

Care Ethics

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Maureen Sander-Staudt

~~The moral theory known as “the ethics of care” implies that there is moral significance in the fundamental elements of relationships and dependencies in human life.~~ Normatively, care ethics seeks to maintain relationships by contextualizing and promoting the well-being of care-givers and care-receivers in a network of social relations. Most often defined as a practice or virtue rather than a theory as such, “care” involves maintaining the world of, and meeting the needs of, ourself and others. It builds on the motivation to care for those who are dependent and vulnerable, and it is inspired by both memories of being cared for and the idealizations of self. Following in the sentimentalist tradition of moral theory, care ethics affirms the importance of caring motivation, emotion and the body in moral deliberation, as well as reasoning from particulars. One of the original works of care ethics was Milton Mayeroff’s short book, *On Caring*, but the emergence of care ethics as a distinct moral theory is most often attributed to the works of psychologist Carol Gilligan and philosopher Nel Noddings in the mid-1980s. Both charged traditional moral approaches with male bias, and asserted the “voice of care” as a legitimate alternative to the “justice perspective” of liberal human rights theory. Annette Baier, Virginia Held, Eva Feder Kittay, Sara Ruddick, and Joan Tronto are some of the most influential among many subsequent contributors to care ethics.

Typically contrasted with deontological/Kantian and consequentialist/utilitarian ethics, care ethics is found to have affinities with moral perspectives such as African ethics, Confucian ethics, and others. Critics fault care ethics with being a kind of slave morality, and as having serious shortcomings including essentialism, parochialism, and ambiguity. Although care ethics is not synonymous with feminist ethics, much has been written about care ethics as a feminine and feminist ethic, in relation to motherhood, international relations, and political theory. Care ethics is widely applied to a number of moral issues and ethical fields, including caring for animals and the environment, bioethics, and more recently public policy. Originally conceived as most appropriate to the private and intimate spheres of life, care ethics has branched out as a political theory and social movement aimed at broader understanding of, and public support for, care-giving activities in their breadth and variety.

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Carol Gilligan

While early strains of care ethics can be detected in the writings of feminist philosophers such as Mary Wollstonecraft, Catherine and Harriet Beecher, and Charlotte Perkins, it was first most explicitly articulated by Carol Gilligan and Nel Noddings in the early 1980s. While a graduate student at Harvard, Gilligan wrote her dissertation outlining a different path of moral development than the one described by Lawrence Kohlberg, her mentor. Kohlberg had posited that moral development progressively moves toward more universalized and principled thinking and had also found that girls, when later included in his studies, scored significantly lower than boys. Gilligan faulted Kohlberg’s model of moral development for being gender biased, and reported hearing a “different voice” than the voice of justice

presumed in Kohlberg's model. She found that both men and women articulated the voice of care at different times, but noted that the voice of care, without women, would nearly fall out of their studies. Refuting the charge that the moral reasoning of girls and women is immature because of its preoccupation with immediate relations, Gilligan asserted that the "care perspective" was an alternative, but equally legitimate form of moral reasoning obscured by masculine liberal justice traditions focused on autonomy and independence. She characterized this difference as one of theme, however, rather than of gender.

Gilligan articulated these thematic perspectives through the moral reasoning of "Jake" and "Amy", two children in Kohlberg's studies responding to the "Heinz dilemma". In this dilemma, the children are asked whether a man, "Heinz", should have stolen an overpriced drug to save the life of his ill wife. Jake sees the Heinz dilemma as a math problem with people wherein the right to life trumps the right to property, such that all people would reasonably judge that Heinz ought to steal the drug. Amy, on the other hand, disagrees that Heinz should steal the drug, lest he should go to prison and leave his wife in another predicament. She sees the dilemma as a narrative of relations over time, involving fractured relationships that must be mended through communication. Understanding the world as populated with networks of relationships rather than people standing alone, Amy is confident that the druggist would be willing to work with Heinz once the situation was explained. Gilligan posited that men and women often speak different languages that they think are the same, and she sought to correct the tendency to take the male perspective as the prototype for humanity in moral reasoning.

Later, Gilligan vigorously resisted readings of her work that posit care ethics as relating to gender more than theme, and even established the harmony of care and justice ethics (1986), but she never fully abandoned her thesis of an association between women and relational ethics. She further developed the idea of two distinct moral "voices", and their relationship to gender in *Mapping the Moral Domain: A Contribution of Women's Thinking to Psychological Theory and Education* (Gilligan, Ward, and Taylor, 1988), a collection of essays that traced the predominance of the "justice perspective" within the fields of psychology and education, and the implications of the excluded "care perspective". In *Making Connections: The Relational Worlds of Adolescent Girls at Emma Willard School*, Gilligan and her co-editors argued that the time between the ages of eleven and sixteen is crucial to girls' formation of identity, being the time when girls learn to silence their inner moral intuitions in favor of more rule bound interpretations of moral reasoning (Gilligan, Lyons, and Hamner, 1990, 3). Gilligan found that in adulthood women are encouraged to resolve the crises of adolescence by excluding themselves or others, that is, by being good/responsive, or by being selfish/independent. As a result, women's adolescent voices of resistance become silent, and they experience a dislocation of self, mind, and body, which may be reflected in eating disorders, low leadership aspiration, and self-effacing sexual choices. Gilligan also expanded her ideas in a number of articles and reports (Gilligan, 1979; 1980; 1982; 1987).

