



International Journal of Humanities & Social Science Studies (IJHSSS)

A Peer-Reviewed Bi-monthly Bi-lingual Research Journal

ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)

ISJN: A4372-3142 (Online) ISJN: A4372-3143 (Print)

Volume-IX, Issue-IV, July 2023, Page No.74-84

Published by Scholar Publications, Karimganj, Assam, India, 788711

Website: <http://www.ijhsss.com>

DOI: 10.29032/ijhsss.v9.i4.2023.74-84

Relationality in Care Ethics: The moral framing for a Caring Society

Sarbajit Mitra

PhD Research Scholar, Department-Philosophy, Jadavpur University, Kolkata, India

Abstract:

The ethics of care is a distinct moral theory or normative approach that has developed since the early 1980s. It gradually built on from the rethinking over what constituted knowledge in feminist thought and across several fields of inquiry that began in the United States and Europe in the late 1960s. Care has being defined as, “everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible” (Tronto, 1990). The ethics of care involves an understanding of the values involved in care, the relevance of the feminist experience of women in their racial, cultural and other diversity and how the standards of such an ethics reject violence and domination. It is premised on the notion that as humans we are inherently relational, responsive beings and the human condition is one of connectedness or interdependence. It focuses on relationships rather than on the dispositions of individuals, considering persons to be relational and interdependent, morally and epistemologically. This paper discusses care ethics in context of it critique of liberal individualism, its feminist background and how it has been understood as a critical political theory offering an alternate way of looking at knowledge and power hierarchies. In context of the limited understanding of care within a domain of family or personal relations, of care as a conceptual framing to simply analyse care work, drawing from the understanding of care in feminist analyses, the demonizing of care and its organization by the Disabled People’s Movement (DPM), which looks upon care from the emphasis on the recipient of care and as a barrier to the emancipation of the disabled people, this paper contributes to the arguments in favour of a social space invoking the ethics of care. I draw upon my personal experiences as a disabled person, lacking full vision and my experience of ‘being cared’. I have been dependent on writers for my exams through the last twelve years (since I was a student of the ninth standard); I have never paid for any the supportive service of my writers through the countless written exams. The writers have been friends, well-wishers, often person completely unknown to me, who out of a space of friendship, support and solidarity, have enabled my education and through it my voice and continue to do so. As a mark of respect to this immense care that I have received from them, I use my experience as empirical data to support my argument in favour of care ethics. This paper draws upon the recent writings on care ethics and argues for an

expansive understanding of care as a corner stone of society, shaping fundamental values relevant to political institutions, and framing morality that can nurture a caring society.

Keywords: Care Ethics, Philosophy, Development & Diaspora.

Introduction:

