Infinite Responsibility in the Bedpan: Response Ethics, Care Ethics, and the Phenomenology of Dependency Work

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Because Levinas understands ethical response as a response to the radical alterity of the other, he contrasts it with justice, for which alterity becomes a question of equality. Drawing upon the practice of dependency work and the insights of feminist care ethics, I argue that the opposition between responding to another's singularity and leveling it via parity-based principles is belied in the experience of care. Through a hermeneutic phenomenology of caring for my post-stroke grandfather, I develop an account of dependency work as a material dialectic of embodied response involving moments of leveling, attention, and interruption. Contra much of response ethics' and care ethics' respective literatures, this dialectic suggests that they complement each other in ways that productively illuminate themes of each. I conclude by suggesting that when response and care ethics are thought together through the experience of dependency work, such labors produce finite responsibility with infinite hope.

In the ethical anteriority of responsibility . . . I am thrown back toward what has never been my fault (*faute*) or my deed (*fait*) . . . in my power (*pouvoir*) or in my freedom (*liberté*). . . an irrecusable responsibility (*responsabilité irrécusable*).
    —Levinas 1985a, 93–94; 1987, 111–13

That nothing can fully alienate the responsibility of others to recognize us as some mother's child resides in that feature of human existence that demands connection as a fundamental condition

for human survival . . . . keeping respon-
sibility private, poor women will stay
poor.

—Kittay 1999, 69, 145

My grandfather was a proud man. A blue-collar construction worker, he was strong, yet thin, well-traveled, yet parochial, helpful, yet unemotional. Above all else, he was fiercely independent. His ability to build, to do and create what he wanted when he wanted—this perceived power defined his life. As I palmed the tissue to wipe the stool from his behind, I saw a profound look in his eyes. "Massive ischemic stroke," it is called. This event, six months old as we sat in the bathroom that night, rendered half of his body without conscious control. Due to a deep-seated combination of patriarchalism and ableism, he understood this state of what we often call "disability" and "dependency" as devastation.[1] In that moment, however, I sensed a different understanding. I sensed that in cleaning and tending to his body I was actively demonstrating concern and care. *Dēmonstrāre*: I pointed out my concern in and through the very movement of my fingers and hands on his, of my body in its labors on and for his body. The work of caregiving proved constitutive of the ethicality of my response. Constitutive and transformative: he told me "I love you" for the first and last time that night.

From its origins (Gilligan 1982; Noddings 1984) to elaborations and variations (Ruddick 1989/1995; Tronto 1993; Baier 1994; Kittay 1999; Held 2006), the theoret-ical labors of care ethics have always been grounded in practices of caretaking, in what Eva Kittay calls "dependency work."[2] It is care ethics' explicit grounding in and shaping by specific sites of such interaction that has made it unique and influential.[3] By contrast, the majority of scholarship in continental ethics in the Western hemi-sphere over the last four decades has been anchored in metaethical concerns prompted by Levinasian response ethics (Levinas 1969; 1981).[4] Scholars who inter-pret response ethics as fundamentally problematizing the production or defense of normative and applied claims eschew those domains, instead following various lines of metaethical inquiry or questioning "the ethicality of ethics itself" (Scott 1990; Critchley 2007; Raffoul 2010, 6). Accordingly, despite notable exceptions, the litera-tures treating continental response ethics and Anglo-American care ethics have lar-gely bypassed one another.[5]

Yet if response ethics is characterized above all in terms of the priority placed on response to the other, does it not seem a natural ally of care ethics? If for Levinas "attention to the Other . . . can be affirmed as the very bond of human subjectivity, even to the point of being raised to a supreme ethical principle" (Levinas 1988, 159), then would that principle not interlock with Kittay's formulation of care ethics' pri-mary principle: "to each according to his or her need, from each to his or her capac-ity for care, and such support from social institutions as to make available resources and opportunities to those providing care" (Kittay 1999, 113)?[6] Both response ethics and care ethics contrast themselves against strong forms of constructivist, justice-based, and parity-driven ethical theories. Both are also suspicious of methods by

which one might preemptively discharge responsibility for another. And, on the whole, is it not the case that those we typically deem most responsive to others are precisely those who perform dependency work?

One might counter that response ethics and care ethics affiliate poorly because part of care ethics' paradigmatic response-ability, part of the work of dependency work, involves working *on* the other and *by* them, *for* them and sometimes even *in spite of* them. It involves taking the other not simply as a radical alterity, but also as a body that needs help to eat, piss, defecate, and vomit; a body that needs to be turned to avoid bedsores, cleaned to prevent infection, and medicated to mitigate suffering or disease. The sort of care for the other demanded by care ethics is formed through affective, material, and particular bonds in a manner that appears at odds with the concept of "radical alterity" central to response ethics.

