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RESEARCH ARTICLE

# On Mechanization of Care Work: Perspectives of Ethics of Care

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**Abstract:** This paper concerns the mechanization of care work in relation to the presence of “care deficit” in modern societies. It exposes the ramifications of complete mechanization of care work on the care giver, care receiver as well as the society at large from the lens of Ethics of Care. It is an undisputed fact that women have been catering to care needs in the society for over centuries and are subjected to injustice by virtue of it. But any understanding that ascertains mechanization of care as a means to better the condition of female care givers is based on an inadequate understanding of care. It reduces care tendered to a merely personal sentiment devoid of any rational and moral value. It conceives of care as a mechanical event and not a process involving moral and rational facets as well. I intend to subvert this position by analyzing care work through the perspective of Ethics of Care. I subsequently establish that even the most efficient technology cannot substitute for the humanly tendered care. However, the condition of women by virtue of tending to the care-needs cannot be overlooked. In the final sections of the paper I highlight how conceiving of care as a social and political good suggests concrete ways to address the situation of the care-givers alongside attending to the “care deficit” in the society.

**Keywords:** Ethics of Care, Mechanization of care-work, Care-deficit, Political Good, Justice

## 1 Introduction

It remains an undisputed fact that for over centuries and across cultures women have been primarily engaged in care-work on the personal and professional front. They have been tending to the care needs in the personal as well as professional sphere: free of cost and often

without any due acknowledgement of their labor on the personal front and, for minimum wages on the professional front. Women often assume the role of a care-giver due to the societal structures and their cultural conditioning. Most often these roles are non-voluntarily assumed. In such a scenario, any technological intervention that can lift the burden off the women's shoulder will be appreciated. Many feminist thinkers have recognized the back breaking labor women have been constantly rendering and the need to ensure well-being of women. Given the circumstances, mechanization of care-work comes across as a solution. I intend to analyze technological intervention in care work in light of the care deficit in the modern society. "The care deficit refers to the incapacities in advanced countries to find enough care workers to meet the needs of people, their children, elderly parents and relatives, and infirm family members"(Tronto, 2013, p. 17). While some technological intervention may indeed result in benefits to caretakers, other technologies may only worsen the situation for both caretakers and their charges (Parks, 2010 , p. 101). This is also unfavorable for the well-being of a community.

I begin by exposing the ramifications of complete mechanization of care work on the care giver, care receiver as well as the society at large. I then unravel the nature of care-work from an Ethics of Care perspective primarily in light of Eva Kittay's and Joan Tronto's conceptualizations. These theorizations are instrumental in subverting the common understanding of care as a mere sentimental disposition. I argue that a complete mechanization of care to better the condition of female care givers is no solution at all. It is based on an inadequate understanding of care. It reduces care tendered to a mere sentiment devoid of any rational and moral value. It conceives of care as a mechanical event and not a process involving moral and rational facets as well. However, the condition of women by virtue of tending to the care-needs cannot be overlooked. In the final sections of the paper I highlight how conceiving of care as a social and political good suggests concrete ways to address the situation of the care-givers as well as care deficit<sup>1</sup> in our contemporary (Tronto, 2013).

## 2 Mechanization of Care

As such, it is difficult to conceive of a scenario wherein machines and robots tender to all the care- work which is done by humans. For example, Sanyo Electric Company has created a human-washing machine known as "assisted care bath" (Parks, 2010 , p. 103). This delivers a dollop of body wash but hair washing and drying bather's body still has to be done by hand. Therefore, even if we suggest that technological interventions lift the burden off the women engaged in care-work we would be ignoring the fact that certain tasks would continue to be done by women as, technology cannot fully replace the humanly tendered care. Furthermore, the fantasy of completely replacing humanly tendered care with technology would result in a rampant unemployment of care-workers. The lack of financial security amongst the

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<sup>1</sup> The care deficit refers to the in- capacities in advanced countries to find enough care workers to meet the needs of people, their children, elderly parents and relatives, and infirm family members (Tronto, 2013, p.17).

marginalized sections like, women, would not allow them to walk out of structurally oppressive institutions of marriage, family, etc. that they continue to find themselves in. For instance, in a country like India, women are entrenched in the oppressive patriarchal structures and more and more depend on care-giving occupations for their livelihood. This is not to say that women (or any other marginalized section) should only serve as care-givers but in so far as they are care-givers, their work and well-being should not be devalued. The financial stability is enmeshed with the social well-being of the care-givers. The lack of care-giving jobs would devalue their social positioning and consequently, only inhibit their emancipation. The approach towards care-work that this paper proposes in light of Ethics of Care, not only suggests the inadequacy of technologically replacing care-work but by offering care as a social and political good, ensures the well-being of the care-givers.

