

Relational Autonomy: Addressing the Vulnerabilities of Women in a Global Pandemic

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Abstract

Covid-19 has exacerbated women's vulnerabilities because Western neoliberal societies expect, support and celebrate individuals who embody and exercise an individualistic view of autonomy. In reality, however, many people, especially women, operate on a relational view of autonomy that mostly goes unrecognised and unsupported. Relational autonomy recognises that our interpersonal relationships are not only important but also inform our decision-making. In contrast, the individualistic view of autonomy does not take into account one's relationality and shifts responsibility to the individual alone. It blinds proponents of this view of autonomy to institutions, norms and values that position some citizens in situations in which it is all but impossible to exercise autonomy on the individualistic ideal, and encourages those institutions to maintain the same systems. Covid-19 has put more pressure on people in female-dominated roles such as carers, nurses and teachers, and magnified the risks for those who endure domestic violence, and little support has been made available to protect or compensate them. The pandemic has thus laid bare the consequences of valuing the atomistic ideal of the autonomous subject over a relational one.

Covid-19 has impacted certain groups of people more than others, having the most impact on those already vulnerable even before the pandemic. Researchers are now considering the long-term impact of the global pandemic on groups that were already experiencing discrimination due to gender, race, socio-economic status and other intersectional measures that lead to entrenched social exclusion. This includes feminist analysis of public policy responses to paid and unpaid care and domestic work during the global pandemic, using a vulnerability approach to analyse 'gendered

risk factors', promoting 'the study of social inequalities in times of crisis' as essential to good policy design, and highlighting the importance of placing 'care' at the heart of the economy and society as a way to both 'fix the care crisis' and 'leave a positive legacy for future generations'.¹ In the reconfigured post-Covid world, attention is now turning to interventions to address deep structural inequalities in more holistic ways. This paper contributes to this research by considering the political foundation that has led to the structural inequalities that now occupy researchers and policymakers. Our focus is on the impact of Covid-19 on women in the home: in particular, on the increased burden of caretaking duties and the increased risk of domestic violence.

In this paper we argue that the individualistic/atomistic model of autonomy, which appears to be the prevailing model in Western neoliberal societies, is at least partly to blame for the range of inequalities that have deepened as a result of the global pandemic. The individualistic/atomistic model of autonomy conceives the self as 'ideally self-sufficient, as operating in a vacuum unaffected by social relationships, or as an abstract reasoner stripped of distorting influences such as emotions'.² It does not take into account the gendered nature of formal and informal work and blinds its proponents from seeing the relationships and social contexts that can make citizens vulnerable. Relational autonomy is a model of autonomy that takes these factors into account. Relational autonomy 'is compatible with the agent standing in and valuing significant family and other social relationships'. It emphasises 'that persons are socially and historically embedded, not metaphysically isolated, and shaped by factors such as race and class'.³ We argue that the global pandemic has highlighted the weakness of the individualistic model of autonomy and

1 Elena Camilletti and Zahrah Nesbitt-Ahmed, 'Covid-19 and a "crisis of care": A feminist analysis of public policy responses to paid and unpaid care and domestic work', *International Labour Review* 161, no. 2 (2022): 195–218; Pavithra Siriwardhane and Tehmina Khan, 'The gendered nature of the risk factors of the Covid-19 pandemic and gender equality: A literature review from a vulnerability perspective', *Sustainability* 13, no. 23 (2021): 1–18; Daniel Béland, Alex Jingwei He and M. Ramesh, 'Covid-19, crisis responses, and public policies: From the persistence of inequalities to the importance of policy design', *Policy and Society* 41, no. 2 (2022): 187–98; Ruth Pearson and Eva Neitzert, 'Learning from Covid-19: How to make care central to economic policy around the world', *New York University Center on International Cooperation*.

2 Natalie Stoljar, 'Feminist perspectives on autonomy', *The Stanford Encyclopedia of Philosophy*, plato.stanford.edu/archives/win2018/entries/feminism-autonomy/.

3 Stoljar, 'Feminist perspectives on autonomy'.

that this strengthens the case for relational autonomy as an alternative model. Using a relational model of autonomy may help to alleviate, rather than exacerbate, gender inequalities.

