

Caring

Most people agree that the world would be a better place if we all cared more for one another, but despite that initial agreement we find it hard to say exactly what we mean by *caring*. The objective of this chapter is to lay out a basic phenomenological analysis of caring—an investigation of how caring is experienced—that will provide a starting point for elaboration and critique and, eventually, a description that can guide individual moral life and social policy. Throughout the discussion we will be guided by two basic questions: How can we avoid harming ourselves and one another? How can we care better for one another?

First I must defend the contention that care is basic in human life and not something to be regarded as an added attraction—that indeed all people want to be cared for. Of course, a few people will insist that they do not want care. They may respond gruffly to recommendations on caring with comments such as “I don’t want care; I want respect!” or “I don’t want anyone caring for me; I want to be left alone. Just don’t bother me.” Comments like these reveal an understanding of *caring* as something intrusive, something fussy, something for children and dependents. One may respond to Mr. Gruff, however, by pointing out that he does indeed want a certain kind of response from others, and those others who meet this need sensitively may well be said to care for him. The fact that people describe caring very differently is a good reason for not starting its analysis by listing its particular manifestations. Any specific example may be rejected by as many as those who accept it.

Even a fairly abstract description of what we aim at in caring may induce the reaction “not for me.” For example, Milton Mayeroff begins his discussion of caring by writing, “To care for another person, in the most significant sense, is to help him grow and actualize himself.”²¹ This definition is very appealing to teachers, counselors, therapists, and parents, and it will be useful when particular situations are discussed. But notice that it begins with a focus on the carer, the one who is doing the caring. Here caring is defined in terms of someone, the carer, who will help another grow. We might want to pause and ask: is this what the cared-for wants or needs at this moment? Immediately we see two problems. The first involves *where* a description of caring should begin. Should we begin with the carer as moral agent, or with the cared-for? Or should we perhaps begin, as the pragmatists might, with the situation?

The second question—is caring a virtue, a demonstration of moral excellence?—is closely bound up in the first. Indeed, answering it may force an answer to the first. If caring is a virtue, we are drawn to the start suggested by Mayeroff’s description. If, however, we regard caring as a desirable attribute of relations, then we may prefer to start with the cared-for, his or her needs, and how the carer responds to those needs. Some sense of personal identity is required to speak of caring as a virtue. Who is this person to whom the virtue is attributed? What sort of creature is a “person”? I do not reject entirely the notion of caring as virtue, but I want to defer these questions for a bit.

Let’s begin instead with relation in the form of encounter. Two people meet, and one or both have specific needs. Perhaps it is just a friendly encounter—no obvious needs, no requests to be met. Even in this situation there are hidden needs, and the conversants may become aware of them if a comment is troublesome. For example, I may become aware of my own need for privacy, or recognition, or respect, or polite language if my partner seems pushy, ignorant of my work, or rude in her choice of words. In the sense that we want certain of our needs to be met, we all want to be cared for.

Some years ago, in discussion with an anthropologist on my campus, I advanced the idea that caring might be an empirical universal—that is, that it could be found everywhere. The anthropologist had his doubts about this but countered with a possibility that now seems right to me. What appears everywhere, he said, is the desire to be cared for. As I noted above, this desire may take different forms, and the desire itself may be so deeply submerged in layers of success and autonomy that a

person will be unaware of it and so deny it. Despite this, humans clearly never outgrow the need for care. The need merely takes on new forms.

A Phenomenology of Care

In developing a phenomenology of care, I do not undertake a formal phenomenological analysis as prescribed by Edmund Husserl. I accept the careful criticisms that have been directed at that enterprise by Jean-Paul Sartre and Jacques Derrida, among others.² There is no way to rid ourselves of every vestige of the empirical to get at a transcendental or pure consciousness; further, such a goal may not even be desirable. Even if it were possible, a formal analysis of the Husserlian kind would not further my project. I am interested not in ultimate structures of consciousness; I seek a broad, nearly universal description of “what we are like” when we engage in caring encounters. I am interested in what characterizes consciousness in such relations, but I do not claim to have found an essence or attempt to describe an ultimate structure; nor do I depend on a sense of consciousness as supremely constitutive of reality. Rather, the attributes or characteristics I discuss are temporal, elusive, subject to distraction, and partly constituted by the behavior of the partners in caring.

For purposes of managing the discussion, I describe an encounter in which one party is the carer and the other is the cared-for. Positions may subsequently change, but for now I will call the carer *A* and the cared-for *B*. What characterizes *A*'s consciousness as she responds to *B*? To achieve a sense of what goes on between *A* and *B* we need to look at many situations in which people have “found themselves caring.”³ Readers are invited to engage in this process also. Perhaps the first thing we discover about ourselves as carers in caring encounters is that we are receptive; we are attentive in a special way.

Some people describe themselves as *empathic* when they care, but I want to be careful with that word. Although it is derived from the Greek word for affection, passion, or feeling, it is peculiarly western and masculine in its English usage. It is said to mean “the projection of one's own personality into the personality of another in order to understand him better; intellectual identification of oneself with another.”⁴ The attentiveness of caring is more receptive than projective, and it is not primarily intellectual, although it has an intellectual dimension. The notion of empathy as projection and as intellectual is part of the framework

that I want to reverse. Caring is not controlled entirely by the carer—it is a mode of shared control.

