discourse, and caregiving communities, based on the view that a life well lived is one that entails a variety of caregiving practices. This requires an acceptance of the fact that part of what we do in a democratic polity—in any polity, for that matter—is govern embodied subjects, disciplining ourselves in the ways that we think best reflect and engender our shared values. Conceding that politics will always involve, to some extent, the management and normalization of bodies, I consider how we might fashion caregiving subjects in more effective, enriching, and democratic ways.

Although care always plays out in the context of relationships and community shifting the focus back to subjectivity and more individualized experiences of learning how to care within relationships and communities can have important consequences for our relationship to embodied care. To this end, my second contribution is a consideration of how we can engage in what Richard Shusterman has termed *somaesthetics*. Very reminiscent of Foucauldian techniques of the self, Shusterman describes this as “a discipline dedicated to improving the understanding, use, and experience of the body as a locus of sensory-aesthetic appreciation (*aesthesis*) and creative self-fashioning.”²³⁷ In her book, *Self-Transformations: Foucault, Ethics, and Normalized Bodies*, Cressida Heyes has further developed this concept and has responded to feminist worries that Foucauldian ethics, or “care of the self,” which emphasizes self-fashioning and work on the self oneself in order to cultivate what Foucault called “freedom,” might “encourage a privileged, inward-looking attitude that merely taps into existing social trends toward

²³⁷ Richard Shusterman, “Wittgenstein on Bodily Feelings: Explanation and Melioration in Philosophy, Mind, Art, and Politics,” in *The Grammar of Politics*, ed. Cressida Heyes (Ithica: Cornell University Press, 2003).

fragmentation and lack of political responsibility or solidarity.”²³⁸ Yet as Heyes conceptualizes it, somaesthetics has the potential to be taken up as part of a feminist project on the condition that such practices are pursued in concert with a coherent critique of problematic systemic modes of normalization.²³⁹ Let us now turn to the question of how we might engage these two different modes of power—disciplinary and self-care—in the service of creating more and better caregiving practices.

Part One: Constituting Caring Citizens

With the majority of women in the United States now in the paid labor force and given our societal failure to adequately restructure work/family norms and policies, we have seen a major increase in the use of privatized care to meet individuals’ and families’ caregiving needs over the past four decades. Indeed, women from all class and racial backgrounds are working outside of the home, people are increasingly living far away from their aging parents, and care for children, the elderly, and other dependents must now be purchased if people are to meet both financial and caregiving needs. Despite the very high cost of quality child or elder care today, a single-earner household is simply not as economical as it once was.²⁴⁰ In the United States, care has mostly been a social good that families and individuals must secure on their own, without the help of the state, but only in the relatively recent past has care become such a large (and profitable) industry. It

²³⁸ Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies*.

²³⁹ For Heyes, the most problematic are those that instill in us an authentic “inside” self in the service of which our “outer” self must be radically transformed. She gives the examples of transgender identity, weight loss, and cosmetic surgery.

²⁴⁰ In other words, although it is financially preferable for some families to opt for one potential earner to stay at home and perform necessary carework rather than outsource that care, this does not seem to be feasible for most working class dual-earner and single-parent families.

has always been the responsibility of citizens to sort out for themselves caregiving arrangements; economic and political transformations have created a situation wherein a viable alternative for most is now to hire out this work to “professional careworkers” and corporations.²⁴¹

Tronto has discussed this issue in the context of the legacy of the feminist movement in her essay, “The ‘Nanny’ Question in Feminism,” in which she asks: Do women who now have the freedom to work outside of the home have a responsibility to counteract the ways in which their own professional success has shifted the “burden” of care to others who remain marginalized minorities in society?²⁴² She concludes that, yes, we must be attentive to the shift that has taken place and must not participate in the further oppression of women of color and immigrant women who now perform a great deal of carework for middle and upper class white families, very often for low wages. These consequences of (some) women’s advancements are unintentional, but the responsibility of feminists nonetheless. The new landscape of care is as unjust and problematic as the old arrangement and a feminist commitment to justice and egalitarianism dictates that we take up this issue. I agree. Specifically, Tronto suggests that one of the ways in which the hiring and exploiting of domestic childcare workers gets justified is by anxieties produced by “intensive and competitive mothering.”²⁴³ Mothers have bought into the idea that their own self worth depends on their children’s ability to excel in all things—academically, athletically, socially—and they see the

²⁴¹ It is “viable,” of course, only to the extent that it is affordable, and too often it is not.

²⁴² Tronto, “The ‘Nanny’ Question in Feminism.”

²⁴³ *Ibid.*: 41.

placement of nannies with a certain set of skills in their homes as integral to giving their child the most enriching childhood possible.²⁴⁴ Tronto suggests that rather than bring domestic childcare workers into their home where their labor and the actions of the “employer” are totally unregulated and the nanny is subject to the worst forms of domination and exploitation, parents find alternative child care arrangements, such as day care or taking their children to a childcare worker who works from her or his home. Of course, this is undesirable from the perspective of the employer-parent, who wishes to have the most control possible over the care of her child in her absence. Public supported day care must be a political priority for feminists, concludes Tronto, and we must work to secure better wages and better working conditions for caregivers. Further, the value of the carework that many immigrant women perform be taken into serious consideration in decisions regarding whether or not to grant citizenship.²⁴⁵ Doing this would mean viewing care as a form of civic participation and would signal that it is of great political value.

Of course, we would be hard pressed to come up with a persuasive argument against the need for more autonomy and respect, as well as better pay and working conditions, for careworkers. These folks are at the very bottom of the labor market yet are performing a service that is of a great national value. And though privatized care introduces new opportunities for exploitation and abuses of careworkers, the commoditization of care itself does not necessarily compromise the quality care in the

²⁴⁴ For an interesting look at this trend, and the complications that ensue for both nannies and parents, see the following article by Hilary Stout, which is wholly uncritical of precisely the sort of dynamic with which Tronto take issue in “The “Nanny” Question”: Hilary Stout, “How to Speak Nanny,” *New York Times* 2010.

²⁴⁵ Tronto, “The “Nanny” Question in Feminism,” 43.

long run.²⁴⁶ Yet focusing solely on the injustices of poor treatment and inadequate compensation of professional (and non-professional) caregivers risks bypassing the question of what we lose when we outsource care as a rule to begin with and it will not bring about the sort of structural transformations required if a widespread ethic of care is to be finally realized. I have articulated a conception of caregiving that urges the reconsideration of the harm we do to ourselves when we choose life plans that involve little caregiving and when we as citizens create or accept the political, social, and even economic conditions that greatly hinder the practice of care in our daily lives. Further, if we want to adequately respond to the care crisis in this country, much more will be required than better wages for caregivers and more flex time for parents. What is needed is a deep commitment both to putting in place structural support for care but, even more importantly, to transforming ourselves into caregiving subjects. Finally, if care's intrinsic value can be widely understood and accepted, then it seems much more likely to motivate *men* to care, which is a widely shared goal of care theorists and feminists.

One central piece of a structural approach to creating a political culture that values care, then, is the institution of policies that not only allow but actually *encourage* citizens to take up caregiving in their daily lives, rather than those that merely making care more affordable and expanding options for meeting caregiving obligations, though these, too, are extremely important. Part of what I am objecting to, then, is the rhetoric and language used by theorists and policy-makers to talk about care, which constructs care as work, responsibility, and, often, burdensome. Incentive structures like those suggested by Gornick and Meyers seek to address the problem of gender inequality with respect to carework by piecing together actual policies that have been demonstrated to

²⁴⁶ Folbre, *The Invisible Heart: Economics and Family Values*, Stone, "Commodifying Care."

help families better balance work and care. Though they certainly advocate state-supported childcare options, many of their suggestions are directed at freeing citizens up from work responsibilities so that they can also assume the role of caregiver to dependents. Yet these incentive structures fall short because they do not correspond to ethical norms that reflect the centrality of care to human flourishing and happiness.²⁴⁷ An approach that sees caregiving as an ethical practice that is necessary for the flourishing of individuals and societies will entail political measures that habituate citizens to care and that channel their desire to care for others.

We might begin thinking about what these measures would look like by returning to Nussbaum's recommendations. Although her policy suggestions are rather brief and a bit vague, she helpfully identifies three primary sites for transforming individuals into subjects capable of giving care. I'd like to expand upon the suggestions she makes for each site—the public sector, education, and the workplace.

What most policy recommendations concerning care lack is an appreciation for the role of political institutions and policies in cultivating new forms of awareness and bodily habits such that caregiving becomes not only a viable but also a desirable choice for citizens. In other words, structural support for care must entail programs and policies that seek to give citizens an education in caregiving, specifically, in the cognitive, affective, and embodied habits that constitute a caring subjectivity. Care must be seen by policy-makers and citizens alike as requiring a certain degree of embodied knowledge, which will mean doing more than expanding the range of work/family options available

²⁴⁷ They are also primarily concerned with addressing the care of young children and, in this way, they authors end up privileging the needs of young families, while doing little to respond to the range of caregiving needs that exist throughout the whole of society, including care for aging parents or the terminally ill, and long-term care for the severely physically and mentally disabled.

to citizens. It requires a moral and even physical education in caregiving. Let us consider some ways that democratic citizens can work to achieve this goal in the public sector.²⁴⁸ First, if we want caregiving to be recognized as a virtue in a similar way that, say, courage is commonly viewed, then I think Nussbaum's suggestion that we institute caregiving as an option for national service, perhaps one among several options that citizens can elect to perform.²⁴⁹ This is practically useful too, given the fact that caregiving needs will only multiply as the Baby Boomer generation begins to age. Of course, this would only be effective if carried out in tandem with other measures that work to eradicate the gendered nature of caregiving. Nevertheless, this would begin to signal that care is not only something that needs to be done for the greater good but is something that is also *honorable*. One possible objection is that young people simply won't choose to take up caregiving unless they have to. I don't have a very good response to this, mostly because I don't think we can know for certain what anyone would or wouldn't do if the norms, discourse, and expectations around care were very different than they are now.

The question of whether or not individuals will actually take up the activities most characteristic of human excellence is precisely the point at which Aristotelians backs seem to be against the wall. What will guarantee that people will actually *choose* to do the things we have argued make a life worth living? One thing to say here is that what

²⁴⁸ I will follow Nussbaum's understanding of the public sector, which is the conventional view that this is the part of the state concerned with the production, distribution, and consumption of social goods.

