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Reimagining Government with the Ethics of Care: A Department of Care

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One of the main purposes of this conference is to foster and encourage blue sky thinking about the future of Canada; in many ways, this makes this conference the perfect venue for this paper, which seeks to imagine one possible government organization that could result from a radical rethinking of our governing norms from an ethics of care perspective. In particular, I explore the idea of a Department of Care, similar to other democratic government departments that exist today, although drastically different in other ways. By department, I mean a sector of a national government that deals with a particular issue. Using the ethics of care as a guide, I discuss some aspects that such a department would need to consider theoretically, organizationally, and practically. For this presentation, I will briefly review the ethics of care, and then explore some of the ways in which the ethics of care could help us envision government differently.

The ethics of care can be traced to Carol Gilligan's research on psychology and moral development, presented in her book *In a Different Voice* (1982). In order to challenge Kohlberg's six stages of the development of moral judgment (1981), Gilligan used interviews with both men and women; by listening to the ways in which her interviewees constructed and understood moral dilemmas, Gilligan identified a 'different voice,' characterized by deep moral concern for real and particular relations. The ethics of care, as a result, stems from this voice, from the "construction of the moral problem as a problem of care and responsibility in relationships rather than as one of rights and rules" (Gilligan 1982, 73). The moral subject in care ethics is therefore a relational being (Robinson 1999, 39). When the moral subject is understood to be embedded in and shaped by relations of care, the objectives and central concerns of moral philosophy are transformed. Instead of attempting to understand and obey abstract moral principles, morality is

now centered on questions such as 'how can I best express my caring responsibility?' (Tronto 1993); how can I, both personally and as part of a political collective, foster relations which flourish and bring well-being? When we start from these questions, things like attentiveness – listening to the needs of others – and contextual sensitivity take on moral weight. We can only answer these questions by first considering the needs, desires, and tensions faced by others as they strive to meet their caring needs.

Finally, I want to emphasize that, for me, care ethics is a feminist ethics. This is not because, as some readings suggest, Gilligan somehow proves that men and women have different moral voices. Instead, following Susan Hekman (1995), I see the ethics of care as a feminist ethics because of the ways in which it challenges the construction of morality itself. Gilligan's ethics of care critiques the male-biased epistemology which legitimizes moralities based on autonomous individuals, and which privileges those who use such moralities and abstract principles to guide their reasoning and actions. By critiquing these male-biased moral epistemologies, not only is the ethics of care highly concerned with uncovering the relation between power and moral knowledge, but it is particularly concerned with the ways in which this knowledge and power intertwines with and is informed by gendered hierarchies.

So, with this understanding of care ethics in mind, my point of departure for this paper is: What might a political institution, built on the tenets of a feminist ethics of care, look like? While there are several possibilities, I wish to describe one here: a governmental Department of Care. Broadly, a Department of Care, as I envision it, would be responsible for developing, implementing, and evaluating a range of social policies and programs which help people live their lives as well as possible.

There are, I believe, several benefits to such an arrangement of care. First, by naming and

locating care as a primary area of concern for the state, a Department of Care would help legitimize care as a fundamental part of all people's lives and as an explicitly political concern. That is, the ethics of care reminds us of the reality that care is the on-going activity that forms the basis of our lives; a Department of Care based on the tenets of care ethics would resituate our current government system to reflect this more accurately.

A Department of Care would also help illuminate the ways in which care is deeply intertwined with the political by actively centralizing the category of care in the democratic discourse and political decision-making processes. Caregiving and care receiving are embedded in power systems and relations of power, and to imagine a world organized to care well requires serious dialogue about relations of power. In other words, as the ethics of care reminds us, organizing care is political and requires politics and political processes (Tronto 2010).

The necessity of a focus on the political dimensions of care is particularly important when the issue of responsibility is considered from an ethics of care perspective. Responsibility is a cultural and social practice; it is embedded in our social relations, it is not a set of rules, and it is not always freely chosen. That is, responsibility is always present, and there are individuals, collectives, systems, and relations which always-already take responsibility for the fulfillment of certain needs (Robinson 2006). From an ethics of care perspective, then, the question of responsibility is not simply about 'assigning' tasks, fulfilling obligations, or freely choosing to perform certain duties. Instead, the understanding of responsibility implicit to care ethics emphasizes the fact that responsibilities, which are woven into the fabric of our lives, are distributed. The question, then, becomes: how are responsibilities distributed, and how do the existing political-economic systems, cultural practices, and power dynamics affect this distribution? A Department of Care would allow us to discuss these questions and work towards