A second definition of *empathy* is directed at objects, but it reveals an attitude toward people as well: “the projection of one’s own personality into an object, with the attribution to the object of one’s own emotions, responses, etc.; also called the *pathetic fallacy*.”²⁵ When a person projects himself or herself into another person, as one does with objects in the pathetic fallacy, and attributes his or her own feelings to the other, the process is again one of control, of universalization. On one level we might assess such moves as generous; they attribute to others the same pains, feelings, and passions that we undergo. Indeed, much of the common western folk-ethic is built on such an idea: do unto others as you would have them do unto you. In the present analysis, however, I will reject this approach. In caring encounters I receive the other person and feel what he or she is feeling even if I am quite sure intellectually that I would not myself feel that way in the given situation. It may be that *empathy*, which is a fairly new word, was introduced by thinkers who found *sympathy* too soft and wanted a cognitively more respectable word. But *sympathy*—“feeling with”—more nearly captures the affective state of attention in caring. Even the definition in physics seems more useful: “a relation of harmony between bodies of such a nature that vibrations in one cause sympathetic vibrations in the other.”²⁶ In the analysis of caring, however, we must note that directionality is from cared-for to carer. The cared-for need not feel what the carer feels, although in mutual relations the flow may, of course, go both ways. The important point here is that in some special way the cared-for is primary; he or she is the site of initial “vibrations.”²⁷

Moral philosophers have not said much about attention (or “engrossment,” as I have called it), and only rarely has the receptive aspect of attention been emphasized. Simone Weil is an outstanding exception. She starts her discussion this way: “In the first legend of the Grail, it is said that the Grail . . . belongs to the first comer who asks the guardian of the vessel, a king three-quarters paralyzed by the most painful wound, ‘What are you going through?’” This question acts as a foundation for moral life. It signals the openness of the questioner. Weil continues. “The love of our neighbor in all its fullness simply means being able to say to him: What are you going through? It is a recognition that the sufferer exists, not only as a unit in a collection, or a specimen from the social category labeled ‘unfortunate,’ but as a man, exactly like us.”²⁸

Here, in a typical existentialist move, Weil refuses to subsume the

individual in the system. She says that we must not start with a collection and “specimens”; rather, we must meet the individual. She also makes a move that I will challenge later (in discussion of a relational self): she regards the sufferer “as a man, exactly like us.” We may want to avoid this universalization. We may want to regard the other person as unavoidably different—not ever “exactly like us.” For the present, however, we are concerned with her account of attention. She writes: “This way of looking is first of all attentive. The soul empties itself of all its own contents in order to receive the being it is looking at, just as he is, in all his truth. Only he who is capable of attention can do this.”

Reception, not projection, marks the attention described by Weil. The reception is not totally passive. A soul (or self) empties itself, asks a question, or signals a readiness to receive, but the state that develops is thoroughly relational. When I attend in this way I become, in an important sense, a duality. I see through two pairs of eyes, hear with two sets of ears, feel the pain of the other self in addition to my own. My initial self is vulnerable, and it will be changed by this encounter. Knowing this, I may resist giving my attention. Indeed, probably no real encounter could represent a state of “pure attention.” It is always a fragile condition subject to distraction or rejection. (It is important to note that what I receive from the other person does not always arouse a harmonious vibration of sympathy. After an initial stab of pain or an involuntary laugh, I may feel revulsion. It may not be easy or even possible to make this encounter into one of caring. I will return to this large problem.)

We can learn more about the attention characteristic of caring by following Weil’s discussion a bit further. Her analysis of attention is carried out in the context of the “right use of school studies” in developing a love of God and fellow human beings. Weil believed that the study of geometry, for example, could increase students’ capacity for attention and that an increased capacity for attention, directed appropriately, would increase their power of prayer. In turn, a greater connection to God should produce a stronger link to human beings. Through their enhanced attention to God, students should be better able to ask another person, “What are you going through?”

I think Weil was wrong on this, and wrong in two ways. First, there is no convincing evidence that people capable of attention to, say, mathematics are more attentive to God than they would have been without that capacity. Second, attention to God only sometimes produces the effect Weil hoped for. Some people do become saintlike in their relations

with other human beings, but others turn inward and concentrate entirely on the connection to God; still others do horrible things to their sister-men in the name of God. The sort of transfer Weil expected is not likely to occur. Thus the strength of Weil's argument really rests on "the right use" of school studies, and it is conceivable that a use can be found that might enhance the moral sense of students. I doubt, however, that the desired effect can be obtained by increasing the capacity for attention through the study of geometry. If people are to learn how to attend to living others, they must have appropriate opportunities and guidance in attending directly to living others.

