

# Care Ethics without Borders

Manifest

# Introduction

During a class in 2022, master students in Care Ethics reflected on the white feminist heritage of Care Ethics and studied intersectional and post- and decolonial theory. Together, they wrote this 'Care Ethics without Borders' manifesto.

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## **Step 1**

### ***Take a step back and look at yourself***



The place where we live affects our thinking and consequently our practices. In this first step, we suggest turning inwards and looking at yourself and where you come from. What does your context mean and how does this influence the way you perceive the world? Knowing what constitutes good practices is only possible if we all recognize the different positions, perspectives, and types of knowledge and make space for them and let them be in dialogue.

We believe in Care Ethics researchers must pay attention to reflexivity and an open, attentive, and empathic attitude. Such a reflexive attitude was described by Finlay in 2008. In particular, we attune to an attitude of humility as described by Baart (2014) and van Heijst (2005) to be open to the other; enter into a relationship such that the other feels recognized; recognition of fallibility; attuning to the other; staying loyal and in close proximity. We especially find two concepts from decolonial theory useful to understand what a decolonial care ethical attitude in step 1 would entail:

Reflective solidarity; This concept was described and explained by Chandra Mohanty in her book *Feminism without borders* (2003). According to Mohanty different groups can come together in a common struggle and difference does not have to be erased (as sisterhood presupposes) to work together for a common goal. Banerjee (2014, 2022) also argues against the idea of sisterhood because it reduces people all to the same experience. She states that the differences within groups are bigger than those between groups. Solidarity is not a given resulting from individual identities but comes from politics and reflection.

Relational humility; This concept, described in 2016 by Vrinda Dalmiya in her book *Caring to know*, encompasses both the awareness that your knowledge is and cannot be complete and the awareness that other people also have valuable knowledge. Dalmiya emphasizes that this also involves historical awareness, as your knowledge and the knowledge of others are shaped by (historical) power structures.

Before we continue to the second step we cannot ignore the fact that we are, like most care ethicists, highly educated white women. To be more inclusive we need to think about what we consider knowledge. According to Katherine Walker (2021, p. 221) “knowledge must be borne out by reference to the location of the self or their grounded experience”. De Sousa Santos (2016, 2018) notes that global capitalism has a major impact on universities and science education; it's all about production and efficiency. Zakaria (2021) indicates that white Western feminists have no experience of oppression, and they elevate knowledge over experience. Both De Sousa Santos and Zakaria show us that the power of knowledge fosters oppression and reinforces Western bias.



## Step 2

### *Take a step forward and look outside yourself*



In this second step, we suggest solidarity with social struggle should be a goal of our research. We believe solidarity is a term not yet fully introduced in care ethical thinking. We think solidarity can be of great importance in our mission towards borderless Care Ethics. We follow the views of Banerjee (2022) and Mohanty (2003) that solidarity must be understood as an active term and should be achieved again and again. However, to show solidarity, we must first think about how groups are defined. Defining a group in terms of gender, race or class would result in biological essentialism or social/cultural essentialism (Banerjee, 2022; Mohanty, 2003). These generalizations do no justice to the differences between people in these groups and risk colonial practices (Banerjee, 2022). Furthermore, being part of a common struggle forms a strong basis of equality in which coalitions can be established (Mohanty, 2003).

To create solidarity we can use epistemological imagination, which calls for new ideas, surprising perspectives and scales, and relations between concepts or realities that are conventionally not relatable (De Sousa Santos, 2018). Maria Lugones uses the metaphor of 'world'-traveling in her paper *Playfulness, "World"-Travelling, and Loving Perception* to show us a decolonial way of dealing with differences within groups (2003). She emphasizes the importance of identification with the other and suggests a decolonial Care Ethics that would use 'world'-traveling as an alternative lens to arrogant perception for a deeper mutual understanding. In Care Ethics, we must adopt a curious, playful, loving, and perceptive attitude when conducting research.

Care Ethics departs from a socially and culturally embeddedness so that it can learn of particularities and contextualities (Leget et al., 2017). However, critiques of the aforementioned postcolonial feminists and also of care ethicists like Robinson (2011) made us realize that Care Ethics is still embedded in the basic attitude of Western society to think capitalistically, colonialistically, and hetero-paternalistically, through our unconscious socialization and therefore does not produce the intended result. The challenge is to get to know the common differences through particularism and to relate them to universal (social) structures to allow a 'third voice of solidarity' to be heard that does justice to everyone (Mohanty, 2003). Particularity helps us to recognize the struggle of the most marginalized people from where we can start to transform society. On this, we should critically note that Care Ethics is not taking into account that these individuals within the groups do not always see themselves as marginalized and it is we that are decisive of which groups are marginalized or not.

