

*Radoslav LOJAN*<sup>1</sup> – *Frances KREMARIK*<sup>2</sup>:

## Merleau-Ponty's Relational Responsibility in the Work of Leading Ethicists Lisa S. Cahill and Eva F. Kittay

### *Abstract.*

*Aim.* Maurice Merleau-Ponty in his *Phenomenology of Perception* observes the way that beings are dynamically interconnected: "I discover in that other body a miraculous prolongation of my own intentions... As the parts of my body together comprise one system, so my body and the other person's are one whole." What Merleau-Ponty calls to our attention here is the embodied and relational way that we are related to others and the world around us. Based upon Merleau-Ponty's observation of the relational dimension of embodiment, this study is to analyse and evaluate on relationality, which – as we would argue along with social ethicists Cahill and Kittay – is one of the most important anthropological principles for a better-embodied care today. *Methods.* The study is based on 1) a comparative analysis, which shows the differences and points of contact between Cahill and Kittay on the relational dimension of embodiment, and 2) a critical analysis,

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<sup>1</sup> Associate Professor, Faculty of Theology, Catholic University in Ružomberok; e-mail address: radoslav.lojan@ku.sk.

<sup>2</sup> Senior Lecturer, University of Westminster; e-mail: F.Kremarik1@westminster.ac.uk.



which made it possible to identify the shortcomings and advantages in the arguments of the above-mentioned ethicists. *Results.* The author analysed Merleau-Ponty's observation of the relational dimension of embodiment in relation to their theories of relationality and ethics. In this way, the specific liberal views of these American philosophers on such issues as relationality, and the values of the embodied care were explicated. *Conclusion.* Based on Cahill's and Kittay's analyses of relationality, influenced by Merleau-Ponty, the contribution of this paper lies in the following observations: 1) we are all relational human persons, based on our nested dependencies; care and attention to the vulnerabilities of dependent persons by the dependency worker and communal trust creates a network of multiple interdependencies that form the central bonds of human social life; 2) the connection between two individuals is an ethical and social relation that not only facilitates but becomes the experience; 3) a well-ordered society where all persons are equal must care and cannot unfairly exploit the disabled, the children, the old, or anyone based upon gender, race, ethnicity, age, or class status and must offer adequate support to dependents and those who care for them in relations of dependency; 4) relational or community participation is essential for human existence and sharing the good life. One way to do so is to get personally engaged to care or to pay attention to those who need us and are dependent on us. The more dependency we have in our life, the more independent we are!

**Keywords:** embodiment, Lisa S. Cahill, Eva F. Kittay, society, relationality, care

## 1. Introduction

Merleau-Ponty in his *Phenomenology of Perception* observes the way that beings are dynamically interconnected: "I discover in that other body a miraculous prolongation of my own intentions... As the parts of my body together comprise one system, so my body and the other persons are one whole."<sup>3</sup> What Merleau-Ponty calls to our attention here is the embodied and relational way that we are related to others and the

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<sup>3</sup> MERLEAU-PONTY, Maurice (2002): *The Phenomenology of Perception*. London, Routledge – Kegan Paul. 354.

world around us. Based upon Merleau-Ponty's observation of the relational dimension of embodiment, let us now reflect on relationality, which – we would argue along with feminist scholars Cahill and Kittay – is one of the most important anthropological principles for a better-embodied care today.

We would further argue that how we experience the world, and especially other people, is more than our physiological functioning even though the nature of our experience cannot be ultimately separated from the way in which our bodies function. In the end-of-life context, our experience with suffering and death along with a person's lived experience are connected and represent the gateway towards dependency on one another.

## **2. Human Experience as a Starting Point of Moral Inquiry**

Margaret A. Farley and Lisa S. Cahill, leading Catholic feminist scholars in bioethics, remind us in their book *Embodiment, Morality and Medicine* that we are all connected on the level of our human existence and that we are all relational human beings. However, Farley and Cahill also emphasize that our exploration must begin with the human experience mediated through both body and mind as a starting point for us into the meaning and significance of suffering and death. It opens up for us the perspective that to be a human person is to be essentially directed toward others.

We agree with Farley and Cahill that our human experience is mediated through both body and mind and that we as embodied human beings related to one another. However, I would also add that as relational human beings, we are not only related to one another, but because of our interdependence, we bear mutual responsibility. But how can we know what other human beings want? What are our mutual responsibilities?

To find possible answers, we suggest that we go back to the notion of embodiment as articulated by Merleau-Ponty, who defines embodiment as how we live and experience the world and human beings around us through our perception, emotion, language, time, movement in time, and sexuality. Though he does not say that perceptions fill the core of our persons and then slowly define the world and others around us. In other words, there is a relational link between our bodies and the world of meaning as we experience and relate to others through the operation of our embodied selves.

It is good to note that because of our human relationality, we have the ability to go beyond our physical embodiment and to understand love, pain, the value of suffering, and even our embodied selves. All these are human experiences at the level of our embodiment as they shape who we are and how we see others.

Moreover, the most significant quality that determines our relationship and mutual responsibility is communication. In fact, communication with others determines our social responsibility to one another. Perhaps a simple example of the importance of dialogue and embodied intersubjectivity is that between the patient and nurse; part of the necessary process of knowing one another and making meaning of the world and mutual experiences. The interaction between the patient and nurse allows for the mutual process of knowing one another, and their embodied responses provide the light into themselves and the immediate knowledge of their bodies, and finally reveal necessary needs and characteristics.