Inequality and the Global Pandemic

Disasters such as the global pandemic are ‘social, arising from a combination of hazard and vulnerability’, writes Ilan Kelmin. The vulnerability in this case is linked to health systems and, more broadly, to the way ‘humanity disturbs ecosystems’ to the extent that microbes can jump species freely, as has happened in a number of disease outbreaks over recent years.⁴ Kelmin’s observations are instructive as we consider the impact of the global pandemic not only in terms of social, but also political reconfigurations. Researchers with expertise in geopolitics consider the way the 2020 global pandemic has challenged existing territorial, political and governmental orders. There is now consistent evidence that the impacts of the pandemic have deepened existing social inequalities.⁵ Far from assertions that we are ‘all in it together’, pandemics reveal the ‘uneven capacity to act and react for some’, while for others, they present opportunities ‘for profiteering’.⁶

Geopolitical researchers note that a crisis often highlights existing socio-economic, gender, class and ethnicity-related inequalities, as they impact some groups more than others. Women, for example, were impacted in a range of ways—from health care outcomes, to work experiences, to increased risk to domestic violence. This was particularly true of women in low socio-economic, ethnically or racially marginalised communities.⁷ Women were caught up in the impact of the pandemic in often negative ways. Globally, women are more likely to be employed in the informal economy, and are therefore more susceptible to falling into

4 Ilan Kelman, ‘Covid-19: What is the disaster?’ *Social Anthropology* 28, no. 2 (2020): 296–97.

5 United Nations Entity for Gender Equality and the Empowerment of Women, ‘Policy brief: The impact of Covid-19 on women’, *UN Women*, unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women.

6 United Nations Development Programme (UNDP) University of Pittsburgh, ‘Global report on gender equality in public administration’, *UNDP*, undp.org/publications/global-report-gender-equality-public-administration.

7 J. Michael Ryan and Serena Nanda, *Covid-19: Social Inequalities and Human Possibilities* (New York: Routledge, 2022), 60.

extreme poverty as a result of economic disruption.⁸ Women who have been subjected to sexual and physical violence found themselves living in isolation with abusive intimate partners.⁹ Women carried the burden of caring and schooling children forced to study from home, even whilst trying to maintain incomes.

Women Have Less Power in Decision-Making

Why have women borne the burden of the most recent global pandemic? Looking at previous pandemics, such as the 2014 Ebola outbreak in West Africa and the Zika outbreak of 2015–16, women have less ‘power in decision making’.¹⁰ For this reason, their needs go unseen, unheard and unmet, even though they are often directly involved in community responses. This lack of representation is not limited to poorer countries. When set up in March 2020, the United States’ 27 member White House Coronavirus Task Force included just two women. Indeed, women’s representation was lacking across a wide range of Covid-19 task forces, examined in 163 countries and territories. It was found that 18 per cent of task forces had women leaders, only 6 per cent of Covid-19 task forces showed gender parity, and 11 per cent had no women at all.¹¹ As Wenham, Smith and Morgan note, this lack of representation was concerning. They suggested that women be included at higher levels of decision-making around Covid-19 global responses:

Given their front-line interaction with communities, it is concerning that women have not been fully incorporated into global health security surveillance, detection, and prevention mechanisms. Women’s socially prescribed care roles typically place them in a prime position to identify trends at the local level that might signal the start of an outbreak and thus improve global

8 United Nations Entity for Gender Equality and the Empowerment of Women, ‘From insights to action: gender equality in the wake of Covid-19’, *UN Women*, unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19.

9 Anthony Faiola and Ana Vanessa Herrero, ‘For women and children around the world, a double plague: Coronavirus and domestic violence’, *Washington Post*, 6 September 2020, [washingtonpost.com/world/the_americas/coronavirus-domestic-violence/2020/09/06/78c134de-ec7f-11ea-b4bc-3a2098fc73d4_story.html](https://www.washingtonpost.com/world/the_americas/coronavirus-domestic-violence/2020/09/06/78c134de-ec7f-11ea-b4bc-3a2098fc73d4_story.html).

10 Clare Wenham, Julia Smith and Rosemary Morgan, ‘Covid-19: The gendered impacts of the outbreak’, *The Lancet* 395, no. 10227 (2020): 846–48.

11 UNDP University of Pittsburgh, ‘Gender equality in public administration’.

health security. Although women should not be further burdened, particularly considering much of their labour during health crises goes underpaid or unpaid, incorporating women's voices and knowledge could be empowering and improve outbreak preparedness and response.¹²

Wenham et al. advocated for the inclusion of women's voices in decision-making processes based on improved health security outcomes, such as identifying local trends. Yet, the growing inequalities that emerged due to Covid-19 show that incorporating women's voices and knowledge in seeking to improve outbreak preparedness and response is not a straightforward matter. It is questionable whether short-term interventions are the best way to address the adverse impact of the pandemic on women. Indeed, as the long-term impact of the pandemic is now unfolding, researchers suggest a range of intersectional factors must be taken into account to ensure any 'mitigation measures' do not ignore the root causes of inequalities and, instead, exacerbate 'pre-existing' inequalities, including gender in relation to care.¹³ Long-term recovery from the global pandemic requires that we as a society raise larger questions about political and social equity for a range of marginalised groups, including women. This requires questioning the foundation of the political and social contract of Western neoliberal societies.

