Caring about Deliberation, Deliberating about Care

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Questions at stake here

In the foreground
1. What’s good about deliberation?
2. How should we understand deliberation?
3. How might insights from the ethics of care help flesh out insights from deliberative democracy, and vice versa?
4. What might we learn from analysis of actual deliberation about care?

In the background

Relationships between
- Theory and practice
- Ideal models and messy reality
- Care and justice
- Local, specific encounters and contexts and wider social structures
Why deliberation?

1. **Including voices**
   otherwise silenced, unheard, not acknowledged, not known about?

1. **Transforming stances and views** for the better, as people’s initial preferences ‘travel’ through dialogue?

3. **Producing better decisions** – better reasoned, more accurate, more comprehensive, more representative?

(1) Is mostly about **process**
(2) and (3) are mostly about **outcomes**
a. Purity
(Habermas; Rawls)
Reason-exchange → uniform preference change → consensus

b. Complexity
(Bohman; Gutmann & Thompson)
Public reason plural, adaptation non-uniform, reason not sole currency → consensus unreachable

c. Institutionalisation
• kinds of forum?
• membership?
• boundary (local/national/global)?
• relationship between agenda-setting, opinion-forming and decision-making?

Elstub (2010): in reaching (c) we should not lose sight of (a)
Really institutionalising deliberation

• But should (c) be assessed in terms of (a)?
This assumption is problematic:
  • Can pure deliberative procedures really, themselves, guarantee ‘participatory parity’ (Fraser, 2003) – ‘the condition of being a peer, of standing on an equal footing’?
  • Can private interests, rhetoric, emotion be eliminated from deliberative processes? Should they be?
  • Prioritising (a) risks underestimating the impacts of power and structural inequalities
  • Prioritising (a) risks that we will always find real, messy dialogue wanting – somehow deficient in terms of the pure model

So might we start from somewhere else than (a)?
Could we conceive a different version of (a)?

Care perspectives (Gilligan, Tronto, Kittay) help critique and flesh out (a). But we may need bits of both strands.


- But choosing between these is risky: focusing only on the contextual and narrative doesn’t give us a full picture of deliberation, in all its aspects reality, mutually influencing

People speak, listen and are listened to differently according to mother tongue, gender, class, ethnicity, access to education, age, skin colour, height, capacity for sympathy, and other things. This is how deliberation is. These nuances would apply even in conditions where everyone was motivated purely by the publicly reasonable, and not by partial self-interest.

(See Calder 2011)
The idea: deliberation with care, about care

– Addressing questions of ethics and fairness in social services practice
– Participants: academics, local authority workers, service-users, carers
– Agenda set by agreement, discussion-points put forward by individuals, then debated
– An approximation to ‘participatory parity’ – a ‘safe’ environment for open exchange, personal reflection, critique
What happens in practice

• Orientation and momentum towards transcending the ‘merely’ contextual and subjective
  • Things are said which would not have been otherwise
  • Clear movement happens: assumptions are unsettled

• Dynamics still affected by power relationships, history, etc
• ‘Expert’ perspectives do tend to take precedence despite efforts to avoid this
• Language used is shaped more by academics and practitioners than service-users
• Neat conclusions, and consensus, are rarely reached
Implications

• In practice, deliberations about care and justice overlap and merge
  • one will often be discussed in the idiom of the other
  • they are not necessarily conceived in separate terms
• Such discussions often issue not in consensus, or resolution of problems or conflicts – but in a better, clearer sense of the problems and conflicts
• It is achievable, though difficult, to achieve something like parity of participation in local deliberations about care between diverse participants
• The dynamics of caring practice itself are separate from deliberation about it: parity as citizens is one thing, and parity in professional settings (where one is a professional, the other not) is another
Concluding points

Using insights from the ethics of care, and from practice...

- Yes, we need a different version of (a) as the ‘model’ of deliberation – it’s about more than reasoned exchange leading to consensus
- But even from this different starting-point, taking into account background inequalities, we will encounter deep challenges, epistemic and normative, for which we must not expect simple (or perhaps any) resolutions:
  - How to ensure the agenda is genuinely representative
  - How to ensure the process of deliberation, and decisions reached, are genuinely inclusive
  - How to address professional contexts where simple participatory parity (an ‘equal footing’) is not a fitting goal