Contrary to much of their respective literatures, the central argument of this article is that feminist care ethics and Levinasian response ethics complement each other in ways that productively illuminate themes of each. More specifically, I argue through a hermeneutic phenomenology of care that both the normative concerns of care ethics and the metaethical concerns of response ethics are constitutive factors of the *experience* of care in dependency work. Because of the breadth of positions across care ethics scholarship, I limit my discussion largely to the form articulated by Kittay. Kittayian care ethics is also particularly apt for my discussion because of the emphasis she places on her unique relationship with her daughter Sesha. My engagement with Levinas may strike some as curious given the many feminist critiques of his thinking, including his treatment of femininity, maternity, the erotic, and so on (Irigaray 1993; Willett 1995; Chanter 2001; Guenther 2006).[7] In short, that Levinasian response ethics has anything to contribute to feminist ethics, much less feminist theory more broadly, is itself a point of contestation. I here contribute to these debates both by offering a feminist critique of Levinas's concept of infinite responsibility and also by contending that feminist engagement with response ethics, critiques notwithstanding, proves productive.

Furthermore, a recurrent theme at the intersection of feminist theory and critical disability studies has been the reintegration of bodily impairment into social models of disability (Crow 1996; Wendell 2001; Kafer 2013). Following Susan Wendell's distinction between healthy and unhealthy disability (Wendell 1996), we should ask: what does the simultaneously "unhealthy" and "severely" disabled, conspicuously dependent body tell us about the vulnerability, dependency, corporeality, and care that the "healthy disabled" body and, *a fortiori*, the "able-bodied" body does not? This article addresses these questions by situating the metaethical and normative dimensions of relations of care in the context of the lived experiences of bodily variabilities vis-à-vis the dependent (the cared-for) and the dependency worker (the care-giver). More broadly, I hope that the account I provide will offer phenomenological insights that bear upon discussions concerning the role of disability in feminist theory (Garland-Thomson 2005; Hall 2011), the role of vulnerability and materiality in narratives of care (Murphy 2011; Chen 2015), and the role of embodiment in conceptualizing relations with respect to care ethics and feminist theory more generally (Hamington 2004; Wilson 2015).

I begin by presenting a phenomenology of dependency work through a scene of care with my post-stroke grandfather. I contend in section II that this phenomenology demonstrates how the core claims of care ethics and response ethics emerge from and develop within a material dialectic of embodied response. In section III, I focus on Levinas's account of infinite responsibility, which I reframe as the "responsibility paradox." I conclude by suggesting that when response ethics and care ethics meet in dependency work, such labor produces finite responsibility with infinite hope.[8]

I. NIGHT SHIFTS AND MOTHBALLS

I drive up near 10:30pm. The house I visited nearly once a week during my childhood—the same house I visited to play pinochle, pick berries, and gorge on spaghetti —seems different.[9] The walls are quieter, perhaps to make up for increasing creaks betrayed by beet-maroon shag and aging floorboards. I walk into the back room where my grandfather is lying. He is on his side; drool running from the corner of his mouth. He cracks a partial smile. I tell him I am his caretaker for the night. After greeting him, my attention shifts to what I need in order to take care of him, to what I need *for* him.

The room is no longer "the back room," hiding unplayed games, patchwork quilts, and strange trinkets. It is now a clinical staging area. I check to make sure all the supplies are there, ranging from the right type of sheets, blankets, and pillows to water, straws, and medications. In the transformation of space by dependency work, utility takes precedence. I no longer note—at least not initially and for the most part —whether the lighting is pleasant or whether his clothes match. I instead assess: *are the socks warm? Is the pillow too thin or thick? Is it placed correctly?* After finishing the initial checklist, I turn back to him: "do you need anything?" "I must have forgotten something," I worry to myself. He has a difficult time forming words, but his response indicates he is fine. I tell him to sleep well, and I head to the living room to crash.

After lying there, sleepless, I hear a viscous, guttural yell. I jump up and run toward the room. The house alters dimensions. My attention telescopes on that sound. It quickly becomes clear: *he needs to go to the bathroom.* As I go to transfer him from the bed into the wheelchair, he cries out. The paralyzed side of his body, thanks to atrophy, hurts immensely. His cries turn from a necessary signal to a distracting interruption. I try to be as gentle as possible, but I *must* get him out of the bed.

I have no idea how long he can hold his bladder, so time is of the essence. I have to balance the pain I am now actively causing him through movement with the need for evacuation. The temporality of dependency work is episodic: at times diluted, at times congealed. At other times, it is like an infinite loop. A circuit of pain- and goal-assessment drives my action, requiring constant attention to a number of factors, from easily ascertained markers such as vocal sounds to more complicated ones such as body language. He is proud, and before the stroke, he regularly downplayed serious injuries because he thought complaining was "unmanly." I am, to my knowledge, the

first male who has ever cared for him in such a way. I'll never know if that led him to hide his pain from me more or less. I'll never know if part of him thought it more emasculating or less that his own grandson was doing a job he thought a woman should do. I'll never know if he thought my dependency work for him to emasculate me as well.

Even in that visceral moment of pain, of needing to evacuate his bowels, and of paralysis, his masculinity was determinant for the meanings of our interaction. These meanings affected me, though it is hard to pinpoint how. Did I feel shame at his narrow-mindedness? Did I feel guilt for judging him? Was it ageism on my part? Was it because it was my grand*father*? Was I finding myself uncomfortable touching another man, this man, in this way? Or was it that I knew he had had trouble accepting my brother, who was disabled and whom I loved immensely? Was I angry with him for that? My relationship with my brother and the dependency work I did for him clearly shaped that night in multiple ways. I was not nervous to care for my grandfather as one might be who had never done such work. But the habits of caring developed with my brother manifested and transformed themselves in accord with the singularity of my relationship with my grandfather. Indeed, perhaps those habits impeded my grandfather's care in ways I didn't recognize.

