

Care Ethics As Applied Ethics – Topics For Freedom –

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Care ethics is probably the most important and original chapter of feminist ethics. The field mainly developed following the publication of Carol Gilligan's work, *In a Different Voice*, and it acquired its importance and autonomy based on the works of authors like Joan Tronto, Annette Baier, Nel Noddings, Margaret Urban Walker, etc. My aim in this paper is to show that care ethics is, basically, a field of applied ethics, in both meanings of the term. It is "ethics", being inscribed in the philosophical tradition of moral research, and at the same time "applied", that is, being articulated at the mobile intersection between philosophy and political theory. I will insist on a perspective which is my special interest, namely that of *liberal feminism*. This is especially important taking into account that there has long been a tension between the liberal approach and the one concerning care, and which can possibly be removed by stressing the complementarity of the two approaches. However, before going into details, I will present the main guidelines of the debate about care, insisting on the form offered by Gilligan, and also on the possible ways of anchoring the discourse on care in the ethical tradition of philosophy.

1. Carol Gilligan: from a "different voice" to "care ethics"

Carol Gilligan is considered to be one of the most influential writers in outlining a distinct feminine perspective in the ethics of care. It is not by chance therefore that her work, which formulates the theory of "care" as a distinct feminine domain, as opposed to the masculine version of "justice", is in fact a work of psychology and not of abstract ethics.¹ Consequently, the manner she constructs problems and elaborates patterns does not come from a purely theoretical reasoning, but from the interpretation of studies made on concrete individuals. This subscribes

¹ I agree with John Paley's observation: "Gilligan is not a philosopher, and her interests are largely empirical". John Paley, "Heidegger and the Ethics of Care", in *Nursing Philosophy* 1 (2000), 65.

therefore to my preliminary observations about feminist ethics as applied ethics.

Gilligan's work¹ is based on several psychological studies on subjects in different circumstances (comparison of female and male answers in different age-groups; comparison of the answers of students attending a course of moral and political theory; or even the analysis of certain women's attitudes towards abortion, before and after it took place). It should be mentioned that there is a slight discrepancy between the author's initial discursive intentions presented in the introduction, which aim at a most precise localization of the "discoveries" (which are detailed to be purely empirical, relevant only for the context in which they were observed, and for the persons who manifested them), and the irresistible (and inherently linguistic) tendency to continuous generalization from particular cases to general patterns. There is another hesitation between the tendency of associating the "different moral voice" treated in the book with a feminine voice (a tendency criticized in the later literature), and that of distinguishing between them in order not to make such an association between "care" and gender (on the second page, she writes: "The different voice I describe is characterized *not by gender, but theme. Its association with women is an empirical observation ... but this association is not absolute*") [italics mine].

Thus the book is structured on several layers, all of which analyze (in strict correlation with all the others) the different levels of the moral self (female and male): the life cycle, image of relationships, concepts of the self and morality, crisis and transition, women's rights and judgments, visions about maturity. All these levels and layers gradually gather details and nuances to outline what, from the very beginning, the author has called "a different voice". Women voices sound "distinct" because, as the author demonstrates by the analysis of the examples from the classical studies on moral development (Kohlberg, Piaget, Erikson, Lever), the whole framework of experimental psychology was conceived in such a way that it referred to the male subject and his reasoning as a "norm" and to the female subject and her responses as "deviant" from the norm. In the famous example of "Heinz's moral dilemma", where two children, Jake and Amy are asked whether Heinz should or should not steal a medicine if his wife's life depended on it and he had not enough money², the real questions of the psychologist

¹ Carol Gilligan, *In a Different Voice. Psychological Theory and Women's Development*, Cambridge, Massachusetts: Harvard University Press, 1982.

² *Ibid.*, 25-31.

are analyzed and shown as being biased regarding the girl's responses. Amy simply answers a different question from what the researcher asks – the “how should Heinz act” question, and not the “should or shouldn't he steal the medicine” one, and this exceeds the framework considered by the researcher, thus making him deaf to the girl's answers. The boy's answer is appreciated according to the norms of the researcher because he confirms the researcher's general expectations, and thus it can be recognized and validated, while the girl's answer is marked as inferior. This is generalized in traditional psychology and psycho-analysis, and this implicitly offers a basis for disregarding women as moral subjects, as their answers and actions do not accord with the defined “norm”.

What exactly characterizes the “different voice” of female subjects? Carefully analyzing the answers of various subjects, Gilligan claims to read a genuine concern for relations, connections, for the care of other's needs and expectations, and for a continuous contextualization in the case of women, and accordingly, a concern for detachment, individualization, and an appeal to general and abstract principles in the case of men. These observations are based on a quasi-scientific “ground” when Gilligan speaks about the evolution of children's personality, in an obvious opposition with traditional psychological patterns (the reference to Freud is constant and polemical). Thus, opposing the Freudian theories which presented the evolution of the masculine self in terms of success (exceeding the oedipal phase, conflict solving), and that of the feminine self in terms of failure (inability to resolve the oedipal phase), Gilligan builds up a pattern, also based on references to Chodorow, in which the masculine self is centered on separation (because he needs to detach from the mother, the opposite-sex parent), while the feminine self is centered on relating (because the mother, the main person in charge of raising the children, is a similar model, and not a divergent one).¹

The male way of relating to a moral situation is thus dominated by a paradigm of disregard for the context of the problem, or rather of withdrawing its details from the context, and solving it by referring to abstract principles or values. The female way on the other hand searches for the context and integrates the problem into a network of relations sustained by a process of communication. Moreover, the masculine moral ideal is that of perfection, while the feminine ideal is that of care. Generalizing, and thus transferring the observations from the field of psychology into that of morality, Gilligan says: “Amy's judgments

¹ Ibid., 6-7.

contain the insights central to an ethic of care, just as Jake's judgments reflect the logic of the justice approach."¹

Gilligan's approach as a whole seems quite difficult to be contained into contemporary moral terminology otherwise than via the branch of applied ethics. We might possibly speak of intuitionism, as there is a constant reference to the voices and intuitions of the moral subjects, but this would mean both a distortion of intuitionism, and of the author's declared intentions. Thus, the so-called "care ethics" is from the very beginning an applied ethics: it presupposes the application of certain psychological perspectives suitable to be tested and validated in the field of morality. The unfolding of the book proposes the following development: psychology – moral development – (applied) ethics.

In a later published article² the conclusion drawn from studies made on subjects of different sexes is formulated in a manner both more general and more cautious: "1) concerns about justice and care are *both* represented in people's thinking about real-life moral dilemmas, but people tend to focus on one set of concerns and minimally represent the other; and 2) there is an association between moral orientation and gender such that both men and women use both orientations, but Care Focus dilemmas are more likely to be presented by women and Justice Focus dilemmas by men."³ Passages of this type, which also appear, as we have seen, in some places of *In a Different Voice* and in other articles as well, constitute the ground for the justification of identifying, in the case of most interpreters, "care ethics" with a "feminine ethics" and furthermore with a sort of "women's ethics, female ethics".⁴

¹ Ibid., 30.

² Carol Gilligan and Jane Attanucci, "Two Moral Orientations", in Carol Gilligan, Janie Victoria Ward, Jill McLean Taylor, eds. with Betty Bardige, *Mapping the Moral Domain. A Contribution of Women's Thinking to Psychological Theory and Education*, Cambridge, Massachusetts: Harvard University Press, 1988, 73-86.

³ Ibid., 82.

⁴ Although they seem similar, the two expressions are not identical. The distinction they articulate is largely the distinction between gender and sex – if the "feminine" appeals to the social-cultural category of gender, the other term doubtlessly connotes the sexual category of the female. There are certain contextual arguments according to which both types of identifications can be applied for Gilligan's work – more justified for the first assumption than for the second one. As far as I am concerned, I vote for the first option, as the second contains essentialist assumptions hard to be justified. A similar case of semantic indecision we find in the case of the "feminine language" vs. "women's

Gilligan's later concerns seemed to indicate still that her interests would concentrate on the empirical side of research and not on the theoretical ground required for a philosophical elaboration of the concept of care. Thus Gilligan's next book, written as a collaboration, and where she speaks about her research in an elite school for young girls (Laurel School) also treats about "different voices". Here the (single) "different voice", which in the previous work was considered more or less uncritical as characterizing women and girls in general, is rendered much more problematic. That is, the authors discovered "discrepancies" and "distortions" in the teenager discourse, which seemed to have been absent in that of little girls and which was accentuated in the discourse of older girls and mature women. These distortions appear mainly at the level of the perception of relationships, from relationships to false "relationships" (where the perception of the real is modified), as a consequence of the intrusion of patriarchal order. Gilligan's idea is that women and young girls should mutually learn from each other for a future hope of passing this phase; if they can manage to forget relationships for the sake of "relationships", she argues, then their encounter would have the potential to change culture and society.

The last work we mention here, and in which Gilligan is also involved¹, deepens even more the study of women's "voices", this time taking into account other factors than age as well ("internalizing" the difference, one might say). This work analyzes interviews with young girls "under the risk" of leaving school or becoming mothers. This time it is about girls coming from different racial and economic environments, especially girls from low social conditions. The questions asked this time

language" controversy. Thus, pre-feminist discussions (Otto Jespersen) oscillated between a homological type of approach, pretending that the language of women translates innate biological dispositions. Feminist approaches usually turned towards concepts of the "social role of language" type (Robin Lakoff), preferring the analogical approach. Finally, recent socio-linguistic perspectives (Susan Gal) bring to the fore a possible heterogeneity between gender and language:

"'Women's language' as a category is no longer seen as indexically deriving from the social identity of its users ('women'), but it has turned into an 'ideological-symbolic' construct which is potentially *constitutive* for that identity". Susan Gal apud Deborah Cameron, "Theoretical Debates in Feminist Linguistics: Questions of Sex and Gender" in Ruth Wodak, ed. *Gender & Discourse*, SAGE Publications, Thousand Oaks, 1997.

