Minding the Children: Carework, Empathy & the Phinneas Gage Effect

Sometimes we don't feel like ourselves. In the normal run of things, this is just to say that one doesn't feel to be one's *best* self: I wasn't quite as polite, or quick-witted, or poised as I usually am ("– I'm sorry, I didn't sleep well last night, I'm not quite myself today"). At other times it's the manifestation of something more sinister, a deeper and potentially more damaging form of experienced self-alienation. It is a special version of the second phenomenon that I am interested in here.

These deep feelings of self-alienation can arise in all sorts of ways, and for all sorts of reasons. In 'Depression, *Ataraxia,* and the Pig' (Salje 2021) I argued that one way it can happen is by the forcible displacement of one's ordinary emotional range – to put it in a slogan: we don't feel like ourselves when we don't *feel* like ourselves. In that paper I used the clinical disorder of depression as a case study to fill out this idea. I argued that one of the many harms borne by sufferers of depression is a hijacking of their emotional range. In this, depression is what I called a *Phinneas Gage* condition – that is, one that imposes a radical and unlooked-for change in one's temperament. Phinneas Gage conditions, I argued, are liable to produce deep feelings of self-alienation.

In this paper I want to extend that earlier account in a perhaps surprising direction; not to another psychopathological condition, but to care work and to the work involved in raising children in particular.[1] The conclusion I will draw is that childcare work is liable to cause a deep change to – in extreme cases, a form of felt obliteration of – the caregiver's sense of self.

Given the number of people affected by these issues, I take the project of philosophically elucidiating this aspect of the experience of childcare to be of value in itself. A second – somewhat more academic – source of interest, however, is that it suggests a way in which the emerging field of care epistemology might be expanded. Vrinda Dalmiya (2002) has argued that just as there has been a feminist call in ethics to reorient our theories to place the value of care, and relationships of care, at the heart of our enquiries, it is time for a reorientation in epistemology to likewise recognise caring relationships as central to how we know about ourselves and each other. This paper is, in a way, a philosophical experiment in this framework offered by Dalmiya, that focusses on a very particular form of care, and tries to tease out the distinctive epistemology inherent to that caring relationship.

The plan is as follows. First, in §1, I set out the basic theoretical framework developed in earlier work, that will be put to use again here. The task of §§2-3 is to characterise a highly demanding form of empathy involved in childcare work. I do this by first using empirical case studies to delineate a form of empathy plausibly involved in carework at large (§2), and then highlighting five special-making features of it as it appears in childcare work (§3). §4 puts the findings from these first three sections together to make the argument for the core claim of the paper: that primary caregivers of young children are liable to experience the same sort of Phinneas Gage effects we find in sufferers of depression. Finally I consider some objections (§5), and conclude, in §6, by

[1] Here and throughout I talk as if childcare is a form of work. Nothing special hangs on this; for those who take a difference stance in the debate about whether childcare is a form of labour I invite them to translate the arguments of this paper into their preferred vocabulary (see e.g. Federici 1975; Gotby 2023).

raising three ways in which the empathetic work involved in childcare can also be to the benefit of the caregiver.

§1. Depression and the Phinneas Gage effect

One of the many harms of the life-limiting and sometimes fatal condition of depression is that it causes the sufferer to experience a radically changed affect profile. Typically this isn't (only) experienced as an increase in the presence of localised negatively valenced emotions, but as what we might think of as a global emotional depletion – a sweeping across-the-board decrease in the intensity and range of felt emotional responses across both positive and negative ends of the normal emotional range. First-hand reports typically describe this symptom using words like 'numbness' or 'emptiness' – in the words of one sufferer, 'It's like your almost too tired to gather up the strength to feel any emotions.'[2] Such emotional depletion is a part of the illness that can be extremely difficult to bear.

The fact that this phenomenon involves a decrease in negative as well as positive feelings complicates how we should think of it. Yes, the individual gets less intensely felt joy and excitement in their lives, but they also get less intensely felt disgust or fear. Why, then isn't it to be welcomed, at least in part? In Salje 2021 I argued that the reason is because the injury here is not merely the attenuation of feeling, but the very displacement of the individual's ordinary affect profile. I called this the *Phinneas Gage* effect, after the well-known case of the 19th century railway worker Phinneas Gage. Gage's personality was suddenly and radically changed after a dramatic head wound involving an iron rod piercing his brain. Now, obviously, sufferers of depression haven't had a rod through their brain, but in Salje 2021 I argued that it can sometimes feel like it. By this, I meant that they find themselves responding to the world with a set of emotional patterns that are recognisably not their own. Unsurprisingly, this can lead to deep feelings of self-loss or alienation; as one self-report describes it, 'depression […] is almost like you are away from your body and you watch yourself slowly disintegrate and disappear in your own hands.'[3] Take away your ordinary ways of feeling, and it's hard to hold on to a stable sense of who you really are.

A crucial part of this argued account is that each of us has a 'normal-for-me' range of emotional responses. These are highly personal: the way I tend to feel when faced with the prospect of a long-distance flight, or a public speaking event, a rainy Tuesday morning, or the washing up, will pattern differently to the way you feel about those things. More generally, each of us has a relatively stable emotional profile, fixed by a temperament that is – one presumes – part-genes and part-environment. The core claim argued in Salje 2021 is that in Phinneas Gage conditions like depression, an individual no longer feels the ordinary patterning of emotional responses *relative to their own typical affective range,* and this leads to feelings of self-alienation. When we see ourselves emoting in ways that we don't recognise as our own, we are liable to feel, deeply and wretchedly, unlike ourselves.