We make it to the toilet. Transfers are always difficult, especially onto a hard and small target not designed for a person with his set of (dis)abilities. I seat him down slightly off center, and he nearly slips off. I tamp my fear. I could have easily caused a hip fracture or break. He is constipated: clearly, not enough Metamucil that day. As I wait, I battle my role as a dependency worker with my "role" as an embodied being that requires sleep. Throughout these moments, an unbalanced, ambiguous circuit of care—and a history of care, too, for he had cared for me as a child—coursed through me and him. This filial relationship predetermined my responses in many ways. Did I push myself harder than a nonrelated dependency worker would? Did I not feel *obligated* to care for him just as he had felt obligated to care for me? Did my care not rest on filial bonds that, by definition, exceed singular concern? With the traces of his bowel movements still on my hands, I acted in the uncertainty and ambiguity of the multiplicity of factors shaping my care.

Without the clarity of these reflections and in the insistent urgency of *this care*, here and now, I focus on the position of my hand. I don't want to chafe him, but I also need to clean thoroughly. I simultaneously focus on his face and body language. I imagine how hard this must be for him, how he would interpret this moment as humbling, embarrassing. All this in the blink of an eye. There are multiple moments to my response. In one moment, the materiality of my touch, the sheer treatment of his body as an object to be cleaned by my body is determinate. In another, my concern for him as a singular person, as my grandfather with all his fears, desires, projects, and history, takes precedence. And yet the materially embedded concern returns incessantly and immediately. It pushes back against itself toward that ideality, toward his inimitable, singular being. As Kittay points out, this little-noticed utilitarian moment in care ethics—that care must be completed in the other to count as care—is crucial. These moments continue to negate each other in a *dialectical*

movement. Upon reflection, I understand that my concern for him is concern only insofar as I pay attention to whether or not I have cleaned properly, and yet that utilitarian concern counts *as* concern only insofar as I simultaneously pay attention to him as an inimitable other. There is a continual movement between these seemingly opposed orders of concern, orders that are themselves always open to his interruption.

Each moment in this dialectic of responsiveness—moments that do not conform to linear time and more often than not happen simultaneously—each moment is registered not only consciously, but also by my body. The muscle memory of caring for my younger, disabled brother since his youth, the habituated, tactile knowledge of my hands and arms, now serve to perform and communicate this concern for my grandfather just as my attentive inquiries do: "Are you okay?" "Is that alright?" An *embodied responsiveness* plays out the shifts between singular attention and mechanical technique, between infinite alterity and material parity.[10] I call this the "material dialectics of dependency work," a dialectics defined by and produced through an embodied, caring response to the other.

II. The Material Dialectics of Dependency Work

How precisely does this material dialectics of embodied response function? In the act of cleaning, there are moments when I treat the other as if they were merely a body. My comportment in that mechanical treatment grasps, both literally and figuratively, the other before me as exchangeable with any other body. In that exchangeability, the body is treated like an object. I will refer to this moment as *leveling*.[11] For Levinas, this moment counts as a betrayal of the other's alterity and as an act occurring in the realm of justice, not ethics. Although the terminology is different, care ethics likewise holds such leveling to be in and of itself unethical. For example, none of Joan Tronto's four phases of caring—caring about, taking care of, care-giving, and care-receiving—valorize treating the other merely as an object or as exchangeable (Tronto 1993). Even though each phase necessarily involves certain means–end calculations, the telos is always directed toward the whole being of the person with respect to the needs of their particular situation. However scholars might disagree about the role of particularism in care ethics, responsibility to other others is assumed from the outset. Dependency work requires multiple agents and significant social supports for it not to become one-sided or oppressive. The fundamental role of leveling, which involves treating the other as an object and thus as one object among others, is part and parcel of the acknowledgment that caring relations are interdependent, for one must *reckon* with a plethora of things and relations in order to carry out the work of care.[12]

The act of cleaning another also involves moments of response to the person as whole or, in a Levinasian idiom, to their infinite, radical alterity. I do not know how the other might respond to my care; I do not know when, where, or why they might respond to this and not to that. I do not know the other in any thick sense, even if I

have known them for quite some time. In this absence of knowledge, I await their response and, in many cases, I solicit it. I ask them what they want or need or how they feel because I know that I do not know. I call these moments of *attention*. In dependency work, one responds to the infinite alterity of the other by constantly being attentive. They shudder or smile, and I alter the way I am cleaning, the materials I use, or the speed of my approach. Perhaps I shift to a different task. Perhaps I converse or listen silently or offer privacy. This embodied, affective, and reflexive attention is a positive form of what Lauren Guilmette, reading Foucault, calls an "ethics of curiosity" (Guilmette 2014). Moments of attention, where I ask about and await for the needs of the other, where I do not know and genuinely *wonder*, complement and enrich moments of leveling. Each moment is necessary to carry out the work of care.