‘Care’ in Gender and Disability Studies

The ethics of care draw its original formulations from the understanding of care both as a value and practice. Some feminists have identified caring as the central process through which gender is defined, with Graham (1983) observing that a woman’s identity emerges through caring. While caring has been seen as women’s duty and responsibility, the gendered nature of caring work, both paid and unpaid, have been well documented and it has been found to sharpen already existing inequalities in the labour market (Hughes et.al 2005, Rake 2001). It has been observed by scholars that the gendered nature of care both colonizes and constructs women as ‘natural’ subjects (Hoch child, 1983), with care having a negative consequence in terms of women’s empowerment. Similarly, disability theorists have observed care to construct disability as a dependent status, observing that being cared for puts one in deficit as a social actor, deprived of agency. The disabled recipients of ‘care’ have been perceived by some scholars to living ‘tragic’ lives (Oliver, 1990), with Bauman (1993, 11) observing that, ‘the impulse to care for the other, when taken to its extreme, leads to the annihilation of the autonomy of the other, to domination and oppression’. Consequently, care has been seen in terms of infantilization and disempowerment of disabled people. However, Fox (2000, 338) has observed, following Helene Cixous, that while care may embody masculine and custodial ‘technologies of domination’, it may be also understood as a ‘gift’, having positive properties such as ‘generosity, trust, confidence, love, commitment, delight and esteem’. The DPM’s approach involves a pragmatic and materialist interpretation of care that is informed by a masculinist ethic and idealizes masculinist notions of autonomy. It leads DPM to define care in terms of ‘help’, and to argue that disabled people ought to control care by means of direct payments that they use to purchase the services of Personal Assistants (PAs). This perspective both snaps the link between care and confinement, domination, while also restoring agency to the disabled person. While such an understanding of care in context of disability offers a reversal of the balance of power between ‘carer’ and ‘cared for’, effectively the ‘cared for’ becomes the employer and ‘carer’ becomes the employee. Such a system may work for disabled people, the system of direct payments reverses rather than revokes the master/slave relation and, in practice does away with the possibility of an ethic of care and responsibility. As argued by Hughes et al (2005, 261), such a positioning privileges a realistic material analysis, with the disabled person acquiring economic control over the caring relationship. It effectively takes care out of the ‘household of emotions’ (Heller, 1979), one which is identified with the maternal, womanly and natural, of intimacy and domesticity, distinctly separate from politics and morality and decisively the space of the ‘other’. It leaves ethics in the masculine, bourgeois domain in which justice and rights are identified to be the only yardstick of moral behaviour (Gilligan, 1982). ‘Man’, claims Irigarayan (quoted in

Whitford, 1991a, 53), 'no longer even remembers that his body is the threshold, the porch of the construction of his universe.' Importantly, forgetfulness about the physical aspects of life is something that the social model of disability and the DPM have been criticized for in recent years (Hughes and Paterson, 1997). The important paradigm shift through the ethics of care is to position the understanding of care as a non-marginal space, where management of the body and its waste is included as an essential part of life, one which is constituted by the feminine imaginary, where experience, emotion and relationality lived are restored as critical axes shaping the contemporary imaginary. Feminist work on care has highlighted the significance of need, emotion and embodiment.

Clearly whether it is the identity of the 'cared for' or 'woman', the processes of identity formation through powerlessness associated with the space of the 'other', has been studied by scholars using the Foucauldian idea of 'technologies of the self' (1980, 1988), which offer a means of exploring the processes of identity formation that occurs through discourses of care. When identity or self is produced through engagement with dominant norms, i.e. 'technologies of domination' (that are masculine, taking forward a world informed by formal, contractual, exchange relationship with partial strangers) and these may be resisted or adopted in the context of both an 'aesthetics of existence' and a code of ethics. While this analysis of self-formation has been criticized for a limited, dualist exploration of the dialectics of freedom and constraint (McNay, 2000: 9), it has been found to provide a means of examining tensions and problems in relation to the formation of identities around care (Hughes et al 2005, 262). A way for addressing the tension in the identity between 'the cared for' and 'the carer' or 'woman' and 'man', through a framework of binaries and hierarchy would be to heed to the call of Nancy Fraser (1989) on (inter) dependency and on mutual need along the course of life. Interdependency refers to the ways in which mutual need is embodied in caring activities and responsibilities. It recognises the importance of need and care at various points of life for each one of us, and highlights the pervasiveness of caring through the complex dialectic of interdependency (Hughes, 2005, 262). It contests the male imaginary through which marginalization as the 'feminine other' takes place through the relational axis of care, irrespective of sex, gender and social status. It is the consequence of care like related concepts of love, nurture, social reproduction, were subordinated from the beginning of bourgeois modernity to the domain of 'nature', a private domain of human activity lower to the public sphere which contained the concerns of rights and justice.