¹ Jill McLean Taylor, Carol Gilligan, Amy M. Sullivan, *Between Voice and Silence. Women and Girls, Race and Relationship*, Cambridge, Massachusetts: Harvard University Press, 1995.

are “who speaks?” but also “who listens?”. Maintaining relationships this time is about maintaining the differences by keeping distinctiveness, individuality and the cultural tonality of the voices of the interviewed. Because, when women from different social classes, nationalities, or sexual orientations get in contact, they witness what Patricia Hill Collins calls “interlocking systems of oppression”. The psychological power, potentially political in connecting these women and girls who joined the project proved to be “more destructive, more difficult, and more hopeful than we have imagined”¹.

The moral dimension implied by the paradigm of care ethics is present in all these works, but as a background, as a starting point which has to be exceeded due to the provocations offered by human subjects. Gilligan can rightly be considered the one who traced a new direction in feminist ethics; still, she did not stop here. Her works, commented and discussed in detail, have led to the crystallization of the particular field of care ethics. Still, the term itself, “care”, has a less “celebrated” tradition in the history of philosophy, and a dialogue between this tradition and feminist ethics can only enrich it.

2. The philosophical notion of care

The notion of “care”² has had an extremely interesting evolution, especially in the field of ethics. Before 1982 very few researchers granted the notion an ethical value comparable with those of the terms “justice” or “freedom”; with the publication of Gilligan’s work, however, it gained ground in this field. Still, the notion of “care” did not lack important theoretical approaches in the history of philosophy; on the contrary, one might say. Yet, works written after 1982 seem to largely abstract from previous ones, although a short insight into the history of the term proves both the recurrence of certain topics and debates, and the presence of new ones.

Two features of the notion could be observed during its evolution in the history of philosophy, continuing to attract attention in modern discussions of care ethics. One is its duality: care can both be a negative term – a burden, a set of problems which provoke anxiety (in

¹ Ibid., 11.

² The term “care” used here translates the following terms: *sollicitude* (in the expression “l’ethique de la sollicitude” which translates the English “care ethics”) or *souci* (Fr.) (especially in Foucault’s expression “souci de soi”), *Sorge* (Ger.), *cura* (Lat.).

Romanian visible mainly in its plural form, *griji* ‘worries’, or in expressions like: *a fi îngrijorat* ‘to be worried’, *a se lăsa pradă grijilor* ‘be a pray to worries’¹), and a positive one – referring for instance to a set of practices involving attention, sympathy, solicitude (in Romanian apparent in expressions like *a avea grijă de cineva* ‘to take care of somebody’). The other feature regards the centrality of the notion of “care” for a human being.²

Both traits have been present since the Antiquity, in a less well-known Greek-Roman myth, called *Care*. *Care* (*Cura*) appeared here as a goddess who molded humans from the silt of a river. She asked for Jupiter’s help to enliven these beings, after which she began arguing with him for the name these creatures should be called. Terra also intervened in the argument, she pretended to have given the “building material”. Finally, Saturn settled the argument, showing that Jupiter would take men’s soul after death, Terra would have their body, but in their lifetime they would be under the rule of *Care*, who shaped them. The role of care in this life thus seems to be the control of human beings, who are driven in opposite directions by their souls and bodies.³

Greek and Roman Antiquity followed this direction by developing the so-called *cura animarum* (care of the souls) tradition. Reich mentions here, among others, Socrates, Plato, Seneca, and

¹ The *Romanian Language Dictionary* contains the following meanings for *grijă* ‘care’: GRÎJĂ, griji. n. fem. 1. Fear or uneasiness felt by someone at the thought of a possible danger or unpleasant event that one might endure; worry. • Expr. A intra la griji ‘to get into worries’ = to start to be worried. • The cause of somebody’s worrying. 2. A special interest, concern for somebody or something, attention given to a person, a problem, etc. • Vb. phrase. A (nu) avea grijă (de cineva sau ceva) ‘(not) to take care of (somebody, something)’ = (not) to look after (somebody or something); (not) to supervise, (not) to guard (somebody or something). • Expr. A avea grijă (să ...) ‘to take care’ = to look out (for), to attend (to). A da (sau a lăsa) în grija (cuiva) ‘to give (or leave) for (somebody’s) care’ = to leave under somebody’s direct supervision; to entrust. – From Bulg. griza. *Dicționarul explicativ al limbii române* (Romanian Language Dictionary), The Romanian Academy, *Iorgu Iordan* Institute of Linguistics, Bucharest: Unvers Enciclopedic, 1998. <http://dex.francu.com/search.php>. Cf. with the meanings of ‘care’ in *Oxford Advanced Learner’s Dictionary of Current English*: **care**¹ *n* 1 serious attention or thought; watchfulness; pains (...) 2 protection; charge; responsibility (...).

² Warren Thomas Reich, “History of the Notion of Care”, in Warren Thomas Reich (ed.), *Encyclopedia of Bioethics*. Revised Edition, volume 1, New York: Macmillan, 1995, 319-320.

³ Hyginus apud Warren Thomas Reich, “History of the Notion of Care”, 320.

Plutarch. Explaining this tradition, Reich shows that the term “care” refers as much to the activities involved in the care taking of a person or a group (“healing” practices which aim at reconciliation, support, and guidance), as to the internal experience of solicitude or attention about the “object” of care.

The practices involved by *cura animarum* show two important features: first, that there is a hierarchy in value among the things that people choose to take care of, the most essential of which must be spiritual things; second, that the subjective experience of those who have to be taken care of is crucial for them.¹

2.1. (The ethics of) self care: Michel Foucault

One of the contemporary authors, much criticized otherwise in certain feminist circles (though not necessarily those concerned with care ethics), who seems to revive this antique tradition of the *care of the souls* is Michel Foucault. Especially in his later work he has frequently evoked the topic of “self care” (*le souci de soi*), which also was the topic of one of his last courses at the Collège de France. As we will see, in Foucault’s case one can speak of a *sui generis* “care ethics”, yet significantly different from feminist care ethics.

The topic of self care (*cura sui, epimeleia heautou*) is followed by Foucault all throughout Greek Socratic, Christian, and Stoic philosophy.² Its essential elements are as follows: 1) self care is the subject of a general attitude – towards the self, others, or the world; 2) self care is a form of attention; caring for the self means to turn from the outside towards the self; 3) self care designates not only a state, but also a series of actions practiced over the self (such as techniques of meditation, memorization of the past, examination of consciousness)³. In the last resort, self care becomes the instrument of a real “cult of the self”, which comprises a series of ascetic practices, exercises which lead to a training in abstinence: meditation on future evils (imagining the future as if it were present, in order to convince ourselves of the inexistence of the evil), practicing abstinence, privations, physical resistance; meditation

¹ Ibid., 321.

² Michel Foucault, *L’herméneutique du sujet. Cours au Collège de France (1981-1982)*, Paris: Seuil/ Gallimard, 2001.

³ Ibid., 12-14.

(the supervision of representations coming from the mind); meditation for the preparation for death (living each day as if it were the last one).¹

The role of self care becomes even more precise when concentrating on its relations with other disciplines. Thus, in relation to politics, one must notice that self care is not a simple preparation for life, it is a form of life. In relation to pedagogy again it is not a simple formation, but a mature practice which must be exercised for a lifetime. Beside the pedagogical role, it also has others: a critical function (weaning of bad habits), a combative function (to fight all life long as an athlete), a curative and therapeutic function (care for oneself, to be purified)².

An essential element which approaches it to feminist theories is the recognition of the essentiality of the presence of others: because one cannot care for oneself without the help of others. For this reason there are strict school organizations (such as Epictetus' school), private counselors (who offer political advice, or guidance for the education of the young), or a network of relations – family, protection, friendship, subordination – which all constitute a “soul service”³.

Still, as it is apparent, feminist care ethics differs fundamentally from Foucault's in the following aspects: 1) the accent of the syntagm “to care about...” falls on the self in Foucault's case, and on the other in the case of feminism; 2) the others are conceived by Foucault only as means that can contribute to self-realization; 3) care is seen as an intellectualized process; even if Foucault mentions several times the term “practice”, this practice is most often an ascetic-intellectual one. There have been however recent attempts of re-interpretation of Foucault's later texts, in order to find convergences between feminist care ethics and Foucault's self care-ethics.⁴

2.2. Is care a universal principle? Immanuel Kant

Kant's case is at the same time unusual and problematic. Traditionally, care ethics was interpreted as opposing the ethics of justice, and this concept was meant as referring to Kant's pattern (or at least its elements).

¹ Ibid., 479-484.

² Ibid., 476-477.

³ Ibid., 477-478.

⁴ Karen Vingtes, Dianna Taylor (eds.), *Feminism and the Final Foucault*, Illinois: Illinois University Press (forthcoming in spring 2004).

There are still enough voices in recent literature who re-evaluate Kant's position in this respect. Thus, Herta Nagl-Docekal¹ shows that the recent debate over certain concepts of care ethics has led to problems which require a new reading of Kant. She does not want to discuss Kant's theories about the morality of women², but whether the basic categories of Kant's moral philosophy contain elements which, whatever the author's opinion about gender differences, allow a feminist interpretation. John Paley situates himself on a relatively more ambitious position, when trying to show that Kantian ideas may offer the theoreticians of care ethics anything they are looking for, or that in matters in which Kantian theory cannot be conciliated with care ethics, the former is in fact more indicated.³

The common ground that both authors start from is that feminist ethics theory is usually understood as representing a counterpoint for Kant's theory.⁴ Care is usually described as opposing the implicit universal law in Kant's theory. One example is offered by Annette Baier, who, preferring Hume and his notion of sympathy to Kant, rejects his theory which would limit morality to "a book of rules". Another example is Gilligan, whose perspective fits into the category of "dualist theories" which emphasize gender distinctions on the level of moral reasoning. Herta Nagl-Docekal does not agree with this theory, claiming that there is a distinction between customs and morals. If the two genders behave differently, this may only mean a simple conformation to the habits of the society. In order to sustain her arguments, she recalls the fact that the majority of empirical studies do not confirm these supposed differences. Paley's approach is somewhat different, he prefers to start out from supposed oppositions between the ethics of justice and the ethics of care

¹ Herta Nagl-Docekal, "Feminist Ethics: How It Could Benefit from Kant's Moral Philosophy" in Robin May Scott (ed.), *Feminist Interpretations of Immanuel Kant*, University Park, Pennsylvania: The Pennsylvania State University Press, 1997.