Two important clarifications are needed here. First, even in the course of a healthy life, there is nothing immutable about these patterns of emotional response. Indeed, we might raise an eyebrow

[2] [sic]; JoyfulHeart822, https://www.7cups.com/qa-depression-3/what-does-depression-feel-like-14/
[3] mamaBear88 https://www.7cups.com/qa-depression-3/what-does-depression-feel-like-14/

at somone who emotes at the age of 38 as they did at the age of 12, and resolutions to work on some aspect of one's emotional functioning are normally taken to be commendable rather than avoided. Why are the emotional changes involved in Phinneas Gage conditions like depression so much worse than the changes that follow these more innocuous sources of change? There are two things that hold them apart. First, the change that is imposed by the conditions one finds oneself in is positively *unwanted* by individual.[4] This distinguishes Phinneas Gage conditions from, say, the emotional results of a resolution to overcome one's fear of flying (which is positively wanted by the individual), or of coming to feel delight rather than disgust at the presence of olives around the age of 22 (a change that is not positively unwanted by the individual). The second big difference is that the changes involved are *wholesale,* by which I mean that they happen across the emotional range and more or less all at once. This distinguishes Phinneas Gage conditions from local resolutions to work on this or that bit of one's emotional life, or the more gradual emotional effects of growing up. With these two conditions in view, it is easy to see why they might lead to feelings of self-alienation. The changes to one's emotional dispositions are wholesale and unwanted – they comprehensively displace one's emotional temperament against one's will and in a relatively short space of time.[5] No wonder the difficulty in holding on to one's core sense of self.

The second clarification is to identify a difference between the Phinneas Gage effect as it shows up in cases of depression (or, as I will argue here, childcare), and the historical figure of Phinneas Gage himself. Phinneas Gage did not only undergo a displacement of his normal temperament: part of what was so captivating to observers of the case was that his temperament was apparently *replaced* with an alternative one – where before he was reported to be a polite and mild-mannered man, after the accident he was described as aggressive and impulsive. By contrast, the temperamental change involved in the sort of Phinneas Gage effect I am interested in is merely that of displacement, and not of replacement with a specific new temperamental profile. In a way, this serves to make the sense of self-loss *worse* in these cases: rather than emotiotionally respond to the world in the highly personal ways that we normally do, the individuality of one's emotional dispositions collapses into an across-the-board bleaching out of the capacity for emotional responsiveness at all.

Nothing in what follows depends on my having been right that this is one of the central phenomenological structures of depression. What I will borrow from that earlier work here is only the basic claim of the argued account: that when the conditions one finds oneself in forcibly

[4] In Salje 2021 this condition was pitched as 'unchosen' rather than 'unwanted'; I was convinced by an anonymous referee for this journal that the earlier condition makes it more difficult to isolate consequences of a decision that are foreseen but unchosen (if one forsees the consequence, doesn't one, in effect, also choose it?). I take it that switching to talk of 'unwanted' avoids this problem: foreseeing and consenting to a consequence of one's decision without *wanting* it is something we do all the time (e.g. my foreseen hangover following my enthusiastically consensual fourth glass of wine).

[5] The temperamental changes involved in Phinneas Gage conditions are *global and unwanted*. Not relevant to the present discussion, but worth noting for completeness: it is also possible to have *local unwanted* changes imposed to one's temperament (e.g., where newly emerged social anxiety changes one's historically normal emotional response to social settings – perhaps social settings of particular kinds – but does not affect other elements of one's emotional dispositions), or to have *local wanted* changes (e.g., where one works hard to overcome one's fear of public speaking, and comes to enjoy it.) It is less obvious that it's naturalistically possible to bring about *global wanted* changes to one's temperament – to invite in a wholesale change to what one's temperament is like.

displaces one's typical emotional patterning, one is liable to feel a deep form of self-alienation. That much is, I hope, plausible enough to be getting on with.

§2 Empathy in carework

What does any of this have to do with carework, and with the carework involved in raising children in particular? The main argued claim of this paper is going to be that there is a distinctive form of empathy centrally involved in child-rearing work, and that its sustained practice is apt to produce self-alienating Phinneas Gage effects on the caregiver. To get to there, we will first need an empirically plausible characterisation of the distinctive form of empathy involved in childcare work – that is the business of this section and the next. In §4 I turn to the argument that practicing this form of empathy is apt to induce Phinneas Gage effects in the carer.

The following three case reports are taken from child psychologist Alicia F. Lieberman's book, *The Emotional Life of the Toddler* (1995):

> *Reggie*: Reggie, 14 months, has been moved to an adoptive family from the home of loving but temporary foster parents with whom he has lived since birth. He has not yet started to talk. During the first two weeks in his new home, he screams almost continuously, hardly sleeps, and throws himself on the floor, sobbing hopelessly at the slightest frustration. His adoptive mother begins to have serious doubts about keeping him; she worries he is not a normal child. In consultation, she is advised to respond to every episode of screaming by holding him very tightly and saying repeatedly, "You are staying here with me. No more bye-byes. I am your mommy now." This incantation serves to contain her own fear and distress, as well as the child's. The message is received. Reggie's tantrums soon decline and eventually disappear. However, he remains quite worried about his new mother's coming and goings, monitors them closely, and cries when she is out of sight. His parents help him by playing games of disappearing-and-reappearing with him, "peek-a-boo" and "hide-and-seek". Reggie alsospends long periods of time with "Jack in the box"-type toys, making the toy hide and then pop up again. The repeated reappearances have a visibly comforting effect on the child. (p.73)
>
> *Philip*: Philip, 27 months old, started to refuse going to play in the yard on in the playground and developed intense fears of going outside. The source of his fears became clear when his older brother overturned a stone to look at worms under it and Philip began to scream. After patient questioning from his father, Philip sobbed "There are bad people in a rock, but I don't know what rock". This was his best interpretation of the anxious family discussions about the war in Iraq. (p.179)
>
> *Timothy:* Timothy, […] 15 months watched with absorbed attention as the teacher changed a little girl's diapers. When his turn cae to have his diaper changed, Timothy ran away and hid under a crib, screaming "No! No!" He had never done that before. It is possible that Timothy, not understanding the source of gender differences, feared that his diaper change would make him look like the little girl he had watched. The teacher guessed this fear and said: Timothy, I won't hurt you when I change your diaper. You are a boy, and you will

stay a boy. Lindsay is a girl, and she does not have a penis." Timothy allowed his diaper to be changed.