The claim here is not that the *form* of attention necessarily differs with its object. Creative artists, scientists, and mathematicians have reported a receptivity very like the one I attribute to the consciousness of carers. The object "seizes" them, "speaks" to them, "reveals itself" to them. The structure of consciousness may be the same, but just as the capacity for such attention in mathematics does not transfer to a like capacity in, say, sculpture, it does not transfer to other consciousnesses either. Indeed, a well-developed capacity for attention in an intellectual field may even set up resistance to receiving the another human. Having the capacity for receptivity in any field makes one at least implicitly aware of its power, of what may follow. Too often people have chosen to accept William Butler Yeats's beautifully expressed resignation: "The intellect of man is forced to choose / Perfection of the life, or of the work." We will want to question this also.

The language used by Weil, on first sight, seems compatible with care theory as I will develop it here, but there is an even deeper difficulty that separates Weil's view from mine. In chapter 6, as the discussion of home and early life develops, we will see that despite her often concrete language Weil does not concentrate on the well-being and response of individual human beings for their own sake but, rather, on something "impersonal" in each. I will reject this move to religious abstraction, but I defer the argument until later.

The attention characteristic of caring has been described by Gabriel Marcel as "disposability (*disponibilité*), the readiness to bestow and spend oneself and make oneself available, and its contrary, indisposability."¹⁰ One who is indisposable does not attend, is not "there" even when physically present. As Marcel puts it, "When I am with someone who is indisposable, I am conscious of being with someone for whom I do not exist; I am thrown back on myself."¹¹ Martin Buber has also described the receptivity characteristic of an encounter. In an I-Thou en-

counter the other person is neither an object of study nor data to be assimilated to one's active cognitive structures: "He is no longer He or She, limited by other Hes and Shes, a dot in the world grid of space and time, nor a condition that can be experienced and described, a loose bundle of named qualities. Neighborless and seamless, he is Thou and fills the firmament."¹²

The cared-for, so encountered, does not of course "fill the firmament" forever. The moment of nearly pure relation passes; one must think what to do. Buber acknowledges this. We cannot live entirely in the I-Thou mode, but the tragedy is, Buber warns, that we *can* live entirely in the I-It world; we can fail completely at the tasks of attention and receptivity. Indeed, Buber described such an incident in his own life. A young man came to him ostensibly to discuss ordinary matters, and Buber responded to him at that level. Somewhat preoccupied, Buber failed to detect that the young man was contemplating suicide and had come to him not for chitchat or everyday information but for help in making a decision. It might not have been possible for Buber to prevent the suicide that occurred, but he blamed himself for a failure of attention.¹³ All of us experience such failures of attention, usually in less consequential matters, but some people seem never to develop the capacity for attention. Self-absorbed—sometimes brilliant, sometimes dull—such people go through life "indisposable."

Attention—receptive attention—is an essential characteristic of the caring encounter. The carer, A, receives what-is-there in B. But clearly more than attention is required. A must respond in some way. If B is trying to accomplish something he may want A's help, or perhaps—as is often the case with children—B is simply calling out, "Watch me, watch me!" Thus, in addition to the attention that characterizes A's consciousness in caring, there is also a feature we might call *motivational displacement*. A's motive energy begins to flow toward B and his projects. Consider a typical example. Ms. A, a math teacher, stands beside student B as he struggles to solve an equation. Ms. A can almost feel the pencil in her own hand. She anticipates what B will write, and she pushes mentally toward the next step, making marks and erasures mentally. Her moves are directed by his. She may intervene occasionally but only to keep his plan alive, not to substitute her own. She introduces her own plan of attack only if his own plan fails entirely and he asks, "What should I do?"

Motivational displacement follows on the heels of attention if A is sympathetic to B's plight. If B is in pain, A will want to relieve that pain.

If B needs to talk, A will listen. If B is perplexed, A will offer what she can to bring clarity to B's thinking. Many things can block the flow of motivational displacement. A may receive accurately what B is thinking and feeling and be so repelled by it that helping in his "project" is unthinkable. The caring encounter is not necessarily dead when this happens, but something akin to a Kantian effort is required to transform the encounter into one that will permit the continuation of attention. Perhaps a new project will then arise, and A's motive energy will again flow freely. Occasionally, it will be necessary to obstruct B's plans—to dissuade him if possible and, if not, to actively oppose him. Even in such cases, when the moment of danger is past, A will make an effort to restore a caring relation if B wants or needs it. The newly constructed relation may, of course, be severely constrained by the foregoing conflict.

Sometimes something in A, not in B's project or attitude, resists motivational displacement. Like Buber, A may be preoccupied and fail at attention. Even if attention occurs, A may resist the transition to motivational displacement. She may think, "Uh-oh. I can see where this is leading. I don't have time for this" (or "I can't handle this," or "Why me?" or "Not again!"). We are aware when this happens that the encounter is no longer a fully caring encounter. It may be restored by continued conversation and compromise, and many caring encounters are satisfied by something less than what the cared-for initially had in mind. It is not necessary, possible, or ethically desirable for A to say yes to every request B makes.

In a caring encounter A's consciousness is characterized by attention and motivational displacement, but this characterization tells us nothing about what A will actually do or should do. The implication that some sort of positive response is required by the internal state itself is clear. Before discussing this in detail we need to fill out the phenomenological picture by considering B's consciousness.

