

Privilege and the denial of vulnerability.
When care ethics meets epistemologies of ignorance*

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The starting point of this text lies in what at first sight appears to be a paradox – one that concerns the acknowledgement of vulnerability, most notably in the work of care theorists. It could be stated as follows. On the one hand, the acknowledgement of vulnerability seems to be a necessary condition for the establishment of a “caring society”, as envisaged by the likes of Evelyn Nakano Glenn (2000) and Joan Tronto (2013)¹. The idea here is that it is only if we all recognize ourselves as vulnerable will we be able to recognize the social and moral importance of care in our lives, as well as the value of the work done by care workers daily. On the other hand, this recognition constitutes a problem that is never really studied for its own sake. Take, for instance, Tronto’s call to consider “all of us as recipients of care” (Tronto 2006, 2013). As Tronto shows, we generally don’t see ourselves in this way, with problematic implications: we tend to presume that “the vulnerable” are *others*, which is why we do not feel concerned by care work and do not take the measure of what is at stake in it². And yet, this difficulty in acknowledging vulnerability is never analyzed extensively. As a result, the acknowledgement of vulnerability appears to be the object of a moral injunction whose conditions of effectiveness are never elucidated – an empty injunction, therefore, or even a pious wish that seems to constitute an aporia on which theoretical reflection stumbles.

This situation seems problematic to me because I share with care theorists the view that the acknowledgement of vulnerability constitutes an epistemic and ethical *condition* for the establishment of a just society. Differently put, a just society is both a society whose institutions see citizens as both “vulnerable and capable”, to use Martha Nussbaum's expression (2000), and a society whose members see themselves and each other as “vulnerable and capable”. I further believe that there is a link between acknowledging one's own vulnerability (i.e. recognizing oneself as vulnerable, and as such, dependent on the attention and care of others) and recognizing the vulnerability of others as normatively significant (i.e. as calling for an ethical attitude and conduct based on care and respect). In this perspective, the ability to treat

others with care would be based on a particular type of relationship to oneself. It is this kind of relationship that is reflected in the idea of “acknowledgement of vulnerability”, which must be understood in a twofold sense: in an epistemic sense, as the ability to perceive and become aware of one's own vulnerability; and in an ethical sense, as the ability to consent to its normative implications. Conversely, the inability to consider and treat others ethically - which manifests itself through contempt, disqualification, stigmatization or violence - would express among other things the inability to relate to oneself as a vulnerable being, and to see oneself as belonging to the same existential and moral community as others.

If these ideas are correct, the recognition of vulnerability is undoubtedly not only a moral but also a political issue. The question then is to figure out how to foster it. Is it enough to *want* to acknowledge one's vulnerability in order to become capable of doing so? But even prior to that: is it really that simple to want to acknowledge one's vulnerability?

Through her calls to consider ourselves as recipients of care³, Tronto suggests that the acknowledgement of vulnerability is a problem, and offers two ways to approach it. The first is as a matter of cultural critique and consists in underlining the fact that contemporary liberal societies have been constructed with reference to an imaginary of autonomy, wrongly understood as independence, in the light of which vulnerability can only appear as a defect or a deficiency that must be overcome or hidden. If this idea is present in *Moral Boundaries* (1993), it takes on a new scope in *Caring Democracy* (2013), where Tronto analyzes the rise of neoliberal discourse. Here, she returns to the conception of the subject as self-entrepreneur that underlies this discourse and shows how it is linked to a specific, narrow understanding of responsibility – namely, *individual* responsibility and responsibility for oneself.

In this first explanation of Tronto, the idea is that there are discourses and social norms that favor the concealment or denial of vulnerability. This view is echoed by Martha Fineman (2004), who analyzes and criticizes the “myth of autonomy”, and more recently by Erinn Gilson (2011), who insists on the “myth” of invulnerability’s role in perpetuating the ignorance of our vulnerability. For these authors, promoting vulnerability’s acknowledgement would require deconstructing these discourses and the myths they convey, and countering them with alternative representations and norms (e.g. different conceptions of autonomy, responsibility and vulnerability). Such a line of analysis is promising and the practical perspectives it opens are important. But it seems insufficient in some respects, particularly because it does not ask the question of the reception of the discourses at the origin of the problem, nor that of the differentiated relationship agents have with norms according to the position they occupy in social space. As such, this perspective portrays the denial of vulnerability as a common and

ordinary phenomenon, and as a homogeneous one insofar as we are all *equally exposed* to it. But as I will show later, things may not be that straightforward.