new distributions of responsibility for care through democratic processes. It would not mean that the state has to take responsibility for all caring activities; rather, it would be to bring to the fore the ways in which these responsibilities have been historically distributed and are distributed today, and to commit to the on-going evaluation of how we can better distribute these responsibilities to enhance all caring relations. Given that care has, historically, been gendered and racialized, in that women, and particularly women of colour, have been responsible for the vast majority of both paid and unpaid care work (cf. Duffy 2011; Parreñas 2001; Waring 1999), this commitment to examining the distribution of responsibility has particular potential to address the gendered and racialized inequalities that deeply inform our caring relations and arrangements today.

A Department of Care, guided by an ethics of care, would abandon top-down policy formation and implementation for an integrated policy development process. This would apply to particular internal programs but also to the dialogues between programs and other departments. Experts, professionals, care receivers and caregivers of all varieties would be involved in the (on-going) formation of care programs. While programs would, of course, have specific guidelines and structure, space would be made so that the micro-level care relations could be mutually adjusted and navigated by both the caregiver and care recipient. The bureaucratic structure would have to become more flexible to allow for discretion, for 'more informal methods of control, and for profession-based systems of judgments'. Importantly, as Amy Mullin points out, this would also mean that programs would need to give more time to the care relation and caring interactions in order to foster space for all involved to voice concerns and celebrate successes (2011).

Before concluding, there is one particular concern related to this imagining that I want to

address, and this is the scope of care. What is, and what is not, a part of caregiving and care receiving? Bernice Fisher and Joan Tronto developed a definition of care which is now oft-cited (cf. Brandsen 2006, 206; Eckenwiler 2012, 20; Engster 2005, 50; Herring 2014, 1; Lloyd 2004, 248):

> On the most general level, we suggest that caring be viewed as *a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible*. (emphasis in original, 1990, 40)

Based on this definition, almost all of our activities, and indeed political activities, have an impact on the ways in which people and groups of people can organize care, as well as on the ways in which caring responsibilities are distributed. Environmental issues, military defense policy, fiscal austerity measures, to name a few, all influence our networks of care and caring relations. If the Department of Care is organizationally responsible for all of these areas, then the department becomes nonsensical. This is not the political structure that I am advocating for here. Decisions will have to be made (through democratic decision-making processes) about what directly falls under the purview of the Department of Care and what does not. At the same time, this is not to ignore the linkages between certain issues and our care relations. Rather, much as the Department of Finance often sets the tone and agenda for all other departments (Mahon 1977), I envision the Department of Care in conversation with other departments.

The primacy of the Department of Finance in many countries, I believe, represents the fact that economic measures and finance are viewed as the most significant measures of collective well-being. Given the role that the Department of Finance plays in regulating (or not) the economy, it is an important department which often influences and monitors the activities of all other departments. For instance, other departments have to seek approval for their spending and continually report to the Finance Department. However, I suggest that the purpose of

economic life is to support care, not the other way around (Tronto 2013). The fact that our policies and social welfare programs must meet the standards of the Department of Finance is thus backwards. If the ethics of care were taken seriously as the starting point from which priorities were set and policy outcomes measured, a Department of Care would have the potential to replace the centrality of departments of finance and their economic values. Much like how other departments now have a responsibility to report budgeting and spending to the Department of Finance, with a Department of Care, they would likewise have to report and justify how their decisions, plans, and programs may influence care relations in all their varied forms. In this way, as Fiona Williams asserts, 'care has the capacity to be a central analytic referent in social policy' (2001).

Such a shift has several potential benefits. For one, political decision-making would have to be justified based on how the outcomes will enhance caring relations, and thus the welfare of citizens in general. On an ethical level, however, this would also serve to destabilize the current masculine value hierarchy in which monetary outcomes and economic productivity provide the primary guideline for decision-making. It would help make clear that 'production is not an end in itself, it is a means to the end of living as well as we can' (Tronto 2013, 170). It would help to counteract the growing tendency to de-regulate and commodify care, which, as Kiersten Rummery explains, 'leaves both carers and the cared-for vulnerable, disempowered and exploited' (2011, 151). In other words, by starting with the ethics of care, government organizations would help challenge the prevalence of ethical systems which currently impede the development of quality and robust care policies, programs, and practices, as opposed to valorizing these systems. The transformative power of such a change in governing norms is, I believe, enormous.

<h1 style="text-align:center">Works Cited</h1>

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