



Name: Dr Bidisha Chatterjee
Designation: Assistant Professor
Dt. of Joining full-time Service (College) – 02.01.2003
Qualification: MA in Philosophy, Jadavpur University, 1998
• M.Phil in Philosophy, Jadavpur University, 2002
• PhD, Jadavpur University, 2007.
Title of the Ph D thesis -Gender, Justice and Ethic of Care
(Abstract below)

Areas of Specialisation:

- Practical Ethics
- Feminist Philosophy
- History of Western Philosophy

Teaching Experience:

Courses/areas covered in UG teaching schedule:

Honours:

Psychology, History of Western Philosophy, Practical Ethics

General

History of Indian and Western Philosophy, Psychology, Social and Political Philosophy

Research:

1. Presented a paper – ‘Daradi Mulyaoner Aloke Manavimon’, in a State Level Seminar on Manavmon , Pavlov institute, Kolkata, on 10.1.2011
2. Presented a paper – ‘Autonomy and Relationship in Ethics of Care’, in a State Level seminar on Women power and Care: In Society Nature and Norms, WBSU Department of Philosophy, on 7.3.2012,
3. Presented a paper, ‘Our Voice: Really Ours or a Cultural Construct? – A Reflection from a Feminist Standpoint’, in National Level Seminar Panel Discussion on Culture and Marginalization, on 6.2.2013.
4. Presented a paper ‘Our Values – Really ours or an Institutional Construct’, in a Workshop (as a part of UGC – C.P.E Programme), on Value Education, held at Bijoy Krishna Girl’s College, Dept. of Philosophy, on 1. 2. 2014.
5. Presented a paper ‘Mental Health and the Ethic of Care’, in a National Seminar on Women and Health: Some Ethical Issues, at West Bengal State University, Department of Philosophy on 24.3.2014.
6. Presented a paper – ‘To be Different – ‘A Blessing or a Curse: Revisiting Development of Women from Feminist Perspective’ in UGC sponsored StateLevel

seminar on – ‘Women Today – Are they Strangers? , APC College, Equal Opportunity Centre, 11.12. 2014.

7. Presented a paper Wittgenstein’s Philosophical Investigation and the Ethic of Care, Language, Communication and Society West Bengal State University, Department of Philosophy 19 .12. 2014,National Level

Chaired a Session:

Chaired a Session in a State Level Seminar, on Different Facets of Vivekananda’s Philosophy, WBSU, Department of Philosophy, on23.11.2012.

Publications:

Article:

1. ‘Amader Mulyabodh: Satyi ki Amader Naki Pratishthanik Nirman? – Narivadi Dristikon Theke Ekti Pratiphalan’,*Value Education*, Kalyani Sarkar& Sweta Guha(eds.)Avenel press, 2015, ISBN 978-93-80761-76-3.
2. ‘Psychotherapy and Gender’ ,*Ethical issues in Mental Health Services*, Soumitra Basu & Sadhan Chakroborti(Eds.),Gangchil, 2009, ISBN 81- 86954-49-X.
3. Mukherjee Bidisha, *Redefining Ethics As Care*, Papyrus, Kolkata, August, 2008, ISBN- 81-8175-024-3, Distributor – Setu

ARTICLES/CHAPTERS PUBLISHED IN JOURNALS:

1. Mukherjee Bidisha, ‘ Freuder Jounavivartan Tattva: Ekti narivadi Mulyayana’, *Ebong Mushayera*, Pushpa Mishra (ed), ISSN 53193/94, March, 2014.
2. Mukherjee Bidisha, ‘Manosamikshane linga Sapekshata’,*Tepantar*,, Samhati publishers, Vol – 8, Magh 1416, Jan 2010.
3. Mukherjee Bidisha,’Gendered Interpretetion of Selfhood Construction’, *Jadavpur Journal of Philosophy*,Vol:18, No. 1, 2008

Research Projects: UGC, others (full details)

1. UGC Sponsored Minor Research Project – 2005-07

Title: Gender, Justice and Ethic of Care(completed)

2. UGC sponsored MRP 2009-11

Title: Role of Gender in Psychotherapeutic Treatment(completed)

3. UGC, MRP 2014 (ongoing), Grant

Care: An Antidote to Injustice

(Abstracts below)

Fellowships/ Grants/ Honours/ Awards: (full details)

Joined as Junior Research Fellow, Jadavpur University, Department of Philosophy, Ref No: p-1\Rs\169\01, from 19\10\01 to December 2002.

