When Care and Violence Converge:

Dependency, Opacity and Disability in Judith Butler & Joan Tronto’s Moral Ethics

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**Abstract:** Judith Butler’s theory of moral ethics illustrates the ways in which violence undergirds practices of care. Although Butler ignores care ethics to rethink moral ethics, she builds her theory on assumptions key to care theory, particularly her emphasis on human vulnerability and dependency. Butler’s moral ethics allows us to reexamine care, as her conception of the opaque self troubles the knowability of human needs. When we acknowledge the ways in which we are opaque to ourselves and to each other, we begin to see how practicing care is risky, as our interpretation of our own and other’s needs are partial and, at times, wrong. This pushes on Butler’s moral ethics, as she generally theorizes violence as an exploitation of human dependency. Instead, I show how violence constitutes care under conditions of uncertainty.

*“I think that part of being a parent is trying to kill your kids.”*

*From* Christine*, 1983, Stephen King*

# Introduction

Why are some feminist theories taken up repeatedly—used for multiple and divergent purposes—whereas other theories remain the province of feminist pockets, relegated to the most staunchly adherent? I began to ask this question as a I listened to feminist theorists describe key components of their analytic framework—such as dependency, vulnerability and responsibility—and yet, neither situate their theory within care ethics nor, even, reference care theory as a precursor. In courageous moments, I suggested that the feminist was in fact discussing care theory—but the feminist in question would quickly strike down my suggestion, explaining (with perhaps a note of hostility) that she was most definitely *not* engaged in care theory.

I most recently encountered this feeling while reading Judith Butler’s recent work on moral ethics, both *Precarious Life* and *An Account of Oneself.* Butler, however, seldom mentions care ethics in this work—an absence noteworthy as her theory builds on assumptions key to care theory, particularly her emphasis on human vulnerability, dependency and responsibility. Integrating Butler’s moral ethics and care theory enables us to rethink elements of care, especially when we consider Butler’s description of the ways in which we are opaque to ourselves and to each other. This opacity complicates our ability to discern and respond to each other’s needs. As such, human needs are less knowable and more tenuous than what we may be accustomed to in some strains of care theory.

The opacity of human relationships, however, also pushes against Butler’s understanding of moral ethics, particularly as she generally theorizes violence as an unjustified exploitation of human vulnerability and dependency. Instead, if we take opacity seriously—and if we go beyond recognition as an ethical response—then we see the ways in which we, at times, must act amid ambiguity. This ambiguity, in turn, likely means that the care we offer is misguided, incomplete and, perhaps, uncaring. Violence thus becomes a component of risky care in which we our limited ability to access our own self and the other commits us to *practicing* care, not perfecting it.

My objective is to rethink Butler’s moral ethics—showing the ways in which acts of violence often accompany practices of care—as a way to retheorize a more critical account of care theory. By rendering care ambivalent and incomplete, I aim to make it a more successful theory—and by successful I mean more broadly taken up by a wider range of feminists. According to Kathy Davis, “successful theories are successful precisely because they do not settle matters once and for all; they open them up for further discussion and inquiry” (2008, 77). By understanding violence as an element of care and caring as a risky practice, I hope to unsettle care, theorizing care as both benevolent and injurious.

# I. Vulnerability: Points of Contact in Butler & Tronto

Like care theorists, Butler theorizes the self as inescapable vulnerable, both because of the physicality and penetrability of our embodiment, as well as the ways in which it can be alleviated or heightened through politics. For Butler, “we all live with this particular vulnerability, a vulnerability to the other that is part of bodily life, a vulnerability to a sudden address from elsewhere that we cannot preempt” (2004, 29). Vulnerability, for Butler, occasions our moral ethics, but she does not go as far as care theorists in claiming that vulnerability also makes care universal. Similarly, according to Joan Tronto, “care is nonetheless a universal aspect of human life [as] all humans need to be cared for” (1993, 110).

Similar to care theorists, Butler uses the example of infants to help explain the condition and consequence of human vulnerability, as vulnerability is not only an essential element of human life, but also that the recognition of vulnerability occasions an ethical response. When Butler calls upon the vulnerability of the infant, she does so to point out the ways in which vulnerability requires a kind of recognition, and that by needing to recognize someone’s vulnerability, we further acknowledge the ways in which recognition is tenuous.