If I am attentive, then I prepare, at least provisionally, for the response of the other. A constant shift from leveling to attention is the mark of an exemplary dependency worker, for it is less taxing to instead remain in the comportment of leveling. Yet, whether attentive or not, one will encounter moments of *interruption*. If I am trying to change the bedpan, and the recipient of care yells out in pain, this interruption is often unwelcome, for, alas, I must change the bedpan. Recall that above I had to balance my grandfather's interruptive pain with the necessity of getting him to the toilet. Whereas the obligation to alleviate the suffering of the other is a "supreme ethical principle" for Levinas (Levinas 1988, 159), dependency work suggests that there are times I must even make someone suffer in order to care well as any doctor, nurse, or parent would attest. Moments of interruption puncture the leveling of the other and condition the necessity of attention.

The dialectic of embodied response in dependency work, then, has three different moments: leveling, attention, and interruption.[13] By analyzing how these moments interact, I argue, we can appreciate the extent to which care ethics and response ethics mutually complement each other. The moments of attention and interruption are both undergirded by the primary metaethical claim of response ethics: the other is infinitely other. No history, no ontology, no metaphysics, and no phenomenology will ever fully capture or conceptualize the singularity of the other. Whereas the moment of leveling does not involve this principle, I indeed comport myself to the other as singular in moments of attention. In interruption, the other actively confronts me—potentially disturbing me—in their singularity and thereby places a unique claim upon me. Insofar as individual moments of this dialectic cannot be thought outside of the movement as a whole, response ethics' principle of radical alterity proves *constitutive* for the experience of care. Accordingly, insofar as care ethics is grounded in that same experience, care ethics also assumes the principle of radical alterity. Response ethics provides a language to explain the *binding* nature of relations of care as a product of the claim the other places on me in their singularity.

Each of the three moments is undergirded, in turn, by what I consider to be the two primary claims of care ethics: (1) I (and others) are responsible to care for others' needs, and (2) this responsibility for the other is always mediated through socially and historically situated relations with other others, including myself. For Levinas,

the normative claim of (1) follows from or is concomitant with his primary metaethical claim that the other is infinitely other. The face of the other obliges me *in and of itself*. However, he relegates (2), the claim that responsibility is mediated, to the realm of justice, where other others are taken into account.

As I noted above, Levinas holds such interactions as *sensu stricto* unethical, as a response incommensurate with infinite responsibility to the other:

> The entry of a third party is the … reduction of a being to the possible and the reckoning of possibles, the comparison of incomparables …. The relationship with the third party is an incessant correction of the asymmetry of proximity in which the face is looked at … there is *betrayal* of my anarchic relation with illeity [*Trahison de ma relation anarchique avec l'illéité*]. (Levinas 1978, 246–47; 1981, 157–58; my emphasis)

Levinas holds justice to be necessary—there can be no city, no society without it—yet he still maintains that treating the other under the auspices of justice is a betrayal of their singularity.[14] In other words, Levinas thinks that (2) *delimits* his primary metaethical principle because that principle is to be without qualification or limits. I am arguing, to the contrary, that the dialectic of embodied response in dependency work demonstrates that mediated responsibility is *constitutive* of response. The other always and necessarily obliges me with mediated and particular demands: specific needs are articulated even in a scream or cry, even if primarily through "situational" aspects. It is in responding to and further interrogating not simply those needs, but the *conditions* under which those needs appeared that I respond ethically. In being beholden to the suffering of the other, I am beholden to address the particular, material, and mediated conditions in which their suffering arose. The leveling of the other —whether to a body to be cleaned, a house to be built, food to be prepared, or laws to be changed—is a necessary moment in care. It is only when such leveling becomes the only or predominant moment that it becomes unethical.

To summarize, care is borne through a material dialectics of embodied response that involves moments of leveling, attention, and interruption. The specific dialectical movement of these moments will be a function of the type of relations and conditions under which care is carried out. The relation between paid and unpaid caring relations, between triage, long-term, in-home, or hospice care, between differential relations across lines of dis/ability, gender, race, class, sexuality, nationality, and so on —each of these will be determinate. These determinations affect the conditions under which I respond in general and the ethicality of my response in particular. If I were not attentive to the sexist, ableist, and heteronormative prejudices my grandfather held, however much I found them problematic or even abhorrent, I would have responded poorly to him in that moment. If I had not been open to concomitantly reflect upon my own prejudices and privilege, I would have responded poorly. An embodied, reflexive sensitivity and understanding toward the multiple meanings produced in the thick of our intimate exchanges proved central to the work of care. One must work to heed the full breadth of relevant determinations in a situation in order to respond ethically and care well.

Maureen Sander-Staudt, following Sara Ruddick, describes care ethics as "an ethic defined in opposition to justice, a kind of labor, and a particular relationship" (Held, Haber, and Halfon 1998; Sander-Staudt 2014). The phenomenology of dependency work presented here pushes against the *distinctness* of these three components at the level of conduct and, instead of opposing care to justice, suggests that care is part and parcel of justice. Or, in my own terminology, leveling is integral to attention and interruption. Each marks necessary moments in the dialectic of that work.

Still, one might counter, is not infinite responsibility to the other a central tenet of Levinas's account? That is to say, is it not the case that response ethics maintains that no matter how well I respond, I fail? How could one reconcile infinite responsibility with a material dialectics of embodied response? In an effort to answer this question, I now turn to address and critique Levinas's concept of infinite responsibility.

