

The Ethics of Care in Times of Social and Moral Upheaval

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Utopia or Reality?

Edited by

Marco Ettore Grasso

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FOREWORD

Ethics is about feeling the feelings of the other, as Edith Stein states, which does not involve looking away from the world. Taking care indeed requires a moral responsibility, both individual and social, the content of which can concern different ways of thinking, such as critical thinking.

In the analysis of the concept of care, Heidegger's philosophy appears to be very fruitful. According to him, the human self tends to reject its authentic being, to live safely in society. The anxiety-inducing path that lies in the escape from the self (*Dasein*) is admonished by care (*Sorge*), thus allowing one to authentically rediscover one's self.

Moreover, care is related to the choices that lie between the various possibilities of action. In Heidegger's opinion, anxiety and concern intersect in the philosophy of taking care (*Fürsorge*), which concerns the care of both the Earth as a whole and our fellow human beings.

This collection is divided into three sections. The first section concerns an epistemic examination of the transition from the theoretical philosophy of pain to the political philosophy of care. The theoretical conceptualization of pain requires philosophical-political paths concerning care.

The second section takes into consideration the care of two fundamental ethical pillars of these times: peace and climate. Peace, as well as the climate, are threatened by human actions, which aim at the search for one's usefulness. Taking care of peace and the climate nowadays becomes a sort of universal categorical imperative, following paths of social philosophy and moral philosophy.

Finally, a final section is dedicated to some cultural experiences that take into consideration - each in different and, at the same time, singular ways - the philosophy of care. In other words, it concerns "intercultural care", that is to say, intercultural philosophical routes. The philosophical methodologies used in this collection mainly concern the critical-analytical sphere.

SECTION 1:

FROM THE THEORETICAL PHILOSOPHY OF PAIN TO THE POLITICAL PHILOSOPHY OF CARE

CHAPTER ONE

UNSURPASSABLE SUBJECTIVITY: THE QUESTION CONCERNING THE EXPERIENCE OF PAIN

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Abstract

In my essay, I intend to discuss different models of understanding the experience of pain, in the belief that it cannot be ignored, as happens in reductionist theories, nor considered separately from the painful body, as happens in hermeneutic perspectives.

From this perspective, after a brief exposition of the McGill Pain questionnaire which serves to introduce the problem, I discuss the so-called “eliminativist” theoretical proposal, put forward in particular by Patricia Churchland, to highlight the fact that in it what is lost is precisely the personal nature of the subject’s painful experience. On the other hand, the hermeneutic perspective, outlined here starting from the theses of Hans-Georg Gadamer, if on the one hand manages to take this character into account, on the other hand, loses sight of the possibility of understanding pain as proper to a corporeal subject.

To obtain a more convincing result, I conclude my essay with a concise exposition of the phenomenological position, first of all as it is implemented by E. Husserl and then perfected by M. Scheler. In light of these concepts, I conclude by supporting the thesis that the experience of pain contains an irrepressible subjective character, provided however that this subject is understood in a corporeal and not spiritual sense.

Introduction

The experience of pain is universal and, certainly, it does not only concern human beings, meanwhile, the communication of one's suffering is an issue that delimits the problem within a narrower perimeter and calls into question the role of language. Indeed, many animals are able to express their state with cries and sounds, and certainly, these expressions are clear enough for us to share their suffering but this also shows how the animal expression of pain and the specifically human modes of communication of one's own suffering and understanding of others' differ in some fundamental ways¹. This poses two sets of problems which will be quickly addressed here:

first of all, it is a question of clarifying what it actually means to experience pain from a human point of view; secondly, the question of the communication of pain and therefore also of the difficulties inherent to it and how to correctly pose it. It is therefore a question of arguing in favor of a non-mechanistic understanding of pain. The communication difficulties that the patient encounters in his relationship with the physician must be seen in a broader framework which concerns in the first instance the difficulty of the human being in coping with the painful experience. Furthermore, the issue relating to interpersonal relationships must also be brought into play, which is far from simple. The set of considerations that emerge from this investigation finally shows that an "engineering" approach to the communication of pain cannot be hypothesized, as this inevitably produces a loss of humanity which is one of the problems at the origin of the same problem that we would like to address and resolve in this technological key. On the contrary, without obviously rejecting in the slightest the role of pharmacological and medical pain management techniques, the real issue is their transposition in a humanistic framework which is in turn renewed and enlivened by comparison with scientific developments.

The fundamental point that I would like to underline is the belief that the subjective experience of pain is always a relational issue: anyone who finds themselves suffering must deal with themselves, and this is far from being an easy task. We naively believe that we coincide with ourselves but pain teaches on the contrary that the self is divided and intimately split. Pain must therefore be understood in its peculiar logic so that those who suffer can communicate their experience to themselves and consequently to others.

¹ On the theme of animal pain and suffering I have written a paper (in French): Vanzago (2019).