² The subject is very controversial in the literature on Kant, mainly in the writings which attempt at a reconciliation between the feminist and the Kantian position. For a relevant commentary of these texts, see Sarah Kofman, *Respectul pentru femei (Rousseau și Kant)* (The respect for women (Rousseau and Kant)), Cluj: Idea, 2002. See also Herta Nagl-Docekal. "Feminist ethics", mainly 102-103.

³ John Paley, "Virtues of Autonomy: the Kantian Ethics of Care", in *Nursing Philosophy* 3 (2002): 133.

⁴ Herta Nagl-Docekal. "Feminist Ethics", 103. See also John Paley, "Virtues of Autonomy: the Kantian Ethics of Care", 133-143.

(autonomy vs. inter-dependence, universality vs. context, deontology vs. teleology, reason vs. feeling), and also to deconstruct these oppositions.¹

Herta Nagl-Docekal's viewpoint is that the perspective of care-theoreticians on the "ethics of justice" is distorted. "... logic of justice is a way of thinking that presupposes a contract between autonomous, equal partners and that sees other people not as individuals in their particularity but as 'generalized others'". The author's remark is that this description matches not a **moral** perspective, but a **judicial** one (offered by the theoreticians of liberalism) which continues to persist, being accepted by feminist authors.²

Directly referring to Kant, the author shows that Gilligan exaggerates when describing the perspective of justice as "judging the conflicting claims of self and others against a standard of equality or equal respect (the Categorical Imperative, the Golden Rule)"³. She fails to notice that Kant's concept of morality is asymmetric (I must respect others no matter how others treat me), and the categorical imperative is carefully differentiated from the golden rule. The explanation given by Herta Nagl-Docekal is that many feminist writers mix up Kant's liberal ideas in his political writings with his ideas about morality, and furthermore, that they do not make use of the texts of authors who have discussed these ideas of Kant (Barbara Herman, Onora O'Neill)⁴.

The author's further remark is that the theoreticians of care cannot claim its superiority over justice, since a careful analysis of the features of care shows that both have universal implications. The sensitivity for the context, the importance of relations and the importance of feelings all claim the emergence of universal principles. For example, the idea of respect for the context introduces the universal principle of "respect for the particular". In her opinion, universalism should not only be understood as it is implied in liberal political theory, but as a formal principle.

If Herta Nagl-Docekal discovers that care ethics is silently based on universal presuppositions, she also shows that Kant's theory is convergent from this ethics of care. The point of convergence is the notion of "duties of kindness/ of love"⁵, a notion which Kant introduces in order to explain the difference between the categorical imperative and

¹ Ibid., 135.

² Herta Nagl-Docekal, "Feminist Ethics", 107.

³ Gilligan, cited in Herta Nagl-Docekal, "Feminist Ethics", 108.

⁴ Herta Nagl-Docekal, "Feminist Ethics", 110-111.

⁵ Ibid., 116.

the golden rule. This notion was mainly explored by Onora O'Neill.¹ She thinks that this term of “duties of kindness” is similar to the term “sympathy” preferred by theoreticians of care ethics. As in their case (care is a positive term, moral, and not pathological), “kindness” is distinguished from pathological love.

Thus Kantian ideas can contribute to a better placement (complementary, not contrary) of care ethics: “It now becomes clear how the impasse of particularism versus universalism ... might be resolved: the one formal rule suggested by Kant is both strictly universalist (it applies to all people equally) and radically individualizing (it requires that one perceive and support the specific needs of others)”².

In conclusion, Herta Nagl-Docekal considers that feminist ethics can benefit from Kantian moral philosophy in two respects: “First, this philosophy offers a critical tool for revealing ... that the subordination of women is morally wrong. Second, Kant’s thinking contains an anticipatory component as well; it has far-reaching practical consequences – political, legal, and otherwise – because it gives rise to the following question: What changes are needed in the common perception of gender, and in the practices informed by this perception to enable women as well as men to find the sympathy and support of others on their chosen road to happiness?”³ In the first case, Herta Nagl-Docekal mentions cases of woman discrimination – sexual harassment, prostitution, etc. –, which can be reproached immorality from the Kantian position of the categorical imperative; and in the second case, she mentions the cases of positive discrimination as practices possibly justified by the Kantian theory of everybody’s right to one’s own happiness.

Of the more contemporary authors for the discussion on care, Reich mentions Kierkegaard and Heidegger, both of them having their own versions of interpreting the notion of care – existentialist and phenomenological, respectively.

Kierkegaard introduced the notions of *concern*, *interest*, and *care* in replica to the objectivity claimed by 19th century philosophy and theology. For him consciousness, unlike disinterested reflection, implies concern and interest for the other: “Reflection is the *possibility of the relation*; consciousness is *the relation, the first form of which is*

¹ Onora O'Neill, *Constructions of Reason. Explorations of Kant's Practical Philosophy*, New York: Cambridge University Press, 1989.

² *Ibid.*, 118.

³ Herta Nagl-Docekal, “Feminist Ethics”, 120-121.

contradiction (...) Reflection is *disinterested*. Consciousness, however, is the relation and thereby is interest (...)”¹. Moreover, the field of ethics is the field of human action, which in the absence of care and concern is impossible: “*Stricto sensu*, doubt is the beginning of ethics, because as long as I must act, it is of my interest to the extent in which I assume responsibility and thus gain significance”². In the framework of the *cura animarum* tradition, Kierkegaard focuses the discussion on another direction, interpreting the subjective experience of uneasiness as offering arguments for the care of the self and others. Thus, the contemplation of the birds of the sky can offer men the certainty that they are “shepherded” (cared for) by a loving God. On the other hand, humans may fall in the “trap” of too much care for themselves, which leads to growing anxiety and the accentuation of the notion’s negative aspect.³

2.3. Care – an ontological principle. Martin Heidegger

Discussing Heidegger’s contribution, Reich notes the crucial differences compared to Kierkegaard’s approach, and at the same time the importance of both perspectives for a contemporary discussion on care: “Whereas Kierkegaard saw care or concern always in an individualized, subjective and psychological fashion, Heidegger used the word on an abstract, ontological level to describe the basic structure of the human self. Although Heidegger insisted that he was not speaking of concrete and practical aspects of care, such as worry or nurturing, it can so be argued that his writings on care do have existential moral significance”⁴.

For Heidegger, it is the term *Sorge* (care)⁵ which guarantees the unity, authenticity, and totality of *Dasein*. He explains the role of care showing that this is what stops human existence to be lost in the

¹ Søren Kierkegaard, “Johannes Climacus, or De Omnibus Dubitandum Est”, in *Philosophical Fragments. Johannes Climacus* (edited by Howard V. Kong and Edna H. Kong), Princeton, New Jersey: Princeton University Press, 1985, 169-170.

² Søren Kierkegaard, “Selected Entries from Kierkegaard’s Journals and Papers Pertaining to *Johannes Climacus, or de omnibus dubitandum est*”, in *Ibid.*, 265.

³ Søren Kierkegaard, “Consider the Lilies: Being the Second Part of “Edifying Discourses in a Different Vein”, apud Warren Thomas Reich, “History of the Notion of Care”, 322-323.

⁴ Warren Thomas Reich, “History of the Notion of Care”, 324.

⁵ To be precise: the first Romanian translation of *Sein und Zeit* uses the term ‘neliniște’ (uneasiness) as an equivalent of ‘Sorge’.

anonymity of *das Man*, to be fallen into anxiety and return to its self. The term discussed complicates and nuances in the context of Heidegger's writings. Thus *Sorge* (anxious care) is differentiated from *Fürsorge* (care based on solicitude), which also differs from *Besorgen* (minimal, impersonal care). *Fürsorge* may take up two forms: one in which the caretaker places him/herself on a position dominant over the other, and one in which the other is respected. In one of the key places of his writings Heidegger directly mentions the myth of Care as a justification for the basic role which care plays in human existence¹.

Commenting on the Hyginus myth, Heidegger adds: "This pre-ontological document becomes especially significant not only in that 'care' is here seen as that to which human Dasein belongs 'for its lifetime', but also because this priority of 'care' emerges in connection with the familiar way of taking man as compounded of body (earth) and spirit. "*Cura prima finxit*": in care this entity has the 'source' of its Being."²

Still, although many authors have tried to extend Heidegger's project on the level of ethics (Reich, Olafson, Guignon), or even of an ethics of care (Benner), there are several reservations about the possibility of such an attempt. Thus, John Paley proposes to show that Heidegger explicitly disapproves of any "ethical" implication of his ontological thinking, claiming that no kind of ethics (even of care) can be derived from the *Being and Time*. Paley's main argument is that any ethical investigation presupposes an ontical, and not an ontological level in Heideggerian terminology. Thus the fact that care is part of the fundamental structures of the *Dasein* at an ontological level says nothing about the ontical modalities of human behavior referring to mundane care. Otherwise, as previously seen, Paley seems to consider Kantian theory more suitable for deriving principles for care ethics than the Heideggerian corpus.³

In addition to these observations about care, Reich highlights the existence of other philosophical theories based on similar concepts, like that of sympathy (by David Hume, John Gregory), or that of attention (Simone Weil). The presence of these theories is significant in the

¹ Martin Heidegger, *Being and Time*, translated by John Macquarrie and Edward Robinson, Oxford: Basil Blackwell, 1973, 242.

² *Ibid.*, 243.

