
Can there be an ethics of care?

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Abstract

There is a growing body of writing, for instance from the nursing profession, espousing an approach to ethics based on care. I suggest that this approach is hopelessly vague and that the vagueness is due to an inadequate analysis of the concept of care. An analysis of 'care' and related terms suggests that care is morally neutral.

Caring is not good in itself, but only when it is for the right things and expressed in the right way. 'Caring' ethics assumes wrongly that caring is good, thus it can tell us neither what constitutes those right things, nor what constitutes the right way.

Introduction

The idea of an ethics based around the concepts of care and caring is one that has gained currency in the last ten years. Its relation to health care ethics was discussed in a recent edition of the *Journal of Medical Ethics* (1,2). Significantly, one of the writers was a nurse; amongst nurse theorists the idea of an ethics of caring is especially popular. Nursing has long sought to gain an identity separate from medicine and some writers hope that care may be the key to finding this identity (3).

'Caring' ethics has roots in the work of Gilligan (4). It has been developed subsequently by feminists (5) and nurses (6). The key idea is that the detached, impartial observer ideal of morality, characteristic of ethics since the enlightenment, is flawed and inappropriate, particularly for women. In its place is recommended an approach stressing involvement in the situation, with an attitude of care for others also involved. As such, the importance of relations between people in their practical reasoning is highlighted rather than the more common approach stressing abstract principles.

I shall attempt to establish three points:

(i) As described by its proponents, caring ethics is hopelessly vague. It lacks both normative and descriptive content.

(ii) This vagueness is due to an inadequate analysis of 'care', and thus of the source of any moral meaning which may attach to the term and its cognates. 'Caring' ethicists take the fact that care-related terms are used to express moral judgement to imply that care is itself a good, or the good. This inference is both invalid and false.

(iii) When care-related terms are used to express a moral judgement (for instance, to criticise someone as 'uncaring') the source of that judgement is not in the fact of care or its absence. Rather it is in what the person cares about and in how they express that care. 'Caring' ethicists can tell us nothing of the 'what' and the 'how' which underlie the judgement.

'Caring' ethics

'Caring' ethics developed from discussions in the field of moral development theory. A key writer in this field was Kohlberg (7) who, by use of interviews in which moral dilemmas were presented, particularly to children, developed a stages theory of moral development.

Kohlberg suggested there were various levels of moral development from a form of primitive egoism as an infant, to a supreme objectivity, a level which few achieved. Blum characterises the ethical theory underlying this view as 'impartialism', the view that ethics is based upon impartiality, impersonality, universal principle, and formal rationality. This 'dominant conception' of morality is reflected in utilitarianism and Kantianism which both, despite their differences, incorporate impartialism. Impartialism is seen also in the 'principles' approach used widely in bioethics (8).

Gilligan said that in her various studies she began to discern 'another voice' from that of impartialism (or the ethics of justice as she termed it). This voice was often heard from women or girls, although Gilligan was at pains to point out that this was a statistical tendency, not an empirical necessity (9).

Kohlberg had interpreted the different way in which many, particularly girls, tended to approach problems as suggesting that they had 'arrested' at a

Key words

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certain stage. Given the right challenges they might be able to see beyond relationships to a more universal plane, although boys might do this more easily.

Gilligan pointed to girls' refusal to take decisions out of context, their desire to avoid conflict, and to their emphasis on the relationships between the protagonists in these dilemmas. She claimed that what girls were showing was not a lower level of ethical reasoning, but a different one. Where boys might use the language of the ethics of justice (impartialism), girls tended to use the language of the ethics of care. At times Gilligan appears to suggest that both are legitimate approaches which complement each other. At other times there is the impression that she believes the ethics of care to be superior. This is certainly the view of some of the writers who have appeared in her wake, such as Noddings (5). The idea that 'caring' ethics can be complementary to other approaches is suggested by Gillon (2) and Dillon (10).

Whilst the details of the 'caring ethics' seem obscure, one gets a flavour of what is meant from the various writers in the field. Blum (11) lists what he sees as some of the differences between 'impartialism' and the ethics of care.