In other words, in order to know someone and to know her/his needs, any exploration must first of all focus on her/his human experience of themselves and the world around them. This requires attention to particular and contextual structural forms of a person's bodily dimension. Let me note, however, that there are multiple bodily dimensions (body images) in a person's life. Thus, this multiple bodily dimension can vary individually like corrective experiences<sup>4</sup> or social or religious experiences, etc. Some dimensions are more important than others, but they all point out to a person's needs and her/his understanding of the world around her/him.

As a part of this intercorporeal participation and exploration, an inner or intimate space is created where the subjectivities of one person (for example, a dying patient) and of another person (nurse or healthcare professional) meet and where the relationality is at the centre of their attention. This inner intercorporeal space is created and maintained via embodied relationality, and here we would suggest that it should be the part of any practice when dealing with the human experiences and needs of an embodied human person. Such an exchange of one's subjective (embodied) self can enable someone the experience of "being" with another one and can reach towards the knowing of the potential space of the other. At the same time, during such an exchange with others, the subjective

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<sup>4</sup> Corrective experiences are building a foundation for a new way of relatedness, once that enables mutual recognition, respect, and intimate exchange.

self creates, co-creates, and even re-discovers her-/himself. Thus, both actors in such an exchange are not “foreigners” but rather “active” contributors for mutual development.

In short, attention to the human experiences, particularly to the significance of bodily relationality to the self, to others, and to the world, reveals that our self, our world and others are intertwined together in important ways. The world and others are capable of altering us, just as we are capable of altering them. This mutual process and influence attests to the relational and moral/ethical responsibility that we bear, whether we like it, are aware of it, or even realize it for ourselves first of all, but also for others and for the world. Becoming more aware of this responsibility increases our sensitivity to others and therefore our ability to respond to others. Likewise, our relational responsibility to and for others is a manifestation of our relationship to a relational God.

### 3. Our Embodied Relationality and Intersubjectivity

There have been many philosophical attempts to address the various aspects of relationality, but I am deeply moved by the work of the Roman Catholic feminist ethics scholar Lisa S. Cahill, especially by her book *Sex, Gender, and Christian Ethics. New Studies in Christian Ethics* (1996).<sup>5</sup>

Lisa Sowle Cahill is the J. Donald Monan, S.J. Professor at Boston College, where she has taught theology since 1976. She is a past president of both the Catholic Theological Society of America (1992–93) and the Society of Christian Ethics (1997–98). Cahill received her B.A. in Theology from Santa Clara University and her M.A. and Ph.D. degrees from the University of Chicago, School of Divinity, where she studied under James Gustafson. Her areas of special interest are as follows: methodology in theological ethics, especially in the Roman Catholic natural law tradition; the use of Scripture in ethics; the ethics of sex and gender; medical ethics; the history of Christian ethics. She was a visiting scholar at the Kennedy Institute of Ethics, Georgetown University, in 1986, and a visiting Professor of Catholic Theology at Yale University in 1997.

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<sup>5</sup> CAHILL, Lisa S. (1996): *Sex, Gender, and Christian Ethics. New Studies in Christian Ethics*. Cambridge, UK: Cambridge University Press.

In her earliest works, Cahill emphasized the necessity of returning to the equality created by God at the beginning, through a firm recognition that both sexes have been created equally. This approach presents one of Cahill's four-source methods: scriptures, historical experience and tradition of community, natural law and human experience.

Cahill is also one of the Christian ethicists who underlines and supports the importance of the empirical sciences of psychology, biology, sociology, and anthropology, all of which provide valuable insights into what constitutes human action. This is especially important in the cooperation between Christian ethics and empirical sciences that she sees as the future of theology.

Furthermore, what characterize Cahill's four-source methodological approach in theology, especially in Christian ethics, is her reflection on human experience, gender, virtue, and the role of the community (in care and relationality). In many of her books, she focuses heavily on the following: the human experience; embodiment, the application of virtues that does not manifest differently in men and women; the importance of gender; the notion of common good and justice. Also significant is her focus and research on the value of human community and the proper social relationships that exist within it. It is far easier, according to Cahill, to rationalize an unjust social structure if one of its bases is gender inequality.

Another significant characteristic in Cahill's work is her reconfiguration of notions like justice, love, relationship, mutuality, relationality, and dependency by removing them from the context of the public/private split. In many of her writings, she claims that a moral rift has been created by the public/private dichotomy because of limiting class and gender roles to particular spheres and that in general, individuals are not allowed to achieve their full humanity. As a solution, Cahill suggests focusing on the importance of mutuality within the total web of social relations, where everybody in society has access to power and resources, but also where everybody has responsibility for one another.

In her book, *Sex, Gender, and Christian Ethics. New Studies in Christian Ethics*, Cahill speaks about the body as a *locus* determining moral meaning and virtues. More specifically, one is incapable of experiencing reality around him/her apart from one's body; this includes not only thinking but also speech and movement. In other words, our body is immediately present to us, because we are our body. Our bodies are not

separated from the world as experienced because the notion of embodiment and incarnate intentionality already imply the pole of that global bodily purpose. Cahill's account of the body/embodiment will not leave the world out of account, as our bodies are being in the world; she argues that bodies cannot be seen as the product of discourse but can also interact in social space. Cahill describes this in the following way: "Not only do bodies open out to worlds beyond, but movements back and forth between the body and its social world seem to be intrinsic to the meaning of the body itself."<sup>6</sup>

