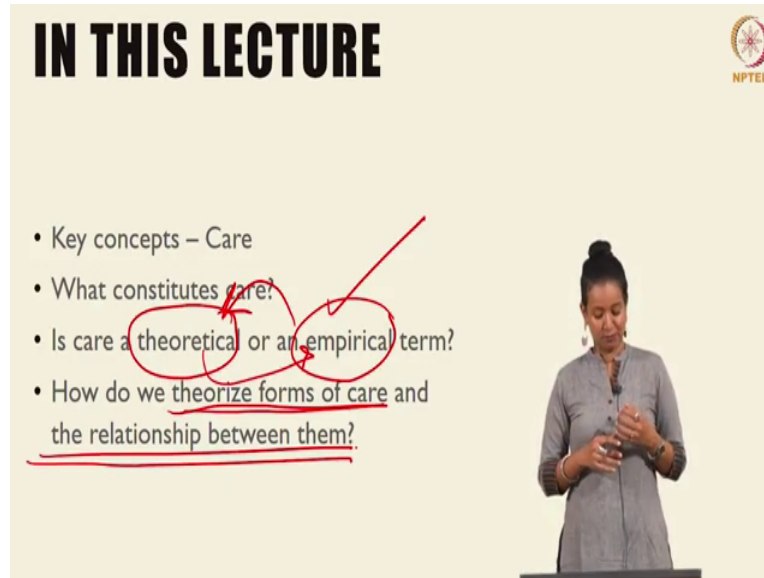


Feminism Concepts and Theory
Professor. Mathangi Krishnamurthy
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Key Concepts – Care

Another week, look sharp people, we are back with yet another concept.

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Today, in Feminism: Concepts and theories, we are going to look at the concept of Care. Now, care is by far one of my most favourite concepts to examine because what better conceptualization can there be at the heart of feminist theory, more than care? Care is considered so quintessentially feminine, that it seems almost redundant to examine it in a critical fashion. However, as we will go on to investigate, our understanding of care needs therefore to be doubly critical, in relation to its overarchingly feminine characteristics. And then to take it to a place where we ask, what happens when we apply feminist analysis to the idea of care? So, in today's lecture, we are asking very basic questions. Such as, what constitutes care, when I say care what do I mean, what are the many things that I might be able to mean?

Two, is care a theoretical or an empirical term, and this question is very much at the heart of today's lecture. Think about the ways in which we looked at, equality, difference, even choice. There it seemed perfectly obvious to try and understand how is it that we could deepen our deployment of these terms?

With care it almost seems like a regular verb: I care for, I am cared for, take care, be careful. It seems very commonsensical, in the fact that it is available for all kinds of usage. In feminist theory, we are forced to grapple with the question of, is it theoretical, is it empirical and what do we mean when we make this kind of artificial separation, between theoretical and empirical. It merely means, as an empirical term is it only available for observation and description and that is about all we can do with it or rather is it so forcefully and specifically empirical that we cannot gather it into any kind of theory?

And on the other hand, is it so theoretical that it will find absolutely no correlation, in empirical terms? This is something that we are going to go on to discuss during the course of this lecture. If for the sake of argument, I say that there are many meanings of care, as we have seen with other kinds of concepts. In which case, we are also interested in, theorizing forms of care and the relationship between them. As you can tell we have a lot to accomplish today. So, let us march forth without further ado.

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CARE

- Two areas of specificity
 - ✓ - Woman as primary caregivers
 - Care as work
- Specific to the private or public domain
- The family, the office, the hospital and the community home

Across, are multiple commonsensical understandings of care. What is important to feminist theory are the following: Women, are often considered as primary caregivers and the arguments are many for something like this. So therefore, this observation is both theoretical as well as empirical. Women are generally seen as primary care givers, women are primarily asked to be primary caregivers. The other area, is of course to resolutely, adamantly insist that care constitutes work.

Caring for, caring with, being careful about, taking care, these are all forms of being in the world that require work.

We will keep these two in mind, even as we ask questions to say, is care specific to the private domain, the public domain, which form of care are we concerned with in relation to feminist theory. Remember our discussion on rights, where we said that the first wave of feminism or liberal feminism was primarily concerned with rights in public space? Here again, we are asking a similar question. Which kind of care work are we concerned with, at home, outside, both, neither?

So, the question is out on the table. And we are also asking where is it that we see all these forms of care? Here are a few examples, care in the family, care in the office, care in the hospital, care in the community home. So, which forms of care are we going to be able to theorize? And we are suggesting here, that across these two rather broad questions, what is common, is that women are primary caregivers and care is work. Keep those in mind as we continue with this discussion.

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CARE AS A CLUSTER CONCEPT

- Contradictory and ambiguous in feminist theory
- Hallmark of women's difference/
Entrapment of subservience
- The values we associate with care –
gendered and hierarchical

The slide features a presenter in the bottom right corner. The title 'CARE AS A CLUSTER CONCEPT' is underlined with a red line. The bullet points are also marked with red lines: the first is crossed out, the second is circled, and the third is boxed. The NPTEL logo is in the top right corner.

A couple of other things we should keep in mind, is that care is seen in feminist theory as a cluster concept. I will explain this as we go along, for now just hold this in your memory. It is often contradictory and ambiguous. It might not mean the same thing. It might be considered as allowing women certain kinds of freedoms. It might be considered as in trapping them in particular forms of subservience. It is often considered a hallmark of women's difference.