Honorary posts held: NAAC/IQAC/TCS/HoD/ GB member (tenures)

- TCS for the Session 2014-2015
- TCS for the Session 2015-2016
- Member in Governing Body from 2014 till now
- Member of NAAC Steering committee(2014-15)

Administrative Experience:

College Sub-Committees:

- 2015 Cultural Committee: Convener, Exam Committee: Member, Office and Leave – Member, NAAC Committee - Member
- 2014 - Cultural Committee: Convener,
- Student Welfare Committee: Member
- 2013: Academic Committee (Remedial), Cultural Committee: Member

Infrastructure Committee: Member

Other Engagements:

- Organized One Day Counselling Workshop for Ist, 2ND and 3rd Year Students in 2014 in collaboration with Centre For Studies and Self Development.
- Had been the Co-ordinator of Short Term Counselling Course for Teachers Organized by the College in November 2014
- Had been the joint Co-ordinator of the State Level Seminar held in the College premise on March 2014
- Organized a 6 months Short Term Course for Students in collaboration with Centre for Counselling Services and Studies in Self-Development, Jadavpur University, Kolkata, 2014-2015

Other engagements:

- Have taken Post Graduate Classes as Guest Teacher, (Course 2.06.11), on Analytic Philosophy in Semester III, July2012-December2012, session, in West Bengal State University.
- Have taken Post Graduate Classes, as Guest Teacher on Analytic Philosophy, (Course 2.06.11), in Semester III, July2014-December2014, session, in West Bengal State University.
- Have taken Post Graduate Classes as Guest Teacher on Kantian Ethics, in Semester I, (July2014-December2014), session, in West Bengal State University.

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Abstracts:

PhD Abstract:

The mainstream moral psychology as developed by Freud, Piaget and Kohlberg, views development of a self in the light of detachment, separation, abstraction and autonomy. Consequently such self learns to think and behave in an egocentric, individualistic, isolated and autonomous manner. Individuals developing under this developmental scale attain the highest maturity level through their commitment to more-or-less impersonal rational ideals such as – ‘obeying the law’, or ‘thinking rationally for the restoration of universal good’. The traditional concept of abstract autonomous self thus conceptualizes psychological development or maturity and growth primarily in terms of increasing autonomy and independence. This detached way of moral thinking compels them to understand a moral dilemma from the standpoint of pure, objective, abstract, universal reason that is detached from any kind of contextual and emotional subjective influences. But in reality, ethics and morality is such a concern that cannot be captured and understood at all in the real sense of the term if it is abstracted from its context and examined through the lenses of pure, objective reason. If such abstraction is committed then it ceases to be a moral doctrine and becomes a mere script of conglomerated rational dictates. Such set of moral code

thereby fails to resolve inequalities and injustices that occur in the real life moral situations.

Keeping a critical eye upon this homogenizing tendency of the moral dictates in the traditional model the contemporary feminist agenda is committed to the acceptance of heterogeneity as a virtue. Even within the category of ‘women’, there exist a great deal of significant variety, which needs to be addressed separately in their unique particularities. Feminists also point out that all differences need not be hierarchical and attempt to construct a scale to accommodate personality differences, is considered by many to be a form of artificiality and a source of coercion. These feminists are of the opinion that the root of universal prescriptions is the insensitivity to the significant differences among individuals. There are real differences, which need to be addressed while constructing ethical systems. They feel that in the name of personhood-homogeneity a male-gendered bias is reflected and perpetuated. This way of perceiving differences among individuals has led to the emergence of two distinct approaches in moral psychology, one is the hierarchical-developmental approach, and the other is the non-hierarchical difference approach. As a consequence of these two approaches, two parallel views on self-hood constructions have evolved – one propounds the autonomous self and the other propounds the relational self. The former self prefers the right-based reason-based, rule-based moral justification as such moral orientation can ensure ‘equal application of rules to all without any discrimination’. However this arbitrary use of universal moral prescription to all ethical issues across the board, is seen as a hazard in the eyes of the feminists who envisions hidden gender-bias behind this neutral curtain of ‘universal objective set of moral dictates’. This has led to the conceptualization of different alternative ways of moral evaluations, one of which is Gilligan’s ethic of care. In this research I have

