

# **Multiculturalism and caring ethics.**

Work in progress

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## Introduction

From the 1970s and onwards the growth of temporary and permanent movements has become more globalized, diversified, gendered, and more accelerated. This has put western nation-states in a new challenging situation as they are all trying to find a way of coming to terms with the challenges associated with the arrival and settlement of culturally, religiously and ethnically different migrants. The years following the tragedies of September 11<sup>th</sup> 2001, up to the riots in France in the autumn of 2005 have exacerbated the debates on migration, multiculturalism, and integration. Questions of whether Westerners and immigrants can live side by side have often been brought to the public fore, and several scholars talk today of a crisis of multiculturalism. Yet, the debate on the “clash of civilisations” dates more than 10 years back, with Samuel Huntington (1996) being its most famous representative. Alongside this debate, we have witnessed the emergence of intellectual and political movements led by ethnic, religious and cultural groups that argue for recognition of the legitimacy of their diversity<sup>1</sup>. Migrants have thus started mobilising politically and are becoming increasingly active actors in the political sphere. Their demand for recognition goes further than a mere plea for toleration however – the latter being problematic as it maintains stereotypes that mark the other as deviant, as someone that the majority society should tolerate. Rather they ask for the acceptance, respect and even public affirmation of their differences (Parekh 2000). The question of how to deal with these claims has given birth to a plethora of public national policies that varies depending on a country’s institutional settings and national identity (Koopmans and Statham 2002). Within Western European academia, in the past few decades the debate on multiculturalism has been highly dynamic. Different authors have of course been informed by different philosophical approaches. Scholars like Will Kymlicka (1995) and John Rex ([1986] 1996) have promoted a liberal theory of multiculturalism. In their work, researchers such as Iris Young (1990), Bhikhu Parekh (2000), Tariq Modood (2005; 2007) have criticized and reformulated those liberal responses to diversity. These authors have presented different arguments for the respect and recognition of

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<sup>1</sup> Of course there are other groups making similar claims, such as feminists, GLBT-groups etc., I do not want to minimize their importance on the contemporary political arena. However, given that the main focus of this paper is on ethnic and cultural differences, I will not discuss those other groups’ claims to equal rights.

difference free from the implicit assumption of superiority and inferiority of groups that characterises liberal understandings of multiculturalism.

Along with the growing claims that the majority society should recognise the legitimacy of certain group differences, there has been from the 1980s and onwards a substantial development of what is today known as care ethics, which emerged as a critique of the dominant moral theories. In contrast with the dominant views that prizes values such as independence, autonomy, rationality and rights, the ethics of care emphasizes that human beings are ontologically interrelated to and dependent on each other and we should therefore value those relations and the emotions related to them such as empathy and shared concern (Held 2006; Porter 2006). The ethics of care has developed during the last twenty years into a moral theory that sees caring not only as a value but also as a political practice that goes beyond the face-to-face interaction such as the relation between mother and children, and that it should concern “institutions, societies, even global levels of thinking” (Tronto 1993, 145). However, as rightly argued by Elisabeth Porter, “there is minimal application of these themes to those political issues of international relations, where the care of distant humans is paramount” (2006, 98-99). I believe the same criticism can be addressed when it comes to the analysis of how western European states have come to terms with the diversity brought about by growing migration flows. Feminist theorists working with caring ethics have mainly worked with the racialisation of care work and on the establishment of new slave-master relations (Williams 2002). With few exceptions, theorists of the ethics of care have not explicitly dealt with issues of ethnic, cultural or religious diversity and minority integration politics that much characterise the debate on how immigration and diversity are contended by different national governments<sup>2</sup>.

The scope of this paper is therefore to initiate a discussion about how we can understand difference and how we can come to terms with it from the perspective of the ethics of care. A critical and caring understanding of multiculturalism differs from the liberal and the

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<sup>2</sup> Fiona Williams has addressed the issue of difference and care and argues that we should move towards an “inclusive diversity” (2002) but she does not develop this in a clear way nor does she provide an empirical analysis of the understanding of “inclusive diversity”. Some authors, as for instance Selma Sevenhuijsen (1998; 2003) would say that Iris Young has contributed to the development of the ethics of care. While it is clear that Iris Young was sympathetic to this approach to ethics (see Young 1994), I would not agree that she has directly been involved in developing the ethics of care. From my understanding, her focus lies in the importance of empowerment and democracy, not on how to develop a caring understanding of democracy.