Problems with the Individualistic Model of Autonomy

The model of political autonomy that informs Western neoliberal society and its political structures is based on the belief that the individual is a rational political agent who acts autonomously on their own behalf. Thomas Hobbes described the agents of the social contract as 'mushrooms', who 'sprung out of the earth' suddenly coming 'to full maturity, without all kind of engagement without each other'.¹⁴ This image of 'men as mushrooms', suggested Seyla Benhabib over three decades ago, is also the 'ultimate picture of autonomy'. This is a problem because women did not engage in the modern political contracting that led to this model. Instead, they were

12 Wenham, Smith and Morgan, 'The gendered impacts of the outbreak', 847.

13 Camilletti and Nesbitt-Ahmed, 'Covid-19 and a "crisis of care"', 196.

14 Thomas Hobbes, cited in Seyla Benhabib, *Situating the Self: Gender, Community and Postmodernism in Contemporary Ethics* (Cambridge: Polity Press, 1992), 161.

invisible in the domestic realm where, among other things, they nurtured the men who ventured into the public world, some of them privileged to conduct the business of governing themselves (and everyone else). In Benhabib's view, the dichotomy between autonomy, independence and the male governmental sphere, on the one hand, and nurturance, bonding and the female domestic sphere, on the other, is a legacy of the modern social contract that still pervades contemporary moral and political theory.¹⁵ This can be seen in the level of women's participation in political decision-making around the world. While it has increased dramatically over the last hundred years, women continue to be under-represented with an average of 20 per cent participation of women in parliament globally. This representation is not equally distributed either. Sixty per cent of countries have less than 20 per cent women in their national legislatures.¹⁶ Thus, the gender representation gap remains substantial. While there are complex reasons for this, at least part of this is due to the patriarchal nature of the social contract that emerged in the seventeenth century and that has shaped contemporary neoliberal democracies.¹⁷

Benhabib had good cause to revisit the 'men as mushrooms' metaphor in 2020. This view of autonomy has re-emerged in the political imaginary in the current global pandemic, as some nation-states retreated from international cooperation to operate as 'autarkies', or as independent and self-sufficient states. This has been noted by geopolitical researchers who refer to the 'authoritarian opportunism and geopolitical skullduggery' evidenced by some states. At the same time, there has also been evidence of support and solidarity towards vulnerable communities, including migrants and asylum seekers that tends to accompany a more open attitude to international cooperation. This turn to self-sufficiency in the political imaginary requires feminist perspectives, suggests Benhabib.¹⁸ She is not alone in identifying issues for women in the traditional view of autonomy. For some time now, feminist philosophers have critiqued what they call an overly individualistic account of agency that ignores the importance of interpersonal relationships. Feminist philosophers suggest that the account of autonomy and conceptions of agency offered through philosophy are

15 Benhabib, *Situating the Self*, 161–62.

16 Pamela Marie Paxton, Melanie M. Hughes and Tiffany Barnes, *Women, Politics, and Power: A Global Perspective* (Thousand Oaks, CA: Pine Forge Press, 2007), 2–3.

17 Gita Sen and Marina Durano, *The Remaking of Social Contracts: Feminists in a Fierce New World* (London: Zed Books, 2014), 5.

18 Seyla Benhabib, 'Democracy, science and the state: Reflections on the disaster(s) of our times', *Philosophy & Social Criticism* 47, no. 4 (2021): 482.

framed in terms of methodological individualism. This presupposes that the individual, their intentions, goals, beliefs and desires are the starting point of philosophy, and that claims about the social world are ultimately reducible to facts about individuals.¹⁹ It is not only Hobbes who privileged the male model of autonomy as being independent and self-sufficient. The Kantian rational agent similarly acts autonomously, untainted by the influence of desires or interests of a particular situation, ultimately finding its political expression in the Rawlsian idea that principles of justice are derived from behind a 'veil of ignorance' about individual contexts.²⁰

Feminists reject what they refer to as an 'atomistic' nature of the self and the value of autonomy that emerges from this account. They see this account as itself embedded in social relations in which self-sufficiency, held up as a neutral model, is actually the ideal of the self-sufficient man. Marilyn Friedman describes this notion of autonomy as associated with 'male biographies' and 'male-identified traits' and that such a view of autonomy is 'inhospitable to women' in the way it 'represents a masculine-style preoccupation with self-sufficiency and self-realization at the expense of human connection'.²¹ Catriona Mackenzie suggests that the conception of the ideal citizen as a 'self-interested, independent, rational contractor', does not take into account the many vulnerable relationships that exist in society.²² Thus, feminist philosophers have critiqued what they consider to be overly individualistic accounts of agency that ignore the importance of interpersonal relationships and, instead, have proposed an alternative account of autonomy.