addressed the psychological path taken by Gilligan to conceptualize her care ethics, which is more a relational ethics, a dialogical ethics, a participatory-ethics that is sensitive to the contextual details and concrete individuality of an ethical situation. My intention in this research is to uphold the care-based ethical stance as a novel ethical approach that works within a broader normative parameter of peaceful co-existence of species at large.

MRP 1

Synopsis

The primary intention of my Minor Research Project is to interpret an alternative model of moral justification as opposed to the existing justice-based ethical system. I would like to construct the theoretical frame of reference that will form the foundational basis of care ethics to emerge out as a distinct ethical discourse with the aim of diminishing gender discrimination, injustice and unequal treatment in the moral domain. My hypothesis here is that the ethic of care with its dialogical ad hoc approach will work to ensure peaceful co-operative co-existence of several species with their heterogeneous needs, on this earth.

MRP 2

Synopsis:

In both physical health and mental health sector some significant ethical decisions are often required but lack of proper structural code of ethics put hindrance towards justified decisions. There are various aspects from which these issues can be addressed. My intention here is to enquire about the ethical dilemmas that emerge in mental health crisis situations. Particularly I have tried to examine whether in a therapeutic set up, the relationship between a patient and a physician is subject to

gendered reading. I have also analyzed how gender issues are handled in such situations. Does the physician's decision reflect a voice constructed by gender stereotypes? On analyzing these, we would be able to understand the implication of gender perspective in the context of diagnosing a female patient. I have also examine the feminist perception of the physician's gender bias. Moreover the issues of neutrality and objectivity in understanding the client's position have often been debated as in practice the therapists fail to remain purely neutral and objective while intervening a situation. At this point the moral question that comes up is, if a therapist fail to remain neutral and objective in understanding the client's position and becomes judgmental, is he doing a morally wrong act? While trying to address this dilemma, I have stated the feminist position regarding this.

The existing psychotherapeutic trend owes its origin to the field of psychology that underwent a dramatic change during the first half of the twentieth century. This change revolutionized the way in which psychologists look at the human mind and personality. The person responsible for this sea-change was Sigmund Freud. His psychotherapeutic theory proposed a radically new conceptual and therapeutic frame of reference for the understanding of human psychological development and the treatment of abnormal mental conditions. Today much of the psychotherapeutic theories owe their origin to the analyses developed by Freud. These theories and constructs are directly applied in clinical settings and have set the tone for psychiatric treatment of women and men. Many of the later psychological theories on personality development like that of Piaget and Kohlberg partly share Freud's ideologies. The Freudian tradition is primarily defined in terms of increasing autonomy. In Freudian tradition, a matured individual should be rational, autonomous and be capable of making impartial universal judgments. Consequently, such values are incorporated in the theorieswith the view of translating them into the clinical set up. In reality, however the psychotherapists