On the other hand, we would be inadequately understanding the care needs of the care-receivers as even the most intelligent technology can never substitute for the humanly tendered care whereby each instance of care-giving is specific in nature and requires the care-giver to understand the (complex) needs of the ward and attend to it. In addition to this, mechanically tendered care often be detrimental to the care-receiver's self-esteem. For instance, certain technologies like 'Paro' serve as human companions to stimulate people suffering from dementia, depression and are isolated (Parks, 2010 , p. 103). Any such technology which tricks the person in need to believe that a certain activity is humanly catered while it is actually mechanically performed, devalues the existence of the care-receiver.

Finally, if we entrust technology with the vulnerability of the care receiver, we not only fail to recognize the nature of care as a social, political good, but also disassociate from any understanding of a community based on human vulnerability. This limited understanding of care as merely a sentiment results from failing to recognize the dependent and relational existence of human beings and instead, patronizing an individualistic and atomistic conception of self. Owing to the latter conception of self an individual conceives of itself as a self-interested, autonomous being. As such conception of self is illusory, it fashions a false understanding of individuals of themselves and others. It alters the ways one approaches its responsibilities of care and care-work in general in the society and thus, severs human relationships. Love, affection, respect arising out of human relations, etc. are the very things human beings thrive on (Kittay, 1999). Human relations call for emotional engagement which play a central role in actualizing human potentials; emotions not just sustain and maintain a human life but maximize happiness and satisfaction of a human life. Human connections are what make a human life humane. If we replace all the humanly catered care with technological interventions, we will sidestep any understanding of a social community that arises out of shared vulnerability and loss.

Hence, in wake of such scenarios it is detrimental for care givers, care-receivers as well as society at large to replace care-work by technological intervention. I shall now elucidate, through the perspective of Ethics of Care that replacing humanly tendered care by technological interventions is based on a limited understanding of care as a mere sentiment.

### 3 Nature of Care-work

This section focuses on subverting the position that care-work is a labor based on mere emotional impulse. Also, to approach care-work in the way we approach all other kinds of labor like teaching or carpentry, is a wrong approach towards care work. While the labor that a school faculty, lawyer or a carpenter would render is recognized for the skill and rationality it demands and also the deep engagement of the professional with their work, ordinary understanding of care work entails that it entails performing some sentimentally driven physical chores like feeding, bathing and walking a dependent individual. The extent of emotional engagement, the repercussions of the care-work on the care-giver's self-identity and the prudence required on her part are barely taken in account while assessing care work. In order to understand the nature of care-work I shall first look into the concept of care put forth by Eva Kittay's conceptualization of Dependency Relations<sup>2</sup>.

Kittay understands that dependency is a pervasive condition in human life. Most people, either temporarily or permanently, find themselves in need of care or in a situation to render care at some point or the other in their lifetime. Care work may vary from attending to the needs of a sick friend, to upbringing a new-born child to taking care of a disabled family member or a comatose elderly person. Kittay points out that the needs of the care-giver get enmeshed with that of their ward, owing to the care work they provide. Thus, care work requires a Transparent Self that “accommodates to the wants of another; that is, a self that defer or brackets its own needs in order to provide for another's” (Kittay, 1999, p. 51). Care-givers extend themselves to attend to the care-work to the extent that their needs are enmeshed with that of their ward, overlooking their personal needs and by virtue of this labor, the care-givers themselves become vulnerable. The case of a mother compromising on her sleep to feed an infant is a typical example that can be cited in this context. The deep emotional engagement involved in care-work is evident from the extent to which the care-givers tend to the needs of the ward. Otherwise, the self-less and continuous care catered by a parent to fulfill the needs of a disabled child cannot be accounted for. Owing to the deep emotional engagement, the care-givers derive their self-worth from the care-work they render to the extent that it becomes difficult for them to walk out of the relation even if it becomes exploitative. The engagement of a teacher with her students, a lawyer with her clients cannot be contested but is surely not as intense and intimate as the care-giver's engagement with her ward. Such professionals surely derive a lot of their self-worth and identity from the services they provide but not to the extent that the care-giver derives by catering to the care needs.