Remember in the discussion on equality we spoke about the feminism of uncritical reversal. Women are equal but they are different, but women are either superior or women have specific values that ought to be valued in the public sphere. Care functions in relation to such an argument as a hallmark of how women are different. Women know how to take care, women are naturally equipped to care for people, women have a nurturing capacity. These are standard tropes about womanhood, that often allow for care to function as an essentialist characteristic of womanhood. On the other hand, care can also be analysed as an entrapment of subservience.

Because women are expected to care, therefore they naturally present themselves as subservient in certain situations, in relation to caring for other people's feelings, bodies, presence, status, so on and so forth. Therefore, this much is fairly clear that the values associated with care are gendered and hierarchical. Now, this is where the ambiguity often comes in because gender does not mean that it is only about women, gender means that care functions often on the feminine end of the spectrum, whether attached to male or female bodies.

Hierarchical again can be quite difficult to understand because often depending on the person taking care, that person is either accorded value or that person is considered to be meek or submissive, and this varies depending on the context, depending on the body, depending on the consequence and that is why, it is important to remember care like most other concepts as context driven and therefore, it is a cluster concept.

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CARE AS A CLUSTER CONCEPT

- Theoretical Frameworks
 - Marxist analyses of production and reproduction
 - Dual systems theorizing of patriarchy within capitalism
 - Poststructural analyses of identity
 - Development of self
 - Justice frameworks of morality

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In this understanding of care as a cluster concept, we can employ various kinds of lenses to analyse it. For example, we could analyse it through Marxist understandings of production and reproduction. When the function of taking care is disproportionately placed on women's bodies how do we relate that to relations of production? In other words, if women were not doing the work of caring at home, caring for children, caring for the home, caring for the community, would men be able to participate in relations of production? We will come to that in a bit.

But this also relates to our earlier understanding of choice and working women, where women have to take care of the home no matter what. We could understand it within dual systems, theorising patriarchy within capitalism. Such a lens suggests, that women are doubly oppressed. They are oppressed within relations of production because capitalism demands that women work in the office and at home, and they are oppressed within patriarchy because patriarchy demands certain kinds of presentation of women, and certain relations of care, in relation to family and community.

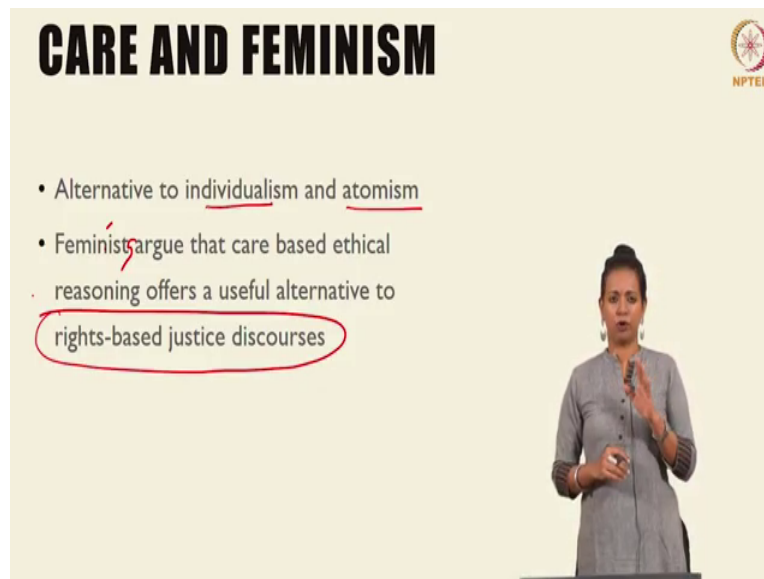
We could analyse it within post-structural analyses of identity. How is it that we begin to understand ourselves as men or women or otherwise? Often the answer is that our subjectivity also has notions of care built within it. You are a good enough man or woman, depending on how much care you are allowed to practise towards self and towards others.

For example, emotionality can be construed as a form of care. The capacity to be emotional, to have feelings, to be deeply affected by things, is often a feminine prerogative that is not allowed to men and therefore, such a notion of care very much feeds into an understanding of identity.

Why do we call it post-structural, I will just repeat this for understanding to make sure that we are on the same page. Poststructural analyses assume that there is no clear truth to identity, that what we consider as identity, is built in terms of the messages we receive from society around us from the moment of our birth and therefore, in such a poststructural analysis, care functions as discursive disciplining, of how to be a man or a woman. It can be considered part of development of self and gender identity, similar to the lens before.

And lastly, care also functions as an important category in justice frameworks of morality. This can be rephrased as, how do we understand the role of justice in society? Is it meant to wreak vengeance, is it meant to provide care for citizens of society, is it meant to provide care for ostensibly violent or transgressive individuals who must then be brought back into the fold of society? These are the multiple questions within which care is important.

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CARE AND FEMINISM

- Alternative to individualism and atomism
- Feminists argue that care based ethical reasoning offers a useful alternative to rights-based justice discourses

The slide features a speaker in a grey dress in the bottom right corner. The NPTEL logo is in the top right corner. The text 'rights-based justice discourses' is circled in red, and 'Feminists' has a red mark above it.