communitarian approaches. It is different from a liberal understanding of multiculturalism as it questions its principle of equality as based on the idea of original sameness (Sevenhuijsen 1998, 40-54) and its understanding of human autonomy. A philosophy of multiculturalism informed by the ethics of care will also question the idea of group and culture as the basis for identity, something common to both the communitarian and the liberal understanding of multiculturalism. In arguing for a critical and caring multiculturalism I am not saying that multiculturalism, in its more critical<sup>3</sup> forms (e.g. Young 1990; Parekh 2000; Modood 2005; 2007), and the ethics of care propose completely different views on diversity and inclusion. Rather, I share Sevenhuijsen's idea that the ethics of care can be seen as a companion to critical multiculturalism. However, this does not mean that the ethics of care should merely be conceived of as an "add on" to critical multiculturalism. The ethics of care has its own moral vocabulary that challenges the theoretical and normative boundaries that shape the context within which we interpret the life we live in and that in a way excludes other understandings of morality from consideration (Tronto 1993). Further this approach to ethics provides useful insights about how relations of power and political processes are conflated with psychological processes, an issue which is not always at the centre of critical multiculturalism. Given its foundations in a feminist understanding of morality, the ethics of care adopts an intersectional understanding of power, i.e. is attentive to the different positionalities of the gendered and racialised subject in different social relations and contexts.

I therefore argue that a development of a feminist understanding of multiculturalism should be concerned not only with the crucial issues of gendered constructions of collectivities (Yuval-Davis 1997), and with power relations within and between groups (Brah 1996), but it should also see the caring practices and values as central to their politics and policies. By care I mean a concrete political activity guided by a moral and theoretical framework that sees responsibilities as the very basis of our existence as relational and moral beings (Sevenhuijsen 2000). As Fiona Robinson argues, an ethics of care will allow the analytical scrutiny of the contextual relations within global politics (1999). In the case of multicultural politics, an ethic of care will open up for an approach that is more

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<sup>3</sup> I am not using the concept "critical" here to suggest that all these scholars situate their analysis in the tradition of critical theory as it has been developed by the Frankfurt School. I use the word "critical" in a less theory-loaded way to describe an approach to multiculturalism that is critical of certain aspects of liberal philosophy and that has a theoretical emancipatory ambition.

attentive to and respectful of the needs of migrant minorities, an approach that allows for an understanding of diversity that acknowledges power's inequalities, and finally an approach that emphasizes a model of moral obligations and responsibility, i.e. care, that includes strangers. In fact, as Joan Tronto maintains, "the practice of care describes the qualities necessary for democratic citizens to live together well in a pluralistic society, and that only in a just, pluralist, democratic society can care flourish" (1993, 161-162).

In the following I will present the main characteristics of the ethics of care. I will argue that a liberal understanding of multiculturalism, as presented by Will Kymlicka and John Rex, is inadequate to deal with diversity as it reproduces a flawed idea of the subject and her relations with others. Further, I will stress the importance of reformulating certain ideas of critical multiculturalism so that they are more attentive of the context that determines the conditions of their relevance.

### **The ethics of care**

In this section I will present the growing body of literature in moral philosophy that has challenged the traditional focus on the autonomous, rational agent of morality and on justice as the primary value of ethics and society. This approach stems from a feminist understanding of ethics that emphasises a relational ontology, breaking the dichotomy between autonomy and dependence. The guiding thought of this approach to feminist ethics is that people are in a relation of interdependence, need each other to lead a good life and, as Selma Sevenhuijsen argues, "that they can only exist as individuals through and via *caring relationships* with others" (2003, 183, emphasis added)<sup>4</sup>.

The debate on the ethics of care has its origins in the work of Carol Gilligan, a developmental psychologist. In her book *In a different voice* (1982), Gilligan challenged a model of moral development put forward by Lawrence Kohlberg that seemed to suggest that girls progress more slowly than boys in reaching moral maturity. Gilligan and her co-workers argued that Kohlberg's model was valid only for measuring the development of one aspect of moral orientation, which focuses on the ethics of justice and rights. She maintained that there

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<sup>4</sup> It is important to stress here that even if the ethics of care is important within the field of feminist ethics, it would be incorrect to maintain that all feminist wholeheartedly embrace this interpretation of ethics. See Robinson (1999, 11-12) for a discussion on this issue.

was another, feminine, way of interpreting moral judgements, a way that was more responsible and concerned with actual relationships between persons. She then concluded that women's morality does not develop more slowly, but rather that their interpretation of morality is different – but equal to men's. According to Gilligan, a more comprehensive understanding of ethics should encompass the feminine ethics of care and the masculine ethics of justice. Gilligan's findings have been heavily criticised for essentialising gender differences and have been questioned on empirical grounds (Held 2006; Robinson 1999; Tronto 1993). However, her work has been crucial as it has embarked on an alternative, feminist perspective to moral problems that questioned moral values and practices which were presented as given.

