

## Dialogue #1

### Afterthoughts

It was a wonderful mixed group of my dear brothers and sisters. This dialogue was a muddle; we never got through the differences in how we experience women's work. There were strong feelings, engagements, tears and tensions. We worked back and forth through the muddle and touched on many important aspects of care and landed on the mystery near the end. We also found we could agree that women's work, continuous care in support of life, did not receive the respect due it. There are no rites or rituals within the culture to demarcate passages in women's work as there are in men's. There is no remuneration for women within families for the work, and when outsiders do it, it is only minimally compensated. It is actually believed to require no training, or mental ability.

We saw that for many, care equates with empathy and compassion. However, caretaking seems to be accepted as an synonym for women's work. Except that when we replace the word care with the word empathy, empathytaking, does not equate to caretaking, and compassion giving does not equate to caregiving.

It stands to reason then that care in caretaking, and care in caregiving, mean more than compassion. If we look at what we are giving to another and taking to another it is all those things that are required for the other's life to continue, whether it is the life of a birch tree or a baby human, the life of a garden or a giraffe, every living thing requires the same elements to sustain its life. Nourishment, cleanliness and hygiene, dormancy, activity, connectedness and aloneness. In addition humans and animals need communication and instruction, purpose, play and protection, shelter and temperature regulation. The label we give to the attitudes and dispositions required to provide these to another even if the other is the self, is care. Only when care carries this definition does it make sense when we speak of care giving, care taking, or health care.

The answer to the question, "Does care require caring?" Is absolutely, care without caring is abusive. Care without compassion and empathy, is not care, it becomes harsh and terrifying for the recipient. So care must have compassion as an essential element, informing every action and interaction. This is care in its ideal state. The goal of care is always the good of the other. Care is by definition not self-serving.

I learned a great deal in the process of this dialogue, it was helpful to understand what assumptions or agreements must be made before we can actually dialogue about care. If we can for purposes of discussion, divide the world into people who have had total and complete responsibility for a living person, garden, infant family or invalid, and those who have not; and if we agree that most of those who have had this experience are women, and a smaller percentage of men; and if we can agree that most of those who have not had continuous responsibility for the care of another are men and some women, then I believe that we can begin to have a dialogue about care in its essence. I have described the caring relationship thus: an I (agent) kindly and continuously nurturing a you (subject) in living. If we can agree to this, then we can begin to explore what is learned from that experience and how it is transformative in nature. We can also begin to understand how the very act of providing such care as one's sole identity, is demeaning because it is devalued and disrespected. This conflict between the ecstasy and

the agony of the carer is at the heart of the need to reframe our understanding of care as the one true thing necessary for life.

When we experience care as the deeply engaging and moving experience that caregiving and caretaking can be, we can begin to see value in how to develop those skills of mind body and spirit that make caregiving and caretaking possible.

And that is where we shall begin our next dialogue. Five intelligences required for care. I would like to continue the dialogue sometime possibly at South Whidbey Commons and beyond.