B is a party in the caring relation, and as Buber insisted, "relation is reciprocity."¹⁴ By this Buber did not mean that B must take his or her turn as carer. In many mature relations we will want to insist on such mutuality, but there are many situations where mutuality is not possible: between parent and young child, between teacher and student, between physician and patient. All of these are necessarily asymmetric, and yet there is reciprocity. The cared-for contributes something essential.

Besides being the site of initial "vibrations," the cared-for responds in a way that shows that A's efforts at caring have been received. B's consciousness is characterized by the recognition or realization of care,

and “I am cared for” would be the appropriate verbalization of B’s state of consciousness. Again, B’s state of consciousness doesn’t tell us exactly what B will do or should do. It merely suggests some form of response that will be detectable by A. Reception of A’s caring by B completes the relation. It allows us to say that the relation or encounter is one of caring.

In summary, we have the following situation: (A, B) is a caring relation (or encounter) if and only if

- i. A cares for B—that is, A’s consciousness is characterized by attention and motivational displacement—and
- ii. A performs some act in accordance with i), and
- iii. B recognizes that A cares for B.

If the encounter is part of a continuing relationship or series of encounters, B’s responses become part of what A receives in the next episode. These responses are essential both to the completion of a particular episode and to the health of future encounters. They are the means by which A monitors her efforts, and they provide the intrinsic reward of caring. Without such responses, parents, teachers, counselors, and doctors suffer disillusionment, fatigue, and eventually burnout.

Construing caring as an attribute of a relation draws our attention to both parties in a situation. The virtue sense of caring is still significant. We do, after all, say such things as, “He is a caring person,” “They are a caring family,” “Nurses are more caring than doctors.” When we understand the relational sense, however, the virtue sense takes on new meaning. Indeed, the virtue seems to be embedded in (i) of our definition. We might say that a caring person is one who fairly regularly establishes caring relations and, when appropriate, maintains them over time. This is very different from starting with a carer’s intention (“I care”) and assessing how faithfully the carer carries out the intention according to his or her own ideal view. In a relational view we have to ask about the effects on the cared-for, and the carer’s actions are mediated not only by the initial needs of the cared-for but also by the observable effects of whatever the carer does. Monitoring effects becomes especially important as episodes of care are strung together over time.

The Goal of Care, and Caring over Time

Earlier I put off discussion of the object or goal of care so that a common description of caring at the level of consciousness could be developed.

I mentioned Mayeroff's definition of what it means to care for another person: "to help him grow and actualize himself." We have seen that a brief caring encounter need not involve such a grand objective. In long-term relationships, however (even in the one-year relationship between teacher and student), growth is often the object of caring. From whose perspective should we define growth? Can growth be a stable and/or unitary goal?

In describing maternal thinking (a mode of thinking and feeling that certainly involves caring), Sara Ruddick writes of three great maternal interests: preserving the life of the child, promoting his or her growth, and shaping an acceptable child.¹⁵ These interests arise, Ruddick says, from the demands made by the child itself. At birth the child is completely helpless except for its summoning cry and response at nursing. Someone must preserve its life. As it grows physically, it is engaged more and more in attempts to master its environment; this effort, guided wisely, manifests growth. Further, the child continually seeks a circle of acceptance, and wise parents try to shape the child for acceptability in the circles they regard as healthy. At any given time, in any episode, caring may be directed at one or a combination of these interests.

The objective of care shifts with the situation and also with the recipient. Two students in the same class are, roughly, in the same situation, but they may need very different forms of care from their teacher. This is a point that can hardly be overemphasized. Every human situation is unique by virtue of differences in the participants. Science and philosophy have concentrated on generalization and universalization, and this concentration has been accompanied by an almost exclusive emphasis on method in science and the agent-as-method in ethics. Even in virtue ethics, where at least the agent is not a mere vehicle of methodical logic, too much attention is perhaps given to the person who embodies virtues. In the approach under development here, attention goes first to the recipient of care and to the relation between carer and cared-for.

Preservation, growth, and acceptability are not fixed as ideals in either the carer or the society to which the carer belongs, although of course both will have effects on the shape of caring. Following our phenomenological description, caring will always depend on the connection between carer and cared-for. It is easy to forget this, and so the world is filled with claims to care and accusations that the professed carers do not care ("nobody cares") and even that they exploit the recipients of their pseudo-care. It is essential, then, to maintain the distinction between care as a virtue and care as an attribute of relation. It is entirely

possible for an individual, exercising a host of recognized virtues, to care sincerely (in the virtue sense) and yet not connect with the recipient of care. This failure—which has been documented in virtuous figures from parents to prophets—is usually blamed on recalcitrant learners or followers. Under such thinking children who do not accept the care of their parents deserve the mishaps that follow, and the children of Israel deserved to be bitten by fiery serpents, slain by their leaders, and swallowed by the earth. There is a nucleus of wisdom in these views, but the relational approach will give a greater scope to the analysis of situations and urge continuous reflection on what we do and how we use our words.