III. The Responsibility Paradox

> In the measure that responsibilities are taken on they multiply … the debt increases in the measures that it is paid (*la dette s'accroît dans la mesure où elle s'acquitte*).
> —Levinas 1978, 14; 1981, 12

A Levinasian might reply that a role cannot be given to leveling because all responses perforce fail to respond to the other *as* absolutely other. *That* is the Levinasian problematic. Yet Levinas does not stop with a concept of responsibility that one cannot discharge—he intensifies it. In *Otherwise than Being*, Levinas claims, "the more I answer the more I am responsible" (Levinas 1981, 93). Although Levinas's thought employs a number of Judeo-Christian themes, the responsibility paradox is a distinctly Dostoyevskian formulation (see Robbins 1999). In *The Brother's Karamazov*, Father Zossima, the religious archetype in the patricidal story, says: "as soon as you sincerely make yourself responsible for everything and for all men, you will see at once that … you are to blame for everyone and for all things … each of us is guilty in everything before everyone, and I most of all" (Dostoyevsky 2002, 320, 289).[15] The realization of guilt before an infinite other is infinitely *intensifying*.

It would be more accurate to term Levinasian infinite responsibility, the idea that the more I answer the more I am responsible, "the responsibility paradox."[16] If absolution is ruled out as nothing but a metaphysician's self-inoculation against the germs of his or her system, as a totality's insurance against the exceptions it cannot and could never afford qua totality, then ethical response is indeed a spiral into an abyss. When thought opens onto an abyss of justification, it opens onto the infinite intensification of responsibility. That is to say, when one falls into a genuine abyss, one is always falling *farther in*. The more one tries to respond, the more one both comprehends and enacts the insufficiencies of one's action. Yet this claim rests on a

misunderstanding of the formal concept of infinity that is then applied to the praxis of responsibility. The responsibility paradox allows Levinas to surreptitiously slip from what he considers an ethical truism to a singular indictment: from the claim that the other is infinite because forever in excess of any determination to the claim that "I" always could have and could now do more for the other. However, the material dialectics of dependency work suggests that my ability to respond is always delimited, that the other must sometimes be treated as less than a radical alterity, and that it is in part through heeding both my limitations and also their nonalterity that one in fact responds *well*. That is to say, the lived experience of dependency work suggests there are constitutive moments in the act of caring where one must act in a manner counter to the thesis of the responsibility paradox *in order to* care for and respond to the other.

As I have argued above, dependency work requires, in part, moments of leveling the other to the order of things, that is, to an object I manipulate and upon which I act ("The foot is infected; I must treat it"), the reduction of care-giving acts to utilitarian exigencies ("I must move you, *so that* I can change the sheets"), and the equalization of the other to one among others ("I must now tend to person Y"). I change the IV fluid. I wipe a body clean. I empty a bed-pan. I head to the next patient. These are not necessarily betrayals. In dependency work, there are times when the leveling of the other to an object and one's acts to a means–end scenario are the difference between a life saved and a life lost, between good care and poor care.[17] Moments of leveling are necessary. The extent to which these moments are considered to be, in and of themselves, negatively reductive mistakes their role in responsive care. Thus, although Levinas's push against all equalizing, reductive thought and against, in sum, *representational thinking* of all sorts (whether Platonic, Cartesian, Kantian, or what have you) is understandable, the ethical lesson he draws is misguided. Leveling of another can, if concomitant with other forms of response, actually mark an *exemplary* ethical response.

Put otherwise, dependency work shows the responsibility paradox to result from a misunderstanding of how *care is always already formed by embodied response*, a misunderstanding of the complexity of the material dialectics of care in responding to the other (see Levinas 1981, 124, 153, 161).[18] The radical insight of dependency work is in the extrapolation of putatively "individual" or "particular" care to a principle that acts as a ground for conceptualizing more general ethical relations. However irreducible, there is never solely a meeting of "the face to face" (*le face à face*) (Levinas 1969, 52, 79–81). The very language of "the face to face" makes it seem as though there are only two, as if response ethics emerges out of the dyadic relation of oneself before a singular other (Levinas 1971). But there are never simply two because *care is manifold*.[19] Whether with respect to family members, patients, or paid/unpaid dependency laborers, care always requires more than any responsive reification of an encounter with the face of a singular other. Care involves many faces and demands ample responses. There are always other others.

Levinas famously claims that ethics, not ontology, is first philosophy. For Levinas, the realm of justice is typified by the balance of parity with singularity. If, following Levinas, one defines justice broadly as the equality and fair treatment of others, then care is necessarily a type, if not an exemplification, of justice. That is to say, the particularity of my relation with my grandfather generates responsibility not only toward him, but also others. I care for singular others insofar as that concern forms a principle of concern for other others and the reverse. Perhaps, then, dependency work demonstrates that ethics is not first philosophy, but *ethics as justice* is first philosophy.[20]

IV. Finite Responsibility with Infinite Hope

Dependency work, I have argued, demonstrates that care ethics, in its insistence on the import and richness of caring for immediate and particular others, assumes both the infinity of the other *and* their equality among others. Care ethics draws, in other words, its theoretical and practical sustenance from both the ineffability of the other and their needs as a material being. Response ethics, despite Levinas's claims to the contrary, suggests that the response to the other will heed the complex set of determinations that constitute the other's singularity. To do so, one must respond to the other as infinite *and* as a material being among others. Both the normative concerns of care ethics and the metaethical concerns of response ethics are constitutive factors of the lived experience of care in dependency work. Its material dialectic illustrates how care ethics and response ethics each capture insights about ethics in the thick of caring relations. They each capture insights of *ethics at work*.