(i) The care approach is particularised. It does not abstract from the particular situation and attempt to see, for example, which principles are operative, or what is the ethical framework. Gilligan and Noddings have both criticised Gandhi for his 'blind willingness to sacrifice people to truth', that is, some form of abstract truth. In practice this unwillingness of 'caring' ethicists to acknowledge the importance of abstract ideals has some disturbing consequences, which are discussed below.

(ii) The care approach is involved. It does not see the person making moral decisions as a radically autonomous, self-legislating individual. Rather she is tied to others. Autonomy is not seen as some kind of ideal. Involvement with the person on whom one acts draws on capacities of love, care, empathy, comparison and sensitivity. This dimension of moral understanding is ignored by the impartialist approach.

(iii) For the care approach, moral reasoning does not involve rationality alone, but an intertwining of emotion, cognition and action. Noddings quotes Hume, with approval (12). It seems that for both, 'Reason is, and ought only to be the slave of the passions' (13).

(iv) The care approach is not concerned with universalistic right action. Gilligan talked instead of situationally based responses based upon 'cognizance of interdependence' (14).

(v) Kohlberg's ultimate concern is with morality itself, whereas Gilligan's is with the relations between people ('relational ethics').

Problems with the ethics of care

1. There is a vagueness about the approach which manifests itself in a disturbing lack of content. This is clear in the discussion of problematic situations given by Noddings. She gives an example of a mother whose son is at a school which has a rule that any absence must be due to illness or bereavement (15). Other absences are punished. Her son needs permission to do something away from school on a regular basis which she considers worthwhile. She therefore writes regular letters saying her son is ill. Noddings believes that the 'masculine' ethics would have to justify this deception. For example, it might put someone under an obligation to try to change the stupid rule. The 'feminine' approach is unconcerned with this debate. The mother remains faithful as 'one-caring', (Noddings's compound noun for someone who cares behaviourally and emotionally for another, 'the cared-for'). For Noddings, this is an example of how caring ethics will not put principle over person. The question which arises is, how far will 'one-caring' go?

This question arises more acutely when Noddings discusses an example developed in critiques of utilitarianism (16). In essence the situation is one where someone is forced to choose between killing one innocent person, or allowing several innocent people to be killed by an evil person. Noddings suggests that the one-caring might try to kill the innocent person but that 'as I reach toward him, I feel the life, and fear, and trust, and hope ... emanating from him'. She suggests then that the 'one-caring' could not kill. But what if she felt the life, fear and so on emanating from the others? Perhaps then she would kill.

In a later example (17) Noddings suggests that 'one-caring' might fight for the bigoted white people one grew up with if it 'came to the crunch' in a civil-rights-type war. Noddings does try to suggest that there would be limits beyond which one would not go, if, for example, the person one cared for became involved in setting up concentration camps (18). However, it is hard to conceive how 'care' sets any limits or what rationale lies behind them.

2. Noddings suggests that the feeling that one must care (which she terms an 'ethical ideal' has its source in 'natural' caring experienced when young. Putnam (19) points out that this obscures more than it illuminates. It is clear that there are other things, such as hate and jealousy, which are 'natural' in relationships. It is not obvious why we should choose caring as our ideal, and commit ourselves to it rather than to say, revenge.

3. Noddings's description of the development of an ethical ideal on the basis of memories of caring which we inevitably recall as good has another difficulty. It is not caring we recall as good, but good caring. It would be perfectly possible to remember caring, particularly as a child which left one smothered and stifled. To reply that this is not *true*

care would be simply to move the problem along. What one would be saying then is that one inevitably recalls the care which was good as good. This is obvious and unhelpful.

4. The key problem is that the ethics of care approach assumes that caring is good, or the good, whereas the source of our moral approval of care and caring comes from outside the fact of care itself. To show this we must look at care and caring in more detail.

Care and caring

The words 'care' and 'caring' are used frequently, and in differing ways and contexts. As a noun, care can mean a worry or anxiety. It can mean some form of state institution, as in 'put someone into care'. It can be adjectivally amended, as in intensive care, coronary care, community care and so forth. As verbs, 'I care', and 'I care for ...' convey slightly different meanings. The first tends to suggest a meaning where the attitude of care is primary, the second a meaning where the action of care is primary. 'I am caring' suggests a judgement about the sort of person one is.

Whilst 'care' and 'caring' seem to be used in a wide variety of ways they do seem to be linked to each other.

