

Toward a Postcolonial Ethics of Care

In what interest, to regulate what sort of relationships, is the globe evoked? Gayatri Spivak

Keywords: Ethics of care, postcolonialism, paternalism.

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Abstract

This article seeks to interlink the feminist ethics of care with postcolonial insights in International Relations theory (IR) in order to develop the premise of a ‘postcolonial ethics of care’. The ethics of care with its underlying relational ontology and contemporary neo-colonial global relations of care are inevitably connected. Though the ethics of care is stubbornly perceived as irreconcilable with postcolonial theory, I will argue that a feminist postcolonial ethics of care bears the analytical means, and is better equipped, to approaching questions surrounding the contemporary globalization of care. The preliminary blending of both approaches will be grounded in (1) the explicit recognition of the asymmetries of relationships, (2) the interlinking of their values in an alternative ‘dialogic ethics’, and (3) the disparities of a neo-colonial and feminized globalization of care. Postcolonial theory stretches the ethics of care beyond its conventional boundaries, through its values that favor ‘a posture of humility’ in colonial encounters, as well as the differing caring experiences of women of color that have extended into a ‘neo-colonial globalization of care’. These features thereby require a postcolonial readjustment of the ethics of care. I will draw on postcolonial theorist Gayatri Spivak as well as critical ethics of care feminist Fiona Robinson who provide the main resources in this debate.

Introduction

Feminist theory, broadly conceived, *critically* reflects on the world we live in and concerns itself with the situation of women *transnationally*. It is an inherently transformative project that seeks to question the lenses through which we consider gendered social reality and global relations of power, and as such is an intrinsic part of critical International Relations (IR). It also endeavors to reveal the concealed gendered realities that lie hidden behind masculinist, and conventional, formulations in IR. Yet, as Kimberly Hutchings pertinently writes, ‘feminism is not a monolithic ethical and political programme in either theory or practice’ (Hutchings 2002, 53; see also Hutchings 2000, 111-130). This article primarily concerns itself with two main branches of international feminist theory that are often portrayed as ‘antithetical’: the ethics of care and feminist postcolonial theory. The ethics of care is constitutive of both international ethics and feminist theory; as such, it is embedded within a feminist international ethics. It has developed out of the moral ontology of relationality and responsibility, or a feminist relational ontology, which has constituted a distancing from Kantian universalist and deontologically-based theories – including feminist-oriented ones. The ethics of care brings to light values inherent in the private sphere – such as connectedness and

attentiveness – and projects them, more recently, to international politics and the global economy.

As Olena Hankivsky notes, ‘even though the ethic of care has been essentialized as a female ethic linked to women’s nurturing and caregiving activities, it has undergone significant transformations to the point that it is now seen as a critical ethical perspective of considerable significance’ (Hankivsky 2006, 98). Fiona Robinson, the principal feminist care ethicist in IR who has expanded the ethics of care, refers to a ‘critical ethics of care.’ The ethics of care, as a whole, descends from ‘foundational’ theory as it grounds itself in the practices of care and envisages women in generalizable terms (dubbed ‘First World feminists’ along liberal feminists); postcolonial theory (‘difference feminists’ or ‘Third World feminists’) advances a ‘non-foundational’ approach and brings forward the notion that women and their experiences in the world are multi-faceted and infinitely plural (see also Mohanty 1991). As Agathangelou and Turcotte argue, ‘Third World feminism(s)’ critiques of the First World feminism(s) embody within them two deconstruction projects: (1) First World feminism(s), while not a unified project, has been built on systemic underpinnings of imperialism; (2) Third World feminism(s), while not a unified project, has been built on anti-imperial connections (Agathangelou and Turcotte 2014, 42). Though both the critical ethics of care and postcolonial stances criticize the myopic tissues of the Western Enlightenment and liberal modernity, it is, therefore, still counterintuitive in IR to speak of a ‘postcolonial ethics of care.’ Despite the interlinking of the ethics of care with the political discourses of postcolonialism through care ethics and its relational ontology (Robinson 2011b, 106), the perception that stubbornly permeates IR is that care ethics, originating from a First World Feminism, is not conciliatory with postcolonial approaches. Yet, just as Fiona Robinson has broadened the ethics of care beyond the private sphere into the context of global relations of power towards a ‘critical ethic of care’, I will make the preliminary case for an ethic of care that is more sensitive to postcolonial aspects. More so, in addition to being sensitive to postcolonial theory, a ‘postcolonial feminist ethic of care’ entangles neo-colonial components and care ethics with each other despite their descending from two polarized feminisms that are sharply contrasted in IR. In postcolonial analysis, the ‘ethical encounter’ as articulated by Gayatri Spivak, and her insights on the nature of the global capital system will be consulted upon, as well as Fiona Robinson’s critical ethics of care insights. The neo-colonial aspects of globalization will draw on Rhacel Parreñas and Arlie Hochschild’s analysis.

However, can we really bring together the ethics of care and postcolonial feminists, as the former descends from a more foundational political theory, and the other on the irreducibility of women’s difference? Although it is not unproblematic to juxtapose two feminisms that stem from polarized branches and that have been branded incompatible (see also Leys Stepan 1998, 27), it is promising to view them as potential theoretical and political allies. On this view, this unconventional alliance may represent an initial grounding for a ‘postcolonial ethics of care.’ In its more famous criticism, entailed in a 1995 article by Uma Narayan, the ethics of care is juxtaposed to paternalism and colonial care (Narayan 1995). It is, therefore, not surprising that Fiona Robinson describes Narayan’s position as figuring among those ethical stances that are ‘troubled by’, or

‘hostile’ to, the ethics of care (Robinson 2011a, 849). As I see it, Narayan actually argues for a more sensitive ethics of care in which the latter and a postcolonial ethics can be ‘collaborators’ rather than ‘contenders for theoretical primacy or moral and political adequacy’ (Narayan 1995, 139). Self-understandably, she makes this ‘peace-offering’ with a few strings attached, one of which relating to the ethics of care’s oversight vis-à-vis the ambiguity of caring relationships. Although there have been pertinent responses to Narayan’s critique (Sarvasy and Longo 2004, 392-415), none seems to really bypass the paternalism that inheres in this branch of feminist ethics. By contrast, I maintain that the paternalistic charge can be used as an important warning to the controlling and domineering potential that may develop out of relationships. It is, therefore, not sufficient to defend the ethics of care against the charge of paternalism, or, though necessary, link the ‘relationality’ ontology to other non-Western sources¹ so as to demonstrate its stretchability beyond the Western model; instead, what is required is an overhaul of the idealization of its relationality concept, as well as the layering of multiple features onto myopic care.

Henceforth, in this article, I suggest that this alliance be based on the recognition of the asymmetry in relationship that underpins ‘a postcolonial relational ontology’, and an as yet unexplored shared ethics in dialogic encounters. I, furthermore, argue that the conditions surrounding the globalization of care – characterized by the increased need for global ‘maids and nannies’ (Parreñas 2001) – necessitates a response shaped by a ‘postcolonial ethic of care.’ Indeed, theory is not there for its own sake and should not be defended against because of its longevity; rather theory is there to adjust to the changes that are propelled by the direction the world takes it. In this article, the changes are wrought by a plural neo-colonial care upon an essentially white and singular ‘ethics of care’. Therefore, it is not a question of transforming the ethics of care for its own sake; rather it is a question of modifying and expanding the ethics of care for the sake of ameliorating neo-colonial relations of care – epistemology directing political praxis. Certainly, the recognition of the asymmetry in relationships is not new feminist critique. However, what is novel is its inscription into the relational ontology. What is also novel are the unexplored concurring values of the ethics of care and postcolonial theory, albeit with recasting the values of care in the context of humility and irreversibility of perspectives, as underpinned by postcolonial ethics in its envisioning of the ‘colonial encounter’.