Feminist Legacy of Care Ethics: The earliest works on care ethics can be traced to the writings of Sara Ruddick (1980), who in an essay entitled, "Maternal Thinking" wrote about the caring practice of mothering, the distinctive thinking that it informed, and the standards and values that are shaped by this practice. She observed that virtues such as humility, resilience, good humour emerge as values in the practice of mothering while self-effacement and destructive denial are traits that should be avoided. Her essay showed how women's experience in an activity such as mothering could shape a distinctive moral outlook, and how the values that emerged from within it could have meaning beyond the

practice itself. Carol Gilligan's work *In a Different Voice* (1982), a pioneering research on identity and moral development justified ethics of care as a "different voice", one which connected self with relationship and reason with emotion. Following the *Roe v. Wade* a landmark decision of the US Supreme Court ruled that the Constitution of the United States protects a pregnant woman's liberty to opt for abortion without excessive government restriction, many women openly questioned the morality the Angel in the House, the 19th century figure of feminine goodness immortalized by the poet Coventry Patmore: the woman who acts and speaks only for others. Women through their experience of the fallout of not speaking in relationships-the problem that selfless behaviour can cause-led women to show that the morality of the Angel was a form of immorality: "an abdication of voice, a disappearance from relationships and responsibility. The voice of the Angel was the voice of a Victorian man speaking through a woman's body. It was this choice to speak by women that interested Gilligan. She conducted several interview studies with girls and women, including one with women who were deciding whether to have an abortion, in order to flesh out her ideas about women's morality. Her research explored how people construct moral conflicts and choices, what they see as the moral problem or question, and how moral language comes into play in shaping the choices they consider and the actions they take. The purpose of her research was to demonstrate that women don't necessarily stop developing morally before men do; instead their moral development follows a different trajectory than that outlined in the theory of moral development by Lawrence Kohlberg. She brought to the fore the disparities between the voice of moral theories and the voices of people on the ground. Men, according to Gilligan argued, prioritize an "ethics of justice" where morality is cantered on abstract principles and rules that can be applied equally to everyone. Meanwhile, women prioritize an "ethics of care," where morality is cantered on interpersonal relationships and moral judgment is based on the context of an issue.³ According to her, care is "an ethic grounded in voice and relationships, in the importance of everyone having a voice, being listened to carefully (in their own right and on their own terms) and heard with respect". It routes attention to "the need for responsiveness in relationships (paying attention, listening, responding) and to the costs of losing connection with oneself or with others. Its logic is inductive, contextual, psychological, rather than deductive or mathematical". Ethics of care for Gilligan rests on the premise that as humans we are essentially relational, responsive beings and the human condition is one of connectedness or interdependence. For Gilligan, care ethics demonstrates that morality is grounded in a psychological logic, reflecting the ways in which we experience ourselves in relation to others and that the origins of morality lie in human relationships as they give rise to concerns about injustice and carelessness. She clarified in her book, *Joining the Resistance* (2011), care is associated with women and the ethics of being 'feminine' ethic, with the latter being considered lesser in the moral order of patriarchy, with the latter being "an order of living based upon gender: where being a man means not being a woman and also being on top". Focusing on the epistemic, moral-psychological and political structure of patriarchy, this approach reveals how patriarchy suffocates the relational ethic, the wrongs caused by absolutist, dualistic categories of all kinds, highlights the relationality of

moral agents and the critical significance of contextual and revisable moral judgement. In observing the importance of being attentive to needs and perspectives of others, it understands people as embodied, vulnerable and interdependent, with the self not being separate from others. It explains patriarchy not just as a 'set of rules and values, codes and scripts that specify how men and women should act in the world' but that patriarchy 'exists internally, shaping how we think and feel, how we perceive and judge ourselves, our desires, our relationships and the world we live in' (Gilligan and Snider, 2018,6) has explained the difference between the Kantian and feminist approach to morality, in view of Kant's claim that women's capabilities of being fully moral are truncated because of their reliance on emotion in comparison to reason. She observed, "Where Kant concludes 'so much the worse for women,' we can conclude so much the worse for the male fixation on the special skill of drafting legislation, for the bureaucratic mentality of rule worship, and for the male exaggeration of the importance of independence over mutual interdependence.' Margaret Walker (1989, 19-20) on the other hand as upheld the feminist moral epistemology, as involving" attention, contextual and narrative appreciation and communication in the event of moral deliberation" as a contrast to moral epistemology that approaches generality through abstraction. As a feminist ethic, it demands not just equality for women in existing structures of society but equal consideration for the experience that discloses the value and moral significance of caring (Held, 2006, 12).