These cases make vivid the careful work that often goes into raising young children. In each scenario the child shows behavioural signs of being in the grip of an oversized and intensely felt emotional reaction to a situation ranging from the mundane (Timothy, Philip) to the life-changing (Reggie). The caregiver works attentively to understand what the child is experiencing, to diagnose the source of the emotional reaction, and to find a fitting means of reassurance. To succeed in these tasks the caregiver must calibrate their way of seeing the world as closely as possible to the child's world-view, and use this adjusted world-perception to investigate through verbal probing (where possible) and environmental manipulation – something that must be done with the utmost gentleness around these emotionally-arousing topics if it is to do more good than harm. This understanding-seeking stance towards the child is, of course, recognisably a form of *empathy*. But it is a form of empathy that is special in a number of ways.[6]

First, in all three of these cases the empathy is *active*, or deliberately performed, rather than passive or accidental – as, for instance, when you can't help but empathetically imagine what it must be like to be homeless when you pass someone sitting on the cold street, even if you would rather not dwell on such sad imaginings. The caregivers in these scenarios put effort and thought into achieving emotional understanding, even seeking professional help in Reggie's case. What's more, this activity is typically one of *ongoing* active exploration, rather than a one-off observation or intervention. Philip's father took the time to converse with his son – probably over the course of days or weeks – before realising what the source of Philip's anxiety was. A one-off casual onlooker to Philip's emotional outbursts would have had little chance of the same success.[7]

Another feature of empathy in carework – salient, this time, by its absence from the above examples – is that it is almost always thematically *complex*. The above vignettes present us with a coherent and orderly narrative resulting in mono-thematic emotional resolution for the child. But of course, those are not the conditions 'in the field'. Young children are almost always fielding multiple issues of considerable personal importance and emotional significance at any given time. In addition to the frightening event described above, for example, that morning Timothy might also have been inexpertly working his way through strong feelings of fuddled anxiety about being back at nursery after an enjoyable weekend with his family, near-unbearable excitement triggered by throw-away comment by his mother about getting a dog, worry and confusion about the newly darkened mornings and signs of seasonal change on his way into nursery, and so on and so on. What's more, these elements of his psychology are continuously changing in response to new information, changes of situation, or simply the passage of time. To perform her role effectively, the caregiver must use her empathetic explorations to build up as complete a picture as possible of these dynamic radiating spheres of intersecting affect, even if the aim is to single out a single target for reassurance.

[6] Plausibly the form of empathy here will involve elements of both so-called 'cognitive' empathy (the ability to cognize others' mental states) and so-called 'affective empathy' (the ability to share the feelings of others without directly feeling them oneself; see, e.g. Spaulding (2017) and Maibom (2017) for more on this distinction.
[7] That's not to say it can never happen quickly or easily, only that often it does not.

And finally, this sort of empathy is *epistemically guided*; it is an interpersonal stance aimed at the epistemic state of understanding. The options for how to understand the epistemic process here is familiar from the broader *Other Minds* literature – theory theory (roughly, our epistemic access to the minds of others involves the application of an implicitly held theory of mind), perceptual theory (that posits a dedicated perceptual or quasi-perceptual faculty), or simulation theory (roughly, our epistemic access to others' minds goes via offline simulation of the other's mental states).[8] This issue doesn't matter for our purposes, so I'll stay officially neutral – but for what it's worth, it seems most plausible to me that there will be cases and cases. Often, in a carework context, the epistemic achievement will take the form of heavy-handed and theory-laden hypothesis-testing: cycling between observational inputs and attempted interventions until a plausible hypothesis is supported and an appropriate response can be found. It was by intervening with a new 'incantation' and observing its effects, for instance, that Reggie's mother could be confident that Reggie's tantrums related to his recently experienced deracination. In simpler or more repetitive cases, it plausibly happens in a more perception-like way. We are told, for instance, that Timothy's nursery practitioner 'guessed' what the issue was, which suggests a more immediate route to insight – perhaps it simply 'struck' her, as a result of her professional experience with similar cases. At yet other times, emotional simulation of some kind is likely to play a role; simulating Reggie's ongoing anxiety 'from the inside', for instance, might well be one of the tools his parents use to judge how much disappearance-and-reappearance play he will tolerate.

What we have before us, then, is a distinctive form of empathy involved in caregiving consisting in an active and normally temporally extended exploration of the target subject's complex and dynamic emotional life, guided by an epistemic aim of psychological understanding. Clearly, this is a highly demanding notion of empathy. What is not yet clear is whether we have identified a form of empathy specific to carework *with children*. After all, as characterised here, this is a form of empathy that is surely also appropriate to carework with physically vulnerable adults or in psychiatric settings – indeed, plausibly to caring loving personal relationships at large. In the next section, I narrow it down with five additional conditions specific to childcare contexts.

§3 Empathy in childcare

Actually, the following five proposed conditions are not all unique to childcare contexts. But all of them are either common or universal in such contexts, and their normal convergence *is* plausibly distinctive of the empathetic work involved in raising children.[9] Specifically, each of them describes a way in which active empathising of the kind identified in the last section is especially *difficult* when it comes to raising children. In one form or another, these conditions are likely to shape carer-child interactions throughout childhood, but to focus the discussion I will have in mind, in what follows, children at the toddler and preschool ages (i.e. 2-5 years old).