However, Tronto's work also offers a second analytical lead to account for the denial of vulnerability, which I wish to consider closely below. This explanation is tied to the concept of privileged irresponsibility (Tronto 1993; 2013), which refers to the tendency of members of dominant groups to transfer the work of care to members of dominated groups. As many have shown (e.g. Glenn 2010, Hirata 2021), care work is mostly taken on by working class and racialized women. Conversely, men, but also and to a lesser extent white women from the upper classes, manage to exempt themselves totally or partially from care work (Riikka Prattes' chapter (in this volume) is pertinent here). Tronto suggests that such a transfer has first and foremost a social function, in that it allows the dominant to free themselves from care responsibilities and thus to engage in more socially valued activities. But we can also suggest that it has a psychological function: by allowing the dominant to keep their distance from taking charge of others' vulnerability and to avoid feeling concerned by it, this protects them from being confronted by their own vulnerability. This encourages the reproduction of a symbolic frontier between individuals deemed to be autonomous and successful on the one hand, and individuals deemed to be vulnerable on the other. And with all this comes the reinforcement of a truncated, univocal and stigmatizing vision of vulnerability.

This second line of analysis therefore offers a slightly different explanation of the denial of vulnerability than the first: the problem does not, or at least not only, come from the discourses, representations and norms that circulate indifferently in the social space and that structure the dominant collective imaginary; it comes from various social positions of domination, which can be defined as positions of privilege in so far as they give access to material, symbolic and psychological advantages that are denied to others. This is why, in the same society, not everyone will be affected in the same way by the denial of vulnerability, even if the dominant ideology and dominant norms encourage this denial.

The chief uptake from Tronto's discussion of privileged irresponsibility is, then, that certain social positions offer those who occupy them the possibility of not confronting the vulnerability of others and of not thinking of themselves as vulnerable. This is what makes such positions both socially and psychologically attractive, and morally and politically problematic. In what follows, I would like to explore this idea in greater depth, by returning to what we can identify as obstacles to the acknowledgement of vulnerability. We will see that this acknowledgement is a complex process that relies on particular psychological and social conditions, which may be lacking or hindered. The hypothesis I propose is that social relationships of domination, and

more particularly the construction of dominant positions or positions of privilege⁴, constitute one major obstacle to such acknowledgement. The general idea underlying this hypothesis is that social relations of domination produce differentiated affective, epistemic and moral effects on the dominant and on the dominated, effects that are essential to their maintenance. And among them, one finds, on the side of the dominant, a double tendency⁵: first, to deny one's own vulnerability; and, secondly, to project this vulnerability onto others.

In what follows, I will first return to the definition of vulnerability with which I work; then I will address the concept of denial and show that the denial of vulnerability cannot be understood simply in light of a psychoanalytic explanation. I will then reflect on the social factors behind the denial of vulnerability, drawing on both the contributions of care theories and the epistemologies of ignorance.

1. Defining vulnerability as a common and paradoxical existential condition

In my perspective, vulnerability refers to a common existential condition that results from the situation of exposure and dependence in which human subjects find themselves with respect to an otherness that they never fully master, with which they are necessarily in relation and which is likely to affect them (Garrau 2018). To be vulnerable in this sense is therefore to be open - in a constitutive way - to the possibility of being affected by an otherness on which one depends. Vulnerability hence presupposes an essential passivity, and an absence of self-sufficiency and self-mastery that are profoundly ambivalent (Gilson 2013), since they open us up as much to the possibility of suffering as that of attachment.