²⁴⁹ Tronto has similarly argued that we take the care labor performed by immigrant workers into consideration when determining whether or not to grant citizenship. She argues that those who perform such a vital civic service ought to be counted as full members of society and are owed the same rights and protects granted to citizens. See Tronto, "Care as the Work of Citizens: A Modest Proposal."

sets my own argument apart from other, specifically liberal, arguments in favor of care is that I am not interested in simply giving people more choices that would allow people to do the work of care in the hopes that they will make the “right” choice without being shown the virtues of giving care, without being fashioned, in some sense, into a subject capable and desiring of this activity. Though, as argued in Chapter Three, I absolutely think that the capacity for critical thought and decision regarding whether and how one will participate in a caring relationship is an important component of an ethical and excellent practice of care. This is very difficult terrain to navigate, to be sure. How can one say that we need to be habituated toward certain actions and desires and yet at the same time hold that we must choose those actions for ourselves? Part of what we as democratic citizens must do is set out for ourselves the horizons we wish to exceed and the limitations we must place on ourselves if we are to live the kind of life we think best. In other words, choice is always something we exercise within a set of constraints; and this is both necessary and desirable on Aristotelian picture of how one learns to appreciate and participate in the virtues, as we saw in Chapter Three. There are entire literatures on the importance of cultivating civic virtue and “enlightened preferences,” for the success of a political community and, most recently, the value of “choice architecture,” where political knowledge and action are concerned.²⁵⁰ The point I wish to make here is that I am not claiming that we can expect to see young people or anyone else freely choosing to practice care out of a sense of civic duty as things stand now, though it should also be said that many people do the work of care right now without coercion or monetary reward. But if we were to radically alter how we as a society teach

²⁵⁰ Richard H. Thaler, Sunstein, Cass R., Pratt, Sean, *Nudge: Improving Decisions About Health, Wealth, and Happiness* ([United States]: 2009).

young people about the value and honor in choosing to care for others and if we could somehow better communicate care's capacity to help us lead more excellent, flourishing lives, then we might reasonably expect to see more people choosing to integrate practices of care into their daily lives, at least more than they do now. Further, citizens would be more likely to do the necessary political work of transforming institutions, policies, and systems such that they provide more opportunities and resources for caregiving.

If caregiving were to become an option for national service, there would likely be a considerable amount of training involved, wherein citizens learned both the technical skills necessary for caring for elderly folk, children, sick people, and those with severe disabilities (bathing, feeding, dressing wounds, etc.). Beyond technical skills, caregivers would also receive an education in how to be active listeners, become more attuned to the caring needs of others, and critical thinkers who are capable of discerning the relevant features of a particular caregiving dilemma and sorting out which are the best possible responses and which are likely to bring us up short. This suggestion may seem far-fetched, given that obligatory national service is not part of our political discourse anymore. The Obama administration has emphasized civil service more than previous administrations in recent decades, though, and they are exploring ways to subsidize careers in civil service. The current care crisis we face in this country suggests that caregiving ought to be considered as a possibility for civil service, since there is such an overwhelming need for care at this moment in history when elderly people are living longer and longer and yet younger people are working more and more.

In Chapter Two I discussed the emergence of caregiving communities, such as L'Arche. These are places where able-bodied and disabled people come together to live

and work, to experience personal growth, fellowship, and community. At present, most of these and similar care communities are funded by church organizations or are community co-operatives set up by concerned citizens; much more rarely, they are privately funded. These care communities emphasize the learning, growth, and self-actualization that takes place within the context of caring relationships and reject the idea that care is charity or healthy people merely providing a “service” for those who cannot do for themselves. I see no reason why such programs ought not be supported at the state and federal levels of government. If these communities were to be developed and set up across the nation, they could certainly be incorporated into a national service program and, if they were located at the heart of urban areas and townships, they would likely go a long way towards integrating not just the fact of dependency but also, and just as importantly, caregiving into our public life.

Caregiving has always been practiced in and by groups of people and communities. Individuals and families most often rely on wider networks of people who either step into perform care when they are unable to do it themselves or provide support to caregivers in a variety of other ways, such as cooking, cleaning, or running errands for caregivers. This is a very common practice in developing and developed countries, especially for those who have caregiving responsibilities but lack the material resources to outsource care for wages.²⁵¹ We frequently rely on support and assistance from others as we tend to those in our care. These support networks, or care cooperatives, can take a number of different forms. Patricia Hill Collins has written extensively on the virtues of the practice of othermothering in Black communities in the United States, wherein

²⁵¹ Folbre, *The Invisible Heart: Economics and Family Values*, Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Gwendolyn Mink, *Whose Welfare?* (Ithaca, N.Y.: Cornell University Press, 1999), Stone, "Commodifying Care."

working and non-working women rely on a network of other women in the community to assist in the rearing of their children. When women need to leave behind their children to go to work, tend to other family members in their care, or meet some other responsibility, it is very common to leave their child under the care of another woman, or group of women, in the neighborhood, people who very often share their values and worldview. This has been a very effective and affordable method of meeting caregiving needs, despite its informal nature. Similarly, cooperative daycares have become increasingly popular with undergraduate and graduate students with children, as well as in art communities. These are typically non-profit, small, community/parent run organizations wherein parents or primary caregivers are responsible for running the day care. Usually parents work a few hours a week at the center in exchange for very low costs, a sense of strong community (most often, everyone in the group lives nearby and knows one another), and the comfort of knowing that they have a strong investment in and some control over their child's care. Such cooperatives, which give individuals opportunities to practice care on a regular basis but also affords them the opportunity to pursue other projects and to work, could serve as a model for elder care and for the severely disabled. These cooperatives should be eligible for public funding and support.

Another possibility for cultivating more knowledge around caregiving is to implement state subsidized classes for individuals and families who are already caregivers, will be in the near future, or simply wish to develop their embodied caregiving skills. In the UK, for example, new mothers are encouraged take state-sponsored antenatal and breastfeeding classes, which give them knowledge and encouragement helpful for them as they give care to their newborn. Breastfeeding is an

especially challenging and even painful practice and, contrary to misperceptions about women's "natural" ability and instinctual knowledge of breastfeeding, it actually requires quite a bit of knowledge, practice, skill, and effort if it is to be done well. Women who would like to breastfeed would greatly benefit from instruction and assistance, beyond simply having nursing rooms in public spaces.

We might also take the political steps necessary to institute preparatory classes for expecting and new parents. If these were rigorous, open to parents of all class backgrounds, and did more than simply give people information but also gave expecting and new parents a more physical, "hands on," experience—for example, practice holding a baby, soothing, changing diapers, rocking to sleep, and feeding—parents might have a sense of where to begin when they bring their new baby home and where to go with questions about how to provide care. As children change, their caregiving needs also change; parents could benefit from educational programs and support networks that facilitate learning about how to respond to their child's caring needs. A good example of how this might work is the Saint Paul Early Childhood Family Education Program in Saint Paul, Minnesota. This program, which receives funding from the state, operates on a suggested fee basis and no family is turned away because of an inability to pay; one's child need only be enrolled in the Saint Paul school system. The organization offers classes, events, information-sharing sessions, and parent-child time together, all intended to "strengthen families and enhance the ability of all parents to provide the best possible environment for the healthy growth and development of their children."²⁵² Of course, parents are busy and it's hard to imagine that the average working parent could find the

²⁵² This is taken from the Saint Paul Early Childhood Family Education Program website, <http://ecfe.spps.org/>.

time to attend childcare courses. Yet, at ECFE childcare is provided (there is usually time spent with one's child, and then time spent with other parent, caregivers, and "parent educators"), which takes away at least one barrier to participation. And if it was possible to make participation in these programs a norm and something that parents actually enjoy doing, both from a social and educational standpoint, as they seem to at ECFE, then we might probably have reason to be a little less skeptical about their success and efficacy.

An education for adults in caregiving practices, though, should not be limited to young parents. This is true for several reasons. First, as Peta Bowden's nicely demonstrates, caregiving practices will differ and correspond to the particular needs of those receiving care.²⁵³ Bowden gives a very nuanced account of the different techniques and practices entailed in mothering, nursing, friendship, and citizenship, all of which vary as a result of needs and the nature of the caring relationship, and all of which produce different care perspectives. I accept this suggestion that we need to move away from static and universal conceptions of what it means to "care," even as I acknowledge that certain techniques and disposition are common to most caregiving relationships. In any case, to say that care is integral to human flourishing does not mean that we will all care in the same way, or that such an arrangement is even desirable. Indeed, a large and diverse nation like the one in which we live has a multitude of caregiving needs that must be met; some will care for the elder, some for small children, some for the severely disabled, some for the infirm and terminally ill, and even some for their fellow citizens who have lost their homes or jobs as a result of natural disaster or the recent economic downturn. There should be a range of options available so that citizens can get the necessary education and practice for how to best care for those who are relying on them,

²⁵³ Bowden, *Caring: Gender-Sensitive Ethics*.

especially those with family members who have pressing care needs, and these options should be free and available to everyone. Adult children with elderly parents often find themselves in situations where they lack the skills, patience, and support to properly care for their parents; there should be classes available for these caregivers with information and practice relevant to the sort of specialized care that elderly folks often need.

Of course, we live in a world in which families have more responsibilities than ever before and people have increasingly less time to spend on anything besides work and typical family responsibilities. Such state-sponsored educational classes and care programs will not do much if there are not clear incentives or even obligations to participate in them. And although I wish to steer clear of debates about the economic value of care and whether or not care is properly considered a commodity, there should be laws and policies in place—such as direct wage replacement for family leave, mandatory leave for new mothers and fathers, direct payment to longer-term stay-at-home-caregivers, and so forth—to ensure that those who are practicing care are not only not made financially vulnerable by doing so but do not have the additional burden of choosing a life activity that is not highly regarded by society or valued within the context of political institutions or the labor market.²⁵⁴

I absolutely agree that women should no longer be perceived automatically as primary caregivers and it is not my intention here to romanticize care or to fault women who either have to work or who want to work for not also practicing care (obviously, most women do both anyway). Indeed, if women are to achieve true freedom and

²⁵⁴ I am much more skeptical than Nussbaum about the extent to which such policies will be voluntarily undertaken by private employers and corporations; it seems to me that, as is the case with many Western European countries, such policies will have to be mandated and enforced by the state.

equality, they must have life plans other than “full time caregiver” available to them and those plans must actually be viable. Yet I’ve also said that embodied care is constitutive of a life well lived and a critical part of our process of becoming—our becoming fully human. So to be clear: I *do not* believe that anyone, including women, can entirely abandon care and still lead a flourishing life. The choice should never be between working full-time or caring full-time, but should rather be a question of how we will craft life plans and institute certain policies and institutions that facilitate the pursuit of caregiving alongside other activities and projects. However, much more needs to be done in the realm of early education to make care an activity that is honorable for both women *and* men to pursue; in other words, young people must come to see quite early on that care is neither “feminine” nor “masculine” work, but is an activity that all of those who seek a flourishing and happy life should pursue. How might this be achieved?