Permeable ego boundaries of the Transparent Self facilitate not only caretaking

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<sup>2</sup> Kittay in her dependency critique of liberalism, recognizes that dependency is a fundamental and pervasive condition of human existence. It is way more central than human freedom (as posited by liberal theorists like John Rawls). Dependency relations have an ontological significance for Kittay. Most humans are either in need of care or need to render care to another person by virtue of their connection with others. The dependent by virtue of its dependency can barely recognize itself as an autonomous agent and the care-giver's freedom is diminished to a large extent by the care work it renders.

responsibilities but also deep friendships, intimate relations, a less exploitative relation to the natural world (Kittay, 1999, p. 51). Hence, dependency relations contribute to building upon emotions of love, affection, friendship, companionship, etc. for human beings which play a central role in a human life. The transparent self-further plays a key role in understanding the needs of the ward and disposing the care in a manner that would foster the ward's self-worth, dignity. The care giver's self-worth is in turn, largely derived from the care work that she caters to. Consequently, we see that dependency relations have a moral worth for the care-giver as well as the ward as it largely fashions how each of them comes to understand themselves.

Kittay also remarks that at the nexus of dependency relations is a moral responsibility. "Because the dependency worker is herself uniquely situated to harm or benefit her charge, the work itself carries a heavy moral load" (Kittay, 1999, p. 49). Further, catering to the care-work demands prudence on part of the care-giver to understand the needs of the ward and to understand the extent to which care has to be catered. "A critical understanding of needs requires not only a sensitivity to the neediness of another and also how one may be vulnerable to one's own actions, but also a knowledge of when fulfilling those needs would morally diminish oneself or the other" (Kittay, 1999, p. 58). No needs are to be catered at the cost of diminishing one's own the self-worth and rendering the one for whom she labored hopelessly vulnerable.

Hence, care-work calls for an unparalleled emotional engagement especially if the care is tendered on a personal front. Prevalence of emotional intimacy in professionally tendered care cannot be denied but, is not always imperative. It can also be a labor motivated by financial needs. Apart from the sentiments involved it is evident that there is a need for prudence on part of the care-workers as they undertake the care-work. Therefore, care-work is not a labor merely based on sentiments but an activity that involves rational and moral deliberation.

Joan Tronto's account of the phases of care-work shall further strengthens the claim that over and above the sentimental aspect, care-work has moral and rational dimensions too. In *Moral Boundaries* (1993), Tronto along with Berenice Fisher identifies four moral qualities that map onto the following four phases of care-work (p. 22). The first phase of care, "caring about" involves that someone or some group notices unmet caring needs. It requires the moral quality of attentiveness, of a suspension of one's self-interest, conceiving oneself as a Transparent Self and a capacity to put oneself in another person's shoes to understand their needs. Once needs are identified, someone or some group has to take on the burden of meeting those needs. This is the second phase of "caring for" which demands the key moral quality of responsibility. The third phase of "care giving" is what care work is reduced to in common parlance and popular understanding. It is doing the actual work of care and requires the moral quality of competence. Even this phase, despite of involving a concrete task, has a moral dimension to it. As Tronto remarks that to be competent to care owing to the responsibility that care work carries, is not simply a technical issue, but a moral one. Most often the care-receiver assumes a passive status in the dependency relation in the sense that, it is not always that a care-receiver will be able to explicitly respond to the care catered to them. The onus again lies on the care giver to assess and observe whether the needs of the ward are met or not, and to what extent. This is fourth phase of "care receiving" and requires a moral quality of responsiveness.

Apart from the moral qualities, these four phases also have a rational dimension to them. The initial stages of “caring for” and “caring about”, demand prudence to assess the care needs and the extent to which care has to be tended. Kittay highlights how this is a rational deliberation on part of the care-giver. Most care-work, especially in cases of acute and permanent dependencies, requires that the care giver possesses certain organizational skills in order to carry out the concrete tasks of tending the care. All care giving roles assume a general knowledge of the condition of the ward as they undertake the specific care-work. For example, a nurse who takes care of a dependent who suffers from seizures assesses the possibility of a seizure attack while she feeds the ward and also has the knowledge of combating the circumstance. The phase of “caring receiving” involves making judgements based on responses of the ward. And the response will often involve recognizing that new needs emerge as the past ones are met. Thus, the demand for rational and moral qualities from the care giver continues so long as the process of care-work does. Therefore, as Ethics of Care suggests, care-work has moral and rational dimensions attached to it contrary to popular notions that understand care work as merely a labour based on sentiments. This conceptualisation of care based on Ethics of Care, suggests that devaluing the status of care work and care givers is based on an inadequate understanding of care.