This vulnerability is rooted in the very nature of human existence, and first of all in the fact that we are embodied beings: bearers of needs that, initially, we cannot satisfy on our own; endowed with capacities that are not immediately functional and that will not be so indefinitely; subject to the passage of time, to the experience of pain and illness; living under the horizon of death. The body, however, is only one of the foundations of vulnerability, which is also rooted in the relational dimension of human existence, and the fact that we depend on others to become ourselves⁶. We are first dependent on others: on their care, love, respect, esteem. Others mediate the satisfaction of our physiological needs, but beyond that, they give us access to "relational goods" (Nussbaum 2001) and to social goods without which we could neither form a positive relationship with ourselves nor engage in projects to which we attach value. In turn, this interpersonal dependence exposes us to the possibility of neglect, violence, contempt, isolation. We are also dependent on the organization of the society in which we live – especially political

and economic institutions, which distribute a certain number of rights and goods, and which form the context of the interpersonal relationships we establish with those we meet. In turn, this social dependence exposes us to the possibility of poverty, disaffiliation, social disqualification, domination and exploitation. Finally, we are dependent on the natural environment where we find the resources needed to meet our collective needs, and which we transform for this purpose. This ecological dependence exposes us to the possibility of scarcity, disease, and the destruction of our communities.

Thus, our vulnerability stems as much from the fact that we are bodies, marked by finitude and need, as from the fact that we are from the outset caught up in relations on which depends the possibility of living meaningful lives. If we are vulnerable, it is therefore because we are relational beings. Our dependence and openness allow us to experience love, surprise, joy and wonder; but they also expose us to suffering, privations, neglect and violence.

To speak of a fundamental vulnerability is to suggest that this vulnerability is a common and universally shared existential condition that cannot be overcome, suppressed or eradicated. Vulnerability is given with human existence and is consubstantial with it. This entanglement of vulnerability and existence accounts for the first paradox of vulnerability: inherent to human existence and constitutive of the form this existence takes, vulnerability can go unnoticed, operating in the background as the basis around which existence unfolds and subjectivity, capacities and life projects develop. However, it becomes manifest in experiences that attest to the limits of our power to act and that allow us to understand that this power - and even more so the autonomy with which we identify cognitive and moral maturity - is a fragile achievement, because it is conditioned by a set of elements that are impossible to fully master. Through loss, powerlessness, suffering, illness, death, the subject discovers herself vulnerable: she experiences the limits of her power to act and the impossibility of escaping exposure and dependence to the world. This ordeal is however lived by each one in a singular manner. This is the second paradox of vulnerability: common and universally shared, vulnerability is nevertheless always experienced in a unique way. To account for this paradoxical status, we may distinguish fundamental vulnerability from its situational variations (MacKenzie, Rogers and Dodds 2013; Garrau 2018). This distinction helps us grasp that fundamental vulnerability only ever manifests itself in differentiated ways and with varying intensities, which then help define the situation in which the subjects find themselves and the way in which they relate to this situation. It thus elucidates the view that although we are all fundamentally vulnerable, we are not all equally so.

The fact that vulnerability is both constitutive and sometimes operates in the background of human existence, both universal and singularly experienced, may explain our difficulty in acknowledging it. The paradoxes of vulnerability are undoubtedly parts of the explanation for the fact that it is the object of an ordinary forgetfulness or even denial – i.e. the fact that most of the time we live as if we were not vulnerable. In order to understand this phenomenon, however, we must go further and point to the role of psychological and social factors.

2. Denial and its factors: the interweaving of psychological and social processes

To understand the phenomenon of the denial of vulnerability, we can turn to psychoanalysis. Indeed, psychoanalysis distinguishes three defense mechanisms (Laplanche and Pontalis, 2018), which can shed light on what I have referred to by the generic term “denial of vulnerability”. (1) Disavowal (*Verleugnung*) designates the action of refusing the reality of a perception experienced as dangerous or painful for the subject, which results in the appearance of a localized form of unconsciousness. The object of disavowal is thus simply negated as such: it does not exist. (2) Denial (*Verneinung*) designates the action of refusing as one’s own (after having formulated them) a thought, a desire or a feeling that are sources of conflict. Contrary to disavowal, denial presupposes the recognition of negative feelings or thoughts, which are then put at a distance from the subject as not concerning him. The object of denial is thus recognized before it is denied. (3) Finally, projection (*Projektion*) designates the operation by which the subject expels from herself and localizes in the other qualities, feelings or desires that she refuses in herself. Here the object is unrecognized because dissociated from oneself and associated with another.