Here we may observe how Cahill has adapted Merleau-Ponty's approach on embodiment, where body/embodiment is seen as the spatiality and temporality of ourselves, and also as a holistic unity of self and body (of all the physical parts and processes of the body) situated in the personal and social world where human experiences and perceptions are part of it. Furthermore, according to Cahill, the body potentially affects the moral meaning of the action. This is why there is a need for phenomenological research in order to determine our actions and our social involvement in it. Once again, human experience, which plays a central role in evaluating these actions, is filtered through our bodies.<sup>7</sup> Cahill's project is very clear here: to achieve a theory of morality in which the body and culture are in reasonable balance. Cahill situates her project in the following way: "To speak of the body means, on the one side, to stand up against moralities which take for granted a physical body which can 'determine' social roles as norm and rule preceding them; and, on the other, to take up the question of social relationships (especially gender relationships) from the standpoint of human concreteness and presence."<sup>8</sup>

And later, she adds: "Fundamental to our embodiment is the fact that each person in his or her individuality is both body and the 'more' which selfhood entails (intellect, will, emotions, spirit, relationality, especially to other embodied individuals). Similarly, society consists both in material conditions and in the cultural institutionalizations of materiality which give the society of members of our species its human quality."<sup>9</sup> What Cahill suggests here, is an integrated view of the body as the unity of the self as embodied

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<sup>6</sup> CAHILL 1996, 76.

<sup>7</sup> One would wonder how these filtered experiences should be interpreted. This, however, remains unclear in Cahill's thoughts.

<sup>8</sup> CAHILL 1996, 76.

<sup>9</sup> Id. 76.

and as intrinsically social, which does not require the rejection of the body and its relation to the values of an encompassing social order.<sup>10</sup> Thus, society influences the body and its experience of the self, not only repressively but also expressively.

Thus, Cahill says: “The body enters into the subjectivity of the person, mediates that subjectivity to the world, and is a medium through which the world and other persons interact with the subject as embodied self.”<sup>11</sup>

Or, to use Merleau-Ponty's language: “The body expresses total existence, not because it is an external accomplishment to the existence, but because existence comes into its own in the body.”<sup>12</sup>

Overall, Cahill's emphasis is placed on the importance of the unity of the body as embodied and as intrinsically relational and social; it suggests four very valuable insights for my research: 1) the body is invariant over time and space; 2) bodily experience is regulated by cultural institutions; 3) bodily experience is engaged with a “critical and normative stance”;<sup>13</sup> 4) the foundation to any moral or medical discourse is an embodied and relational holistic view of the person per se.

Another important insight comes from a careful reading of Cahill's work on “The Body – in context” and deals with the gender differences and gender equality.

According to Cahill: “The self as embodied is quite strongly constituted by the social significance of gender as an elaboration of maleness or femaleness.”<sup>14</sup> In other words, gender has a profound effect on the nature and interpretation of one's social experience. Thus, for contemporary feminists, the gender difference project is “whether, in a nondualist perspective, the differential embodiment of men and women must be assumed to make difference in their way of being in the world, even if not a difference which implies hierarchy, or even very extensive or firmly demarcated role allocation”.<sup>15</sup>

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<sup>10</sup> Cahill's thesis is very different here from that of many Catholic ethicists, who usually use embodiment to counteract a dualism about body and mind and in which the body is presented as the inferior partner in an uneasy relationship.

<sup>11</sup> See: CAHILL, Lisa S. – FARLEY, Margaret F. (1998): *Embodiment, Morality and Medicine*. 199–214.

<sup>12</sup> MERLEAU-PONTY 2002, 166.

<sup>13</sup> CAHILL 1996, 80.

<sup>14</sup> CAHILL – FARLEY 1998, 121.

<sup>15</sup> CAHILL 1996, 84.



In contrast, for Cahill, a key to any discourse on gender differences is monogamy and kinship. She points out that sex and reproduction are not only biological functions but also social ones. There are survival advantages for raising children in kinship units. Also, monogamy not only meets the human need for lasting relationships but also offers protection and security for infants of heterosexual union.

Further, she also pointed out that kinship is more understood today as “the organization of labor, good exchange, and property rights, and lineage of children” and sometimes more as “emotional fulfillment”.<sup>16</sup> In Cahill’s argument, gender and sex are central to human social engagements and existence, which can and have limited women’s flourishing. She suggests, however, that a constant critique of heterosexual, reproductive, and patriarchal marriages will best help to achieve better flourishing for women, contingent on gender equality.

Moreover, when speaking about gender differences and critical approaches, Cahill used the terms “justice” and “care”. Her engagement of justice is, however, not a classic definition founded in virtue theory or social theory but an approach equal to men and women and the defining of the quality of their relationships.<sup>17</sup> Care is explained as a “gendered” concept within the context of the male–female relationship.<sup>18</sup>

Let me note that because of the many ambivalences in Cahill’s work, it is difficult to say precisely to which account of “gender differences” Cahill is more sympathetic: to an essentialist account of gender difference (being male or female is constitutive to the way one is human), which offers a set of characteristics that defines “normal” differently for men and women, or to a constructionist account of gender (a social construct and thus not really constitutive of one’s identity), which states that being male and female would have no effect on what constitutes the “normal” qualities for the individual.

Overall, Cahill’s approach to gender differences and her suggestions for correcting gender equalities are, in my opinion, not wholly sympathetic with many of the strands of feminist thought; for the purposes of my dissertation, however, this is not necessary to evaluate here. What is necessary is Cahill’s emphasis on the biological, social, and inter-

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<sup>16</sup> CAHILL 1996, 105.