(1) Radical differences in worldview

Differences in how one sees the world make empathy between two subjects more difficult. The less like oneself your empathetic target, the harder it will be to gain psychological understanding

[8] See, e.g. Barlassina (2017) for an overview of theories of mind
[9] To any extent that it isn't, the findings of §4 will equally apply to those other carework contexts too.

through active empathy, for the very good reason that there are more 'unknowns' littering the epistemic process. This difficulty isn't special to empathy in childcare; Matthew Ratcliffe, for instance, has argued that a systematic obstacle non-depressive subjects have in empathising with sufferers of depression is that there are profound differences between how the two parties experience the world.[10] When empathising with children these differences are large, developmentally inescapable, and difficult to predict. Consider the following case:

> Marc, 30 months old, wakes with conjunctivitis. His mother tells him, "You have a red eye." Marc looks at himself in the mirror and says pensively, "Because I looked at too many red things." That day, he carefully avoids looking at red objects, seemingly quite confident of his approach to treatment. (In fact, in seems to work. The red eye is gone a day later.) (p.57)

In this case, emotional understanding was possible for the caregiver because Marc managed to verbalise his non-standard understanding of the world. Things would likely have gone differently in a pre-verbal child, likely leading to puzzling behaviours that would be hard to make sense of from the caregiver's perspective. More generally, on their way to full mastery of the vast, complicated and confusing physical and social worlds that confront them, young children are wonderfully creative at coming up with their own folk physical and social explanations – explanations that might never occur to an adult observer. This creates a systematic source of difficulty when it comes to the empathetic work involved in childcare.

(2) Verbal and conceptual limitations

Absent or limited speech during the target age-range restricts the amount and kind of evidential access we have to young children's psychologies. This makes things difficult for empathetic engagement in at least two ways. First, it reduces the inputs into the relevant epistemic process – whether that be theory application, perception, simulation, or all of the above – and to an extent removes verbal probing or extensive articulate conversation from the caregiver's exploratory toolbox. We can't rely on self-report, in a way we might in many adult caring contexts. And second, it substantively inflects the child's emotional reactions themselves, in ways that can make it harder to identify the underlying emotional trigger. As Lieberman writes, '[w]hen toddlers are unable to speak about urgent matters, they must resort to crying or screaming. (…) The voice is the carrier of emotion, and when speech fails us, we need to cry out in whatever form we can to convey our meaning.' (Lieberman, p.61). The frustration or embarassment about not being understood, or being unable to adequately express their state of mind, can provoke powerful emotions that exacerbate the thematic complexity of the empathetic work to be done, and can befuddle our best attempts to identify the original cause of the emotional arousal.

As well as being verbally limited, young children are conceptually immature as an inevitable matter of natural necessity. This means that, unlike many other empathetic contexts, the empathetic

[10] 'Some of the difficulties involved in describing empathizing with depression are traceable to a common source. Depression involves alteration of an aspect of experience […] often described in terms of being in a different world or utterly alien place' (2014: 272) Actually, for Ratcliffe, it's not merely a *difference* between emphathiser and empathisee that problematizes empathy in depression, but the fact that normally such differences are processed in empathy against the assumed background of a shared world, but this very assumption is undermined by the experience of depression.

targets might themselves not have the requisite conceptual framework in which to make sense of the environmental or internal trigger for their emotions. Nor do they have well-developed psychological concepts to apply to the emotional reactions themselves, or to the connections between those states and their outward behaviours. In some cases, it might be that what we are seeking to empathetically understand as caregivers is experienced by the child herself as a murky soup of undifferentiated, but strongly felt and action-provoking, feelings. Again, this is a systematic source of difficulty in empathising with children.

(3) Divergent rationality

Not only is the *content* of the empathetic work in childcare unlike that of most mature mindreading targets – either because not (or not fully or well) conceptualised, or because of differences in their folk theories about the world – but the *rules by which the child moves between contents* is also unlike the assumed rationality of adult targets. This needn't be because the child is being arational. They may well take themselves to be in the game of giving and asking for reasons. But their routes between contentful mental states do not yet reliably follow the predictable grooves of mature rationality.[11] This plausibly makes the sort of mindreading involving young children significantly different from the sort of adult mindreading normally discussed in the philosophical literature. It also gives us a third characteristic difficulty for empathy in childcare contexts: differences in rationality present a systematic obstacle to easily tracing a path between triggers and subsequent outward behaviours for an empathiser who doesn't share the child's divergent reasoning patterns.

(4) Continuousness

For many primary childcarers – and almost certainly for most parents who live with their children – the caregiving role takes up many hours of many days for many years. Of course this need not always be the case, and is also true of other kinds of care relationships. But it is typical of primary childcare, a generalisation that is well-supported across cultures. Current figures show that in the United States women primary caregivers spend an average of 11.64 hours a day on childcare, in Palestine 12.35, Austria 12.27 – impressive numbers given that 2-5 year olds typically sleep 10-13 hours a day.[12] Indeed, we might think there is a reason why societies have typically organised childcare this way. Childcare is skilled work; if we only did it for an hour every other week, we wouldn't be very good at it, or have the chance to develop the extended personal relationship with the child needed for the best chance of success in this empathetic work. What's more, not only does the work take up a lot of time, but it belongs to an ever-present role that can't be easily ignored or relinquished. Different philosophical models of parental responsibility account for this in different ways, but converge in agreement that the parental role is not one that can be easily opted in and out of.[13] This gives us a fourth difficulty for the empathetic work involved in childcare: it involves often unparalleled costs in terms of time and commitment during that phase in the caregiver's life.