Much like computer science and physical education courses, which are commonly taught in secondary public schools today, and which are intended to give students practical knowledge, care requires a kind of practical knowledge and is a set of cognitive and physical skills that young people should learn as part a wider educational program; just as with health and technology courses, caregiving courses will help them to better navigate the world in which they live and give them the requisite disposition and skills they will need to meet the some of the challenges they will most certainly face as they come into adulthood. It is quite myopic to see the world primarily through the lenses of increased technology and virtual systems; for we also live in a country with a large rapidly aging population and entire segments of the population with caregiving needs and responsibilities that will have to be met one way or another (and, as it stands now, with

tighter and tighter budgets and very little state assistance). It may seem a bit retrograde to offer courses on caregiving in public schools, given the associations many women who are old enough to remember may have with “home economics” courses. Yet the changing landscape of care in this country should be accompanied by a shift in the value we attach to it from an early age on. An updated, modern version of classrooms in which young people learn about the virtues of care—not unlike learning about the virtues of civic engagement—ought to include young men and work to break down the reluctance that many boys and men feel about doing the work of care.²⁵⁵

Beginning with an education in caregiving on the grounds that it serves an important practical purpose need not entirely conflict with the corresponding view that care is something we value as a society because it is constitutive of our excellence, as human beings and as a society. We can undertake the project of habituating young people to caregiving for more than one reason and we very often begin teaching children to like a particular activity because it is useful. Yet, over time, we come to understand more deeply what makes a particular activity truly pleasurable. Much like reading Flaubert’s *Madame Bovary* in the original French or proving Euler’s theorem, caregiving has *intrinsic* value beyond whatever practical usefulness it might also possess, but this isn’t always easy to see in the beginning. Our exploration of Aristotle’s understanding of how we learn excellence and how we come to love excellent pursuits tells us that we must first be told that a particular activity, like the poets, says Aristotle, simply *is* good and, therefore, necessary. Then, once we are open to doing what is good and necessary, we can learn to *experience* that activity in a particular way, and then, once we have

²⁵⁵ Nussbaum reminds us that this reluctance is socially learned and not innate. An education in care that is not defined by gender roles would do much to break down earlier barriers to men taking up caregiving activity.

developed cognitively and emotionally, we come to see for ourselves that what we have been told is, after all, true. Here, once more, is the key passage about the beginning of habituation to excellence:

[W]e need to have been brought up in fine habits if we are to be adequate students of fine and just things, of political questions generally. For we begin from the belief that something is true; if this is apparent enough to us, we can begin without also knowing why it is true. Someone who is well brought up has the beginnings or can easily acquire them (*NE* 1095b5-10).

On an Aristotelian view, we begin an education in whatever pursuits we value as a society because we are told by those entrusted to educate us that it is good and necessary to do so. And later we come to appreciate those pursuits more deeply because we have received the proper education that allows us to see that, in fact, certain activities demand of us a deeper understanding and appreciation.

Caregiving does not belong solely in the realm of necessity and to leave it there is to deny ourselves a deeper practice of care that has the potential to make us more excellent human beings. Just like literature or mathematics, both of which have a practical and intrinsically beautiful quality to them, caregiving reveals something very important to us about the character of our own humanity, our complexity and capacity for making fine distinctions and judgments. When we are able to see this, we are able to also experience pleasure in care, regardless of the particular outcomes we may wish to see as a result of our caregiving efforts. As with Aristotle's understanding of how we are first habituated to generosity and later come to see why choosing to be generous is intrinsically valuable, once we have practical knowledge of how to give care to others, we are then able to move on to a deeper understanding of why we might choose this end

for ourselves. This is how we move into something like full virtue—in thought, feeling, and practice.

A liberal arts education strikes me as a potentially rich resource for cultivating a shared commitment to care, particularly if the liberal arts were better supported by the state. This may seem like an odd suggestion, especially since universities and colleges are, in general, having a difficult time attracting students interested in the humanities; young people today seem increasingly drawn to more “practical” disciplines.²⁵⁶ Further as the economy is in decline we are seeing more economic justifications for higher education.²⁵⁷ Nevertheless, such an education encourages reflection on the sort of life one should craft for oneself. It aims to make vivid certain admirable forms of life that we might pursue, pose questions to us about why one life might be better than another, and teach us something about the practices that constitute those forms of life. At a recent political theory conference, Stephen Salkever gave a paper in which he claims that in addition to a commitment to the love of learning, a liberal arts education requires the belief that “the unexamined life is not worth living for a human being (*Apology*), which means that we need above all to develop the desire and the capacity to give a logos of our lives, to imagine who we are and who we want to be, to think subtly and clearly about the kind of life we want to lead, about how to choose the better from among those lives that are possible.”²⁵⁸ He identifies the following four ways of life, which form the basis of an

²⁵⁶ For more on this, see Drew Gilpin Faust, “The University’s Crisis of Purpose,” *New York Times* 2009.

²⁵⁷ *Ibid.*

²⁵⁸ Stephen G. Salkever, “Defining Contemporary Liberal Education: Philosophical Grounds, Curricular Implications,” in *Association for Political Theory* (College Station, Texas: 2009).

enriching liberal arts education: (1) the prohairetic life, (2) the scientific life, (3) the democratic citizen's life, and (4) the pious life. The centrality of these four forms of life to a liberal arts education seems clear enough as argued by Salkever, for these are the four he gives because they are the predominant answers (*endoxa*) given by our diverse political community.²⁵⁹ But I would suggest that caregiving is a practice that is closely bound up with at least three of the four forms of life that Salkever discusses—the prohairetic life, the democratic citizen's life, and the pious life. The liberal arts and the humanities concern themselves not with the instrumentality of knowledge, though, as Salkever is quick to point out, it is most certainly concerned with the “practical goal” of attempting to answer the question of what a life well lived looks like and how we might craft such a life for ourselves. We would not want to see the caring life presented as merely a “professional” path, like that of nursing or social work, for such an approach is incompatible with what we have said a liberal arts education sets out to achieve in the first place. Coming to see that caregiving is constitutive of a number of different honorable forms of life or that it might sometimes by itself constitute one such form has the potential to alter young people's understanding of what it would mean to be a caregiver and to live a life of service to others. The kind of “service” that constitutes the ethic of care I have been developing is not, of course, promote self-abnegation, which would not be compatible with the aims of liberal arts education either, but rather demands self-awareness, thoughtful reflection on one's actions, and a disposition toward

²⁵⁹ It is perhaps a little odd to not position the pious life, which Salkever says aims at a connection with the divine, as diametrically oppose to the aims of a liberal arts education, but he makes a persuasive case, on secular grounds, that thinking about the pious life or the divine encourages us to not take our own human life too seriously.

steadiness; this kind of service is one important way that we are able to more fully come into our humanity.

It is, of course, difficult to imagine that something like this could engender real changes in human behavior, that the construction of a conception of personhood in educational contexts that includes a deep desire and ability to care in order to flourish could actually lead people to practice care more frequently. Indeed, as Virginia Held points out in her discussion of care and the extension of markets, the effects of thinking in purely instrumental, economic terms and being exposed to assumptions about the natural “self-interest” of human beings does have a long-term effect on students’ behavior and choices.²⁶⁰ Self-understandings are the product of a constellation of different factors, no doubt, and lived experience has much to do with it, to be sure. Yet it’s also surely the case that the particular life projects and forms of life we choose have very much to do with the messages we receive in primary, secondary, and higher education about what we take to be valuable to our flourishing. Perhaps it is no surprise that many young college students are drawn to majors like business, economics, engineering, and other fields that correlate with higher incomes; we live in a society that rewards financial achievement and industry, not philosophical reflection on what it means to be *fully* human and what it would mean to live a good life. Yet these are the sorts of questions we must be willing to ask ourselves if we are to come to see the practice of care as an important part of what it means to flourish.

Despite the sketchy and preliminary nature of these policy recommendations, they might seem quite troubling to some, far too comprehensive and rigorous to be deemed acceptable, even by those who believe the current care crisis we face demands a response.

²⁶⁰ Held, *The Ethics of Care: Personal, Political, and Global*.

But taxpayer dollars used to fund caregiving cooperatives? *Requiring* adult citizens to enroll in caregiving classes? Introducing caregiving into primary and secondary curricula? Direct payment to at-home caregivers? Forced family leave for new parents? I anticipate criticism from two camps. I anticipate criticisms from two main camps. For shorthand, I'll call the first the "liberal critique" and the second the "postmodern critique." The liberal critic will likely express some variation on the theme of concern about the extent to which individual and even family autonomy is threatened by such recommendations and citizens' choices about their life projects restrained. I have two responses to this sort of criticism. I should preface my first response with some acknowledgement that it will surely be unsatisfying to those who wish to argue about the "limits of the state's responsibility" or how to balance support for caregiving with respect "privacy" and "individual rights." The fact that I begin with Aristotle can't help but reflect my deep skepticism about the effectiveness and value of liberalism when it comes to actually producing civically engaged and citizens who are invested in their own excellence and that of their polity.

To put it another way, and to return to some of the claims advanced in Chapter Two, there is a deep affinity between care ethics and Aristotle because both take the aim of politics to be, in large part, the production of a certain kind of human being, one with certain habits, desires, and traits. Further, both believe that our political arrangements and institutions should reflect clear values and norms that reflect and support whatever our notion of the good life might be. Of course, the aims of liberalism are much more modest. Liberals are likely to want to argue about how we can place a value on an activity that, although perhaps very necessary, is clearly a matter of personal choice. But my project is

admittedly uninterested in what people presently desire and begins with a different sort of question: Is caregiving something we *should* prefer? And, if it is, how we might come to instill in citizens a desire to practice care? So although, like Aristotle, I hold out an important place for plurality and choice, I begin with a fairly detailed picture of what is *good* for human beings because that is what is required if we are to entertain questions about flourishing and the political conditions that might secure it. In order to say how we ought to live together and how we might live better, we need to begin with a conception of who *we* are. I have said that we are, among other things, creatures capable of practicing care for one another and, under the best circumstances, desirous of the opportunity for this particular activity. So the first answer to the liberal critic is simply this: I adopt an Aristotelian view of political inquiry and politics, wherein the goal of ethical/political inquiry is to discern the best kind of life and to determine how we might organize our political community to achieve this life for all. Contra liberalism, this means that the goal of politics is, essentially, to produce individuals of excellent character and intellect.

My second response to the liberal critic is to suggest that citizens' choices are always constrained by larger political and social forces; indeed, this is one way to understand the very nature of politics. It certainly isn't the case that those with caregiving responsibilities currently have a wide range of options available to them which would be significantly narrowed by my recommendations; quite the opposite actually. Those people and families who can afford it, or who happen to have family and community support, certainly have the "freedom" to figure out their caregiving arrangements as they please, but we would hardly characterize this situation as one in which all citizens have a

wide range of acceptable, or even viable, options available to them. Further, democratic citizens make choices all of the time—for example, about which social programs to publicly fund, whether to support music in the schools, what should be included and excluded in educational curricula, and, currently, whether health care should be reformed—that have the unintended consequence of restricting, sometimes considerably, citizens’ choices further down the road. We can never secure conditions with an infinite range of choices, nor would we even desire such a world; for that would likely look less like freedom and more like Hobbes’ state of nature. Values are always coming into play in collective decision-making, even in a liberal society. We value justice in our society. Our political culture places a high premium on justice and we seek to produce citizens who share this value and who have an observable commitment to it. Why not also care?