<sup>17</sup> CAHILL 1996, 36.

<sup>18</sup> CAHILL 1996, 90, 95.

subjective importance of human relationships and insights that gender differences enrich the (Christian) community by equitable communication and support for one another.

I have observed that when Cahill speaks about relationality, she usually refers to a way of understanding that sees the self as intersubjective as well as a mode of moral reasoning that transcends the split between love and justice. In other words, Cahill sees the good of the individual as being intimately connected to the good of the whole society. In that context, our relationality extends both to interpersonal relationships and the relationships of individuals to groups as well as to the whole society. This suggests an analogy for presenting the human embodied person not only as an individual substance but also as the intersection of relationships.<sup>19</sup> Therefore, human embodied beings are intrinsically relational and find their identity and meaning only through the mutuality of personal relationships. In this way, relational can be seen as intersubjective and evolving dynamically by nature: intersubjective because attention must always be paid to relational nexus within which the embodied human being exists and dynamic because it evolves through the interaction and communication that takes place between persons.

Moreover, based on all that has been said thus far, it is once again good to note that Cahill's thoughts on intersubjectivity are heavily based upon Merleau-Ponty's ones. For example, when Merleau-Ponty speaks about intersubjectivity, he takes as his starting point the human experience that reveals one as being in relationship to others. He goes on to say: "The phenomenological world is not pure being. The meaning which appears at the intersection of my experience with those of others, by the enmeshing of the ones with the others, is therefore inseparable from the subjectivity and the intersubjectivity which form their unity by taking up my past experiences in my present experiences and those of others in my own."<sup>20</sup>

This passage clearly shows Merleau-Ponty's interest in intersubjectivity, which involves a corporeal engagement with others and where subjectivity is constantly transforming. Cahill uses his approach and takes embodied subjectivity seriously when speaking

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<sup>19</sup> Most likely, this analogy happens at the most basic level of human nature as an unfolding series of connections and relationships.

<sup>20</sup> MERLEAU-PONTY 2002, xx.

about the embodied body – in the context of unity –, but she also refers to the body as connected to others as “intercorporeal relationality” or interchangeably as “intercorporeal responsibility”.

In other words, Cahill pairs relationality with responsibility. According to Cahill: “Relationality is a basic dimension of being human, of which response is the moral heart and responsibility is the moral call.”<sup>21</sup> Cahill presents her argument on the basis of human experience and human nature as individuals, but also as social beings.

Moreover, using not only Merleau-Ponty’s notion of intersubjectivity and intercorporeality but also H. Richard Niebuhr’s moral language and understanding, Cahill argues that human relationality/responsibility is historical, dynamic, interactive, and communal. It is historical because it begins with our birth, as a response to actions upon us, to which we continually reply; dynamic – still active participation from agent to agent; interactive as we act in anticipation of a reply; communal as we always act accountably and socially (social solidarity) and constantly interact with our fellow human beings and environment. The ideal of responsibility/relationality is for Cahill not only a language for discourse in Christian bioethics but also an emphasis on “response”, “moral call”, “social solidarity” as an anchor for the future in philosophical and theological anthropology, grounded in human experience, embodiment and shared by different traditions (religious and nonreligious) and other cultures.

Cahill’s emphases and considerations of our relationality and intersubjectivity remind us not only of its social dimension, social interdependence, and social obligation but also of the fact that we become less human through our degradation of others, be it because of their class status, race, ethnicity, or the already mentioned gender. It also offers us new, or a rather forgotten, ground for reflection on morality that goes well beyond the boundaries of philosophy, medicine, or theology. However, Cahill’s insights point out specific priorities: an embodied and relational human person seeks equal opportunities for all in the community and would not accept an oppressive social structure built on the minimized value of others.

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<sup>21</sup> CAHILL, Lisa S. (2006): Bioethics, Relationships, and Participation in the Common Good. In: Taylor, Carol – Dell’oro, Roberto (eds.): *Health and Human Flourishing: Religion, Medicine and Moral Anthropology*. Washington, D.C., Georgetown University Press. 219.

In conclusion, these reflections of Cahill's are based on the human experience (as a descriptive category), embodiment and relationality, which correlate and balance with each other, and point to the necessity of critical attention to the structures that shape human life, be they social, economic, cultural, or political. They also lead us to a range of questions like: Who is my neighbour? With whom are we in solidarity? Why should we help one another? Should our help to others be temporal or permanent?

#### **4. The Importance of Dependency – “We Are All Someone’s Child.”**

After introducing and elaborating Cahill's approach and understanding of our embodied relationality and intersubjectivity, let us now explore another feminist scholar, Eva F. Kittay, and her understanding of dependency as a precondition of relationality.

Eva Feder Kittay graduated with a Ph.D. from the Graduate School and University Center, New York, in 1978. She has been a Professor of Philosophy and Ethics at the Stony Brook University, New York, Department of Philosophy, since 1993 and has been a Senior Fellow at the Center for Medical Humanities, Compassionate Care, and Bioethics, SUNY – Stony Brook, since 2008. She is also an Associate Professor in Women's Studies at SUNY – Stony Brook at the present time. From 1979 to 1986, she was an Assistant Professor at SUNY – Stony Brook, Department of Philosophy, and then an Associate Professor at SUNY – Stony Brook from 1986 to 1993. Before coming to SUNY – Stony Brook, she was an adjunct lecturer at the John Jay College of Criminal Justice, CUNY – Department of Philosophy, in 1975 and at Lehman College, CUNY – Department of Philosophy, in 1974–75. Kittay's research presents issues of disability on the agenda of moral and political philosophy, showing that these are major questions with which all theorists of justice will henceforth need to grapple.

