Kari Greenswag (Los Angeles, USA) has finished her PhD at the department of Philosophy of the University of Sydney (Australia) in 2016. Her doctoral thesis is called “Globalizing the Ethics of Care: Policy, Transformation, and Judgment”. The burning issues she examines in her thesis are the increasing inequality in the world, the continued marginalization of women, and more broadly the growing crisis of care. Greenswag argues that the ethics of care should be considered an important lens through which to view complex international moral and political contexts.

Ethicsofcare.org spoke with Kari Greenswag, and asked her three questions about her thesis.

1. You argue that care ethics offers a different perspective on human rights discourse. According to your thesis, you say that the relational ontology of care ethics generates different questions than the traditionally individualist ontology of mainstream human rights theories. Can you be more specific in which sense(s) care ethics differ from tradition, and maybe give one example?

   Traditionally, when talking about human rights discourses, the unit of moral concern is the individual agent. To be fair, it would be selling human rights short to say that these questions are asked totally *in absentia* of one’s relationships, but the focus is nevertheless on individual persons. The underlying point of human rights is, in general, to protect something like human agency, or autonomy, or personhood, that is to say, the ability to choose a life of one’s own or live a ‘human’ kind of life. Human rights are meant to be a standard that persons should not fall below, and when they do, that signals that something has gone wrong. This means that human rights are, often, a straightforward proposition: either someone’s human rights are fulfilled or they are not. Further, if my human rights are fulfilled, that does not mean yours are, or *vice versa*. It is possible for one person to have all their human rights while others do not, even within the same community. While such a situation certainly signals a gross injustice, there is no inbuilt method in traditional human rights discourses to ask how these two instances are connected.

   Conversely, care ethics focuses on the moral relations between different sets of agents. The result of this shift in focus is a different method of moral and political investigation. The current incarnation of care ethics, as critical and stridently feminist, goes beyond asking what my personal, caring obligations are, but asks how those caring relationships are structured by political, economic, and social forces. Care ethics, too, protects the ability to live a ‘human’ kind of life, but where traditional human rights discourses often focus on goods and services, care ethics illuminates how our caring relationships themselves are vital for our continued survival and underwrites our ability to thrive. The goal, then, for care ethics is three-fold: 1) to bring to the fore how deeply interconnected we are as human beings and how central care is to our lives; 2) to carve out space for the protection of the caring relationships that sustain human life; and 3) to challenge the moral, political, and economic assumptions about caring relationships that we currently hold. In sum, care ethics works to uncover the root causes of moral and political problems that are embedded in the assumptions we have about morality, politics, and economics.

   So that’s fairly abstract. Let’s go to an example.

   The most often utilized example for care ethics is that of the transnational care worker, who is often a woman who leaves her home country in order to work abroad in a caring profession. This can run the gamut from being a nurse in a hospital, to being employed as an in-home domestic laborer. Many of the women who go abroad are mothers themselves, and leave their own children behind. Certainly some kinds of employment are more prone to abuse than others. Those who work as in-home domestic carers, such as nannies or carers for the elderly, have a hard time living a life outside their employer’s home. Their pay might not be up

to standard, they might not be allowed time or days off, and their visas are often dependent upon the family that employs them. Those are instances of clear injustice. Being overworked and underpaid at least violates labor laws, and even human rights on some accounts. However, what if we're talking about a nurse who is fairly employed and doesn't work more hours than other nurses? Or a domestic live-in carer who is paid well and has ample time off. In this instance there isn't a violation of rights, even by the most generous human rights accounts.

However, there still might be something morally and politically suspect about these situations.

Let us remain focused on the live-in carer for the sake of brevity. Her rights are not, necessarily, being violated. She has work, she can use her employer's wifi to Skype with her children perhaps, and she can easily remit her pay to her family. She has time off to pursue some of her interests and does not feel that her visa status is under threat; the family she works for is kind, and she cares for the children as her own.

And yet, care ethics highlights how there are actually several deep moral and political issues at play. For one, care ethics questions the need for families to hire live-in carers in the first place. When looking at these family relationships, we can see that in places like the United States there are serious legal and economic penalties for having children. Having children is a large commitment, but the minimal political protections for parents means that mothers (and it is often mothers as opposed to fathers, though certainly some fathers take up more responsibility for childcare today than in the past) have to constantly balance their professional responsibilities with their domestic ones, deciding how many days they can have off to nurse their sick child, or how to ensure their child is fed and the house is maintained to an adequate standard while working long hours to financially contribute to the family. The situation of the single parent is even more precarious.