However, if we adopt a categorical perspective that is unsuitable for understanding this complex phenomenon, it becomes impossible to adequately address the manifestation of pain. Therefore, it is essential to discuss in advance two common approaches which in my opinion are both insufficient for understanding the experience of pain, and then advance a different hypothesis based on phenomenological philosophy.

In reality, the problem of how to understand pain has long been present in epistemological reflection on medicine, and indeed perhaps the return of interest in this universal but certainly unpleasant aspect of human existence can be motivated first of all by physicians' growing concern for an aspect of suffering which, from an inevitable appendix of the disease, is progressively transforming into an autonomous pathology, especially in connection with the aging of the population. The International Association for the Study of Pain, which publishes the important international journal *Pain*, was founded in 1973 and now has more than 7,000 members from 133 nations, 90 national chapters, and 20 special interest groups, dedicated to as many relevant topics related to general research on pain.

But it is precisely from the field of medical studies that the underlying epistemological question emerges, which I intend to focus on in this paper. The physician and psychologist Ronald Meltzack has for years concentrated his clinical activity on the need to develop questionnaires for evaluating the painful experience that can be more refined than those, still widely used in hospitals, which in effect consist of graduated scales that go from zero to ten. The limitations of this rudimentary method of measuring pain are evident but the point is to define what it means to "measure" pain. What, exactly, is being measured?

Precisely to clarify this problem, Meltzack developed a questionnaire that has been progressively refined, the McGill Pain Questionnaire, which takes its name from the Canadian university where it was conceived, and which is built on three main axes, that is, three classes of descriptors of the painful experience, which can be used by patients to specify their subjective experience: sensorial, affective, evaluative. These three groups of linguistic descriptors (a matter to which I will return shortly) are connected to an intensity scale, in order to provide quantitative measures of clinical pain that can then be treated with statistical methods. Meltzack and his collaborators very clearly argue that the three measures that can be obtained from this questionnaire model are:

Fig. 1: McGill Pain Questionnaire

- the pain rating index, also called the pain evaluation index, based on two types of numerical values assignable to each linguistic descriptor;

- the number of words chosen to characterize the pain actually experienced;
- finally, the intensity of the pain present, based on a scale ranging from 1 to 5 (See Fig. 1).

The terms that each patient can choose are grouped into 20 categories. As can be seen, there is a certain attention to the temporal progression of pain, but as will be seen later the temporality we are dealing with here concerns essentially sensorial aspects and as such limited to a “present”, in turn, not articulated in temporal dimensions. The 20 groups of descriptors are rather heterogeneous, but overall they insist in an interesting way, in my opinion, on aspects that are not only adjectival but also, and in some cases above all, verbal, that is, they outline a processual aspect of the painful sensation. This is a topic on which an interdisciplinary collaboration with philosophers of language and linguists is in my opinion highly desirable.

But the crucial theoretical question consists in understanding what is involved in having to rely on a questionnaire that allows the patient to express her internal experience in order to be able to operate on it from a clinical point of view. In fact, here there are at least two distinct although connected problems: the first concerns how to deal with the problem of the link between cause and effect, in this case between felt pain and its linguistic connotation; the second concerns how to treat the very fact that pain is an experience, and what type of experience. It is on this second point that the distances are in fact greater, since some authors are led to believe that what is called subjective experience must be traced back in a more or less reductionistic way to neurological events, while others, on the contrary, affirm that the subjective dimension, i.e. “in the first person”, is irreducible to any form of reductionism and indeed constitutes the basis for being able to effectively deal with what constitutes the phenomenon in question, namely feeling pain and not simply having pain, in the sense of having a painful part.

Clearly, therefore, the question of understanding pain reopens a chapter in the more general debate on what experience is, and in particular, whether consciousness has a role in it or not. But, as we said, the aspect of communication, not necessarily linguistic, of the painful experience must also be taken into account. In fact, when obtaining a fruitful verbal exchange with the suffering one is not possible, other questionnaires propose an evaluation of facial expressions or gestural behaviors. In this sense, the body “speaks” even if it does not use language.

These two problems are clearly interconnected and open up to an epistemological debate which calls into question the more general problem concerning what experience is and in particular how the phenomenal aspect, in this case connected to suffering, should be understood, compared to a more or less clearly conceived corporeal or material substrate. Ultimately, the experience of pain reopens Pandora's box of the contrast between dualism and monism and therefore the great question of the relationship between mind and body. Perhaps, however, the investigation into pain can offer a different look at these traditional themes. In what follows I will try to schematize some of the prevalent conceptual models without even being able to presume to exhaust all the aspects implicit in this problem.