Like Cahill, Kittay utilizes a feminist approach to philosophy that reflects life experiences, social equality, dependency, relationality, and the role of society towards women today. In many of her books and articles, she heavily focuses on human experiences and the importance of dependency and justice.

However, in contrast to Cahill's references to the human experience, Kittay's references are more descriptive than normative and help to minimize and shed light on the problems and biases contained in any sort of social or ontological objectivity. Kittay's perspective is different from that of Cahill's: her primary focus is on the inevitable account of the dependency of human life, with the many interdependent relations all humans experience being of secondary concern. What she is concerned with is to re-centre human vulnerability at the core of the debate surrounding social welfare and the social value of care work. Thus, her tasks are heavily person-centred or citizen-centred and are always fully embodied and relational.

Finally, the originality of Kittay's work comes from the incorporation of her personal experience with her paralysed 30-year-old daughter, Sesha – whose life is integral to many of Kittay's books and articles – as a way to describe and elaborate upon the idea of inevitable human dependency<sup>22</sup> and dependency relations<sup>23</sup> along with the notion of *doulia*.

In her most significant book, *Love's Labour: Essays on Women, Equality and Dependency*, Kittay presents the issues of disability as part of the agenda of moral and political philosophy; she articulates some very persuasive and powerful criticisms of Rawls' contractarian theories of justice. Furthermore, she suggests that if we are to make adequate proposals for the just treatment of people who need care and for those who care for them, we must move beyond the image of citizenship embedded in the dominant social contract tradition that has been at the heart of much Western theorizing about society.

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<sup>22</sup> It is good to note that Kittay's understanding of *inevitable human dependency* is not only embodied and relational, but it also focuses on nested dependency, usually alleviated by cultural practices and prejudices that require a sustaining relationship with one who provides care (dependency worker).

<sup>23</sup> "Dependency relations" – according to Kittay, this is a complex relationship where the "care-giver acquires a dependence on others to supply the resources needed to sustain herself and the dependents who are in her charge. The dependency relationship is a cooperative arrangement sustained by these resources, the labor of the dependency worker, and the responsiveness to care on the part of the cared-for." KITTAY, Eva F. (1995): *Taking Dependency Seriously: The Family and Medical Leave Act Considered in Light of the Social Organization of Dependency Work and Gender Equality*. In: *Hypatia*. 10, 1. 12.

Moreover, Kittay in her approach to dependency as a precondition of relationality identifies that: 1) All embodied human beings are in nested dependencies that require a sustaining relationship with one who needs care and with another one who provides care. Nevertheless, these nested dependencies form a network of social and personal interdependencies that are the essential bonds of social human life. 2) Once we understand the implications of dependency and see how political, social, and medical-caring/curing concepts need to reflect them in their daily practices and care, we will better embrace a vast proportion of human interactions and will also better understand our relational responsibilities and interdependencies.

Kittay's principal statement is this: "We are all some mother's child."<sup>24</sup> This principal statement goes back to Kittay's family experience, when she observed her mother as she used to serve her and her father at the dinner table, which led Kittay to justify her action saying: "after all, I'm also a mother's child."<sup>25</sup> Thus, we are all connected and dependent people, not just the dying but also the children, people with mental and physical disabilities, infirm people, frail elderly people, and even individuals who have lost their way.

Moreover, this important observation led Kittay to another conclusion: "We are all – equally – some mother's child."<sup>26</sup> This alternative to the concept dominated by liberal political theory begins not with an "individual whose characteristics that pertain to him as an individual and entitle him to equal status"<sup>27</sup> but rather with an understanding of equality that the person has only in virtue of a property another person has. Going back to her mother, she says: "My mother is the child of a mother only because another person is (*or was*) someone who mothered her."<sup>28</sup>

Kittay's understanding of dependence, which is a precondition of relationality, is as unavoidable as birth and death for all living organisms and "has crucial bearing on the ordering of social institutions and on the moral intuitions that serve to guarantee adherence to just institutions".<sup>29</sup> It is also the start of feeling an ethical responsibility to provide

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<sup>24</sup> KITTAY, F. (2003): *Love's Labor: Essays on Women, Equality and Dependency*. London. 50.

<sup>25</sup> Id. 25.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Id. 28.

a loving and qualified care for terminally ill patients: to provide them with all appropriate treatment and access to medical procedures and to be compassionate with them.<sup>30</sup>

Furthermore, Kittay explains dependency as a fundamental experience of humanness, which, according to her, many social and political positions fail to acknowledge:

Interdependence begins with dependence. It begins with the dependency of an infant, and often ends with the dependency of a very ill or frail person close to dying. The infant may develop into a person who can reciprocate, an individual upon whom another can be dependent and whose continuing needs make her interdependent with others. The frail elderly person... may herself have been involved in a series of interdependent relations. But at some point there is a dependency that is not yet, nor longer interdependency. By excluding this dependency from social and political concerns, we have been able to fashion the pretense that we are independent – that the cooperation between persons that some insist is interdependence is simply the mutual (often voluntary) cooperation between essentially independent persons.<sup>31</sup>

Kittay's very careful observations lead us to see our human world, or the world around us as full of dependent persons:<sup>32</sup> children, older people, infirm people, homeless people, indigent people, people of different races or class status, and ethnic groups.