Strengthening the Case for a Relational Account of Autonomy

As an alternative to this traditional account of autonomy, feminist philosophers have introduced the concept of 'relational autonomy', where inter-relationality with others is seen as fundamental to a healthy

19 Catriona Mackenzie, 'Feminist innovation in philosophy: Relational autonomy and social justice', *Women's Studies International Forum* 72 (2019): 144–51.

20 Stoljar, 'Feminist perspectives on autonomy'.

21 Marilyn Friedman, 'Autonomy, social disruption and women', in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, ed. Catriona Mackenzie and Natalie Stoljar (New York: Oxford University Press, 2000), 35–37.

22 Mackenzie, 'Relational autonomy and social justice', 147.

sense of autonomy or independence. Several views can be identified that challenge prevailing views of autonomy and resulting social and political arrangements. These views seek, in various ways, to reconfigure interpersonal, social and political arrangements in light of relational autonomy.

Marilyn Friedman prioritises interpersonal relations and social arrangements in her account of autonomy. Traditional autonomy as it is currently understood has a tendency to disrupt existing interpersonal relationships, notes Friedman.²³ Women therefore often express what Friedman calls 'autonomophobia', a fear of autonomy as they perceive they will suffer the impact of the end of a relationship to their own well being. This fear of autonomy does not mean fear of one's *own* autonomy, but fear of others exercising their autonomy and finding oneself 'helpless' as a result.²⁴ Yet, the potential for disruption does not mean women should reject exercising their autonomy. Drawing on the positive benefits of autonomy, Friedman suggests that women can benefit from reflecting critically on their interpersonal relationships, and the social norms and values that underlie them: 'Autonomy is ... crucial for women in patriarchal conditions in part because of its potential to disrupt social bonds'.²⁵ Its disruptive aspects can be positive for women in that they come to see that they are not simply determined by their social positioning. Friedman suggests that women seek to overcome their 'autonomophobia' and to exercise at least enough autonomy to secure their own material needs and, thereby, reduce vulnerability to men who exercise their autonomy and can harm their existing relationships.

Considering the political dimensions of relationality, Catriona Mackenzie is particularly interested in relational autonomy and social justice. Mackenzie notes that 'the rhetoric of maximal choice, personal responsibility, and the minimal state often functions to mask social injustice, structural inequality, and corrosive disadvantage' through shifting responsibility away from the collective towards the individual.²⁶ It is not enough to speak of autonomy as an ideal when 'an important measure of a just society is the extent to which its political, social and legal institutions support the development of its citizens' capacities for

23 Friedman, 'Autonomy, social disruption and women', 36.

24 Friedman, 'Autonomy, social disruption and women', 45.

25 Friedman, 'Autonomy, social disruption and women', 45–47.

26 Mackenzie, 'Relational autonomy and social justice', 147.

autonomy', suggests Mackenzie.²⁷ When the responsibility for autonomy is located within the individual, society becomes blind to the role that institutions, norms and values hold in enabling the capacity for individual autonomy. In her 'multidimensional analysis' Mackenzie proposes that the concept of autonomy consists of three conceptually distinct, but causally interdependent, dimensions: self-determination, which understands autonomy in terms of freedom from undue interference; self-governance, which understands autonomy in terms of the internalised conditions that enable a capacity to express competency and authenticity; and self-authorisation, which signals the way autonomy as both status and capacity are linked to social relations of recognition.²⁸ While the first is generally the view of libertarian autonomy, the other two dimensions provide a richer account of autonomy that includes capacity and social recognition. All three dimensions, self-determination, self-governance and self-authorisation, retain the traditional meaning of autonomy as individual decision-making and action, but acknowledge the broader social and political context that directly impacts on the opportunity to exercise autonomy.