Authors such as Joan Tronto (1993), Selma Sevenhuijsen (1998), Fiona Robinson (1999) and Virginia Held (2006) have contributed to a move away from the debate of essentialist notions of gender differences into an exploration of how the ethics of care can influence institutional practices and our understandings of politics, democracy and citizenship. Tronto is quite explicit in this sense as she advocates an understanding of care as a value *and* a practice. In her book *Moral boundaries: a political argument for an ethic of care* (1993) she notes how in its original formulation, the ethics of care did not really challenge Kohlberg's theory as care was kept in its traditional place, i.e. the private feminine sphere. If care is thought of as an aspect of private life, as the antithesis of justice traditionally connected to the masculine public sphere, it will be associated with household activities and thus will be greatly undervalued in most societies. From this perspective, care will always be an extra to add to the already existing moral categories. If we are to take the ethics of care seriously we need to begin by broadening our moral understanding of what caring for others means. We need to change the public value associated with care and thus restructure social and political institutions to include the values and the practices of care (see also Held 2006; Hutchings 2000; Sevenhuijsen 1998). Thus the ethics of care provides a strong criticism of the private/public divide which has traditionally positioned (rational and independent) political decision-making and deliberation in the public sphere, contrasting it to the private sphere has been constructed as the site of nurture and care, outside the realm of political and social participation. Feminists have argued that this distinction is flawed as it depoliticises highly political issues, such as family relations, and retains structures of power that position women

and care receivers outside the public realm (e.g. Young 1990). According to Tronto (1993), the public/private divide shapes how a society's morality and interpretation of good life are defined and excludes an understanding of morality that values qualities and perspectives traditionally tied to the private sphere, as for instance care.

According to Tronto (1993, 105-108; 127-137; 1998) the ethics of care is characterised by four analytically separated, but interconnected, phases, each with a corresponding value or virtue. *Caring about* involves becoming aware of and paying attention to the need for caring. The corresponding value is *attentiveness*. *Caring for* is the phase when someone assumes the responsibility to meet the identified need, *responsibility* being the value that counts here. *Taking care of* or *care giving* entails the direct meeting of the needs for care, the performance of a necessary caring task. *Competence* is the moral dimension of this. Finally, *care receiving* is the fourth phase of the politics of care and involves the moral element of *responsiveness*. These four phases of care do not denote a one-way flow from the care-giver to the care-taker. A person's position as care-giver or care-taker shifts in time and space. This does not only take place when our physical abilities are for some reasons limited by e.g. age or illness. For instance, an immigrant can find herself in the position of receiving care when she is the beneficiary of specific policies aimed at preventing racial discrimination in the labour market. However she provides (unacknowledged) care to the (more powerful) majority society if she works within health care or in the service sector.

Two of the values mentioned above need further clarification. First, I will look closer to the relation between care and responsibility. A work that might involve caring for someone can be carried out without a sense of responsibility for the cared-for. By paying taxes, majority society takes care of immigrants and indirectly funds public integration policies. A committee that sets up a national anti-discrimination board or launches a law aimed at protecting immigrant rights takes, in a sense, care of immigrants. This type of care is not direct, but "detached" (Tronto 1993, 144) and supports the opportunity of the most privileged to ignore certain adversities that they do not face<sup>5</sup>. In every modern society, it is impossible to always provide direct care to all those we might feel responsible for or need care. However, Tronto rightly warns us, detached care can lead some people to become deluded about how and who we are helping, for what reasons, and for how long. So, when

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<sup>5</sup> Tronto calls this form of privilege "privileged irresponsibility" (1993, 121).

non-western migrants are in the position of care-takers, they become doubly targets of the process of othering. They are cognitively positioned as “others” to the majority society (REF) *and*, as they are dependent on somebody else’s care, they are alienated and devalued as dependent “others” to the rest of society which is instead constructed as efficient and independent, an argument that I will develop in the next section. This can give support to discriminating views that see migrants as the undeserving recipients of care since they are not doing enough to integrate, or to find a job, or to learn the majority’s language. Further, it can legitimise the majority’s lack of responsibility for rooting out prejudice and discrimination because they themselves do not believe they are prejudiced.

The second value I want to clarify is responsiveness. It does not mean to put ourselves in the position of those who need care. Instead it means that we consider the other’s position as she expresses it (Tronto 1993, 136). Young’s notion of “asymmetrical reciprocity” can help us to understand this value better (1997, 38-59). She argues that the idea that one should put herself in the position of those who are less privileged is flawed as it obscures the social positions of the parts, thus neglecting the different positions in the distributions of power. Furthermore one’s attempt to put herself in the situation of the other often carries projections and fantasies about the other and her situation, something that is also ignored in the idea of reversing perspectives. Instead we should retain an asymmetrical understanding of reciprocity through a communicative interaction that acknowledges the specificity of positions of the parts involved and their unique life histories and psychological constitution.

Even though there are several ways of theorising around the ethics of care, I agree with Virginia Held (2006) that we can distinguish some major features that virtually all proponents of the ethics of care discuss. In the following sections, I will unravel some of those features and contrast them with different understandings of multiculturalism.