Moreover, Kittay defines persons who care for dependent persons (dependency workers)<sup>33</sup> as: formal and informal caregivers, usually women, who care but whose care

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<sup>30</sup> The philosopher and ethicist Lewinas, who examined these ideas more broadly, also suggested that with an openness to care and to have a “face-to face relationship”, we do not only nurture our responsibility and senses but also face our own frailness and death. See more in: LOJAN, R. (2018) Personal Awareness in Palliative Care Practice. In: HOLONIČ, Ján (ed.). (2018): *Die wirtschaftliche Entwicklung europäischer Regionen in der Ausbildungs- und Arbeitsmarktpolitik: Übergänge und Strategien 5*. Uzhorod: TOV „RiK – U“. 233–234.

<sup>31</sup> For more about “dependency”, see: KITTAY, Eva F. (2002): *The Subject of Care: Feminist Perspectives on Dependency*. Lanham, Rowman & Littlefield Publishers. Part II: 88–160, Part V: 322–369; KITTAY 2003, 17.

<sup>32</sup> Kittay's term for a human person who is “unable to reciprocate” is in: KITTAY 2003, xiii.

<sup>33</sup> Kittay's term for those who care for dependent people: directs their attention to an intended beneficiary, a charge (a person committed to the care, custody, management, or support of another). Moreover, a “dependency worker... must have the power and authority necessary to meet the responsibilities of the work” – KITTAY 2003, ix–xvii, 30–31.

is not recognized even by the society itself (dependency work),<sup>34</sup> or, more often than naught, whose work is “chosen” for them by a society that seems all too willing to exploit them. In order to eliminate this inequality, Kittay offers a new “theory of equality” based on the assumption that we are all dependent people and we are all dedicated to the cause of empowering dependency workers (caregivers). This dependency critique of equality is in Kittay’s words defined as follows:

A conception of society viewed as an association of equals masks inequitable dependencies, those of infancy and childhood, old age, illness and disability. While we are dependent, we are not well positioned to enter a competition for the goods of social cooperation on equal terms. And those who care for dependents, who must put their own interests aside to care for one who is entirely vulnerable to their actions, enter the competition for social goods with a handicap... Yes, equality has been elusive for women and will continue to be unless and until better institutional supports are put in place to enable women who wish to leave the exclusive domain of home without jeopardizing the well-being of those they love.<sup>35</sup>

However, to understand Kittay’s “theory of equality” based on dependency critique and empowering dependency workers, it is good to start with a few clarifications and notes, which send us back to Kittay’s analysis of other feminist critiques of equality:

1) Dependency work will always take a form in which one person is expected to execute all of its different aspects. Kittay argues here that while there is no inherent reason why this dependency work cannot be shared, it may be necessary that responsibility is assigned, if not to one individual, then to a few.

2) Dependency work can be distributed and shared among people, but as long as it is assigned to only one individual, Kittay calls this person dependency worker.

3) Dependency work needs to be situated in specific practice. According to Kittay, “all implementation of care, connection and concern are dependent on the practice... but the practices are themselves ones that arise to meet the inherent dependencies

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<sup>34</sup> Kittay’s term for “the work of caring for those who are inevitably dependent” is in: KITTAY 2003, ix.

<sup>35</sup> KITTAY 2003, xi.



of which I speak”.<sup>36</sup> Furthermore, using feminist Sara Ruddick’s understanding of *maternal practice* as a paradigmatic instance of dependency work, Kittay defines three desired dependency practices: preservative love, fostering growth, and training for social acceptance.<sup>37</sup> All three of these are required for the caring of the elderly and severely disabled; however, there is always a focus on fostering self-sufficiency, self-esteem and stemming a disintegration of social acceptability.

At this point, it is good to note that all of Kittay’s constructions, presented above, point to the most desired embodied and relational care. This embodied and relational caring presence and care requires, however, a good moral character: the dependency relationship is always determined not by domination as the exercise of power but rather with a relation of trust, affection, and understanding that the dependency worker will not abuse her/his power or authority entrusted to her/him upon encountering a vulnerable dying patient.<sup>38</sup>

Furthermore, Kittay’s focus on the inevitable dependency of embodied human life and on the dependency relationship points to the importance of re-centring our inherent human vulnerability as a means for better recognizing the social contingency of dependency. We agree with Kittay’s claim because when the inevitable dependency of embodied human life is recognized as the ground from which the relationship of dependency worker and dependent emerge, it leads to interdependent relations between the carer and the one cared for; the dependency work is not considered as a selfless act directed towards someone who is lacking human personhood or life quality but rather as dependent meaningful work on which we are all likely to be dependent upon at different points in our lives and also which deserves the social value and recognition.

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<sup>36</sup> Id. 32.

<sup>37</sup> See: RUDDICK, Sara (2002): An Appreciation of Love’s Labor. In: *Hypatia*. 17, 3(Summer). 214–223 – especially Section II: *Eva Kittay’s Dependency Approach to Equality*. 203–206.

<sup>38</sup> This suggested embodied and relational care evokes the past medical problem of paternalism. Abuse of power, authority, and disembodied practice affected, however, over many years not only the dependent (the patient her-/himself) but also the dependency workers, affecting their bonds with patients. See more in: LOJAN, R. (2016): The Imperative of Social Responsibility for Taking Care of Seriously Ill and Dying. In: *Zarządzanie i edukacja*. 108, 95.

This presented perspective, so unique in itself as it allows for reclaiming the language of dependence without the negation of autonomy, still requires explanation concerning personal autonomy and individual rights, which plays an especially important role in dominant liberal conception. Here we suggest a little *detour* to review once again Merleau-Ponty's understanding of the human body, autonomy, and other persons not only as embodied but also as relational.