Philosophical Approaches to the Experience of Pain: Neurophilosophy and Hermeneutics

Currently within the philosophical reflection on pain and suffering the two prevailing directions are represented, on the one hand, by the eliminativist approach, of which the most important representatives are the spouses Paul and Patricia Churchland and Daniel Dennett, and on the other by hermeneutics philosophy, and in particular from the writings of Hans Georg Gadamer. These are two fundamentally opposite approaches. On the one hand, there are those who believe that pain, being a subjective and therefore qualitative state, must be explained by tracing it back to neuronal events. This explains the term "eliminativism" with which we usually refer to this approach (Churchland, 1986)². On the other hand, on the contrary, there are those who intend to oppose this approach with a completely different way of managing the experience of pain. Gadamer insists on the need to counteract what he calls the pharmacologization of suffering through a different knowledge of the body. In this paragraph, these two approaches will be discussed, while in the next one, we will offer a brief exposition of a different philosophical way of reflecting on pain and corporeity, which allows us to also place the theme of pain communication on a different basis.

Eliminativism maintains, as has been said, that pain is a qualitative state and as such should be understood as an epiphenomenon of an underlying structure based on events occurring at a neuro-biological level. The reductionist elimination approach holds that explaining a macrophenomenon in terms of its dynamics at the microstructural level does not mean that the

² The main theses proposed by this current are those worked out by Paul and Patricia Churchland: see Churchland (1986). On the problem of pain, in particular, it is helpful the following paper: Baetu (2020).

macrophenomenon itself, such as pain, is not real, nor that it represents something redundant that is not worth considering, worth explaining scientifically. The reductionist strategy thus implies not a direct explanation of the phenomena that occur at higher levels in terms of phenomena that affect lower organizational levels, but progressive reductive explanations which in any case require research to proceed simultaneously at all levels.

Eliminative materialism, therefore, implies a naturalistic approach on a methodological level, as it assumes that no a priori method alone can reveal the nature of the mind, and that it is possible to explain also choices and moral responsibilities in terms of nervous activity, evolution of the brain and interaction between brain and culture. This theory accepts a non-mystical notion of emergence, understood as a property of a nervous network due to the intrinsic properties of neurons and their way of interacting.

Having to face the objection that pain is something indubitable that manifests itself to consciousness as "one's own pain", and therefore cannot be traced back to a sequence of brain events without losing a crucial aspect of what nevertheless must be understood, eliminativism replies by supporting the plausibility of establishing an artificial model that can also illustrate what happens in the human brain. The reductionist response to these objections has consisted, starting from the 1980s, in a flourishing of research on the cognitive capabilities and representational strategies of artificial neural networks. These computer models aim to recreate some of the main anatomical and physiological characteristics of the most important brain subsystems, such as the primary visual or auditory pathways. The objective is twofold: first, to train the artificial network through a learning procedure that involves the repeated presentation of appropriate sensory examples, in order to obtain a high executive level for some classificatory skills or for cognitive skills related to them; secondly, explore the profile of the acquired skill and identify the structural and dynamic properties that make it possible³.

³ The neural network model was developed by David Rumelhart and James McClelland with the PDP proposal: Parallel Distributed Processing, in a now famous work from 1986 (Rumelhart, McClelland and PDP Research Group, 1986). Since then, the model has been widely studied and developed in multiple directions. A proposal for the use of neural networks for the study of pain is provided by Haeri, Asemani, and Gharibzadeh (2003). The Churchland thesis, however, remains largely conjectural, since it is based on the hypothesis that it is possible to build systems based on neural networks that are capable of learning and "telling" what pain is. But

Essentially, therefore, the eliminativist model predicts that what is usually experienced as pain and suffering can be reconstructed through a computational simulation, in which what counts is the cognitive and sensorial aspect. Pain is reduced to a “representation” and this in turn is understood as a structure of dynamic and interconnected brain events. Pain can then be understood in terms of an effect caused by an underlying structure in which, however, pain disappears. At a neurological level, pain does not exist, but there is only a cause-effect connection that can be understood quantitatively or rather can be modeled within a connectionist perspective.

It is not surprising that, faced with such a theoretical framework, some have polemically reacted by clearly rejecting this approach and opposing it with an alternative perspective based on linguistic communication and the peculiarity of subjective experience. Gadamer, the main representative of the hermeneutic current in philosophy, has in particular taken a position several times towards the problems relating to suffering and in general to the relationship between health and illness. In a text published in 2000, Gadamer speaks from his own personal experience and from the polio infection which, even though not permanently, afflicted him as a young man and inflicted regular although not disabling pain for many years, until the threshold of old age. In fact, this text is one of the last attributable to a living Gadamer, as it reports a speech held in Heidelberg in 2000, the year of his hundredth birthday (Gadamer and Crist, 2020).