³ John Paley, "Heidegger and the Ethics of Care", 64-75.

discussion of the term of care, since these related concepts are either very close in meaning, or even partially substitute each other.¹

3. Feminist theory and care ethics

Susan Hekman is one of the authors who introduced Gilligan and her theory into moral philosophy.² Unlike Gilligan, she is a professor of political science, and moral philosophy is a familiar field for her. The framework where Hekman introduces Gilligan's theory is that of the deconstruction of the theories of modernity, moral philosophy being in her opinion one of the last bastions of the subject of modernity, characterized by rationality and autonomy, and capable of formulating laws and principles. Although Gilligan herself did not mean to revolutionize moral theory, her own theory about a situated, discursively constructed subject succeeded in it, and Hekman sees this as a confirmation of the Foucaultian thesis that outsiders and not insiders articulate new paradigms in existing disciplines.³

Hekman proposes two ways of interpretation of Gilligan's position: one in which she contests the moral "truth" of men, adding to it the moral "truth" of women, and another, more radical, in which Gilligan can no longer claim that what she says is "true", because she has already shown that truth is a functional and relative term. Hekman prefers this second interpretation for sake of Gilligan's methodological considerations.⁴

One of Gilligan's most important theories in Hekman's opinion is the assertion that the self and morality are intimately linked. Therefore, she defines a "relational self" opposed to the "separated self" defined by classical psychology (Piaget, Kohlberg). Hekman links this theory with theories of narrativity, listening, and voices, which implies the fact that the said theory is not an empirical one.⁵

¹ David Hume, *An Enquiry Concerning the Principles of Morals* (1751); John Gregory, *A Comparative View of the State and Faculties of Man with Those of the Animal World* (1765); Simone Weil, *Draft for a Statement for Human Obligations* (1981), apud Warren Thomas Reich, "History of the Notion of Care", 327-328.

² Susan J. Hekman, *Moral Voices, Moral Selves. Carol Gilligan and Feminist Moral Theory*, Cambridge UK: Polity Press, 1995.

³ *Ibid.*, 2.

⁴ *Ibid.*, 5.

⁵ *Ibid.*, 6-7.

Hekman considers that the best method of interpretation of Gilligan's methodology (which, in her opinion, cannot be separated by research as such) is to interpret it in terms of a paradigm shift (Kuhn). She really seems to look for the explanation of certain "anomalies" in moral development which do not fit into Kohlberg's scheme. This explanation also shows why Kohlberg fails to "hear" the moral voices that Gilligan hears: because her definition of morality is different. In her later works, Gilligan outlines very clearly how this new paradigm is defined. A key concept is "narrative", which tries to find the voice and the approach, and which emphasizes the fact that the story can be told from multiple viewpoints. In her next work, based on girls' reactions, Gilligan improves her method: she begins to listen to the girls' questions as well, and not only to her own questions (participation of the subject, imposing of the relationship).

The features of this new paradigm are the following: 1) the task of the psychologist is to gather narratives, personal stories, and not objective data; 2) the perspective of the objective researcher is abandoned; 3) the method is hermeneutical: the researcher learns about his/her own self as well as about his/her subjects; 4) the new method is explicitly engaged and political. The method is thus defined as being relational and feminist; the final goal is social change, the contesting of patriarchal order.¹

It is this new method in fact which enables Gilligan to "hear" the different moral voice, and it is what allows her to gather the data about the new dimension of morality. "My main argument is that Gilligan's research demonstrates the existence of more voices than two. Gender is one, but not the only factor in the constitution of moral voices; other factors are also constitutive."² Hekman adds that Gilligan also started to explore race as a constituent of moral subjects (and this is what she does in her last book).

Hekman wants to demonstrate that Gilligan's proposal represents a radical questioning of traditional moral theory; moreover, she shows that it is epistemologically incompatible with this tradition. Hekman claims that Gilligan successfully deconstructed both the moral knower and his/her abstract moral cognition. The disembodied self is replaced in her epistemology by the relational self. "The relational self produces knowledge that is connected, a product of discourses that

¹ Ibid., 18-20.

² Ibid., 21.

constitute forms of life; it is plural rather than singular.”¹ Gilligan can hear those “moral voices” because she defines morality and moral cognition as being plural and heterogeneous.

The logic of voices and of the relational subject suggests a play on moral language present in multiple subjects. She begins to explore race, class, and ethnicity in this respect. “My thesis is that Gilligan’s whole work leads to the following conclusion: we must stop “searching for what is right” in moral theory and in place start exploring the constitution and interaction of multiple moral voices.”²

The line of argumentation followed by Alison Jaggar is slightly different. In her opinion, care ethics offers the most radical provoking brought by feminism to the modern theory of ethics.³ She justifies this claim by appealing to three lines of argumentation: 1) the estimation of implicit values in women’s ethical practice; 2) “feminization” of the ethical subject, and the offering of a rational pattern of the self, opposed to the Cartesian one, disembodied, rational; 3) rethinking moral rationality, promoting a distinctive orientation towards the moral person; this latter one is directed towards particular situations, and not necessarily universal principles.⁴

In Jaggar’s opinion it is radical particularism which characterizes this theory: care is addressed to others as unique, irreplaceable individuals, not to some generalized “others”, seen as representing a common humanity. Similarly, the conclusions of care ethics are not universally applicable; nobody implies that the same type of behavior should be practiced under other circumstances as well.⁵

What care ethics tries to achieve can be placed under the paradigm of passing from theory to practice. Feminists have shown that the theoretical *patterns* of certain fields (like health ethics, environmental ethics, or development ethics) often had male distortions (for instance, considering female problems like abortion, menstruation, giving birth, lactation, or menopause as “illnesses”, by the pattern of the male “patient”). Still, as Jaggar underlines, the desire to replace these values with other “feminine” ones (*Care instead of Cure*) is just as controversial, because it does nothing else than overthrow a hierarchy, without

¹ Ibid., 30.

² Ibid., 32-33.

³ Alison M. Jaggar, “Feminist Ethics” in Hugh LaFollette (ed.), *The Blackwell Guide to Ethical Theory*, Malden, Massachusetts: Blackwell, 2000, 348-374.

⁴ Ibid., 358-359.

⁵ Ibid., 360.

disputing it.¹ In other words, with Hekman's terms, Jaggar seems to interpret care ethics rather as an attempt to substitute a moral truth (that of men) with another one (that of women), than a paradigm shift.

3.1. Criticism of Gilligan's theory: is care ethics feminist ethics?

The results of Gilligan's work were extensively criticized. I have already mentioned a series of criticisms (especially Jaggar's) in the previous chapter. Some authors objected about ideological questions (Walker, Auerbach, Hayles, Kerber), but the majority of this kind of criticism does not seem to contradict the assertion of fundamental differences between men and women. Her works were also criticized from a methodological point of view (Broughton, Nails, Nicholson, Auerbach, Kerber, Luria). Others have formulated various considerations about the biased ideas of race and class in the texts (Nicholson, Stack, Tronto). Some wonder whether her discoveries accurately reflect actual gender differences (Nails, Nicholson, Walker, Auerbach, Greeno, and Maccoby). Finally, others bring up empirical researches which contradict Gilligan's discoveries (Pratt, Golding and Hunter, Walker, Thoma, Friedman, Robinson and Friedman, Walker, de Vries, and Trevethan, Donenberg and Hoffman, Galotti, Pratt).² In addition, Walker also thinks that Gilligan, in her effort to represent the "moral voice" of women, disregards other types of differences between women.

Daryl Koehn enumerates a series of criticisms for this type of ethics.³ Thus, if we accept the idea of a purely relational self, as it is presupposed in the subtext of theories about a moral subject which can practice care, then the individuality of the "I" will disappear. In this case the relation of care may be covered by many pathological aspects. Moreover, female ethics tend to disregard the fact that relations are not "transparent", but mediated by the images we carry. There are several ways to define what a "good mother/daughter" is. Coming back to the ethics of justice, one may notice that principles do not always mean a closure of possibilities, but also an opening: the language of inalienable rights opened up the way for those who opposed tyrannical regimes.

¹ Ibid., 364.

² Wolfinger, Nicholas H., Rabow, Jerome, Newcomb, Michael D., "The Different Voices of Helping: Gender Differences in Recounting Dilemmas", in *Gender Issues*, Summer 1999, Vol. 17, Issue 3, 70-86.

³ Daryl Koehn, *Rethinking Feminist Ethics. Care, Trust and Empathy*, London: Routledge, 1998. See mainly pages 12-15.

From this perspective, there are no regulating principles in feminists ethics, which is a bad thing, because thus the principles of care and empathy can be manipulated. Thus they lack the view of a human good capable of organizing our life into a meaningful whole, and consequently do not guarantee a sense of integrity for women, hindering them to face moral dilemmas.

3.2. Care ethics vs. the ethics of justice: incompatible paradigms or complementary theories?

Judith Evans locates Gilligan in the framework of “weak” cultural(ist) feminism, named as such because it discussed cultural characteristics (values, attitudes, ways of thinking). Weak cultural(ist) feminism is interested in equality, achieved by complementary differences and the possibilities of androgyny. The representatives of this trend are: Sara Ruddick, Virginia Held (in philosophy), Deborah Tanner (in psychology), Carol Gilligan (in empirical psychology), etc.¹

The focus of Gilligan’s research on care, in Evans’ opinion, is her study on abortion, which emphasizes the complexity of the notion of care and the logic behind it. The case is interesting, since at this point women have a choice, even though a difficult one. The logic of the 29 women who were the subjects of Gilligan’s research is not the formal logic of equity, but the psychological logic of relations. The debate launched by Gilligan’s work is explained by Selma Sevenhuijsen as the debate between political thinkers and sociologists on the one hand, and philosophers and theoreticians on the other. In Evans’ opinion, the debate is due to the line which separates action from emotion in the notion of care, a line which is hard to define.²

Mary Brabeck argues that Gilligan did not succeed in *demonstrating* the existence of a feminine voice through her interviews. The 29 women were not representative for women in general; we do not know how these interviews were made, only Gilligan’s opinion about them. Brabeck thinks that judgments of the type “men are more inclined to abstractization and universalization” are “intuitively” attractive; these are “mythical truths” which illuminate and reveal. Still, Evans shows that Gilligan’s discourse about a different voice is credible, though not

¹ Judith Evans, *Feminist Theory Today. An Introduction to Second-Wave Feminism*, London: SAGE Publications, 1995, 91-92.

² *Ibid.*, 99-100.

proved. She thinks that there are several possible “voices”, and Gilligan cannot explain why she prefers one over the other.