This typology can be compared to another one proposed by the sociologist Stanley Cohen (2001). In *States of Denial*, Cohen analyses the different meanings of the term denial, including the one developed by psychoanalysis, and proposes to distinguish three figures of denial: (1) literal denial, which consists in purely and simply denying the facts, and which is thus close to disavowal. (2) Interpretive denial, which consists in recognizing what one wishes to deny but neutralizing its meaning by proposing a particular interpretation of it; this is close to what psychoanalysis calls denial. (3) Implicatory denial, which consists in recognizing a fact without, however, drawing any practical consequences from it, as if this fact did not have any consequences, or at least none that concerns you.

Cohen points out that, whatever its form, denial is always paradoxical in that the subject knows and, at the same time, does not know something. In the psychoanalytical perspective, it is the

concepts of unconscious and repression that helps illuminate this paradox. Psychoanalysis is also interesting because it offers an explanation for denial: it suggests that denial serves to protect the psychic subject by putting her at a distance or even by isolating her from what produces in her anguish. As Laplanche and Pontalis (2018) point out, the purpose of these defense mechanisms is to “reduce or suppress any modification that might endanger the integrity and constancy of the biopsychological individual” – a finality which is reached by an unconscious reshuffling of the internal or external realities. If defense mechanisms can be pathological and are classically associated with specific mental pathologies, it is important to note that they are part of the normal functioning of psychic life. According to psychoanalysis, it is when they become rigid or invasive that they are deemed pathological, for mental functioning’s flexibility and adaptability is hereby hindered.

At an individual level, it seems difficult to dispute that vulnerability is subject to denial in the broadest sense of the term, or to various forms of negation. Most of us live as if those we care about would never get sick or disappear; as if men, women and children like us did not live in conditions of absolute destitution in the cities we travel through every day to go to work; as if the planet was not undergoing irreversible transformations that could eventually compromise human life and that already threaten human communities all around the world. To stop thinking; to look away; to change sidewalk; to turn off the radio; to absorb ourselves in work, consumption or play; to tell ourselves that it is about others, but not us; that we are different, that we are safe... all these behaviors through which we put the others’ vulnerability and our own at a distance seem to be commonplace. Their banality should not, however, mask the epistemic and moral problems they raise: if it is neither possible nor desirable to live with our eyes permanently riveted on the most salient, tragic or revolting manifestations of our vulnerability, the inability and refusal to recognize it are at least as problematic, if only because they prevent us from asking crucial political questions about collective ways of dealing with our vulnerability. This observation thus opens epistemological questions that a moral and political reflection on vulnerability cannot avoid: what knowledge of vulnerability do we need? How can such knowledge be acquired? What obstacles are likely to thwart the acquisition of such knowledge?

From an individual point of view, it seems easy to understand why we are inclined to deny our vulnerability as well as other’s. The discovery of one’s own vulnerability first takes place in an affective mode before becoming the object of a cognitive elaboration: one experiences one’s vulnerability sensitively before *thinking* oneself vulnerable. Now, whether it is provoked by the experience of suffering, by that of separation or by that of loss, such an experience reminds the

subject of his initial powerlessness and confronts him with the possibility of his own disappearance. This is why it arouses anguish. The same is true when others' vulnerability is at stake. As psychologist Pascale Molinier (2009) points out, the experience of the other's vulnerability first of all seizes the body. It awakens ambivalent affects in the subject, in which solicitude vies with anxiety and irritation. The confrontation with others' vulnerability constitutes a test for the subject, to whom it recalls her own vulnerability, and whose psychological balance it threatens to undo. Disavowal, denial and projection are therefore psychically expected reactions in such a situation.