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Definitions of Care

Because it depends upon contextual considerations, care is notoriously difficult to define. As Ruddick points out, at least three distinct but overlapping meanings of care have emerged in recent decades—an ethic defined in opposition to justice, a kind of labor, and a particular relationship (1998, 4). However, in care ethical literature, ~~'care' is most often defined as a~~

practice, value, disposition, or virtue, and is frequently portrayed as an overlapping set of concepts. For example, Held notes that care is a form of labor, but also an ideal that guides normative judgment and action, and she characterizes care as “clusters” of practices and values (2006, 36, 40). One of the most popular definitions of care, offered by Tronto and Bernice Fischer, construes care as “a species of activity that includes everything we do to maintain, contain, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment”. This definition posits care fundamentally as a practice, but Tronto further identifies four sub-elements of care that can be understood simultaneously as stages, virtuous dispositions, or goals. These sub-elements are: (1) attentiveness, a proclivity to become aware of need; (2) responsibility, a willingness to respond and take care of need; (3) competence, the skill of providing good and successful care; and (4) responsiveness, consideration of the position of others as they see it and recognition of the potential for abuse in care (1994, 126-136). Tronto’s definition is praised for how it admits to cultural variation and extends care beyond family and domestic spheres, but it is also criticized for being overly broad, counting nearly every human activity as care.

Other definitions of care provide more precise delineations. Diemut Bubeck narrows the definitional scope of care by emphasizing personal interaction and dependency. She describes care as an emotional state, activity, or both, that is functional, and specifically involves “the meeting of needs of one person by another where face-to-face interaction between care and cared for is a crucial element of overall activity, and where the need is of such a nature that it cannot possibly be met by the person in need herself” (129). Bubeck thus distinguishes care from “service”, by stipulating that “care” involves meeting the needs for others who cannot meet their needs themselves, whereas “service” involves meeting the needs of individuals who are capable of self-care. She also holds that one cannot care for oneself, and that care does not require any emotional attachment. While some care ethicists accept that care need not always have an emotional component, Bubeck’s definitional exclusion of self-care is rejected by other care ethicists who stress additional aspects of care.

For example, both Maurice Hamington and Daniel Engster make room for self-care in their definitions of care, but focus more precisely on special bodily features and end goals of care (Hamington, 2004; Engster, 2007). Hamington focuses on embodiment, stating that: “care denotes an approach to personal and social morality that shifts ethical considerations to context, relationships, and affective knowledge in a manner that can only be fully understood if care’s embodied dimension is recognized. Care is committed to flourishing and growth of individuals, yet acknowledges our interconnectedness and interdependence” (2004, 3). Engster develops a “basic needs” approach to care, defining care as a practice that includes “everything we do to help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society” (2007, 28). Although care is often unpaid, interpersonal, and emotional work, Engster’s definition does not exclude paid work or self-care, nor require the presence of affection or other emotion (32). Although these definitions emphasize care as a practice, not all moral theorists maintain this view of.

Alternatively, care is understood as a virtue or motive. James Rachels, Raja Halwani, and Margaret McLaren have argued for categorizing care ethics as a species of virtue ethics, with care as a central virtue (Rachels, 1999; McLaren, 2001; Halwani, 2003). The idea that that care is best understood as virtuous motives or communicative skills is endorsed by Michael Slote who equates care with a kind of motivational attitude of empathy, and by Selma

Sevenhuijsen, who defines care as “styles of situated moral reasoning” that involves listening and responding to others on their own terms.” (Slote, 2007; Sevenhuijsen, 1998, 85).

Some ethicists prefer to understand care as a practice more fundamental than a virtue or motive because doing so resists the tendency to romanticize care as a sentiment or dispositional trait, and reveals the breadth of caring activities as globally intertwined with virtually all aspects of life. As feminist ethicists, Kittay and Held like to understand care as a practice and value rather than as a virtue because it risks “losing site of it as work” (Held, 2006, 35). Held refutes that care is best understood as a disposition such as compassion or benevolence, but defines “care” as “more a characterization of a social relation than the description of an individual disposition.”

Overall, care continues to be an essentially contested concept, containing ambiguities that Peta Bowden, finds advantageous, revealing “the complexity and diversity of the ethical possibilities of care”(1997, 183).

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