### **Relational moral ontology and autonomy**

The dominant approaches to modern political philosophy, influenced by liberalism, interpret the person as a rational, self-interested, autonomous agent. Thomas Hobbes gives us quite a clear formulation of this state of the person: “Let us consider men... as if but even now sprung out of earth, and suddenly, like mushrooms, come to full maturity,

without all kind of engagement to each other” (in Benhabib [1987]1992, 156). As stressed by several feminist scholars (e.g. Fraser 1989), this vision of men is an ultimate picture of autonomy. The denial of being born of women frees the male self from the most basic bond of dependence (Benhabib [1987] 1992). He is born freely, out of earth, and is therefore self-sufficient from birth. As Held writes, this conception fosters an illusion that society is composed of independent individuals that can freely choose to associate with others who are always their equals (2006, 14).

The ethics of care provides a constructive critical perspective on the norm of independency and autonomy. In contrast to idea of the self expressed by liberal theories, the ethics of care is guided by a relational moral ontology, whose core concepts are relationality and interdependence (Sevenhuijsen 2003, 183). It directly criticizes the assumption of the moral self as independent and autonomous, and understands the self as existing through a series of networks of relation with others (Robinson 2006, 13). We may of course perceive ourselves as autonomous but this is only possible because of our relationships of interdependence. As Fiona Williams stresses, a paid worker’s independence is actually achieved through systems of support by those who care for that person’s children, house, cooking etc. (2002, 507). The guiding line of the ethics of care is therefore that people need each other in order to live a good life and that they can only exist as allegedly independent individuals through caring relationships with others (Sevenhuijsen 2003, 183). A relational understanding of the self entails that people develop a sense of who they are because there are others who recognize and confirm their individual characteristics. Individuals do not remain fixed and unchanged throughout their interaction with others, but rather they derive their identity from the dynamic processes that are human relations (cp. Emirbayer 1997).

The liberal idea that autonomy is the ultimate goal of human beings is reflected in Will Kymlicka’s work on multiculturalism. In his *Multicultural citizenship* (1995, 85-93) he argues that culture is necessary for a person’s development as a human being. This is because it, on the one hand, defines and structures one’s world and helps making moral judgments and reaching human autonomy. On the other hand, culture gives a person a sense of identity and belonging and contributes to the construction of stable communities and to human well-being. The former is beneficial according to Kymlicka as it will lay the ground for a “good life”, i.e. a life that all human beings have an interest in living and where people can freely and

autonomously choose the ends one thinks are worth pursuing. A good life should be lived from within, i.e. free from conventions and social pressures. When it comes to multicultural societies Kymlicka draws a sharp distinction between national minorities, immigrants and refugees and thinks that the cultural claims of those groups have different moral weights (1995, 95-101; 167-170). Since immigrants have voluntarily<sup>6</sup> decided to uproot themselves and to come to a liberal country it is legitimate to compel respect for liberal principles, argues Kymlicka. Immigrants can claim to “polyethnic rights”, e.g. the right not to be discriminated against and the right to maintain their language, but they cannot claim right to self-government and cultural autonomy.

Looked from the prism of the ethics of care, Kymlicka’s theory on multiculturalism is problematic. In arguing that individual autonomy and self identity are tied to memberships in one’s societal culture<sup>7</sup>, he links the process of identity construction to a narrow set of meanings that disregards an individual’s location and positionality in a society and that ignores the multiple and processual character of a person’s sense of self. So self identity is not only based upon a sense of belonging to an “intergenerational community”, but is constructed at the intersection of different personal self-narratives and is influenced by an individual’s position in the distribution of power. As far as autonomy is concerned, it is exercised within social relations that make certain individuals more independent than others, not by abstractly independent persons (Held 2006, 84).

Secondly, Kymlicka’s proposition that one should live a good life from within presupposes, as Bhikhu Parekh points out (2000, 106), a distinction between inside and outside that separates oneself from others. He thus relies, without openly acknowledging it,

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<sup>6</sup> The argument that immigrants have *voluntarily* chosen to uproot themselves from their culture and to move is highly problematic, both theoretically and empirically. It makes little sense to argue that, once I leave my home country I automatically leave most of my culture behind. Moreover, as argued by Parekh (2000, 103), if culture is so crucial for achieving autonomy and liberty, it is difficult to understand why a person would voluntarily choose to leave it. Empirically, Kymlicka’s assumption is overstated. Even if war, famine or economic difficulties may drive people to move voluntarily, there is no indication that this decision is taken lightly. Rather, the conception of home (country) becomes crucial for immigrants. Several scholars (Dupuis and Thorns 1998; Bauman 2001; Kinnvall 2004) stress the role of the category of home as a bearer of security in that it links the material environment with an emotional set of meanings which is associated with physical and cognitive permanence and continuity, i.e. home is a secure base on which identities are constructed (Dupuis and Thorns 1998, 28-31).