In relation to justice frameworks, feminists also argue that in understanding the relationship between care and feminism, we could also see it as an alternative to individualism and atomism. An antidote, to an increasingly alienated society that seems to put increasing pressure on the individual to be all sorts of things.

When the actual fact of the matter is that we can help each other and care for each other, at the risk of losing out this idea of individual competitiveness. In such a framework, feminists argue that care based ethical reasoning offers a useful alternative to rights based justice discourses that are dependent upon the idea of the individual in society as the most important unit. I will talk a little bit more about this towards the end of class. So, if you are unclear, hang on for just a bit.

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**FOUR FORMS OF CARE
(TORONTO 1993)**

- Caring about
 - The link between what we care about and the sort of person we are
 - What value it gives to the care-r responsible for this care
- Taking care of
 - Agency and Responsibility
 - Method of caring


A woman in a grey dress stands to the right of the slide, gesturing with her hands. The slide has a green vertical bar on the right side with a small logo at the top.

Let us then move on to multiple frameworks of care that will help explicate, why it is a cluster concept and a bit of a complex one. Let us start with Toronto's four forms of care, suggested in 1993. Which give you the following: caring about, which provides a link between what we care about and the sort of person we are. For example, I am a person who cares about the environment, is very much a facet of identity. The fact that I can make choices, remember choice, as to what is it that I offer my care to, gives everybody else a window, a hint into what kind of person I maybe. What value it gives to the carer responsible for this care. As a result of making this choice, what is it that people now see me as. Think about somebody who says I only care about money, think about the automatic value judgment made towards the person who says this. Think also, as to what happens when a man says this as opposed to when a woman says this and in all cases, depending on what you care about, certain forms of value will accrue to you, in order for society to decide what kind of a properly or improperly gendered person you are.

Two, what is being taken care of, and this relates to questions of agency and responsibility. Are you actively making an effort to care for something? How is it that you are deploying your agency or capacity? Two, what kinds of responsibilities are you playing out, in caring for something? For example, children caring for aging parents, what forms of responsibility can you understand from this idea of who cares for aging parents? How is it that you care for them, clearly these two are interrelated. Because the idea of being responsible for something, is intimately related to how you play out that responsibility.


One could care for aging parents monetarily, one could care for aging parents emotionally, by being there for them when they need you, one could care for aging parents materially, making sure that they are comfortable, checking on them, one could care for them in other kinds of ways which in certain societies are frowned upon such as making sure that they are comfortable but offering no emotional access or emotional routes to be able to build that relationship. All of these methods of caring are tied to forms of responsibility; they cannot be separated from that.

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PUBLIC/PRIVATE DIVIDE

- Care giving
 - Slaves, servants, and women
 - Men Vs. Women: Exceptionalism
- Care receiving
 - Loss of autonomy; the status of care receiving differs by gender and class



The third form we are talking about, care giving, which speaks very specifically to the public-private divide. Who is it that gives care? Often in many societies slaves, servants, women; and what are the forms of exceptionalism applied to men versus women, when this care giving is provided in the public sphere?

What happens when men are caregivers, what happens when women are caregivers, who is paid more, who is considered to have more or less value in society, who is considered to be naturally suited for one versus the other?

This is why we use the term exceptionalism, to suggest that caregiving is considered more natural for female figures or feminine characteristics as opposed to men or masculine characteristics.

Lastly, we look at care receiving. All forms of care are also part of the understanding that when care is given care is also received and what does this mean for questions of loss of autonomy?

Who are better at being cared for, what kinds of gendering or agendering are implicit in the notion that somebody needs care and how does this differ, by gender and by class. Keep these in mind as you go forth, because we are not just talking about power that flows unidirectionally, we are also talking about how care travels between bodies.

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	Who cares?	Value
Caring About		
Issues of state and the economy	Politicians and statesmen	High
One's children	Fathers	High
One's children	Mothers	Low
Taking Care of		
The homeless, the world's poor, etc.	Paid employees in the public sector	High
The diet of one's children or partner	Mothers	Low
The family income	Fathers	High
Care Giving		
Building houses for the homeless	Volunteer builders	High
Cleaning the toilets in a care home	Cleaners	Low
Operating on a cancer patient	Doctors	High
Checking a patient's blood pressure	Nurse	Low
Care Receiving		
The Chief Executive who needs his travel tickets booked	Personal assistant	High
The husband who is sick	Wife	Low
The wife who is sick	Husband	High

Source: Developed from Fisher and Tronto, 1990; Tronto, 1993

Here also, is a little primer on these four forms of care and why they matter. Let us start with the first. Who is it that cares about issues of state and the economy? Politicians and statesmen, public figures, and this form of care, since it is in the public domain and since it is primarily by men, has a high value.

Caring about one's children, consider to be standard parental duty. What happens when it is fathers who are caring about children, the value given is high. He really cares about his children, he makes sure he has time for his children, means that the father gets extra brownie points.

Watch what happens when it is one's children who are cared for by mothers, the value is lower than this. Because think of the number times that people say the child is badly brought up, it is always the mother's fault. Oh, look, what kind of a bad mother she is, she does not have time for the children, which is heard much more often than she's such a great mother, she really makes time for her children. Again, think about the gender difference between the two. Second form of care.