In the short conference, which is followed by a debate important for our purposes, he takes a position against the medicalization of pain, and in particular against the perspective centered on pharmacological therapies. He somehow claims a meaning to pain, to the extent that it is faced and overcome. He then alludes to the possibility and indeed the opportunity of developing alternative forms of medicine, referring in particular to a friend, Paul Vogler, a doctor from Heidelberg and advocate of an approach in which one can cope with pain by developing the latent energy in the painful organism instead of treating it as a mechanism, perhaps bio-chemical and not physical, but still subject to mechanistic deterministic laws. The benefit that Gadamer claims to have derived from this different approach is thus brought closer to hermeneutics, as pain can then be understood in its meaning and in particular in its value for existence, since pain has to do with

the problem is always that of understanding whether pain is a representation that can be translated into patterns of behavior or is nothing else.

experience and only in this perspective can it be understood and not simply eliminated, more or less temporarily, thanks to sedative drugs.

The fundamental theme that Gadamer thus evokes consists in posing the question of the meaning of pain, that is, the need to “understand” and not just “explain” pain, identifying its rooting in human existence and not considering it as a manifestation of errors or organic malfunctions. In the debate that follows, some doctors agree with the philosopher on the usefulness, even for the medical approach itself, of considering the entire personality of the patient, and not just his condition as a painful body, with the main aim of reawakening those resources in the patient which are latent but not absent. Other physicians, however, argue that while this is desirable, it may prove very difficult or even impossible and that drug treatment is still necessary. Gadamer agrees, but at the same time tends to reiterate the opportunity not to neglect the natural resources present in human organisms. To a final question posed to him, to define what pain ultimately is, Gadamer believes he can answer that it can be considered as a warning and, therefore, ultimately a significant resource, even if its meaning only appears through the struggle with it.

In another text, published in 1993, *The Enigma of Health*, Gadamer (1996) argued that health basically consists in being able to forget about one's body. The body is therefore latent and appears when it does not function, like the instruments whose sense, following Being and time, show their context of meaning when it fades, is interrupted, or interferes. The sick body, on the other hand, brings interiority, what usually remains “in the exteriority of our experience of things”. But with this, it also risks being overwhelmed. Through a dialogue with Viktor von Weizsäcker, Gadamer then asks himself whether asking about the meaning of pain, and in particular asking what it wants to communicate, cannot be of benefit to the patient, precisely to remove him from the prostration of having to face a silent body to what concerns its meaning, but absolutely present, and irrefutably effective in testifying to its brutal presence, with the suffering it inflicts on the soul.

This is therefore ultimately a question of introducing subjectivity into medical practice, which usually deals only with objectified bodies. It is, therefore, a question of seeing the patient's *Leib* (living/lived body) and not just his *Körper* (material inert body), to use the well-known Husserlian concepts. The theoretical problem ultimately lies precisely in understanding how this is actually possible. In my opinion, a problem arises here for those who, as Gadamer essentially does, oppose a causal perspective, such as that

of the natural sciences, to a hermeneutics understood as the interpretation of meaning, and therefore as the finding of a different and irreducible semantic and conceptual register. With all the necessary cautions, I would go so far as to argue that in doing so we risk remaining within the Cartesian paradigm that separates the *res cogitans* and the *res extensa*, and then struggling to find a way to reunite them. But as Heidegger knew, once separated, these two edges can no longer be made to fit together again because the abyss that separates them is unbridgeable.

The fundamental problem that Gadamer rightly poses is represented by the technicalization of the body which underlies medicalization, and in particular by the consideration of pain as a malfunction to be addressed, by replacing or restoring the part that does not function. In fact, many medical approaches to pain therapy theorize the need to completely eliminate pain, particularly chronic pain, seeing in the progress of pharmacology the royal road to the eradication of what is considered in terms of purely mechanical or at the most organic deficit, completely neglecting the fundamental experiential nature of pain. The natural medicine of which Gadamer is a promoter in his own way insists on the need to take into consideration one's experience of his/her own pain, seeing his/her own body not as an instrument to be used and repaired when it doesn't work, but as one's own self in a completely different way.

Once this result has been achieved, we are nevertheless faced with a serious problem, which seems to me to be located at this height: how to categorically understand the event of the experience of the body, in the double sense of this genitive, that is, in terms of the body that experiences and of a body that experiences itself. If Gadamer is right to contest the neuro-cognitive approach to pain as the expression of an inadequate perspective to grasp the meaning of pain (i.e. pain as endowed with a meaning and not the mere effect of a biological cause), on the other hand, it remains true that the neuro-cognitive approach is also right to insist on the need to treat pain from a bio-chemical point of view. If the philosophical inferences that authors such as the Churchlands draw from this requirement remain highly questionable, at the same time they pose unavoidable problems. This type of consideration is valid both in relation to the general problem of how to understand pain, and more specifically also for what concerns the issue relating to the communication of pain.