Ultimately a move towards ‘a postcolonial ethics of care’ provides an alternative theoretical foundation that is thicker, and more effective, in dealing with the disparities inhering in the globalization of care. The globalization of care is intrinsically neo-colonial: in addition to being feminized, it is racialized and classed; it involves migration patterns that are increasingly viewed as voluntary, but which, in reality, flow from the inequalities inhering in the contemporary global economic order; it underlines disparities between women; and it is undervalued globally. What are the analytical features of a postcolonial ethics of care that assists in the analysis of the globalization of care? A

¹ See Fiona Robinson’s linking of the ethics of care’s relationality with Non-Western concepts such as Ubuntu (Robinson, 2011b, 117) or the concept of Ma’at (Graham, 2007, 203) See also Patricia Hill Collins about the webs involved in black mothering (Collins, 1990; Collins, 2014).

postcolonial ethics of care explicitly recognizes the asymmetries in relationships; the multi-dimensionality of 'care' (just as there is no singular 'woman', there is no singular experience of care); the colonial underpinnings of care for underprivileged and women of color; and intersectionality, that is the importance of race and class in addition to gender in approaching care. For these reasons, a postcolonial reading of care constitutes a more adequate vehicle in approaching the disparities of the globalization of care.

The article, linked through the thread of paternalistic relationships, will firstly start by focusing on the critique of the ethics of care (here characterized by the 'universality-difference' debate and the idealization of relationships). Secondly, it will proceed to an analysis of the overlapping values of care and postcolonial insights in dialogic ethics and, finally, will delve into the globalization of care as a neo-colonial process, which necessitates a postcolonial recasting of the ethics of care. Indeed, the ethics of care necessitates a redirection in which care, viewed through the prism of postcolonialism, becomes more responsive to contemporary global relations. On this view, we can examine the postcolonial critique of the ethics of care as a means to strengthening the ethics of care's advocacies in International Relations (IR) rather than a pure dismissal of its ethical-political claims. To another extent, changing the lens through which this critique is conducted, namely by advancing that postcolonial feminists may actually foster a positive relationship with care feminists, and, demonstrating how both ethics mirror each other in several ways, can constitute a more useful exercise than has been hitherto conducted.

The ethics of care, 'universality-difference' and relationality

Kimberly Hutchings writes, 'the idea of an ethic of care was pioneered in the work of Carol Gilligan and has become one of the most influential ideas in feminist moral and political theory' (Hutchings 2002, 28). One of the most important features of care ethics is connection. Carol Gilligan was the initial proponent of an ethic of care – as a critical response to Lawrence Kohlberg's theory of moral development – developed from the idea that woman's morality is different from, but not inferior to, men's morality. The latter is correlated with justice, abstraction and autonomy while women's morality is more embedded in responsibilities and relationships. Joan Tronto and Fiona Robinson, contemporary contributors to the ethics of care, have argued that while it is mostly women who undertake caring tasks, the ethics of care should not be essentialized. Furthermore, in a move that departs from more masculine-based theories, the ethics of care derives from an activity of caring (Cockburn 2005, 72) rather than a set of principles, privileging thereby relationality over autonomy, responsibility over individuality, contextuality/situatedness over universality and the concrete over the abstract. Indeed, according to Joan Tronto, care is not just a set of principles, but derives from practices with characteristics such as 'attentiveness, responsibility, competence, and responsiveness' (Ben-Porath 2008, 65). Ben Porath goes on to state, 'care is grounded in those practices of human life that are reflective of our dependence on each other' (Ben-Porath 2008, 65). It can, therefore, be said that the ethics of care relies more so on values derived of caring practices than it does abstract principles, and favors dependence and vulnerability over the universality, impartiality, and individuality of moral maxims.

Preserving the 'Universality-Difference' debate

Dualistic thinking or the universalistic narrative puts forward binary oppositions in which one characteristic takes precedence over the other, especially in the Western liberal model. Universalistic frames of discourse have had the quality of privileging groups associated with valued characteristics and excluding those deemed 'lacking' in those same characteristics. The elements that are privileged constitute, among other things, the public, the mind, reason, culture and men (as distinct from the private, the body, emotion, nature and women) (Sevenhuijsen 1991, 175). To these, we can add 'North' and 'South', 'European' and 'non-European' or 'Inside' (the nation) and 'Outside' – dichotomies that depict the 'geographical immobility' or 'segregation' that plague IR (Agathangelou and Turcotte 2014, 37). Difference, in other words, is a relative term as only those labeled and named 'different' are depicted as exotic or deviant in relation to an arbitrary and domineering norm. There is, indeed, a qualifying arrogance, even narcissism, inhering in universalism whereby a prevailing way of seeing and being (a norm) is believed to be extendable to others. The disregard for difference is a colossal issue for feminists, broadly conceived, who have viewed the experience of the 'universal' as white, western, civilized, male and autonomous – an experience that has spilled over all areas of life. Tom Cockburn writes, 'the vision of the self that most feminists would be familiar with is one that is premised on a celebration of difference. This acknowledgement of difference and the plurality of modes of humanity are incompatible with universalism' (Cockburn 2005, 75). Ethics of care and postcolonial feminists both agree that omitting difference leads to exclusionary and dehumanizing patterns in social life. They also counter that difference be juxtaposed to an assimilative norm.

Here, I will dub the constant opposition between 'universality' and 'difference' the 'universality-difference' debate and maintain that it cannot be dropped from political consideration. This is not to say that polarizations are justified, but instead that it is still a debate to be had in order to chip away at these very polarizations. The universality-difference debate remains mired in a series of questions that have led ethics of care feminists to view it as unwarranted. For instance, the questions intrinsic to this debate – reminiscent of liberal modernity – that are applicable to a normative cosmopolitan dialogic ethics or rights entail the following: it is possible to affix difference to universality? How can we render universal concepts more inclusive? Can universality be sensitive to difference? For ethics of care feminists, difference here remains an accessory to universality, and is thereby attached to masculinist and impartial norms that disregard moral skills and relationality. Why, then, would postcolonial feminists question the inconsequence of the universality-difference debate?

First, postcolonial feminists contend that ethics of care feminists, by constraining, and seeking to avoid, debates on universalism, may reproduce the exclusionary patterns that they seek to eschew. Postcolonial feminists maintain that they do not give enough importance to people of color, including women of color. For instance, criticizing the universalistic narrative, feminist philosopher of the ethics of care, Selma Sevenhuijsen's, writes 'the connection among femininity, embodiment, and the emotions entails the exclusion of women from the community of moral persons' (Sevenhuijsen 1991, 177).

Sevenhuijsen highlights that women comprise such a group, but omits to mention that people of color have also been excluded from the universalistic discourse – thereby privileging gender over race – a factor deemed overlooked in the ethics of care by postcolonial feminists (Narayan 1995, 135). While ethics of care feminists acknowledge the exclusion of formerly colonized people in universalism, this factor remains on the sidelines in the development of its ethics. Indeed, postcolonial feminism has criticized the ethics of care in the same fashion as the ethics of care has criticized the European male-based Enlightenment for its exclusion of women and women’s experiences. The ethics of care, by sidelining the experiences of colonial people, may once again exclude women of color, and as such reify the debate about First World and Third World feminists, and accordingly reproduce sameness and difference – the very debate they want to assuage. This can crucially leave out the plurality of women’s experiences, or reproduce the vision of women as one. As a case in point, Mekada Graham postulates that Gilligan’s theory retains a white feminist orientation: ‘Gilligan’s discussion on care is based upon interviews of white middle-class women and her writing does not acknowledge the differences among women that might shape alternative moral perspectives about matters of care’ (Mekada Graham 2007, 196). Including the experiences of women of color in the ethics of care may not only problematize, but also expand definitions of care beyond the private sphere and ‘gender’ focus it may have originally had. These experiences can be framed as a precursor to contemporary neo-colonial feminized global relations of care as they stretch ‘mothering-caring’ beyond the private and unpaid sphere of the home.²