<sup>7</sup> Culture, nation, people and societal culture are used interchangeably by Kymlicka (Parekh 2000, 101) and they refer to “an intergenerational community, more or less institutionally complete, occupying a given territory or homeland, sharing a distinct language and history” (Kymlicka 1995, 18). “It provides meaningful ways of life across the full range of human activity” (1995, 76).

upon a culturally loaded understanding of morality conceived as of something to be experienced and developed interiorly. This separation of the self from others is underpinned by a conception of the self as a homogeneous moral subject that is inherently different from others. However, this division between self and other is highly gendered and racialised and defines the other by what she or he lacks compared to the moral subject: autonomy, independence, the phallus (Benhabib [1987]1992, 279). The ethics of care moves away from this conception of the self and stresses, as pointed out previously, a relational ontology and a conception of the subject as fragmented and multiple, capable of experiencing the other within the self (Sevenhuijsen 1998, 60, cf. Kristeva 1991). This brings us close to a Levinasian understanding of morality (in Bauman 1993) where the moral subject should be capable of being *for* the other, i.e. take unconditional responsibility for her, and not only of being *with* the other, i.e. physically close but ontologically separated.

Thirdly, Kymlicka's suggestion that "voluntarily" immigrants have the weakest claim to cultural protection and that they should merely accept the legitimacy of state enforcement of liberal principles (1995, 170; 176-181) is problematic since this logic ends up with stressing the a-normality and the inefficiency of immigrants in the recipient society. From this view it follows that the only way for immigrants to become part of the recipient society is to undergo a process of socialisation through integration in order to learn "how we – the majority - do things", a process that tends to become a reflection of power and exclusion (Scuzzarello 2007). This has been criticised by authors like Uma Narayan who warns of "paternalistic care" which much reminds of the sort of care found in colonial discourse that constructed the colonised other as "in need of the paternalistic guidance and rule of their superiors" (in Robinson 2006, 14).

Finally, Kymlicka fails to understand the power of the context within which moral theories are formulated and thus reproduces ideas that function as boundaries to exclude some ideas of morality, such as feminist morality, from consideration. Joan Tronto (1993, 6-11) identifies three such moral boundaries: the boundary between morality and politics, the "moral point of view" boundary, and the public/private boundary. I find that Kymlicka's approach implicitly maintains the second boundary which requires that moral judgments be made from a standpoint of distant, detached and autonomous actors. Even if he acknowledges that "the state unavoidably promotes certain cultural identities, and thereby disadvantages

others” (1995, 108), his standpoint describes a morality that views those who are most successful and adept in society, those who adopt basic liberal principles, as the most moral individuals. It thus preserves the privileges of the powerful ones and delegitimizes other understandings of morality and other ways of pursuing a good life (cp. Parekh 2000). This is particularly clear in his distinction between the rights of immigrants and those of the recipient society. Furthermore, he ignores the differences of gender, age and sexuality that position members of a specific group differently and thus obscures oppression as a systematic, structural process. I will deal with this question in the next section.

### **Social relations among equals? - Dependency and power**

Several attempts to bring multiculturalism and liberalism together reproduce the idea of contractual equality (Kymlicka 1995; Rex [1986] 1996). John Rex expresses this quite clearly when he describes the ideal multicultural society as one where all individuals are equally incorporated and have equality before the law; where they have the same rights to exercise political power in the public sphere through vote or by other means ([1986] 1996, 18-19). The idea that places equality and sameness as pivotal principles of ethics and of the constitution of a political system may seem an attractive ally to feminist ethics – at first sight. However as pointed out by several feminists, the problems associated with the norm of equality reside principally in its underlying assumption of sameness, i.e. that all human subjects are identical to each other, that there exist a uniform human subject that can serve as a starting point for normative reasoning (Sevenhuijsen 1998, 42). This falsely gender-neutral language allows, as Okin stressed in 1989, most theories to ignore the highly political issue of gender and permits the reproduction of societal norms based on masculinity and men’s needs.

Furthermore this understanding of ethics ignores oppressive and exploitative social and economic structures and cultural norms that can prevent individuals from exercising their political power (Robinson 1999, 64). This critique could be directed to authors such as Charles Taylor. In his essay *The politics of recognition* (1994) he argues for the recognition of the equal values and worth of other cultures. While I am sympathetic to this, his understanding of cultural group implies the (fault) existence of homogeneous social groups whose members have similar social aspiration. One may legitimately ask then, who is