Molinier emphasizes, however, that these are not the only possible reactions to the experience of vulnerability. She also notes that social and not only psychological processes are at work to account for the differentiated reactions of subjects to this experience. Care workers, for example, cannot in principle deny the vulnerability of their patients. Their work consists in responding to this vulnerability: in order to work well, they must therefore perceive it and, to do so, they must be attentive to their own affective life and elaborate the affects that the confrontation with the patients arouses in them. Molinier shows that, when care institutions allow it, caregivers create "collective defense strategies" (Molinier 2006) that have a dual purpose: to preserve their sensitivity to vulnerability (in the other and themselves), and to domesticate the anguish produced by the perception of vulnerability. The recounting of difficult experiences with patients, as well as humor, are part of such strategies, which allow the experience of vulnerability to be grasped rather than distanced, so that it becomes possible to respond to it.

Molinier's work (2006) thus underscores that psychic postures and the ethical dispositions they help nourish are shaped by our social positions and the social institutions we are situated in: they depend on the activities we engage in, the identities associated with them, and the social relations and institutional rules in which we are caught. They thus give substance to the idea that denial as a defense mechanism is not inevitable, and that the psychological processes triggered by the experience of vulnerability are mediated by social positions and trajectories. For care workers, this denial is not necessary; it only becomes an option when their suffering, because it is not acknowledged and addressed collectively, becomes unbearable. When the activity is framed in terms of cost-efficiency, when work teams are destabilized by workers' turn-over, when resources in time are shortened⁷, it becomes difficult for them to acknowledge their vulnerability and to respond to that of the care receivers⁸. The forms of abuse observed in many health care institutions can thus be understood in terms of a collapse of the collective defense strategies that allow caregivers to accept patients' vulnerability. They indicate the

setting up and rigidification of individual defense mechanisms against vulnerability - mechanisms that foster insensitivity in caregivers and make violence possible. But this only happens as the result of an institutional failure.

From Molinier's analysis, we can conclude that social circumstances and institutional contexts play a central role in the acknowledgement or denial of vulnerability, and that certain contexts foster the acknowledgement of vulnerability while others encourage denial. It is this last hypothesis that I would like to explore further in the last section.

3. A diversely distributed denial? Positions of privilege and denial of vulnerability

In her book *L'Énigme de la femme active* (2003), Molinier suggests that certain social positions predispose those who occupy them to denying vulnerability by encouraging the development of various psychological mechanisms. She shows that gender, understood as a transversal social structure attaching differentiated and differently valued qualities to individuals and activities, plays a central role in individuals' ability to recognize and accept their own and others' vulnerability. While the activities and positions considered feminine are usually defined in reference to emotions and care, activities and positions considered masculine are typically defined in reference to reason and control. As such, they imply the distancing of emotions and relationships. The learning of hegemonic masculinity (Connell 1995), mediated chiefly by work activities according to Molinier, would thus require men to close themselves off from their emotions and to turn away from a vulnerability perceived as the prerogative of femininity and therefore as a threat to their identity. Such a psychic posture, encouraged by dominant gender norms, would then account for the particular relationship that men may have with violence -- both acted and suffered. It would make it possible to understand the tendency of some men to use violence on others, but also the tendency of some men to expose themselves physically and to put themselves in danger -- two types of behavior that can be seen as vulnerability denial, and which are considered normal, even desirable, within a certain conception of masculinity, as Bourdieu showed in *Masculine Domination* (2002).

Molinier's analysis of the relationship between masculinity and denial of vulnerability echo that of moral developmental psychologists Carol Gilligan and Naomi Snider in *Why Does Patriarchy Persist?* (2018) In this book, the authors defend the idea that gender initiation functions as a trauma: patriarchal norms require women to silence their attempts at self-expression in order to devote themselves to the care of others and encourage men to renounce relationship in exchange for a fantasized invulnerability. In patriarchal societies, invulnerability

is thus prescribed to men (vulnerability being regarded as what one must guard against in order to assert oneself and be recognized as a man), and as the prerogative of others: non-men and sub-men. For, as the authors point out, patriarchy is not simply based on the domination of men over women; it is also based on the hierarchy of men among themselves, according to their ability to embody the dominant norms of masculinity. If, therefore, the denial of vulnerability is constitutive of patriarchal masculinity, not all men conform equally to such a norm, and their position within the group depends on their greater or lesser conformity to it.