The key link in all these notions seems to be that of emotional attachment. I shall term this the 'core definition' of care. There are two aspects, cognitive and emotional (20).

1) **COGNITIVE:** When someone cares about something they see that thing as of concern, interest or value to them. To care about something is to believe it to be good, or constitutive of a good, or the good.

2) **EMOTIONAL:** The attachment of care is betrayed by a whole set of emotions and emotional dispositions. The emotions may include anger or sorrow at what one cares about being treated unfairly or unjustly, (or damaged if it is an object), pity or compassion if it is hurt or fails to thrive, joy or contentment if it does thrive. It should be emphasised that no one emotion is conveyed by care. It is also clear that the phrase allows for degrees, as in 'I care a lot' and 'I do care but ...'.

Someone might make the following objections to this core definition. First, it could be objected that someone could believe something to be a good, but at the same time not care about it. This is not a problem for the core definition. All that one may infer from this definition is that whatever one cares about, one perceives to be a good (or constitutive of a good and so on). One cannot infer that whatever one perceives to be good, one cares about. This does not present a problem for the argument presented here.

Second, it could be objected that the cognitive element is not a necessary part of care. This objection might be divided into two forms. (i) People care about things they believe to be bad, hence they care about pollution or nuclear war. (ii) People care about, and actively pursue things they believe to be bad, hence they smoke, eat cream cakes or whatever.

Let us look at these respectively. (i) The use of the term care in such cases is still linked to cognition. People care about pollution because it threatens what they care about. It is permissible to say one cares about the things which threaten what one cares about, this does not break the link with the core definition. (ii) This is a case of confused cognition, not of emotion and cognition in conflict. People both care about their health and about things which are bad for their health. It is not necessary for the core definition of care that people's cognitive valuations be in good order.

And thirdly, it could be objected that the emotional element is not a necessary part of care. (Call this (iii)). (iii) There are people who cognitively value things, but who do not have the emotional reactions related to those things that permit us to talk as we normally talk of people as 'caring'. We may all have some such 'things', sick relatives, projects we have tired of and so on. However, someone whose life consisted only of such cares would approach psychopathy. It is necessary for the argument here only that *most* care involves cognitive and emotional elements, and that other usages are derived from this core meaning. In these cases people behave *as if* they care.

One last objection (iv) might be that neither the emotional nor cognitive element is required in care. Thus people care about things they believe to be trivial, or about things about which they have barely thought at all. (iv) This might be seen in the use of the term 'care for', as in 'do you care for blackcurrants?' If someone were to affirm this, but never chose to eat them when they were available, only enjoying them by accident, and felt no sense of loss if blackcurrants were wiped off the face of the earth by a blight then it might be said that the term 'care' had been applied without any cognitive or emotional element. However, this seems most unlikely. If someone says they care for something then one would expect it to be manifest, or potentially manifest, in their behaviour. If it is not, then it seems the term has not been applied appropriately.

It is important to stress that care is not *behind* our emotions. Rather, it is made up of cognitive judgement and an array of emotions and potential emotions. If we care about something then we shall feel, and be disposed to feel certain emotions in relation to that thing.

Emotions, desires and actions are closely linked. Anger involves a desire for revenge, pity involves a desire to relieve distress, love, a desire to nurture,

protect and so on. Desires are linked to our chosen action, so that when we care about something we shall behave, and be disposed to behave, in certain ways towards that thing.

It might be objected that there are things we choose to do which are not based upon caring about anything, upon emotional attachments to anything. This seems to be true although not commonplace. Sometimes our life is guided by unthinking habit, and sometimes it may be directed by a momentary whim. Nonetheless, it would be almost impossible to live one's life without quite a large set of things about which one cares (in the core sense) to varying degrees. Without these, as Frankfurt (21) suggests, one's life would be a sequence of events which one made no attempt to fashion; one would have no preferences.

The core sense of care does not, in itself, carry any moral connotations. People prefer to do all sorts of bad things; in so doing they are aiming at what they perceive as some good, something they care about. However, from the writers in the 'ethics of care' tradition it is clear that, where care and its various cognates are used, often a moral judgement is being made, for example when we talk of a 'caring person'.