[11] For a brilliantly worked out proto-logic for reasoning in preverbal children see Bermudez (2003) chapter 7

[12] Childcare statistics from Guryan et al (2008); sleep averages from https://kidshealth.org/en/parents/sleep.html, (accessed 06.01.23)

[13] For instance, labour-based, voluntarist or intentional accounts; see Brake et al (2022) for an overview

(5) Value

Finally, childcare *matters*. For most primary caregivers, it matters a great deal. Obviously this isn't always the case, and it is also true of other caregiving relationships, but equally obviously it is very often true in childcare. The relevance of this for our purposes is that for these caregivers, they will be deeply invested in doing the work well – both in order to nurture an emotionally well-balanced child during the period of caregiving, but also with an eye to raising an emotionally balanced person in the years beyond the caregiving phase. This isn't unique to childcare either: the existence of a pedagogic aim of this kind attached to an extended period of emotional training partially overlaps with some forms of caregiving in psychiatric contexts, for example. But the 'raising' of a person – bringing somebody into psychological maturity – and the sense of responsibility and commitment that goes with that – *is*. That makes childcare uniquely difficult, because so much hangs on doing it well. Of course, this very fact about childcare is also a large part of why raising children is such a deep source of value, why it is so intensely enriching to the lives of many who do it. Mattering cuts both ways. In the conclusion I will have more to say about the ways in which the importance of childcare can contribute to the richness of the caregiver's life; what concerns us in this section is the special sense of challenge or burden associated with the fact that childcare matters so much.

Pulling all of this together, here is the proposal. The carework involved in raising children involves a distinctively skilled and demanding form of engagement with the targets of care: an active and normally temporally extended form of epistemically guided empathetic exploration aimed at psychological understanding. In this section I identified five typical ways in which this is especially challenging in a childcare context. Some of these involved ways in which the targets of the empathetic work are so cognitively different from those doing the empathising, because operating with different folk theories of the world, or because of differences in conceptual frameworks, or different styles of rationality. Others involved limitations on the part of the child – verbal, or conceptual. And others still related to features of the caregiving role. Primary caregivers often give their care for much of the time for a long period of time, and with a sense of urgent priority that is unmatched in other areas of their lives. (Imagine this description included in a professional job advert: it would come with a six figure salary!)

§4 Childcare and the Phinneas Gage effect

With this proposal before us, recall now the Phinneas Gage effect from §1. To recap: each of us has a relatively stable, highly personal 'normal-for-me' pattern of emotional responses to different sorts of situations. The *Phinneas Gage* effect occurs when a given individual's normal-for-them emotional patterning is displaced in a wholesale and unwanted way. In such a condition, the individual finds themselves emoting in ways that are unrecognisable to them as themselves, resulting in a very particular form of experienced self-alienation. In this section I want to claim that the sort of difficult and sustained empathetic practice characterised over the last two sections is apt to produce Phinneas Gage effects on primary carers in the context of childcare.

Here is the case for that claim. The empathetic work described above takes considerable cognitive and emotional resources to carry out. When performed to the best of one's abilities – with unrivalled concern for its outcomes over sustained periods of time – these resources – normally available for personal use – are largely diverted to this work. The result is that the caregiver's own

emotional life, including the sort of epistemic and cognitive work that normally goes into emotional expression and self-regulation, is apt to be crowded out by this active other-directed emotional work. This is not because the caregiver begins to emote like the child in their care through emotional contagion (though this, too, is surely a hazard of the job), but because the cognitive and emotional operations normally involved in experiencing, expressing and rendering self-intelligible one's own emotional life are no longer available to operate as usual – they are otherwise tied up.

Let me offer some examples to help make this proposal more concrete. Suppose I run into a friend who gives me a seemingly frosty reception. In unconstrained circumstances I would leave this meeting with some emotional self-management to do: I would attempt to articulate the feeling it has provoked in me and ask myself why it matters to me, I would scan through recent interactions for context, try to bring to mind other things going on in her life at the moment that might otherwise explain a distracted demeanour, and if nothing else, reassure myself that most of the time such perceived slights are just misunderstandings. The outcomes of such emotional processing is likely to determine how I end up feeling for the rest of the day, or at least for the next little while. Or imagine, to take a second example, that I am told that somebody I love is seriously unwell. A normal reaction to this would be to sit with the news for a while, to try to better understand my emotions by verbalising them to others, to encourage myself to *feel* the sadness and the fear rather than avoiding it. Of course, in both of these situations others might be disposed to react in other ways than these: what I describe here are elements of my own personal normal-for-me emotional profile.

The important point for present purposes is that from the position of a caregiving role, one's finite time, attention and emotional energy for these sorts of self-directed psychological exercises are radically depleted because redirected to the all-consuming empathetic work involved in caring for a child. Not only does one lack one's normal capacity to do this sort of self-directed emotional work in the moment (as one's frosty friend bustles out of view), but plausibly after a while one is liable simply to become dishabituated from tending to one's own emotional needs in these ways. While the examples from the last paragraph are both relatively intellectualised reactions, the effect extends to simpler cases too, to what we might think of as emotional reflexes: instead of enjoying a gleeful buzz at finding out about a professional success, the caregiver's capacity for occurrent emotional experience might be otherwise engaged – locked onto the task of untangling the child's fear about the arrival of a babysitter, say, or set to puzzling out why the child keeps waking up at night. Put in general terms, what results from the reallocation of these emotional-processing resources to the work of childcare is a relatively global and a likely unwanted disabling of the caregiver's capacity to emotionally function for themselves as normal; the emotional work with the child simply crowds out the capacity for a normal emotional life.