Another criticism is likely to come from the scholars influenced by postmodernism, but, interestingly, its origins are closely related to Arendtian concerns about the threat that biological life poses to the political. So let us briefly review the Arendtian intervention in order to contextualize the critique I wish to respond to. Arendt’s fear, which motivated much of her political work, was simply this: While we need labor and all of the activities associated with corporeality in order to actually achieve freedom (a parasitic relationship between the political and the natural is the classical conception of the relationship of biological life to politics is what shapes Arendt’s own view), it’s impermanence and cyclical nature only threaten *human* life—which is much more complex, durable, and permanent than *bare* life—once it enters the political realm.²⁶¹ We must, therefore, constantly guard against the erosion of the political by the “natural”

²⁶¹ Hannah Arendt, *The Human Condition*, 2nd ed. (Chicago: University of Chicago Press, 1998), 100-01.

world. She explains:

Without taking things out of nature's hands and consuming them, and without defending himself against the natural processes of growth and decay, the *animal laborans* could not survive. But without being at home in the midst of things whose durability makes them fit for use and for erecting a world whose very permanence stands in direct contrast to life, this life would never be human.²⁶²

Interestingly, it is Arendt's interpretation of Aristotle's understanding of the relationship between *zoe*, mere biological life, and *bios*, distinctively human (and so political) life, that seems to shape what can only be characterized as a deep fear and resentment of all bodily activity or care for the body.²⁶³ The fundamental binaries of *zoe/bios* and bare life/political existence that have been so central to Western political philosophy also preoccupied Foucault who, like Arendt, cites Aristotle as the primary authority and source for this distinction between animal existence and political life.²⁶⁴ And like Arendt, Foucault had serious concerns about the role played by biological life in modernity, though his analysis of the way in which power works on bodies to bring them out of the private realm and into the public for the purposes of controlling and regulating is much less rigid than Arendt's. For Foucault, it is not individuals' or even society's preoccupation with the bodily that has led to an encroachment of the public/political into

²⁶² Ibid., 135.

²⁶³ As should be clear by earlier chapters on Aristotle, my reading of this clearly contradicts Arendt's. I understand Aristotle to hold out the possibility of achieving virtue through the cultivation of a practice around particular activities that may, upon first consideration, appear to be "merely" necessary and bodily. In other words, a practice of embodied care can constitute a distinctly human form of life, the form that both Arendt and Aristotle is marked by 'action', which entails *prohairesis* for Aristotle and the "space of appearances" for Arendt. This space is "world-building" and "depends for its reality and its continued existence, first, upon the presence of others who have seen and heard and will remember, and, second, on the transformation of the intangible in to the tangibility of things." (HC 95) Her view of all activity having to do with the body as necessarily "necessary," that is, without the sort of cognitive capacities, moral judgment, and collective achievement entailed in politics is overly narrow.

²⁶⁴ Foucault, *The History of Sexuality*, 143.

the private/bodily and visa versa. Rather this is an historical event that marks the beginning of an era in which animal life becomes the subject/object of new insidious forms of power exerted over entire populations by governments and corporate entities through new discourses and disciplines of the body. In other words, the destructive power of violence is no longer useful to those in power; what is useful now is disciplinary power over actual bodies and the regulation of the population's biological capacities. Malcolm Bull gives a succinct description that captures Foucault's understanding of disciplinary power and governmentality: "The first of these focused on the individual human body, increasing its usefulness and economic integration through 'the optimization of its capabilities'; the second on the collective body: 'births and mortality, the level of health, life expectancy and longevity' and the environmental variables that controlled them."²⁶⁵ To sum up, this is the dark side of biopolitics, a disturbing "bestialization of man achieved through the most sophisticated techniques."²⁶⁶

Those who are preoccupied with such concerns might well charge me with advocating a most insidious, because deceptively "caring," form of biopower that serves the current power structure by encouraging the self-managing of populations in such a way that keeps them mired down in the depths of bare life, busying themselves with care for bodies and doing the "dirty work" of states, rather than encouraging the rejection of habitual bodywork in favor of the realization of their fullest human potential. On this view, then, carework is not mere drudgery that must be carried out in order to sustain "real" political life (this is the Arendtian view), but is rather a form of exploitation used

²⁶⁵ Malcolm Bull, "Vectors of the Biopolitical," *New Left Review* 45 (2007): 8.

²⁶⁶ Foucault quoted in Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford, Calif.: Stanford University Press, 1998), 3.

to intervene into even the most intimate aspects of individuals' lives. An "ethic of care" which comes in the form of a political entity (the state) caring about the well being of its citizenry is just another set of techniques and tactics used to disempower individual citizens in the name of caring for the masses. This critic will echo Foucauldian worries about care of 'populations' as the fundamental instrument of power in modernity. Such worries are variations on the following theme:

In contrast to sovereignty, government has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, and so on; and the means the government uses to attain these ends are themselves all, in some sense, immanent to the population; it is the population itself on which government will act either directly or, through techniques that will make possible, without the full awareness of the people, the stimulation of birth rates, the directing of the flow of population into certain regions or activities, and so on...the population is the subject of needs, of aspirations, but it is also the object in the hands of the government, aware, vis-à-vis the government of what it wants, but ignorant of what is being done to it. Interest as the consciousness of each individual who makes up the population, and interest considered as the interest of the population regardless of what the particular interests and aspirations may be of the individuals who compose it: this is the new target and the fundamental instrument of the government of population.²⁶⁷

I cannot address these sorts of concerns in a comprehensive manner here but I can give two very brief responses that may alleviate some worries or, at the very least, make known where I stand with respect to this rather dark view of the power of government to deny individuals self-knowledge and freedom in late-modernity. First, it is surely true that governance occurred on a much smaller scale in antiquity and technology had not yet made intelligible 'the population' as we know it today; yet polities have always been in the business of habituating the citizenry and normalizing bodies, and this was just as true in ancient Greece as it is today. Indeed, for Plato and Aristotle statecraft was very much

²⁶⁷ Michel Foucault, "Governmentality," in *Power*, ed. James D. Faubion and Robert Hurley (New York: New Press, 2000), 217.

about how to successfully go about cultivating certain kinds of dispositions, forms of thought, perceptual capacities, bodily habits in citizens. So although technology, urbanization, and the transition from a feudal existence to a capitalist economy may better facilitate the ability of governments to “act on” populations, it is surely the case that governments have always done so. It strikes me that, even in large-scale representative democracies where the rule of the people by the people exists in a very attenuated sense only, a democratic polity, imperfect though our own may be, is surely the best guard against the sort of ignorance and subordination about which so many post-modernists fret. I will say more about this in the conclusion, but for now let me simply say that democracy holds within it very valuable resources for the radical re-constitution of the very political structures and institutions that fashion citizens’ character and embodied habits.

Further, it is unclear whether or not “biopolitics” is always synonymous with the technologies of domination that we observe at work through governmentality. (It’s unclear, too, how we can so easily observe these technologies if we are, as Foucault suggests, so ignorant of the grasp they have on us from the inside out.) The above formulation leads one to believe that biopower is only a force for evil in the world, but others, many of whom ground their arguments in Nietzsche, locate great potential in an ethos firmly rooted in the human experience of *bios*.²⁶⁸ And John Tambornino, writing on what he calls “the corporeal turn” in 21st century political thought suggests that we

²⁶⁸ See Butler, *Precarious Life: The Powers of Mourning and Violence*, Rosalyn Diprose, *Corporeal Generosity: On Giving with Nietzsche, Merleau-Ponty, and Levinas* (New York: SUNY, 2002), Esposito, *Bios: Biopolitics and Philosophy*.

rethink our relationship to the “regulation” and “domination” of bodies in late-modern political life:

[A]ttention to embodiment might be *ongoing* (which is not to say *all-consuming*), not promising a final solution but still of value, and its neglect costly. We might attend to our embodiment, seeking practices of reflection that give prominence to it and ethical sensibilities and social arrangements that better express it. We might acknowledge that governing embodied subjects involves discipline and normalization yet seek ways in which this can be more thoughtful, careful, acceptable.”²⁶⁹

Although I cannot launch a full-scale investigation or critique of recent interpretations of Foucauldian biopower here, I can say that I find Tambornino’s approach to governing embodied subjects much more helpful, certainly more politically interesting, than those who would deny the possibility of more thoughtfully “regulating bodies” precisely because it holds out the possibility of positive political transformation while at the same time maintaining a critical perspective on harmful disciplinary bodily practices.

Part Two: Caring for Oneself, Caring for Others

My suggestions thus far have focused on how a collective of democratic citizens can reconstitute the value of care, transforming political institutions and policies to create more opportunities for citizens to care without penalty and to do “work” that is valued not just because it is necessary but because it is honorable. Changing public policy is only one important mode by which political culture is transformed. I would now like to shift the focus to a different kind of political work—the work of *self-fashioning*—that individuals can take up as a way to cultivate more and better practices of care in their

²⁶⁹ Tambornino, *The Corporeal Turn: Passion, Necessity, Politics*.

everyday lives. Staying close to this notion of embodied care that I have developed, we will follow Foucault in calling this second mode care of the self (*epimeleia heautou*).²⁷⁰

In his later work Foucault turned away from an earlier focus on disciplining bodies and technologies of power to what he referred to as technologies of the self, self-writing, and, finally, care of the self. Foucault returns to his philosophical roots toward the end of his life by with a deep investigation into the ancient Greek and Roman practices of *askesis*, translated as the practice and training involved in the art of living, *techne tou biou*.²⁷¹ His use of this word, *askesis*, is in stark contrast to the Christian ascetic life, which is marked by self-denial and detachment from material life. Foucault speaks of *askesis*, “not in the sense of a morality of renunciation but as an exercise of the self on the self by which one attempts to develop and transform oneself, and to attain a certain mode of being.”²⁷² In her book, *Self-Transformations*, Heyes writes that Foucault returns to ancient philosophy “to find ways of living that, although inevitably implicated in disciplinary practices, cultivate a broader repertoire of human possibilities instead of increasing docility.”²⁷³ He has in mind a range of activities that constitute care of the self, including physical exercises, listening practices, journaling, meditation, and even dietetic practices, though it is unclear where his descriptions of ancient self care end and his prescriptions for a practice of self care in contemporary life begin, if at all. But I do think that Foucault’s later interviews, in which he certainly seems to advocate self-care in a

²⁷⁰ Michel Foucault, *History of Sexuality, Vol. 3: Care of the Self* (New York: Vintage, 1988).