Secondly, care ethics would highlight a need to understand why women go abroad in the first place for work. Most transnational care workers who have to leave family behind miss their family terribly, and would not necessarily choose, had they the actual choice, to leave. But economic factors often make working abroad more attractive than staying in their home country, as those who leave to work abroad are also trying to properly care, financially, for their children. We can question what kind of choice this actually is, and find that there are real moral and political problems when we examine how the international labor market is structured to perpetuate transnational migration as a means to fulfill the care deficit in industrialized countries. Just as we live in a global economic market, so too do our political and moral choices have international scope.

Third, and last for this example, we can examine how having a woman as a domestic live-in carer, a woman who is often of a different ethnicity than her employers, actually serves to keep intact problematic social norms about the family and can even perpetuate neocolonial attitudes. Transnational carers often come from former colonies, and now instead of being colonized as such, they are travelling back along the old lines of colonialization to work in the homes of those who can afford it. Additionally, because women are often live-in carers, their very status as women can serve to keep intact the idea that women are 'natural' carers, or that a woman's place is, at base, in the home and caring for children. The family, at least in heterosexual relationships, is kept intact because another woman 'stands-in' as an additional mother/carer figure, not upsetting the social norms around the 'traditional' family unit.

The situation that the transnational carer lives in is not one devoid of moral or political concern, even if all of their human rights have been met. Care ethics serves to highlight how complex our moral and political relationships are with other people, to uncover the root causes

of moral and political contexts, and point to situations that are suspect regardless of a rights violation or not.

2. In your thesis you refer to care ethicist Fiona Robinson, and you reference her body of work and how it relates to global care ethics. Could you shortly explain why you chose her work to be central in your project? And how is her theory illustrated in your study?

   The most prominent reason why I used Fiona Robinson's work is that she wrote the first book about globalizing the ethics of care. Before Robinson's 1999 book, *Globalizing Care: Ethics, Feminist Theory, and International Relations*, political care ethics was still largely concerned with domestic politics. There were stirrings of international scope in other works, but this book marked a turning point for care ethics. Not only did it roundly critique traditional theories of international relations from a deeply feminist perspective, but it also sharpened care ethics as an analytical tool to assess current global patterns of power. Her entire body of work from that point onwards continued to refine care ethics for the international realm, highlighting the ability of care ethics to uncover global moral and political contexts, such as how ideas about difference contributed to political and moral exclusion, that were often not investigated by traditional international political discourse. She responded to critique, and also investigated different aspects of the global landscape, including but not limited to, looking at international labor practices and competition in the global economic market from the perspective of care, what it would mean to globalize ethically on a care account, and how care ethics can inform the field of human security as opposed to the focus on national security (where nations should focus on making their people secure as much as is possible, from the perils of modern life, on the idea that this will better protect a nation in the long run as opposed to the tools of traditional national security thinking).

   Her theory is woven in throughout my study. Her foundational work is heavily featured as I explore how we can justify and use care ethics internationally, and also is prominent when I draw out and elaborate on the care critique of traditional human rights discourses.

Additionally, her more targeted and topical works are used to further my own arguments about the usefulness of care ethics for public policy, and my critique of Daniel Engster's care theory. Although Robinson herself has not drawn out a criticism of Engster's work, the foundations for such a critique are embedded within her work.

3. You note in your thesis that care ethics has faced sharp criticism about its ability to be a prescriptive theory. Therefore, you engage with the work of care ethicists Daniel Engster and Kimberly Hutchings (Professor of Politics and International Relations, Queen Mary University, London, UK). By using case studies of public policy you aim to provide an answer for their critiques. Could you shortly explain the main critiques of Engster and Hutchings? And finally, could you illustrate by a case study, how you argue that the critical ethics of care, applied globally, can lead to moral and political judgments that stretch across cultures?

