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EIA Interview: Fiona Robinson on the Ethics of Care

Ethics & International Affairs Interviews

Fiona Robinson, John Tessitore

Transcript

JOHN TESSITORE: Hello. I'm John Tessitore. I am Executive Editor of the Carnegie Council here in New York and editor of the Council's quarterly journal, *Ethics & International Affairs*.

Today I have the privilege of having with me [Fiona Robinson](#), of Carleton University in Ottawa, where she is Associate Professor of Political Science and Supervisor of Graduate Studies.

Welcome, Fiona. We're delighted to have you here with us today.

FIONA ROBINSON: Thank you very much. I'm happy to be here.

JOHN TESSITORE: Professor Robinson's specialties are ethics in international relations, critical IR theory, feminist theory and gender in IR, and human rights.

Her 1999 book, which is *Globalizing Care: Ethics, Feminist Theory, and International Relations*, analyzes and critiques conventional normative theory in international relations, arguing instead for a critical feminist ethic of care in the context of key moral issues, including global poverty and humanitarian intervention.

We would like to begin by looking more closely at this concept of ethics of care. My first question, Fiona, is clearly the most obvious. Please give us a definition. Just what is ethics of care? What does it have to do with the particular experiences of women? What distinguishes it from the dominant rights-based or duty-based moral theories?

FIONA ROBINSON: The ethics of care is a relatively new way of thinking about ethics. Interestingly, it emerged not really from ethics in philosophy or even from political theory, but from work in social and moral psychology. Perhaps the seminal text, the text that is often referred to, is [Carol Gilligan's](#) work, *In a Different Voice*. This was published first in 1982.

Carol Gilligan was a social and moral psychologist. She did some empirical work where she compared men's and women's, and also girls' and boys', responses to a number of moral dilemmas that she put to them.

What she heard was a different voice coming from the girls and the women. She heard that women and girls were often articulating their responses to these moral dilemmas in very different ways than what she was hearing from the boys and the men.

The boys and the men focused on principle-based morality, the idea of applying moral principles

universally to different situations, using terms like "justice"—what is just? What is right?—ideas of reciprocity.

But she heard a different voice coming from the girls and the women, a voice of morality not as a series of moral decisions, but as a narrative that plays out over time. The girls and the women focused very much on relationships. This is a key idea in the ethics of care.

JOHN TESSITORE: Give us some examples. A family relationship, in particular?

FIONA ROBINSON: Often family relationships, yes, often one on one. Relationships of responsibility that grow over time and a feeling that you can't understand morality without looking ontologically, if you will—so thinking about human beings not as autonomous subjects, but as being embedded in networks and relationships of care.

So that's really how it started. But it has really taken off since Carol Gilligan's early work.

JOHN TESSITORE: Bring us up to date. Give us an overview, from 1982 to where we are now.

FIONA ROBINSON: Okay. Another very important book was [Joan Tronto's](#) book. Joan is a political theorist here in New York, actually, at Hunter College, who wrote a book called *Moral Boundaries: A Political Argument for an Ethic of Care*.

Really, that started the trend towards politicizing the ethics of care, trying to bring care from the private realm, as it had been seen in the past, into the public realm, to think about care as a public virtue, as opposed to just a private relationship.

She wanted to move away from the potential essentialism that a lot of critics were accusing Carol Gilligan of. They were arguing that her work essentialized this approach to morality as a women's morality, so there was women's and men's morality. As you can imagine, a lot of feminists were very critical of this as well.

JOHN TESSITORE: Yes, yes, I can see it.

FIONA ROBINSON: So there was criticism coming from both sides, really.

Other, more recent work has included the work of [Selma Sevenhuijsen](#), who has written about the ethics of care and citizenship, seeing relations of attentiveness and responsiveness to particular others as being morally salient—but also not just a private relation, but something that is a feature of citizenship that has previously been ignored.

We tend to focus on other civic virtues in our reification of the private and the public sphere, which is what feminists are very critical of.

JOHN TESSITORE: You have pointed to the ways that care work and household work or everyday tasks of looking after a family or a sick child, for example, are devalued in society.

In what way, then, is care, as you are using it, an economic issue? How do the insights gained from observing cultural or social trends related to the giving of care help us understand broad trends in globalization?

