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# Empathy in pursuit of a caring ethic in international development

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## Introduction: positioning development ethics after the Millennium Development Goals

The year 2015 will mark the conclusion of the Millennium Development Goals (MDGs). Met with great fanfare in international policy–making circles with the UN Millennium Declaration in 2000, the MDGs have sought to ameliorate the condition of countless poor around the world by focusing on attainable targets relating to their quality of life (broadly on health and disease, education, gender equality and the environment). For its part the UN General Assembly vowed to 'spare no effort' to promote 'respect for all internationally recognised human rights and fundamental freedoms, including the right to development' (UN, 2000, Sec V-24). This new policy framework found its normative justifications in the Human Capabilities Approach (HCA), an idea of justice that takes freedom and capabilities as central to its articulation of the good. In a development context, people are seen as 'shaping their own destiny, and not just as passive recipients of the fruits of cunning development plans' (Sen, 1999, p 53). Sen's articulation of freedom as the constitutive basis for well-being in *human* development[1] and the practical applications of this foundational premise that were realised through his association with Mahbub ul Haq[2] have made him the single leading justice theorist in the field of development ethics (Gasper and Truong, 2010, p 69).

At a structural level, however, critics of the MDGs raise the doubt that they have served only to depoliticise and compartmentalise aspects of human life and experience into discrete goals, thus ignoring the interconnectedness of many of those aspects with respect to inequality and deprivation. Reflecting a neoliberal logic that 'colonises' everyday practices and narrows recognition of these realities to discrete statistical measures, these goals and targets provide a 'superficial treatment of complex issues, and [abstract] them from structural inequalities and

the specificities of place' (Wilson, 2014, p 6; see also Saith, 2006). Furthermore, these structures obfuscate relationships of care and caring that occur beneath (and despite) them. These *caringscapes* (McKie et al, 2002) constitute 'informal interdependencies across the lifecourse, at different spatial scales, [that] can be enacted through a variety of forms of communication, including expressive embodiment' (McEwan and Goodman, 2010, p 105). They resist discrete categorisation and speak to the foundation for a critical ethic of development; one that attends to vulnerability experienced by developing communities and the relationships of care that sustain them in the face of that vulnerability.

Indeed 'critical' development scholars Des Gasper and Trahn-Dam Truong suggest a deepened understanding of development that is based on four dimensions. In contrast to Sen's 'capabilities' approach or 'development as freedom', they weave together feminist care ethics, notions of human security and ideas of the Buddhist 'relational self' to describe these elements as follows:

- 'Development ethics should enrich its conception of the human being. Vulnerability and capability are two sides of the same coin' and care is what connects these two sides.
- 'Development ethics should enrich our notions of well-being'.
- An ethics of care could serve to reorient our understanding of moral responsibility, 'emphasizing both the interconnected nature of belonging and empathy as a basic human emotion'.
- It recognises 'the reality that human processes, and persons, have escaped from national containers' (see Tronto, Chapter Two in this volume) and requires 'an end to the perceptual and therefore moral blindness regarding interstate care provision'. (Gasper and Truong, 2010, p 89)

Care ethics provides a rich field of critical inquiry from which a development theorist might draw insight. Whether articulations of care in the context of globalisation (Hankivsky, 2006), international relations, development and human security (Robinson, 1999; 2006; 2011); to cosmopolitan theory (Clark Miller, 2010), to political theory, broadly conceived (Tronto, 1993; 2007; 2013; Hankivsky, 2004); whether in relation to virtue ethics (Slote, 2007), concepts of citizenship (Sevenhuijsen, 1998), institutions (Tronto, 2010) or natural law theory (Engster, 2007); or as a moral philosophy separate from purely virtue-based approaches (Held, 2006) or in parallel to Confucian thought (Li, 2008), care ethics intimates at the possibility of constructing an ethical framework for international development that