Second, ethics of care feminists have developed an unconventional and postcolonial conception of difference: one rooted in relationality and contextuality as opposed to a fixed norm. Critical geographers have used it for postcolonial analysis insofar as the ethics of care concentrates on relations: the quality of these relations informs what kind of global society we can reinvent and recreate (Barkawi and Laffey 2006, 329-52; Raghuram, Madge, Noxolo 2009, 5-13). Geographers have found the relational ontology, as well as the concept of contextuality, highly relevant to the mobilities of the globalized postcolonial world and the hierarchical relational processes that link North and South in a globalized economy. Contextuality, which recognizes ‘the details of relationships and narratives’ (Benhabib 1992, 149), constitutes, according to Hankivsky, a means of highlighting the differences of ‘gender, ethnicity, class, religion and geographic location’ (Hankivsky 2006, 99). Contextuality, she argues, brings new understanding to experiences of discrimination and oppression. As she writes, ‘recognizing and respecting the worth of human differences presents a real challenge to liberal notions of uniformity and sameness’ (Hankivsky 2006, 100). The principle of contextuality is self-assuredly a counteractive element to assimilative tendencies. Yet, the pressing question, according to postcolonial feminist theorists, is not only about how we can bring to light differences that result in inequalities, but also about how these differences come into being, who decides who is different, and why.

Namely, for postcolonial authors, *who* uses differences and *to what ends* also constitute a pressing question. As Narayan writes, ‘while contemporary care discourse correctly insists on acknowledging human needs and relationships, it needs to worry about who

² See Part III.

defines these often contested terms' (Narayan 1995, 133). Just as the feminist ethics of care takes issue with universality and its corresponding principles of equality and justice, we can see how placing difference at the heart of moral theory can also raise criticisms. Namely, difference has been tactically used to justify inferiority, and thereby protection, under the guise of the colonial project and missionary paternalism. Anita Silvers additionally notes, 'where context makes a difference salient... a group salient differences may persist in being cognized negatively as fearfully socially deviant' (Silvers 1995, 33). To be clear, this is not to say that differences should be dismissed – far from it – but that an exclusive approach based on labeled differences as inferiorities and liabilities may contain its own dilemmas.

Third, the postcolonial perspective gives more due weight to the discourse on rights and justice than do feminists of the ethics of care, and therefore are bound to give more weight to the universality-difference debate. The scope of this article is too limited for discussing rights, postcolonial theory, and the ethics of care, but it is here a relevant point to mention. The constant opposition between universalism and difference is the ongoing source of debates in Human Rights mechanisms and equality, and as such cannot be avoided, especially for postcolonial feminists, who see the transformation of Western, masculine, rights as fundamental to reworking access to the 'universal'. This debate inheres in current structures of world order which cannot be undone and which we have to work with. Speaking of the women's right approach to trafficking, Robinson notes that 'it is likely to be *plagued* by debates over universality and difference – especially among so-called "First World" and "Third World" women' (Robinson 2011b, 78) or that the universality-difference debate conceals more relevant issues such as the moral skills – attentiveness, listening – that promote responsibility to others (Robinson 2011a, 850, Emphasis mine).

From the point of view of feminist care ethics, the conceptuality of difference grounded in relationality prevents the presumption that everyone is already equal, and, therefore, serves to expose inequalities in a clearer light. On this view, and as noted, ethics of care feminists thus eschew the debate by focusing on differences in relations, 'seeing it as constituted in and through relationships' (Robinson 1999, 46). In this manner, inclusion into dialogic, and democratic, communities – participating in the decisions that affect one's life – is related to an idea of the 'universal' that is lopsided: if one is included in hierarchical power relations, inclusion remains a moot point. Even with inclusion, participants may still remain unequal and in a subordinate position. What is needed is a more profound transformation of power relations in the long-term. While this conception of difference, as well as the nurturing of moral skills, is transformative and necessary, I will argue that the universality-difference debate cannot simply be put out of the equation, especially in the short-term. Foregoing 'the universality-difference' debate may repeat exclusionary patterns that ethics of care feminists want to avoid in the first place. Furthermore, 'difference' and 'universality' can be used at various times for varying circumstances in the style of a 'strategic essentialism' where universalism is appropriate in some cases and difference in others. As Gayatri Spivak writes, 'a strategy suits a situation; a strategy is not a theory' (Spivak 2009, 4). The principle of contextual sensitivity, located within the ethics of care, may pinpoint an avenue within which the

concepts of ‘universality’ and ‘difference’ are not necessarily presented as oppositional, but are located within a ‘situational ethics’ (Sevenhuijsen 1991, 182) or ‘strategic essentialism’.

Towards a postcolonial relational ontology

Ben-Porath convincingly writes, ‘the intellectual and political challenge that care ethics ... proponents face is the need to think about our interdependence, our interconnectedness, in both realistic and morally nuanced ways’ (Ben-Porath 2008, 68). And even ethics of care advocate Joan Tronto has noted, ‘in focusing on the preservation of existing relationships, the perspective of care has a conservative quality’ (Tronto 1987, 660-1). A postcolonial reading of this interdependence can, indeed, abate a notion of interconnectedness that is too far-fetched. Paternalism and benevolence, in the colonial care discourse, served to protect inferior others and guide them into the luminaries of civilization economically, morally and culturally. The caring relationship was imbued with domination, responsibility and historical mission (Narayan 1995, 134). The postcolonial recasting of the relational ontology to include the presence of asymmetry and hierarchy is quite meaningful for a feminist ethics of care that is constantly juxtaposed to paternalism. This idea of care as ‘oppressive’ suggests the danger of paternalism where caregivers can overwhelmingly efface, and inferiorize, recipients of care. As a case in point, a postcolonial reading of care that takes paternalism and oppression into the equation of caring relationships. Despite the best intentions, the caregiver is always in the position to dictate the ways in which care is given; more so, care is frequently defined as a heart-giving, selfless act that there is little room for care-recipients to voice the ways in which they want to receive care. Marilyn Friedman also adds, ‘in a close relationship among persons of comparable moral personhood, care may degenerate into the injustice of exploitation, or oppression’ (Friedman 1987, 96). Insofar as caring relationships can be asymmetrical, care ethics overlooks the dangers of its idealization of the relational ontology in which the caregiver can always have power over the recipients of care (Cockburn 2005, 80).

Of course, this is not to suggest that care is *always* domineering or oppressive, but that it contains the potential to be so. This potential should not be overlooked. As Nick Fox suggests, ‘most people have at some time or other been the donor or the recipient of trust, unselfish generosity or love, and to argue that care can only be the technology of power ... paints only part of the picture’ (Fox 1995, 110). First, postcolonial insights modify, and add onto, the ‘relational ontology’ that is so central to the ethics of care. By adopting a static notion of care, the ‘care-giver’ and ‘the recipient of care’ can thus also be substituted for ‘dominant’ and ‘inferior’, ‘colonizer’ and ‘colonized’, ‘powerful’ and ‘weak.’ Second, by challenging notions of distance (those spatially distant from us can be close through actions of reciprocity) and temporality (the history of colonization bears repercussions that can still be felt in the present), the concept of relational ontology is transformed. As Raghuram and colleagues argue, ‘postcolonial responsibility means that we are not talking about ‘distant others’ but others whose lives and modes of living are still proximate ... and influenced by (neo)colonialism in its variegated forms.’ (Raghuram, Madge, Noxolo 2009, 9) As a result, the weakening of the boundaries between self and other strengthens not only the interdependence that characterizes

postcolonial relations, but also brings to light the many inequalities that inhere within global feminized postcolonial relations. Postcolonial analysis breaks down the idealism that is present in much of care literature by highlighting the complexities that permeate ‘relations’ that are a far cry from the ‘milk-and cookies’ kind (Cocks 2006, 757).