   In the first instance, Engster's critique of care ethics is that critical care ethics has too broad a picture of 'care' as a concept to be actually proscriptive, and that as such it cannot help guide public policy if one of the goals of care ethics is to bring care to the fore of our moral and political reasoning. My answer to Engster is two-fold. In the first instance, I spend a great deal of time showing exactly how care ethics can be used in the public policy cycle, drawing out the differences in thinking required if one bases ethics in public policy on care ethics as opposed to human rights. I illustrate this by using case studies from other care theorists to break down how care ethics methodology can be incorporated into every stage of the policy process (based on the policy cycle theory of public policy), and the specific benefits that using care ethics would provide, in contrast to some of the shortfalls of human rights based public policy.

   The second part of my answer to Engster is a strident critique of his care theory. My critique of Engster is, essentially, that his brand of care theory is too minimal to be a substantively different theory to traditional human rights discourses, which is something he wants it to be. The reason for this failure is for two reasons. Firstly, Engster's care theory is not, in and of itself, critical. This means it lacks the ability to dig into the root cause of global moral and political contexts, in contrast to how most care ethicists frame the theory. I specifically take issue with how Engster grounds his care theory in the uncritical acceptance of our dependence relations. Now, Engster rightly draws out how our relations of interdependence are of deep moral concern, and that without them we would not be able to survive and thrive

as human beings. Where he errs is in accepting these relations of dependence without critically investigating how they are actually shaped by political, social, and economic patterns of power. This means that Engster's care theory cannot challenge assumptions about something as basic as the structure of the family unit.

Secondly, Engster, by his own admission has crafted a minimally feminist kind of care theory. Not only is this disingenuous to what care ethics is and where it has come from, but he assumes that through a focus on care women's lives will be improved by better care services, rather than by pushing for women's full, political and moral equality. I argue that women's voices in politics are *entirely necessary* if women's lives are to be improved, and to bar history's traditional carers from political conversations about care is antithetical to the entire project.[1]

Conversely, my engagement with Hutchings is much more modest. Her critique of care ethics is that, like standpoint theory, care ethics is caught between saying that moral judgment is situated but nevertheless insists on the universalizability of care as a moral standpoint. For Hutchings, this is deeply problematic because this means the theorist cannot judge across cultural boundaries when using care ethics, or worse, attempts to do so but only ends up perpetuating another kind of moral imperialism. This is a charged critique to answer, because care ethics supposedly challenges the moral and political hegemony of human rights discourses. If Hutchings' critique holds, then the theory is in serious trouble because it exports specific contexts and perspectives that might not apply in other cultures, and therefore its prescriptive ability is suspect.

My answer to Hutchings is to use the work of Seyla Benhabib to draw out the possibility of how a negotiation between a universal standpoint, that of care, and specific moral contexts is possible. To quote myself, the tasks of the moral philosopher and especially the care ethicist are, "to investigate and explain other moral communities; to begin a dialogue about problems and possible solutions; to provide well-reasoned justifications; and to draw out possible inconsistences and outcomes of acting on certain moral commitments" (Greenswag, pg. 188). In other words, the methodology of care ethics is not problematic in the same way that other feminist standpoint theories might be. This is because care ethics, when done with patience and humility, requires, I claim, the theorist to be honest about their own contexts and perspectives, on the basis that we have already accepted the perspectival nature of knowledge. Thus we can pass moral judgments based on care ethics, as long as we do so in full knowledge that one's own personal experiences cannot and should not ever stand in for those of other persons.

Perhaps the example that best demonstrates how using care ethics can lead to moral and political judgments that stretch across cultures is the care analysis of female circumcision (also known as female genital mutilation or FGM). This topic has been a target of feminist theorizing for decades, and in spite of laws prohibiting the practice and public awareness campaigns, the practice continues. For this example, here and in my thesis, I relied on many different studies on the practice from all over the world, because one of the important points about this practice is that *it is not the same everywhere*. FGM is an old practice and done in many different cultures and countries, each with their own particular relationship with the practice. This means that in every instance of engaging with those who use the practice, the theorist, the policy administrator, the NGO worker, is going to have to adapt to the context in

1 I have an article forthcoming in *Hypatia* that fully focuses on this critique, titled "The Problem with 'Caring' Human Rights". Unfortunately, I do not know the publication date as yet, because it is still in typesetting. Hopefully it will be out sometime this year through Early View online.

which they are operating. Care ethics provides a methodological guide through what can be a minefield of problematic issues. Surrounding this conversation are issues of imperialism, cultural marginalization, and possibly outright racism. Care ethics insists that we pay attention to the historical background of this kind of conversation, and that we use the practices of care (attentiveness, responsibility, and responsiveness) to guide how we interact with persons from cultures different from our own. We must be attentive to their concerns and moral judgments as expressed, understand our responsibly to be open to moral judgment ourselves, and be responsive when we, too, are judged.