is more open to the possibility of alternate visions of 'the good life'.[3] And yet, despite such critical insight into the nature of responsibility, empathy has never figured prominently in care theory. To date, Michael Slote (2007) is the only care theorist who puts the complex notion of empathy at the heart of his understanding of care. The purpose of this chapter is to examine the role that empathy and empathic learning play as the motivators for caring practices and responses to the perceived vulnerability of others. In highlighting the deontological approach Slote employs, I suggest that it misses the more transformative potentials of an ethics of care that seeks instead to find moral insight from empathic intersubjectivity. I then explore two programmes that reflect two styles of empathic learning. The first is the use of *immersions* in development settings. The second, the International Child Development Programme (ICDP), is only tangentially related to development 'proper', but, given its presence in over 27 countries and direct support by UNICEF, it can certainly be said to fall under the broader human development approach.[4] I seek to argue that if caring *practices* are meant to be responsive to the needs of care receivers, if attentiveness is one of the primary examples of ethical practice for care theorists, then empathy provides *a* method in answer to the questions of attentiveness 'to whom' or attentiveness 'how'.

## Empathy: the epistemic bridge at the intersections of care

In his *The Ethics of Care and Empathy* (2007), Michael Slote takes a significant departure from earlier care ethicists with regard to how 'all-encompassing' a moral framework of 'care' and 'caring' should be considered. For him, it is from the earliest work on an *ethics* of caring – Nel Noddings' *Caring: A Feminine Approach to Ethics and Moral Education* – that a very common and perhaps ambiguously parochial understanding of care arose. According to Noddings, our most basic moral relations with people whom we have never met can never properly be subsumed under a morality of caring (which requires at least a modicum of temporal or spatial proximity). On questions of 'distant others', an ethic of traditional justice would have to prevail (see Barnes, Chapter Three in this volume). As a result of this basic distinction, most care theorists have since held care as being complementary to traditional justice/moral theory (Crittenden, 2001; Hankivsky, 2004; Held, 2006). In our greater understanding of human morality, therefore, care has been seen as most relevant to certain moral spheres but not to others. Slote, however, highlights the foundational role that empathy plays in any moral theory pertaining to care; care is then understood as

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a direct alternative to justice, whereby it can be used to understand all personal and political issues of morality and, more importantly, for the political action which would follow. For Slote, 'all, or almost all, the moral distinctions we intuitively or commonsensically want to make can be understood in terms of – or at least correlated with distinctions of empathy' (Slote, 2007, p 4). Furthermore, as was largely anticipated by moral sentimentalists of the Scottish Enlightenment, increasingly our knowledge of brain chemistry and psycho-social development is demonstrating that empathy is the primary mechanism involved in responses of caring, compassion and benevolence (see Baron-Cohen, 2011).

One clear distinction that is often made between care and justice theories is the former's rejection of deontological, Kantian or Categorical Imperative justifications for moral reasoning. Here, Slote seeks to differentiate himself from such a rejection. It is worth reviewing his elaboration of empathy before proposing another. For him, deontology is not 'a matter of principles or rules or rational considerations that oppose sentiments, but rather arises from, or can be understood in terms of, the sentiments themselves' (Slote, 2007, p 45). Rather than viewing deontological imperatives as extraneous principles or rules, from a care-theoretical standpoint, they can be justified on intuitive grounds – intuition or sentiment, itself, being one of the foundations of care ethics. Deontology is seen here as less 'categorical' and more contextual because, while agreement can be found that 'killing one to save five is morally wrong' at first glance, sentimental proximity to the individuals involved necessarily influences the decision or action taken. In other words, recognition of the empathic foundation of an intuitive moral reasoning helps to clarify where and how that categorical imperative may be less categorical.

Using David Wiggins' reading of Hume (Wiggins, 1991), Slote goes on to outline a 'thick' normativity that rests on Kant's distinction between categorical and hypothetical imperatives. Similar to the distinction between perfect and imperfect obligations, the argument can be described as follows: a person to whom a hypothetical claim is being made can fail to respond to that claim for want of desire or motive; a person to whom a categorical claim is being made cannot, lest she face moral criticism. However, he says, 'according to care ethics, it is or can be wrong for me not to help, say, my daughter, even if I have no desire to help her' (Slote, 2007, p 107). Furthermore, since Kant's description of these imperatives was to ground them in our everyday practices and understanding of morality, it is not inconceivable (according to Wiggins and Slote) that Hume had an *implicit* understanding of this distinction

even if Kant was the first to explicitly articulate it. In other words, in his 'daughter' example, Slote finds a moral sentimentalist (care ethics) example of a Kantian categorical imperative. As it involves my own daughter, I would be morally criticised for not helping her and so, therefore, despite my lack of desire or motivation, I *must* (morally) help her.