What is it that one is taking care of, say the homeless, the world's poor, who often does this, paid employees in the public sector, the state, welfare activists, NGOs and the value for such a thing, is high, it is considered to be ethically high. What happens when one is taking care of the diet of one's children or partner, which is considered to be a mother's standard duty, value is low. However, taking care of the family income by the father, the value is high. Even as it is assumed, that it is the father who is going to perform this duty.

Now, this can be contentious. I admit that in many instances, fathers are considered to have to bring the family income no matter what and often they can be derided if they fail to do so. But think about the ways in which fathers are derided when they do not bring home family income, they are not considered to be manly enough and there, they slipped down to the feminine end of the spectrum. See, how gendering works even in the instance of fathers. The third form of care, care giving. When one is building houses for the homeless, who is it that is doing it, volunteer builders, value is high.

Cleaning the toilets in a care home, often by cleaners, value is low. Here, we are talking about the kind of correlation of gender, but also of class. Operating on a cancer patient, operating on a cancer patient by doctors; value is very high. Class difference, checking a patient's blood pressure is also caretaking, but by a nurse the value is low.

Our last category of care receiving, the chief executive who needs his travel tickets booked, personal assistant high, public sphere. The husband who is sick, the wife takes care of him value, most definitely low because this is what the wife is expected to do.

Reverse it, the wife who is sick and the husband takes care of her, high value. No surprises, because there again the husband is considered to be over extending himself, to be taking care of his wife, when it is not expected that he do so, because caring for your spouse is not the natural duty of the husband, is the gender assumption.

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RANGE OF ACTIVITIES THAT DEFINE CARE (F.WILLIAMS 1993)

- ✓ Process of Care
 - Day to day experiences of those involved in care-giving
- ✓ Context of Care
 - Nursing/ Mothering/ Community service
- Struggles of Care
 - Conflicts difficulties of both the care-r and the cared for
- Dilemmas of Care
- Rights of Care

The slide features a presenter on the right side. Red handwritten annotations include checkmarks next to 'Process of Care', 'Context of Care', and 'Struggles of Care'; a circle around 'Rights of Care'; and a line under 'Conflicts difficulties of both the care-r and the cared for'.

The other typology, that one has to pay attention to might be the range of activities that define care. Let us take one for instance, developed by F. Williams in 1993. One, the process of care itself. What is involved in the day to day experience of caring, what are the material activities, is it cooking food, is it cleaning the house, is it wiping snotty noses, is it combing hair, is it being able to source craft activities for your children, is it being able to find access friendly furniture for aging parents, what is involved in the process of care?

Two, very important, what is the context of care, is it in the public domain or is it in the private domain, is it paid for or is it unpaid work? Therefore, is it nursing, mothering or is it community service offered by volunteers? Three, what are the struggles of care, and this will be familiar to anybody who has been in any kind of care giving or caretaking situation. Care is hard work, especially when having to do it on a repetitive everyday basis for another person. It does not get any easier. It does not become invisible. And therefore, it is very important to ask, what are the particular struggles that characterize care?

Are there conflicts, what are the difficulties of both the carer and the cared for. And this will change depending upon who we are speaking about? Gender is an important dimension to be able to analyse across scenarios. And this of course is related, this of course is related to the dilemmas of care. What is it that are posed as the most difficult questions in the care context. Lastly, what are the rights of care? Care also involves exerting some kind of authority and in such a scenario, what are the rights of the carer and the cared for, in order that power is not oppressively deployed.

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THE SEVEN KEY VARIABLES OF CARE
(THOMAS 1993)

- The social identity of the carer.
- The social identity of the care recipient.
- The inter-personal relationships between the carer and the care recipient.
- The nature of care.
- The social domain within which the caring relationship is located.
- The economic character of the care relationship.
- The institutional setting in which care is delivered.

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Another typology, this is the last one I promise you. What are the 7 key variables of care and this was developed by, Thomas in 1993. We are looking at, the social identity of the carer, the social identity of the care recipient. Here, this also harks back to what I said just a moment ago, which is that care involves the movement of power.


Therefore, it is very important to ask, what are relational social identities of the carer and the cared. Are they family, is one paid by the other, are they obligations one way or the other, are there differences in class and gender status, and all of these will pay into our understanding, all of these will play into our understanding of what constitutes care.

The interpersonal relationships therefore, between the carer and the care recipient, the nature of care, how rigorous is it, what does it involve, what are the processes that are part of these acts of care, very much relate to our framework right before.

The nature of care therefore, the social domain within which the caring relationship is located, private, public, personal, impersonal, what have you. The economic character, the economic character of the relationship and lastly, the institutional setting in which care is delivered. Now, this framework is very, very useful for a very particular kind of social analysis comprising class, caste, race, gender.


Therefore, use these as an when we need to answer the question what exactly is care. And in a sociological sense, these are the multiple ways in which we can understand care very much to be a social act.