included in the “we” that constitute a community. Yuval-Davis (1997) argues that one should be aware that women have historically been excluded by the public process of community formation. Women are instead expected to carry a “burden of representation” (1997, 45), as they are constructed as the symbolic and biological bearers and reproducer of the collectivity’s identity and honour but are traditionally excluded from the public political realm. Furthermore, to argue that a community has collective goals is problematic as it assumes what Iris Young has called “equality in access and voice”, i.e. every individual has an equal possibility to choose a good life, to express her opinion (in Sevenhuijsen 1998, 65). This is not the case all the times. Single community representatives, not always democratically nominated, can be considered by e.g. public institutions as the true bearers of a community’s voice and their demands are seen as the whole community’s demand. This can in its turn conceal the needs of other members of the same community, as for instance women (Nesbitt-Larkin and Kinnvall forthcoming). This problem is overcome by the ethics of care as it works with a multi-faceted, intersectional understanding of power (Sevenhuijsen 1998, 66). People’s access to power depends often on the specific situation we look at. While one can be discriminated along one axis of power, as for instance gender, she or he can assume a more powerful position according to another axis, e.g. ethnicity. This has been one of the key criticisms that Black feminists and post-colonial feminists have raised against western feminists’ idea of universal sisterhood (hooks 1981; Collins 1991; Mohanty 1993). When it comes to the construction and maintenance of social and cognitive boundaries between majority and minorities, the ethics of care opens up for critical reflection on why patterns of community-making serve to undermine the ability of moral agents to identify and understand others as concrete others, i.e. with concrete history and identity (Robinson 1999, 47, cf. Benhabib [1986] 1992). Positioning the needy ones in a condition of deviance from the normal, autonomous self becomes then a cognitive process that secure the latter’s sense of the self as not-needy and independent (Tronto 1993, 145).

Several theorists of the ethics of care criticize the premise that social relations as exchanges among equals and the related assumption that these relations are voluntary. As Iris Young argues, many relations are between unequals, where one party is dependent on the other for some or all of her welfare (1994, 40). This of course poses a challenge to the ethics of care since, if we fail to recognize the relations of power involved in care, we will fail to

recognize that caring relations can lead to forms of paternalist oppression (Tronto 1993; Sevenhuijsen 1998; Held 2006). Instead we must recognize that social relations often occur among un-equals and that they are likely to be filled with contradictions and conflict. Therefore it is crucial that the one who is able to access power more easily is attentive to this and willing to use her power in a positive manner acknowledging the interdependence of human beings – and consequently her own dependence on others.

The relational ontology typical of the ethics of care breaks down the dichotomy between autonomy and dependence that characterizes the current understandings of politics that positions autonomy and independence on higher moral rungs than dependence. This dichotomy fails to recognize the difference between dependency in the sense of *mutual dependence* for the achievement of a good life, and *unwanted dependency* that maintains unequal distributions of power and constructs dependent people as unfit (Williams 2002). An important contribution of the ethics of care has been to question the paradigm that links moral agency and full citizenship to independency (Young 1990, 55). The idea of a just society informed by the ethics of care would accord participation in decision-making to those who are dependent on public institutions, as for instance is the case for many immigrants. They would not be relegated at the margins of the public sphere in particular interest groups. I am *not* arguing that oppressed groups should not mobilize to challenge discriminatory social structures and practices. However I want to problematize the tendency to favor the establishment of particular interest groups, as immigrant groups within trade unions or political parties, and how those potentially powerful groups are used by the majority as a means to legitimize their privileged irresponsibility<sup>8</sup>.

Several practices of multiculturalism are unable to achieve their emancipating and empowering goals because they fail to see the difference between mutual and unwanted dependency and instead tend to prize the splendid independence and self-sufficiency of the traditional liberal ideal of the subject. In Sweden, for instance, national integration politics tend to elevate paid work as the overarching principle through which immigrants' economic and social segregation will be eradicated. According to the Minister for Integration Nyamko Sabuni

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<sup>8</sup> For a study on immigrant organisation in Swedish trade unions, see Mulinari and Needgaard (200X in De los Reyes maktens olika förklädnader).

the most important undertaking for successful integration is to open up for increased possibilities for economic *self-maintenance* and empowerment through policies that facilitate *employment* and encourage the establishment of private enterprises” (*Integration och mångfald*, 2006, emphasis added).

While paid work is important, this statement defines a norm by which economic autonomous immigrants are considered positively, as non-dependent. This construction of normality defines in its turn who is deviant, in this case unemployed immigrants who are dependent on social benefits. The mechanisms of this are of course filtered through existing structures of sexism and racism. Stereotyped assumptions about immigrants tend to be reproduced even in certain theories of multiculturalism whose explicit scope is to make immigrants integrate in the recipient society (e.g. Kymlicka 1995). Implicitly, these philosophies stress immigrants’ cultural diversity as something inherently diverse from the “normality” of the majority society. They are kept in the position of “strangers”, i.e. someone who comes in contact with the majority society but is not organically connected through ties of kinship and locality to it (Simmel 1950, 404). Immigrants enrich the recipient society through their cultural differences. At the same time they are alienated and excluded so that the majority’s cognitive boundaries are confirmed (Perrone 2001, 50-53). Thus, multiculturalist policies informed by this theoretical understanding of cultural difference indirectly embrace an excluding understanding of difference that maintains processes of boundary-maintaining that secure a sense of the self as intrinsically diverse from the migrant stranger (Scuzzarello 2007).