Unfortunately this line of reasoning does two things. Firstly, it suggests an understanding of care ethics that is of the virtue ethics tradition (that care is primarily about a *disposition* to care, and most especially for familial relations). In so doing, secondly, it further reifies the nuanced distinction between proximate relationships of care and distant ones. Oddly, he makes an argument for deontology and categorical imperatives as an abstract justification for a 'thick' normativity within care-ethics sentimentalism, using the example of a relation that intuitively we would expect to be governed by emotion and, therefore, by concern *and* motivation. 'Of course' we would morally criticise this (somewhat difficult to imagine) father who has *no* desire to help his daughter. Yet it seems a rather 'thin' justification for this more 'thick' normative claim. Can this be the only example upon which to suggest that moral categorical imperatives (might) exist even within care-ethics sentimentalism? Slote's normative claims are predicated upon a virtue ethics understanding of care. I am, however, more inclined to agree with Virginia Held's understanding that while it may find its precursors in virtue ethics or moral sentimentalism, care ethics concerns itself primarily with caring *relations* (Held, 2006). Such relations capture not only the moral dispositions of the persons held in relation to one another, but also the objective results of caring (*responsiveness to* a stated or perceived need for example).

I suggest, however, that we might still maintain the centrality that Slote places on the role of empathy in care, but that we might do so without the need to bring our moral understanding of care back within the Kantian fold. If both empathy *and* care are understood as process and practice, respectively – the first a process of understanding or learning based on affect *and* cognition and the second a practice of commitment and responsiveness to an 'other' whom we stand in relation to – then it seems that the 'thin' understanding of normativity, described above, would suffice. If empathy is a *learning* process that highlights attentiveness to – emotional engagement with a situated responsiveness to an articulated need or vulnerability – then it is a better understanding of empathy that should be the focus of our normative evaluations. Furthermore, if caring practices are meant to

be understood as *care full* – reflective of the view of the care receiver (Barnes, 2012a, p 74) – such empathic learning is central.

## Empathy as intersubjective process

To instead understand empathy as a process of intersubjectivity and affective *cognition*, Louis Agosta's work (1984; 2010), James Marcia's (1987) and Michael Morrell's (2010) are helpful. As Marcia defines it, empathy 'requires an attitude or a stance of openness to another's experience' (Marcia, 1987, p 83). Describing the four aspects of empathy outlined by Theodore Reik in 1949, he shows that the process itself is guided by *identification, incorporation, reverberation* and *detachment*. Broadly speaking, these four steps involve contemplation of another person; internalising the other's experience; 'experiencing the other's experience while simultaneously attending to one's own cognitive and affective associations to that experience' (Marcia, 1987, p 83); moving away from that inner merging of self and other's emotional experience so as to be able to respond or act, fully cognisant of that separateness.

According to Agosta, the effect on the self is one of the defining results of this process. There are three ways, he argues, by which empathy leads to an enriched self:

> First, in relation to other individuals regarded collectively as an intersubjective community, empathy is part of the foundation of that intersubjectivity […] Second, in relation to particular individuals, empathy furnishes a way of access to the other person's emotional life and of disclosing how our lives overlap and diverge. *Here the self is enriched by discovering the variety and multiplicity of experiences of which other individuals are capable.* Third, in the relation of the self to itself, empathy *entails an appreciation of how others are affected by oneself.* (Agosta, 1984, p 60; emphasis added)

What is striking about this description of empathy as a process that feeds, and is in turn fed by, intersubjectivity is that it implies an epistemology that is experiential and inherently social. The more we understand of others, the more we understand ourselves. Within the context of development studies, I contend that the implication is far reaching. As puerile as the logic might seem, the argument could then be made that an individual in a so-called developed country, in somehow participating in this empathic loop (empathy– intersubjectivity–empathy) or circuit, would understand not only the

lived needs of some other but also how the self may have bearing on those needs. Equally possible is for that same person to simply re-evaluate her own understanding of 'need'. International development could no longer be seen as having a beginning (direct capital investment in infrastructure), a middle (International Monetary Fund structural adjustment policies) and an end (realisation of the MDGs). Rather, development – properly conceived as human development – will require a new appraisal of self and other as inherently intertwined. Under-development can be understood only in relation to over-development, with some equilibrium as the constant (negotiated, ruptured, fought over) goal.