In order to move toward this postcolonial relational ontology, care ethics is promising in that it grounds the substance of morality in the practices of responsibility that have developed from these relations, and not from a principle stemming from the higher ground. In this way, this responsibility stems from the recognition of global inequalities. Indeed, just as relationships of care can be hierarchical so can neo-colonial relations, which rest on the formation of the concept ‘North’ (making of a European Self) that requires the Othering of the South (the colonial Other) (Birla 2010, 88). Or as Agathangelou and Turcotte write, ‘as numerous postcolonial authors argue, the West needs a ‘rest’ in order to make itself’ (Agathangelou and Turcotte 2014, 43). The unevenness of feminized postcolonial relations is an interesting case in point that highlights that the stuff from which relationships are made is always fraught with ambiguity, complexity, and potential benevolence. As noted, Narayan highlights that we should look more closely at whom decides to give care, whom decides whom is different: it is hardly a relationship that comes from nowhere, but one that is soaking in ambiguity, complexity and asymmetry.

To quote Ben-Porath once again, ‘her (Tronto’s) political ethics of care *can* suggest a possibility of international dependence that is not colonial, oppressive, or exploitative but rather supportive and mutually beneficial to the states and citizens involved’ (Ben-Porath 2008, 67, Emphasis mine). Paradoxically, the values and moral skills developed by the ethics of care contain the possibility of counteracting the idealism inherent its portrayal of interdependence and relationships. The addition of *a posture of humility* that is contributed by postcolonial feminists such a Gayatri Spivak, or critical feminist Iris Marion Young, as well as the contention that the ethics of care’s values may (ironically) contain the very lessons for the abatement of its own paternalism(s) - though not its erasure – contribute to transforming the ‘can’ to a real possibility in IR. In the next section, I will scrutinize the ‘ethical encounter’ of Spivak and its overlapping points with the ethics of care’s values that assist in developing a postcolonial care ethics.

Common values: Communicative ethics in care and postcolonial ethics

Attentiveness, listening and responsibility in relationships

For our wider analysis, the values and dialogic ethics grounded in a feminist ethics of care and postcolonial ethics have a lot of unexplored commonalities that warrant closer examination. For instance, both the ethics of care and postcolonial analysis recognize the inevitability of power as a feature of dialogic communities. The practice of care highlights values such as listening, patience, trust and being attentive to other’s needs (Robinson 2011a, 847) as well as imagination and empathy (Jaggar 1995, 197 and Porter 2006, 97-123). Joan Tronto famously centralized values such as compassion, attentiveness, nurturance, responsibility, responsiveness and meeting others’ needs

grounded in the practices of care rather than abstract principles of morality (Tronto 1993, 3). Spivak is very specific as to how the dialogic encounter may occur, an encounter which can be transposed to North-South relations, colonial encounters,³ or relationships that occur in First World homes between First World employer and the global care worker. As all relationships are unique, they must be personal,⁴ yet occur within a globalized world; they must *strive to be* non-exploitative and non-hierarchical and must take place in the context of patient love, attention, answerability and accountability.

The notion of an ethical relationship to the other is an important facet of Spivak's work, namely Spivak frames the question of ethics as constituting a relation, not a problem of knowledge (Spivak 1993, 32)⁵ – here bearing close resemblance to the relational moral ontology depicted in the feminist ethics of care. What Spivak calls for in order to establish an ethical relationship is the practice of virtues or moral skills, among others, patience, learning, humility, responsibility (to), attentiveness, listening, and patient love. Love, Spivak writes, must be 'slow, *attentive* on both sides' (Spivak 1998, 340, Emphasis mine). In the same way, a feminist of care often quotes Iris Murdoch's 'loving regard' and 'patient and just discernment' (Porter 2006, 98; Robinson 1999, 13; Walker 1989, 141). Sara Ruddick, who draws on Gilligan's idea of the ethics of care in thinking about a maternal peace politics, invokes 'maternal thinking' as 'a discipline in *attentive love*' (Ruddick 1990, 123, Emphasis mine). Germane to the fostering of these values in the ethics of care, and in postcolonial ethics, is their link to the practice of 'undistorted communication' (Tronto 1993, 113) or a non-hierarchical dialogue that recognizes various forms of power, hierarchy, vulnerability and multiple sites of exclusions in the global order. Feminist ethicist Margaret Walker, inspired by care ethics, has argued that caring gives priority to 'voicing and hearing, to being *answerable* in and for specific encounters in relationships' (Walker 2003, 78, Emphasis mine). Similarly, Spivak writes, 'we all know when we engage profoundly with one person, the responses – the answers – come from both sides. Let us call this responsibility. And '*answerability*' or accountability' (Spivak 1998, 340, Emphasis mine).

Central to these ideas lies the restoring of dialogic skills such as effective listening rather than speaking, and questioning the moral, political and economic factors that lead to exclusion rather than the sole focus on formal inclusion in dialogic democratic communities. As Fiona Robinson writes, 'given the emphasis on discourse and dialogue in international relations, there has been relatively little emphasis on the moral and political value of *effective listening*' (Robinson 2011a, 856, Emphasis mine). Robinson specifies, 'listening in this sense means not just hearing the words that are spoken, but being attentive to and understanding the concerns, needs and aims of others in dialogue' (Robinson 2011a, 847).

Power in dialogue

³ For colonial encounter, see (Robinson 2011b, 107).

⁴ Here Spivak is still thinking of transnational relations, she envisages that one cannot have the same relationship with various oppressed subjects. (Context within globality).

⁵ 'Ethics are not just a problem of knowledge, but a call to relationship' (Gayatri 1993, 32).

Critical ethics of care feminists have acknowledged that postcolonial feminists such as Spivak, or feminist political philosopher Iris Marion Young, versed in difference and the public space, have spoken of attentiveness but overlook the potential, and (some of) the clear parallels with their own brand of feminist ethics, in their account (See Young 1997 and Hutchings 2005, 155-165). According to Robinson, ‘while Young and Spivak make the important arguments in favor of attentiveness, creativity and even poesis within the dialogic encounter, the ethics of care emphasizes the need to think critically about the nature of both power and dependence’ (Robinson 2011a, 854). She goes on to state, ‘accepting this may lead to dialogic strategies that seek not to overcome those differences in power, but to work within and through them’ (Robinson 2011a, 854).

Critical ethics of care feminists might here underplay the ways in which postcolonial feminists such as Spivak portray an ethical encounter that is underpinned by responsibility, patience and listening, as well as the presence of asymmetry that is intrinsic to these encounters. For Spivak and Young, the way dialogue is conducted perpetuates forms of domination and hierarchy that are mirrored in the wider global corridors of power. And while dependence and vulnerability are features that are considered to be an integral part of the human condition in the eyes of a critical ethics of care, Young and Spivak similarly underscore the ways in which power and dependence are constitutive of the formulation of a postcolonial dialogic ethics. Young leans more towards discourse ethics in the style of critical theorist Jürgen Habermas, but still proceeds to a real break from the elements of liberal modernity that proclaims equality as sameness and the spread of the norms underpinning liberal democracy. Postcolonial feminists have spent most of their literary and practical endeavors questioning neo-imperial forms of power that self-understandably include relations of dependence and inter-dependence. In Spivak, for instance, ignoring the asymmetry in relationships entails the danger of perpetuating forms of imperialism and ethnocentrism (Kapoor 2004, 627-47) latent within IR. She is also critical of the ways in which the policies of the Bretton Woods institutions overlook how the history of imperialism and colonization have shaped the unequal footing that exists within the nations of the world today. Here, she even joins Robinson in arguing that we cannot ignore the interrelationships ‘between the West and imperialism or globalisation’ and that it is indeed highly problematic to place colonization securely in the past (Kapoor 2004, 629-30; Robinson 2010, 138-9).⁶

