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Intersectionality as a Politics of Caring Attention

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Intersectionality as a Politics of Caring Attention

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Introduction

In her 2014 article, “Rethinking Care Ethics,” Olena Hankivsky claims that “care ethics is not an inherently intersectional perspective” (252). My paper seeks to clarify the following questions: (a) is an ethic of care inherently sensitive to diversity, and, furthermore, to intersectional factors? (b) Does an expressly *intersectional* version of care ethics make a necessary contribution that is otherwise missing, or, does it merely draw out what is already implicit in an ethic of care? I present the ethics of care as a *critical* and *political* ethic, in which the kinds of dispositions uncovered by care ethicists, as taking place within practices of care, are predisposed to being sensitive to diversity and intersectional forms of oppression.

Hankivsky’s (2014) critique claims that the ethics of care: (a) is conceptually exclusive, in the sense of presenting identity categories as separate/distinct dimensions, which then “intersect” in merely additive or multiplicative ways; (b) prioritizes the category of gender; and (c) is deficient in its conceptualization of power and power structures.

In order to explicate the deficiencies in Hankivsky’s (2014) use of intersectionality, I turn to S. Laurel Weldon’s (2005) description of intersectional analysis (the “intersectionality-plus” model), the crucial element of which is the limiting of intersectionality to an analysis of social structures, as opposed to personal identity. I argue that the intersectionality-plus model developed by Weldon (2005) is already implicit in political and/or critical theories of care. Ultimately, it is the conflation of social location and personal identity – where identifying social location presupposes analytically distinct categories that intersect, while identity does not – is the core deficiency which colors Hankivsky’s entire critique, and subsequent prescriptions.

I. The Ethics of Care and the Intersectional Critique

Especially important for the purposes of this paper are the kinds of “dispositions” or attitudes towards others that are valued from the perspective of an ethic of care, and which, I argue, make it inherently amenable to intersectional analysis. Joan Tronto theorizes “four phases of caring,” the first of which is “caring about,” and “involve[s] assuming the position of another person or group to recognize the need” (1993, 106). In this sense, care is focused on particular and contextually-specific needs, rather than assuming a universalistic conception of persons, groups, and their needs (Tronto 1993, 109). Related to the first phase of care – “caring about” – is the first “ethical element” of care – “attentiveness” (Tronto 1993, 127). *Attentiveness* is a sensitivity to the full context of the other’s needs, and “requires a deep and thoughtful knowledge ... of all of the actors’ situations, needs and competencies” (Tronto 1993, 136-37).

Hankivsky’s critique argues that even when care ethics attempts to see “individuals and groups in holistic and context-specific ways” (Hankivsky 2014, 253) it nevertheless tends to prioritize the category of gender, and when it does incorporate other axes of difference, it takes these axes as separate categories that can then be “added-on” to, or that accentuate, predominately gender-based oppression (Hankivsky 2014, 255-58). Hankivsky argues that intersectionality, in contradistinction, “focuses on the meaning and consequences of interactive and interlocking social locations, power structures, and processes [S]ocial identities are not mutually exclusive and do not operate in isolation of each other” (Hankivsky 2014, 253, 255). From Hankivsky’s perspective, failing to take into account the insights of intersectional analysis lead to a second main deficiency in care ethics, which is an inadequate conceptualization of power and social oppression (2014, 258-60).

II. Intersectionality as a Theory of Socio-Structural Oppression

In “The Structure of Intersectionality,” S. Laurel Weldon (2005) asserts that while some instances of oppression reveal intersectional effects, others reveal separable effects. Such a claim depends on Weldon’s approach to oppression, and by extension intersectionality, as primarily a socio-structural issue. Weldon is therefore able to concentrate on interactions between distinct “axes of disadvantage” in the “organization of political life,” without running into the methodological problems that such an approach would entail if used to theorize personal identity. The focus is therefore placed on social structures as those norms, laws, practices, institutions, and everyday social interactions which combine to shape the lives of individual subjects (Young 1990, 2005, 2006; Weldon 2005). It can be said that individual identities are always intersectional, but the content of their interactions with (and through) social structures is not – some structures become more prevalent than others depending on the context (Weldon 2005, 245).