FIONA ROBINSON: That's a really important question. My own work has developed from early work, which was very interested in the theory, the moral philosophy of these issues, to recognizing its

implications for the real-world issues, as you say, of economics and globalization.

So when I think of care, I think of it as a set of moral responses, moral virtues, moral practices. But it's also a physical practice. Care work is a type of work; it's a type of labor. It is, I think, an economic issue, and it's a very important feminist issue, insofar as around the world it's mostly women who are doing care work.

Two-thirds of all care work done around the world is done by women. Much of this work is unremunerated. Feminist economists have done studies to show that the total value of unremunerated care work is something like \$11 trillion, or two-thirds of the total market economy. Obviously, if this was valued or given a monetary value, that would be quite significant.

So this work is either, as I said, unremunerated, not factored into gross domestic products and our understanding of the economy and what it values, or it is among the worst-paid work. It is done by the most marginalized people in the world.

Now we are seeing the phenomenon of the so-called "care drain," where care workers are migrating from income-poor countries in the South to take up the care work in wealthier nations. More women around the world are entering the paid labor force. This is creating so-called "care deficits."

JOHN TESSITORE: It's also creating other social issues, is it not?

FIONA ROBINSON: Absolutely.

JOHN TESSITORE: I've recently read about migration of Asian women to the Middle East and the potential maltreatment or lack of proper services and care for the care giver. Is that something you look at?

FIONA ROBINSON: Absolutely. I think we have to think about, first of all, on one hand, the importance of care to our day-to-day survival and the flourishing of human beings. That's one of my most important points.

But on the other hand, I don't think the ethics of care can stop there. The ethics of care has to think about the way that care is situated in the context of power relations, both material power relations, economic relations—the way that the global care economy is situated in the global political economy more broadly—and also what we call ideational or discursive factors that underpin that system.

Yes, this work is poorly paid. It's poorly regulated. It's open to abuse. I think we need to take a hard look at why we put such a low value on the sort of social reproductive labor that is really sustaining households and entire communities.

JOHN TESSITORE: Does this have a North-South demarcation or is it so sufficiently global that you don't look at it that way?

FIONA ROBINSON: I think it does have a North-South, if we can use those terms.

JOHN TESSITORE: They are imperfect terms.

FIONA ROBINSON: They are imperfect. I never know which terms to use. Perhaps "income-poor" and "income-rich" countries. Countries like the Philippines as well are now reliant on remittances that are sent back.

JOHN TESSITORE: Very much so.

FIONA ROBINSON: [Saskia Sassen](#), a sociologist from Columbia University, refers to this as the "feminization of survival." We used to talk about the "feminization of labor." Now she's saying that survival of entire communities is dependent upon the work of migrant women, this organized export of women.

JOHN TESSITORE: You mentioned the Philippines. The same situation in Sri Lanka.

FIONA ROBINSON: Right, exactly.

So I think it's global, but it has this North-South element.

JOHN TESSITORE: What about within the developed world? We are not immune to this.

FIONA ROBINSON: No, no. So much of the labor, as I said, is migrant labor. But even within, say, a country like Canada or the United States, care work tends to be, as I said—and this is very salient—heavily gendered. Most of this work is done by women, but also by women of color. So it's a racial issue, as well as a gendered issue.

JOHN TESSITORE: I'm wondering, is there a nexus here between this care work, then, and the concept of cosmopolitanism? It seems like it's almost a subset—that is, a concern for those who have less and the idea that everyone is somehow related, that there is a need to care.

FIONA ROBINSON: Yes, I think so. The thing about the cosmopolitan literature is that it tends to rely on very universalist ideas and, to a lesser extent—but still quite significantly, I think—to liberal notions of rights and justice.

I have heard the articulation of a universal duty to care, for example, but I don't think that's quite what the ethics of care, the way I see it as a critical ethics and also a feminist ethics, is getting at. I think the way, in cosmopolitan discourse, we tend to universalize the signifier "human."

JOHN TESSITORE: Yes. How is this different?

FIONA ROBINSON: I think care ethics is much more contextualized, recognizing that different humans are experiencing different kinds of harms in different kinds of contexts. So to simply universalize a set of values or rights—

JOHN TESSITORE: That doesn't go far enough.

