Feminism and the ethics of care

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Abstract

In a world where the physician-patient relationship is dominated by "male" values of autonomy and rights, space must be given to the no less important "feminine" values of care and connectivity. Both are necessary and complementary.

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Introduction

Dissatisfaction with the (over-) emphasis on autonomy and rights, claimed to be male individualistic values, has prompted alternatives that rather put emphasis on care and connectivity, claimed to be feminine values. Feminism is difficult to define since it has evolved in waves with different focuses and even antipodal positions. Nevertheless, emphasis on care as a core value is present in all trends of feminism.

Feminism is arguably often thought of as the assertion that all women are oppressed in the sense of having no choices. 1 Therefore, they need to free themselves from oppression and strive to make their own choices. Amongst other things, feminism is about upsetting gender codes and stereotypes in order to liberate women from prescribed roles.2 Feminism is an approach to social life politics and ethics that commits itself to correcting biases which lead to the subordination of women.3 It should be said from the outset that there is no univocal definition of feminism. Although there are common concerns, each consecutive wave of feminism has had different focuses, not to mention internal disagreements on specific stances.

Sexism, understood as male oppression, is ranked together with 'classism' and 'racism' as undesirable and to be uprooted. 'Patriarchalism', as opposed to feminism, can be traced far back from times immemorial. In contrast, in the Western world, the first feminine expression of equality originated in the 19th century. This was the first wave. Although there is some dispute surrounding the numbering of the subsequent waves of feminism, the first wave was followed by a second in the 1970s and a third in the 1990s. In essence, all three waves have focused on gender, gender roles and activities. Between them and within each wave, each of these issues has been regarded differently.

Discussion

Civic maternalism - First wave feminism

In A Vindication of the Rights of Women (1792), Mary Wollstonecraft was the first female author to challenge the assumption of feminine inferiority. *In The Subjection of Women* (1861), Scottish utilitarian philosopher John Stuart Mill brought the idea of women's suffrage to the British electors in 1865. The first wave of feminism, between the 1870s and the 1920s, began with civic reforms aimed at women obtaining the right to vote and at becoming fully-fledged citizens. The so-called suffragettes celebrated maternal identity, traditional female values and women's specific nurturing qualities. Women, they argued, have special concerns for their children's quality of life. Scottish eugenicist Marie Stopes (1880-1950) campaigned for women's rights; she opened the first "birth control" clinic in England. Margaret Sanger (1879–1966) founded the American Birth Control League that became the Planned Parenthood in 1921.

Progressively quality of life issues extended to care and concern for the environment and future generations. In this regard, it is noteworthy that American water chemist Ellen Swallow Richards, the first female instructor at the prestigious Massachusetts Institute of Technology, is credited with founding the science of ecology (from the Greek oikos, home, house, household) in the 1870s. It is clear that the feminist agenda has included the issues of identity, gender roles and feminine qualities from the outset. Feminine care for others and for nature was seen as aspecific and essential female quality and virtue. The political agenda centred on equal suffrage rights and equal salary rights for equal qualifications and jobs. Its "civic maternalism" aimed at integrating feminine private sphere values into public politics and at acquiring the civil rights and liberties hitherto reserved for men.

With the following waves of feminism, the focus has shifted back and forth. Female anti-essentialists rejected female essentialism, the celebration of a distinctive femaleness together with its maternalistic rhetoric. Ecomaternalism, the battle against the male-produced environmental crisis, was replaced by ecofeminism as an alternative to male-dominated politics. Academic feminism was forced to somehow yield to grass-root female activism.2

Sisterhood and ecomaternalism - Second wave feminism

In The Second Sex (1949) French philosopher and writer Simone de Beauvoir argued that women are regarded as "wombs". A woman's life is defined by the dictates of her "biological fate". De Beauvoir insisted that women need be no more connected with their body than men are. In The Dialectic of Sex Shulamith Firestone echoed her view. She argued that artificial reproduction would allow women to overcome the oppressed social position that is a direct consequence of their biology.4 Later on, however, reproductive technology came under fire because of the dangers of using it as a new way to exploit and dominate women.5

In the 1970s second wave feminism discourse and activism was informed by explicitly feminist analyses of patriarchy and female subordination. The goal was to offer an alternative to the male-dominated politics of the time. Women, so they argued, have a unique connection to nature, a natural moral goodness and a propensity to care. The urge to "mother" is an integral part of feminine gender identity. Women focus on quality of life issues for their children and future generations. These issues include concern for the environment. For all these reasons, women are claimed to offer a better role model for society than men.

In Le temps de l'écofeminisme Françoise d'Eaubonne argued that male dominance has led to the environmental crisis. Because of their biologically based knowledge and their natural protective instincts, the specific feminine power is the best bet to curb the crisis. In other words, second wave feminism celebrated a distinctive femaleness that was later dubbed female essentialism and also ecomaternalism. This is because the trend was going against de Beauvoir's advocacy of disconnecting womanhood from its "biological fate", and the need to project private sphere values into public politics in order for women to become fullyfledged citizens.⁶ Second wave feminist theorising and activism were informed by a unique feminine analysis of women's subordination and offered a socio-economic alternative that aimed also at promoting selfcontrol over reproductive rights and health. This has often been seen as abstract, exclusionary and confrontational. In Adrienne Rich's words, it became "white solipsism of feminism".7 Carol Gilligan offered a more inclusionary option.