Unlike Gilligan, who speaks in an undifferentiated fashion about *one feminine voice*, Evans thinks that she recognizes the existence of three such voices. There is an uncertain, fearful voice, which Gilligan “hears” and which she attributes to the female or the feminine. Then there is the constructed voice of feminist discourse, which lies in a sort of argumentation style, which may have different accents, depending on its orientation – liberal, socialist, radical. The third voice is the voice reduced to silence, deformed. It is connected to the dark side of care, emphasized by Tronto and Flax.¹

Margaret Urban Walker opposes two patterns about morality. The first is the *theoretical-juridical pattern*. It is not a moral theory itself, but a way of organizing moral research in the search for a certain kind of moral theory (included are utilitarians, contractualists, and neo-Kantians). It prescribes morality as being compact, propositionally codifiable, impersonal, either as a code which guides an action, or as a set of propositions “explaining” moral behavior.² This pattern presents morality as if it principally were a compact body of theories which guide/ explain an action. These assumptions join the idea that philosophers can gain access to morality via non-empirical reflections on conceptual relations or intuitions (an “exemplary” model being Henry Sidgwick). This project tends to be intellectualistic (morality is concentrated in certain concepts, ideas), rationalist (it is based on the logical analysis of moral concepts), impersonal (morality explains what it must be), modular, transcendent (it transcends cultures).³

The second is the *expressive-collaborative pattern*. This claims that morality is a series of practices, and therefore a moral narration implies an evaluative language, exemplary judgments, a distribution of responsibilities. “... morality consists in a family of practices that show what is valued by making people accountable to each other for it”.⁴ Morality is fundamentally interpersonal: it appears and it is reproduced/ modified in the happenings among people; thus, it is collaborative. A type of reflection suitable for the moral philosophy of this pattern is the reflexive analysis of the forms of moral life. Another one is the critical

¹ Ibid., 101-102.

² Margaret Urban Walker, *Moral Understanding. A Feminist Study in Ethics*, 7.

³ Ibid., 8-9.

⁴ Ibid., 10.

(and not merely normative) reflection over the characteristics and conditions of the specific forms of moral life.

In this context, the author advances a series of working hypotheses. First of all, that morality as such lies in practices, not theories. This does not mean that morality cannot be theoretically approached, but rather that theories about morality should not be mixed up with morality as such. Secondly, the practices characteristic for morality are practices of responsibility, which implement presuppositions usually shared about who should do certain things and how: “the way we assume, accept, or refuse responsibilities, we express our understanding over our and others’ identities, relations, or values.”¹

Another important observation refers to the fact that morality is socially speaking not modular: “not only is the understanding of morality combined with social understanding, but moral understanding is achieved by social understanding”. Thus, moral theory and epistemology must be liberated from the burdening inheritance of ideality and purity which make people’s moral life disappear: “Morality must be something existent, no matter how imperfect, in human social spaces, in real time, and not something ideal or noumenal in character.”²

Will Kymlicka thinks that women and men were associated with different ways of thinking and feeling as a consequence of the public-private distinction.³ A part of modern and contemporary feminism (Wollstonecraft, Pateman) points out that this distinction of morality (masculine-feminine) is a cultural myth lacking any empirical ground. Other feminists who start from Gilligan claim the opposite. The two “incompatible” moral “voices” (Gilligan) were assumed to belong to men, respectively women. Kymlicka notes a first difficulty, also emphasized by Friedman, who wonders whether it is us who expect the two genders to react morally differently, when there is in fact no such difference.

The differences between care ethics and the ethics of justice can be interpreted at three levels. The first is that of the moral capacities, where the debate is between learning moral *principles* (justice), and the development of moral *disposition* (care). In this sense, Tronto thinks that care ethics implies a leap from the ‘what are the best principles?’ problem to the ‘how individuals get to be morally endowed?’ one. Yet, Kymlicka

¹ Ibid., 16.

² Ibid., 17-18.

³ Will Kymlicka, *Contemporary Political Philosophy. An Introduction*. Oxford: Clarendon Press, 1990.

shows that this request is also implied in the approach of the ethics of justice, because this also asks for moral disposition.¹ More than that, the development of the sense of justice cannot happen in the absence of a sense of care learnt in the family. This is what Rawls also recognizes, when he describes the growth of the sense of justice in family environment. But, as Susan Moller Okin also emphasized, it is again Rawls who claims that family is just, and this denies the reality of many families.

The second level is the one implied by moral reasoning. Here, the debate goes on between those who plead for problem solving by searching for principles which are universally applicable (justice) vs. those searching for suitable answers for particular cases (care). Tronto sustains that these moral capacities somehow take the place of moral principles, because care ethics asserts that “[somebody’s] moral imagination, character and actions must respond to the complexity of a given situation”.² But, Kymlicka notes, what does it mean to respond to a situation? Individuals must be able to reckon whether or not a situation is moral, and for this they need principles. Sara Ruddick pretends that the distinctions we make, appeal to the moral situation as such, and not to something exterior. Still, Kymlicka takes up the case of affirmative action: in order to know when a situation is moral, we must place it within a wider theory about sexual equality. Moreover, these moral situations may be conflicting, and we only have limited resources of care.

The third level of disagreement is that of moral concepts which tend towards justice and impartiality (justice) vs. those which tend towards responsibilities and relations (care). Moreover, there are three ways to construct the differences between moral concepts:

1) *Universalism vs. preoccupation for particular relations*. The ethics of justice is supposed to aim at universalism or impartiality, while care tends to conserve the network of relationships. A possible counterargument is that relations may refer to relations with significant persons, and in this case the persons who need more care are neglected. Tronto admits to this problem, as well as to the fact that Kantian universalism with its premises about the equal dignity of humans offers a solution for it.³ On the other hand, Gilligan seems to build the network of relationships in a more comprehensive manner, which includes humans

¹ Ibid., 264-265.

² Ibid.

³ Joan Tronto, *Moral Boundaries*, 150 ff.

by virtue of the fact that they are human beings. This however means a return to universalism.

2) *Respect for common humanity vs. respect for distinct individualities.* One version which formulates this dichotomy belongs to Seyla Benhabib, who says that justice has to do with the “generalized other”, supposedly similar to us, while care has to do with a “particularized other”, respected for his/her own individuality. Still, on the one hand, care ethics once universalized refers also to the generalized other, and the ethics of justice (especially its utilitarian version) refers also to the particularized other. Rawls’ theory of justice was seen as paradigmatic for a generalized other, because the original situation refers to disembodied subjects. Okin shows though that in the original situation the subjects leave aside their own situation, but they have to imagine the situation of others, and this asks for considerable resources of care and empathy. Thus, Rawls’ theory presupposes the thinking of the other as particular.¹

3) *Request for rights vs. acceptance of responsibilities.* Gilligan makes the distinction between the granting of rights (an impersonal mechanism which means to let others be) vs. the acceptance of responsibilities (which means to positively take others into consideration), but, Kymlicka insists, this objection is only valid for libertarian concepts. The ethics of justice implies the fact that these rights also involve responsibilities. Another distinction is that care ethics is concerned with subjective suffering, and the ethics of justice with objective impartiality. However, this does not answer to concrete moral situations: the case of somebody who borrows money, spends it quickly, and “suffers”. The case of the oppressor who “suffers” if unable to torture his/her victim is similar. Additionally, the appeal to subjective suffering implies too great a responsibility for those who practice it. In order to be able to answer them, we need predictable limits of our own responsibility, otherwise we could fail. Care ethics rightly emphasizes of course that certain relationships involve more giving and less balance of autonomy-responsibility than others; for instance, the relationship with children. Yet the problem of keeping one’s own autonomy cannot be resolved only by care ethics, and it is a problem similar to utilitarianism: the individual is summoned in both situations to act at the maximum, and this can go beyond one’s limits. Therefore, Rawls and the liberals propose “responsibility for one’s own aims”. The problem which still stays though is that relationships with children or the disabled cannot be

¹ Okin, 1989, 247, apud Kymlicka, 274.

solved by the ethics of justice; in this case, however, care ethics entering the social scene must be balanced by the ethics of justice. The answer to this dilemma is uncertain, Kymlicka thinks.¹

All these considerations suggest the imposing of a model of adversity between care ethics and the ethics of justice. Looking at the importance that the value of justice gets in liberal theories, it is not surprising that the debate care ethics vs. ethics of justice has turned into a care ethics vs. liberal ethics debate.

3.3. *Care ethics vs. liberal ethics?*

“Caring” generates moral claims in the absence of rights. “Intuition” and “empathy” are the protective sensitivities of those who cannot exercise their will directly.”

- Susan Moller Okin -

Selma Sevenhuijsen considers that the most influential political ethics of the second feminist wave was the liberal ethics of equality, justice, and autonomy. These seem so evident that they are not even considered any more a part of ethics. Still, liberal ethics remained in a controversial relation with the feminist movement. Initially women asked for more consistency in the application of liberal values towards them, but in time they started to question these values, since the norm of equality presupposed the adaptation to masculine norms.²

If the 1970s witnessed the conflict between liberal and cultural feminism, in the 1980s, with Gilligan’s work, everything changed, first of all the terminology used. They turned to a discussion of feminine morality, different from the masculine one. Although the author considered the criticism of this orientation justified to a certain point, she rethought her opinion. In opposition with the recent tendency of finding an ethical system which would incorporate both the ethics of care and justice, she thinks about the compatibility of both models: “I will argue that the philosophical assumptions of liberal ethics, with regard to

¹ Will Kymlicka, *Contemporary Political Philosophy. An Introduction*, 275-286.

² Selma Sevenhuijsen, *Citizenship and the Ethics of Care. Feminist Considerations on Justice, Morality and Politics*, London: Routledge, 1998, 37-38.

universality, impartiality, rationality, and equality versus difference, almost inevitably lead to a negative evaluation of the ethics of care.”¹

Universalist ethics postulates, behind equality, the resemblance and rejection of difference, that is, implicitly the rejection of care ethics, which is centered on difference. On the contrary, care ethics has an innovative perspective over several subjects of moral epistemology, assuming a rethinking of certain central notions of ethics. The author’s conclusion is that the debate about care and justice may proceed only if we integrate these radical implications of feminist care ethics into our thinking about justice in general.