²⁷¹ Foucault and Pearson, *Fearless Speech*, 143.

²⁷² Michel Foucault, "Ethics of the Concern for the Self as Practice of Freedom," in *Ethics: Subjectivity and Truth*, ed. Paul Rabinow and Robert Hurley (New York: New Press, 1997), 282.

²⁷³ Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies*.

general sense, point to at least a cautious endorsement. Further, I agree with Heyes that in his later books Foucault clearly sets himself the *ethical* task of showing us how we might go about developing an art of living.²⁷⁴ In other words, an ethical practice that, in contrast to the juridical morality that constitutes Christianity, is nonnormalizing and not the product of codified law or morality. I read Volumes II and III of *History of Sexuality* and his later essays and interviews as an urging of the recovery of ancient technologies of the self and ethical subjectivation that both reflects and brings about an *ethos* of freedom.²⁷⁵

The details of this ethic are somewhat fuzzy, not only because Foucault died before he could fully develop a picture of the form self care for a modern subject might take, but also because, one suspects, Foucault wanted to avoid making the (normalizing) move to prescribing in too much detail how individuals should conduct themselves. There are, however, a few conditions features of care of the self that we can identify and that, I believe, point in the direction of more specific practices that open up the possibility of care for others and of living more freely. The first thing to be said is that self-care has a kind of grounding quality to it. In other words, it is a practice that proceeds, ontologically and ethically, the relationships that one develops with others. I recognize the peculiarity of ending with this mode of ethics, since Foucault believed that self-care, which he called “ethics” and “which determines how the individual is supposed to constitute himself as a moral subject of his own actions,” should come first: “Care for others should not be put before the care of oneself. The care of the self is ethically prior in that the relationship with oneself is ontologically prior.”²⁷⁶ In order to cultivate the sort

²⁷⁴ Ibid.

²⁷⁵ Foucault, “Ethics of the Concern for the Self as Practice of Freedom,” 286.

²⁷⁶ Ibid., 287.

of relationships we want to have with others, we must first (and continually) cultivate an honest and steady relationship with ourselves, one in which we equip ourselves with “knowledge of a number of rules of acceptable conduct or of principles that are both truths and prescriptions.”²⁷⁷ What could Foucault mean here by “truth”? Not divine or even natural truths, but rather something like the story we will tell ourselves about the values we wish to uphold and enact. He goes on: “To take care of the self is to equip oneself with these truths: this is where ethics is linked to the game of truth.”²⁷⁸

In any political culture, there are four aspects to moral and ethical life.²⁷⁹ These aspects take the form of questions: 1) What is the aspect or the part of myself or my behavior which is concerned with moral conduct? Foucault suggests that though for Kant intention was important and for Christians desire is most relevant, but for us it is feelings. Whatever it is that determines moral conduct is called “ethical substance.” 2) What is the way in which people are invited or incited to recognize their moral obligations? It could be through divine law, a strict gender code, rational rule, and so on. This mode of subjectivation (*mode d’assujettissement*), whatever it is in a particular place and time, is the second aspect of ethics. 3) What are the means by which we can change our ourselves in order to become ethical subjects? This is called the “self-forming activity” (*l’ascétisme*) by Foucault and it has to do with how we will choose to “moderate our acts, or to decipher what we are, or to eradicate our desires,” and how we can use the desires

²⁷⁷ Ibid., 285.

²⁷⁸ Ibid.

²⁷⁹ Michel Foucault, “On the Genealogy of Ethics,” in *Ethics: Subjectivity and Truth*, ed. Paul Rabinow and Robert Hurley (New York: New Press, 1997), 263.

we deem healthy to achieve certain aims.²⁸⁰ 4) Which is the kind of being to which we aspire when we behave in a moral way? This is called the telos (*télélogie*). For Foucault, “in what we call morals, there is the effective behavior of people, there are the codes, and there is the kind of relationship to oneself,” which includes these four aspects.

Foucault, of course, was particularly drawn to the problematic of ethics in the Greco-Roman and Hellenistic culture wherein care of one’s self (*epimeleia heautou*) was the model and responsibility of good citizens. In contrast to what he calls the self-absorbed “California cult of the self,” Greek care of one’s self “does not mean simply being interested in oneself, nor does it mean having a certain tendency to self-attachment or self-fascination...it describes a sort of work, an activity; it implies attention, knowledge, and technique,” which, in Greek culture anyway, is put in the service of achieving excellence. Foucault’s answer to the question of why anyone would choose to impose this lifestyle upon oneself is illuminating:

In antiquity, this work on the self with its attendant austerity is not imposed on the individual by means of civil law or religious obedience, but is a choice about existence made by the individual. People decide for themselves whether or not to care for themselves.

I don’t think it is to attain eternal life after death, because they were not particularly concerned with that. Rather, they acted so as to give to their life certain values (reproduce certain examples, leave behind them an exalted reputation, give the maximum possible brilliance to their lives.) It was a question of making one’s life into an object for a sort of knowledge, for a *tekhne*—for an art.²⁸¹

What seems important to note in the above passage, besides the fact that this is a self-imposed practice and largely dislocated from any “civil law,” at least according to Foucault, a point which we will return to shortly, is that care of the self is a critical, self-

²⁸⁰ Ibid., 265.

²⁸¹ Ibid., 271.

conscious mode of giving to one's life certain desired *values*, not merely for the sake of some other end, like eternal life or social status, but rather for the sake of enriching one's life with the "maximum possible brilliance." This strikes me as instructive for our thinking about engendering an ethic of care because it encourages serious reflection on why we choose *particular* values and how we should go about enacting them. If the sort of being we wish to embody when we behave well is one who cares for others in the most attentive and fully embodied way, then Foucault's model for ethical self-governance, and the sort of disposition it cultivates, may prove very useful.

Recall that embodied care is a *prohairetic* activity, which cannot be achieved without self-knowledge, deliberative and choice-making capacities, and, at least early on, the guidance from others who can serve as a model for acting well.²⁸² Central to Foucault's understanding of care of the self, though, is not so much a "knowing" subject, but rather a "doing" subject, or at least this is what some have argued. I think it's more correct to say that, at least in late-Foucault, one comes to "know oneself" through processes of self-constitution and fashioning. The expressive and self-governing subject, as Nancy Luxon has recently argued, maintains a stance of both curiosity "towards one's suddenly unfamiliar experience," and a resolve "to extend this curiosity in to an understanding of different potential responses and their entailments."²⁸³ Focusing primarily on the centrality of *parrhesia* (fearless speech) to ethical self-governance and care of the self, Luxon further argues that "a disposition to steadiness" is also important

²⁸² Aristotle and Terence Irwin, *Nicomachean Ethics*, 2nd ed. (Indianapolis, Ind.: Hackett Pub. Co., 1999), 1103a1-13a14.

²⁸³ Luxon, "Ethics and Subjectivity: Practices of Self-Governance in the Late Lectures of Michel Foucault," 385.

for self-care and care of others. As we navigate our social and moral world, we tend to throw ourselves immediately back into the past or inject ourselves into the future, when what is most helpful is to remain thoughtfully in the present so that we properly assess what is actually before us and what is the set of actual plausible responses. She explains:

As individuals improve their ability to manipulate their curiosity, they learn to forestall immediate reactions and instead to maintain a steady attitude towards themselves, to attend to changes and reactions, and to sift through a raft of information—some sensory, some analytic—before drawing a conclusion. Individuals must try to navigate the two extremes of unblinking fixity and mindless distraction...Instead of seeking the “truth” about oneself, individuals instead develop those dispositional qualities that allow them to maintain a steadiness of orientation to their chosen ideals. Techniques in moderation enable individuals to control the pace with which they turn over, consider, and digest the experience encountered through their daily regime.²⁸⁴

On Luxon’s reading, then, Foucault views the practices that attend care of the self and parrhesia as contributing to the cultivation of a particular kind of stance towards the world and a set of skills that aids in sorting through relevant features of difficult situations and, at the same time, consciously process their own response to such situations. The idea is not that a uniform personality or set of actions is appropriate for all, but rather that all subjects, as far as is possible, strive to bring their deeds into harmony with their words and their aims.²⁸⁵ Relationships of care, fraught as they are with the unpredictable and with a great deal of conflict, demand of caregivers, again, not a “calm and serene” personality, but rather this Foucauldian “disposition to steadiness,” this striving for ethical self-governance and accountability.

This brings us to the aspects of care of the self that have to do with others. If this work on the self is to prove fruitful for embodied care, it must bear some important

²⁸⁴ Ibid.: 387.

²⁸⁵ Ibid.: 388.

relationship to our relations with others. Foucault's conception of ethics differs greatly from the conventional conception of ethics, which has to do with the moral principles that regulate a collective group's behavior and interactions. For Foucault, however, ethics is "the considered form that freedom takes when it is informed by reflection," and Foucault believes it is best achieved through the practice of caring for the self.²⁸⁶ This is ethical because it is the mode by which we achieve freedom and not because it is constitutive of shared norms and regulations:

What makes it [care of the self] ethical for the Greek is not that it is care for others. The care of the self is ethical in itself; but it implies complex relationships with others insofar as this *ethos* of freedom is also a way of caring for others. This is why it is important for a free man who conducts himself as he should to be able to govern his wife, his children, his household; it is also the art of governing. *Ethos* also implies a relationship with others, insofar as the care of the self enables one to occupy his rightful position in the city, the community, or interpersonal relationships, whether as a magistrate or a friend. And the care of the self also implies a relationship with the other insofar as proper care of the self requires listening to the lessons of a master. One needs a guide, a counselor, a friend, someone who will be truthful with you. Thus, the problem of relationships with others is present throughout the development of the care of the self...in the case of a free man, I think the postulate of this whole morality was that a person who took proper care of himself would, by the same token, be able to conduct himself properly in relation to and for others.²⁸⁷

For Foucault, the care of the self, in thinking of itself, necessarily thinks of others; more precisely, the free person who takes care of herself to the point of knowing exactly how she will choose to act in relation to herself, others, and the natural world, in order to achieve excellence in all things will find that she also enjoys a proper relationship with those who are under her care.²⁸⁸

²⁸⁶ Foucault, "Ethics of the Concern for the Self as Practice of Freedom," 284.

²⁸⁷ Ibid., 287.

²⁸⁸ Ibid., 289.