Molinier's (2003) and Gilligan and Snider's (2018) work thus underscore that certain social groups have a specific relationship with vulnerability. In particular, they point to a differentiated relationship to vulnerability according to gender, and a strong correlation between masculinity and denial of vulnerability, although it is important to bear in mind the plurality of the male group (partially tied to the interweaving of gender, race and class relations). Their work deserves to be pushed further, by investigating the particular relationships to vulnerability that racialized men, men from working class backgrounds, but also white women and women from the upper classes, have. Shannon Sullivan's work on white privilege could be useful here. Sullivan shows that white privilege, inscribed in bodies in the form of unconscious habits, is reflected in a particular relationship to the body and to space. While the white body is experienced as transparent and as a tool for taking hold of the world (Sullivan 2006, 10, 51, 103), white space is understood as a field of possibility within which it is possible to move freely, so that whiteness is characterized by "ontological expansiveness" (Sullivan 2006, 144-166).⁹

What one can gather from Sullivan's work is that the claim that vulnerability remains mostly in the background of existence must be qualified, or rather situated. It could be that this particular experience of vulnerability, which is characterized by the ease with which it can be put at a distance and forgotten, is the product of a particular social position in gender, race and class relations. When one is subjected to regular forms of harassment, exposed to repeated and arbitrary police checks, or deprived of the ability to eat every day, vulnerability is more difficult to deny.

This leads me to the last work I wish to draw on in order to defend the view that our relationship to vulnerability, and our greater or lesser propensity to deny or acknowledge it, are strongly linked to our social positions. This is José Medina's *The Epistemology of Resistance* (2013), which builds on Miranda Fricker's work on epistemic injustice (2007), and the epistemologies of ignorance initiated by Charles Mills (1997). As suggested by Christine Koggel and Sophie Bourgault in this volume, I think care ethics and more generally ethical and political theories

of vulnerability can greatly benefit from the insights of theorists of epistemic injustice and epistemologists of ignorance, who bring to the fore the question of the epistemic effects of social relations of domination.

Starting from the presupposition that social relations of domination position subjects differently in relation to knowledge and produce differentiated forms of knowledge and ignorance, Medina argues that members of dominant groups develop, as a result of their position in social space, particular epistemic vices, which make them insensitive to certain realities concerning the world, others and themselves. Among these vices are epistemic arrogance, epistemic laziness, and closed-mindedness (2013, 30-35). These are created by the habit of being seen as knowing, or as legitimate to give one's point of view, by being listened to, and rarely being challenged or questioned. According to Medina, these vices function as unconscious defense mechanisms or forms of "cognitive self-protection" that allow the dominants to live in ignorance of certain social realities. They are responsible for what he calls active ignorance, which he defines as "an ignorance that occurs with the active participation of the subject and via a battery of defense mechanisms, an ignorance that is not easy to undo and combat, as it requires re-education -- the reconfiguration of attitudes and epistemic habits -- and social change." (2013, 39).

Active ignorance refers, like denial, to a substantial form of ignorance: it is not simply the absence of true representations, but the presence of false representations, which function both as screens and as protections against realities that might challenge one's privileged position in social space. As Medina (2013, 33) notes, the ignorance surrounding care work's materiality – an ignorance socially organized by the invisibilization of care work and of care workers, and by the unequal distribution of this work along gender, race, and class lines – provides an example of such ignorance. The ignorance that surrounds the daily difficulties, but also the forms of resistance enacted by single women, by people with disabilities or by precarious individuals, would provide another.

These forms of ignorance are not accidental: they are systemic and participate in the reproduction of an inegalitarian social structure by allowing those who occupy privileged positions in this structure not to question, because they do not perceive them, the conditions under which they can effectively enjoy the privileges they hold, and the cost of these privileges for others. These forms of active ignorance are thus similar to forms of denial -- but the denial here is about others' vulnerability. Medina notes, however, that these forms of ignorance are rooted as much in an unequal social structure as in a certain type of relationship to the self, characterized by what he calls a "blindness to relationality" (Medina 2013, 154-155). This blindness is defined by Medina as "an inability to see how I am related to others, how their

lives affect mine, how their history is relevant to mine etc.” It translates into the tendency, on the one hand, to think of oneself as a self-sufficient being, and on the other hand, to absolutize one’s point of view on the world, so that this point of view constitutes the implicit reference or standard for all judgment. Ignorance or insensitivity to the vulnerability of others would thus be based on an ignorance of the self, and more precisely on a denial of our existential and social situation, and of what we owe to others – in other words, on a denial of our vulnerability. Such a denial should then be understood as the product of different but intertwined factors: psychological (the anguish produced by the experience of vulnerability), ideological (the social value given to invulnerability and its avatars), material (the division of care labor), but also social (relations of power and domination) and epistemological (ways of seeing and ignoring oneself and others as shaped by epistemological attitudes, virtues and vices).