In light of the above elucidation, we can affirm the moral and rational dimension of care-work. Based on this, I suggest that no matter how intelligent the technological replacement of humanly tendered care may be, it can barely approximate the humanly tendered care. I shall now take to elaborate how an inadequate understanding of care as a private sentimental disposition, is also instrumental in propagating injustice towards the care-givers.

#### **4 Re-Situating the Cause of Injustice towards Care-Givers**

Tronto (2013) argues that thinking of care as a mere sentimental disposition makes it seem as if it can be neatly confined in the sentimentalized and emotional space; the private sphere. This deeply rooted but false conception regarding care can be attributed to the liberal paradigm which restricts care to the private sphere and thus, separates care from the public sphere. Such a demarcation of the private and public sphere further restricts the possibility of situating care as a social and political good. Often, owing to this, care-work in the private sphere remain unacknowledged while care work in the public sphere remains devalued and underpaid. Understanding of care as a merely a private sentimental disposition also overlooks the cultural and social factors that govern the care giving process. To understand this dimension, I shall elucidate Kittay's account of how a care giver finds herself in a dependency relation – which is often non-coerced yet non-voluntarily assumed. I shall then elaborate upon the ramifications of such non-voluntarily assumed positions of care-giving in light of Iris Young's understanding of injustice.

Kittay remarks that there are three possible ways in which a person can find themselves obligated to attend to the care needs of another person. Firstly, care work can be voluntarily assumed which is not problematic. Secondly, in some cases it is coerced upon a person for example, a when excessive and exploitative care-giving responsibilities are imposed upon

women coming from economically weak backgrounds. Kittay repudiates such dependency relations on account of the fact that it treats the care-giver as someone of a lesser moral worth than the person she cares for and, those who place her in the obliging position (Kittay, 1999, p. 65). However, apart from these two ways, most care giving obligations are ones which are non-coerced and non-voluntarily assumed. These obligations spring from a cultural, social and historical context. “These range from most intimate familial relations to those of fellow citizens and fellow traveller” (Kittay, 1999, p. 62). We cannot overlook such care giving responsibilities because it summons our care despite it being non-voluntarily assumed. We are often uniquely situated to meet a needs of situations that demand care. Hence, not extending oneself to the needs of another or mechanizing the care work is not a pragmatic response to ensure well-being of a care giver who cannot stand outside the social structures that elicit care. However, since these obligations do arise out of a whole network of social expectations and in a cultural context they become responsible for exploitation and oppression of the care-giver.

Socially exploitative structures can be understood in light of Young's understanding of justice. For Young, oppression is systemic and structural which propagates on everyday basis. These exploitative structures continue to reproduce themselves on everyday basis, through conscious as well as unconscious actions of agents (Young, 1990, p. 39). Injustice is manifested through individual actions but held in place by collective habits and customs. For Young, justice means “elimination of institutionalized domination and oppression” (Young, 1990, p. 15). This requires taking into account distributive as well as non-distributive aspects of justice.<sup>3</sup> Young analyses three non-distributive aspects of justice: decision making structure and procedure, division of labour and culture (Young, 1990, 22). I suggest that the division of labour and culture as non-distributive aspects of justice account for the injustices faced by women care givers as a social group. The division of labour when understood non-distributively refers to “how pre-given occupations, jobs or tasks are allocated among individuals or groups” (Young, 1990, p. 23). Culture as a non-distributive aspect of justice includes “symbols, meanings, habitual comportments and so on through which people express their experience and communicate with each other” (Young, 1990, p. 23). The symbolic meaning attached to care is culturally determined. The role that women assume in tending to household care is culturally determined. This explains the baseless social expectations that are raised as women in household take care of an elderly, to the detriment of the care giver. Such non distributive aspects of justice make it intelligible how care work is essentially feminised in societies.

It follows that, the cause of injustice of the care giver is neither that she extends herself to a person in need nor that obligations of care work are non-voluntarily assumed but: 1) such

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<sup>3</sup> Young traces the backdrop against which distributive inequalities come to be in a social-political system. She recognizes the varied social groups that form the fundamental unit of a society and highlights that these differences in the society are not free from prejudices and hierarchies. They evolve owing to the historical and cultural context of a society and penetrate all social actions and institutions. It is only by understanding the dynamics of institutionalised oppression that the nature of injustice can be unfolded.

motivations to extend oneself to care, are put in place by social structures that propagate systemic oppression, and, 2) there is not enough care rendered to the care giver who is rendered vulnerable by virtue of the care work she renders.