Iris Young’s work provides an illustrative example here. In a study on policies for pregnant addicts Iris Young, following Foucault, argues that people who do not conform to a certain model that defines social membership – where the proper law-abiding individual is not needy – punishes those who are deviant because they are needy, dependent, unable or unwilling to work (1994). Holding independency as a norm amounts to defining dependent people as second-class citizens. Thus she argues,

Because punishing the pregnant addict does next to nothing to prevent the birth of babies harmed by the chronic use of drugs of their mothers, punishment seems only to have the function of *marking the women as deviant*, publicly *reaffirming their exclusion* from the class of upstanding citizens (1994, 39, emphasis added).

The ethics of care allows for a different basis of moral responsibility as it shifts the focus from a model of contractual equality to a hierarchical model of social relations. The privileged and the more powerful would in fact refrain from taking advantage of the less powerful and would instead care for the needy and be concerned for her equality and rights (cp. Porter 2006). By criticizing the individualistic, atomistic ontology of liberal political theory, the care perspective sees the persons as “concrete” rather than “generalised”, to use the wordings of Benhabib ([1987] 1992). Where the latter indicates an understanding of every individual as a rational being entitled to the same rights and duties we would want to ascribe ourselves, the standpoint of the “concrete” person requires us to view every one as an individual, with a concrete history and identity (ibid. 158-159). Thus our relation to other persons is characterised by equity and complementary reciprocity, rather than formal equality and reciprocity that govern the standpoint of the generalised other. Most importantly, this approach allows us to consider differences as complementing rather than excluding one another. This is particularly relevant when it comes to the analysis of multicultural societies where claims upon the recipient society are clustered around the rights to diversity.

### **Contextual understanding of oppression, diversity and needs interpretation**

One of the guiding thoughts in care ethics is to go beyond the mere normative stances of political philosophy and to formulate constructive proposals as to how to restructure the democratic practices in a way which recognizes the giving and receiving of care as a central aspect of human existence. This is achieved through the combination of normative and empirical analysis where the examination of “the actual, concrete conditions within moral relations that can and do occur, and seeking to understand to nature of those moral relations” (Robinson 1999, 29). In other words, the ethics of care focuses on the social, economic and political contexts in which particular claims for justice, needs, and rights arise. The ethics of care does not seek to set out universal principles. Rather it is a practical principled morality that refers to specific contexts, specific relations – not only of intimacy but of power - among concrete individuals. This does not make the ethics of care relativistic, as the values and relations it seeks to analyze are relative to a context, but can apply to more situations (Sevenhuijsen 1998). The attention to particular examples of relations of power has

been criticized by several scholars. For instance Alison Jaggar argues that the focus on specific situations prevents us from criticizing the social institutions that structures it (in Robinson 1999, 103). Her criticism is in many ways legitimate as several theorists of care have failed to broaden their analysis to include both the micro- and the macro-levels of analysis. However, I agree with Fiona Robinson when she states that:

Close attention to the specificities of moral situations need not obscure perception of the larger social context in which they are embedded if the process of understanding, knowing and caring for a person who is different from you involves an understanding that difference is actually constructed through relationships which are not personal but social, and which are often characterized by both power and privilege (1999, 103).

Analytically, this means that the development of a philosophy of multiculturalism that is grounded on the ethics of care must take seriously the relation between practice and philosophy. However, the relation between the practices and philosophy of multiculturalism is highly debated. While some authors argue that a stronger commitment to multiculturalism would help to overcome the present state of polarisation (Modood 2007), others are more critical of it and tend to throw the baby of multiculturalism out with the bathwater as, in their opinion, it has failed to achieve what it promised (see Banting and Kymlicka 2006 for a review of critiques of multiculturalism). A theory of multiculturalism informed by the ethics of care, thus attentive to contextual specificities, would adopt a position that not only examines practices of multiculturalism in a critical manner, as many authors already do. It would also consider the reformulation of the philosophy of multiculturalism in a way that addresses the difficulties and flaws of contemporary practices of multiculturalism. We might consider to morally and politically reformulating a critical approach to multiculturalism in a way that is more attentive to the specific institutional contexts in which the multiculturalist policies are set up and responsive to the needs defined by groups whose members share a commonsense of belonging and a specific political claim. This calls for an open discussion about what Nancy Fraser has called “the politics of need interpretation” (1989). Taking for granted the definition of the needs in question as if they were self-evident conceals the fact that the interpretation of people’s need is a political stake, and in the context of multicultural societies and minorities claims, it is *the* political stake.