FIONA ROBINSON: I don't think so. Part of what I'm trying to say—and we will get on to talking about human security—is that I think human rights, human security, rule of law, all these things that are obviously very important, are, in a sense, hollow without recognizing the need for networks and relations of care that are equitable, well-resourced, and that underpin and give shape and meaning to rights—a right to food, for example.

JOHN TESSITORE: Well, now we are talking about human security.

FIONA ROBINSON: Yes, sorry.

JOHN TESSITORE: Let's go right there. Let's do exactly that. Care ethics has a relationship to security.

But first, tell me what you mean when you talk about human security. What's your concept?

FIONA ROBINSON: There has been lots of talk of human security at the panels I have just been to at the conference.

JOHN TESSITORE: You are referring to the 2009 Annual Conference of the [International Studies Association](#), which is taking place right now in New York City.

FIONA ROBINSON: Yes. Obviously, security is a huge issue in international relations. Human security arose in the 1990s, in the post-Cold War security environment, an era of optimism. At the end of the Cold War, there was new space, let's say, to think about questions of well-being, good governance, democratization, and important issues like poverty.

So there was a move to broaden the security agenda beyond the realist notion of national security, which was very state-centric, towards an idea of human security where the individual became the primary referent of security, in contrast to the state.

It's normally traced to the [1994 UNDP Human Development Report](#), which started to talk in terms of human security in relation to development. Then the idea moved forward in 2000 with the [Millennium Summit](#). [Kofi Annan](#) was starting to use the term "human security," and in 2003, we had the [report of the independent Commission on Human Security](#).

JOHN TESSITORE: It certainly does sound like this moves directly into what you are discussing. The relationship is there. Tell us about that relationship.

FIONA ROBINSON: I see the relationship, but I think we have moved quite a bit from the heyday of human security, if there ever was such a thing. The security environment obviously has changed quite a bit.

JOHN TESSITORE: We had recently a discussion about environmental security. The term keeps expanding, doesn't it?

FIONA ROBINSON: Yes, I think it does. Some people would argue that in a post-2001 context, there has been a withdrawing from the two pillars of human security, which are freedom from fear, on the one hand, but freedom from want on the other.

JOHN TESSITORE: This is very [FDR](#).

FIONA ROBINSON: Right. But there has been a bit of a withdrawing of that in the context of terrorism post-[9/11](#). Yet there are some who would not want to dispense with the idea of human security, because, as you say, some issues are not going away.

Human security, then, just to reiterate, is about changing the referent from state security to individual security, and also broadening the aspects of security, so security is no longer seen as just a military issue.

JOHN TESSITORE: Freedom from physical harm.

FIONA ROBINSON: Exactly. That includes things like food security, environmental security, security of indigenous communities and ways of life. All of these things are seen to contribute to an individual's security.

That said, there is a feeling also that, unfortunately, the human security agenda has been not only withdrawn as a result of other political pressures, but that it has been rather co-opted, and that what had radical and even emancipatory potential, an idea which did have those things, is seen now as having been co-opted by **militarized humanism**, **militarized humanitarianism**, **R2P** (responsibility to protect), and those sorts of issues.

JOHN TESSITORE: Is there a tension, almost a competition, in the sense of a lack of resources? Is it a lack of sufficient will? Is there just so much that societies can do? Where's the impediment?

FIONA ROBINSON: Part of the issue has to do with the whole idea of securitizing things like food, freedom from want. When something is securitized, it's seen as a threat. It's elevated to a certain extent.

In some ways, this is good, because it brings a higher profile to issues like welfare, well-being, food, adequate shelter, education, all of these issues. But there is also a danger in securitizing, that it becomes co-opted by the old security agenda.

You are asking, why is this happening? I think there is still a development discourse and there are development projects that are very much concerned with economic well-being, economic and social rights, these sorts of issues. I guess the question is whether or not it should be securitized. That question remains.

The bringing in of care to human security—the idea behind that is to challenge the very individualistic rights-based normative frameworks which seem to underpin human security. I said a moment ago that human security involves an altering of the primary referent of security from the state to the individual.