Intersectionality marks the intersection of gender, race, and class. To see how these concepts are interrelated and work out for each of us is a challenge. Intersectionality can therefore be used as a lens in Care Ethics. We do not need to have the same struggle, but we have our 'intersectionality of struggle' and that is where we can meet. (Crenshaw, 2017; Davis, 1983). Mohanty (2003) uses the 'relations of ruling' defined by Smith (1987) as a concept that grasps power and the way we are organized in terms of government, law, and educational institutions. Banerjee (2022) argues in favor of defining boundaries differently. The borders of the self and the other within the coalitions shouldn't be interpreted as static and divisive but can be seen as ambiguous spaces in which people can connect. Now that we can identify and see boundaries as dynamic interspaces, this can contribute to new perspectives and serve as a point of continuity in which we are able to connect from differences.



### **Step 3**

#### ***Step into the connection***



To come to a connection, the in-between space is important. The in-between space can be filled after step 1 (looking at yourself) and step 2 (looking outside of yourself). To create this connection there are a few requirements:

Be conscious that language is powerful and discursive. In Care Ethics without borders, we should be aware of the meaning we give to certain concepts in our practices to not maintain a system of capitalism, colonialism, racism, and patriarchy.

Have a dialogue to construct ecologies of knowledge (De Sousa Santos, 2018; Vergès, 2021), while making sure that we are not merely extracting knowledge or single-sided sharing of knowledge. We should be critical of the dominant western epistemology and add other kinds of epistemology into our 'common' knowledge of Care Ethics.

Have a curious, playful 'world'-traveling attitude to meet the other person in his pluriform worlds while doing research (Lugones, 2003). We are relational human beings in different contexts while moving with each other and sharing stories.

Upkeep reciprocity between all parties (Banerjee, 2022, 2014). If there is a lack of reciprocity, transnational feminism acts as an asymmetrical care relation in which the privileged group has agency. Therefore, it is important to be aware of agency differences.

Care Ethics focuses mainly on personal life experiences and looks at different power constructions from the position of marginalized groups. The frame of reference however is based on western epistemology. Mohanti (2003), on the other hand, focuses more on collective struggles and avoids sociological and biological essentialism. She argues to form coalitions and connections on that basis and suggests using 'politics of location'. Katherine Walker (2021) deepens these insights with the concept of 'relational word bundles', an indigenous story form that contains information about the relationality and ecology of groups of people and thus supports the continuity of life. With this concept, she seeks linguistically and rhetorically extra layering in real life, worlds, stories, and context.



#### *Step 4*

### ***Take action***



This step builds upon the previous steps to designate the actions for a researcher in Care Ethics to work on Care Ethics without borders.

As students in Care Ethics we follow Chandra Mohanty's (2003) ideas regarding research and its methodological decisions. This means most importantly researching a marginalized group of people within their particular situation, cultural context, and historical context. Universal and global structures of domination can be uncovered in particular situations of oppression by critically reviewing the findings in research.

In line with De Sousa Santos (2018), research should contribute to the concrete struggle.<sup>1</sup> Since coalition is indispensable in these struggles (see previous steps) and because of the awareness we have of the limitations of 'our own' knowledge, we as researchers need to build coalitions across the borders of the Global South and Global North. (De Sousa Santos, 2018; Mohanty, 2003). This means, in our case, to at least actively search for knowledge from the Global South to form our theoretical framework. Preferably though, it means forming a collaborative research group with people from the Global South and Global North.

Mohanty (2003) also points out that action in concrete struggle and research needs to be critical towards capitalism since capitalism has been the basis for colonialism which propelled other subordinating structures like racism, patriarchy, and Eurocentric epistemology into this world. A way for us as upcoming care ethicists to 'put our money where our mouth is' - apart from working with and contributing to anticapitalistic theory - is to actively support free access to scientific knowledge. In turn, this may contribute to a pillar (one of many) of the ecology of epistemologies. (De Sousa Santos, 2018).

Because we are committed to constantly being aware of our (dynamic) position in location, time, society, etc., and to the broadening of knowledge across borders, we suggest regularly critically reviewing and redoing (some of) our previous work. Mohanty (2003) offers us a clear example of how to do so in chapter nine.

Finally, in line with the ideas of De Sousa Santos (2018) and our previous actions, we propose to strive to live one's own research. This means researching a struggle we live or have lived, feel strongly about, we can relate to, or at least for a large part understand. It also means contributing to this struggle in other ways than with science to avoid becoming a detached scholar, with solely theoretical 'experience'. This is something that Mohanty (2003), Vergès (2021), and Zakaria (2021) have critiqued fiercely for example it avoids forming true bonds of solidarity and coalition.

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### Lectures

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- Waal, van der, R. (2022) Lecture Zorgethiek, Intersectionaliteit en transnationaal feminisme.