The ethics of care has been criticised for being affected by parochialism and for defining the needs of others in paternalistic manner (Tronto 1993). However, a care ethics that is seriously concerned with attentiveness, responsibility, competency and responsiveness would recognise the crucial importance of establishing a dialogical relation between care givers and care takers in a way that exposes the asymmetric positions of every actor. The approach that I am arguing for is in many ways sympathetic to Iris Young's ideas on group representation and the politics of difference (1990). However, as Sevenhuijsen argues (1998, 146), Young's theory does not completely acknowledge the fragmented nature of the self, and can encourage thinking that members of a group have a clearly defined identity, that they live in only one world at a time (Calhoun 1995). Arguing for a narrative approach to moral subjectivity, the ethics of care focuses instead on the concrete subject's stories about her needs to live well and her fragmented sense of the self (Sevenhuijsen 1998).

It is important to stress here that I am not arguing against the ultimate scope of multiculturalism of groups' and individuals' right to equal dignity and respect. Rather I am criticising the philosophy of multiculturalism for indirectly maintaining the moral boundary between morality and politics (Tronto 1993, 6-9). Instead of consistently seeing morality and politics as a set of congruent and intertwined ideas, several contemporary theories of multiculturalism tend to focus too strongly on the moral principles that should inform the political world. Some of them in fact fail to describe how those principles should inform political reality (Taylor 1994), while others at times underestimate how politics are influenced by philosophy and vice versa (Parekh 2006).

When we try to apply a conception of ethics characteristic of the ethics of care to issues of diversity and multiculturalism, we need to address especially one of the shortcomings of this approach: its focus on caring professions and on face-to-face relations; and its typical national perspective. Joan Tronto argues that the practices and values of care should be placed at the centre of our political and moral universe (1993, 154), an appeal that Iris Young restated in 1994 when she argued that the values of an ethic of care "can and should go beyond face-to-face personal relations, to the interconnections of strangers in the public world of social policy and its implementation" (1994, 41). Despite Tronto's and Young's call for a broader understanding of who should be the target of caring practices, in 2006 political scientist Elizabeth Porter noted that most of the examples used by feminist

scholars advocating an ethic of care still tend to focus on the political aspects of the caring professions as child care, elderly care, disability, health that encompass face-to-face relations. When it comes to the field of migration, feminist theorists working with caring ethics have mainly analysed the racialisation of care work and the establishment of new slave-master relations (Williams 2002). Authors like Williams argue that the feminisation of migration meets on the one hand the need of professionally employed women workers who increasingly employ immigrant women as private nannies or cleaners. On the other hand immigrant women also meet the needs of the public sector that is increasingly hiring them in low-rungs employments as low-paid workers in private institutions (Lewis 2000). No doubt, issues such as the racialisation of care and the invisibility of informal care are of extreme political and sociological importance, but I agree with Fiona Robinson (1999; 2006) and Elizabeth Porter (2006) that the ethics of care can and should *also* have a broader understanding of what the practices of care should apply to. It is from this perspective that I argue that the ethics of care can and should apply to integration politics and can contribute to develop a different understanding of multiculturalism.

### **Where do we go from here – a caring multiculturalism**

Liberal understandings of multiculturalism as well as several practices of multiculturalism tend to reproduce an understanding of the moral subject as independent and autonomous. The needy ones are constructed as opposites to this view of the subject and they are positioned in the lower rungs of the distribution of power. Even the more critical perspectives on multiculturalism tend to overlook and at times reproduce the boundaries that define a society's understanding of morality. In particular, the boundaries between public and private and the boundary between politics and morality are maintained. In this paper I have argued that we need to reconsider the values and practices of care in order to formulate an understanding of multiculturalism that not only aims at warranting groups and individuals the right to equal dignity and respect. In fact following the principles of the ethics of care, we need to be attentive to specific socio-political processes of group formation and to relations of power within and between groups. This would be possible only if we break down the boundary between morality and politics and revise the philosophy of critical multiculturalism

so that it can address the flaws and difficulties of the practices of multiculturalism. Thus, from an analytical point of view a caring multiculturalism would be attentive to the specific contexts in which relations of power develop and would attempt to answer questions of who is claiming rights to public recognition? Who is defining the boundaries of inclusion and exclusion of a specific group? How can we reformulate the concept of moral subject/member of a group/citizen so that the dependent and vulnerable ones are not seen as deviant to what has traditionally been defined as the normal citizen?

The ethics of care does not provide a straightforward solution to the stereotypification and othering of immigrants which are embedded in the process of securitisation of the self. I rather see it as a challenging attempt to redefine the boundaries of our moral and political understanding of multiculturalism so to include the point of view of those positioned as dependent in the realm of moral political debate. In this sense we need to move away from an understanding of equality based on a falsely gender- and race-neutral idea of sameness (as advocated by for instance Kymlicka). Thus the ethics of care works as a critical companion to the philosophy of multiculturalism as put forward by e.g. Young (1990) as it departs from the assumption that the self is interdependent and acknowledge the inequalities of power in influencing the public sphere. The ethics of care furthermore allows us to see the other not as inherently different from the self (because she is needy and dependent), but as part of the self and forces us to think concretely about people's real needs and to question what we ultimately value into the public sphere.

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