The postcolonial stance of Spivak also acts as a reminder that power always dwells in relationships even when the privileged speaker opens herself to dialogic encounters with the other. In this light, dependence, conceived of as social differentials within global relations of power, remains an intrinsic part of the dialogue between the metropolitan feminist, whom she identifies herself with, and the global ‘subalterns’, whose lives are distanced from the lingua of global NGOs and that of a cosmopolitan global civil society. To Robinson, dependence is a very fluid concept that may also depict agency and power. Some relations of dependence, accordingly, can be based on ‘mutual trust and support’ and others on ‘manipulation and paternalism.’ (Robinson 2011a, 853) In addition, Robinson writes of decolonial and postcolonial theorists,

⁶ Robinson speaks of a common history and an interdependent future which problematize the dualisms of North and South into neat categories that are seemingly unrelated.

despite their potentially enormous contribution to our understanding of contemporary world politics, these approaches have yet to permeate the mainstream of both International Relations theory and international political theory. By contrast, the task of redefining the nature of, and relationships between, autonomy and dependence has been a central theoretical task of most feminist care ethicists (Robinson 2011a, 854).

If postcolonial theorists have ‘potentially enormous contributions’, their analysis of contemporary world order should not be sidelined namely because theirs is not a ‘popular’ choice in IR theory and international political theory. Further, the crucial overlooked link with postcolonial thinkers like Spivak is that she, as noted, hardly simplified the relationship between the Global North and the Global South, or metropolitan feminists and the subalterns and relationships of dependence. As a case in point, she conceived of the ethical relationships as a necessary endeavor, as meaningful change may be sparked by the marginalized. Indeed, Spivak calls for a mode of ‘hyper-self-reflexivity’ (Kapoor 2004) that does not excuse us from the encounter or the relationship, but calls on us to always remain vigilant, not of others, but of ourselves. Indeed, the subaltern has a source of power that is not shared by the metropolitan feminist in that she brings a source of knowledge that is almost inaccessible, and incomprehensible, to the privileged experiences of the metropolitan feminist. Furthermore, Spivak is aware that the metropolitan feminist may revert to speaking/being responsible for, rather than speaking to/being responsible to, the subaltern. Robinson makes a similar statement, ‘the very poor and marginalized have a different relationship to the issues under discussion than to the groups who are advocating on their behalf’ (Robinson 2011a, 854).

The vulnerability of encounters, or even the difficulty of arriving at a more mature and equal form of dialogue, does not warrant their absence. On the contrary, it is crucial that ethical encounters take place in order to reshape global power and offset the devastating effects of globalization. Spivak cautions that this encounter or attempt at solidarity is a vulnerable exercise that is ‘painstaking labour’ (Spivak 1995, xxv). This is due to the prefiguration of social relations, in which superiority of social position cannot simply be bracketed out of the equation by the encounter. And while Robinson and Hutchings write of dialogue as entailing more than the inclusion of others in communicative democratic communities – as underpinned by the dialogic ethics of Jürgen Habermas – Spivak calls for forms of self-introspection that would precede the encounter in order to avoid benevolence and paternalism on the part of the metropolitan feminist. In Spivak, what precedes the dialogue is quite crucial, emphasizing not only how the dialogue is conducted and/or why it is not taking place. Unlearning one’s privilege (or what Spivak calls ‘unlearning one’s privilege as one’s loss’ and, more recently, ‘learning to learn from below’) precedes the relationship and constitutes the premise of an ethical relation to the Other. (Spivak 1990, 9) It is telling that Spivak moved from the first phrase to the second due to the ‘sheer narcissism of the practical politics of unlearning ones’ privilege’ (Spivak 2000, 271) here being mindful of a posture of humility.

Spivak underlines that relationships are asymmetrical and deficient though they should be cultivated with the practice of virtues or moral skills that are also developed by the feminist ethics of care. It is crucial to underline, however, that these values are cultivated in a context of genuine difference and humility that calls for self-introspection. In turn, these principles do not have to stem from a higher moral ground, but can also be nurtured from a care practice that requires constant vigilance, humility, and self-introspection in the ways care is given. Further, intrinsic to the ideas of benevolence and asymmetry lies the concomitant notion that one should not escape relationships as these constitute the question of ethics, and in turn allow for political engagements. Feminism(s), are, after all, political. As mentioned, the virtues located in Spivak's postcoloniality such as patience, responsibility (to), listening, and imagination counteract self-centered arrogance and benevolence and stand in close relation to those of an ethics of care. Yet, the emphasis in Spivak on introspection and humility cautions against idealizing these relationships for fear of falling back into benevolent paternalism. As privilege dwells with the speaker, it is paramount to give room to listening. This constitutes a mutual conversation in which listening acts as a buffer to domination and imperialism in global relations.⁷

For this reason, the relationship is always bound to a fragility that ascertains the vulnerability, yet inescapability, of encounters – with the hope that the Other will alter the very structure that produced her. These are points that can be of interest to the potential liberal/assimilative strand contained in the ethics of care, as Spivak calls for 'the possibility of being somewhere that is not the Self' (Spivak in Kapoor 2004, 642)– a caution to the 'metropolitan feminist' who 'too often asks all women to become like herself' (Spivak 1998, 342).⁸ As the feminist ethics of care has been criticized for identifying primarily with the experiences of white middle-class women, it is important to consider that even with its more recent leanings toward embracing a pluralist feminism – with Robinson more versed into the vocabulary of the plurality of being a woman – postcolonial insights reify, and add onto, these critical ontological claims. Spivak's ethics of responsibility is in itself a call to humility on the part of those who seek to 'help' others. Hence, there is a need to recognize asymmetry and inequalities in a way that highlights the privileged language and position the metropolitan feminist embodies.

As Drucilla Cornell writes, 'for Spivak... positioned as we are in a thoroughly unjust world, we are inevitably called by the other to act; we cannot escape the fact that we are always already involved in representational systems that place us in both *asymmetrical and a hierarchical relationship* to the poorest women in the South' (Cornell 2010, 102, Emphasis mine). To develop a non-colonial form of dialogue, we need to dismantle the colonial forms of representation with its features of beneficent assistance to the 'needy' in the name of evolutionary progress and strive towards a humility that is underpinned by the patience, and responsibility, of learning from below.⁹ Though these values overlap, it

⁷ 'The impetus to always be the speaker and speak in all situations must be seen for what it is: a desire for mastery and domination. (Alcoff 1991, 24)

⁸ For instance, Elizabeth Porter writes in an article on the ethics of care and compassion, and in a cosmopolitan position reminiscent of Martha Nussbaum, 'we must put ourselves in the position of others'. (Porter 2006, 100.)

⁹ For Spivak, this may take the form of learning the languages of the rural poor (Spivak, 2004, 550).

is crucial to note that the postcolonial stance lies in the context of the irreducibility of perspectives, that is, the values are not fostered through a mirror projecting sameness onto the other. Gayatri Spivak also speaks of these values as central to the dialogic quality of encounters. These 'colonial' encounters shape the parameters of the globalization of care with its fractures between nations, families, and women in the North and South. What are the antecedents of these rifts?