Thus, a condition of moral ethics for Butler is constant mindfulness of human vulnerability. “Mindfulness of this vulnerability can become the basis of claims for non-military political solutions, just as denial of this vulnerability through a fantasy of mastery […] can fuel the instruments of war” (2004, 29). Butler’s mindfulness maps on to Tronto’s conception of attentiveness. Tronto insists that attentiveness “requires actual attention be paid to those who are engaged in care processes,” rather than just experts or policy makers (1995, 145). Likewise, in *Precarious Life*, Butler laments the ways in which Iraqi civilians killed in the war on terror become “collateral damage,” nameless, faceless, and human-less.

For Butler, to recognize vulnerability and to demand this recognition is, at the same time, to know that we risk ignoring or misrecognizing the other’s vulnerability, which is to jeopardize the other’s humanization. Accordingly, “if vulnerability is one precondition for humanization, and humanization takes place differently through variable norms of recognition, then it follows that vulnerability is fundamentally dependent on existing norms of recognition if it is to attributed to any human subject” (2004, 43). Likewise, Tronto argues that different needs differently recognized, with the needs of the most privileged most likely to be met. “The distribution of caring work and who is cared-for serves to maintain and to reinforce patterns of subordination” (1993, 116). For both Butler and Tronto, human vulnerability is universally shared, but some experience subordination when their vulnerability goes unnoticed or denied.

Unlike care theorists, particularly Eva Kittay (1999), Butler’s attention to physicality does not lead her to think about disability—neither as a component of human vulnerability nor a consequence of social and political prejudice. In *Precarious Life*, Butler refers to the “physically challenged” only once, and her use of a euphemism largely criticized from disability rights activists and scholars strikes a discordant tone. Nowhere, however, do we find any reference to people with intellectual disabilities in this work. While taking up the experience of every disadvantaged group is unrealistic, I argue that by thinking about the specific kinds of vulnerabilities experienced by people with intellectual disabilities and people in relation to them, we begin to push on Butler’s theorization of opacity.

# II. Dependency in Butler and Care

By privileging human vulnerability as a condition of moral ethics, both care theorists and Butler come to see human communities constituted by relationality and dependency. For Butler, “This way of imagining community affirms relationality not only as a descriptive or historical fact of our formation, but also as an ongoing normative dimension or our social and political lives, one in which we are compelled to take stock of our interdependence” (2004, 27). Our dependence is thus a product of both our physiology and our politics; thus, it can be reshaped, molded and made anew.

Unlike care theorists, Butler’s understanding of human dependency arises largely out of the experience of grief, which colors her moral ethics a darker shade than care theory. According to Butler, grief “furnishes a sense of political community of complex order, and it does this first of all by bringing to the fore the relational ties that have implications for theorizing fundamental dependency and ethical responsibility” (2004, 22). Care theorists often privilege care for the continuation of life, rather than in relation to our mortality. Take Tronto and Fisher’s classic definition of care:

a species activity that includes everything we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining way.” (1991, 40)

These opposing ways of getting to communities of dependency—through either grief or maintenance—affects our stance toward one another. Care ethicists emphasis on maintenance—as a kind of practice that follows from human dependency—differs from the emotional nature of grief. Both Butler and Tronto refer to the ways in which either grief or care are processes—and both are described as processes that shape those who undergo them.

Butler’s description of human beings as vulnerable and her emphasis on human communities as ties of relational dependency seem apt for a theory of care, but Butler resists situating her ethics in more familiar feminist terrain. In a passage indirectly related to care ethics, Butler states,

It won’t even do to say that I am promoting a relational view of the self over an autonomous one or trying to redescribe autonomy in term of relationality. Despite my affinity for the term relationality, we may need other language to approach the issue that concerns us, a way of thinking about how we are not only constituted by our relations but also dispossessed by them as well. (2004, 24)

According to Butler, debates on relational autonomy are too conservative, as her moral ethics craves new ways to move—to think against the grain. While I sympathize with Butler’s affective turn against care, I think her own theory of relationality fails to go far enough in thinking about all the ways in which relationality dispossesses us. More specifically, Butler often theorizes violence as radically counter to ethics, as if violence is always something we consciously commit to violate the ways in which our vulnerability binds us together. But I argue that if we take Butler’s argument seriously—particularly the opacity of human selves and the vulnerability of bodies—then we come to understand violence as interwoven with care and care as a kind of violence.

# III. Opacity as a Condition of Relationality

Butler’s theorization of the self as opaque—both to herself and to others—invites us to rethink aspects of care ethics, as opacity complicates the ways in which the caring self interprets and responds to another’s needs. By drawing on Butler, my analysis also pushes on her assumption that narrative is the channel that invites opacity, as this presumes that our relationships are always forged and renewed through language. Instead, attention to care theory and disability shows the ways in which opacity arises from our embodied interactions.