In In a Different Voice Gilligan argued that women hold a different set of moral values from men. Women's moral decision making is based on "caring" instead of the male "rights and justice" approach to moral dilemmas. Men tend to believe that moral problems arise from competing rights to be judged and adjudicated through reason. Women, on the other hand, are more concerned with care than with rights. Conflict resolution should be arrived at through contextual and inductive thinking. Gilligan insisted that female and male morality differ and that both are necessary and complementary.8 Some feminists went beyond Gilligan's "different voice" claiming that female moral decision-making is based on care rather than rights and justice. In contrast with Gilligan, the so-called maternalists claimed that the woman's voice is not only different but also better and superior to men. A non-violent society, so they argued, can only be built on responsibility and interdependence instead of on rights and autonomy. One of the trends of second wave feminism not only promoted but also insisted on the gender gap. This, as Antoinette Fouque argues, is counterproductive. She writes: "Feminists are a bourgeois avant-garde that maintains, in an inverted form, the dominant values...Since these women are becoming men, in the end it will mean a few more men." 9

Identity politics and ecofeminism - Third wave feminism

In the early 1990s, several feminists expressed dissatisfaction with maternalist approaches to care and to environmental concerns that maintain the stereotypes of feminine identities and practices. They suggested that woman's specificity and capacity to care selflessly open the door widely to abuse of that caring. For instance, Patricia Jagentowicz Mills wrote: "Feminists must remain committed first and foremost to a woman's right not to reproduce, not to mother". To view pregnancy as merely natural maintains patriarchal gender division and oppression. Therefore, she claims, citizenship ought to be reconfigured into an embodied notion including the private sphere into the public one.¹⁰

Identity politics has been on the agenda of feminism since the outset of the movement. How it should be conceived and put into practice as mothers or as women has changed with times. With ecofeminism, identity politics has taken centre stage. Broadly, ecofeminism was a reaction against elite and academic forms of feminism. It spans from grass-root community activism of non-elite women practising "womanist politics" to democratic and political ecofeminism. Grass root activists, called "re/sisters" because they put life before freedom, underscore women's special understanding of environmental degradation. This is because they and their children are closest to natural resources and their degradation (that affects their children's quality of life and future generations). It is also because women perform a disproportionate amount of subsistence work in the developing world. For all these reasons and because of women's way of knowing and experiences of reproduction, they are the foundation for a new and more authentic approach to the environment. A classic example was the "tree-embracing movement" of Chipko, India, to save the local forest from commercial logging. Women embraced trees much as they would protect an endangered child.

Grass-root activism intended to counter a perceived hierarchy in which academics, the majority of whom are located in "first world" universities, speak for and define feminism. On the other hand, it is argued that grassroot activism is too parochial for it tends to end when the local problem has been addressed and solved. Democratic and political ecofeminism is, as defined by Susan Hekman, "taking one's identity as a political point of departure, a motivation for action, and a delineation of one's politics".11 In other words, the female status must be used as the base for political engagement. This means that the realm of the environment must reach beyond the narrow concept of conservation. It must expand into the realm of environmental justice that includes social, political, economic and built environment. In this perspective, postmodern feminism and ecofeminism seek to deconstruct the category "woman" and to deny that there are essential natures (male/female) at all. This means that to be a woman is not to represent a set of attributes (e.g. motherhood, care) but rather to be in a position from which a feminist politics can arise.

Ethics of care

Whatever the feminist wave, care is a core femininist value. What do we mean by care, and is care a virtue for health care professionals? Care, writes Curzer, may mean "to take care of, to care for, or to be interested in someone or something". 12-13 In Curzer's view, the ethics of care is no more than a sort of situation ethics as promoted by Joseph Fletcher. Instead of following general ethical rules (for example, respect for autonomy), one does what the "loving" thing is to do in the given



circumstances. In Fletcher's own words, "The plain fact is that love is an imperious law unto itself. It will not share its power. It will not share its authority with any other laws".14 In this perspective, rules are mere rules of thumb, suggestive but not binding. Against Fletcher's rejection of "legalism" (i.e. to act according to rules and principles) in favour of antinomianism (i.e. rejection of rules), Childress argues that some principles and rules are plausibly considered absolute in ordinary morality. What if lying, for instance, is what love requires? Who and how is the "loving" thing to do determined? 15 Curzer makes a similar attack on the ethics of care by arguing that it is an incomplete ethical theory. Since the care ethics perspective is that the individual is a nexus of relationships, it favours personal links at the expense of the stranger. It favours special obligations to next of kin, neglects obligations to others, and ignores justice. Rather than being a caring person, Curzer promotes benevolence, the disposition to perform caring acts. Along the same lines, Carse argues that the emotional involvement that is constitutive of an ethics of care applied to the physician-patient relationship may lead to paternalism, deception, favouritism, futility, and burnout. He stresses that the concept of care requires an account of the virtues that constitute a caring person. He argues that the ethics of care should lead to moral judgements rooted in Aristotelian virtue and Humean sympathy as our basic capacity.16

Conclusion

Even feminists themselves have argued that feminism perpetuates the gender gap. In the context of male/female differences, Gilligan insists on the complementarity and necessity of both "voices". Along the same lines, third wave feminism, or ecofeminism, seeks legitimately to provide women the opportunity to use their feminity as a base for political engagement. In the physician-patient relationship, "male" legalism runs the risk of being a "bad doctor". On the other hand, exclusive focus on being a "caring doctor" runs the risk of excessive emotional involvement in a specific patient at the expense of objectivity and justice. In The Nicomachean Ethics (1106b 18-23), Aristotle wrote, virtue is to "have the right feelings at the right times on the right grounds towards the right people for the right motive and in the right way". In this perspective, the disposition to perform caring acts overcomes the weakness of an ethics of care that focuses solely on special obligations.

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