Aspects of Care Ethics: The primary focus of care ethics is the importance it accords "to attending to and meeting the needs of particular others for whom we taking responsibility" (Held, 2006, 10). Scholars have highlighted the moral claim of those dependent on us for care, whether a child or an elderly, or somebody who is sick and in need have care and support. I argue here, that it is not dependencies are constituted in many ways. For example, through my journey as a student who has been differently able, with partial vision, I have continued my education through the active support of friends who have supported me as a writer for my papers. A very large number of extended family members have stood by our family, at times of crises. The support and care that I have received through friends and family (as examples of actual relations that are trusting, considerate and caring) is demonstrative of my moral claim to the care and support of able-bodied friends, demonstrative of a morality where my friends and extended family members did not treat me and my family as independent, rational autonomous individuals who somehow had to fend for oneself. By being inclusive in the way they constituted their own world, life and time spent for me, they prioritised human dependence, establishing a morality of relationality and responsibility. Also, on countless occasions, I have found my family and friends reaching out to me, to support me in my struggles as a student with partial vision. On occasions where I have broken down as a student, unable to either locate literature or not understanding how to go about my research, I have found teachers and friends helping me with my emotional breakdowns. As Held (2006, 10) has observed, "emotions such as sympathy, empathy, sensitivity, and responsiveness are seen as the kind of moral emotions that need to be cultivated not only to help in the implementation of the dictates of reason but

to better ascertain what morality recommends”. On several occasions, some of my friends, I have seen, have even felt angry at what they felt was unjust to me. For example, once I had to appear at an exam for the position of a clerk in the government sector, and I was required to type 200 words per minute. Here I am having partial vision and this is a position for a reserved position, and I was to read the words on the screen through a reader, which made the possibility of high-speed typing quite impossible. My friends supporting me through that time felt it was wrong that I had to go through such an exam, and one can comprehend their anger as moral indignation based on their interpretation of what they considered to be a moral wrong. Here, one can say that instead of being influenced by reason and rational deductions on how the tests ought to be conducted by the government, they prioritised their relational sensitivity towards my different ability to undertake a typing exam in reacting to the requirements of the test. While rationalistic moral theories typically prioritise egoistic feelings and aggressive impulses whereby justice is understood through the implementation of impartiality and the appeal to the absence of bias and arbitrariness, Held (2006, 10) points out that the ethics of care “appreciates emotions and relational capabilities that enable morally concerned persons in actual interpersonal contexts to understand what would be best”. Further, ethics of care rejects abstract reasoning with regard to a moral problem and instead respects rather than remove oneself from those with whom we share actual relationships. Dominant moral theories interpret moral problems in terms of conflicts between the egoistic individual interests and the universal moral principles, neglecting what lies between the ‘selfish individual’ and ‘humanity’. The ethics of care is situated in this in-between space between the two extreme lens, of the “selfish individual” and “humanity”. Taking the example of my friends who are most supportive to me, if they say that they ought to care for me as I am their friend, then it is not a universal. However, if they say that they care for me as they ought to care for people with partial vision and thereby differently abled, then it is universal. The subject terms in moral judgements ought to be universally quantified variables and the predicates universal. Further, my friends and extended family in supporting me are not primarily taking forward their individual interests, but their interests are intertwined with mine, a person they relate to and care for. They act neither for all others nor humanity in general, but promotes an actual human relation between themselves and particular others; the approach being neither egoistic nor altruistic. It also implies the non-separation of justice and care, as proposed by Sandra Ruddick (1995), with “justice being always seen in tandem with care”. Care as one can see from my experience of disability, has been a practical response to my specific needs of partial and reducing vision by people who are individuals (both known to know and many times not known to me but who volunteered to help me). Their work to support me was very much in the private sphere of my needs as also in the public sphere of examinations. Their care is demonstrative of their commitment to ensure that people like me do not feel negligible and their support shows their sensibility to details in lived, everyday situations. They took out time out of their busy, demanding life to help me be part of public life of the community. In the process my enablers, made it possible for me to participate in the public sphere. Because of all those who helped me, I am here today to write this paper where, I can attest the importance of an