Globalization: Care as a neo-colonial issue

Caring differently or the multi-dimensionality of care

The ethics of care has been to the experiences of black and migrant postcolonial women what a masculine ontology has been to the exclusion of women generally conceived. Obfuscating the experiences of black and migrant women leads to writing off the neo-colonial aspects of caring. The experiences of care ethics' other, non-white, women with care or domestic service is intimately linked to the history of colonization which is itself bound to the globalization of care today. Black women had already challenged the private/public dichotomy as well as questioned the singularity of motherhood as being an exclusive essentialized bond between mother and child (Collins 1990). Hilary Graham demonstrates how the experience of 'caring' can be stretched by examining the experience that black women have historically had with caring tasks. For instance, 'black' feminists read care differently, historically never having had the opportunity to care for their own families. Here, the site of caring, is, 'broader than home-based kin' (Hilary Graham 1991, 69). Women of color often had to work outside the home to care for others; therefore, the needs of others often took precedence over the needs of their own families. Accordingly, the theme of 'the double burden' has been experienced by poor women, and women of color, before it made headlines on feminist forums. Oftentimes, the site of caring in the public sphere represented an extension of caring work within the home with elements of social subordination that could entail sexual harassment (Collins 1991, 125). Far from being an unpaid private activity in the home, caring is something black women (and others 'raced' and poor women) did outside the private sphere of their immediate family in the form of, for instance, domestic service. In so doing, domestic service is what linked them to the perpetuation of the colonial labor system in which similar work was performed for very little, or no, compensation in an (informal) extension of institutionalized slavery (Hilary Graham 1991, 69). As Cynthia Enloe writes, 'the *paternalistic relationship* between the white mistress on a tea or sugar plantation and her local servants as frequently held up as an example of what the colonizing mission was all about' (Enloe 2000, 182, Emphasis mine). For Enloe, the colonizing mission was about maternalistic relationships between differently-situated women.

Spivak, likewise, departs from the feminist ethics of care understanding of mothering and domestic work as unpaid labour that may be said to underpin the concept of 'woman-in-difference' (Spivak 2009, 92). In the case of the story of Jashoda, it is a continuation of the colonial system that is imprinted on her exploited body. The experience of mothering is not a universal experience or similarly produced across the globe. Mothering is

depicted as economically valuable and differs from Western feminism and care ethics' depiction of mothering and reproductive labour as being (necessarily) unpaid, and of no economic value. The story of Jashoda, for instance, demonstrates that the ethics of care adopts a Western understanding of what care/mothering means, namely that they represent the unwaged reproductive labour of women. (Spivak 2006, 305-31) As Spivak writes of Jashoda's story, 'the particulars of mothering are under scrutiny by way of fostering mothering as labour' (Spivak 2009, 100). Jashoda the protagonist is a professional mother, whose breastmilk and mothering represent valuable resources and a source of income that assist in taking care of her disabled husband. Employed by Brahmins, her domestic work and mothering labor are indispensable to the wealthy household's survival. Yet, her body becomes ill and the inscriptions of the exploitation are still a simile for the use of women's bodies for (capitalist) purposes. 'Jashoda lies dead, her breast putrefied with cancer, a figure that blasts mothering right out of its affective coding. She is at a distance from the gradual emancipation of the bourgeois female' (Spivak 2009, 55).

While it is tempting to believe that these stories have faded into history, the reality is that they have 'gone global' (Hochschild 2013, 138). Sau-Ling Wong names this process 'diverted mothering' whereby 'time and energy available are diverted from those who, by kinship or communal ties, are their more rightful recipients' (Parreñas 2001, 76). Parreñas now notes, similar to Hochschild, that 'diverted mothering' is occurring in an international context with Filipina, Latina and Caribbean domestic workers filling the shoes of American black and women of color domestic workers previously. (Parreñas 2001, 76) Today, 'nannies' of color raise questions pertaining to race and inequality between the North and the South (Enloe 2000, 262). In this light, and in concurring with

Enloe, Sassen writes,

To an extent not seen in a very long time, we are witnessing the reemergence of a "serving class" in contemporary high-income households and neighbourhoods. The image of the immigrant woman serving the white-middle class woman has replaced that of the black female servant working for the white master in centuries past (Sassen, 2002, 262).

A postcolonial ethics of care has the theoretical tools for examining black and migrant women's positioning in society and how they have been essentialised and racialised for care work, which in turn is devalued, namely because performed by women of color. Narayan adds that while this latter factor cannot be disregarded, the other part of the story – the paternalistic and protective stance found in colonial discourse - was mirroring a form of control and domination that cannot be eschewed by feminist ethics of care (Narayan 1995, 135). I maintain that both are sides of the same coin: the contemporary racialization of care work constitutes an integral heritage of colonial discourse that cannot be removed from paternalistic – and maternalistic – care. A postcolonial ethics of care acknowledges the multiplicity of women's experiences in care, that is the multi-dimensionality of care, as well as its racialized and classed nature. Black and migrant women enmesh the experiences of the private and public spheres, incorporating elements

of racism (intersectionality) and bypassing sexism as the only source of oppression (see also Collins 2014). For them, the colonial system and care are intrinsically linked in a ‘complex interlocking of racial, class, and gender differences’ (Hilary Graham 1991, 70). Hilary Graham writes, ‘care-service could be recast as a process through which not only women’s gender identities but their social class and racial identities are constructed, integrated and lived out’ (Hilary Graham 1991, 74). Accordingly, care does not only prompt feminist, but also, postcolonial, analysis that blends gender, race and class. It highlights the blending of the private and the public in a way that a traditional ethics of care does not. It puts forward the antecedents of the globalization of care, which may involve domestic service, migration and servitude as well as continuation of the inequalities between nations and women. Finally, it explicitly recognizes the asymmetry of the relational ontology that inheres in dialogue as well as in the complex webs of relationships between nations, families, and women. In other words, it illustrates that colonization is not securely placed in the past, especially for migrant care workers. The continuation of this story, namely in the form of the neo-colonial globalization of care, will be scrutinized as follows.

The globalization of care

Globalization has assisted in forging two separate pathways along a merging global path of hierarchies. Hochschild calls it ‘the two-lane global highway’ in which one can find the ‘lonelier backstage’ of the global free market or in other words, the darker side of globalization (Hochschild 2013, 136). ‘In all these cases’ Hochschild notes, ‘Marx’s iconic male, stationary industrial worker has been replaced by a new icon: the mobile as well as stationary female service worker’ (Hochschild 2013, 136). Global care has been the underdog in globalization discourse whether in the analysis of a ‘globalization from above’ or a ‘globalization from below’ – just as it is often bypassed in political theory or even in current state policies. As Sarvasy and Longo observe, ‘in the globalization literature, either celebratory or critical, the globalization of care is mainly ignored’ (Sarvasy and Longo 2004, 401; see also Robinson 2011, 73).¹⁰ By ignoring the globalization of care, a whole group of women, millions of women from the South migrating to the North ‘as never before in history,’ (Ehrenreich and Hochschild 2002, 2) is likewise overlooked. By stepping into the experiences of their lives, the realization that care is a global feminized neo-colonial issue could not be clearer, however. In addition to being devalued as a skill – the preconception being that ‘care work is ‘easy,’ ‘natural’, and –like parenting– not quite real work,’ (Hochschild 2013, 28) care work has been devalued in the global economy plagued by the unequal development of regions in the world and gender inequities inside the home that place increased burdens on women globally. It is also revealing that the identity of the migrant female care worker is blended with postcolonial understandings of subjectivity that is opposed to ‘a unified subject, a ‘fixed identity’ and made of ‘infinite layers’ (Parreñas 2001, 24). She is not confined to a single identity, nor is she contained in the universalizing category of ‘women as such.’ According to Rhacel Parreñas, this accounts for the multiple intersections of race, nation, class, gender, and sexuality which links to the analysis of postcolonial feminists like

¹⁰ ‘The migration of care workers from the Global South to the Global North is a startling example of a pervasive, yet often hidden, side of globalization.’ (Robinson 2011b, 73).