In a similar vein, the strength of Michael Morrell's argument stems from his attempt at viewing various strands and definitions of empathy as parts of a multi-dimensional whole. While it's true that empathy involves emotion to a greater or lesser degree, this emotion is almost always invariably conditioned by, prompted by or the result of cognitive or rational processes (Morrell, 2010, p 61). Developing Mark Davis's 'organizational model of Empathy', Morrell describes a *process model of empathy* that includes *noncognitive* (primary circular reaction, motor mimicry), *simple cognitive* (direct association or labelling) and *advanced cognitive* (language-mediated associations or role-taking) processes (Morrell, 2010, p 64). These processes then interact with a number of other factors within the social functioning or performance of empathy (including an individual's biological capacities, the resultant social behaviour, the empathic concern engendered and so on). This entire complex is Morrell's 'process model', understanding empathy as a multi-dimensional construct.

## Empathy in action: from immersions to the International Child Development Programme

Within the context of development programmes, 'immersions' have become a method by which development practitioners or government officials are brought into contact with the lived experiences of individuals or families in the developing world. It is believed that in this way the voices and perspectives of the poor will be better 'heard and integrated into new policy approaches and practices at a senior level' (IDS, 2004, p 3). Often a middle- or senior-level bureaucrat will be sent to a development context to speak with a family or to 'live' there for a day, a weekend or a week. Such an experience, it is thought, then informs future judgements and proposals made by the official, along with relayed accounts of lived experiences of the individuals that

a programme may affect. As Carolyn Pedwell argues, these 'affective journeys' are understood as vehicles for self-transformation that then might 'contain the seeds of wider social and political transformation' (Pedwell, 2012, p 170).[5] As learners and guests, participating in the daily life and experiences of the focused subjects of development policy, practitioners are thought to take away more than basic learning or insight. These encounters 'challenge values and beliefs, and raise questions about the sort of people we are and want to be, and what we *do*' (Chambers, 2005, p 181).

Of course there is no simple template by which these immersions operate, nor are they necessarily more than a one-off interaction within the larger process of an organisation's development activities. Often they are guided by a particular theme or line of enquiry, sometimes they are unplanned or unexpected visits. The benefits of an average immersion, in addition to the sense of 'accountability' they engender, include: project monitoring, familiarisation with a new post, experiential realism, capacity building and programme development (Chambers, 2005, p 11). The key argument to be made here, however, is that such 'events' run the risk of being discrete activities, another in a series of boxes to be checked before the policy process continues apace. To use the theoretical distinctions highlighted above, they might be considered specific moments of empathic affect, rather than empathic processes maintained over time *within* the community in question. In comparison to programmes that instead deal with empathic learning directly within developing contexts (for the *sole purpose* of empathic awareness), these immersions, therefore, might better be described as 'sticking a toe in the shallow end of a pool'. They also fail to consider (explicitly) how vulnerability affects a care receiver's ability to even reflect upon or communicate her understanding of her situation, her needs or the response she may wish for.

> Extreme poverty and social exclusion humiliate people, cause them to lose confidence, and barricade them into silence. Their relationships with others are stifled. When people lose the strength to protest their reality, or when they know that their words are unwanted by others, silence can become a leaden weight on their hearts. Compounding the weight of silence, people know that even the right to free speech is not enough. (Skelton, 2014, p 72)

The work of the International Child Development Programme (ICDP) might be seen as providing a deeper expression for empathic

engagement. Founded in 1992 in Norway, the ICDP runs projects in over 20 countries, including Tanzania, Mozambique, Colombia, Guatemala and Malaysia. It is important to emphasise that it is a programme that can (and does) operate in developed and developing contexts alike.[6] It is based on the idea that 'human beings are by nature social and that also means that we, as human beings, are particularly vulnerable in our social relationships because that is the domain of our suffering and our happiness' (ICDP, 2010, p 2). The broadly based educational programme, though aimed primarily at children and their care givers in local communities, is seen to have application in all other relationships of care (older people, youth, adults). The mandate (and even motto) of the organisation is a simple one: 'Empathy in Action'.