ethic of care. While dominant moral theories have presumed morality for the “unrelated, independent and mutually indifferent individuals assumed to be equal”, “an abstract rational agent”, they missed out the moral issues arising out of interconnected contexts of family, friendship and other contexts of social relating. The Ethics of Care in putting forward the epistemological context of interdependency offers the conception of person –that what connects us is prior to what separates us as individuals, with our relations being part of our identity. A major hierarchy that care ethics challenges is the separation of the mind and the body, which has a long history in Philosophy (Greek philosophy and Substance Dualism of Descartes) and which favours the eminence of the mind over the body. By recognizing relationality, it overcomes the mind-body separation and the association of the body with women, which has been a key feature of patriarchy.

Relationally Approaching Autonomy, Agency and Social Self: The feminist, antiracist, and postcolonial analyses of oppression, subjection, subjectivity, and agency that are the inheritors of the philosophy of rights have identified autonomy as having both emancipatory and regulatory character, paradoxically, influencing patterns of oppression and subjection, suspected of being essentially masculinist. Feminist scholars have found autonomy to be intertwined with masculine character ideals, the assumptions about selfhood and agency being metaphysically, epistemologically, and ethically problematic, with the notion of individual autonomy being essentially individualistic and rationalistic (Mackenzie and Stoljar, 2000). The care critiques of traditional ideals of autonomy argue that traditional conceptions of autonomy not only devalue women's experience and those values arising from it, such as love, loyalty, friendship, and care, but also are defined in opposition to femininity. Virginia Held's account of the notion of the self that is at the heart of the care critiques, observes, “The self ... is seen as having both a need for recognition and a need to understand the other, and these needs are seen as compatible. They are created in the context of mother-child interaction and are satisfied in a mutually empathetic relationship. . . . Both give and take in a way that not only contributes to the satisfaction of their needs as individuals but also affirms the 'larger relational unit' they compose. Maintaining this larger relational unit then becomes a goal, and maturity is seen not in terms of individual autonomy but in terms of competence in creating and sustaining relations of empathy and mutual intersubjectivity” (Held, 1993, 60). One of the crucial concerns of relational approaches to autonomy is to investigate its implications for the agent. For example, conceptualizing agents as emotional, embodied, desiring, creative, and feeling, as well as rational, creatures highlight the importance to autonomy of features of agents that have received far less attention in the literature, such as memory, imagination, and emotional dispositions and attitudes. By recognizing that agents are both psychically internally differentiated and socially differentiated from others, call for a radical reconceptualization of certain notions that are central to the literature on autonomy, such as integration, identification, critical reflection, and self-realization. In addition, analyses of the way in which socialization and social relationships impede or enhance an agent's capacities for autonomy reveal the connections among an agent's self-conception, her social context, and