If on the one hand, in fact, pain manifests itself first and foremost as a bodily event, to which medical knowledge undoubtedly holds a privileged access route, on the other hand it is also true that the patient's apprehension of

neurological causes (provided that this is feasible without ambiguity, which often is not), is not sufficient to allow them to manage their subjective experience of pain, of which communication with the doctors and with their relatives is an essential component. It is starting from these considerations that it then seems necessary to turn to phenomenology as a philosophical approach capable on the one hand of dealing with bodily subjectivity, but on the other of maintaining attention on the experiential, and not exclusively biological, quality of suffering, in order to better understand what it means to communicate (to oneself and to others) one's pain and therefore how to overcome a difficulty which, in my opinion, derives from a partial intellectual approach to the problem.

Some Phenomenological Considerations on the Experience of Pain

Since the field of phenomenological reflection is very vast and diversified, and cannot certainly be treated exhaustively here, I will limit myself to some considerations focused on the theme of the experience of the body in the double sense of the genitive, that is of a body that experiences and of a body that is experienced by itself. In fact, this is the salient feature of phenomenological meditation that distinguishes it from both the neuro-cognitive approach and the hermeneutic one, opening the way to a different understanding of bodily subjectivity in general and that of suffering in particular. To this, however, we must also add a different understanding of the emotional experience, which, without reducing pain to a linguistic concept, allows us to avoid reducing it to mere instantaneous and meaningless sense-data. These two determinations, the reflexivity of the living body and the complex structure of sensible experience, make the phenomenological approach to pain and suffering a privileged way to understand what it means to communicate one's pain. In fact, since pain is always experienced in the first person, and therefore pain cannot be experienced by others, it becomes essential to understand how it is possible to experience the pain of others. This can only be truly appreciated if the other is not separated from the ego but is seen as always already in communication, even if this does not imply in the slightest (it is important to clarify this point so as not to generate misunderstandings) empathic fusion between subjects.

It will now be necessary to proceed in a very synthetic but not arbitrary manner. Considering only phenomenological analyses in the strict sense, and therefore starting from Husserl's writings, it must, first of all, be noted

that the founder of phenomenology himself has progressively developed different positions in relation to the question of how to understand the emotional phenomenon. In the *Logical Investigations* Husserl follows a model inherited from the dominant thought of the time and developed in particular by C. Stumpf, who, while on the one hand introducing important innovations with respect to the empiricist phenomenism of positivistic psychology, nevertheless understands emotions in terms of structures based on underlying cognitive representations. Husserl supports a similar thesis when he states that “affective intentions (*Gemütsintentionen*) are based on representational or judgmental intentions” (Husserl, 1970)⁴. The reasoning is quite simple: in order to feel emotions about something one must first have perceived or intentionally represented it. It is equally evident that this consideration cannot be applied to pain, at least to physical pain, as it occurs in a way that is completely independent of any intentional representation, and indeed this very lack of object is one of the structural elements of the peculiar “logic” of pain.

Already in the first volume of *Ideas*, in any case, Husserl (1983) makes a significant transformation to his position, considering emotions as intentional acts, capable of making objects of a new type appear. That is, emotions are no longer mere colors of previous cognitive acts (in a structural sense), but on the contrary, are understood in their ability to show aspects of being to which cognitive acts do not access. Emotional acts are structured according to two fundamental axes: they allow an affective position towards the world, independently of propositional attitudes, and they allow the subject to encounter itself according to certain possibilities. This does not mean that Husserl considers affectivity as a sort of emotional fusion, but on the contrary, this theme leads him to attribute an objectifying capacity to the emotional acts themselves, while considering the objects so intended as “of a new species”.

Husserl also distinguishes emotional intentional acts from emotional tones (*Stimmungen*), a term that is usually attributed rather to Heidegger, as he believes that with the latter it is rather a certain sense of totality that appears, and not, therefore, a specific affection, connected to an individual in a phenomenological sense. A different emotional tone does not change an emotional relationship with this or that specific entity, but rather produces a different way of manifesting a world, and therefore ultimately a different world.

⁴ Fifth Logical Investigation: § 10 and § 15.

The emotional tonality, therefore, in Husserl's analysis, presides over the affective configuration of the world, and as such also conditions the affective apprehensions of particular objects. Therefore, it can be said that every sense of being that manifests itself in a specific emotion is arranged in the horizon of the world which is made possible by a peculiar emotional tone. This does not mean that the emotional tonality can either happen or not, because on the contrary a certain specific tonality is always given, even possibly in the form of the absence of affective relevance (which is not pure lack but something like a muffled modality or a zero degree, therefore not pure nothing).

It is the emotional tonality that "hits", properly speaking, the subject, who then awakens and becomes awake due to the content in his emotional characteristic. It is therefore the affections themselves that are encountered within a peculiar tonality, which conditions each individual affection and propagates along each of them. Sometimes it may therefore be the case that an affection that would belong to a certain register, e.g. a joy related to playful events, is unable to break through in its "objective" sense into a subjective structure conditioned, for example, by a depressed or melancholic emotional tone. This consideration therefore suggests two reflections. First of all, it can be noted that emotional life is essentially made up of general structures, emotional tones, which determine the level of receptivity.

