**Précis: *Freedom to care***

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**ABSTRACT**

This summary of *Freedom to Care* begins with the core claims and conceptualizations upon which the theory of liberal dependency care rests. It then summarizes the book’s chapters. The first five chapters (Part I) delineate its theoretical foundations, which include the two-level contract theory approach to distributive justice for caregiving arrangements. In Part II of the book, chapters six through nine, I formulate liberal proposals for justice-enhancing social change before identifying cross-cultural metrics of justice for the internal evaluation of caregiving arrangements.

**KEYWORDS** Liberalism; contract theory; care ethics; disability; feminism; distributive justice; race; autonomy

Care is the spine of culture. How care is provided, to whom, and by whom, is the primary structuring concern in every social form. Although the presence of a caregiving arrangement is universal, the precise nature of these arrangements varies. These caregiving arrangements include the practices, norms and laws that make something count as a family unit, as well as socialization into particular roles within it. Due to the pervasiveness of gender as a sorting factor for care, the distribution of care has been rightly identified as a feminist issue. But caregiving arrangements also include social understandings of entitlements, such as who should care for whom, and what individuals should expect in terms of in-person dependency care and their contributions to the care needs of others, which are widely permeated by race. For instance, care practices in western societies where liberalism is endemic uphold the status quo of white entitlement by appropriating the care rendered by people of color. In addition, many caregiving arrangements worldwide license men to be unavailable to meet the dependency needs of others, with the assumption that they will nonetheless receive the care they need. Because receiving care is a vital primary good that is secured in the context of broader systems of social cooperation, and the care we receive varies without perfectly corresponding to legitimate needs, the receipt of care is properly understood as a subject of distributive justice.

In *Freedom to Care*, I advance a liberal theory of justice that incorporates care into its structure of justification to yield principles to guide the distribution of care. The resultant liberal theory of justice, the *theory of liberal dependency care*, addresses care, race, gender, and the intersectional social location occupied by women of color, with special attention to the social role of the person assigned to be the caregiver.[[2]](#endnote-1)

The five chapters of part I establish the theoretical foundations of the liberal contract theory approach to care I defend, which theorizes care abstractly, as a general good. Chapter 1 is an introduction to the overarching theory of liberal dependency care that locates it in the context of the ethics of care, feminist liberalism, and liberalism more broadly. Chapter 2 responds to Eva Kittay’s dependency criterion of adequacy by defending the value of an individualistic approach to persons in the Rawlsian original position. With the desirability of a *liberal* approach to dependency care established, chapters 3, 4, and 5 embark on propounding my core modifications to liberalism’s mapping concepts and structure of justification. These foundational changes are required in light of the invisibility of caregiving arrangements and their entwinement with inequalities and assumptions about whose needs give rise to legitimate demands for caregiving. Chapter 3 demonstrates the need for the arrow of care map as a concept to identify distributive inequalities across a society in a way that can be analyzed by race, gender, social class, and any other sorting category. The arrow of care map is a systems-level analysis of caregiving arrangements that can track a variety of factors as distributive patterns.

Chapters 4 and 5 continue the construction of the contract theory core of liberal dependency care. In chapter 4, I argue that, because our ways of thinking about concern for others are polluted by deep and pervasive social inequalities, we should retain the Rawlsian assumption of the mutual disinterestedness of the parties in the original position. Chapter 4 then defends the four principles that serve as constraints on any possibly just society (Bhandary 2020, p. 14-15). Theorizing about what would be acceptable behind the veil of ignorance is inevitably informed by the life experiences of theorists and the knowledge they have of lives that differ significantly from their own. Therefore, the Rawlsian hypothetical acceptability I endorse also requires conditions in the real world, including, crucially, the need for autonomy skills for real people in the real world; that argument is taken up in earnest in Chapter 5, where I defend a Millian-Meyersian conception of autonomy as a legitimate aim of my liberal account.

The chapters in part II then identify the vital components of all adequate care practices. The conceptual foundation of any new model of caregiving is a concept of care that captures its dual nature as both labor with burdens and a domain of human excellence (chapter 6). Chapters 6 and 7 articulate liberal dependency care’s commitment to respecting individuality and personal choice in the domain of caregiving. A liberal society should enable broad latitude for individual choice – within the constraints set by the shared work of society. In chapter 7, I defend a principle for the provision of care to guide real-world change that will promote maximal latitude for caregivers while also intervening in the status quo, which I call the *strong procedural principle* for autonomous caregiving. It is a policy-guiding principle tailored to Western liberal societies like the United States. For a particular caregiving practice to be a just one, it must satisfy the following conditions: it must be a product of the exercise of individual autonomy, background conditions must be modified so that everyone has a basic level of caregiving skills, and incentives and disincentives for caregiving should not be set up in ways that track ascriptive group membership.

In the final two chapters of the book, my interrogation of the relationship between skills, choice, and a persons’ cherished relationships leads me to articulate the importance of a state of affairs that I call “being at home” (Bhandary 2020, p. 180), which includes a sense of ease in the world. In chapter 8, I introduce the idea of “customary care practices” (Bhandary 2020, p. 159) to identify the public and private practices for securing care within a given social form. Moving beyond societies that share the US’s particular emphasis on individual choice, I defend three metrics along which societies may evaluate themselves: individual choice, the level of care provision relative to legitimate care needs, and an assessment of the fairness of the distribution. My theory is compatible with a wide range of forms of social organization, and it does not assume the immutability or primacy of the market as the best way to organize human activities and labor. Instead, I leave open the particular practices that can be part of a just society beyond the constraints and procedural criteria I specify.

Chapter 9 argues that *being at home* is promoted by greater access to primary goods and the ability to retain one’s most important intimate relationships. Because care is deeply embedded in our social forms, but our social forms are unjust, individuals assigned to be caregivers make choices that may inflict damage on close relationships when those de facto caregivers pursue other autonomously chosen goals. I argue that the desirability of the status of being at home in one’s world elucidates some of the resistance of transitioning to a just society, where a just society is partially specified by the principles and commitments of liberal dependency care. The nature of the dilemma that can arise between personal goals and the health of a person’s existing relationships (the Kartini position) points toward the necessity of a distributive understanding of caregiving arrangements. I conclude by arguing that action-guiding proposals for transitional justice must take into account, both the value of the intelligibility of actions and individuals’ need to recognizably communicate concern for people they care about.

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2. **Notes**

   Chapter summaries are distilled from the Introduction to *Freedom to Care*, pages 13-18.

   **Disclosure statement**

   No potential conflict of interest was reported by the author.

   **Notes on contributor**

   Asha Bhandary is Associate Professor of Philosophy at the University of Iowa in Iowa City, Iowa, USA. Her research develops a form of liberalism that addresses the human need for care and its implications for just social forms, with particular attention to race and gender. In addition to her monograph *Freedom to Care: Liberalism, Dependency Care, and Culture* (Routledge, 2020), she is co-editor of *Caring for Liberalism: Dependency and Liberal Political Theory* (Routledge, 2021). Her published work also includes articles in the *Journal of Political Philosophy*, *Hypatia*, *Social Theory and Practice*, *Feminist Philosophy Quarterly*, and the *Journal of Philosophical Research*.

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   **References**

   Bhandary, Asha. (2020). *Freedom to care: Liberalism, dependency care, and culture*. New York: Routledge. [↑](#endnote-ref-1)