Friedman and Mackenzie offer alternative accounts of autonomy that can be characterised as forms of 'relational autonomy'. Such accounts value commitments and responsibilities (including care of the vulnerable), and extend beyond individual decision-making to include social and political consciousness and discourse. One important point of debate is the question of what counts as exercising one's autonomy, a question that is particularly pressing in situations where gender oppression is evident. Existing social mechanisms including inequalities of power, authority or social and economic status significantly undermine the capacity to develop self-governance and self-authorisation.²⁹ Indeed, women may even adopt 'adaptive preferences' that continue to support the maintenance of harmful structures, thereby undermining their own capacity for self-governance and self-authorisation.³⁰ Thus feminist philosophers are divided over what constitutes the practice, or failure to practice, of autonomous decision-making. This raises the larger question of 'agency dilemma', which Mackenzie describes as 'the challenge of recognising and analyzing the vulnerabilities of persons subject to social oppression

27 Mackenzie, 'Relational autonomy and social justice', 146.

28 Mackenzie, 'Relational autonomy and social justice', 147–48.

29 Mackenzie, 'Relational autonomy and social justice', 146–47.

30 Mackenzie, 'Relational autonomy and social justice', 147–49.

or deprivation, while also acknowledging and respecting their agency'.³¹ The challenge for any intervention program is to offer scaffolding that respects agency, whilst also seeking to transform harmfully adaptive preferences, notes Mackenzie.

One way to respond to the problem of 'agency dilemma' is to reconfigure the notion of autonomy from being an 'ideal' or 'absolute' condition that few can attain in reality, to autonomy expressed in terms of 'degree, or more or less', or 'scalar': 'a person can be self-determining, self-governing and self-authorizing to differing degrees, both at a time and over the course of her life'.³² Thus, autonomy is possible when *some* of our goals and commitments are self-chosen, even if others continue to be the result of social and relational influences. Considering autonomy in terms of degrees is appropriate, as relational autonomy seeks to balance a sense of individualistic agency with existing social embeddedness, recognising that we do not emerge into the world 'without engagement from each other', as per Hobbes. Relational autonomy acknowledges that we already exist in 'unchosen' relationships that impact on our self-identity and opportunities. If these existing social contexts are ignored, we count as agents only those individuals (including women) who somehow pull themselves 'free' from their socially embedded situations. This is precisely the critique levelled at individualistic accounts of autonomy.

Relational Autonomy in Practice

If we consider relational autonomy as a matter of degree, or more or less, then we can also see a broader application of this theory in a wide range of practical contexts. Indeed, relational autonomy as a theoretical concept has gained more traction in inter-disciplinary contexts than in philosophy proper, where it is often relegated to fringe or special interest discussion.³³ In particular, relational autonomy has emerged powerfully within the context of applied disciplines, including bioethics, health studies, nursing, law, psychology, education and aged care. This provides a welcome opportunity to move beyond a 'theoretical lens' that often arrives at impasses to an 'appreciation for the process of how individuals arrive at the ability to autonomously authorize their consent', suggests Burrow, writing

31 Mackenzie, 'Relational autonomy and social justice', 147.

32 Friedman, 'Autonomy, social disruption and women', 41; Mackenzie, 'Relational autonomy and social justice', 148.

33 Mackenzie, 'Relational autonomy and social justice', 144–45.

in the context of healthcare for vulnerable groups, including the elderly.³⁴ Burrow notes that the traditional account of autonomy as ‘a capacity of wholly self-governing individuals largely unaffected by their relations or sociopolitical environments’ is particularly difficult to enact in practice for, in reality, healthcare decisions are rarely made in such conditions. We can see this, for example, in the factors that motivate people to get vaccinated against Covid-19. A survey study of Australian adults found that one of the top three reasons individuals stated for wanting to get the Covid-19 vaccine was to protect themselves *and others*.³⁵

The shift to ‘relational autonomy’ considers the extent to which ‘a person’s decision-making is facilitated or inhibited by a multitude of factors’, including the support of others involved. This is particularly important in healthcare, where ‘structures of power and privilege’ impact on decision-making capacity. Supporting autonomous decision-making in these applied contexts requires ‘recognizing personal, relational, and structural factors affecting conditions requisite to autonomy competencies or capacities’. That is, the work of feminist philosophers can helpfully illuminate practical contexts in which autonomous decision-making can be enabled.³⁶

This idea is particularly relevant to decision-making in the current climate of the global pandemic. Crises and times of unrest have been linked to increased interpersonal violence, and the global pandemic provided ‘an enabling environment that may exacerbate or spark’ forms of violence against women and children.³⁷ A research report released in 2020 found that governments were responding to increased intimate partner violence in a number of ways, including allocating additional funding to support services and shelters, as well as modifying family law and justice systems. These interventions are designed to reduce immediate risk to women and children.³⁸ They also furnish the conditions that enable women subjected to

34 Sylvia Burrow, ‘Relational autonomy and support for autonomy: A commentary on “Relational Autonomy as a Theoretical Lens for Qualitative Health Research” by Jennifer A. H. Bell’, *IJFAB: International Journal of Feminist Approaches to Bioethics* 13, no. 2 (2020): 99–102.