Secondly, and properly, we can then pose the problem of the experience of pain in terms of its fundamental structural determination. Pain happens not to an inert or mechanical body, which as such could not even know anything about its condition of suffering, but to a structure characterized by a general receptivity determined on the basis of its own emotional "intonability", if I am allowed to use the expression, that is, according to a transcendental structure of an affective and non-cognitive nature, which properly constitutes the condition of possibility of experiencing in general and of affective experiencing in particular.

Starting from this first determination we can then also observe that pain can only be correctly understood if it is considered in dynamic terms. In fact, it "is" not purely and simply, which means that it does not exist but happens and intervenes, which common sense also recognises, to the extent that, within a transcendental affective structure always already determined in a specific way, an event may, but may not, propagate whether it follows the course of a specific pre-outlined tonality (e.g. in a depressed tonality certain events support and strengthen this specific tonality and others remain deaf precisely because of it). But then and above all, an event of a peculiar

affective nature, such as a painful experience, is characterized by its forced and traumatic breaking of an emotional tone, whatever it may be. That is, pain is also characterized by its non-linear dynamism, therefore both by the fact of having a temporally connoted nature, even if it is of an extemporaneous and instantaneous nature, and by the fact that pain cannot be understood in its sense of being that if it is considered as proper to a living subject, that is temporally posed. Naturally, here one opens the fundamental chapter of the correlation between life and temporality, on which I cannot dwell except by pointing out that perhaps pain constitutes a possible door to understanding the connection between time and life, and not a derivative manifestation of it. In other words, perhaps it can be said that pain is the structural mark of the living body, that is, of a body intrinsically marked by openness towards itself, to be understood as a non-closure that makes it a dynamic entity in the ontological sense, that is, inaugurating an imbalance, or perhaps it would be better to say being open to being as dis-equilibrium, which is not an accessory determination but the very essence of “living” in a verbal sense.

A fundamental step in the direction of a more adequate phenomenological understanding of affect in general and of pain in particular is taken by Scheler. I will not dwell here on Scheler’s criticism of the first formulation given by Husserl, because we have just seen how much it was in any case overtaken and fundamentally abandoned by Husserl himself, even if not without connections with Schelerian criticism. However, I intend to highlight another consideration that Scheler made in connection with affective giving. In essays such as *Love and Knowledge* and then more extensively in his *Ethics*, he advances the thesis that emotional acts are not simply activities of the knowing subject that penetrates an already completed object but are also response reactions of the object itself: a “giving of oneself”, a “disclosure” and “opening up”, or rather an authentic revelation on the part of the object. Emotions therefore should not be understood in a subjective sense, even if they are given to a corporeal subject. In them, something is given to me and is “self-revealing” (Scheler, 1992: 163-164).

The world itself, therefore, opens up and reveals itself to that questioning that is implicit in emotional feeling. Scheler essentially talks about love, but this thesis can be extended both to emotions in general and then also to the more specific question of painful experience. Obviously, Scheler aims at the disclosure of value, as a peculiar objectivity, not cognitively experienceable yet not for this reason relegatable to convention or on the contrary pertinent to a formal sphere of a Kantian transcendental type. However, what this

perspective allows us to better understand, regarding the comprehension of a given problem, is its intrinsic relationality. Not only, in other words, is the subject affected by painful experiences thanks to the act of pre-delineating a world in which experiences of this kind can be given, as we have seen from the rapid exposition of Husserl's position; now we must add that in emotionally connoted experiencing there are peculiar ways of manifesting the world and the entities contained in it.

At this point, therefore, a further element has been gained to set even more clearly the terms of the conditions of possibility to understand the manifestation of pain: subject and object are co-implicated by manifestation not in the sense that they coincide, but rather due to the fact that each of them show determinations that classical thought tends above all to separate and in any case to overthrow. This allows us to outline the presence of a further element regarding the experience of pain, in the double sense of this genitive: in its manifestation, one could observe, the object unveils itself or "shows" itself and reveals itself, even if this manifestation is far from being, as in the case of love, which Scheler's discourse basically aims at, a source of elevation. Who or what is revealed in this way, and to whom?

Here we need to proceed quickly and only mention topics that would require broader development. There is no doubt that the object that manifests itself and gives itself in the painful affectivity of the subject is the subject itself but in an inverted and alienated form. Only under these conditions, it is then meaningful to objectify pain by looking for its causes. That is, we must not imagine removing this condition of extraneousness from bodily pain in the name of an approach different from causalism, because this approach would still miss a structurally decisive element for understanding the very interpretation of the phenomenon we are targeting. Instead, it is only by respecting the intimacy of the experience of pain, which is intrinsically reflective but precisely therefore also alienating, that it can be adequately grasped both for what it manifests and also for the way in which it manifests itself, i.e. as extraneousness.