Every encounter in a relationship over time can be described phenomenologically in the terms already discussed. However, there are new features. When we care over time, traces of previous encounters remain in memory and often affect new encounters. Further, we think about those for whom we care. Some of us pray, some worry, some dream, some plan, some do all of these. Indeed, separation often increases and deepens care. Parents who couldn't wait to get away for an evening without their children find themselves talking about the kids over their candle-lit dinner. Part of every vacation is given over to finding suitable gifts for those left behind, and carers often return from journeys with new ideas for making their caring more effective. If these plans are the result of an epiphany of sorts—"now I see what she needs!"—or of deep reflection on the relationship, they may be successful, but if they are plans generated from the carer's own needs and abstract thinking, they may lead to new disappointments.

Like *caring* itself, the words we regularly use in discussing long-term relationships need relational analysis. In parenting we need to consider what it means to *plan* for the future of one's children. Parents often save for their children's college education, but what if the children don't want to go to college? What if their aptitudes and interests lie elsewhere? Similarly, plans are often made for the elderly as though a particular old person were "a unit in a collection." Social policy, perhaps inescapably, works with collections and social categories, but there may be ways to transform such thinking, and these will be considered in later chapters.

Caring-About

So far the discussion has focused on caring-for—the face-to-face occasions in which one person, as carer, cares directly for another, the cared-

for. There are many circumstances, however, in which we care about others even though we cannot care directly for them; that is, we are somehow touched by their plight and want to do something to improve it. In *Caring* I distinguished caring-for from caring-about:

I have brushed aside “caring about” and, I believe, properly so. It is too easy. I can “care about” the starving children of Cambodia, send five dollars to hunger relief, and feel somewhat satisfied. I do not even know if my money went for food, or guns, or a new Cadillac for some politician. This is a poor second-cousin to caring. “Caring about” always involves a certain benign neglect. One is attentive just so far. One assents with just so much enthusiasm. One acknowledges. One affirms. One contributes five dollars and goes on to other things.¹⁶

The basic distinction between caring-for and caring-about remains important (although the particular language does not matter), but I think now that caring-about deserves much more attention. Indeed, caring-about may provide the link between caring and justice. Chronologically, we learn first what it means to be cared for. Then, gradually, we learn both to care for and, by extension, to care about others. This caring-about is almost certainly the foundation for our sense of justice. Susan Okin has argued strongly that John Rawls’s theory of justice contains at its heart “a voice of responsibility, care, and concern for others.”¹⁷ Rawls himself acknowledges that citizens under political liberalism need capacities for both a sense of justice and an individual conception of the good. The perspective taken here is that caring supplies the basic good in which the sense of justice is grounded.

Caring-about moves us from the face-to-face world into the wider public realm. If we have been well cared for and have learned to care for a few intimate others, we move into the public world with fellow-feeling for others. We are moved by compassion for their suffering, we regret it when they do not experience the fruits of care, and we feel outrage when they are exploited. Often we wish that we could care directly, but because that is impossible, we express our care in charitable gifts, in the social groups we support, and in our voting. These are not insignificant ways of responding, and they are ways that can be encouraged in schools.

Caring-about does have inherent flaws. It can, as I said, be “too easy.” Even when conscientiously engaged it can become self-righteous and politically correct. It can encourage dependence on abstractions and schemes that are consistent at the theoretical level but unworkable in

practice. Perhaps worst, it can elevate itself above caring-for and distort what might be called the natural order of caring.

Let's examine each of these flaws. The tendency toward self-righteousness and political correctness is built into caring-about. Charles Dickens gave us vivid portraits of do-gooders who proclaimed their caring loudly but failed to care for those in their immediate circles. Mrs. Jellyby and other insufferable Dickens characters not only failed to care for those near them, they did not even care enough about the avowed objects of their care to consider the actual effects of their charities.¹⁸ When we consider pathologies of care more deeply, we will see that a risk similar to this inheres in caring-for, too. It is only partly blocked by emphasizing the relational sense of caring over the virtue sense.

The tendency toward abstraction is illustrated in much political and social theory, and it is one reason that so many feminists are wary of theory.¹⁹ The temptation to create grand schemes and universal narratives is hard to resist once we move into the public realm. Individuals become elements in a collection, and principles govern what might better be guided by caring responses. Those who create the theories begin to serve them by defending, revising, and extending them. Others get caught up in debates over them, and those needing care may be all but forgotten. Theorizing may also be translated into caring about great causes. At this global level, theory does not flee from action, but it may become a form of terror in the world. It proclaims an ideology, and individual cared-fors may become mere symbols.

When the tendency to theorize is celebrated, caring-about may brush aside caring-for as too immediate, personal, parochial, or emotional to be widely effective. A personal story may help to illustrate my point here. Some years ago, when my husband and I had added to our family by adopting Asian American children, a colleague commended us, but then remarked, "But, of course, adoption is not the answer." He wanted a solution at the grand level, one that would "take care" of all parentless children. I responded with some irritation, "Well, it's the answer for these kids." Now, on reflection, I think we were both partly right. There is no adequate substitute for caring-for (direct caring)—of this I am convinced—but intelligent, conscientious caring-about can suggest ways to extend caring-for to many more recipients.

The key, central to care theory, is this: caring-about (or, perhaps, a sense of justice) must be seen as instrumental in establishing the conditions under which caring-for can flourish. Although the preferred form of caring is caring-for, caring-about can help in establishing, main-

taining, and enhancing it. Those who care about others in the justice sense must keep in mind that the objective is to ensure that caring actually occurs. Caring-about is empty if it does not culminate in caring relations.