Merleau-Ponty observed that we all live embodied lives, and our identity is constituted and expressed through our bodily engagement with the world and others. In that sense, we do not live only inferior lives but rather embodied lives with the whole world, where we are all dependent on the participation or assistance of others. We even construct our understanding of the world through our embodied engagement of the different practices and habits of our bodies.<sup>39</sup>

Using Merleau-Ponty's view, personal autonomy is not seen as a matter of rational choice and self-realized values but rather as relational. More precisely, as feminist scholar Susan Dodds claims: "we have the value commitments that we do in part because of the social context we are in such that these values are meaningful to us and give our lives meaning, but we also have the capacity for introspection and critical self-reflection and self-definition such that we can endorse the values we come to hold through socialization, or we can or seek to change ourselves so as to realize our endorsed values."<sup>40</sup> Thus, this relational approach to autonomy, according to Kittay, does not set autonomy and dependency in opposition, but they rather both provide the structure and limits of our lives and actions.

Moreover, any exploration of the relationship of a dependent to a dependency worker, according to Kittay (and as a result of feminist scholarship), requires sensitivity in intervention or power and the exertion of domination in a relation of inequality. Kittay further explains: "The inequality of power is endemic to dependency relations. But not every such inequality amounts to domination. Domination involves the exercise

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<sup>39</sup> MERLEAU-PONTY 2002, 346–347, 148–154.

<sup>40</sup> DODDS, Susan (2007): Depending on Care: Recognition of Vulnerability and the Social Contribution of Care Provision. In: *Bioethics*. 21, 6. 500–510.

of power over another against her best interests and for purposes that have no moral legitimacy... Domination is an illegitimate exercise of power.”<sup>41</sup>

Now let us look at Kittay’s justificatory grounds for her theory of equality. Kittay finds her argument and moral grounds in Robert Goodin’s work, *Protecting the Vulnerable* (1985),<sup>42</sup> and in his “moral basis of special relations between individuals which arises from the vulnerability of one party to the action of another”.<sup>43</sup> She agrees with Goodin about the non-contractual nature of most human relations and the mutuality of interpersonal relationships as the dynamic constitutive of human embodiment and relationality; however, she disagrees with him about the scope of the dependency worker’s obligations to dependents.

Let me suggest here that Goodin’s work deserves our attention for one more reason, and that is his claim for relationality as situated in the vulnerability of another person to our actions. Even if his concern is not specifically ethics of care, his vulnerability model of special relations, which also influences Kittay, arises from the vulnerability of one person to the actions of another one. In other words, a special obligation to care is claimed upon me as a dependency worker, and only then if I am so situated as to be able to answer the needs of the dependent. It is a special claim upon me only if the other person is vulnerable to my actions. Thus, this theory is important for palliative care today because it focuses not on the virtue of the properties of the individual but rather on the relational responsibility between the dying person in need and his/her palliative care worker who is situated to meet the need.

Kittay, however, raises some objections to Goodin’s model, specifically: 1) it is too open to the charge of making our obligations too general; 2) it limits us in our responsibility to meet dependent needs and avoid the needs of anyone else. It seems, Kittay says: “The principles are meant to delimit the sphere and scope of vulnerability-responsive obligations.”<sup>44</sup> She then further suggests resolving these objections in the following way: 1) to define who is responsible for whom as a matter of absolute judgment;

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<sup>41</sup> KITTAY 2003, 34.

<sup>42</sup> See: GOODIN, Robert E. (1985): *Protecting the Vulnerable: A Reanalysis of Our Social Responsibilities*. Chicago–London, University of Chicago Press.

<sup>43</sup> KITTAY 2003, 55.

<sup>44</sup> Id. 56.

2) to accept that our relational responsibility arises in multiple ways; 3) recognize that our relational obligation arises within a set of cultural practices.

Moreover, given all these insights on vulnerability relations and obligations and responsibility actions, let us present Kittay’s *connection-based equality theory* from the relationship of dependency.

First of all, it has already been said that equality begins with the recognition of the individuality of every human person and his/her independence, in each one’s conception of one’s own good, rights, and powers. In contrast, Kittay presents her theory of connection-based equality as it derives from the intersubjective connections that we have with those with whom we have had relations of care and dependency.

In other words, Kittay’s theory is based here on “entitlements to a relationship, in which one can be cared for if and when appropriate; and then on a socially supported situation in which one can give care without the caregiving becoming a liability to one’s own well-being”.<sup>45</sup> Let us note that this connection-based equality theory could be well structured within any palliative care policies, healthcare norms, or family policy models, as it is concerned first and foremost with the embodiment and well-being of the dependant.

Furthermore, this theory is not equivalent per se to the reciprocity theory, as there is no *immediate* reciprocation here in care; it is rather set on a nested set of obligations and on the “reciprocity of those who see their equality in their connections with, and obligation towards, others”.<sup>46</sup>

Moreover, this theory is closely linked to a nested set of social relations and invokes “exchange-based reciprocity”. This call for social cooperation, which depends on these nested set of social relations and obligations, is henceforth called *doulia*.<sup>47</sup> *Doulia* especially refers to those who care, namely dependency workers who act as a mother to a child. In Kittay’s words: “Just as *doula* gives care to the one who cares for the dependent infant, the direction of the obligation in connection-based reciprocity goes from those in position to

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<sup>45</sup> Id. 66.