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PROVISIONAL DEFINITION

- "Care is both paid and unpaid provision of support involving work activities and feeling states. It is provided mainly, but not exclusively, by women to both able-bodied and dependent adults and children in either the public or domestic spheres, and in a variety of institutional settings" (Thomas 1993:665)
- Why do women primarily do care work?
- Explanations for the private and public domain
 - Women performing unpaid care work in the family
 - Disproportionate number of women performing paid care work as compared to men




Therefore, after all these multiple frameworks, perhaps we can arrive at a provisional definition and I give you one from Thomas 1993. Care is both paid and unpaid provision of support involving work activities and feeling states. I really appreciate how this kind of definition is speaking about both activity and feeling. It is provided mainly, but not exclusively by women, to both able bodied and dependent adults and children, in either the public or domestic spheres and in a variety of institutional settings.

This is broad enough that it can encompass, various forms of care. However, the fundamental question still remains, as to why is it women? Now, it is women who primarily do care work. And explanations for it, in both the public and private domain are many. And the question therefore continues, why is it that women perform unpaid care work in the family, and why is it that those


who do paid care work are mostly women. This set of questions therefore, is something that we are going to tackle for the rest of this lecture.

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CARE AS WOMEN'S WORK IN THE FAMILY

- Industrialization
 - Site of economic activity moves from home to the factory
 - Difficult therefore for women to combine domestic care work and paid work




There are four sets of explanations, for the question of why is it that care is primarily women's work as far as the family or the private domain is concerned. One of the explanations, involves industrialization and suggests that with the advent of industrialization, the site of economic activity moves from home to the factory.

So, we are also contrasting this with, say the agricultural economy or an informal economy or a feudal family based economy and says that with industrialization, work is primarily performed in the factory and in that instance because work is done in the factory, the home becomes a separate domain and women are not able to manage both.


Difficult therefore for women, difficult therefore for women to combine domestic care work and paid work. So, suddenly the site of paid work becomes remove from the family, where at a prior time money used to stay within that site and could not be separated between men and women in very easy ways.

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CARE AS WOMEN'S WORK IN THE FAMILY

- Capitalist mode of production
 - Separation of waged labor from unwaged, domestic labor
 - “Wages for Housework” Feminism




The second explanation, is of course in relation to the capitalist mode of production, again as an extension of industrialization itself. Where there is a separation of waged labor from unwaged, domestic labor, again factory and home. Now, this set of explanations has also given rise to something called wages for housework feminism. Which is the understanding as expanded upon from Marxist analyses of social reproduction, that woman's unpaid labor is what allows for men to continue to earn money in a modern economy and therefore, this work is unaccounted for in making profit calculations.

Hence, women should be paid for housework, the money that comes into the household must also be partly allocated to women, to account for their labor. Some of you might argue that of course, women who work in the home means the husband who pays the maintenance money, takes care of things, so what are we talking about that women are not paid. The difference is in its ad-hoc and informal character. There is no accounting for the number of hours that women work, the kinds of work that they do.


There is no clear value placed on this, there is no clear value placed on it and to this day, in many, many families women are arbitrarily given money, given gifts, provided for, but it still continues to foster relations of dependency between the earning man and the woman who is a housewife. Which by itself is not considered a term of value, outside of its capacity to maintain home and children.

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CARE AS WOMEN'S WORK IN THE FAMILY



- Patriarchy
 - + Dual systems theory
 - Patriarchal modes of both the public and the private domain
- Social reproduction



The third explanation, broadly is patriarchy, within which women's value has to be at the lower end of the hierarchy. Therefore, in dual systems theory, patriarchy works in both the public and the private domain, to be able to keep women in their place. And lastly, social reproduction assumes that woman's primary job is to reproduce the family or to reproduce society and the site for such reproduction is home and the family and therefore women have to perform care work only in those domains and are expected to do so, almost by natural law.

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CARE AS PUBLIC GENDERED WORK



Gendered Labor Market Stratification

- Horizontal segregation: Men and Women work in different sectors of the economy
- Vertical segregation: Men are disproportionately represented in the higher sections of organizational hierarchy
- "Glass" ceilings (also "concrete" and "bedpan")



The second set of questions has to do with, why is it, that in care work that is paid for, the number of workers are overwhelmingly women and the explanation provided for this is in terms of what is called gendered labor market stratification. How is it that the labor market is stratified, segregated, organized and the argument is that there is both horizontal and vertical segregation.

Horizontal segregation means, that men and women are given different sectors of the economy to work in, in keeping with what is understood as the natural capacities of men and women. As a result, you find disproportionate number of women in paid care work such as nursing.

In vertical segregation, the argument is that men are disproportionately represented in the higher sections of the organizational hierarchy, giving rise to terms such as the glass ceiling and the reason is fairly obvious, which is that after a particular point of time, men are required to provide as much of their time as possible to the organization that pays them money. Women can do so, but they are not relieved of their domestic responsibilities.

So, while men can afford to give such kinds of time, women have to rush back to the home and family and this is a very common experience that women often refuse positions of higher responsibility, lest they have lesser and lesser time to care for their families. Hence, not just glass ceiling, there is also the rise of terms such as, concrete ceiling and bedpan ceiling. Which suggest that, the work of care is what is it that prevents women from being able to rise in organizational structures.


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The responses and arguments, in relation to these two sets of questions, should also direct us to understand that the public and the private are interconnected in relation to women's care labor. You cannot separate the two.