Many feminists see that as a progressive change, because we are moving away from realism to starting to think about real human beings—and in that sense, you could potentially bring in women's-rights issues, like violence against women, under the umbrella of human security.

I think that is a step forward. But for me it retains a very individualist ontology. It's all about autonomous individuals, when, in fact, people don't experience insecurity or security as autonomous individuals. They don't live that way. They don't experience their security or lack of it in that way. They experience in the context of relationships that are within households, families, communities.

So the emphasis on individual rights may not get to the heart of what actually makes people secure or insecure.

If you think of food security, for example, freedom from want or a right to food doesn't really capture what it means for people to actually get that food. There are all sorts of moral questions about how food is distributed within households, who is responsible for preparing that food. It's a much more complex moral scene than simply saying we have to try to work on food rights.

JOHN TESSITORE: What about another issue, health security? I know you have discussed this in relationship to HIV/AIDS. Give us that connection.

FIONA ROBINSON: HIV/AIDS obviously raises many moral questions, especially the pandemic proportions of the disease.

JOHN TESSITORE: And it requires enormous amounts of care, at virtually every level from the

individual family to the professional caregiver, the unprofessional caregiver, the state, which may be picking up much or all of the bill.

How do you see this?

FIONA ROBINSON: The fact that you say that, that that's your first response, is refreshing. Often I think we focus on the victims of HIV/AIDS and think of them as, again, lone victims who are ill or who may die as a result of the disease. We talk about numbers of deaths. But we don't think about the day-to-day realities of living in a household with HIV/AIDS.

Again, most of the care work, what we call the unlinked household care, is done by women—unlinked insofar as it's not linked to any community care schemes, not linked to any national health-care services, but women who are simply caring for persons suffering from AIDS-related illness in the home. It's done by women. These are women who, even before AIDS entered the household, were responsible for most of the care.

JOHN TESSITORE: Certainly of the children.

FIONA ROBINSON: Absolutely, and maybe of extended families as well, and they may also be working outside of the home. We tend to have a stereotype that women are at home doing the care work.

JOHN TESSITORE: And, in fact, so many are doing both.

FIONA ROBINSON: Absolutely. In the case of HIV/AIDS, it's not a double burden; it's a triple, or even quadruple, burden of care.

This is not a trivial issue in terms of security. It can massively affect not only the individual security, health security, of those women, but this care work is central to maintaining the household and maintaining the entire fabric of communities, especially in some of the worst-affected countries. This is brought to light very vividly in the case of the orphan crisis, where the entire fabric, or the so-called intergenerational bond, is completely eroded. So you have very elderly grandmothers, for example, looking after orphaned children.

And the cycle continues.

I'm not so sure I like using the word "crisis" when discussing HIV/AIDS, because it sounds like it's an acute problem that happens in a short period of time and then goes away. This is something where we are talking decades.

JOHN TESSITORE: Long-term.

FIONA ROBINSON: Yes, long-term, as is violent conflict. Again, we think of violent conflict as happening and then going away. But the effects of violent conflict or epidemic disease like HIV/AIDS are long-term and involve a lot of renegotiation, a lot of attention to how to deal with the new caring situations that arise as a result of lost family members, sick family members, sick family members where there are children, either with the disease or without the disease, in the home.

How is food security going to be ensured? Where is income going to come from?

For women who are responsible for the care work, there are many lost opportunities for earning income outside of the home, educational opportunities.

I'm jumping around a little, but that's the gender aspect of it, that we don't realize the costs to women.

JOHN TESSITORE: Isn't there also another risk, though? When you talk about gendering security, is there the risk that you perpetuate stereotypes of women as victims? Is this the downside? What's the feminist response to that?

You did say that there was some tension there, or even, perhaps, criticism.

FIONA ROBINSON: Sure. There is a worry that the ethics of care can, as you say, perpetuate stereotypes of women, that their job is to care, because we valorize caring relations and say they are ethically salient.

JOHN TESSITORE: But I'm sure, in your eyes, this really isn't a conflict. You must have some way that you resolve this.

FIONA ROBINSON: I do. I think, when you make your ethics of care critical and a feminist theory, when you are looking at what the conditions are under which, first of all, the values, but also the practices of care have been feminized and denigrated, then there's no longer a conflict.