Spivak who view identity as an ‘incomplete and ongoing process’ (Parreñas 2001, 24; see also Safri and Graham 2010, 106).¹¹

For Sarvasy and Longo, a feminized neo-colonialism relates to a new colonialism which takes place in transnational First World homes and where ‘migrant workers have become a top source of dollars used to service the debt’ (Sarvasy and Longo 2004, 405). In other words, the global ‘care’ network is an intrinsic part of a global postcolonial world whereby domestic and care work ‘taken over by immigrant workers is reproducing, within our homes, the global inequalities that so painfully divide the world’ (Ehrenreich 2002, 102). This is a far cry from a cosmopolitanism that advances world citizenship as mobility without examining its ‘darker lane.’ Sarvasy and Longo adopt world citizenship as multi-layered citizenship – a cosmopolitanism from the bottom-up – in which migrant workers are as active global citizens as the travelling global elites. They write, ‘migrant workers are also practicing world citizenship by attempting to enter into care relations across borders’ (Sarvasy and Longo 2004, 400). Just as Sarvasy and Longo praise Kant’s work as being ‘anticolonial’ – without finding his views on race contradictory to his ‘anti-colonialism’¹² – their analysis overlooks the economic coercions underlying mobility and cash-trapped economies that *push* many women to migrate despite their visible ‘consent’, or willingness, to work outside of their countries of origin. Sarvasy and Longo’s analysis also fails to take into consideration the children left behind who can be traumatized by the absence of their mothers, namely because they are culturally and socially defined by their nurturing functions.

What is not to be forgotten is the context in which the global redistribution of care occurs, namely that of growing inequality reinforced by structural adjustment policies by the IMF and the World Bank. These neo-liberal prescriptions produce more unemployment, poverty, and scarcity of social safety nets in the South and push an increasing number of women to be responsible for household survival leaving them with little choice but to migrate. In receiving nations, care workers, under the logics of neo-liberalism, are devoid of many rights as they are primarily constructed as ‘labour’ rather than ‘citizens’ with needs for well-being, companionship, leisure, and rest. The remittances they send, which amounted to more than \$440 billion in 2010, do not contribute to economic development even if they assist in reducing poverty leading to a self-perpetuating system of remittance dependence and continued migration (Hochschild 2013, 139). It is also unfortunately true that their agency comes by performing subservient roles in the families of others, thereby reinforcing the essentialization of global caring as the work of women of color. The so-called agency of migrant workers *is bound to* a global economic system which seemingly fosters free choice while creating further dependence behind the hidden coercions of poverty that create transnational

¹¹ Parreñas writes, ‘in the case of migrant Filipina domestic workers, they emerge from their structural location as racialized women, low-wage workers, highly educated women from the Philippines, and members of the secondary tier of the transnational workforce of global restructuring’ (Parreñas 2001, 24).

¹² Barkawi and Laffey write, ‘As Immanuel Kant, a figure dear to both liberal and critical scholars, observed, ‘Humanity achieves its greatest perfection with the White race’. (Barkawi and Laffey 2006, 332).

families.¹³ Their agency is entangled with complex layers of identity in which the duality of servitude and power are simultaneously at work.

‘The international division of caring work,’ according to Parreñas, is caused by gender inequities, neo-liberal prescriptions that keep care private, as well as global economic disparities of wealth (Parreñas 2005, 23 and Hankivsky, 2006, 100). Spivak reminds us that ‘human labour is not, of course, intrinsically cheap or expensive’ (Spivak 2010, 42) but in the case of women in/of the South, this view perpetuates the cheapness of labour as inevitability of their ‘subaltern’ status and geopolitical location in and from the ‘Third World’. In the same vein, Arlie Russell Hochschild writes that the value of caring has sunk lower with the impact of globalization as it went from being ‘dignified by its aura of middle-classness’ as an unpaid activity to being of very low economic value when performed by migrant child-care workers of color from the South (Hochschild 2002, 29). In addition to the cheapness of racialized woman’s labor in the global economy, there has been mention of a ‘care drain’ (Hochschild 2002, 16) that has been intensified in contemporary globalization and that carry the same connotations of ‘mothering as labor’ not unlike that of Jashoda’s brutalized body. The global feminization of care work can be viewed as a perpetuation of the servitude of care that has adopted the same dynamics of colonization in times past, albeit with less visible and tangible violence.

For these reasons, its analysis is always embedded within a postcolonial care, and not a liberal-inclined, or (conventional) care-based, ethics. Hidden from view, the dynamics of a past colonial system, in which race, gender, and class and geopolitics are interwoven, provide the frame from which relationships laden with dichotomies of superiority and inferiority, master and servant, and wealthy and deprived, operate. The feminization of migration whereby ‘nannies’, ‘maids’ and ‘sex workers’ compensate for the ‘care deficit’ (Hochschild and Ehrenreich 2002, 8 see also Macklin 2003, 464-500) in the North has prompted Hochschild to compare this phenomenon to past processes of colonization where natural resources have now been replaced by emotional ones, or when Empire controlled by force and coercion has been substituted by a more ‘emotional imperialism’ – nonetheless all the same devastating and exploitative in its impacts. In her words, care has become the ‘new gold,’ (Hochschild 2002, 26) a commodification of love and care. Concomitantly, Sarvasy and Longo speak of a ‘neo-colonialism’ in which ‘resource extraction’ is substituted by ‘exploitation without settlement’ (Sarvasy and Longo 2004, 401). However, while for Sarvasy and Longo, ‘resource extraction’ refers to human labor, Hochschild goes further as she views the emotional components of care – a global redistribution of love – as the main resource, that is human labor as imbricated in the complex reproduction of love that is produced by the duality of the pain of being separated by one’s own children and tending to the care of others’ children.

When the colonized comes to the homes of the colonizer,¹⁴ various layers of relationships contribute to the unevenness of power between nations, between women, and between households in a ‘hierarchical system of interpersonal relations across borders’ (Sarvasy

¹³ Parreñas refers to Judith Butler’s ‘bind of agency’ (Parreñas 2001, 254).

¹⁴ Sarvasy and Longo view this phenomenon as the reversal of Kant’s analysis of the colonizer visiting the colonized, or a ‘classical colonialism’ (Sarvasy and Longo 2004, 393).

and Longo 2004, 393; Hankivsky 2006, 101).¹⁵ These transnational relations may include care workers and their families in sending nations, as well as time-deprived parents as employers in the receiving nations, and children across borders linked by global care-workers. Indeed, there is a three-tier reproductive labor among women based upon inequalities sustained within the home – a phenomenon known as ‘global care chains’¹⁶ - and by global capitalism. A woman from the North needs the services of the global domestic worker, the female service worker, who herself hires a more disadvantaged woman in her country to care for her children. On this view, Parreñas writes, ‘domestic workers hired by families of domestic workers abroad are the truly subaltern woman’ (Parreñas 2001, 78). The monetary value of care declines as it is relegated to women from a lower status further down along the global care chain.

Furthermore, the conventional gendered division of labor is still present even with economic gender role modifications within the family. For instance, it has been shown that when men leave, women take both the roles of father and mother, while when women migrate as breadwinners, the responsibility of nurturing children is left to other female relatives. Female Filipina domestic workers find themselves nurturing and mothering from a distance, which could be viewed as a ‘global double day’, and by doing so, redefine motherhood beyond the confines of the private domestic sphere of the home or even the nation. (See also Safri and Graham 2010, 105) Here, paternalism in relationships can also relate to the idea that women, globally – across nations and varying power differentials – still have primordial responsibility for maintaining household tasks and raising children. In other words, paternalism also relates to the idea of inequality in (global) caregiving.