If taken as anything other than a metaphysical thesis about the formation of subjectivity, infinite responsibility undermines and misunderstands the constitutive role of dependency and care in human life (Basterra 2015). It is in the hope of always doing more and caring better that care ethics is borne. This infinite hope—infinite because the need for care is always present—underwrites beings who strive to care. Because, however, it is a question of praxis, the responsibility to care is finite. *Finite responsibility with infinite hope*: this is the insight through which response ethics and care ethics find accord.

On my reading, the most distinctive aspects of Kittay's engagement with the tradition of care ethics is the way she grounds her account in finite relations of human dependency. I take this grounding to rely on two central principles: (1) dependence on others is constitutive of all stages of human life, and (2) this dependence is profoundly variable, with respect to phenotypic, ontogenetic, and environmental factors. That is to say, we are born with differences that result in a wide range of dependencies; we experience a profoundly wide range of dependencies across the course of a life; and we are constantly subject to structural factors that determine, for better or worse, conditions of dependence (social, legal, political, and so on). It is in the caring attention to difference and dependency that a material dialectic of embodied response becomes an ethical response, that care becomes care *for* the other.

In speaking of the experience of loving and caring for her intellectually and physically disabled daughter, Sesha, Kittay writes, "that which we believed we valued, what we—I—thought was at the center of humanity, the capacity for thought, for reason, was not it, not it at all" (Kittay 1999, 150). I take this to be one of the deepest insights of Kittay's work and of feminist ethics more generally: *we often mistake grounds*. Whether these grounds are about the human, the ethical value of a life, or the normative role of care, we make profound mistakes at assessing the foundation of things, mistakes to which history and critical thought continually attest. However we might argue about such grounds, when one cleans a bedpan, one cares for the other both as a unique, irreplaceable being and also as one among others. One is, in the sweat of ethical work, both a response ethicist and care ethicist.

Notes

1. Such ableism can lead to significant injustices, especially in medical settings. See, for example, Reynolds 2015.

2. Kittay defines "dependency work" as "the work of caring for those who are inevitably dependent," but here I use it in a broader sense to include those who are not *inevitably* dependent, but simply dependent or otherwise requiring care. I follow her in avoiding the term "caregiving" because it has been used politically to devalue work (historically, usually by females and unpaid) done in homes to care for family members or others.

3. The uptake of care ethics by medical ethicists, among others, demonstrates this (Sherwin 1989; Edwards 2011).

4. There are other authors, from Paul Ricoeur to Simone de Beauvoir, who play important roles in continental ethics, and I in no way mean to diminish their import by focusing on Levinas. My claim is empirical: Levinas has been the *dominant* figure in continental ethics' scholarship in the Western hemisphere.

5. Among these exceptions, Diane Perpich's "Don't Try This at Home: Levinas and Applied Ethics" is instructive (Davidson and Perpich 2012). She argues that instead of turning to response ethics, applied fields such as nursing and psychology are better served by feminist care ethics or a virtue ethics (128). Another exception is due to Carol Gilligan's and Joan Tronto's work being translated into French in 2008 and 2009, which gave rise to some literature bringing response and care ethics into conversation.

6. The principle I quote from Kittay is offered as an addition to Rawls's liberty and difference principles.

7. As Robyn Lee notes, many Levinas scholars use "the Other" to indicate a human other and "the other" for nonhumans (Lee 2016). In doing so, differences in the original French (*Autre*, *autre*, *Autrui*, and *autrui*) are often lost. I will, given this article's aims, simply use the term "the other" throughout.

8. Because the focus of this article is to develop a phenomenology of dependency work, I neither engage debates about the meaning of the term care (Engster 2005; Pettersen 2012), nor about the relative import of specific factors in dependency work, such as the public sphere or labor markets (Butler 2012; Lanoix 2013).

9. In what follows, I blend elements of narrative with more traditional forms of phenomenological description. I follow Paul Ricoeur in this practice, for whom narrative elements and structures play a central role in the descriptive procedure that precedes the methodological moments of reconstruction and destruction, to follow Heidegger's tripartite distinction (Heidegger 1982, 19–23; Ricoeur 1984, esp. 1: 121–74).

10. One might claim that this is characteristic of most everything we call skills: playing an instrument, driving a car, or what have you. For Levinas, the call of the other is singular in a way that no art or skill can anticipate. One cannot *in principle* prepare to respond for the other. I am here contrasting the *experience* of such incalculability with the experience of rote activity, a constitutive tension between singularity and iteration in the lived experience of dependency work.

11. By employing this term, I mean neither Kierkegaard's sense of "abstraction conquering individuality" nor Heidegger's of "leveling down" such that everything "original is flattened down as something long since known" (Kierkegaard 1962, 53; Heidegger 2010, 123). I instead mean the action and intentionality by which another is *treated as* a mere object.