Initially, Okin rejected Gilligan’s argumentation about gender differences in moral argumentation, based on the following reasons²: firstly, it cannot be convincingly argued that women are naturally inclined to contextuality, and men to universalism; the source of these differences is not very clear (it could be about adapting to gender roles); secondly, we do not know their status, or their malleability (Okin claims that in an engendered society we cannot know if these exist, and thus we cannot demonstrate that these do not exist); finally, Okin warns about the danger that the reactionary forces in society may profit from this difference of morality.³

Further on, however, Evans claims that Okin also seems to introduce ‘difference’ in her system, for the sake of justice.⁴ Thus, although she criticizes Gilligan’s proposals, she re-introduces care ethics in her text about Rawls: “The best theorizing about justice ... has integral to it the notions of care and empathy, of thinking of the interests and well-being of others who may be very different from ourselves... The best theorizing about justice is not some abstract “view from nowhere”, but results from the carefully attentive consideration of *everyone’s* point of view”⁵.

I think that this remark of Evans is not quite justified by Okin’s text. It is true that Okin makes this clarification about the ethics of justice, but not in order to emphasize or introduce difference into it. On the contrary, Okin explicitly intends to show that the *distinction* between

¹ Ibid., 39.

² Susan Moller Okin, *Justice, Gender and the Family*, 15.

³ See also Evans, *Feminist Theory Today*, 38-39. Okin’s example comes from a papal epistle, which invokes women’s ability for care-taking in order to billet them either in the field of maternity, or that of celibacy.

⁴ Ibid., 52-55.

⁵ Susan Moller Okin, *Justice, Gender and the Family*, 15.

the ethics of justice and care ethics was *overbidden*. In other words, she questions the radical separation of the two models, not by claiming the difference of care ethics, but by putting forward the possibility that it could be *included* in the ethics of justice (since the differences between them are less important than the similarities). Thus, the ethics of justice must include the values of care and empathy – and Okin seems to honestly think that Rawls' pattern, albeit partially, achieves this.

My interpretation is also confirmed by Okin's other texts, in all of which she thinks critically about the possibility/ legitimacy of an ethics of care. In one of her articles, when presenting Gilligan's approach, the emphasis is no longer on "care", but more generally, on the idea of connection. Even thus the feminine orientation to connection is amended by the following observations: this orientation is almost exclusively attributed to educated persons, it is facilitated if the subjects *know* that their empathy is "measured", it increases with age and the person's attachment to gender stereotypes. Okin concludes that in fact it is about gender coding: women are supposedly care- and relation oriented, and supposedly "emotional" (vs. "rational" men), or "sensitive towards the needs of others".¹

Okin however does not deny the importance of the values of care and empathy, she only wishes these to be more justly distributed. Starting from the work of William Damon, *The Moral Child* (1988) and their own works partly on gender, and partly on multicultural education, Okin and Rob Reich² prove that families and schools today need one another in order to develop morally healthy citizens for a multicultural society. Many experts of moral education argue that the ability of empathy is innate. Still, it is also obvious that this ability must be developed if children are supposed to acquire moral qualities like honor, concern for others, or justice. Due to the major importance that a family has in the later development of moral emotions – empathy, responsibility, predisposition for care taking –, moral development can also be helped by important changes in family structure and responsibilities, at least in the families with two heterosexual parents. Co-parenting will offer for the children of both sexes mixed patterns of empathy and care. It will offer

¹ Jane Mansbridge and Susan Moller Okin, "Feminism", in Robert E. Goddin, Philip Pettit (eds.), *A Companion to Contemporary Political Philosophy*, Cambridge, Massachusetts: Blackwell, 1993, 276.

² Susan Moller Okin, Rob Reich, "Families and Schools as Compensating Agents in Moral Development for a Multicultural Society", in *Journal of Moral Education*, September 1999, vol. 28, issue 3, 284-299.

the children a pattern of equality between persons identified as “different”, reducing the existing hierarchy (one member economically depending on the other). The implication of older people in childrearing will help in keeping alive and developing moral emotions which could otherwise disappear.

Nevertheless, families do not seem to adopt these changes rapidly; the workplace resists the tendency of making parents equal; family activities again fail to allow changes, because of ideological or practical reasons. Authors thus plead for a change both at a family level (which ought to become more equal), and at school level (which are becoming more and more multicultural).

3.4. Beyond oppositions: attempts to find an integrative pattern

In harmony with Okin’s observations, other authors also considered the possibility of finding a pattern in which care and justice are not merely irreconcilable values.

Annette Baier acknowledges Gilligan’s observation that there are many personal relationships which are not freely chosen, yet have a special moral significance, and take place between agents who are unequal in terms of power – for instance, parents-children relationships. Similarly, parental relations mark and shape each one of us one way or other, because we have all gone through such relations. But the relative lack of power accompanies not only parents-children relationships, but also those between professionals and clients (doctor-patient), governors and the governed, rich and poor, between different racial groups, or between men and women. The relative lack of power needs a value more comprehensive than justice. Therefore it is important to form a hybrid between care ethics and the ethics of justice.

Margaret Moore shows in one of her articles that the relation between liberal justice and care was incorrectly conceived. On the one hand, theoreticians of liberal justice tend to subsume care to a private space, and thus conceptualize it as a form of interested action. The theoreticians of care ethics on the other hand tended incorrectly to identify justice and care as standing for two engendered moralities. The author suggests in fact that the theories of justice, like Rawls’, presuppose care and therefore must incorporate it; moreover, they must try to arrive at a perception of justice and care as being reciprocal and interdependent.

Margaret Moore considers that Gilligan's work is a critique over the impartial perception of morality. She also names other such critiques in order to compare them. Bernard Williams' critique, for instance, claims that utilitarianism and Kantian liberalism leave insufficient place for considerations about personal integrity. Thomas Nagel accepts the legitimacy of a personal point of view, although this is combined with the belief that impartiality is a central topic of morality. Compared with these, she thinks that Gilligan's critique is more radical, since it questions the very idea that impartiality is the center of morality: sometimes suggesting that morality must leave room both for universal elements and particular ones, other times suggesting that the ethics of care is superior to the ethics of justice.¹ Moore mainly sustains that Gilligan's work is better understood not so much as the articulation of a "feminine voice", but as the exploring of a *morality incorporated in concrete relationships*, which may be important for women, but is not their field exclusively.

Thus, Gilligan shows that the difference between justice and care is the difference between a universalist and a particularizing approach. One implication of this position is that the "different voice" about which she speaks is not a "female voice". The idea that Gilligan identified a "female voice" first seemed congruent with the feminist recognition of the socially constructed nature of women's lives, and with the attempt to discover how women were marginalized and reduced to silence. But it also gave birth to the objection that Gilligan's work inadmissibly generalizes about women, exclusively focusing on the experience of white women. However, both interpretation and criticism ignores the fact that Gilligan only refers to a tendency of women to speak in terms of care, or in other words that the paradigm of care is potentially available for men as well.²

In the second part of her article, Margaret Moore tries to show the relation between care ethics and the ethics of justice, investigating John Rawls' idea about justice. Rawls, similarly to Nagel, presupposes that the moral self is divided, because practical reason is divided: it has an impartial side, which formulates the principles of justice, and which regulates the public space, and a personal side, which regulates the private space and refers to personal choices. Moore considers that this manner of seeing things does not take Rawls (as it takes Nagel) to an irremediably dualistic and divided fashion to see the world. This happens

¹ Margaret Moore, "The Ethics of Care and Justice", in *Women & Politics*, vol. 20 (2) 1999, 2.

² *Ibid.*, 4.

because the morality of care is presupposed by the idea of the meaning of justice. Rawls identifies three stages of moral development: the morality of authority, of association, and of principles; the first two stages can be matched with Gilligan's care ethics.

The first stage, the morality of authority, refers to parents-children relationships. A child loves its parents and thus learns to accept their standards. The second stage refers to the interests of the person who identifies with the family or the association in which he/she is a member (church, syndicate), and this determines him/her to act in accordance with the group's interests, and feel guilty if unable to do so. The third stage is reached when the person acts according to principles, understanding that subjacent values are an advantage for any person. The sense of justice emerges from the recognition of the justice of social arrangements. The notion of reciprocity out of which the feeling of justice is born must be understood as a cognitive comprehension of the good derived from institutions and the desire to return this good.¹

Rawls thinks that the feeling of justice may only develop if a person has already developed connections or attachments with others; thus a person is moral if he/she has learnt to deal with these relationships. Rawls is careful, however, not to turn the feeling of justice into a person's interest or desire; in order to give justice its priority, he shows that a person's feelings and attachments would only proliferate if the family and institutions were just. Thus, justice depends on social justice.² Rawls was criticized by feminists (Kearns, Okin) that these institutions – especially the family – are not just.

These criticisms could be avoided however if we said that care is presupposed in the theory of justice – as Kymlicka says, for instance, when claiming that care and concern for others are incorporated in the original situation, because all parties involved in the original situation must take into consideration this empirical fact about people. Nevertheless, this concern for others should not be generalized in Okin's sense, as applicable for everybody, because this way care would not be different from justice. Care is more concretely applied, or more precisely it is applied for an individual's concrete relationships.³

The problem lies in the fact that liberalism was long based on the separation of the public and private spaces: yet, this separation is only

¹ Ibid., 6-7.

² John Rawls, *A Theory of Justice*, Revised edition, Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 1999.

³ Margaret Moore, "The Ethics of Care and Justice", 10-11.

meaningful if somebody (women) continue to look after children and thus maintain intact the feeling that men are really autonomous beings. In this case it is *autonomy* which has to be conceived differently so as to incorporate care.

Moore considers that these distinctions – public space vs. private space, morality of care vs. morality of justice – can only be maintained as long as women are confined to the private sector.¹ If justice presupposes care, then the whole public-private dichotomy is exposed in its artificiality. The author’s suggestion is that care and justice should be seen as *reciprocal values*. Similarly, the center of the moral perspective should be a conception of individuals with reciprocal and inter-dependent relations.²

Chris Crittenden in her turn tries to break the connection between universal principles and the orientation of the ethics of justice. In her article she argues that universal principles and rights can be incorporated into an ethics of care without creating a hybrid theory which would introduce other considerations about justice. She presents a many-faced theoretical model which describes orientations in detail. Her other aim is to show that the introduction of principles in care ethics may defend it from feminist objections that care ethics does nothing else than strengthen patriarchal stereotypes.