It is clearly an intrinsic extraneousness, an extimacy as the psychoanalyst J. Lacan would have said for other reasons and with other purposes. But only this kind of intimate extraneousness can be properly given as pain, that is, not as a material event recordable in a homogeneous space of a physical-geometric type, but neither as a "meaning" to be interpreted. If we must talk about interpretation here, and we must do so because the treatment and health of those who suffer is at stake, then it is that type of interpretation which proceeds through the deciphering of the symptoms. Pain, even the

seemingly more mechanical bodily pain, means something, but its way of conveying its meaning is proper to the enigma, which is not addressed by solving an equation, but rather by responding in an existential and vital way. At this condition can the experience of pain be removed from its destiny of medicalizing, pharmacologizing reification and ultimately configured according to the perspective of technique (in the Heideggerian and Gadamerian sense of the term), while at the same time respecting its bodily rootedness. It is a peculiar logic of corporeity that pain feeds on and indeed contributes more and better than other phenomena to bring to light. Clearly, this is a logic not based on the principle of non-contradiction, because the body that hurts “is and is not” the same body that experiences its own pain. This in turn raises the question of the phenomenological concept of “one’s own” and correlatively of “foreign”, on which the late Husserl, some observations of Merleau-Ponty and certain reflections of Derrida agree in never ceasing to question its complexity.

In closing this work, I can only remark that it is certainly not a question of concluding, since the research is just beginning. However, it can be said that some results achieved from a first survey of the various available models push us to work towards a revision of the conceptual framework, albeit already articulated and complex, which underlies the drafting of the McGill Pain Questionnaire. Through interdisciplinary cooperation with neuroscientists, linguists, psychologists, neurologists and physiologists, philosophy can introduce some fundamental considerations of a categorical nature aimed at rather significantly revising the ontological assumption that supports the analytical approach to question it not from a speculative point of view, but starting from practical and one could say empirical needs. Perhaps it is precisely from a radical empiricism, as James would say, but therefore an empiricism that also calls into question the ontology underlying the reductionist cognitivist perspective, that we can move in the direction of a re-understanding of pain in its manifestation that remains more adherent to the complexity of the phenomenon.

Conclusions. Communicating the Pain

In light of the observations offered by Husserl, we can then advance the final hypothesis according to which the communication of pain is prevented by its understanding in terms of malfunction. The patient who suffers does not recognize himself/herself in this description but has no way of expressing himself/herself differently, neither with himself/herself (and this is fundamental) nor with his/her doctor, if he/she is led to believe that his/her

body is a machine that needs to be fixed. Suffering instead presents itself as a problem of meaning: but a meaning that cannot simply be resolved in language. Hence the peculiar impasse in which we find ourselves when faced with having to manage suffering, be it our own or that of others: remaining entangled in the alternative between the model of the machine that broke and that of the personality that hopes to be able to overcome their problems with a “talking cure”.

Instead, it is a question of being able to recover that peculiar non-linguistic logic that governs the life of the body of the human subject: an affective logic that does not therefore lead to pure irrationality, but on the contrary allows one to open up to the experience of otherness, whether the latter is be understood as a real otherness (the patient who must make the doctor understand what he feels), and above all an “intimate” otherness, so to speak, that is, that part of himself/herself which, in pain, turns against the ego, afflicting it and altogether, thus causing his/her suffering which, however, can be better understood if seen in the light of a conceptual perspective which only phenomenology can correctly outline. However, it can also be said that some results achieved from a first survey of the various available models push us to work towards a revision of the conceptual framework, albeit already articulated and complex, which underlies the drafting of the McGill Pain Questionnaire. Through interdisciplinary cooperation with neuroscientists, linguists, psychologists, neurologists and physiologists, philosophy can introduce some fundamental considerations of a categorical nature aimed at rather significantly revising the ontological assumption that supports the analytical approach to question it not from a speculative point of view, but starting from practical, and one could say empirical, needs. Perhaps it is precisely from a radical empiricism, as James would say, but therefore an empiricism that also calls into question the ontology underlying the reductionist cognitivist perspective, that can move in the direction of a re-understanding of pain in its manifestation that remains more adherent to the complexity of the phenomenon⁵.

⁵ Further philosophical analyses on this problem can be found in my “The Sense of Pain” (Vanzago, 2022: 81-97).

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CHAPTER TWO

FROM CARE ETHICS TO CARE POLITICS IN THE NEOLIBERAL ERA

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Abstract

The starting point of this reflection is care as a basis for ethics, this involves both the constitution of a moral subject and behaviours which are more or less institutional, and more or less benevolent. The ethics of care is inseparable from the politics and economy of care confronted with the current neoliberal moment. So, against the transformation of care into «services» in an omnipresent market society, how can we draw up a critical theory of care that puts forward the possibility of a feminist project and a connection between care and hospitality?