12. One could counter that this is not true in *all* forms of dependency work. For example, what if one is comforting a child? Even this involves moments of leveling. The other cries, and one grabs a tissue. One senses a physical outburst and calms. It is the constitutive, but never sufficient moments of such leveling (which often occur regardless of or despite intention) in the lived experience of care that I am highlighting here. Though certainly defeasible, the account I am providing proffers that all dependency work involves the structures in question.

13. On a Hegelian model, two contradictory terms result in a third term that is a synthesis of the others. I am instead using "dialectics" here more loosely and in a sense akin to what Adorno calls *negative dialectics* (Adorno 2007). That is to say, I am referring to a movement between multiple terms or moments that oppose each other, but do *not* necessarily result in an ultimate term of synthesis.

14. For the purposes of this article, by "justice" I mean any normative theory that is built upon the assumption that human agents are intrinsically equal in value and thus a theory that levels the singularity of individuals. This would include the most dominant framework for discussing justice in Anglophone philosophy, namely, that of Rawls. It is this very broad concept of justice, the taking into account of "other others," to which Levinas opposes his ethics as "first philosophy."

15. Levinas quotes this exact line in Levinas 1981, 146; 1985b, 98, 101.

16. Levinas's protestations to the contrary notwithstanding, the responsibility paradox, I would argue, relies upon a version of what Hegel called "bad infinity" (Levinas

1981, 193, fn. 34). "The true infinite," Hegel contends, "consists, rather, in being with itself in its other, or, put in terms of a process, to come to itself in its other" (Hegel 2010, 149). It is only this type of infinity that leads to the good and the true in the *Science of Logic*. In short, bad infinity, the type upon which Zeno's race and dichotomy paradoxes are based, misunderstands the concept of infinity by inferring from the possibility of infinite divisibility (multiplicity) to the impossibility of thinking infinity as a whole. This is one way to interpret the response of Diogenes the Cynic upon hearing Zeno's race paradox: he said nothing, stood up, and started walking. I cannot address the significant literature on these topics here.

17. An anonymous reviewer countered that even in acute care, when a surgeon is in the middle of, for example, splicing an artery, that artery remains that of particular patient X. To the extent that the particularity of patient X is leveled off, it's a coping mechanism and not an instance of good care. I disagree on phenomenological grounds. When a surgeon is in the operating room to correct calcification of a mitral valve, does that surgeon comport him or herself toward the patient with the patient's nonmedically relevant singularity in mind? I think not; doing so could in fact interfere with successfully carrying out the procedure. When one acts as a caretaker—especially in moments of acute care but also in the tedium of nonacute, ongoing care—one often cannot and even sometimes should not take that patient's singularity into question. As I've argued, leveling is morally blameworthy only when it becomes the modus operandi or sole component of care.

18. One might respond that there is a potential Levinasian response to this critique through the greater emphasis on corporeality and pain in *Otherwise than Being*. The other's body is *in me* in this text, albeit in a disturbing manner. There is, in other words, a somatic discomfort—*I am in pain in caring for the other* (Levinas 1981, 51–56). Does this capture an essential part of dependency work? Yes, but, as I've argued, it is only one component of its material dialectic.

19. I am not merely suggesting that *l'autre* is *Autrui*, but that one can think of neither *l'autre* nor *Autrui* without *les autres*.

20. Were there space, I would develop this thought in the context of the literature on Derrida's critiques of and engagement with Levinas.

REFERENCES

Adorno, Theodor W. 2007. *Negative dialectics*. Trans. E. B. Ashton. New York: Continuum.

Baier, Annette. 1994. *Moral prejudices: Essays on ethics*. Cambridge, Mass.: Harvard University Press.

Basterra, Gabriela. 2015. *The subject of freedom: Kant, Levinas*. First edition. Ed. Commonalities. New York: Fordham University Press.

Butler, Samuel A. 2012. A fourth subject position of care. *Hypatia* 27 (2): 390–406.

Chanter, Tina. 2001. *Feminist interpretations of Emmanuel Levinas*. University Park: Pennsylvania State University Press.

Chen, Melvin. 2015. Care, narrativity, and the nature of *disponibilité*. *Hypatia* 30 (4): 778–93.

Critchley, Simon. 2007. *Infinitely demanding: Ethics of commitment, politics of resistance*. New York: Verso.

Crow, Liz. 1996. Including all of our lives: Renewing the social model of disability. In *Encounters with strangers: Feminism and disability*, ed. Jenny Morris. London: The Women's Press Ltd.

Davidson, Scott, and Diane Perpich. 2012. *Totality and infinity at 50*. Pittsburgh: Duquesne University Press.

Dostoyevsky, Fyodor. 2002. *The brothers Karamazov: A novel in four parts with epilogue*. Trans. Richard Pevear and Larissa Volokhonsky. New York: Farrar, Straus and Giroux.

Edwards, Steven. 2011. Is there a distinctive care ethics? *Nursing Ethics* 18 (2): 184–91.

Engster, Daniel. 2005. Rethinking care theory: The practice of caring and the obligation to care. *Hypatia* 20 (3): 50–74.

Garland-Thomson, Rosemarie. 2005. Feminist disability studies. *Signs* 30 (2): 1557–87.

Gilligan, Carol. 1982. *In a different voice: Psychological theory and women's development*. Cambridge, Mass.: Harvard University Press.

Guenther, Lisa. 2006. "Like a maternal body": Emmanuel Levinas and the motherhood of Moses. *Hypatia* 21 (1): 119–36.