At times, the practice of self care seems completely self-guided, almost solipsistic in character. It is certainly self *chosen* by free individuals and Foucault says that it does not follow from any civil or divine law but rather is the work of the individual. But the above passage clearly points to the need to be educated in practices of caring for the self by another who is properly caring for her or his own soul. It suggests the need for truthfulness, both about the parts of a person that are obscured from that person and about the world in general. We need help in ridding ourselves of self delusions and those of the grander sort too. This has some resonance with some of what Aristotle says in his discussion of how individuals learn to be virtuous and to practice virtue.²⁸⁹ He is clear that we need someone who can serve as a model for us as we work to come fully into our capacities for self-knowledge, deliberation, action, and judgment (*NE* 1103a1-4). We need at least some one else to discipline us, by teaching us how we can discipline ourselves.

There is a range of useful activities that those who practice care of the self might take up. Foucault highlights different techniques depending on whether he is talking about the Socratics, the Cynics, the Epicureans, the Pythagoreans, and so forth. A few techniques that seem constant throughout are self-writing, which is something not quite akin to journaling about one's thoughts and experiences or even recording them but is more writing oneself into existence—quite literally, a self-constituting exercise, meditation, dietetic regimens, practicing consciousness of one's actions, listening well to others, reflection on one's relationships and how to best care for others, and, in general, cultivating a kind of mindfulness around one's own limitations and potentiality. All of these, it seems to me, have the potential to cultivate the sort of disposition and habits we

²⁸⁹ See earlier discussion of this in Chapter Three.

think most appropriate to someone who is practicing embodied care. Yet, as is made quite clear by Foucault's discussions of Christianity, the relationship to oneself that one is likely to develop has much to do with the wider values circulating in society and with norms around how one can successfully transform oneself into an ethical being. This fact, in many ways, seems to slip from Foucault's grasp when he writes about care for the self in modernity. So committed is he, it seems to me, to the view that care for the self *must* be practiced independently of societal norms, values, and regulations (which, to his mind, are necessarily disciplining and normalizing), that he cannot give an account of the social and political conditions that would be required to support something like a politics of ourselves in the first place, and the sort of ethical and aesthetic self-fashioning he is after.

What would a political culture look like that supported and encouraged care for the self? We might start by imagining a society far less schizophrenic than the one in which we currently live, one which values sustained concentration, thoughtfulness, self-reflection, steadiness, and even solitude over and above multi-tasking, theatricality, stream-of-consciousness self-reporting via various social media, and consumerism. Today, individuals in much of the (notably *free*) Western world are disciplined to become little more than consumers of the latest technology, technology which encourages the public narrating of the most mundane minutia of one's life while at the same time creating the very conditions that make genuine reflection on one's self and the "determination of what one can and cannot do with one's freedom" virtually impossible.²⁹⁰ Caring for oneself requires a political culture that values the exploration of one's own freedom (and unfreedom) and thoughtful reflection on it, where freedom is not

²⁹⁰ Foucault, "On the Genealogy of Ethics," 276.

simply understood as the right to do this or that, but rather as a self-forming activity by which we constitute and/or reconstitute ourselves into ethical subjects.

I wish to echo Cressida Heyes and suggest that what we are after in a contemporary mode of self care are somoaesthetic practices that strive to better integrate the body and mind.²⁹¹ Such practices, if what we *first* need is to care for ourselves, should be self directed and focused, but the idea is that they can “convert power,” to use Foucault’s phrase, and greatly alter our relationship with others, in particular, the others for whom we intend to care.²⁹² Interestingly, Heyes cites yoga as one possible mechanism by which we can “structure and mobilize” defenses against normalization and docility.²⁹³ It seems to me that yoga, silent meditation, and kirtan, which is a form of call and response devotional chanting, are all potential resources for cultivating a disposition to steadiness, active listening skills, being fully present, and the capacity for making fine distinctions and judgments in complex situations. I want to leave open the possibility for now that there are many activities and practices that might develop the character and qualities aimed at through care of the self. In other words, since I am not advocating one distinct “caregiving personality” I think it’s also important to not limit the practices that might help us to be better caregivers to yoga, meditation, and journaling, since its reasonable to imagine that, given the range of personality types that do exist among

²⁹¹ Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies*.

²⁹² One of the most familiar themes running through Patanjali’s Yoga Sutras, the “good book” of yoga is the notion that one cannot be of service to others unless one has a contemplative, meditative, and physical (yoga) regimen. Indeed, the idea is that we practice yoga for ourselves in order to better serve others.

²⁹³ Heyes is careful to note the much of yoga as it is practiced in the West is, in reality, a form of corporeal normalization; nevertheless, it has the potential to subvert normalization because, understood properly, it is a somatic practice that is not “charted” in the way that normalized discipline is and leaves open the question of what, exactly, practioners will become (129).

caregivers, such techniques may not work for everyone. With all of that said, though, I do think self-writing, exercises in thoughtful concentration, and exposure to a range of representations that offer reflections on what it means for a human being to properly care for her self, to aspire to self-governance and freedom strike me as especially fertile resources for creative self-transformation in the direction of a caring subjectivity. Indeed, Aristotle believed that similar experiences would cultivate and strengthen forms of awareness that he thought incredibly value for the development of ethical individuals and for ethical communities. I would go further and say that these practices, when undertaken in the right way, with the proper guidance, and with the right sort of intention and awareness, are absolutely critical for fashioning ourselves into more caring human beings.

III. THE MORAL VOCABULARY OF CARE

In *Citizenship and the Ethics of Care*, Selma Sevenhuijsen suggests that public debates around care are actually a series of language games that often have unjust and undemocratic outcomes for caregivers and receivers of care.²⁹⁴ We adopt language that engenders resentment about caregiving, misperceptions about women's "natural" capacity to care, the false belief that some of us require very little care to live well, and animosity towards adults who are dependent upon a great deal of care in order to flourish. She argues that we (theorists and citizens) must adopt a politics directed towards the revision of our moral vocabulary such that it corresponds to a feminist ethic of care; this, she believes, will lead to new moral subjectivities that will in turn lead to better choices.

²⁹⁴ Sevenhuijsen, *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics*.

Those choices, argues Sevenhuijsen, will produce more just and equitable caregiving arrangements, especially where gender is concerned.

Though my overall approach to thinking about care is quite different than Sevenhuijsen's, I have set out to answer her call in this chapter, and to think through the political conditions that might support and issue from a different moral vocabulary and ethic around care. When our moral vocabulary of care is limited to words like "responsibility," "duty," "obligation," "labor," "exploitation," and even "right," then we are limiting our own imaginative possibilities to policies and arrangements that are likely to fail to produce the kind of sustained and deep commitment to care that every healthy society requires. If we can begin to rethink caregiving as an moral achievement to be widely valued—a kind of work that is not its own reward but is rather one way we come more fully into our humanity—and one that reflects *human* excellence, then, following Aristotle, we can begin to think much more seriously about the political conditions that could produce and support communities of caregivers. That is the conversation I hope to have opened up here. What I did not set out to do in this chapter was to exhaust all possibilities for engendering a widespread ethic of embodied care. It has not been my aim to articulate a very detailed path forward, exhausting all relevant possibilities, but instead to abide by Aristotle's conception of how the science of politics proceeds, by sketching an outline of which activities constitute the best sort of life for humans and then inquiring into how we might set ourselves down the path of achieving that which is proper to human excellence.

CHAPTER SIX

DEMOCRATIC CARE IN A POSTMODERN AGE

“Immigrants cannot be programmed as robots can. You never know when they will do something spontaneous, ask an awkward question, or use the wrong honorific in conversation” (The Economist 2005).

I. THE WAVE OF THE FUTURE? CARE-O-BOTS IN THE 21ST CENTURY

Long before Roxxxy, the now famous “sex robot,” made her appearance in domestic and foreign markets as an alternative to “human companionship,” robotic caregivers, mostly in Japan and Germany, have been assisting families with their caregiving needs.²⁹⁵ With the growing interest in robotic technology and major shifts in work/family life for people in the developed and developing world, as well as large aging populations in much of the world, the turn to robots as one possible answer to the crisis of care should perhaps not surprise us. Though political theorists have given this issue little attention, it has been the focus of some major debates in the artificial intelligence community.²⁹⁶ Machines such as the “assisted-care bath,” AIBO (the caring

²⁹⁵ Jennifer A. Parks, “Lifting the Burden of Women’s Care Work: Should Robots Replace The “Human Touch”?”, *Hypatia* 25, no. 1 (2010), Robert Sparrow, and Linda Sparrow, “In the Hands of Machines? The Future of Aged Care,” *Mind and Machine* 16 (2006): 114.

²⁹⁶ Michael Decker, “Caregiving Robots and Ethical Reflection: The Perspective of Interdisciplinary Technology Assessment,” *AI and Society* 22, no. 3 (2007), Véronique Faucounau, Ya-Huei Wu, Mélodie Boulay, Marina Maestrutti, Anne-Sophie Rigaud, “Caregivers’ Requirements for in-Home Robotic Agent for Supporting Community-Living Elderly Subjects with Cognitive Impairment,” *Technology and Health Care* 17, no. 1 (2009).

companion robot), and the Care-o-bot can now do everything from bathe the elderly, keep an eye on small children, take vital signs, and assist the injured or ill in getting around.²⁹⁷ Many, including some feminist scholars, are touting such technologies as the wave of the future, the mechanism by which women can finally free themselves from the burden of care without the complications that ensue from hiring human caregivers, while others are alarmed by the potential risks to those receiving care from robots that such technology poses. Indeed, given the landscape of our modern, cosmopolitan lives, at a time when so many of us live very far away from aging parents, are members of dual-earner households with children in need of care, and have multiple work and family responsibilities spread across vast distances, it's easy to see how some might believe that caregiving robots, which are admittedly quite advanced in their capacities for "learning" and responding to particular individuals' needs, are indeed the answer to the care crisis with which I began this project.

It isn't so clear, though, how we ought to view this recent trend in caregiving, especially if we both want to cultivate alternative life projects for women and minorities who currently do the work of care but also believe that caregiving is central to our own development as human beings. From a Marxian perspective, we might see the use of caregiver-robots as a necessary and indispensable step in freeing women from the unjust burdens of carework, thus giving them more time and energy to pursue other life-plans and opening up the possibility for the creation of more equitable care arrangements in the

²⁹⁷ Parks, "Lifting the Burden of Women's Care Work: Should Robots Replace The "Human Touch"?"

household.²⁹⁸ As we have discussed, one societal response to the desire and need for women to work outside of the home has been the hiring of domestic servants to provide homecare for children and the elderly. But as Tronto and others have demonstrated, there are often serious costs, especially to the caregiver, in these arrangements.²⁹⁹ Given the fact that dependency and dependency labor, as things stand now, greatly impact our status as equal citizens and often limit our full participation in civic life, robots, it might seem, are the perfect solution. If we can find a way to outsource the very labor that has for so long been associated with women's inequality and unfreedom without contributing to the inequality of others, then we are on the right path, many believe. Not only does the mechanization of care labor have some positive benefits both for the one receiving care and for caregiving service providers who employ them (such as, the lengthening of time that an elderly person can remain in her home to live independently and less time spent on some of the more repetitive and physically challenging aspects of home care)³⁰⁰; it is also perhaps one way to avoid some of the most troubling "global" aspects of care in modern life, like the exploitation of immigrant workers and the production and exportation of a caregiving underclass, as discussed in Chapter Three. And, indeed, "the value expressed by the mechanization of caretaking tends to be that of caring for citizens' bodies," which, though Parks is quite critical of this because she, perhaps rightly, does

²⁹⁸ This line is very reminiscent of early arguments made by radical feminist Shulamith Firestone, who argued that technology, specifically incubator technology that might free women from the burden of pregnancy and labor, was the answer to the oppression and exploitation that women are subject to as a result of their biology. Firestone, *The Dialectic of Sex: The Case for Feminist Revolution*.