There are two sides. One is to say care is an important part of all people's lives, and we are being disingenuous if we don't see that. All of us, at some points in our lives, are dependent upon care.

JOHN TESSITORE: Or called upon to provide it.

FIONA ROBINSON: Absolutely. That, too, is an important point. If we feminize care, not only in a discursive sense, but in the sense that only women are doing the care work, then this is wrong because of the burden it places on women, but it's also wrong because men are not participating in this aspect of what it means to be a human being.

Now, that's not to say that no men care or are involved in caring. But it's about the feminization of care and the way in which hegemonic ideas, or dominant ideas, of masculinity submerge the importance of care or don't see that as an important aspect of what masculinity is.

JOHN TESSITORE: What topics have been forgotten by international-relations scholars that need to be brought up? What do care ethicists have to contribute to the old debates of IR?

FIONA ROBINSON: Again, it's not so much that it's about bringing in new issues, but more that we need to look at the permanent background, if you will, to the existing issues.

One of the issues that I bring up in this book—the old book and also the book I'm working on now—is humanitarian intervention. It's a paradigmatic ethical issue in international affairs: Should we or should we not intervene in foreign conflicts? It's this conflict between human rights and sovereignty.

Obviously, that's an important issue to explore from an ethical perspective. But the point I try to make is that if we focus on this moment of decision making and try to work out principles for action, we forget the background to that one big moment of decision.

I think if we looked more at what's happening behind the scenes—why did the need for intervention arise in the first place?—maybe there isn't enough attention to the importance of ensuring the adequate giving and receiving of care at a variety of different levels. And if there were, perhaps the

need for intervention would not arise quite so often.

I think the old debates are still important. It's just, perhaps, that we are looking at them through a different lens, a lens which brings what we used to think of as private, things that happen inside the home, into view. And this is an old feminist idea, that the personal is political. The private is both ethical and also is an important part of politics, and world politics as well.

JOHN TESSITORE: As you said, this is a niche area that clearly is growing and will continue to grow. To that end, let me ask you, what can you say to the young scholars who are, perhaps, listening and watching us and wondering how they might get involved in this area, and where this is going to go possibly take them? Any thoughts as to what they might pursue?

FIONA ROBINSON: Sure. I think there are a number of different literatures. If you are a student or scholar of international relations, you have to be prepared to go interdisciplinary in order to pursue this fully.

There is a rich literature in philosophy, in moral philosophy—people like [Virginia Held](#), who has just written a new [book](#) on care ethics that looks at it from a political perspective, but also a global perspective. She's a philosopher.

There's also a rich literature within sociology and social policy.

I attended, a couple of years ago, here in New York, a care work conference, which was mostly sociologists thinking and writing about care work in the context of social policy, mostly domestic social policy, but there is a move into thinking about global social policy and care.

Most of that literature focuses, again, on care work as opposed to the ethics of care. They have been seen as separate.

My colleague and I at Carleton University are editing a book which tries to bring together the work on social policy. She's a sociologist and an expert on public policy, and I'm trying to bring together the ethics side of it. We have a number of contributors to bring together ethics and global social policy.

JOHN TESSITORE: So "multidisciplinary" is the key word here.

FIONA ROBINSON: I think so, yes. But again, it's starting to creep into disciplinary international relations. There is an excellent [book](#) by [Lis Porter](#) looking at peacebuilding, where she draws heavily on ideas of care ethics in order to develop an ethic of peacebuilding.

So it's mostly in feminist literature. As I say, it's coming into international relations. But again, you can see this kind of work even in political geography. I have come across the work of feminist geographers who are writing about an ethics of care.

You have to punt around a bit, but the literature is really starting to emerge.

JOHN TESSITORE: Thank you for that good advice.

We are going to stop there. I want to thank Fiona Robinson of Carleton University for being with us today and talking about the ethics of care.

Fiona, it has been a pleasure. It's good to have you with us.

FIONA ROBINSON: Thanks a lot, John.

Audio

Care is not only a moral issue, but also a feminist one, says Fiona Robinson, noting that two-thirds of care around the world is done by women, for little or no pay. She also discusses the evolving concept of human security.

Video

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