All of this is liable to be experienced as a sense of distance from oneself – in other words, to be experienced as what I have been calling the Phinneas Gage effect. As one mother puts it,

> I just didn't feel like me anymore. I'm not quite sure when it happened exactly but I had begun to have these overwhelming moments of wondering who I was and what I was doing. Sometimes it would stop me dead in my tracks and I would feel at a loss as to where the old-me (…) had gone.[14]

Or again – even more starkly,

> With motherhood, there's an imposed self that is so challenging. But we don't have time to process these emotions because we're so busy being mothers.[15]

Does what I have argued mean that the experience of raising young children is like having depression? In a way, surprisingly, yes. In both cases, one's emotional range is apt to be displaced in a relatively wholesale way by the conditions one finds oneself in – in depression by the effects of the illness and in childcare by the effects of the work. And in both cases, this emotional displacement is unlikely to have been positively desired by the subject.

But there are obviously differences between them too.[16] In the conclusion I will have something to say about specific features of the childcare context that can positively contribute to the caregiver's well-being, features that are not also found in the case of depression. In the remainder of this section, however, I will focus on two sets of differences in the Phinneas Gage effect arising from the differences in its causal etiology in the two cases. Both of these pertain to the sense in which the temperamental change is *unwanted*, or unlooked for by the caregiver.

The first difference is that, even if the change to one's emotional temperament is unwanted by the individual in both cases, it is intuitive to think that there is a much stronger sense in which it is forcibly imposed on her in the case of depression than in the case of childcare. No one chooses depression or its symptoms. Some people – many people – do choose to raise children. Now, this isn't to say that prospective childcarers positively desire the emotional effects of their chosen work. Indeed, in L.A. Paul's terms, having a child is a paradigmatic example of an epistemically transformative experience: it may be *impossible* to know, ahead of time what it is like to care for children, including what it is like to undergo the specific emotional costs identified in this paper. So it may be that the emotional effects of the chosen work is not merely not known, but not knowable, at the point of chosing to become a primary caregiver. In this, it still meets the conditions to count as a Phinneas Gage condition – the wholesale emotional displacement was not positively desired by the prospective childcarer. But even if undesired, at the point of deciding to put oneself in this role it *will* be known that there are sacrifices, so there is a sense in those prospective primary caregivers who have children by choice at least *consent* to both the foreseeable

[14]https://www.instagram.com/womanreadyblog/?utm_source=ig_profile_share&igshid=133a5yr749kjp
[15]https://www.todaysparent.com/family/parenting/can-i-be-a-great-mom-and-not-lose-myself-in-the-process/
[16] One way of bringing out the intuition of difference is to consider cases of extended postpartum depression, in which an individual finds herself both in a caregiver role and experiencing depression; intuitively, there will be a difference in how this individual experiences the Phinneas Gage condition as contrasted with a caregiver who is not also depressed. However, this heuristic should only take us so far: there is no suggestion that the Phinneas Gage effect exhausts the phenomenological features of either sort of experience, so there will be plenty of further differences between them that go beyond the interests of the current paper. Thanks to an anonymous reviewer for pushing me on this point.

consequences and the 'unknown unknowns' when they decide to have children. There is nothing like the same level of consent involved in cases of depression.

The second is that, even if the temperamental change is unwanted in both cases, those changes may be easier to accept and to internalise in the case of childcare than in the case of depression. Childcare is highly skilled and can be extremely rewarding work in which caregivers can take great pride. Even if one's emotional capacities no longer function as normal, a primary caregiver may come to partly identify with the careful, attentive, thoughtful empathiser that is the very source of that disfunction, and as part of that, the emotional muting of the Phinneas Gage effect might part of what she internalises. This internalisation will likely be encouraged by the active nature of the work in question – it's difficult to actively *do* this sort of work all day, and not come to identify with it to some extent. At this point, it might become increasingly difficult to protest that the changes involved are rejected in the same thoroughgoing sense as in depression; they are, at least, accepted if not desired.

So there are at least these two ways in which the emotional displacement involved in the two conditions are more resolutely resisted in the case of depression than in childcare. This plausibly has normative consequences for what support we owe to such individuals. Where, as in depression, the imposed temperamental change is resolutely unwanted in the very strong sense of also not being a foreseen consequence of something one intentionally pursues, and of also not being a change that ends up being accepted and internalised, then that individual arguably has a claim to support from others in dealing with this uninvited condition. Where, as in childcare, the change is unwanted only in a weaker sense compatible with foreseeing it as a result of one's intentional decisions, and with the possibility of internalising the changes, we might reasonably conclude that there is no strict duty owed by others to help. Still, even if this is right, and talk of rights or duties to help caregivers undergoing this sort of psychological effect as a result of their caregiving work is strictly out of place for these reasons, we might think that there are less formal normative consequences in the offing. Even if society at large, or those close to the caregiver, are under no obligation to support her where they can, appreciation of the psychological risks of the work makes such offers of support highly appropriate, and in a very ordinary sense, the right thing to do.[17]

§5 Objections

I turn now to two objections one might have to the argued claim of the last section.

i. Not all primary caregivers do the empathetic work described in §§2-3.

This is, of course, true. But to say that not everyone does it is not to say that it is not part of the work. It is an especially skilled and difficult part of the work involved in raising children – not least, for the reasons listed in §3 – and as many new parents despair, it's not as if having a child comes with a training manual. Just as with any other field of skilled work, it is to be expected that there will be variation in aptitude, drive, relevant experience, or interest – and even the most committed and accomplished caregivers will have good days and bad. But none of this undermines

[17] For a broader discussion of questions about our duties to alleviate chosen and unchosen conditions, especially in medical contexts, see Wikler (2012), Ekmekçi and Arda (2015), and Albertsen and Knight (2015).

the claim that emotion-management and -training is part of the work involved in raising a child, that psychological understanding is required in order to carry out those parts of the role, or that active empathising is our primary epistemic route to that understanding. So the argued claim that the work involved in raising children is liable to produce the sort of emotional hijacking effect described in §1 on primary caregivers still stands, even if individual variation in caregivers' engagement with that part of the work makes it a pro tanto generalisation.