Even in a corporate scenario, it is care work required in the family that directs the ways in which women can thrive, persevere, pursue certain professions. So, think about these responses together instead of confining them to one or the other domain and feminist theory suggests that, only through an interconnected understanding can we begin to take concrete steps to be able to address these questions, separations and stratifications.

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WOMEN AT WORK

- The dilemmas of career women
- Work and home responsibilities
- Lack of childcare
- Work and citizenship
 - The advantages of full-time work
 - What counts as full-time work in a classed economy? McDonald's Vs. Accenture



Think for example, of what happens to women at work. There are dilemmas such as, whether to care for the office or home; both responsibilities work together. There is a lack of childcare, the responsibilities of caring are considered to be part of the home domain and that cannot be brought to the workplace.

And work and citizenship are not provided to women who do not have full-time work, and the relationship between work and citizenship is important to consider here, because only through full time paid work are women considered to be equal citizens. Hence, the type of work that women do is greatly important in our understanding of the kinds of women who can claim access to equality in the public sphere.

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THE NEED FOR REFORMS

- Reforming understandings of women's private and domestic care labor
- Recognizing the need for women's economic independence and citizenship
- Recognizing the need for representation
 - IN OTHER WORDS:
 - State support for domestic care
 - Personal economic dependency is incompatible with full citizenship
 - Political representation of women


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Hence, the need for reforms in relation to these quandaries can be suggested through the following measures. One, we need to reform understandings of woman's private and domestic care labor. One has to take greater cognizance, of how much work women perform in the home, in the domestic arena, in order to keep households running. There has to be a recognition of the need for women's economic independence and citizenship. Only through such independence can women begin to exert full subjectivity, rights and capacity to be equal in society.

And lastly, recognizing the need for representation, to interrupt forms of horizontal and vertical stratification. In other words, we could ask for state support for domestic care, either in the home or in the workplace, as mandated by law.


One could ask for a greater understanding of personal economic dependency and its relationship to full citizenship and suggest that wages for housework feminism, for example is necessary for women to have access to economic independence and therefore, citizenship. And lastly, recognizing the need for perhaps, positive discrimination, active measures towards ensuring representation of women in multiple spheres.

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INVESTIGATING DIFFERENCE

- Care as a Cluster Concept
 - It invokes other sets of meanings
 - Care, Dependency, and Responsibility
 - Relationship between autonomy and caring for both the care-r and the care-d
 - Mutual relationship of care



While we have addressed many questions revolving around care, specifically, in relation to feminist interventions, there are other theorizations, that also suggest that we need to continue looking at care as a cluster concept. What do we mean by that? That care always invokes other sets of meanings. Such as, dependency and responsibilities. And one has to keep in mind the constant back and forth in the relationship between autonomy and caring. In other words, does caring for somebody take away their autonomy? Does being cared for automatically mean that one has given up autonomy?

And these are important questions, in trying to understand the different valences of care. And that care is always a mutual relationship. It involves two sets of parties if not more and it is the relationship between them, that must constantly be open to feminist intervention.

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The slide is titled "CARING IN MODERN, CAPITALISTIC SOCIETIES" in large, bold, black capital letters. In the top right corner, there is a small circular logo with the text "NPTEL" below it. The slide content is organized into two main sections. The first section lists three domains of care, each preceded by a red checkmark: "Care in the household", "Care in the marketplace", and "Care in bureaucracy". The second section is titled "RECENT WORK" and lists two topics: "The commodity value of care" and "Masculine Versus Feminine Styles of Leadership". Red handwritten annotations are present: a checkmark next to the first three items, a red box around "Care in the marketplace", a red circle around "RECENT WORK", and red arrows pointing from the first three items to the "RECENT WORK" section. On the right side of the slide, a woman with dark hair, wearing a grey button-down shirt, is standing and gesturing with her hands as if presenting.

- Care in the household
- Care in the marketplace
- Care in bureaucracy

- RECENT WORK
 - The commodity value of care
 - Masculine Versus Feminine Styles of Leadership

Feminist theory suggest that, caring in modern capitalistic societies can be understood in three arenas, in three different ways. One, of course, we have already discussed this, care in the household. Two, care in the marketplace. Three, care in bureaucracy. And theoretically, we are suggesting that each of these sites necessitates different forms of care.

In the household, we already know, this is domestic caring for children, caring for house, so on and so forth. Care in the marketplace recently, has come under different forms of theorization in relation to the commodification of emotions, commodification of care.

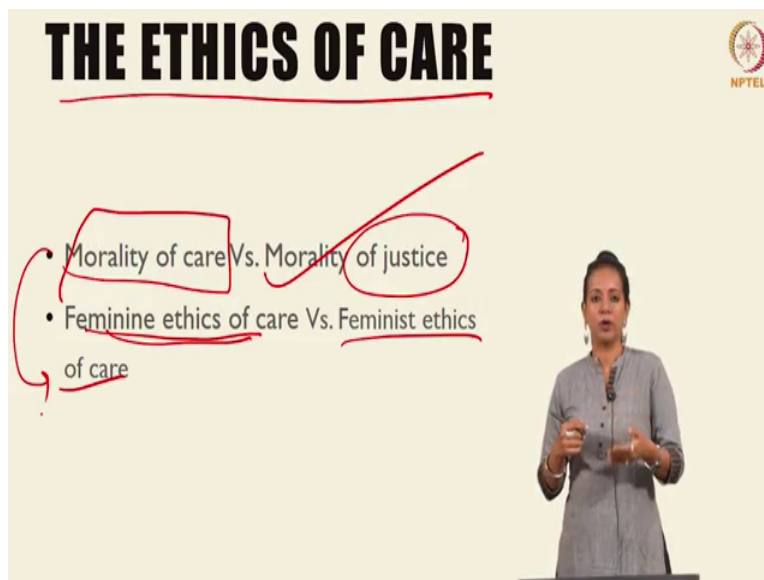
So, this is paid work of care, offered many a time by women, but also by men and lastly, care in the bureaucracy, which is just to take care the things are going on as they are. This is also the public domain but it functions in a very, very different mode than care in the marketplace, which is far more proactive.