35 Rachael H. Dodd et al., ‘Perceived public health threat a key factor for willingness to get the Covid-19 vaccine in Australia’, *Vaccine* 40, no. 17 (2022): 2484–90.

36 Burrow, ‘Relational autonomy and support for autonomy’, 100.

37 Amber Peterman et al., ‘Working paper: Pandemics and violence against women and children’, *Center for Global Development*, cgdev.org/publication/pandemics-and-violence-against-women-and-children.

38 Alessandra Guedes, Amber Peterman and Dina Deligiorgis, ‘Five ways governments are responding to violence against women and children during Covid-19’, *UNICEF*, blogs.unicef.org/evidence-for-action/five-ways-governments-are-responding-to-violence-against-women-and-children-during-covid-19/.

intimate partner violence to enact self-determination, which understands autonomy in terms of freedom from undue interference, and self-governance, which understands autonomy to require a capacity to express competency and authenticity, as per MacKenzie's insights. Yet, researchers further noted that a truly effective response beyond the immediate crisis required that 'women and children are included in preparedness processes and decision-making, and are recognized as persons with skilled roles to play in response'.³⁹ Incorporating women's voices in long-term planning enables what Mackenzie refers to as self-authorisation, which signals the way autonomy as both status and capacity is linked to social relations of recognition. Recognising women and children as 'skilful' in designing and implementing long-term policy responses in response to domestic violence significantly enriches the traditional meaning of autonomy as individual decision-making and action, and also acknowledges the broader social and political context that directly impacts on the opportunity to exercise autonomy.

Silent Carers: The Problem of Derivative Dependency

Some feminists have rejected the notion of autonomy altogether, not even seeking to reconfigure this in terms of 'relational' accounts. They have done so because the political and legal institutions that have emerged from our social contract have over-emphasised 'individual liberty and freedom of action, even as that freedom has resulted in a diminishing of options and autonomy for many, as our society has become more and more unequal'. Critical feminist and legal theorist Martha Fineman argues that the privileging of autonomy has led to an erosion of equality, as it lauds individual self-sufficiency and independence, with concomitant commitment to non-interventionist forms of government.⁴⁰ Programs of social welfare or support for disadvantaged groups are considered to be in direct conflict with the aims of autonomy.

39 Peterman et al., 'Pandemics and violence against women and children'.

40 Martha Albertson Fineman, 'The vulnerable subject and the responsive state', *Emory Law Journal* 60, no. 2 (2010): 258.

Fineman suggests that ‘our bodily fragility, material needs, and the possibility of messy dependency’ should be central to political and legal theories. This has not traditionally been the case, as issues to do with dependency were considered the domain of the private sphere: ‘The family is the mechanism by which we privatize, and thus hide dependency and its implications’.⁴¹ Our very social and legal structures have located vulnerability and caretaking within the family unit, which is itself conceptualised within ‘a zone of privacy, beyond the scope of state concern, absent extraordinary family failures, such as abuse or neglect’.⁴² As a private concern, vulnerability itself has been effaced from public discourse and political interests. The key factors of the human condition are thereby hidden from view. Fineman notes that there are two levels of dependency: inevitable dependency, of the person who requires care; and derivative dependency, of the person who is the caregiver. While we can all find ourselves vulnerable to requiring care at any period of our lives, the role of caregiver is socially imposed through traditional institutions such as the family, but also in broader society in roles and relationships that are themselves gendered.⁴³ This category of ‘derivative dependency’ describes the kind of roles taken up by women in response to the global pandemic.

Time spent attending to household and caretaking duties was considerably exacerbated as a direct result of the pandemic. Pre-pandemic, women did about three-quarters of the 16 billion daily hours of ‘unpaid work’ across the world.⁴⁴ This unpaid work has grown significantly as a result of the pandemic. Women in the United States, for instance, spend an extra one and a half to two hours a week and women in India spend an extra 30 per cent of their time on unpaid caregiving.⁴⁵ Repeated lockdowns have necessitated working from home, caring for young children at home and home-schooling. As a result, many Western households returned to the gender roles of the 1950s, even if there were two parents who both

41 Fineman, ‘The vulnerable subject and the responsive state’, 263.

42 Fineman, ‘The vulnerable subject and the responsive state’, 266.

43 Fineman, ‘The vulnerable subject and the responsive state’, 263–64.

44 United Nations, ‘Whose time to care: Unpaid care and domestic work during Covid-19’, *UN Women*, data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19; International Labour Organisation, *Care Work and Care Jobs: For the Future of Decent Work* (Geneva: International Labour Organisation, 2018).