Care can be defined in different ways. In English, it refers first and foremost to the banality of “take care”, which is equivalent to “au revoir” or “à bientôt” in French. From the point of view of the activities themselves, we can take care of a child both “to take care of” and “to care about”. We care for a child, we look after him and we are concerned about him. Care begins with interpersonal relationships that seem to combine dispositions and activities, through an anchoring in ordinary life. But, understood as an ethics and then a politics, it becomes institutional, confronted with national and global crises of care: for example, the crisis of the welfare state (Urban Ward, 2020), which empties collective solidarity of its meaning; and the crisis of migrant reception in Western countries, which turns precarious foreigners into unofficial care workers (Hamington, 2010; Morgan, 2020). How can we characterise this transition from banal interpersonal relations

to ethics and politics at a time when capitalism has taken on the face of the “neoliberal” moment?

The starting point of my reflection is rooted in care as ethics (which of course outlines a moral framework for care practices in the broadest sense), involving both a conception of the moral subject - through dispositions played out in conduct - and an analysis of society - to assess the place of “taking care” in more or less organised practices. Ethics is of immediate interest to all human beings; such a subject is not indifferent, as Hume wrote in his *Treatise on Human Nature* (Hume 1978, III, I, I). It is not indifferent because it brings into play the power of feelings and passions, as well as the need to discipline them. Ethics is a matter of concern. Ethics is therefore a matter for society, which means that it cannot be understood independently of political regimes and economic structures. More specifically, it cannot be thought of outside the model that is the reality in many societies today: “neoliberalism”. This new form of liberalism, inseparably economic and political, has a huge impact on care practices and conceptions. The development of new models of care, and the realisation of care as critical thought, cannot be achieved without a prior analysis of neoliberalism, which advocates the transformation of care activities into services and an oriented use of compassion.

The ethics of care are therefore inseparable from politics and an economy of care, from a critique of current policies (in the strong sense of critique as an uncovering of the conditions of possibility of policies), and from a vision of society, which presupposes the audacity to imagine other politics of care from those we experience and often endure. Putting together the ethics and the politics of care is a privileged way of appreciating and understanding the place - and often the non-place - of care in the neoliberal moment. However, it is necessary to deploy a method for apprehending the object of reflection. On the one hand, the analysis focuses on the human capacity to care for themselves and for others, on that particular form of conduct that consists in care for others identified by a need or vulnerability. These relationships can be structured by helping very poor people living on the street or migrants trying to cross a border. But the same relationship can also mean being there for a loved one at the end of his or her life or can mean commitments, such as those of young people doing civilian service or volunteering for NGOs or associations.

On the other hand, “taking care” refers to a range of activities and social practices that cannot be reduced to the question of relationships (and of a generally asymmetrical dyadic relationship, the care relationship). The

question of care institutions, of the model of society in which these relationships develop, of institutional benevolence or maltreatment, becomes essential. Once analysed, the power relationships between caregivers and cared-for, and between caregivers themselves; the modes of hierarchy and visibility according to genders; but also social class and ethnic origin, lead to the development of a critical theory of care, the framework which Joan Tronto laid down in two successive books *Moral Boundaries* and *Caring Democracy*. I aim to examine the transition from ethics to politics to craft a critical theory of care. This exploration begins from the neoliberal era, which frames care uniquely. I intend to emphasise the potential for a future feminist initiative and explore the relationship between care and politics.

1. A Care Ethics

The ethics of care begins with the idea of making space for what generally has no place in the register of moral philosophy, traditionally required to account for the constitution of a moral reason and an argumentative discourse on morality. But care is about affection: the capacity to be cared about, displaced, and off-centre in a human relationship. Caring attitudes cannot adopt the rigidity of moral reason. In the introduction to Carol Gilligan's *In a Different Voice*, this possibility of changing our understanding of so-called "moral" conduct acquires a name and a method: listening. "Over the past ten years, I have been listening to people talking about morality and about themselves" (Gilligan 1982, 1). The act of listening (making it a method to analyse reality) implies a favourable reception of a voice, a word, a way of living and reasoning. Listening is the inaugural gesture of Gilligan's ethics of care. To listen is to welcome, which means making room for what has not been there until now; it means making room for a voice that has not yet taken its place. This listening, which takes time (10 years, according to Gilligan), effectively makes this book a place of welcome for the moral voice of women, a voice that is different from the dominant psychological theory of Lawrence Kohlberg, which Gilligan first espoused in her early years as a researcher, and according to which moral development, divided into six stages, took place cognitively and sequentially; this development, according to Kohlberg's investigation, only allowed boys to reach the last stage, because girls lacked detachment, autonomy and, consequently, moral cognition. Kohlberg argued that the last stage was that of general, universal ethical principles, where the subject attains the impartiality needed to rationally apprehend moral dilemmas. Gilligan discovers another morality associated with the experience of women so devalued by Kohlberg: "The different voice I describe is