She considers that the introduction of principles into care ethics does not mean at the same time the introduction of justice, because these principles are themselves neuter to care or justice; and that care ethics and the ethics of justice are complex entities, described by the Wittgensteinian syntagm of “family resemblances”³.

TAB. 4.1. INTERNAL CRITERIA: CARE AND JUSTICE (CHRIS CRITTENDEN, THE PRINCIPLES OF CARE, P. 84)

CARE	JUSTICE
a sense of the self characterized as connected and relational	a sense of the self characterized as isolated and independent
responsibility determines the measure of own moral activity	rights and principles determine the measure of own moral activity

¹ Ibid., 12-13.

² Ibid., 3.

³ Chris Crittenden, “The Principles of Care”, in *Women & Politics*, vol. 22 (2) 2001, 83.

the complications of the context make difficult the generalizations from one situation to the other, and the relevance of principles is minimal	contexts are often similar, thus general formula and universal laws are useful
decision making based on dialogue and narratives	decision making similar to mathematical, logical formula, which abstract from the context and tend to homogenize
the agent's viewpoint is personalized, historically, temporally, and affectively situated	the agent assumes an impersonal viewpoint which tries to avoid subjectivity
moral motivations come from care	moral motivations imposed by duty
accent on the elimination of oppression and its psychological mechanisms	accent on the honest distribution of goods and services, a just allocation of rights, keeping of autonomy

The author considers that dualism should be avoided in order not to strengthen existing gender stereotypes: "In order to escape the trap of dualism, care ethics should do more than avoid subjectivism; it must endow those who offer care with tools for self-authorization and self-assertion, and must make sure that care does not become too parochial."¹

The author underlines the following elements of everyday life which make up the external part of the two patterns: ethical behavior or its implementation (the fact of care taking should not be mistaken with the ethical behavior of care taking); the practice of engaging into taking moral decisions (one is narrative, but not necessarily against principles, the other discriminative and mathematical); the worldview (about the way of relating to principles, to the self); psychology or a psychic arrangement.² Thus the author concludes that principles should be introduced into the pattern of care – like universal rights, conventions against discrimination – which would help in the elimination of women's constraining roles. This fact should mean a new way of agreement

¹ Ibid., 87.

² Ibid., 88-90.

between care and justice, in a minimal sense for care, and a maximal sense for justice.

Grace Clement tries in her turn to propose a variant of combining the two types of morality. In her opinion care ethics and the ethics of justice deserve attention on the account that they are not only two different approaches to ethics, but they represent two basic dimensions of human relations, which could be called vertical and horizontal: “The ethics of justice centers on problems of equality and inequality, while the ethics of care centers on problems of attachment and detachment.”¹

The author thinks that there are three possible versions of treating the care/justice debate:

1) *The celebration of care ethics as feminine ethics.* The representatives of the “feminine” approach (Gilligan, Nel Noddings, Sara Ruddick) aim at the general recognition and celebration of the distinct activities for women (not meaning that only women exercise this type of ethics, but that they are primarily involved). However, the following criticisms can be expressed against them: First, is care ethics an ethics of women? The question is relevant because, as the attempts for an empirical verification of Gilligan’s considerations show, an empirical correlation between women and the practice of care ethics cannot be established. Or, in a different approach, the insistence on the different voice of “women” “assumes a form of feminine essentialism” (Barbara Houston), or a “false universalism”. This accusation of false universalism has connected care ethics to other recent debates on the importance of recognizing the difference between women, and whether despite these differences women share a sort of “ghetto of fate” (Marylin Frje)².

2) *The assimilation of care ethics into the ethics of justice.* Authors like Sher, Hill, or Okin think that the care ethics / ethics of justice debate is not much different from other moral debates, like that of Kant / Hume on reason and sentiment in morality. This approach suggests that justice is the ethics suitable for public interactions, and care for family and friends interactions. Still, this version also undergoes several critiques. As Clement observes, care ethics, unlike other versions of ethics, insists on the gender coding of ethics – which makes it partially “inassimilable” in the ethics of justice. Further on, following the same

¹ Grace Clement, *Care, Autonomy, and Justice. Feminism and the Ethics of Care*, Boulder, Colorado: Westview Press, 1996, 1.

² See Marylin Frye, *The Politics of Reality: Essays in Feminist Theory*, Freedom, California: The Crossing Press, 1983, 9.

line, one may notice that these two are not complementary approaches but different ideal-types. Care ethics presupposes decision making in context, establishes as a priority the maintaining of relations, proposes a social conception of the self. Simultaneously, the ethics of justice implies an abstract decision making, establishes equality as a priority, and promotes an individualist conception of the self. Thus, Clement believes, the assimilation of care ethics into the ethics of justice will not grant them an equal status, but the ethics of justice will prevail again.¹

3) *The rejection of care ethics from a feminist perspective.* This orientation is supported by authors like Joan Williams and Katha Pollitt, who claim that care ethics does nothing else than strengthen the stereotypes about women and their role. Still, this latter orientation seems to be the most simplifying one, since care ethics cannot be reduced to only this much. Instead of stopping at the supposedly negative consequences of care ethics, it is preferable to choose a better version of care ethics.

As for Grace Clement's proposals, these concentrate on two directions. The first focuses on the concept of autonomy rejected by care ethics in favor of certain relational virtues, and which should be thought over. The second refers to the enlargement of the status of care ethics as personal ethics, restrained to a circle of family and friends. Thus care ethics must also lean towards the notion of social justice.² Finally, the author pleads for an integrating approach of the two types of ethics, which would go beyond their fixed image.

3.5. Care ethics – a dialogical ethics?

One of the most interesting attempts to rethink feminist ethical theory, especially that of care ethics, is Daryl Koehn's work. Contesting the usual distinctions in the terminology of feminist ethics, the author considers that in fact there is not such a big difference between "feminine" and "feminist" ethics, and therefore she prefers to discuss them under the name of "female ethics", as opposed to "male ethics".³ Among these "female ethics" a special place is taken by "care ethics" (Carol Gilligan, Nel Noddings, Annette Baier, Trudy Govier, Diana Meyers).

¹ Grace Clement, *Care, Autonomy, and Justice. Feminism and the Ethics of Care*, 4-5.

² *Ibid.*, 6-7.

³ Daryl Koehn, *Rethinking Feminist Ethics. Care, Trust and Empathy*, 4-5.

Koehn discusses six characteristics of “female ethics”:

- 1) the relational self. Some feminists say that even the “self” is a relation, but female ethics in general is satisfied by underlining human interdependence, the relationships in which we are permanently involved.
- 2) benevolent preoccupation for the vulnerable. Given the relational self, the mother-child relationship or that between friends are suitable paradigms for reflecting on a “good” ethical behavior. A possible criticism is that not every woman is a mother, but every woman is a daughter to someone. We should maybe consider what a “good daughter” is (Claudia Card).
- 3) the public character of the private space. Those who learn to have confidence and care in the private space will take these values to the public one. Thus our ethical obligations are more extended and more constraining than the legal ones, since both care and friendship go beyond the limits of rights and duties.
- 4) the importance and value of difference. “Male” ethics often implies a “rational” or “prudent” person who represents an entire political community. Whoever does not undergo this pattern is “irrational” or “immature”. “Female ethics” considers that the respect for difference is ethically important. Friedman criticizes Kant for insisting on rational unity which, pertaining to everybody, makes us interchangeable.¹
- 5) the accent on the imaginative discourse. There is no emphasis on deductive reasoning: the ethical and political problem, but on the fact of gaining sufficient imagination in the perspective of people different from us in order to engage into common actions. “Female ethics” is described as a “discursive ethics” (Gilligan), because women are suspicious about ethics derived from a theoretical objective, preferring the discussion with particular people having a particular viewpoint, and facing a moral dilemma.
- 6) making a difference by changing the world. Feminists try to offer a more realistic version, speaking about the “situated” character of the moral agent’s life.

All these features impose an observation referring to the distinctiveness of female ethics. A critical remark against female ethics is the point that everything important in ethics has already been said. But

¹ Ibid., 6-8.

line, one may notice that these two are not complementary approaches but different ideal-types. Care ethics presupposes decision making in context, establishes as a priority the maintaining of relations, proposes a social conception of the self. Simultaneously, the ethics of justice implies an abstract decision making, establishes equality as a priority, and promotes an individualist conception of the self. Thus, Clement believes, the assimilation of care ethics into the ethics of justice will not grant them an equal status, but the ethics of justice will prevail again.¹

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² *Ibid.*, 6-7.

³ Daryl Koehn, *Rethinking Feminist Ethics. Care, Trust and Empathy*, 4-5.

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All these features impose an observation referring to the distinctiveness of female ethics. A critical remark against female ethics is the point that everything important in ethics has already been said. But

¹ Ibid., 6-8.

female ethics is distinct because it insists over women's reasoning and experiences as related by them.¹

Female ethics differs from other ethics also by methodology. Instead of building large systems in the style of Kant, Mill, or Aristotle, it reflects on women's practices and tries to prescribe rules for action starting from a single activity or virtue (care). Thus it resembles professional ethics (medical, legal), which deduce the norms by observing their particular aims. For certain theoreticians (Noddings, Baier), trust or care as such constitutes the basis of ethics. Others (Gilligan, Meyers, Held) consider care ethics a separate domain, supplementary to ethics based on rights.²

The author's proposal is a reformulation of care ethics, understood as dialogical ethics. The starting principle is the following: We are all subject to error; yet, a discussion of our deeds may make us see/ correct our errors. Dialogical ethics does not mean a central point from where everything can be solved; it tries to find solutions by conversation. It offers an opening, yet a critical one. It recognizes relating, but offers individuals a viable right to withdraw from unprincipled relationships.³

This reorientation leads towards an ethics more political than most female ethics. The principles which allow a conversation need a radical rethinking of what a legal rule is. The law must protect individuals by granting them viable opportunities to contest the law and leave the community whenever they feel threatened. If the feminism-law relationship is not solved, feminists will end up supporting an unjust system.