In relation to care in the marketplace, recent work has focused on its commodity value, what happens when we commoditize emotions like care. And, it is also found space in literature speaking about styles of leadership, styles of teamwork, styles of managing people.

Where it has increasingly become, fairly fashionable to suggest that feminine styles of nurturing and care are important commodities in their own right, in the corporate boardroom or in the organizational structure. Pay attention to these, we will return to these in the week where we are

discussing feminist conceptualizations of labor and work under the rubric of affective or emotional labor.

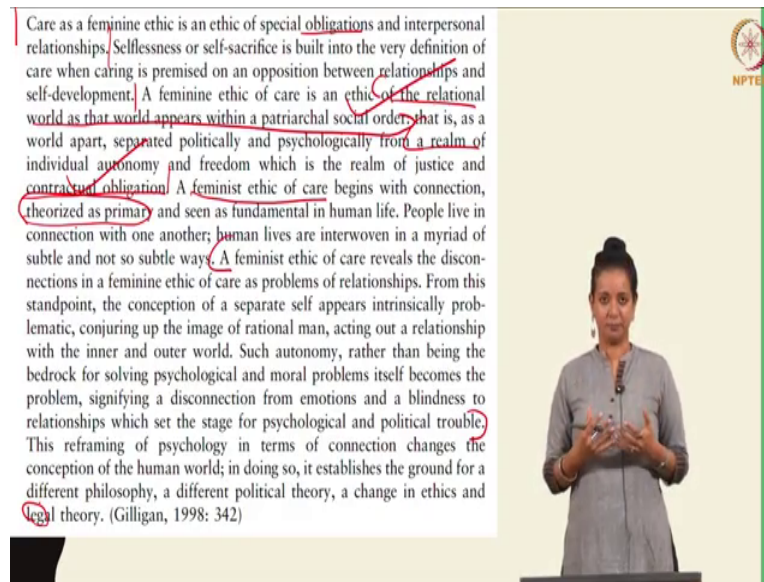
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In our last set of discussions today, I want to focus attention on a slightly different modality of theorization, which has to do with the ethics of care. Here feminists insist, that care by itself has a positive valence because it allows for us to conceptualize the world differently. A world seen through care or caring for, is a necessary feminist intervention as opposed to a morality of justice. I know we spoke about it briefly, I know we spoke about it briefly at the beginning of this lecture and that is why I am returning to it. Feminists suggest here, that a morality of care differs greatly from a morality of justice.

And in this we should also take into account, a feminine ethics of care, which is the idea that women are naturally better equipped to care for, hence feminine, versus a feminist ethics of care, which is this idea that care by itself is a valuable process in the world. And if we start looking at things vis-a-vis care, we will be able to understand, engage and live in the world better. We will also be able to govern better. And form more caring, more engaged, more empathetic ways of dealing with each other.

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Care as a feminine ethic is an ethic of special obligations and interpersonal relationships. Selflessness or self-sacrifice is built into the very definition of care when caring is premised on an opposition between relationships and self-development. A feminine ethic of care is an ethic of the relational world as that world appears within a patriarchal social order that is, as a world apart, separated politically and psychologically from a realm of individual autonomy and freedom which is the realm of justice and contractual obligation. A feminist ethic of care begins with connection, theorized as primary and seen as fundamental in human life. People live in connection with one another; human lives are interwoven in a myriad of subtle and not so subtle ways. A feminist ethic of care reveals the disconnections in a feminine ethic of care as problems of relationships. From this standpoint, the conception of a separate self appears intrinsically problematic, conjuring up the image of rational man, acting out a relationship with the inner and outer world. Such autonomy, rather than being the bedrock for solving psychological and moral problems itself becomes the problem, signifying a disconnection from emotions and a blindness to relationships which set the stage for psychological and political trouble. This reframing of psychology in terms of connection changes the conception of the human world; in doing so, it establishes the ground for a different philosophy, a different political theory, a change in ethics and legal theory. (Gilligan, 1998: 342)

Let me read out to you something from Gilligan 1998, to illustrate what we mean here. “Care as a feminine ethic, is an ethic of special obligations and interpersonal relationships”. Pay attention here to the word obligations, as if this is something that is incumbent upon the female or feminine body. Selflessness or self sacrifice is built into the very definition of care, when caring is premised on an opposition between relationships and self development. Think about what this means. There is only, a very particular binary being set up over here, you get, when you care for somebody, you lose the opportunity to develop self.