²⁹⁹ Barbara Ehrenreich and Arlie Russell Hochschild, *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, 1st ed. (New York: Metropolitan Books, 2003), Tronto, "The 'Nanny' Question in Feminism."

³⁰⁰ Parks, "Lifting the Burden of Women's Care Work: Should Robots Replace The 'Human Touch'?"

not see this accompanied by the kind of deep moral care that Tronto has in mind when she talks about *care for* versus *caring about*, I still take to be a very important aspect of caregiving.

Yet there are good reasons to believe that robots, though perfectly capable of skillfully performing a great many caregiving tasks and even of providing some companionship to a population that is often very isolated and cut off from the rest of the world, are not entirely up to the task of caregiving in a more meaningful way. Indeed, as I have argued, caring for the bodies of others requires more than mere technical skill, but rather demands the use of perceptual capacities, cognitive judgments, and forms of attention that cannot, or at least have not yet, been achieved in robotic science. As Parks and Robert and Linda Sparrow have argued, the social and emotional needs of those receiving care, needs which are also fundamentally *corporeal*, cannot be adequately met in the caregiving relationship with a robot. Sparrow and Sparrow acknowledge that the reduced costs of robotic care as compared with human care risks an ever lessening of human contact for the elderly:

Given the economic pressures...it is likely that success in introducing robots in the aged-care sector will be at the expense of the amount of human engagement available to frail aged persons. We have highlighted the importance of social contact and both verbal and non-verbal communication to the welfare of older people. Any reduction of what is often already minimal human contact would, in our view, be indefensible.³⁰¹

Agreeing with Sparrow and Sparrow, Parks acknowledges that though there will surely be cultural differences that become relevant as we judge which solutions for the care crisis are best, we must uphold and protect citizens' capacity for affiliation, as defined by

³⁰¹ Sparrow, "In the Hands of Machines? The Future of Aged Care," 152.

Martha Nussbaum in her capabilities approach.³⁰² To the extent that mechanized care denies citizens the possibility of an “authentic give-and-take between robot and human, then it poses a grave political danger and the state thus has a responsibility to provide human care workers without exploiting these workers.³⁰³ Such arguments, though certainly compelling, emphasize the costs to the one receiving care and ignore the costs of mechanized care to the would-be human caregiver and, by assuming that capability, not functioning, is all that we need to secure, do not provide a vivid enough account of all that is lost when care is outsourced to robots rather than performed by human beings and, specifically, by members of the demos.

II. CARE AND DEMOCRATIC CITIZENSHIP

Throughout this project, I have intentionally bracketed the distinction between non-professional/intimate caregiving and professional/non-intimate caregiving.³⁰⁴ I have done so because I have been primarily interested in developing a concept of care that might well map onto certain professions, but is also deeply relevant to the daily lives of

³⁰² “Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another and to have compassion for that situation; to have the capability for both justice and friendship. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and free speech).” In, Nussbaum, *Women and Human Development: The Capabilities Approach*, 79. Though this definition would appear to privilege the caregiver, Parks invokes this definition in her argument for what the one receiving care deserves.

³⁰³ Parks, “Lifting the Burden of Women's Care Work: Should Robots Replace The “Human Touch”?”.

³⁰⁴ Professionalized care may take place within the context of market relations or, as is increasingly common, domestic service. The latter is far less regulated and, according to Tronto (2002, far more exploitative and “inherently unjust” than the former. I argue, however, that both are problematic in so far as they too often provide us with a way of “opting out” of taking up practices of care ourselves.

all citizens. And it's this latter point that I have wished to stress. To put the point another way, embodied care is something all citizens ought to practice, regardless of whether or not they are paid to do so; care, then, must be an activity that is relatively equally shared and practiced by all. Certainly some people will choose caregiving as a profession, and this is not only fine but also desirable given the overwhelming caregiving needs of just this country. But in this work I have been more interested in addressing the political and social structures that might support non-professionalized caregiving practices. I want to close with some thoughts on the democratic potential and limitations of embodied care, as well as the potential of democratic politics to engender this ethic.

One solution to the care crisis that is consistent with liberalism is to maintain a relatively sharp distinction between caregiving in the home and carework in the labor market; in both we understand caregiving relationships and arrangements as the product of individuals' choices. These are simply two different realms wherein people can choose and sort out for themselves whether and how they will take up the activity of care. This view privileges the autonomy of individuals and families more than the potential good that might come to them if they were to adopt better arrangements. Although we will always have to make choices about how to meet our caregiving needs and we will likely always need to rely on a certain amount of "privatized" care, we should begin with this premise: All citizens of able body and mind should to be habituated to practicing caregiving and provided with adequate support and a range of opportunities to give care so that they may lead excellent lives.

When addressing the issue of how to politically support an ethic of care, scholars have tended to focus more on the transformation of policies and institutions than on the

transformation of citizens' cognitive and embodied habits of care. The assumption behind these policies is that institutional changes that expand individuals' choices will lead to citizens making better choices that more evenly distribute the work of care. Once pay parity has been achieved in the workplace and we implement adequate family leave policies, women will no longer be the "obvious choice" to do the work of care; both men and women will do this work equally and all will choose to meet caregiving responsibilities if given the chance to do so. What ties together—loosely, to be sure—many care theorists across a range of disciplines and viewpoints is that they all advance arguments in favor of policy measures aimed at the improvement of caregiving arrangements in the family; they seek to establish a better balance between work and family responsibilities for all citizens. Many of these conversations have tended to circulate around the question of care's relationship to justice, and if we think care is politically valuable it is often thought to be so either because justice demands that we take care seriously or because care, not justice, is the primary political value for democratic societies.³⁰⁵

³⁰⁵ Do the demands of justice and the demands of care inherently conflict, as implied in the work of Carol Gilligan and more robustly developed by Nel Noddings? Should care, then, be considered a comprehensive moral view, one that consistently overrides the demands of justice? Or, alternatively, are care and justice false dichotomies, inhabiting one another, rather than working at cross purposes, as Joan Tronto, Margaret Urban Walker, Martha Fineman, Martha Nussbaum, and Susan Hekman have all argued. To what extent does a just society have an obligation to take seriously the vulnerability of both dependents and their caregivers? And, as Julie White, Joan Tronto, and Nadia Urbinati have all asked, how can we best guard against paternalistic and neocolonialist forms of injustice shrouded by "caring" relationships and arrangements? If we accept that vulnerability and dependency are basic facts of human existence, to what extent do individuals have a right to receive care? Further, if liberal societies acknowledge the necessity of "dependency labor" for the good functioning of society and the production of citizens' capacities, must we also extend a right to individuals to perform the care that all of society benefits from? In this project, I have attempted to highlight the political character of care by revealing both the potential of the work of politics to make possible the activity of care so that we might flourish *and* the various ways in which political power problematically fashions our embodied habits with respect to caregiving.

My way of thinking about the political nature of care is a bit different than others who have approached the subject of care's political value by either construing care as an alternative to justice or integrating the two. Care is political not only because it a good that we must determine how to best generate and distribute to the public and because it provides a set of useful principles that can help us to better arrange our institutions and policies. As made clear in Chapters Two and Three, care's relevance to politics also has very much to do with the fact that practices of care both help us to come into our deepest nature as human beings and they reflect what it means to live an excellent human life. So while I think that questions of justice and care are important, I do not think they give us a rich enough framework for

It might be helpful, though, to clarify my own position on some of the more familiar questions concerning care's relationship to politics and to democratic citizenship, specifically. First, I want to endorse the view that care is an ethic and practice that is not only perfectly compatible with justice, conceptually and practically but, even more than this, care and justice are dependent upon one another if they are to live up to their own respective ideals. In other words, justice is not justice at all if it fails to adopt a care perspective, that is, if it does not adequately take into account the relevant particulars, experiences, narratives, and histories of individuals. Likewise, a caring relationship is no longer one if it collapses into forms of domination or exploitation. In general, I find the question of whether or not care is best grounded in an Aristotelian particularistic metaethic or a Kantian universalistic metaethic unhelpful for furthering our thinking about how care might best be integrated into politics. Not only did Aristotle's own conception of justice, strange though it may be, urge a balance between general principles

and particular facts at hand, but recently scholars of Kant have brought our attention back to the fact that the cultivation of the emotions and friendships are actually central to Kantian duty and morality.³⁰⁶ In any case, precisely because care is so central to the health of any polity and because it most often entails inequality, hierarchy, and power, norms of justice must figure into our thinking about care.³⁰⁷

Second, practices and relationships of care that are in some way shaped by norms of justice are central to the practice of democratic citizenship.³⁰⁸ Tronto was the first to highlight the stark boundaries that separate care from politics, and the theoretical and practical problems that have contributed to the hardening of these rigid boundaries. This arrangement, according to Tronto, rests on the faulty logic that care is a moral sentiment and activity properly located in the private realm where it is not subject to collective judgment or to principles of justice. In other words, the boundary between care and politics is greatly supported by the boundary between public and private life.³⁰⁹ Indeed, philosophers as diverse as Augustine, Rousseau, John Stuart Mill, Hannah Arendt, John Rawls and contemporary feminist theorist Susan Moller Okin have all sought to draw or

³⁰⁶ Barbara Herman, *The Practice of Moral Judgment* (Cambridge, Mass.: Harvard University Press, 1993), Nancy Sherman, *Making a Necessity of Virtue: Aristotle and Kant on Virtue* (Cambridge, U.K. ; New York: Cambridge University Press, 1997).

³⁰⁷ This is what I am calling the “instrumentalist” view and I also accept this idea that care is politically relevant because it is necessary for the health of all societies. However, I am advancing a different normative argument for the political relevance of caregiving, one that sees care as a higher good, without which we are unable to be fully actualized as human beings.

³⁰⁸ Bowden, *Caring: Gender-Sensitive Ethics*, Sevenhuijsen, *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics*, Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, White, *Democracy, Justice, and the Welfare State: Reconstructing Public Care*.