There is also another nearby objection to be addressed here. Aside from those who side-step it through disengagement, there may also be individuals whose psychological make-up makes the form of empathy I have described easier than for others, or whose high levels of emotional energy and intelligence are left undented by the work. This seems right; not every primary caregiver will experience the phenomenon I have characterised. Even so, there is still an important philosophical task to be done here – of providing the hermeneutical resources to identify and theorise a highly distinctive experience that many, even if not all, caregivers are liable to experience to as a result of their work, which was previously hidden from philosophical view.

ii. The empathetic work described is not an essential part of primary caregiving for children; it's a highly optional element associated with a 'gentle' style of parenting.

This objection says that the form of empathy I have characterised as our primary epistemic route to psychological understanding in childcare isn't mandatory. It may be à la mode in a current mainstream Western context, but that is nothing more than a contingent phase in parenting fashion. It has been different before, will be different again, and is different now in other cultural and subcultural contexts. So even if the argument goes through, I have only identified a contingent and passing phenomenon, rather than a deep truth about raising children.

I have two things to say to this objection. The first is that it would hardly undermine the interest of the identified phenomenon if it turns out to apply selectively to those in mainstream current Western contexts. That still captures a lot of people.[18]

The second is to register a measure of scepticism. So-called 'gentle' parenting styles may advocate certain working practices when it comes to the deep empathetic work involved in childcare, practices that makes elements of that work explicit where other styles might not. These include age-appropriate 'scripts' for specific sorts of situation that validate the child's feelings, the staged introduction of emotional vocabulary to aid the child in recognising and naming their feelings, or verbal and physical techniques for helping the child learn to self-manage strong emotions. But plausibly the general form of the work itself – the raising of children to learn to recognise and respond to their feelings – is a much more basic reflection of what it is to be a socially-dependent animal, who must learn to emotionally self-regulate for the sake of effective social coordination by the time they reach maturity. Alternative parenting approaches might differ on how best to carry out this sort of emotional training – perhaps by letting the children be free make their own emotional 'mistakes' so they can learn from them, or by setting firm expectations about when

[18] Notice: These people would have, in a sense, chosen a parenting style that results in the Phinneas Gage effect, but still not in a way that has them invite in the effect itself, which may nevertheless be entirely unwanted.

emotional expression is acceptable, and so on. But these differences occur at the level of response to the emotional life of the child, rather than variation in whether emotional training is involved at all. And before we can decide how to respond, we must first seek to understand the child's emotional life, and for that – I have argued – the sort of committed, active form of empathy characterised above is needed.

§6 Conclusion

While I have been concerned with a highly specific form of self-alienation associated with the work involved in childcare, many (overburdened and underslept) primary caregivers of young children are also unlikely to feel like themselves in the more playful sense of that phrase with which I began too – the sense in which one merely fails to feel like one's *best* self. Add to this a list of straightforward self-sacrifices incurred by the role – the forfeiting of personal projects and goals, a reduced capacity for 'self-care' or attention to self-presentation, new limitations on travel and professional work, the physical toll on the caregiver's body, and so on. Already, conditions are ripe for feelings of self-loss. But amongst all this, the form of experienced self-alienation argued for in this paper plays a special, disquieting, role: becoming a primary caregiver depletes one's very capacity to identify, articulate or process how one feels about all these other first-order losses.

All of this is cast in the language of loss – and for good reason. The primary phenomenological phenomenon I have been trying to capture is a felt diminution or loss of one's sense of self emerging from a core aspect of childcare work. But even for primary caregivers who experience this self-alienation, such a feeling of loss is not the whole story. I want to end by identifying three ways in which engagement in the special form of empathetic activity can also serve to enrich the caregiver's life, or contribute to her flourishing.

The first is the opportunity it presents to gain new insight into the human psyche. For most of us, no other relationship during the course of a lifetime calls for such intensely devoted efforts to understanding another. With these efforts comes a torrent of new understanding about human psychology – a new or renewed practical ability to recognise and respond to the psychological needs of others, heightened competence in psychological prediction and explanation, an increased capacity to spot psychological patterns or traits over time, and to identify confounders when such a pattern fails, and so on. Of course, this improved skill-set is honed on efforts to understand the psychology of just one (or a very few) human(s) in particular, but the insights so gained are likely to leave the caregiver with an enlarged understanding of human psychology in general. In this way, the caregiver is positively cognitively transformed by her engagement with the very aspect of the work that I have argued leads to the Phinneas Gage effect. She might struggle to access psychological facts about herself, but after occupying her caregiving role she is likely to be better positioned to understand her fellow humans than she was before.

The second is an unparalleled opportunity for loving intimacy with another. Loving intimacy is an intrinsic good, a source of value in itself that contributes in an outsized way to the flourishing of individuals. Adam Swift and Harry Brighouse have argued that the specific intimate relationship one has with a child in parenting is *so* valuable to the adult that it grounds a (defeasible but fundamental) right to parent. Part of their characterisation of this distinctive intimate relationship concerns the *quality* of the intimacy, by which they primarily mean the spontenaeity and unself-

consciousness with which the child shares herself with her caregiver, something we rarely find in adult relationships (2014: 91). Their observation about the special-making effect this has on the nature of the child-caregiver relationship is a compelling one, but it leaves open the question *why* such uncontrolled self-sharing should be a special-making feature of a particularly intimate relationship.