How is it that we can describe, for example, the failure of someone to prime a bomb as careless, but would rarely (or never) describe someone who succeeds in such a venture as caring? If we examine the times that care-related terms do imply a moral judgement we can see that it has nothing to do with the presence or absence of care in itself.

Careless/careful

Take the term 'careless'. This is a word applied to actions or to someone who habitually performs such actions (including speech and omissions). It conveys a sense of clumsiness, but there is rather more to it than this. Consider the following examples:

1. A woman leaves a pair of sunglasses on the bed. Her husband sits on, and breaks, them. The way we describe the two actors' actions depends on various factors. For the husband to be termed 'careless' his action must be culpable. If the sunglasses were hidden by the sheets then his action is blamefree. Even if the husband were habitually clumsy he might not be termed careless. It is possible to be clumsy, but not careless; one might describe someone with Parkinson's disease in this way. Culpability is crucial to the use of this term.

The description of the wife's action depends, in part, on her reaction. If she is not upset (the sun glasses were very old, and not much use) then her action is not careless. If she is unmoved but the glasses were new and expensive then she might be termed careless, the implication being that she ought to care. She may also be termed uncaring (see

below). Whether or not the glasses are valuable, if she is upset then her action may be termed careless. 2. Blum (22) describes two mothers watching their children playing in the park. One perceives that the game is becoming too rough and that a form of intervention is required, the other does not. Both mothers would describe themselves as caring about their children, but one is careless.

It seems that the term 'careless' may apply if and only if: a) The action is chosen; b) Something, or someone is damaged, or could easily have been damaged as a result of that action (including omissions), and either c) The agent is emotionally hurt by the damage, or would have been, had it occurred, or d) The agent should, or should be disposed to, be hurt by such damage.

Type c) is probably the more common usage of the term. It suggests a failing in an individual, that the person lacks the sensitivity and skill to protect the things she/he cares about in her/his chosen actions. The person's care is not sufficiently manifest.

The mother in the example who does not see the need for intervention may be extremely upset by any injury to her child, but her disposition to be upset by such things is not matched by a disposition to act in such a way as to avoid such injuries happening. In such a case it might be said that she does not care as much as the other mother, or that her actions do not match her care.

Is this a moral failing? It is worth saying that one might use the term 'careless' of someone who does not make his/her care sufficiently manifest, even if what he/she cares about is reprehensible. Hence our terrorist who failed to turn on the time-switch of a bomb may be termed (fortuitously) careless.

The ethics of care suggests that the qualities needed to make one's care manifest, such as sensitivity, skill and attentiveness are moral qualities. But once it is seen that the things we care about may be morally neutral or wrong, then the same must be true of the qualities needed to make these cares manifest.

On the other hand, if someone has the 'right' cares, ie, cares about the 'right' things, then his/her lack of ability to manifest these, say to nurture and protect, may be seen as a moral failing. Thus, in the second example, sensitivity, skill and attentiveness are qualities it is reasonable to ask of the mother. If she has failed to develop these then it does show a type of moral failing. However, the mere development of these qualities alone does not ensure morally praiseworthy action. Furthermore, it is far from clear that the moral failing is lack of care. It might be, say, laziness.

Mutatis mutandis someone who is 'careful' has the sensitivity and skill to protect and nurture the things they care about. What is clear from the bomber example is that it may not be desirable that someone has these qualities.

Uncaring/caring

'Careless' type d) suggests a different type of failing. It is closer to what we might more usually term 'uncaring'. If, in the first example, the glasses had been a gift from the husband, and he is upset by the breakage, then the women's action is as likely to be called uncaring as careless. In the second example, if the mother had been unmoved by damage to her child then she would certainly be called uncaring. The temptation might be to think that 'uncaring' is appropriately used only where someone is hurt directly and the agent is unmoved, but this is not so. Damage to the environment may be termed careless (if one is moved, having done the damage) or uncaring (if one is not).

Uncaring applies if: One does not care (in the core sense) about things for which one should care.

Whenever the term is applied, a moral failing is implied. Someone who is uncaring lacks compassion, kindness, charity and so on. There are huge numbers of things about which we are uncaring, in a sense, but the term applies in its moral sense only when we are uncaring towards things to which we should be caring. With the term careless, a failing is being implied, but not always the same sort as when the term uncaring is used.