An “intersectionality-only” model of social structural interaction (see Lugones 1994; Hankivsky 2014), is founded on the principle that each structure on its own has no autonomous effects. Furthermore, each person occupies just *one* social position which is determined by the particular blend of identity categories that that individual embodies (Weldon 2005, 241). The only effects are intersectional effects. I would argue, along with Weldon, that this type of analysis obscures the workings of social institutions to such a degree that it ultimately eliminates our ability to recognize potential instances of systemic oppression centered around independent features of social identity. Consequently, our understanding of power is not enhanced, as Hankivsky (2014) claims, but is rather confused, aimless, and ineffectual. The ‘intersectionality-plus’ model, on the other hand, is a *critical* and *political* theoretical project in the sense that it aims to uncover and

interrogate the structural and institutional conditions which lead to the advantage of some and the disadvantage of others.

III. Care, Relationality, and a Politics of Attentiveness

The problem with Hankivsky's conceptualization of intersectionality is indicative of more general problems with other such "intersectionality-only" models. Hankivsky's account of intersectionality conflates social structures/location with personal identity; as she describes it: "[I]ntersectionality can transform the descriptive and prescriptive accounts put forward by care theorists relating to the identities of individuals and groups and the processes of power that shape and reify structural inequities" (2014, 253).

This statement also overlooks the fact that, especially as is the case with Robinson's *critical ethics of care*, (1999, 2010, 2011) one of the primary goals *is* a critique of *diverse social structures*:

I see the ethics of care as a "new political formation" in this vein—not a revolutionary feminism, or one that is certain of its epistemological foundations or the precise future to which it will give rise. It does not advocate any particular models for organizing care in societies, but reveals the inadequacies, gender inequities, racializations, and economic and geopolitical implications of vastly different existing arrangements regarding care within and across societies. (Robinson 2015, 306-307)

Inherent in such a critique of "existing arrangements" at the local and global levels is an interrogation of how various axes of difference at the level of social structures, effect the distribution of burdens *vis-à-vis* caring responsibility, as well as accessibility and ability to care.

Such a critique of social structures implies that depending on the context, certain structures are more prevalent than others. So, while Hankivsky critiques the prioritization of gender in some of the care literature (2014, 256, 259), one must point out that such prioritization is not arbitrary, but rather is a recognition that the arrangement and organization of care (historically) *has* been

(and remains) significantly structured according to gender differences (see Hartsock 1983; Schutte 2002; Razavi and Staab 2010).

This is not to disagree with the spirit of Hankivsky's critique, that much more than gender goes into the allocation of caring work, since care work has also been shown to be highly "racialized" (Robinson 2010; Duffy 2011); it is merely to take issue with her insistence that we cannot see analytically distinct axes of difference as having different levels of significance/influence depending on the context. The ability to analytically separate and distinguish the most significant social structures is crucial in order to critique forces of power, forms of oppression, and socially unjust practices. Such analytical distinctions do not obfuscate context, but rather do it justice.

For Selma Sevenhuijsen (1998), the kinds of *dispositions* that are seen as having value (from the perspective of an ethics of care), are inherently amenable to becoming political virtues of active citizenship. It is such political virtues which not only encourage, but implicitly require attention to what can be called "intersectional" forms of oppression. The values of *attentiveness*, *responsiveness*, and *responsibility* – seen from the perspective of political citizenship – would better enable:

Democratic judgments ... to be capable of dealing with the radical alterity of human subjects, through recognizing their individuality and diversity while at the same time conceiving them as equals. It also has to take into account group affiliations and specific life contexts, while at the same time treating all citizens fairly, without stereotyping them as 'different' or 'deviant'. Because people can meet each other in the public sphere as different but equal, they can adopt a public identity, and at the same time question its desirability. (Sevenhuijsen 1998, 15)

I would argue that such a view of the ethics of care, as a form of citizenship, encapsulates how an ethic of care can recognize the reality of individuals as complex, multi-faceted beings as well as

located beings within social structures, which then produce a certain “public identity” that must be interrogated to see how it hinders or helps the accessibility to/provision of care within the particular contexts of relationships, at both macro and micro levels.

Concluding remarks

Attentiveness, as a political virtue, is crucial to a critique of social structures, and it is inherent in the ethics of care – as a critical-lens, premised on a relational social ontology – to be *attentive* to intersectional forms of oppression, as well as personal identity. That being said, it is *not* appropriate to demand that care ethics do both simultaneously, or critique social structures based on a theory of personal identity. This is not to say that social structures and personal identity are not connected; however, moving forward, I argue that it is more fruitful to analyze them as distinguishable spheres in order to illuminate and critique the systems of power and social structures within a multicultural and democratic society such as Canada, as located within the broader global context.