Those who work in the Kantian tradition are inclined to elevate justice (or caring-about) above caring-for. They often fear the emotion or affect that is central to caring-for. Okin notes that the “Kantian connection” so pronounced in Rawls’s work makes it difficult for him “to acknowledge any role for empathy or benevolence in the formulation of his principles of justice.”²⁰ Despite this, Rawls does acknowledge a moral sense that cannot be derived wholly from the rational in his distinction between “rational” and “reasonable.”²¹ His reasonable person regards other persons in a way that cannot be traced to rational self-interest alone. It seems, however, that Rawls thinks that this moral sense can be traced to a form of Kantian moral sense that is devoid of feeling. In contrast to the Kantian position, David Hume insisted that the final sentence on morality, “that which renders morality an active virtue” is feeling: “This final sentence depends on some internal sense or feeling, which nature has made universal in the whole species. For what else can have an influence of this nature?”²² Care theory takes a Humean position on motivation and inverts Kantian priorities. Caring-for is the natural, desired state; caring-about, emotionally derived from caring-for by either extension or rebellion (to be discussed a bit later), must serve caring-for to achieve its own objectives.

Learning to Care and Be Cared For

The preceding discussion about the priority of caring-for over caring-about suggests an emphasis on what Hume called cultivation of the moral sentiments. Education in both home and school cannot be content with developing rationality and cognitive skills. If caring-for is basic in moral life, then an education that develops this capacity is essential.

Learning to be cared for is the first step in moral education. Rawls makes something like this a law of psychological development: “First law: given that family institutions are just, and that the parents love the child and manifestly express their love by caring for his good, then the child, recognizing their evident love of him, comes to love them.” His second and third laws claim that when a person’s capacity for fellow feeling has been established, as in the first law, he or she will (in a just

society) develop “ties of friendly feeling and trust toward others” and will accordingly uphold the just arrangements of which he and his loved ones are the beneficiaries.²³ His entire discussion of moral education is presented in the interests of stability. Once a just, well-ordered society has been established, citizens must maintain it, and Rawls’s three laws of psychological development are offered in this interest.

From a care perspective, Rawls’s account fails on several counts. First, and most important, what role do moral sentiments and natural attitudes (we may include care here) play in establishing the well-ordered society? If a just society can be reached by purely rational or, more accurately, reasonable means, why are ties of affection and the like needed to maintain it? Second, such laws simply do not exist. As we discuss caring in more and more depth, we will see that although there are strong tendencies, there are no laws. Caring itself is subject to pathologies, and these are not always clear to us even as they are occurring. Third, family institutions have been manifestly unjust for centuries, and yet many parents and children have loved one another and many children have learned to care. Fourth, although one can agree with Rawls that loving parents express their love of the child by “caring for his good,” this statement is much too cryptic. What is a child’s good? How does one care for it? If the child does not recognize the parents’ caring, what can be done?

To survive a child needs at least minimal physical care. To grow, to become an acceptable person, a child needs more. Urie Bronfenbrenner says, “In order to develop, a child needs the enduring, irrational involvement of one or more adults in care and joint activity with the child. . . . Somebody has to be crazy about that kid.”²⁴ The emphasis here is on a passionate love that enjoys the child. A parent who is “crazy about that kid” likes to spend time with the child. There is companionship and joy in joint activity. Such a parent does not use purposive-rational planning to eke out an occasional hour of “quality time.” Most moments spent together are pleasurable for both parent and child.

In this kind of setting, where parent and child work together, play together, and talk to each other, a child learns all sorts of things incidentally. Casaubon, the narrator of Umberto Eco’s *Foucault’s Pendulum*, remarks: “I believe that what we become depends on what our fathers teach us at odd moments, when they aren’t trying to teach us. We are formed by little scraps of wisdom.”²⁵ Philip Jackson makes a similar point in discussing how we are formed by teachers.²⁶ Yet in so many of our encounters with children, both as parents and teachers, we are

guided by purposive-rational thinking: we plan, strategize, instruct, correct, monitor, and control. There is something deeply wrong in all this and, paradoxically, when we see that something is wrong, we are inclined to use the same procedures more rigorously. We find it hard to give up the tendency to use prescriptive technologies. Our reaction is similar to that of the stubborn defender of Enlightenment reason: when things go wrong, use more reason. He might better say, "Let's use a different kind of reason," or "Let's use reason to reflect on the reason we've been using," or even, "Let's go have a drink together and put all this aside for a while." In education, as in parenting, the key may be relation, not control.

Buber made relationship the very heart of education. He wrote that every child longs for the world "to become present" to him or her through communion: "The child lying with half-closed eyes, waiting with tense soul for its mother to speak to it—the mystery of its will is not directed towards enjoying (or dominating) a person, or towards doing something of its own accord; but towards experiencing communion in the face of the lonely night, which spreads beyond the window and threatens to invade."²⁷ Buber's point is that someone must be ready to respond to the child's longing. That person need not be perfect. Moreover, caring over time need not be—in fact, never is—an unbroken series of caring encounters, but it must be marked by a basic constancy. The adult must convey a message to the child: "I am here for you."