Opacity, for Butler, arises out of the fact that we can never fully narrate our own lives, as the process of becoming a self is always partly constituted by an unconscious, unreflective and unremembered past. For Butler,

There are reasons that course through me that I cannot fully recuperate, that remain enigmatic, that abide with me as my own, familiar alterity, my own private, or not so private, opacity. I speak as an ‘I,’ but do not make the mistake of thinking that I know precisely all that I am doing when I speak in that way. (2001, 37)

I cannot access or know fully another because I lack the ability to access or know fully my own self; that I remain inaccessible to my own demand for knowledge. Opacity heightens when we encounter another, as our inability to narrate who we are means that we understand neither the other nor ourselves.

For Butler, the fact that we can never know ourselves or the other means that humility and forgiveness should underwrite our moral outlook. This new ethics of responsibility is

spawned from a certain willingness to acknowledge the limits of acknowledgement itself, that when we claim to know and present ourselves, we will fail in some ways that are nevertheless essential to who we are, and that we cannot expect anything else from others. (28)

Here we enwrap our judgments with humility, as we acknowledge that our partial knowledge will lead to miscalculations. We forgive ourselves and each other for all the ways we fail to know and thus appropriately react to one other. Our partial judgments, miscalculations and violations are inevitable when we “avow the limits of any self-understanding and to establish this limit not only as a condition for the subject, but as the predicament of the human community itself” (37).

Butler’s theory of the opaque self pushes on care ethics as—in a situation of relational opacity—we can neither entirely understand the other’s needs nor understand fully our own investment in the other. Tronto recognizes that our “perceptions of needs can be wrong,” but opacity suggests that in almost all cases except the simplest of needs, our perception *will* be wrong, or at least, incomplete (1995, 108).

Butler’s emphasis on narrative in *An Account of Oneself* minimizes the ways in which our embodiment is also a mode of communication and, in addition, ignores the ways in which some selves lack the ability to narrate their own self. Conversely, care ethicists’ attentiveness to disability, particularly intellectual disability, magnifies opacity. For example, Eva Kittay acknowledges the ways in which her physically and intellectually disability daughter’s needs are impossible to interpret. For Kittay, “When Sesha is ill, we don’t know what bothers her, what hurts her, what the pain feels like. We are deprived of a vital avenue for diagnosis. This makes her so vulnerable, and makes us crazy” (1999, 159, emphasis added). Kittay relies on networks of support—both paid workers and disability rights activists—to help interpret the needs of someone entirely nonverbal (2011, 615). Moreover, these caring relationships move beyond narration and recognition, as the people involved interpret and respond to each other’s needs, both emotional and physical. Care ethicists like Kittay show us the ways in which we can respond to someone without enforcing them to give an account of oneself.

In *Precarious Life*, Butler explores embodied and nonverbal modes of communication, but when she does, she sees how the body expresses agony, but little else. Butler describes “bodily parts” that “are said to cry and to sob and to scream” (2004, 133). Like Butler’s focus on grief as that which renders relationality visible, Butler interprets the body as a kind of agonistic cry, and our vulnerability as a kind of wound waiting to be exposed and reopened. While this may be one kind of bodily vocalization, it needn’t define the ways in which bodies speech—as our bodies can express joy, love and connection as well. Thus, Butler uses our physical vulnerability to position us in relationships of pain with one another, rather than care. In contrast, care theorists offer us a fuller account of embodied expression, encompassing both pain and love.

Care theorists also complicate Butler’s own understanding of opacity, as their emphasis on the *practice* of care—rather than recognition—suggest the ways in which we are required to act amid uncertainty. Butler argues that “recognition sometimes obligates us to suspend judgment in order to apprehend the Other” (2001, 30), but care ethicists’ emphasis on practice troubles our ability to suspend judgment indefinitely. Consider the four phases of care outlined by Tronto, which encompass “caring about, attentiveness; taking care of, responsibility; care-giving, competence; and care-receiving, responsiveness” (1995, 142). Following Tronto, Butler’s recognition falls squarely within the first phase of care, which “involves the recognition in the first place that care is necessary” (1993, 106). It may be that care needn’t follow recognition, as I can recognize another without seeing any need. But when I perceive that care is necessary, then theorizing recognition as the end of moral ethics comes up incomplete.

By focusing on embodiment as well as the practice of care, care theorists decenter Butler’s emphasis on narrative and recognition, showing how both concepts minimize the complexity and scope of moral ethics. If our moral obligation does not stop at recognition, then the practice of care-giving shows us the ways in which opacity troubles the benevolence of care.