her capacities for autonomy. This leads relational approaches to study the relationship between autonomy and feelings of self-respect, self-worth, and self-trust. The approaches focusing on the social constitution of the agent or the social nature of the capacity of autonomy itself, are constitutive conceptions, whereas those focusing on the ways in which socialization and social relationships impede or enhance autonomy are causal conceptions. Lorraine Code (2000, 182) observing the entanglement of autonomy to capitalist patriarchal effects observes it to be the consequence of a fall-out between Kantian derived conceptions of unified subjectivity and late twentieth-century "decenterings" of the human subject, that destabilize many of the founding assumptions of Enlightenment-liberal autonomy. She observes further that "the self with its attendant-constitutive responses and responsibilities, both epistemic and moral, can (historically) no longer be the self and (anthropologically and geographically) never was uniformly the same self for whom classical autonomy ideals were imagined. Postmodernist critiques of autonomy that draw on Foucauldian theories of power and agency suggest that theories of autonomy assume a pure Kantian free will, or a true self. This assumption is it argued, naively ignores the fact that subjects are constituted within and by regimes, discourses, and micro practices of power. There is no pure, self-determining free will that somehow escapes the operations of power, nor is there a true self, there to be discovered through introspective reflection. Agency must be reconceptualised not as a matter of individual will but as an effect of the complex and shifting configurations of power. Feminist theories of difference and otherness allege that the notion of autonomy is a historically, socially, and culturally specific ideal that parades as a universal norm. Not only does this norm suppress internal differentiation within the subject, but also in masking its specificity behind a veneer of universality, it functions coercively to suppress different others. Although they draw on rather divergent theoretical perspectives and criticize autonomy for rather divergent reasons, there is a unifying theme underlying the postmodernist critiques. The theme is that the notion of autonomy is a kind of conceit or illusion of the Enlightenment conception of the subject. Those we hold onto the concept of autonomy are accused on latching onto the Cartesian idea that consciousness can be transparently self-aware or to the Kantian view of persons as rational self-legislators, despite such views being comprehensively argued against by Nietzsche, Freud, and many others. The continuity of such views is demonstrative of the collusion with structures of domination and subordination, in particular with the suppression of 'others' including women, colonial subjects, blacks, minority groups, the disabled, who are perceived to be incapable of achieving rational self-mastery.

Redefining Ethics through Ordinary Life: Care, according to French philosopher Sandra Laugier (2015, 219) "corresponds to an ordinary reality: the fact that people look after one another, take care of one another, and thus are attentive to the functioning of the world, which depends on this kind of care". According to her the ethics of care affirms the importance of care and attention that is given to others, particularly to those whose lives and wellbeing depend on particularized, continual, and daily attention, the "ordinary vulnerable others", directing our focus to the moral capacities of ordinary people. She has highlighted

the importance of vulnerability in defining ordinariness, making a connection between ordinary language philosophy and the ethics of care, drawing upon the work represented by Wittgenstein, Austin, and on ordinary life in the works of Cavell and Das. One important aspect of ordinary language philosophy is its capacity to call our attention to human experience and expressiveness through a feminist perspective. Her thesis is that the denial, undervalue and neglect of the ordinary (understood as what is right before our eyes and yet invisible to us), to those humans who are undervalued because they perform unnoticed and invisible tasks and take care of basic needs, being often women, and non-white women, in theoretical thought is connected to the contempt for ordinary life, derived from a gendered hierarchy of the objects of intellectual research. Devaluation of ordinary life and ordinary language in philosophy is in her words demonstrative of carelessness towards the ordinary and is for her illustrative of a fundamental under appreciation of the domestic sphere and the value of the female role there-in. She draws attention to human expressiveness to show that attention to the expression is care about human expression that is embodied in the voices of women. According to Laugher (2020), care is at once a practical response to specific needs and sensitivity to the ordinary details of human life that matter. This focus on ordinary life, vulnerability shifts the focus of the ethics to what is considered 'important' rather than what is considered to be 'just'.