Guilmette, Lauren. 2014. In what we tend to feel is without history: Foucault, affect, and the ethics of curiosity. *Journal of Speculative Philosophy* 28 (3): 284–94.

Hall, Kim Q. 2011. *Feminist disability studies*. Bloomington: Indiana University Press.

Hamington, Maurice. 2004. *Embodied care: Jane Addams, Maurice Merleau-Ponty, and feminist ethics*. Urbana: University of Illinois Press.

Hegel, Georg Wilhelm Friedrich. 2010. *Encyclopedia of the philosophical sciences in basic outline. Part 1, science of logic*. Trans. Klaus Brinkmann and Daniel O. Dahlstrom. Cambridge, UK: Cambridge University Press.

Heidegger, Martin. 1982. *The basic problems of phenomenology*. Trans. Albert Hofstadter. Bloomington: Indiana University Press.

———. 2010. *Being and time*. Trans. Joan Stambaugh. Albany: State University of New York Press.

Held, Virginia. 2006. *The ethics of care: Personal, political, and global*. Oxford: Oxford University Press.

Held, Virginia, Joram Graf Haber, and Mark S. Halfon. 1998. *Norms and values: Essays on the work of Virginia Held*. Lanham, Md.: Rowman and Littlefield.

Irigaray, Luce. 1993. *An ethics of sexual difference*. Ithaca, N.Y.: Cornell University Press.

Kafer, Alison. 2013. *Feminist, queer, crip*. Bloomington: Indiana University Press.

Kierkegaard, Søren. 1962. *The present age, and of the difference between a genius and an apostle*. Trans. Alexander Dru. New York: Harper and Row.

Kittay, Eva Feder. 1999. *Love's labor: Essays on women, equality, and dependency*. New York: Routledge.

Lanoix, Monique. 2013. Labor as embodied practice: The lessons of care work. *Hypatia* 28 (1): 85–100.

Lee, Robyn. 2016. Feeding the hungry other: Levinas, breastfeeding, and the politics of hunger. *Hypatia* 31 (2): 259–274. doi:10.1111/hypa.12249.

Levinas, Emmanuel. 1969. *Totality and infinity: An essay on exteriority*. Trans. Alphonso Lingis. Pittsburgh: Duquesne University Press.

———. 1971. *Totalité et infini: Essai sur l'extériorité*. Paris: Martinus Nijhoff.

———. 1978. *Autrement qu'être ou au-delà de l'essence*. Paris: Martinus Nijhoff.

———. 1981. *Otherwise than being or beyond essence*. Trans. Alphonso Lingis. The Hague: Martinus Nijhoff.

———. 1985a. Diachronie et représentation. *Revue de l'Université d'Ottawa* 55 (4): 85–98.

———. 1985b. *Ethics and infinity: Conversations with Philippe Nemo*. Trans. Richard A. Cohen. Pittsburgh: Duquesne University Press.

———. 1987. *Time and the other and additional essays*. Trans. Richard A. Cohen. Pittsburgh: Duquesne University Press.

———. 1988. Useless suffering. In *The provocation of Levinas: Rethinking the other*, ed. Robert Bernasconi and David Wood. New York: Routledge.

Murphy, Ann V. 2011. Corporeal vulnerability and the new humanism. *Hypatia* 26 (3): 575–90.

Noddings, Nel. 1984. *Caring: A feminine approach to ethics & moral education*. Berkeley: University of California Press.

Pettersen, Tove. 2012. Conceptions of care: Altruism, feminism, and mature care. *Hypatia* 27 (2): 366–89.

Raffoul, François. 2010. *The origins of responsibility*. Bloomington: Indiana University Press.

Reynolds, Joel Michael. 2015. The ableism of quality of life judgments in disorders of consciousness: Who bears epistemic responsibility? *American Journal of Bioethics Neuroscience* 7 (1): 59–61.

Ricoeur, Paul. 1984. *Time and narrative*. Chicago: University of Chicago Press.

Robbins, Jill. 1999. *Altered reading: Levinas and literature*. Chicago: University of Chicago Press.

Ruddick, Sara. 1989/1995. *Maternal thinking: Toward a politics of peace*. Boston: Beacon Press.

Sander-Staudt, Maureen. 2014. Care ethics. *Internet Encyclopedia of Philosophy*. http://www.iep.utm.edu/care-eth/ (accessed August 4, 2016).

Scott, Charles E. 1990. *The question of ethics: Nietzsche, Foucault, Heidegger*. Bloomington: Indiana University Press.

Sherwin, Susan. 1989. Feminist and medical ethics: Two different approaches to contextual ethics. *Hypatia* 4 (2): 57–72.

Tronto, Joan C. 1993. *Moral boundaries: A political argument for an ethic of care*. New York: Routledge.

Wendell, Susan. 1996. *The rejected body: Feminist philosophical reflections on disability*. New York: Routledge.

———. 2001. Unhealthy disabled: Treating chronic illnesses as disabilities. *Hypatia* 16 (4): 17–33.

Willett, Cynthia. 1995. *Maternal ethics and other slave moralities*. New York: Routledge.

Wilson, Elizabeth A. 2015. *Gut feminism*. Durham, N.C.: Duke University Press.