Mutatis mutandis a caring person is not someone who cares indiscriminately. She is someone who cares in the core sense about the things she ought to care about, and to the right degree. If called upon this will be manifest in action, in fact the person will have acquired the epithet on the basis of her actions. Such a person is kind, unselfish, charitable, compassionate and so on. It is this sort of use which is implied in phrases such as 'nurse's care', or 'using a condom shows that you care'.

Conclusion

We are now in a position to see what is at the root of the problems with 'caring' ethics. Almost all of us care, in the core sense, about different things to different degrees. Without such cares our lives would be directionless and psychopathic. However, the fact that we care does not make us 'caring' in the sense that the term is used when it conveys moral approval. For someone to be 'caring' at least two additional components are required.

First, the person must care about the right things, have the right set of values, as we might say. Hence someone who lovingly tends his allotment or racing pigeons, but neglects his family is not a 'caring' person.

Second, the person must care in the right way, have sensitivity and skill. Hence, the 'non-interventionist' mother in the park example could not be called 'caring'.

The ethics of care says that we should care, that caring is a moral quality and that we should encourage conditions which create care. What it

means is that we should care about the right things in the right way and encourage the required qualities. But by focusing on care as a moral quality in itself, something it is not, the ethics of care can tell us nothing of what those right things are.

It does seem to tell us something of the second component. It tells us that the sensitivity and skill needed to nurture and protect the things one cares about are moral qualities. However, a 'good' torturer has these qualities; you need to be sensitive to peoples' needs in order to deprive them of them. Once it is seen that what we care about may be morally neutral or wrong it can be seen also that so may be such required or attendant qualities.

Thus I conclude there can be no 'caring' ethics. What we care about is morally important (23), the fact that we care *per se* is not.

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References

- (1) Harbison J. Gilligan: a voice for nursing? *Journal of medical ethics* 1992; 18: 202-205.
- (2) Gillon R. Caring, men and women, nurses and doctors, and health care ethics. *Journal of medical ethics* 1992; 18: 171-172.
- (3) Benner P. *From novice to expert*. Menlo Park, California: Addison-Wesley, 1984.
- (4) Gilligan C. *In a different voice*. London: Harvard University Press, 1982.
- (5) Noddings N. *Caring: a feminine approach to ethics and moral education*. Berkeley: University of California Press, 1984.
- (6) Fry S. The role of caring in a theory of nursing ethics. *Hypatia: a journal of feminist philosophy* 1989; 4: 88-103.
- (7) Described in Blum L. Gilligan and Kohlberg: implications for moral theory. *Ethics* 1988; 98: 472-491.
- (8) For example, Beauchamp T, Childress J. *Principles of biomedical ethics*. New York: Oxford University Press, 1989.
- (9) See reference (4): 2.

- (10) Dillon R. Respect and care: toward moral integration. *Canadian journal of philosophy* 22; 1: 105–131.
- (11) See reference (7): 474–479.
- (12) See reference (5): 79.
- (13) Hume D, cited in Macintyre A. *A short history of ethics*. London: Routledge and Kegan Paul, 1991: 169.
- (14) See reference (4): 147.
- (15) See reference (5): 56.
- (16) See reference (5): 105.
- (17) See reference (5): 110.
- (18) See reference (5): 111.
- (19) Putnam D. Relational ethics and virtue theory. *Metaphilosophy* 1991; 22: 231–238.
- (20) See also Griffin A. A philosophical analysis of caring. *Journal of advanced nursing* 1983; 8: 289–295.
- (21) Frankfurt H. The importance of what we care about. *Synthese* 1982; 53: 257–272.
- (22) See reference (7): 485.
- (23) Macintyre A. Comments on Frankfurt. *Synthese* 1982; 53: 291–294.
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News and notes

Continuing Medical Education in Europe

A conference entitled *Continuing Medical Education in Europe: the Way Forward through European Collaboration*, will be held on the 30th and 31st of March in London.

Organised by the Fellowship of Postgraduate Medicine, in association with other bodies with an interest in medical education, this conference brings together the leaders of medical education in Europe. The programme is designed to be comprehensive and cover all specialties. It will explore areas of concern such as finance, implementation, assessment and re-

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