Why is Care Ethics a Moral and Political Theory: While care ethics does have a legacy through feminist theorising focusing on gender, Robinson (2020, 13) has observed that the relational subject of care ethics go beyond gender analysis and the relational subject 'undermines the very possibility of the "autonomous, self-legislating agent"' (Hekman, 1995:2). Relationality in care ethics, as Robinson observes, other than being opposed to 'individualism' is also opposed to binary epistemologies and hierarchical ontologies that keep the ordinary out of bounds of theoretical investigation. The ethics of care while upholding the moral legitimacy of relationality, recognises the struggle of the relational subject, negotiating relations between self and the other, resisting hierarchies that keep intact existing power relations. It retrieves the loss, neglect and undervalue of experience, language and concepts that are entrenched through exploration of the theoretical and practical question of the 'ordinary' also negated in contemporary thinking as the space of the 'other'. As a critical feminist theory care ethics shows "the ways in which certain qualities and modes of judgement -such as recognition of mutual vulnerability and interdependence, attentiveness, and responsiveness to the needs of others-have been derided or silenced due to the dominance of rationalist forms of patriarchy" (Robinson, 2020, 16). It discloses that the silencing of the diverse ways of being human have led to certain social and economic policies which privilege and support the myth of the Cartesian subject and mask the way in which these so-called autonomous subjects are upheld by relations of care. It provides a basis for contesting racial and neo-colonial hierarchies, with gender not being a singular axis of oppression; instead it is "an order of living that splits humans into the superior and the inferior, the touchable and the untouchables -whether on the basis of race, gender, class, caste, religion, sexuality ' (Gillian and Snider, 2018, 14). In doing so, it

enables ethics to give attention to particulars and thereby individual configurations of thought, one which Veena Das (2006) has called, “the everyday life of the human, connected to Wittgenstein’s concept of life as lifeform, I.e. form taken by life.

Conclusion & Recommendation: Care ethics brings to the fore- the language and experience of the ordinary people. The subject of care as Laughier (2015, 220) has observed is affected and caught in a context of relations, “in a form of life that is both social and biological”. Being a ‘feminine’ ethic, it is associated with a voice that is not heard equally. Associated with women and femininity, the feminization of care work, is rendered a subsidiary to justice- not recognised as something absolutely essential to society but considered as the outcome of special obligations or interpersonal relationships. Feminist care ethics offers the route to register the rightful claim of relational subjectivity and supports the struggle of freeing democracy as a political space of equality from the clutches of the patriarchal ordering of society, its institutions and cultures, through gender binaries. For disabled people it offers the moral standing that supports them to finding pride in their bodies diminished by socially legitimised prejudice, invalidated by ‘corrective discourse’, excluded by barriers to social and economic participation and diminished by living in a world that is informed by the norms, needs and projects of non-disabled physicality. As my own experience validates, it is an imperative to call upon the recognition of care or help as commonplace, to reimagine the world as a caring society inclusive of dis/different ability, one which is not determined by the male imaginary and its symbolic order. Care ethic brings morality out of the ethical lives caught by words like “good”, “right”, “fair”, “just”. Instead one comes to find ethical what is “important”, requires “attention” and what matters, to everybody, not just a few people. It transforms ethics to bring attention to human life form in an inclusive manner and thereby shapes the moral underpinnings for a caring society, informing a politics of voice (of the ordinary).

Bibliography:

1. Cavell, S. and Das, V., 2007. *Life and Words: Violence and the Descent into the Ordinary*.
2. Held Virginia. 1993. *Feminist Morality*, Chicago: University of Chicago Press.
3. Hoogland, R.C., 2002. L. MacNay, *Gender and agency: reconfiguring the subject in feminist and social theory* Cambridge: Polity Press, 2000 0-7456-1348-9.
4. Held, V., 2006. *The ethics of care: Personal, political, and global*. Oxford University Press on Demand.
5. Hughes, B., McKie, L., Hopkins, D. and Watson, N., 2005. *Love's labour's lost? Feminism, the disabled people's movement and an ethic of care*. *Sociology*, 39(2), pp.259-275.
6. Laugier, S., 2020. *Politics of the Ordinary: Care, Ethics, and Forms of Life*. Peeters.
7. Laugier, S., 2015. *The Ethics of Care as a Politics of the Ordinary*. *New Literary History*, 46(2), pp.217-240.
8. Robinson, F., 2020. *Resisting hierarchies through relationality in the ethics of care*. *International Journal of Care and Caring*, 4(1), pp.11-23.