Dialogical ethics makes female ethics become more practical. Care ethics did not give solutions when women disagree with somebody. The ethics of dialogue always offers the possibility of reaching a consensus after a discussion; it is "practical ethics, capable of offering non-arbitrary, mutually acceptable solutions for a problem." The ethics of dialogue is not only "female", but also "feminist".⁴

In the final part of her work Daryl Koehn describes what dialogical ethics means, starting from the Socratic pattern for this type of activity. The style of the description is extremely direct, containing many recommendations. One precondition for an ethical discourse and a good

¹ Ibid., 9.

² Ibid., 10.

³ Ibid., 16-17.

⁴ Ibid., 18.

life is active listening. It means the following: do not fix on consequences, emphasize active listening, search for the truth, search for consistence, ask for an ending. Trying to surmount the criticisms brought against care ethics, dialogical ethics also proposes a series of principles. These are as follows:

1. admit that not everybody's opinions are equally good (and from here: a teleological re-defining of care, trust, and empathy)
2. never act unjustly (and from here: more concentration on human interactions; a clearer object for trust and care; do not mirror others' viewpoints; impose limits for personal relationships; respect the transcendent character of human individuality).
3. obey the laws that others obey
 - 3a. obey the law, persuade others of the necessity of changing it, or make use of the legal right of getting out (and from here: keep away from tendencies for violence and manipulation, offer ways out from unjust relations with others, reconcile care with political responsibility. The law is a partner for life, care and trust are integrated into a more comprehensive political and democratic structure)
4. check whether principles 1 and 3 can be applied in the same case (and from here: agents can choose with integrity without asking for everybody to do the same; dialogical ethics is more consistent about care and trust than female ethics).

3.6. Surpassing moral boundaries: Joan Tronto

The author responsible for probably the most articulated presentation of care in an ethical and political context, and who most convincingly pleaded for including care among liberal values is Joan Tronto. Conscious of the contradictory reactions created by the discourse of care, as much among feminists as in moral philosophy in general, she wants to prove that negative reactions are determined by the presence of certain moral "boundaries" enhanced by the tradition of ethical philosophy. Not asking for their destruction, she proposes a re-tracing or re-configuration in order for the problem of "women's morality" or care to find its well deserved place.

The first boundary is "the boundary between morality and politics". Thus, instead of seeing morality and politics as a set of inter-relational ideas, most theoreticians separate them, and at the same time render them hierarchical. For those who see morality as a priority, moral

principles must fix the limits of what is acceptable in political life, and the other way round: the adepts of the priority of politics (from Machiavelli onwards) situate political values on the first place.¹ The second is “the ‘moral point of view’ boundary”, which requires moral judgments to be made from a distant and disinterested perspective, preferably rational and universal. Finally, the third is “the boundary between public and private life”.²

From the three boundaries’ perspective any discussion about care seems condemned from the very beginning. Care appears in the first place as being too private and parochial, inherently suspect (since it is an expression of engagement, not of disinterest), at best a secondary notion in the series of moral notions, and categorically incompatible with justice.³

Tronto wants to dismantle these assumptions and the first thing she proposes is a complex and comprehensive description of care, the characteristics of which will represent the building points for an adequate ethical treatment and an easy integration into political terminology.

Oposed to a monolithical treatment of the notion of care, Tronto proposes the consideration of four integrated phases. The first, “caring about”, presupposes the recognition of the necessity for care: noticing a need and the ways it can be solved; the second, “taking care of”, means to assume a responsibility for the need identified, and to determine the ways it can be answered; the third, “care-giving”, means to meet the need for care: it implies physical work and usually requires those who give and those who receive care to get in contact; the last phase, “care-receiving”, assumes that the “object” of care responds to the care it receives. This last phase, usually implicit (and not discussed) in the treating of care, is extremely important because it represents, in another terminology, the feed-back part, and it is the only way of controlling whether or not the needs for care were satisfied.⁴

This way care is best described as a practice which implies not only thinking, but also action, all being inter-related and directed towards one goal. Passing through the four phases may present some problems, such as: conflict (either within one phase, or between phases), tension between the particular and universal character, problems about resources.

¹ Joan C. Tronto, *Moral Boundaries. A Political Argument for and Ethic of Care*, New York: Routledge, 1993, 6-7.

² *Ibid.*, 8-10.

³ *Ibid.*, 178.

⁴ *Ibid.*, 106-108.

Tronto proposes that care be understood as a standard, because it gives a model, a scheme by which it is possible to evaluate how well integrated it is.¹

This sequential description of care is just as much a criterion for the appreciation of the notion's internal cohesion as an original perspective over the significant (though neglected) place that care occupies among human activities (individual or social). Tronto underlines thus that to adequately respond to the request of care means, among others, a clue of a person's / society's morality. The "among others" note makes the difference between Tronto's approach and that of other authors who think that care exhausts moral precepts. Unlike them, Tronto insists on the complementary, and not exclusive character of the concept: "By itself, outside of any transformed context, care is not a sufficiently broad moral idea to solve the problems of distance, inequality, and privilege"... "care is only viable as a political ideal in the context of liberal, pluralistic, democratic institutions".²

Entering the territory of moral philosophy, the four elements of care become the four virtues of care ethics. These are: attention (if we do not pay attention to others' needs, if we do not suspend our own problems, we cannot meet their needs), responsibility, competence, and responsiveness. The latter one is very important, since it sheds light on two significant ethical problems: vulnerability and inequality: "Vulnerability has serious moral consequences. Vulnerability belies the myth that we are always autonomous, and potentially equal, citizens ... Throughout our lives, all of us go through varying degrees of dependence and independence, of autonomy and vulnerability."³

Further on, arriving on the ground of politics, adopting the practice of care means the alterations of political ideals referring to human nature. Evidencing the temporary human condition of vulnerability, the ideal of full autonomy is no longer sustained, yielding its place to interdependence. This seems difficult to achieve under the conditions of liberal political theory which conceives dependence as a self-destructive characteristic of human beings. But the same liberal theoreticians can be regained when proving that dependence can only be stopped if the practice of care is taken into account (which offers a more realistic view over dependence-independence relations in people's lives), because the final goal of the practice of care is to eliminate dependence.

¹ Ibid., 108-110.

² Ibid., 158.

³ Ibid., 135.

Furthermore, human individuals should not be understood only in terms of their individual interests, but also as having certain needs – which are subjective, cultural (not individual), and definitely disputed. Finally, admitting that care is an integral part of human experience, one also admits that people are not always detached, but are in a state of moral engagement. All these lead to a single conclusion: “Rather than assuming the fiction that all citizens are equal, a care perspective would have us recognize the achievement of equality as a political goal.”¹

In my opinion, the position that Tronto takes is probably the one which tries most consistently to keep in mind the criticisms about the paradigm of care, and offer an optimal way for their integration. Far from offering the illusion of a universal panacea concept, the author is aware of the dangers that an uncritical approach of care might lead to, especially politically. These are, at a first instance, paternalism/ maternalism (the belief that one can better evaluate the needs of others than they themselves), and parochialism (the belief that the persons in one’s own care are more important than others). Analyzing theoretical attempts of feminist writers who start from care exclusively, she shows how this would eliminate diversity and alterity. Finally, if we built the political ideal of care on the model of family virtues, we would only manage to import a family’s undemocratic taints (authoritarianism, hierarchy, unity, partiality) into public life.²

The solutions lie in the combination of the liberal ethics of rights and justice with the political ethics of care. For this, and also for a continuous democratization of the notion, the emphasis should fall on the needs, and a balance should be established among those who offer and receive care.

One has to notice that this latter part, where Tronto puts forward her reforming proposals, is also the least elaborated part; perhaps also due to the complexity of these problems. Because of this some of her proposals sound very promising in theory, but are less clear about what they should practically solve. Thus, she notes the lack of balance which exists today in the distribution of care: only those traditionally excluded from politics offer it (in the case of American society, women and colored people), and only those who traditionally make politics have full access to it. Though they are exactly who seem not to need it, as they always insist on individualism, autonomy, and other ingredients of the American “self-made-man”. What are the direct ways to break this

¹ Ibid., 164.

² Ibid., 158-161, 169-170.

vicious circle? The author's direct proposals are quite vague. She speaks about the "democratization" of politics which, by including the concept of care, will become closer to people and more tempting for disfavored categories.

Practically, this does not say much. How can politicians be determined to "include" care among political values? Tronto hopes that this problem will be solved by itself, and that they will be forced to admit its importance, once the pattern of the individualist and autonomous fellow is dismantled. Yet, who could impose this on a political class, and even more, who could change the mentality of a collectivity about central values like individualism and autonomy? Much more serious problems show up however in the background of these questions: how can a right distribution of care be achieved (and then evaluated)? Who and by which criteria evaluates the needs for care? How can care-giving be directly rewarded in order to change the status of traditional care-givers? In the absence of answers to these questions, proposals only remain on a theoretical level.

At the end of this work I wish to go back to the main points I tried to settle here. Firstly, starting from the version developed by Carol Gilligan on care ethics, I showed that it is conceptually and philosophically related to the field of applied ethics, being in continuous development. This was accounted for by both the interdisciplinarity of the field outlined by Gilligan and her interpreters (due to the intersection of psychological, moral, and philosophical views) and the search for values in the field of direct experience (care, compassion, solicitude) which guides moral behavior in its entirety. Secondly, I wished to see whether or not this pattern of care ethics was compatible with the ethics of justice, of a liberal kind. Thus, also keeping in mind feminist criticisms on the problems and situations that care ethics cannot solve, I was interested in authors who came up with ideas for a compromise – be it by forming some sort of hybrid, or by including one perspective into the other (suitably modified). Among these, viable (even if criticizable) solutions were proposed by Margaret Moore (who introduces a concept about justice and care as being mutual and interdependent), Chris Crittenden (who argues that universal principles and rights can be incorporated into care ethics without creating a hybrid theory on considerations of justice), Grace Clement (who puts forward a

complementary approach which maintains behavior based on justice in “horizontal” social relations, and that based on care in “vertical” social relations), Daryl Koehn (who proposes a reformulation of care ethics, understood as dialogical ethics), and Joan Tronto (who offers a definition of care which would enable the retracing of the boundaries between ethics and politics). All these theoretical patterns constitute a substantial ground for my attempt to articulate a common view of care ethics as liberal (applied) ethics.