A plausible part of the answer, it seems to me, is that to have an intimate loving relationship with another just is, in part, to *see* them for who they are – to know them inside and out – and to treasure what one knows; in Raimond Gaita's terms, love has the revelatory power to disclose the fundamental *preciousness* of the other.[19] The freedom with which a child shares herself with her caregivers exposes herself to being thoroughly known in this way – the caregivers have uncensored access to great swathes of her evolving temperament and psychological profile. But, of course, even in the absence of deliberate efforts on the part of the child to control what elements of her psychological life she shares, I have argued in this paper that the empathetic work involved in coming to understand a young child is difficult and highly skilled. The very aspect of the work that leads to the Phinneas Gage effect, then, is also what makes possible the conditions of loving intimacy between child and caregiver. And of course, the presence of such relationships lies at the very centre of most conceptions of the good life; as Swift and Brighouse put it, 'For most people, intimate relationships with others are essential for their lives to have meaning. […] A life without such relationships, or in which they all fail, is usually an unsuccessful life. If there are exceptions, there are not many.' (2014: 87-88)

A third and final way in which it is possible for the form of empathetic work identified in this paper to contribute to the well-being of the caregiver is much more directly connected to the Phinneas Gage effect itself. Brandi Carlile's song written for her daughter, *The Mother*, begins with the line: 'Welcome to the end of being alone inside your mind.' Throughout this paper I have been pitching the Phinneas Gage effect in a negative register, but Carlile's words invite the possibility of a rather different interpretation. The prospect she offers, of no longer living alone inside one's mind, is a *welcoming* one. There is a sense of liberation that comes with no longer seeing and responding to the world through the lens of self-interest, of caring so powerfully for about another that one breaks free of one's old cramped emotional patterns and starts again from scratch. There is, in other words, a transformative freedom in no longer feeling like oneself: from a blank slate one can apprehend the world anew, reassess one's old value-structures, decide again what matters. Seen this way, the sense of self-loss associated with the work involved in childcare is an inevitable part of a much more radical self-transformation that can be brought about by the experience of raising young children – in addition to being epistemically transformative, in Paul's terms, raising children is normally a *personally transformative* experience, that changes one's values, point of view, personal preferences and even who one takes oneself to be.[20] Who we are, after becoming primary

[19]'Preciousness' for Gaita is a sort of inalienable dignity of all humans, whose proper response is love (in various forms); see 2013: 5.

[20] 'If an experience changes you enough to substantially change your point of view, thus substantially revising your core preferences or revising how you experience being yourself, it is a personally transformative experience' (2014: 16)

caregivers, is different from who we were before; to get there, it may be that we must first undergo some measure of self-loss.[21]

References

Albertsen, Andreas & Knight, Carl, 2015, 'A framework for luck egalitarianism in health and healthcare', *Journal of Medical Ethics* 41, (2):165-169.

Barlassina, Luca and Robert M. Gordon, "Folk Psychology as Mental Simulation", *The Stanford Encyclopedia of Philosophy* (Summer 2017 Edition), Edward N. Zalta (ed.).

Bermudez, J.L., 2003, *Thinking Without Words*, Oxford: Oxford University Press.

Brake Elizabeth and Joseph Millum, "Parenthood and Procreation", *The Stanford Encyclopedia of Philosophy* (Spring 2022 Edition), Edward N. Zalta (ed.).

Brighouse, Harry, and Adam Swift 2014, *Family Values: The Ethics of Parent-Child Relationships*, NJ: Princeton

Dalmiya, Vrinda, 2002, 'Why Should a Knower Care?', *Hypatia*, 7:1

Ekmekçi, Perihan and Berna Arda, 2015, 'Luck Egalitarianism, Individual Responsibility and Health, *Balkan Med J,* 32:244-54

Federici, Silvia 1975, *Wages Against Housework*, Power of Women Collective, Falling Wall Press.

Gaita, Raimond 2013, *A common humanity: thinking about love and truth*, London: Routledge

Gotby, Alva 2023, *They Call it Love: the politics of emotional life*, UK: Verso.

Guryan, Jonathan, Erik Hurst, and Melissa Schettini Kearney, 2008 'Parental Education and Parental Time with Chidren', in *Journal of Economic Perspectives,* No. 13993.

Liebermann, F. Alicia, 1995, *The Emotional Life of the Toddler,* London*:* Simon & Schuster.

Maibom, Heidi, 2017 'Affective Empathy', in *The Routledge Handbook of Philosophy of Empathy*, Heidi Maibom ed., London: Routledge.

Paul, L.A., 2014, *Transformative Experience*, Oxford: Oxford University Press.

Ratcliffe, Matthew, 2014, 'The phenomenolog of depression and the nature of empathy', in *Med Health Care and Philos*, 17: 269-280.

[21] For feedback and discussion, my thanks to Heather Logue, Daniel Morgan and the Mindwork Group.

Salje, Léa 2021, 'Depression, *Ataraxia*, and the Pig', in *Australasian Journal of Philosophy*, 101 (2) 251-266

Smith, Jeffery 1999. Where the Roots Reach the Water: A Personal and Natural History of Melancholia, 662 New York: North Point Press.

Spaulding, Shannon, 2017, 'Cognitive Empathy' in *The Routledge Handbook of Philosophy of Empathy*, Heidi Maibom ed., London: Routledge.

Wikler, Daniel, 2002, 'Personal and Social Responsibility for Health', *Ethics and International Affairs,* 16 (2):47-55.

LÉA SALJE (l.c.salje@leeds.ac.uk) is Associate Professor of Philosophy of Mind and Language at the University of Leeds.