When parents cannot or will not convey this message, other adults must do so. The most likely candidates are teachers. Even in the lives of children with caring parents, teachers serve as additional models of caring adults—that is, adults who can regularly enter relations that are properly called *caring*. The message "I am here for you" signals a willingness to listen, to help, to defend, and to guide. It is, as Buber noted, the foundation for the most vital relationships: "Trust, trust in the world, because this human being exists—that is the most inward achievement of the relation in education. Because this human being exists, meaninglessness, however hard pressed you are by it, cannot be the real truth. Because this human being exists, in the darkness the light lies hidden, in fear salvation, and in the callousness of one's fellow-man the great love."²⁸

Child rearing and education are central to care theory because caring-for precedes caring-about and because learning to be cared for precedes both. Human beings are not "cast into the world"; we are born into it, and we are guided into social life. A realistic social theory has to consider

how caring persons can be raised and educated in an imperfect world. Such a theory is necessarily both melioristic and open. It is melioristic insofar as it gives sound guidance for social improvement, and it is open because, to be effective, it must leave much to the arena of human interaction and judgment. It cannot prescribe exactly what should be done in every situation, and it leaves itself open to continual correction.

The Centrality of Women's Traditions

Because care theory starts at home, women's experience is an important source for identifying key concepts. Most political philosophy has started with the associations of adult males: How should people interact? Who should govern? By what laws will they live? If homes and families are considered, their role in contributing to the larger community is paramount.

Here the emphasis is reversed. Our most treasured human capacities are nurtured in families or homelike groups. Charles Taylor has expressed doubt that these capacities can be developed entirely within families. Their development, he says, depends on an entire civilization.²⁹ Now, of course, families and civilizations interact; I would not argue to the contrary. But it is by no means clear that only one form of society will allow the development of these capacities. Moreover, despite the overall success and glories of a given civilization, many of its members will fail to develop the admired capacities, and this failure can often be traced to family life. We could argue, and some philosophers have so argued, that dependence on the family for the intellectual and moral growth of citizens is a mistake. What we need, from this perspective, is a more perfect state that can ensure the appropriate growth of all its citizens. Dreaming up such a state is a task for utopians.

Taylor does not make such an argument, but he does move perhaps too quickly beyond the family to the society in which the family is situated. He wants to argue, against philosophical individualists, that one's recognition that a civilization has produced the capacities on which rights are based commits one to the sustenance of that civilization. This may be so, but it is not obvious. What seems to follow logically is that a parent owes to her children the conditions and resources that produced the treasured capacities in the parent. It is reasonable to suggest from that start that a person who truly values these capacities may want to nurture them in others as well, but this is not a purely logical conclusion.

One has to care about others. The variety of desires expressed and outcomes achieved in intimate circles tends to keep open the possibility that the civilization must be changed, not merely maintained.

Currently available empirical evidence shows that women are generally more liberal than men on social issues, particularly on support for the disadvantaged and on children's issues.³⁰ The suffragists of the nineteenth century predicted that this would be true, but they based their argument on the belief that women have a natural moral superiority. I do not argue for women's moral superiority or for some "natural" attribute in women that makes them more compassionate. I argue, not from essentialism (which, for me, remains an open question but not a useful one), but from experience. The basic argument is that people who are directly responsible for the care of others (if they themselves have been adequately cared for) will likely develop a moral orientation that is well described as an *ethic of care*.

It is not only that women have actually done most of the care-giving work for centuries; the expectation that they should do so has in itself had important effects. This expectation can be found in historical documents, biography, and fiction. It is well illustrated in a subplot in a novel by P. D. James, *A Taste for Death*. Two of Dalgliesh's detectives, Massingham (male) and Miskin (female), face problems with elderly relatives—he with his father, she with her grandmother. Massingham, while living in his father's house, nevertheless avoids contact with the lonely old man whenever he can. Miskin, who desperately wants her freedom, decides during a police emergency not only to take her grandmother in but also to try to resolve the emotional problems between them. When the grandmother is mugged and needs her, she has to take a day off in the middle of a politically important murder investigation. Massingham, although sympathetic, says:

"It's not going to be convenient."

She said fiercely: "Of course it's not bloody convenient. You don't have to tell me. When would it ever be?"

Walking beside him down the corridor . . . she suddenly asked:

"What would happen if your father fell ill?"

"I hadn't thought. I suppose my sister would fly home from Rome."

Of course, she thought. Who else?³¹

The expectation that women will do direct care when it is necessary remains strong.³² Where it has given way, the newer expectation is not that men will accept equal responsibility (although, of course, they sometimes do) but that the public will or should somehow provide care

so that occupational work will not be interrupted. Many of us agree that such support should be provided. Yet, in countries where public care giving is much more generously supported than it is in the United States, complaints still arise about the lack of human caring—warmth, personal concern—in the care taking.³³ Thus the problem cannot be entirely defined in terms of public responsibility. People long to be cared for by those who have a personal interest in them.