Because not caring for, being selfish is tantamount to developing self and if you care for somebody, you are far more engaged in the idea of relationships themselves. A feminine ethic of care, is an ethic of the relational world as that world appears within a patriarchal social order that is, as a world apart, separated politically and psychologically from a realm of individual autonomy and freedom which is a realm of justice and contractual obligation. Another binary, relational world exists within a patriarchal social order. A realm of individual autonomy and freedom exists, which is a realm of justice and contractual obligation.

One is necessarily female, one is necessarily male. Now, Gilligan separates between this kind of feminine ethic of care, from a feminist ethic of care. A feminist ethic of care begins with connection, theorized as primary and seen as fundamental in human life. Do you see the difference,

a feminist ethic of care is not predicated upon any kind of binary, not a feminine versus a masculine.

It is a feminist ethic of care that ought to apply to everybody. Connection, theorized as primary and seen as fundamental. People live in connection with one another, human lives are interwoven in a myriad of subtle and not so subtle ways.

A feminist ethic of care reveals the disconnections in a feminine ethic of care as problems of relationships. Meaning, it is not that women are better at relationships and men are not. It means that in a feminist ethic of care, we should all live our lives as if we are related to one another.

From this standpoint, the conception of a separate self appears intrinsically problematic, conjuring up the image of rational man, acting out a relationship with the inner and outer world. Such autonomy, rather than being the bedrock for solving psychological and moral problems itself becomes the problem, signifying a disconnection from emotions and a blindness to relationships, which set the stage for psychological and political trouble.

Look at this masterful diagnosis. It is suggesting here, that only by following a feminist ethic of care, do we have the antidote for an increasingly disconnected world. Here, theory is suggesting that by reinjecting care into a psychologically and morally troubled world, we can repair this kind of masculinist, understanding of the landscape as primarily figured through reason and individuals' atomistic relationships.

This reframing of psychology in terms of connection changes the conception of the human world; in doing so, it establishes the ground for a different philosophy, a different political theory, a change in ethics and legal theory.

The legal theory is important and I will tell you in just a second, why in relation to how is it that justice frameworks are formed in the world. I find it useful, to end the discussion of care, with an ethics of care because here we are taking a concept, we are taking the idea of the gendering of a concept and turning it, we are taking the idea of the gendering of a concept and turning it into a marvellously productive possibility and this I find truly exciting.

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	Morality of care and responsibility (Gilligan)	Morality of justice (Kohlberg)
Primary moral imperative	Nonviolence/care	Justice
Components of morality	Relationships Responsibility for self and others Care Harmony Compassion Belittleness/self-sacrifice	Safety of the individual Rights of self and others Reciprocity Respect Rules/legalities
Nature of moral dilemma	Threats to harmony and relationships	Conflicting rights
Determinants of moral obligation	Relationships	Principles
Cognitive processes for resolving dilemmas	Inductive thinking	Logical-deductive thinking
View of self as moral agent	Connected, attached	Separate, individual
Philosophical orientation	Phenomenological (contextual relativism)	Rational (universal principle of justice)

Source: Adapted from Brabeck, 1993: 37

Let us take a second then here, to compare Gilligan's morality of care with Kohlberg's morality of justice and let us start from the bottom. The philosophical orientation of morality of care and responsibility according to Gilligan is phenomenological. Let us, take into account Gilligan's morality of care in relation to Kohlberg's morality of justice and let us start at the bottom. The philosophical orientation for Gilligan is phenomenological, which is that it is contextual. It is based on lived experience, one should care for things depending on how is it that one sees them in their specific context.

For a morality of justice framework as suggested by Kohlberg, the philosophical orientation is rational. There are universal principles of justice, these must be applied no matter the context. Self as a moral agent in Gilligan's universe, is connected, is attached. For Kohlberg and morality of justice, every individual is separate and is a rights bearing individual. The reasoning is inductive, one is able to understand general principles from specific instances. For Kohlberg, it is logical and deductive this happened, this does not, this happened, this did not happen.

And therefore, we will apply a particular kind of framework depending on what kinds of characteristics they share with each other. Moral obligation is determined by relationships, moral obligation is determined by principles. The dilemma here, is that we are threatened with loss of relationships and therefore there is a threat to harmony. For Kohlberg, the dilemma is that the individuals rights are under attack, it's individuals against individuals. The components of

morality, especially since we are discussing ethics; here, morality consists of relationships, the responsibility for self towards others, care, harmony, compassion, selflessness, self sacrifice as universal understandings and imperatives, not just a feminine one. Morality for justice framework is sanctity of the individual that must not be harmed at any cost, rights of self and others, reciprocity, you do to me, as I do to you, not that I do to you because I have compassion towards you. Respect rules and legalities. And such are the components of non-violence and care, versus the components of justice.

And this is very, very important to think about in relation to a feminist ethics of care because this is primarily, how society is ordered and in relation to how is it that a feminist ethics of care could intervene, in providing to us the possibility of a more just, more gender just, more egalitarian society, perhaps this might be the way to go.

This is the entire set of discussions for this lecture, in the next lecture the last one for this week, I am going to read to you certain case studies from the text, as well as an excerpt from an article on surrogacy. In order to illustrate the difficulties of care in the public domain and the ways in which it intersects with care in the private domain. Until then.