are finding it difficult to maintain strict rules and principles of psychotherapy while attending any mental crisis situation. Not only that, it is often found that the physician's decisions are gender-biased as they cannot come out of their social and cognitive beliefs that are ingrained in their thought systems. Moreover , it is found that the therapists are under the spell of patriarchal ideologies and consequently their social upbringing reflect their decisions the therapist being a gendered individual is trained to follow the socially scribed role expectations of women and men. Consequently, it influences them to take understand and decisions within that gendered structure of thought. They cannot come out of their stereotypical thinking and biased standpoint while intervening any situation. The result is that the client suffers. The client goes to a therapist with the intention of getting relieved from the mental agony she or he is suffering and also that the therapist will be able to grasp her/his vulnerable lived- situation in its truest sense. So here, if the therapists are found to be gender-biased or even ignorant about the actual lived-difficulties of the client, then surely it will be the client who will suffer at the end and that is a morally wrong act on the part of the therapist. Moreover, the increasing trend of psychical distress among people on one hand and professionalism of the therapists on the other is leaving little time for the latter to really understand the distinctness and uniqueness of each case particularly the cases which are gender-sensitive. I have tried to find out how far the therapists are aware of the need to be gender-sensitive while pursuing therapeutic situation. In this connection I have suggested following the feminist trend that the therapist should adopt co-feeling instead of empathy in understanding the client's vulnerable mental state.

At the concluding part I have suggested that the existing way of viewing a therapeutic relationship between a client and the therapist need to change as it sees relationship as contractual and a kind of objective investment. By trying to remain neutral, impartial and objective, they avoid subjective involvement and emotional commitment and understanding

of the client's position. This prevents them to really grasp the lived-reality of each client and hence at the end they fail to give back mental stability to the client. With a view to rectify the way of understanding the vulnerability of the client, I have suggested the care-based, connectivity-based approach toward attending a client.

MRP 3

The term 'woman' is a gender construction. In the gender hierarchy women are placed at the margins for being emotional, weak, and caring. As she is being placed at the margin, her experiences are being neglected. So, we see that virtually women are being trapped in the midst of patriarchal will and wishes. But it is also true that women who are facing the consequences of gender – discrimination want to get rid of this pain. She wants this problem to be noticed by someone who can understand it and also solve it. In a way, it can be said that women wants their problem to be heard and resolved by just institutions and just laws. In our society, the existing theories that guide the just institutions are grounded on rational foundations of Immanuel Kant and John Rawls.

The feminists find this structure of justice detrimental to upliftment of women's sufferings. The foundation of Kantian/Rawlsian model is gender neutral and based on universal prescriptive rational views, therefore cannot accommodate personal empirical reflections and situatedness of the problem. The scaffolding of the theories are based on pure reason and thereby do not feel the pain and agony of each victim and their sufferings. But, the problem of women is by nature a situated problem, and not a generic one. It is a specific problem ushered by gender specific reason. There are two ways of dealing with it - either women's inequality or discrimination has to be redressed in the existing justice mode (Kant & Rawls's reason based justice model) or the old system has to be replaced by a new one.

Now we see that in most cases the first option is chosen as the existing justice system works and supports Kant Rawlsian model. But the problem with the existing system of law and justice is that when it comes to real decision making in cases of sexual harassment or rape or abuse, women's lived experiences, their real pain and emotional distress – do not matter. Only what is rational to do is being given importance. Sometimeswe can see that judgments go in favor of men involved on the ground of benefit of doubt. Sometimes the judgments, in order to maintain neutrality and impartiality, fail to address the emotional aspect of victim. I would analyze case studies

here to establish the claim. So it is not the case that justice can always solve each every such instance and relieve women from the emotional distress and their real life suffering. More cautious implementation of justice is needed in the legal sector. Judgments like capital punishment or lifelong rigorous imprisonment can only bring temporal relief to the victim or her families devastated by such criminal acts, or satisfy the mass rage against such inhuman corrupt acts. But in long term, the social scenario remains the same – a minor girl child, or a woman in a vulnerable position fall prey to male sexual gratification.

The primary intention of my research is to critically assess the existing system of thought and come out with new and alternative ways of addressing these gruesome acts. This issue has two things to look upon – first, why society is producing a generation that uses women as object of gratification. What are the cultural social and other factors that are initiating these trends of thoughts in our society? Secondly, how could we work for reducing such criminal acts? How could we change the mind-set of ‘men’ in our society towards women at large? How could we ensure ‘justice’ to women? It is at this juncture the care based ethics gains its ground. The care ethicists argue that when we are seeking justice, we need to look upon two aspects –firstly what has happened should not re-occur and secondly, does the victim really get relief if the perpetrator gets punished?