Conclusion: getting out of denial?

To be considered fully convincing, the hypothesis formulated here of a close link between the denial of vulnerability and dominant social positions would require an in-depth study of scholarship on social epistemology and social psychology that would take as its object the dominants’ point of view in their different declinations (according to gender, race, class, disability, age). Although we did not undertake this work here, it seems possible at this stage to make the following points as a tentative conclusion.

(1) The experience of vulnerability, whether of others or of oneself, is an ordeal from which the subject may seek to protect herself, notably by means of denial. (2) Whether it concerns one’s own vulnerability or that of others, this denial is problematic for moral reasons, insofar as it can inhibit the agent’s moral capacity to respond to the vulnerability of others, and for epistemic reasons, insofar as it produces ignorance: about oneself and about the social world. (3) This denial is supported by certain social norms and positions: gender, race and class norms produce differentiated relations to vulnerability, and more precisely a differentiated capacity to deny or acknowledge it. Occupying a dominant position can thus encourage subjects to develop a form of ignorance or denial with regard to the vulnerability of others and their own, the two phenomena being linked by a feedback loop. Because these positions are associated with material and social advantages that allow self-protection from certain forms of vulnerability and because these positions are defined in reference to identities that symbolically exclude vulnerability and associate it with other identities, being male, white and belonging to a high social class would mean (albeit in different ways) not being vulnerable. Vulnerability, and its connotations of passivity, dependence and weakness, can thus be considered the prerogative of

others, i.e. of the dominated: women, racialized individuals, members of the working class, but also sick people, people with disabilities, the elderly, children, etc.

Although these results are still at the stage of hypothesis, they are not without interest from a practical and more explicitly political point of view. They indicate first of all that the creation of a “caring society”, and the recognition of care’s importance for social reproduction and citizens’ daily lives, will probably not be possible in a social context marked by massive inequalities and the social relations of domination that produce them. If recognizing care implies acknowledging vulnerability, it also implies working towards the abolition of the social relations of domination that currently structure our societies. This conclusion demonstrates once again, albeit via a different route, the political radicality of care ethics or the radicality of care ethics understood as a “critical political theory” to use Fiona Robinson’s term (2019).

These results then indicate a possible way out of the denial, or rather they allow us to highlight a lever for doing so. One of the contributions offered by Molinier, Gilligan and Snider, and Medina is thus to have shown – thanks to the psychological and epistemic angle they take -- that the positions of the dominant and the dominated are more complex than they appear. The dominated have, in fact, because of their material conditions of existence, the social division of labor, and the dominant social norms and identity injunctions that weigh on them, more chance of developing a lucid knowledge of vulnerability, whether it be that of others or their own. Of course, such knowledge does not come without suffering. First, because the discovery of one’s vulnerability, as soon as it implies the recognition of one’s finitude and the multiple forms of one’s exposure and dependence on the human and non-human world, always constitutes for the subject a destabilizing experience. But this is, above all, also because for the members of dominated groups, the understanding of one’s vulnerability always rhymes with the discovery of an injustice inflicted upon oneself and one’s group -- that of having been and being the object of a structural, lasting and arbitrary violence. As Audre Lorde (1984) pointed out, it can give rise to a sadness and anger that are particularly difficult to overcome. But the acknowledgement of one’s vulnerability can also foster an understanding of one’s situation in the world and one’s power to act, create joy and arouse gratitude for those to whom we owe our survival. Its counterpart can be the development of a practical and moral knowledge essential to life’s maintenance, as well as the development of positive epistemic and ethical dispositions, such as sensitivity, attention, or epistemic humility (see Dalmiya in this volume). Indeed, it is only by recognizing and knowing the vulnerability in oneself and in others that one can take care of oneself, others and the common world¹⁰.