45 Anu Madgavkar et al., ‘Covid-19 and gender equality: Countering the regressive effects’, *McKinsey Global Institute*, mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects.

worked full-time or in contexts in which we would expect gender parity.⁴⁶ In academia, for example, submissions by women to journals decreased substantially with the onset of the pandemic.⁴⁷ For single parents, working full-time while caring for their children was simply not possible. Online home-schooling was also more difficult for migrant families and families of lower socio-economic status who may not have been able to afford the required resources.⁴⁸ Thus the global pandemic has further entrenched women in positions of ‘underpaid or unpaid’ care labour, within a ‘private sphere’ that has traditionally been hidden from public view, and considered beyond the state’s concern.

When schools and childcare are closed in the interests of health and safety, but the concomitant effects are left to be borne by the family, such decisions seem to assume an atomistic version of autonomy for parents who are actually examples of ‘derivative dependency’. Such decisions therefore obfuscate the gender inequalities that are likely to arise as a direct result of public health interventions. Even if those making such decisions assumed that the burdens of housework and caregiving were distributed evenly among the sexes (which, undoubtedly, is not the case), parents would still effectively be penalised for having caring responsibilities, even if these penalties did not fall disproportionately on one gender. To date, the very institutions that require change in order to facilitate richer notions of autonomy are themselves constituted in such a way that they reify the status quo of the self-interested, independent, rational contractors, relegating questions of care and vulnerability to the (unpaid and unrecognised) private sphere.

46 Regan M. Johnston, Anwar Mohammed and Clifton van der Linden, ‘Evidence of exacerbated gender inequality in child care obligations in Canada and Australia during the Covid-19 pandemic’, *Politics & Gender* 16, no. 4 (2020): 1131–41; Carmen de Paz et al., ‘Gender dimensions of the Covid-19 pandemic’, *World Bank*, openknowledge.worldbank.org/handle/10986/33622; Jaerim Lee, Meejung Chin and Mai Sung, ‘How has Covid-19 changed family life and well-being in Korea?’, *Journal of Comparative Family Studies* 51, no. 3–4 (2020): 301–13; Abbie E. Goldberg, Nora McCormick and Haylie Virginia, ‘Parenting in a pandemic: Work–family arrangements, well-being, and intimate relationships among adoptive parents’, *Family Relations* 70, no. 1 (2021): 7–25.

47 Colleen Flaherty, ‘No room of one’s own’, *Inside Higher Ed*, 21 April 2020, [insidehighered.com/news/2020/04/21/early-journal-submission-data-suggest-covid-19-tanking-womens-research-productivity](https://www.insidehighered.com/news/2020/04/21/early-journal-submission-data-suggest-covid-19-tanking-womens-research-productivity).

48 Kristin van Barneveld et al., ‘The Covid-19 pandemic: Lessons on building more equal and sustainable societies’, *The Economic and Labour Relations Review* 31, no. 2 (2020): 133–57.

Reframing Policy through Relational Autonomy

The global pandemic exposed existing vulnerabilities in the way political power is distributed. Exposing these vulnerabilities shows it may not be enough to simply include women at higher levels of decision-making around Covid-19 responses. The following example illustrates how the liberal state's support during the pandemic has inadvertently added to growing inequality for women, despite incorporating women's voices in decision-making processes. The number of women represented in the Australian Parliament has risen from 31 per cent to 38 per cent in the recent general election.⁴⁹ Yet, the Australian government's stimulus measures during the lockdowns predominantly benefitted men, despite the fact that more women lost jobs during the pandemic.⁵⁰ An example of this was the JobKeeper program (2020–21) that subsidised the wages of salaried employees but not casuals. Women comprise the majority of casual employees, working in sectors such as retail, travel, hospitality and education—sectors that were most adversely affected by the pandemic.⁵¹ As a result, many casual employees lost their jobs and many women also had to stop casual work to care for children during lockdown.⁵² The loss of casual employment for many women is likely to have had flow-on effects for those suffering from domestic violence, as a loss of financial independence would have made it more difficult to leave a violent partner. In this way, the government's failure to account for questions of care and vulnerability—essential aspects of the relational autonomous subject—can be seen to have offset some of the increased funding it gave to organisations providing support to victims of domestic violence. Further financial stimulus initiatives also focused on sectors such as construction that were of little benefit to casuals, the former comprising mostly men and the latter mostly women.⁵³ To assume that incorporating women's

49 Lisa Visentin and Katina Curtis, 'Record number of women in the 47th parliament, as female voters shun Liberals', *Sydney Morning Herald*, 31 May 2022, [smh.com.au/politics/federal/record-number-of-women-in-the-47th-parliament-as-female-voters-shun-liberals-20220531-p5apxg.html](https://www.smh.com.au/politics/federal/record-number-of-women-in-the-47th-parliament-as-female-voters-shun-liberals-20220531-p5apxg.html).