The main focus on 'empathy in action' is understood to be transferable across cultures and continents, 'based on recent research in child development that sensitises and enriches the relationship between caregivers and their children' (ICDP, 2008, p 1). It is important to stress that the only full, mixed-methods study into the effectiveness of the programme was conducted in 2009 by a group of academics from Norway and the UK. So as to factor in different emotional and cultural backgrounds, sample survey data was collected from the general population of participants, from members of ethnic minorities and from incarcerated fathers, all of whom attended basic ICDP training. In response to the basic question 'What is the impact of the programme on caregivers and caregiver–child relationships?' 82.6% noted some form of self-transformation and 55.6% noted change in the family (for example, caregiver–child relationship) (Sherr et al, 2011, p 99). Of considerable note, in terms of the 'environments' of recognition and care, it was interesting to participants in the incarcerated fathers group that after participation in the programme it was more likely that fathers would sit in the common room and chat with one another about their children; that in subsequent weeks even relations between inmates and prison staff were less combative (Sherr et al, 2011, p 75). In immigrant communities, of most note was the marked increase in improvement of self-perception felt on the part of mothers (Sherr et al, 2011, p 55). One recommendation of the report was to suggest more outreach to male parents in these communities.

While no such comprehensive survey study was conducted in the other countries (especially in the developing world) where the ICDP has been launched effectively, participant and trainer feedback all point, anecdotally, to very similar, positive outcomes. Parents experience what might be described as a self-transformation  that qualitatively appears to result in more self-confidence in terms of parenting skills

and ability, more affective connection between fathers and children, and overall more happy, peaceful relations between children or care receivers and care givers. A father in Guatemala who participated in the training commented:

> 'I have experienced something I never had as a child which is to be appreciated only because I am a person; this is what we need in our community and these guidelines in the booklet I received need to reach not only families and children *but also the elderly* in our community as they need it just as much.' (ICDP, 2009, p 9; emphasis added)

Trust is engendered by care givers' being able to share experiences and learn from one another how best to recognise vulnerability in a concrete 'other'. This ability to see oneself as nested within an array of caring relationships (from the familial to the international), then, constitutes the basis for a co-responsibility to action.

The introduction of 'immersions', I contend, represents a 'shallow' introduction to empathic understanding. The work of the ICDP, instead, is presented as a 'deep' application of empathic processes within both 'developed' *and* 'developing' communities. I have sought to structure a discussion of empathy that differentiates between its content (double representation)[7] as well as its process (affective-cognitive). This process, in turn, when added to previous theories about relational and care-ethical solutions to global development problems, leads to a deeper reflection on and understanding of a particular problem and suggests that a solution for care may not be the same in every 'centre' or context of care. The ICDP is not a development programme in the strictest sense. Rather than emphasising individual agency, as a rights–justice ethical approach might, it understands agency, dignity and self-worth as necessarily bound by the social contexts in which we find ourselves.

## Conclusions

In attempting to suggest the centrality of empathy to our understanding of care ethics, I first addressed the 'Copernican revolution' claimed by Michael Slote – a paradigm shift which, by recognising empathy at the centre of all our relations, would change the nature of how we perceive moral philosophical questions, and then also how we practise care. Slote's narrower understanding of care ethics as falling squarely within the rubric of virtue ethics (care as disposition and not as relation) is combined with a Kantian deontology to be 'tacked onto' this central

role for care ethics, ostensibly so as to provide a 'thick' normative basis for his claims. I reject both ideas (care as virtue and the very need for a 'thick' or Kantian normative basis for care ethics). In fact, the value argument is turned on its head here. By outlining the complex nature of empathy as process, the 'thick' philosophical underpinning of care comes from a stronger elaboration of the empathic learning practices that lead us to take moral or ethical decisions.