This potential increased lucidity of the dominated, which goes hand in hand with an increased power to act, is mirrored in the potential blindness of the dominant, who can be caught in the clutches of a denial that, while it protects them from painful realities, also locks them into a world, a relationship with themselves and a relationship with others that are truncated and cannot but diminish their agency. Privilege therefore has its flip side, or domination has a cost, as Bourdieu pointed out (2002). From an epistemic and ethical point of view, privilege can paradoxically prove disabling, hindering the development of a lucid relationship with oneself, as Medina points out, and of authentic relationships with others, as Gilligan and Snider argue. To emphasize this cost is neither to reintroduce between the dominant and the dominated a symmetry that domination de facto denies, nor to place the members of the dominant groups in the paradoxical position of victims of the domination they benefit from¹¹. The issue is to see that the analysis of the dominant position in terms of epistemic and moral losses or deficits can be practically and politically fruitful, for it can contribute to making change desirable for those who have no material interest in it. It can help convince the dominant, or at least those among them who feel confusedly that they are living a “false life”, to use Adorno's expression (2020), that they too have something to gain from social transformation. Such a suggestion may seem idealistic: it supposes indeed to grant a value to knowledge and an efficiency to the desire for knowledge; it rests moreover on the presupposition that relations of domination neither compromise the possibility of accessing true knowledge, nor irreversibly alter the desire for truth that drives human subjects. As long as we have to live with each other, however, it seems that we cannot do without such an idealism, or without such a hope. Finally, the idea that the fight against the epistemic effects of privilege should be a central part of the fight for social justice does not by itself rule out any other strategy for social change. In particular, as Medina makes clear with his concept of epistemic friction (2013) it is compatible with the recognition of the value of conflict in the political realm, although it implies to locate conflict first in the realm of discursivity. For all these reasons, those who care for care and vulnerability should definitely try to explore further the epistemic effects of privilege, which implies to dig deeper into the mechanisms of the ignorance of the dominant, and to ask how they can be fought effectively.

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¹ The idea of a caring society can be understood with reference to three dimensions: it refers to (1) a society that publicly promotes the values of care, such as attention, responsibility, and solicitude; (2) a society that recognizes the importance of care work for its own reproduction and therefore materially and symbolically recognizes the value of those who perform it; (3) a society that makes the organization of this work a major issue in public discussion. See Garrau (2020).

² See Paperman (2005).

³ See Tronto (2013) 29, 146.

⁴ Classically, privilege refers to a set of advantages that members of a group enjoy in an exclusive way and that ensure them a lasting position of dominance. In her work on white privilege, however, Sullivan (2006) convincingly shows that, insofar as it is inscribed in the body and the psyche through the development of certain habits, privilege also engages a specific relationship to the self and the world: a way of feeling, seeing (or not seeing) and sensing. Based on a double reference to Dewey's pragmatism and Freudian psychoanalysis, this? approach resonates with that of Pierre Bourdieu, who also insists on the incorporation of social structures in the form of mental structures determining in a non-conscious way the conduct of agents, and this in a differentiated way according to class membership. See Bourdieu (1984).

⁵ I don't argue that individuals' capacity for social and moral perception is determined by their social position but that occupying a social position increases the likelihood of being sensitive or insensitive to certain inner experiences and social phenomena. See Medina (2013, 40).

⁶ That is why vulnerability should not be reduced to physical vulnerability, as rightly emphasized in Vrinda Dalmyia's chapter in this volume.

⁷ On the importance of time for care, see Sophie Bourgault in this volume (page).

⁸ On this, see Molinier (2009) and Dujarier (2002).

⁹ On whiteness as a mode of inhabiting the world that goes unnoticed, see also Sara Ahmed (2007). I thank Sophie Bourgault for drawing my attention to this text.

¹⁰ See Dalmyia in this volume.

¹¹ This objection was addressed to Bourdieu by Nicole-Claude Mathieu. See Mathieu (1999).