<sup>46</sup> Id. 68.

<sup>47</sup> *Doulia* comes from the Greek word *doula*, which means a slave who provides care to a woman while she is caring for a newborn. In Kittay’s terminology, it is the material support needed by and owing to the caretaker who provides for a dependant.

discharge the obligations to those to whom they are relevantly connected.”<sup>48</sup> It is clear that Kittay is ultimately concerned with defending the social recognition of dependency work and with pointing out the failings of our society. Her approach to human dependency and dependency relations is a strong appeal to theorists and medical professionals to never discount those dependent on us – our community – and individuals to whom equality is owed, so as to take care of those who are dependent on us.

I would like to take Kittay’s arguments a little bit further and suggest that the attention of all of us, as a society or a community, should always be focused on human embodiment, vulnerability, inevitable dependency, and caring relational presence in order not to only help those who require it (dependants) but also do it with a proper understanding and without the abusive power of domination. This may challenge the dominant liberal conception of the self, and our “body image” as being inherently vulnerable, dependent, and open to the importance and social significance of care work.

We agree here with Kittay’s “*doulia* right” for dependency workers,<sup>49</sup> but I also suggest that for protection, specific content must be given by legislatures and through legal norms, and not just a court ruling to specific extraordinary cases. What I am further suggesting here is the substantial argumentative dimension of *doulia*, based on a “nested set of reciprocal relations and obligations”.<sup>50</sup>

In other words, the recognition of *doulia* and *doulia* rights must be based not only on some employment benefits or legal norms but also on the expansive definitions of traditional marriage, embodied awareness, and responsibility.

Moreover, Kittay presents her remarks on *doulia* through the example of her severely developmentally disabled daughter, Sesha. Very briefly, Sesha is 30 years old and dependent on paid and unpaid dependency workers for meeting her daily life-sustaining needs and for interpreting her needs and desires. In response to Sesha’s dependency, Kittay’s goal is not independent living but rather to create an environment where Sesha can flourish within the limits imposed by her own incapacity. This substantial challenge<sup>51</sup> must, according to Kittay, focus on Sesha’s bodily sensations and her engagement with

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<sup>48</sup> KITTAY 2003, 68.

<sup>49</sup> Id. 143–146.

<sup>50</sup> Id. 68.

<sup>51</sup> Id. 155.

the world around her; engagement with others are Sesha's expression of joy. Herein lies the reason for proper recognition of paid care demands, recognition of the need for carers and those cared for to have mechanisms for negotiating those aspects of their relationship that may be important and salient for both parties but that cannot be fully regulated contractually. Dependency workers need to be protected against exploitation by those they care for; those cared for need also to be protected against manipulation by dependency workers. This mutual protection requires negotiation within the frame of a particular set of relationships that reflect the tension between work and life or work and care.

Finally, let us not underestimate Kittay's attentiveness to and caring relationship with Sesha and her vulnerability while still fostering growth and limiting her vulnerability. This embodied and relational bond between parent and child is Kittay's point of departure to any ethics of care or "relational responsibility".

Kittay's remarks regarding her daughter's life also reveals our human intersubjective and embodied orientation as relationally constituted human beings. It also provides an important challenge to the way society constructs the meaning and care for the life-long disabled or those that are dependent on the care or dependency workers. I would also argue here that this new challenge in approach to all dependants is an issue of community concern, which must be more precisely addressed and requires a new framework based on the better understanding of embodiment and relationality.

This is not to suggest that care and attention must be given only to dependants but that, as expressed in Kittay's theory, dependency workers should also be considered as recipients.

A final thought regarding the transparent self of the dependency worker deserves our attention here. Kittay stresses that: "Unlike the subject of traditional justice theory, a dependency worker is not a self-interested self but rather a transparent self: that is a self through whom the needs of another are discerned, a self that, when it looks to its own needs, it first sees the needs of another."<sup>52</sup> This transparent self of a dependency worker – in contrast to the autonomous self in the Rawlsian original position – is not self-interested or disinterested but rather focused on caring for another or on the well-

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<sup>52</sup> Id. 51.

being of another. In other words, this many times “passionate” transparency self does not look at or focus on her/his own perceptions or needs but rather is truly transparent for the vulnerable dependant to express his/her needs.

Finally, with this attempt by Kittay to protect inevitable dependants and at the same time dependency workers, she successfully points to the role of society and its obligation for all citizens who are vulnerable, dependable, and equal.

## 5. Concluding Remarks

All of these presented theories, either by Cahill or by Kittay, outline our priorities for our relational world. Their related insights, however, differ in the way they variously highlight the importance of dialogue, embodied experiencing, intersubjectivity, dependency, and relationality. Both of these authors, though, are not blindly idealistic about the world we live in. They both do not only express their suggestions and theories but also critique the present power of relations, which, according to them, deform society, communities, and individuals. Cahill has conceded the body as a subject of experience, so the way we experience the world, and especially other people in it, is more than just our physiological functioning even though the nature of our experience cannot be ultimately separated from the way in which our bodies function. Similarly, Kittay accepts the embodiment of the person and adds with further insight that a person’s lived experience is connected to and represents the gateway towards dependency on one another.

Finally, both of these authors are in fundamental agreement when it comes to the notion of relationality: *we are all relational and dependent persons*. The more relationality and dependency we have in our lives, the more independent we are. Furthermore, they both recognize that relationships could be limiting and alienating. Even if they do not draw an explicit connection between their ethical and philosophical proposals and palliative care, a number of applications still come to mind.

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