There are a number of ways by which an empathic approach to international development complements and builds upon recent literature on care, responsibility and empowerment within the fields of international relations (Robinson, 1999), post–development thought (Escobar, 2001) and political geography (Raghuram, Madge and Naxolo, 2009). Complementarity is found in a relational understanding of the nature of the problems at hand and of the actors involved in addressing those problems. It is within those relationships, problematic both spatially and temporally, that motivation to respond and to take responsibility is ultimately located. But specifically on the question of motivation to act, a recognition of the centrality of empathy to 'care full' practices of responsibility toward care receivers – and in recognising care receivers (in a development context) as care givers in their own right – it is possible to imagine an intersubjective mode of collective learning in international development that informs caring practices. Yes, care is embodied in existent practices across different spaces. But in encountering a care receiver (as in an immersion encounter), one focus of the practitioner should be on the caring relations within which the host family find themselves. The work of the ICDP allows care givers in developing and developed contexts alike to participate in reflective, empathic, caring interaction directed toward a very concrete expression of vulnerability (a child). To fully separate a liberal justice argument for responsibility from an approach based on caring and relationality, the question of 'motivation' to action remains an important one. The introduction of immersions (placing development workers within host families for a short period of time) represents a 'shallow' introduction to empathic understanding. The work of the ICDP, instead, is presented as a 'deep' application of empathic processes within both developed and developing communities.

In so far as the MDGs or any post–2015 variant are found to reflect a continuation of the neoliberal logic that suggests that there is 'an immanent free market essence to all societies' (Harrison, 2005, p 1307); in so far as the stated goals are depoliticised or reflect a compartmentalisation of 'targets' that fail to reflect the interconnected nature and structural reality of social inequalities of wealth, power

and status; and in so far as such goals are supported by a theoretical framework of justice based on individual freedom, capabilities or rights, care theorists will continue to provide insight into the limits of such goals. In *The Cruel Choice*, development scholar Denis Goulet attempted to articulate an ethic of international development that took 'vulnerability' as its key focus. Unlike 'poverty' (the focus of much development intervention), vulnerability in societies was understood to reflect a lack of 'adequate defences against the social forces which propel them into the processes of change' (Goulet, 1971 [1985], p 38). It is not a lack or a want, but rather 'defenselessness, insecurity, and exposure to risks, shocks and stress' (Chambers, 1981, p 1). Within their own field, Goulet and Chambers were ahead of their time in making this important argument. And while in the interim a vast literature on care ethics in relation to human security has emerged, responsibility to concrete, embodied and intersubjective experiences of vulnerability in development contexts has not taken on the prominence that it should. While care ethics have contributed to our understanding of responsibility and attentiveness to caring needs, it is the co-responsibility and intersubjectivity within these relationships that a clearer focus on human empathy could provide. If the past 20 years of international development could be said to have reflected a focus on human development, then an ethics of care informed by a stronger appreciation for empathy could point us in the direction of a development of human *relationships,* thus strengthening the web of care within *and* across national boundaries.

## Notes

[1]   While throughout this piece I use the terms (international) development, development and human development, it is this last one that captures best the ethical discussion I am engaging in. In so far as the MGDs are based on a broadly conceived theory of justice (in the HCA), both can be seen to fall under the broader umbrella of the Human Development Approach. For Sen, human development requires 'advancing the richness of human life, rather than the richness of the economy in which human beings live' (see Shaikh, 2007, p 4). In so far as an ethic of care focuses on *relationships* of care, I suggest that it is consistent with this broader conception of human development while still an ideal critical corrective to the individual-oriented HCA.

[2]   Mahbub ul Haq is founder of the UN Development Programme's *Human Development* reports.

[3]   This term is chosen specifically to draw a link with the *Buen Vivir or suma qamaña* movement in Bolivia, described by Arturo Escobar (Escobar, 1995 [2012]). Not simply an alternate vision of 'the good life' (in its more traditional, liberal sense), the pluriverse described by Escobar contains indigenous (read: local) understanding of a 'living well' that is at times non-liberal and non-capitalist; that incorporates ideas ('rights of nature', for example) that are outside of the standard 'civilisational' model of modernisation and development.

[4]   See note 1 above.

[5]   Pedwell herself, however, focuses mainly on 'affective' responses and at times refers to empathy (inconsistently with how I have attempted to explain it) as an 'emotion'.

[6]   This, however, consisted *also* with an HCA position, such as Nussbaum's, which argues that *all* nations, countries, communities are 'developing' communities, 'in that they contain problems of human development and struggles for a fully adequate quality of life and for minimal justice' (Nussbaum, 2011, p 16).

[7]   In psychoanalytic texts, double representation refers to the condition in which an empathic observer *feels* the affective or emotional state of another (single representation or sympathy) but then also recognises that feeling as coming from outside herself (see Agosta, 1984).