Now, the first step is to ask myself what it is about this practice compels me to pass judgment on it. This is the first step that I drew from Benhabib's work: to investigate and explain other moral communities. Other moral communities have a practice that I deem to be problematic, and I need to honestly try to understand why the practice exists and is perpetuated. What are the internal patterns of logic that generate the possibility for the practice in the first place? The second step is to begin a dialogue with those who engage in the practice, to not understand it from the outside looking in, but to actually communicate with the women who have undergone FGM and the persons who deem it a necessary part of the social life of their community. Taking these two first steps together, we can come to understand the role FGM plays within local social and political contexts. We might discover that FGM is thought to help protect women against unwanted sexual advances and help her marry well, and thus be fully a part of the community as a married woman.

Once we can understand the internal logic of the practice, then we can begin to engage in a dialogue, providing those well-reasoned justifications (Benhabib's step 3) for why the practice might do more harm than good, and how, if one wishes to follow through on certain moral commitments, the current practice might be an inappropriate solution (step 4). For instance, if the goal is actually to protect women from unwanted sexual attention, we might question how useful FGM is to combat a determined assaulter. Further, FGM is not predicated alone on an integral logic about 'protecting women', but instead is tied up in deeper assumptions about what matters for a woman's 'virtue', an acceptance of male violence against women as a fact of life, patterns of economic reliance, and national and local political power. To challenge the practice, it might be necessary to challenge of the deeper assumptions held in a particular culture.

But this is not, in and of itself, a bad thing. As I noted earlier, certainly talking about FGM is a difficult enterprise, with a great deal of problematic historical connotations. That, however, is not a reason to refuse to engage in a shared moral project at all. The point is that care ethics offers a method to begin a dialogue, to begin to provide well-reasoned justifications for why others find a particular practice problematic on the basis of care (i.e. that women who undergo the procedure are possibly recipients of a misplaced kind of care), as well as drawing out the assumptions that underwrite the continuation of said practices.

Then, once we understand the internal logic and see the deeper assumptions, we might ask if we could begin to target male behavior. Since, as it is male behavior that seems to at least partially underwrite the practice, why not go right to the men? Here again, we might encounter those deeper assumptions, in particular about how it is 'impossible' to get men to control themselves. And again, we could respond with further justifications for the need for men to understand how they are responsible for their actions, and that such actions are never excusable because 'they could not control themselves.' This can seem an exhausting way to produce moral and political judgments, but after such engagement, the hope is that the results would be *longer lasting*. It would be a moral and political *transformation* of the culture, where the problems they faced as they were understood, (keeping women safe and marking out their status as adult women in the community), are recast with different practices that ensure a

better standard of care for the women of the community.

All of that said, it is certainly easier to proscribe guidelines than to follow through, but studies have shown that simply outlawing FGM generally serve to drive the practice underground and make it all the more risky for the young women who undergo the procedure. Instead, there have been inroads made by understanding who, exactly, ensures that the practice is carried out, by educating men about the practice to create solidarity between men and woman about refusing to undergo FGM, and by suggesting different ways to mark young women as full, adult members of the community.

Care ethics, with its focus on how different sets of relations between persons are structured by norms and patterns of power, can uncover the root causes of problems and practices. Once any problem is understood in a culture's own terms, care ethics offers guidance for how to sensitively suggest alternative methods to solve the problems faced by the community that better serve that community without placing an undue burden on any subset of the population. That guidance is provided by the practices of care, which enjoin us all to be attentive and responsive to the perspectives and moral reality of other persons, but to nevertheless prioritize that all persons need care to survive and thrive.

Care ethics insists that moral and political judgments be an ongoing dialogue, incorporating the understanding that to judge another culture is to invite judgment in turn. This, however, is not a failure of care ethics, rather it is a strength of the theory. We must always be willing to examine our own practices, to honestly look at the assumptions we make about our lives, but often times those outside of any particular culture can be better placed to notice logical inconsistences in how a people carries out their moral and political commitments. Thus, moral judgment across cultures is, in fact, a two-way street, to so speak, and hopefully beneficial to all parties involved.