³⁰⁹ Bowden, *Caring: Gender-Sensitive Ethics*, 145-7, Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 96.

preserve important boundaries between the public and the private, morality and politics, intimacy and public life.³¹⁰ Care theorist Peta Bowden discusses conventional views on the relationship between civic life and care:

In contrast with the kinds of intimacy and particularity that are characteristic of maternal, friendly or nursing care, citizen relations conventionally call up norms of conduct that emphasize the impersonal, the interchangeable and the impartial. The contexts of attachment, responsiveness and flexibility...are frequently suppressed by requirements for order, decisiveness and consistency. Or in more specifically moral terms, citizenship allegedly signals the replacement of care with justice, commitment with duty, and the priority of rights over goods. From this perspective the connection between citizenship and interpersonal caring relations which is the focus of this chapter suggests movement into an alien domain, from the established ground of the investigation.³¹¹

Yet Bowden suggests that these beliefs are based on false perceptions about distinctions between civic activity and practices of care. Theorists of care must better demonstrate how and why care is, in fact, a civic activity and help to bring about conceptual habits that allow us to see relations among citizens, at least sometimes, in terms of practices of care. I am not suggesting that we care as much and in the same way for stranger-citizens as we do for family and friends, but rather that our relationships with our fellow citizens, even those who are strangers or strange to us, are greatly shaped by the extent to which we have had the conceptual and embodied habits of care cultivated in us from an early age on. Allow me to briefly expand on what I think Bowden means when she talks about the caring dimensions of citizenship.

Feminists have long argued that private and public life are necessarily interdependent, even if we think the latter is naturally coextensive with “politics” in a way the former is not; though most feminists reject the view that the household is nothing

³¹⁰ Of course, in many respects, each of these thinkers’ work has also complicated or comprised the very divisions between the private and public they sought to uphold.

³¹¹ Bowden, *Caring: Gender-Sensitive Ethics*, 142.

more than a realm of necessity that makes political and social life possible. Even in ancient Greece, with its deeply divided public and private realms, the work of the household (*oikos*) and the work of the *polis* were interrelated. Not only was the public realm materially “parasitic” on the reproductive and productive labor that went on in the family, but, as many care theorists have pointed out, persons who embody the norms of whatever political society they live in must be nurtured and molded through the work of care; in other words, even the autonomous, rational, self-sufficient subject of modern liberal societies is only so to the extent that she has been cared for in such a way as to give form and shape to those qualities. Further, an entire range of civic practices that we tend to think of as “impersonal” and “formal,” such as public contracts based on trust, the granting of rights and responsibilities, legal jurisprudence, and educational methods, actually rely quite a bit on caring values.³¹² Though it is true, as Mary Dietz nicely points out in her criticism of maternalist politics, that liberal democratic civic relations are distinct from familial relations, in part, because they are (theoretically) characterized by equality rather than hierarchy, it is still the case that we need an active moral imagination, or as Hamington has recast it, *caring* imagination, that draws on our own life experiences of caring and being cared for by others in order to exercise judgment about the common good.³¹³

The capacity for fine discernment necessary for making judgments about better and worse family/work policies requires not Habermasian ideal speech situations but

³¹² Baier, "The Need for More Than Care.", Bowden, *Caring: Gender-Sensitive Ethics*, Sherman, *The Fabric of Character: Aristotle's Theory of Virtue*.

³¹³ Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics*, Chapter Three.

rather the capacity for active listening to specific others, the ability to draw on one's own embodied knowledge regarding the sort of care individuals need to thrive, as well as the willingness to set aside one's own interests in order to tend to those of others. One's ability to make such careful judgments is strengthened by knowledge of the dependency and caregiving needs of one's fellow citizens—knowledge that is greatly enriched by practicing care. Indeed, as Julie White has pointed out, many governmental programs that are needs based, such as welfare, crisis-relief, and educational programs, must take up practices of care to determine citizens' needs in a more democratic rather than paternalistic way.³¹⁴

Third, as we saw in the previous chapter, analyzing constellations of care reveals radical inequalities and power asymmetries that permeate society. This is important political work for democrats who value equality and justice.³¹⁵ By examining who currently performs the bodily work of care, who is likely to be the beneficiaries of the current system, and who is disadvantaged, forms of economic inequality and bodily exploitation are revealed. Once we do this work, we can begin to reconstruct caregiving arrangements in a way that benefits all and exploits none.

I have joined those who have said that care is deeply bound up with justice, that democratic citizenship, by its very nature, offers us many valuable opportunities for care, and that practices of care help us to become better democratic citizens. This is true because, when practiced in the right way, caregiving cultivates in us certain embodied forms of awareness, empathic responses, and capacities for the sort of fine discernment that is necessary for good judgment about how we will rule others and ourselves in turn.

³¹⁴ White, *Democracy, Justice, and the Welfare State: Reconstructing Public Care*.

³¹⁵ Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 172-5.

Yet, it is equally true that dependents and caregivers will never stand in an equal and free, that is, a fully *democratic*, relationship to one another and because of this the question of how “democratic” actual caregiving relationships can be remains a vexing one. Tronto has argued that all caregiving relationships and communities should have a “democratic disposition,” by which she means that paternalistic/maternalistic tendencies should be avoided and the needs of the receiver of care should be the main determinant of the course of action taken by the caregiver(s) and the wider community. Tronto’s worry is that when we allow care to be a totally comprehensive moral view, thus ignoring the *political* conflicts that arise within and around care, we risk exploitation, domination, and the containment of carework within certain social groups at the margins of society. I share these worries and want to echo Julie White’s call for democratic processes that help wider caring communities, including the state, determine and better meet the needs of both receivers and givers of care.

There are obvious limitations, however, concerning the extent to which we can “democratize” caring relationships and communities. Indeed, at a certain point, we must face the fact that, in many cases, care requires that we speak and act in the name of those who are unable to do so themselves. This need not devolve into authoritarian, abusive, or paternalistic patterns, however, but it will surely take a lot of work to ensure that it does not. In addition to political structures and policies that aim to care well for dependents and caregivers, one important guard against the misuse of power over those for whom we care, is the proper care of ourselves, which, as we see in Foucault, is a way of enacting our own freedom. Self-governance is a key component of governing and caring for others, which is part of the work of democracy. For the Greeks, being free meant not

being a slave to someone else, but it also meant not being a slave to one's own passions and appetites, including the misuse of power. Self-governance was integral to the rule (*arche*) of others and it signified one's freedom. Foucault returns to the Greeks to remind us that self-care is required for a certain kind of freedom, one that is attached to particular sorts of values:

A person's *ethos* was evident in his clothing, appearance, gait, in the calm with which he responded to every event, and so on. For the Greeks, this was the concrete form of freedom...A man possessed of a splendid *ethos*, who could be admired and put forward as an example, was someone who practiced freedom in a certain way. I don't think a shift is needed for freedom to be conceived as *ethos*...but extensive work by the self on the self is required for this practice of freedom to take shape in an *ethos* that is good, beautiful, honorable, estimable, memorable, and exemplary.³¹⁶

In other words, freedom is deeply related to the way in which we conduct ourselves and the relationship we have with others (including those over whom we necessarily exercise power by virtue of the fact that they are in our care) depends a great deal on having the proper relationship to ourselves. If caregiving is central to human flourishing, as I hope to have shown, and if it is indeed an activity that we think "good, beautiful, honorable, estimable, memorable, and exemplary," then we should take care of the self seriously.

But care of the self is not our only recourse to creating more caregiving subjects. The fundamentally non-equal character of caregiving relationships should not elide the democracy's unique potential to make those relationships more just and to transform ourselves into the sorts of subjects we wish to be. Some democrats will no doubt be troubled by my turn to early-Foucault's conceptions of normalization and "disciplinary power" as a way to talk about the structural support necessary for engendering a culture of care. Foucault was not incorrect in his analysis of the power of modern states to

³¹⁶ Foucault, "Ethics of the Concern for the Self as Practice of Freedom," 286.

discipline and fashion citizens' desires and habits, though he might have helped us to see more clearly how this might operate in better or worse forms across different types of polities. If we think that Tambornino is correct to say that governing embodied subjects always involves some form of "normalization" and "discipline" and that what political theorists and citizens must do is consider how we might more thoughtfully engage in these processes, then it is very possible that democratic rule provides the best political arrangements and institutions in which to collectively cultivate self-fashioning and self-development in the direction of shared ideals. Democracy is not just a mechanism by which we preserve or realize the right and interests of individuals and groups prior to political life.³¹⁷ It is also a set of participatory practices involving deliberation, collective decision-making, and institution building, and it is in and through these practices that subjects are partially constituted.³¹⁸ Though we can never free ourselves from discipline and norms, democracy offers us a chance to decide which limits we wish to set upon each other and ourselves, and which are the areas of human life that require fewer restrictions.

Despite Aristotle's worries about the dangers of democracy, we know that democratic rule can greatly contribute to human development and, more importantly, has the potential to give people the ability to thoughtfully and creatively transform themselves into more excellent beings. This is the "self-transformative" view of democracy and it is most compatible with the ethic of care that I have developed here.

³¹⁷ This is generally referred to as the "standard liberal democracy" approach. See Mark Warren, "Democratic Theory and Self-Transformation," *American Political Science Review* 86, no. 1 (1992). Also, see Robert Alan Dahl, *Democracy and Its Critics* (New Haven: Yale University Press, 1989), Chapter Seven.

³¹⁸ Benjamin R. Barber, *Strong Democracy: Participatory Politics for a New Age* (Berkeley: University of California Press, 1984), Jurgen Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (Cambridge, Mass.: MIT Press, 1989), Warren, "Democratic Theory and Self-Transformation."

This view of democracy is, of course, complicated by the fact that any citizenry will inevitably contain multiple—possibly endless—beliefs about what counts as self-development and what constitutes the good life. Many do not believe care to be central to human flourishing and, even if they think care is a valuable human activity, they may not believe that politics should be in the business of helping citizens to live excellent lives. Self-transformative democracy, or “expansive democratic theory” as it sometimes called, also entails the ideas that self-governance is not merely a private matter and that democracy is strengthened when we all participate in the deliberative processes whereby we collectively judge which actions, all things considered, best reflect our *shared* values and ends. This does not mean, of course, that all of our initial individual preferences hold the day in a democracy; indeed, we know they very often do not. But it does mean that democracy requires that we produce citizens who maintain an openness to having their own beliefs and desires re-calibrated in light of persuasive arguments and new information. In other words, democracy demands that we remain open to the revision of fundamental political institutions, which necessarily shape present and future citizens’ habits and desires, if such revision can be shown to hold out the possibility of improving our shared moral life. It is this openness upon which the success of my project depends. I hope to have shown the reader all that we stand to gain by reimagining and reconstituting ourselves as beings for whom the practice of care is essential.

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