50 David Richardson and Richard Denniss, 'Gender experiences during the Covid-19 lockdown', *The Australia Institute*, australiainstitute.org.au/report/gender-experiences-during-the-covid-19-lockdown/.

51 P.N. Junankar, 'The Impact of the Global Financial Crisis on youth unemployment', *The Economic and Labour Relations Review* 26, no. 2 (2015): 191–217.

52 Clare Wenham et al., 'Women are most affected by pandemics—lessons from past outbreaks', *Nature* 583 (2020): 194–98.

53 Richardson and Denniss, 'Gender experiences during the Covid-19 lockdown'.

voices will automatically address the lived vulnerabilities experienced by women in a global pandemic ignores the crucial fact that the social contract between autonomous and independent rational agents remains a flawed ideal; an ideal that fails to see the very power structures that serve to uphold it.

To address the deep-seated structural inequality that forms the basis of neoliberal democracies, Fineman suggests that the concept of vulnerability must be detached from its association with specific groups—caregivers, for example. Instead, it must be recognised as ‘the very meaning of what it means to be human’ that must also be at ‘the heart of our ideas of social and state responsibility’. This includes not only ‘our bodily vulnerability’ but also the ‘interruption or destruction of institutional or social relationships’, which can have catastrophic effects not only on individual lives, but also on generations of ‘socially or culturally determined groupings’ such as race, gender, class or religious affiliations.⁵⁴ This point is relevant not just for neoliberal democracies but for many other countries, where the Covid-19 pandemic has had disproportionate effects on the employment of women compared with men.⁵⁵ It is worth noting that applied ethics in healthcare contexts does retain in some sense this origin story, in which ‘bodily vulnerability’ is treated as an issue of the individual or private person rather than part of public discourse that considers the values of a flourishing society. Fineman’s insights show that structural change is difficult when the backbone of the neoliberal economic model is the ‘unpaid economy’ of gendered care work.

Conclusion

The disruption of the global pandemic has exacerbated the vulnerabilities of many, including women. Political responses have varied from those that entrench inequalities to interventions that actively seek to address vulnerabilities. In this context, addressing vulnerabilities requires the voices of the vulnerable. But such an act itself may require interrogation of long-held assumptions, particularly the nature of the social contract between citizens and the state. Relational autonomy is one way these long-held assumptions are being interrogated in philosophical contexts

54 Fineman, ‘The vulnerable subject and the responsive state’, 266–68.

55 van Barneveld et al., ‘Lessons on building more equal and sustainable societies’.

but this tends to remain at a theoretical level. Current applied contexts could provide insight for other uses, including political decision-making in a global pandemic, where healthcare is deeply politicised. Nevertheless, this remains difficult.

To assume that incorporating women's voices in decision-making will automatically address the lived vulnerabilities experienced in a global pandemic ignores the fact that the modern social contract based on the values of autonomy and independence continues to pervade contemporary moral and political theory. These values have found a voice since the global pandemic, including within states that seek to return to self-sufficiency and non-interference by international bodies of governance. To the extent that states return to Hobbesian social contract theory in times of crisis, diverse voices will be excluded from decision-making processes. To incorporate women's voices and knowledge into such a climate will be challenging indeed. Yet we need not be discouraged. Instead, we could consider the current situation as an opportunity to practise renewed inward reflection, together with honest public conversations.

Do we want political, legal and economic institutions in the West to continue to operate on the assumption that individuals are self-interested, independent and rational contractors? We have argued that such a model fails to provide adequate recognition of the deeply gendered nature of work itself. Moreover, we have suggested that such a model fails to recognise the interpersonal dimensions of action and decision-making that occurs within complex social contexts. Relational autonomy offers a model to address issues of entrenched gender inequality that have emerged as a result of Covid-19. It does so by offering a model for a political-social contract that recognises both individual freedom and the value of existing caregiving commitments and responsibilities. By reconfiguring notions of autonomy that account for interpersonal relationships in actions and decisions, we are better able to support *all* members of society, without excluding those whose circumstances and responsibilities are very much enmeshed with others.

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