It is women who, traditionally, have provided this care. It makes sense to study this experience empirically as well as philosophically. How can we describe what is learned when one is cared for and how can we describe what is learned when one cares for others? What broad categories appear in all of these situations? What personal and cultural variations appear in each category? What pathologies arise? Can we predict which implementations of caring or being cared for will lead most reliably to caring-about without losing the caring that should be its point? The task is both descriptive and normative, and the trick will be to know when we have passed from one to the other.

From Natural Caring to Ethical Theory

The preferred way of relating to one another morally can be called *natural caring*. By “natural” I mean a form of caring that arises more or less spontaneously out of affection or inclination. In natural caring the phenomenological features described earlier do not require a special ethical effort; they arise directly in response to the needs of the cared-for. No mediating ethical-logical deliberation is required. That is not to say, of course, that no effort is needed in deciding on and carrying out a physical response. The effort expended in the “act” part of caring may range from minimal to heroic, but receptivity and motivational displacement occur in direct response to the cared-for. I mean nothing more by “natural” than this. In particular, I do *not* mean to suggest that the capacity for natural caring does not need cultivation. On the contrary, I will argue that it needs continuous and sensitive cultivation. Natural caring is the sort of caring usually identified with care in intimate circles—in parenting and friendship. It is also seen frequently in neighborly interactions and in emergencies involving strangers. For example, we spontaneously respond to neighborly greetings, requests for directions, and requests for help from injured strangers. In all such cases we receive “what is there” in the other person and want to respond positively.

In contrast, there are times, even in the closest human relations, when

the feeling associated with natural caring—"I must"—does not arise spontaneously. Then, if we value ourselves as carers, we summon ethical caring—a dutiful form of caring that resembles a Kantian ethical attitude. On such occasions we respond as carers because we want to uphold our ideal of ourselves as carers. We overcome our own resistance by asking ourselves, "How would I respond if I really cared? If I were at my best as a carer, what would I do?"³⁴ Although this move is often necessary, it is very risky because the recipient of our care frequently detects our ambivalence and may resent our acting from duty.

Care theory reverses Kantian priorities. By placing natural caring above ethical caring, we suggest that ethical caring is instrumental in establishing or restoring natural caring. Indeed, it is often the case that as we draw upon ethical caring the blockage to natural caring is removed, and the relation once again becomes one of natural caring. A person not only needs experience in caring to do this, she or he also needs to have made a commitment to be a caring person. In another significant departure from Kantian theory, care theorists do not turn to logic for a categorical imperative; rather, they turn to an ideal of character. This turn to character does not imply that care theory is itself a form of virtue theory; again, it elevates natural caring above the caring that requires an effort of character. It should not be surprising that care theory bears some resemblance to Kantian and virtue theories because both have contributed enormously to metaethical thought.

At bottom, however, care theory is consequentialist (but not utilitarian). It asks after the effects on recipients of our care. It demands to know whether relations of care have in fact been established, maintained, or enhanced, and by extension it counsels us to consider effects on the whole web or network of care. If we have established a caring relation with one person at the cost of weakening a larger web of care, can we be said to have cared? This is a topic I will address in the next chapter, and it is important both theoretically and practically. As we examine pathologies of care, we will encounter the logical limits of theory.

Several critics have suggested that care theory, despite my disclaimers, is based on principle. One might, for example, suggest as a basic principle: always act so as to establish, maintain, or enhance caring relations. A carer, however, does not refer to this principle when she responds to a person who addresses her. The "principle" is *descriptive*, not prescriptive. The behavior of carers is well described by this principle, but their motivation arises either spontaneously (in natural caring) or through deliberate reflection on an ideal of caring that has become part of their

character. Thus, although the characteristic “I must” sounds Kantian, its source is either spontaneous inclination or the “caring self” that has been under construction for a lifetime. In this, caring is very close to virtue ethics.

Another Kantian (or at least, Rawlsian) reversal is suggested by the foregoing discussion. Rawls has described the need for “reflective equilibration”—a process by which ethical agents check their concrete judgments against the principles enunciated in the basic ethical theory.³⁵ According to Rawls, reflective equilibrium guards against our making judgments out of personal interest or emotional entanglement, while it also invites reflection on (and perhaps revision of) theoretical principles. The emphasis in Rawls is clearly on the former. In contrast, care theory puts greater emphasis on the continual examination and growth of an individual’s ethical ideal. The ethical ideal gives stability to our judgments and helps us to avoid capricious behavior, but the needs of others provide the primary material for our response and continually stretch the ethical ideal.

In this chapter we have outlined a basic description of caring relations and of the contributions made by carers and cared-fors. We have also discussed the importance of “caring about” and how it is linked to the more fundamental concept of “caring for.” Learning to care about depends on learning to care for, and that in turn depends on oneself having been cared for. We have launched a project that reverses traditional philosophical procedure. Instead of starting with an ideal state or republic, we will start with an ideal home and move outward—learning first what it means to be cared for, then to care for intimate others, and finally to care about those we cannot care for directly.

When we care, we intend to offer some positive form of response. Often our aim is to prevent harm, and we have to be concerned not only with harms that threaten from outside but also with those harms people may do to themselves. Moreover, our efforts to care may miscarry, and we have to consider the possibility that there are pathologies of care. We turn to the topic of harm next.