The ‘colonial encounter’: First and Third World Women

Hankivsky argues that globalization has not only deepened inequalities between men and women globally, but has fostered varying hierarchical lines of privilege among women. She writes, ‘forms of globalization that benefit privileged women simultaneously have harmful effects on various vulnerable populations of women in terms of poverty, food preparation, care-giving hardships, violence and trafficking’ (Hankivsky 2006, 101). As mentioned, female ‘care’ migration occurs in the context of growing inequalities between North and South. In turn, this leads to a global apartheid of care performed mostly by women of color, whose work previously characterized the traditional work of women in Northern households. Accordingly, Sassen writes, ‘economic globalization relates to the extraction of services from the Third World to fulfill what was once the First World woman’s domestic role’ (Sassen 2002, 273). It has been shown that the more countries lack adequate family welfare support, the more the need for domestic migrant workers (Parreñas 2005, 26). The depletion of social welfare services in the North is thus inextricably linked to the export of care labor in the South and the deepening of inequalities globally. While men have not caught up with the ‘double day’ and lag behind in their participation of household activities, so have states failed to catch up with

¹⁵ See also Hankivsky who speaks of ‘relational chains of care’.

¹⁶ This term which has been crafted by Hochschild has been inspired by Parreñas’ work when she talks of a three-tier reproductive system.

women's entrance into the labor force, leaving the reproductive costs of the North into the hands of the South and, specifically, those of female migrant workers. As previously noted, the image of a nanny pushing baby carriages, swinging a child in a park or caring for the elderly constitutes a postcolonial image that has taken the place of former colonial dynamics in the nineteenth century (Hochschild 2002, 27). Sassen writes that migrant women are often an integral part of the 'countergeographies of globalization' and a 'feminization of survival' (Sassen 2000, 506) where revenue is produced 'on the backs of the truly disadvantaged' (Sassen 2002, 264) in which whole communities depend on women to survive.

Globalization has not had the same leveling effects for women around the globe and reifies the debate pertaining to the fractures between First and Third World feminists, and the differences that exist among women. Indeed, care work illustrates the class disparities between women and mirrors the ongoing 'sameness' and 'difference' debate by feminists. It also reflects the paternalism that postcolonial feminists cautions feminist ethics of care against. Accordingly, the practices of care globally mirror the paternalism that inheres within the idealization of relationships in the theories of the ethics of care making the case for a postcolonial ethics of care in IR which would more explicitly acknowledge the rifts between First and Third World women. The global disparities in wealth, that have fostered the privatization of care, have not acted as a unifying platform for women. On the contrary, women are drifted apart by positions of servitude and power. In some cases, 'maids' and 'nannies' long for a 'human' status within the household. Parreñas writes, 'the privatization of care reinforces inequalities of race, class, and citizenship among women ... and, at the same time, it furthers the disparities in the prospects available to children' (Parreñas 2005, 27). While First and Third World women share the gender inequities in their households, they engage in hierarchical relations of power with each other. Interestingly, a simile can be drawn between 'colonial care' and the contemporary demands of employers towards care workers. For instance, in her analysis of colonial care, as a reminder to the predecessor of the rift between 'First World' and 'difference' feminists, Narayan writes that 'white women had their own brand of paternalistic roles towards the colonized, and often shared in roles that constructed the 'natives' as 'children' (Narayan 1995, 135). In contemporary globalization, Parreñas speaks of the validation of the employer's 'higher social status through maternalism, acting 'protective' and 'nurturing' to the 'childlike' domestic worker' (Parreñas 2001, 170), which includes the 'control over the emotional activities of employees' such as the act of smiling (Arnado 2003, 154-177). This 'emotional labor', which entails listening to the employer's stories and problems, can become a grueling trait of the relationship between both women (Arnado 2003, 159)¹⁷ and highlight the day-to-day power hierarchies at work that flow through households, nations, and transnational global relations.

Agathangelou and Turcotte write, 'Anglo American feminist ideals and projects ... generate imperial feminist praxes that foreclose possibilities of solidarity' (Agathangelou and Turcotte 2014, 41). In re-writing the ethics of care – that is with more explicit recognition by ethics of care feminists of the original 'white' orientation of its theories –

¹⁷ For the term 'emotional labor', see Hochschild 1983.

the possibilities of a multi-dimensional feminist postcolonial care ethics may emerge, especially with their contemporary recognition of the various factors at play – race, gender, nationality, sexuality, class, geopolitics – that mark the transnationalization of care (Robinson 2011b; Tronto 2011). In other words, it is not sufficient that ethics of care feminists tack race, class, and geopolitics onto gendered care ethics. What is required is a more profound recognition of the exclusionary patterns of its original theories in order to construct epistemologies that recognize plural experiences in care.

It is difficult to come to terms with the fact that First World feminism is being built on the labor of migrant women of color in order to resolve the ‘superwoman dilemma’ (see Enloe 2000, 179) that has been created by women’s entry in the labor force. The liberation of women – along with weak family welfare systems – comes at a high cost for those deemed not liberated and without which there would be no liberation: care work makes all other work possible, and yet remains hidden from view due to the invisibility of those who perform it and those being cared for, such as children, the disabled, and the elderly (Hochschild 2002, 28). The migration of domestic workers not only reifies the unequal relations between women, but also between nations: poorer nations depend on outmigration so as to service their debts, condemning them to a painful spiral of continued dependence. In this way, the ethics of care, in order to be truly critical, must also be-come neo-colonial and revisit its history of multiple exclusions.

Conclusion

The ethics of care, in its critical phase, has made strides quite consistent with postcolonial insights. For instance, it examines the parameters of relations that govern globalization and interrogates why certain segments of the world populations are more disadvantaged than others. In its analysis of care work globally, it spans the causes of the migration of care workers in terms of relational care chains. Its contextual stance leads to questions such as ‘who is responsible for the increased care work burdens that are created by neo-liberal economic policies?’ (Robinson 2006, 164) In this light, postcolonial feminists should also scrutinize how ‘the critical’ side of the ethics of care can also be brushed with postcolonial content, and as a consequence, reduce the gulf that has plagued the two approaches. Yet, despite its claims to difference and connection, the ethics of care remains entrenched in a feminism that is more liberal and assimilative than is often portrayed and than it admits to. True, the critical ethics of care has evolved to become more attuned to neo-colonial issues, yet it needs to delve more into its theoretical exclusion of ‘certain kinds of women’ – concomitant with Joan Tronto’s claim that the past is always crucial to understanding the present (quoted in Raghuram, Madge, Noxolo 2009, 10) – in order to better readjust its theories to a multifaceted, neo-colonial world. Further, although stemming from polarized feminisms, the alliance between the ethics of care and postcolonial theory is not only a theoretical exercise, but also a political expediency. In this article, I have argued that (1) a reinvention of the relational ontology which was dubbed ‘postcolonial relational ontology’ is aware of the always inflicted-nature of paternalism in relationships; (2) that a stance of humility and introspection, in addition to values such as attentiveness and listening, constitute a buffer against paternalism in relationships and dialogue as well as the premise of a postcolonial care

ethics; (3) that the globalization of care inheres within a feminized neo-colonial logic, that is it epitomizes a legacy of colonialism which is perpetuated in the migration of 'global nannies' and thereby requires a postcolonial reading of the ethics of care. The migration – mobility – of care workers also destabilize the separate 'objects' that depict mainstream IR: 'the mobility of bodies (people and knowledge) troubles and conditions the perceived geographical immobility.' (Agathangelou and Turcotte 2014, 37).

Postcolonial care may help mitigate the paternalism that inheres in relationships and inscribes a less foundational basis that does not idealize care and brings to light the multiplicity of women's experiences in care. This propels care beyond its focus on a private unpaid activity to its public dimensions including as a low-paid unskilled category undertaken by migrant women of colour. In globalization, postcolonial feminism views the global care worker in her neo-colonial identity – multiple, overlapping, complex and ongoing – and constitutes a basis upon which the re-writing of care takes into consideration not only gender, but also class, race, and geopolitical site in hierarchical global relations of power. As it has been argued, the legacy of an ethics of care that excludes *some* women perpetuates deeper inequalities globally, and as such calls for a postcolonial transformation of its (un)conventional insights in IR.

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