Situating care as a social and political good can prevent the oppression of the care-giver and also envision a society devoid of “care deficit”. Situating care as a social and political good demands us to consider our obligation towards the dependency workers. To this end, Kittay envisages connection based equality as opposed to individual based equality. In connection based approach towards equality, moral parity amongst all citizens is claimed on the assertion that we are all some mother's child (Kittay, 1999, p. 66). This demands that no care-work is to be tended to the detriment of the care giver. As we reflect upon the nature of care-work, we see that there are daily chores like bathing, lifting, of the ward which involve heavy lifting. Other tasks may be such that they consume a lot of time and energy of the care-giver. On one hand these demands are detrimental to the care-giver on the other hand they render her incapacitated to attend to other phases of care work as she remains caught up in catering to the care giving needs. In light of this we can engage with certain mechanisation of care-work that assists care giving needs (the third phase of care work as conceptualised by Tronto). This would serve to benefit the care receiver as well as the care giver. The latter would then be better situated to attend to other emotionally engaging demands. Hence, I argue that technological interventions may not be used to replace humanly tendered care but can definitely assist the care-worker. This is however easier said than done because this may be a slippery slope wherein the line between assistance and replacement cannot be concretely defined. The desires of care-giver and the ward with regards to technological engagements may not often harmonize. As Jennifer Parks rightly opines, we may find a gap between the caretakers' desire for mechanizing certain forms of care labor versus the desires of cared for. While Robert and Linda Sparrow argue that the wards must have the ultimate decisional authority over such matters (Parks, 2010, p. 109). I remain as unconvinced as Parks with this position. While it remains sympathetic towards the need to the ward and also very rightly recognizes the need for care in a society but it overlooks the position and stake of the caretakers. The account of connection based equality shall vitiate Sparrow and Sparrow's position as no mother would force her child to sacrifice its own well-being for another's benefit (Kittay, 1999, p. 71).

Situating care as a social and political good would further necessitate “structures that will assure that dependency work, whether done in families or other social institutions, can be carried out under non-exploitative condition” (Kittay, 2008, p. 596). It presses upon the need to care for those who by virtue of the care work have been rendered vulnerable. It is based on the assertion that “what goes around comes around” (Kittay, 1999, p. 67). The dependency worker is not obligated to an equal reciprocation from her charge but from a person or society at large who stand outside of the dependency relation and sustain her as she sustains her charge. All legal and political policies would then be framed in light of this understanding. Situating care work as a social good guarantees respect to care givers on the personal front. This further opens avenues for them to command positions of power. This also makes it possible to eliminate the oppressive structures at play ensuring non-distributive aspects of justice. We also see that in so far as Kittay calls for an understanding of care as a social virtue and asks for people who stand outside of the dependency relation to ensure the well-being of the care-giver she fosters the

view that the care-giver's well-being, security, self-respect, autonomy i.e. general good is dependent upon how the society at large comes to understand her labor; the value they attach to the labor of care. Here, Kittay's position again comes to resonate with Young's account as the latter has concretely argued that power, self-respect are not mere possessions but essentially a function of social relations the individual partakes of (Young, 1990, p. 25). This strengthens Kittay's argument that primary human needs can only come into being through a societal cooperation (Kittay, 2008, p. 596).

In conclusion, a complete mechanisation of care work may not always ensure the well-being of the care giver but can also be detrimental for her and society at large. The paper maintains that in face of acute and permanent care giving needs that may serve to be exploitative for the care giver we must deploy certain mechanization only with a sentiment to better the quality of care tended and to ensure the well-being of the care giver. The understanding care as an ethical and political good not only serves to better the condition of care-givers but more importantly, situates human vulnerability and dependency at the centre of any social or political consideration. For instance, by situating care as a political good, in "Taking Dependency Seriously" (2008) Kittay suggests the enactment of Family Medical Leave Act (FMLA) 1993, as a response to the crisis in domestic care work in Western democracies. The understanding of human subjectivity that emerges from taking care as a political good departs from taking vulnerability and dependency seriously and human vulnerability presents us with a possibility of thinking and organizing our social structures in a less exploitative and more inclusive manner. Finally, care as a political good is a crucial step to begin thinking of a social community that exists on account of shared vulnerability besides the typical forms of civil societies that exist on the basis of shared needs and interests.

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