# IV. Violence as Constitutive of Ethical Action

In *Precarious Life*, Butler treats violence as a refusal of human vulnerability and dependency—as if the one committing violence refuses to see the other’s humanity. But if we take her theory of opacity seriously, then our conception of violence cannot arise out of such stark refusals. At times, when we recognize the other’s vulnerability, we are morally bound to act. Because we recognize, however, that we possess partial understandings only, we also realize that our attempts to care for the other will also be partial, misguided and, at times, wrongheaded.

I believe Butler’s one-sided conception of violence in *Precarious Life* takes its shape from her recurrent target—the Bush administration and their unilateral War on Iraq. As such, violence becomes a kind of conscious wielding of power over the dehumanized. Butler’s objective, in showing the ways in which human communities are made up of relational vulnerability, is to show the ways in which violence is “always, an exploitation of that primary tie, that primary way in which we are, as bodies, outside ourselves and for one another” (2004, 27). Here, violence is an exploitation of our vulnerability—and by referring to it as an exploitation, Butler gives violence a conscious edge, as if we purposefully violate primary ties of vulnerability. Butler goes on to describe violence as

a touch of the worst order, a way a primary human vulnerability to other humans is exposed in its most terrifying way, a way in which we are given over, without control, to the will of another, a way in which life itself can be expunged by the willfully action of another. To the extent that we commit violence, we are acting on another, putting the other at risk, causing the other damage, threatening to expunge the other.” (2004, 29)

Violence, for Butler, emerges as that which threatens to extinguish vulnerability. As a kind of exposure that we could resist if we recognized each other rightly.

In contrast, in *An Account of Oneself*, Butler moves to think about the ways in which the formation of the self is implicated in violence—as the continuous demand to narrate oneself enforces a fictional and violent ideal of coherence. Here, recognition is a kind of violence, except when that recognition is couched within an acknowledgement of our limitations, as our limits convey the ways in which our recognition is always incomplete. This incompleteness thus allows the other to narrate herself anew, rather than confined to prior iterations.

Butler’s account of violence makes us think that we can resist it: if we recognize the other rightly and incompletely. Conversely, care ethicists like Joan Tronto recognize that conflict is a realistic component of the practice of care. Tronto tells us that “there is likely to be conflict within each of these phases [of care], and between them” (1993, 109). Conflicts arise from misinterpreting the needs of another, from divergent accounts of needs, or the ways in which caring for someone else jeopardizes our own well-being. Tronto suggests that in ideal settings we could sidestep conflict, but if we believe Butler’s conception of the self as opaque, then this ideal is impossible, not just difficult. Caring also risks violence as our interpretation and response to another shapes the other—potentially limiting the kind of self the other will be able to transform into.

Butler is right to insist that “ethics requires us to risk ourselves precisely at moments of unknowingness” (2005), but care theorists’ emphasis on practice exposes a fuller range of risk, as we cannot simply acknowledge our limits, but rather that we sometimes need to act even amid these limitations.

# V. Conclusion: Forgiveness as the Fifth Phase of Care

Butler’s moral ethics allow us to see the ways in which selves are always opaque, while care theorists enable us to see the ways in which opacity affects the ways in which we interpret and respond to another. Enmeshed in relations of vulnerability and dependency, we have a moral obligation to recognize one another—in all our ambiguity and ambivalence—but, at times, ethics also demands that we offer care to one another, even if that care is risky.

Butler shows us the ways in which forgiveness is integral moral ethics and also to the process of care. For Butler, “I will need to be forgiven for what I cannot fully know, what I could not have fully known, and I will be under a similar obligation to offer forgiveness to others who are also constituted in partial opacity to themselves” (2001, 28). We can theorize forgiveness as a fifth and recurrent phase of care. We offer forgiveness to those who have cared for us—even as we know that this care misinterprets and limits who we are—as well as forgiveness to ourselves as we recognize that the care we offer is similarly incomplete and misguided. Forgiveness allows us to reenter the process of care, as we allow ourselves to make mistakes and carry on. As such, care is never only about maintenance; care can also disrupt, deny and, at its worst, dehumanize. Retheorized, care is risky.

Taking a fresh look at care offers to expand care ethics—making it a more critical and ambiguous process—that in turn can make it a more appealing to a wider range of feminists. Butler rejected the terms of relational autonomy because she thought its intellectual history made the term too narrow, unable to destabilize the terms of relationality and dependency from which it arose. Thus, Butler looked for a more ambivalent terrain. This ambivalence, according to Davis, is that which makes some theoretical concepts more appealing than others, as ambivalence allows scholars to enter into debates and craft them anew.

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