

Care Ethics, Caregiving, and Global Caring

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Abstracts

The dyad 'carer' and 'being cared for' is the basis for Nel Noddings' care ethics, conceptualized as a relational ethic. Revisiting feminist discussions on care and the basics of care ethics, it is outlined that caring and caregiving have to be discussed as different but yet related concepts. Furthermore, focus is given to the attempt to apply care ethics to global citizenship and particularly the problems of world poverty. In both cases special attention is given to the application of care theory to education.

Die Literatur, die sich mit Care-Ethiken beschäftigt, ist seit ihren Anfängen vor 25 Jahren (Gilligan 1982; Noddings 1984) inzwischen deutlich angewachsen - neue Arbeiten sind insbesondere in den Gebieten der Philosophie, den feminist studies, der Psychologie, Theologie und den Erziehungswissenschaften vorgelegt worden: Innerhalb der Philosophie ist die Untersuchung, inwiefern Care-Ethik auf grundlegende Fragen der sozialen Gerechtigkeit und der personalen Ethik neue Antworten geben kann (Held 2006, Noddings 2002a, 2010; Slote 2007), von besonderem Interesse. Die Verknüpfung von Empathie und Care zur Aufklärung moralischer Entwicklung ist insbesondere in den sozialpsychologischen Arbeiten von Hoffmann (2000) thematisiert worden. Im Bereich der Theologie hat Ruth Groenhout (2004) die feministischen Care-Ethik-Konzepte mit denen von Augustinus verglichen. Innerhalb der Erziehungswissenschaften hat es zudem eine breite Auseinandersetzung mit Themen der Care-Ethik gegeben (Eaker-Rich/Van Galen 1996; Noddings 2002b, 2005; Pang 2001; Schussler/Collins 2006). Zwei Themenstellungen haben in diesem Zusammenhang in jüngerer Zeit zugleich Interesse und Verwirrung ausgelöst, die im nachstehenden Beitrag genauer untersucht werden sollen: Einerseits der Kontext von ‚Sorge‘ und ‚Versorgungsleistung‘ und andererseits die Fragen nach dem Zusammenhang von Care-Ethiken und global citizenship. Beide Aspekte sollen, nach einer kurzen Einführung in die wesentlichen Diskussionslinien der Care-Ethiken, für die erziehungswissenschaftliche Debatte fruchtbar gemacht werden.

The literature on care ethics has grown substantially from its origins (Gilligan, 1982; Noddings, 1984) over the last twenty-five years. New work has appeared in philosophy, feminist studies, psychology, religion, and education. In philosophy, there is an on-going attempt to describe the ways in which care ethics can address the broad problems of social justice and personal ethics (Held, 2006; Noddings, 2002a, 2010; Slote, 2007). In psychology, the connection between care and empathy has been explored to promote work on moral development (Hoffman, 2000). In religion, Ruth

Groenhout (2004) has described the similarities and differences between caring as a feminist concept and caring as discussed in the work of Augustine. And, of course, much work has appeared in education (Eaker-Rich and Van Galen, 1996; Noddings, 2002b, 2005; Pang, 2001; Schussler and Collins, 2006).

Two important recent themes have created both interest and confusion. One such theme is the frequent conflation of caring with caregiving. I will give considerable attention to that theme here. The second appears in work attempting to apply care ethics to global citizenship and, especially, to the problems of world poverty, and we will look at that carefully also. In discussing both of these themes, I will give special attention to the application of care theory to education. Before tackling these themes, however, I'll provide a brief introduction to the fundamental ideas of care ethics.

1. Basics of Care Ethics

Care ethics is a relational ethic. Instead of emphasizing individual moral agents and the principles to which each must adhere, it starts with the dyad (carer, cared-for). All of us begin life in relation, and it is within relation that we become recognized individuals. Relation is, then, ontologically basic, and the caring relation is morally basic. Care ethics is primarily interested in the establishment, maintenance, and enhancement of caring relations. The relation is prior even to the description of caring as a virtue; a person may be described as "caring" if that person regularly establishes and maintains caring relations. Within the caring relation, in any given encounter, one party acts as carer and the other as cared-for. Notice that these are not permanent, fixed roles. In mature relationships, we expect parties to exchange places regularly. I may be carer in one encounter and cared-for in the next. This will be important in our discussion of caregiving. Some feminist thinkers fear that women who embrace care ethics will become mired in caregiving – that caring will be a one-way street with women doing all of the caring. But even in relations that are necessarily unequal (parent-infant, teacher-student, physician-patient) both parties contribute definitively to the relation. (A, B) as a caring relation may be described as follows:

A, the one-caring, is non-selectively attentive, receptive to B. It is through this open attention that carers detect what B is experiencing. The idea is to find out what B is going through, to listen to B's expressed need. As nearly as possible, A puts her own projects and needs temporarily aside. In describing this form of attention, Simone Weil wrote: "The soul empties itself

of all its own contents in order to receive into itself the being it is looking at..." (1977, p.115). Realistically, it is not possible to "empty our souls," but it is possible to put our own projects aside and quiet our own values until we've heard what the cared-for is going through.

As a result of listening and really hearing B, A experiences motivational displacement; that is, A is empathetically moved to respond to the need expressed by B. In its emphasis on emotion or feeling, care ethics resembles the approach of David Hume and Francis Hutcheson – philosophers sometimes labeled "moral sentimentalists." Human beings are motivated by feeling, not simply by reason. There are, of course, times when A cannot respond positively to the need expressed by B. A may disapprove of B's project, or she may not have the resources to satisfy B's need. In any case, however, she will try to respond in a way that preserves the caring relation. In actually responding to B, A may have to exercise a high level of instrumental and/or critical thinking.

B, the cared-for, contributes to the relation by acknowledging A's efforts to care. This response need not be one of gratitude, and it may not even be clearly directed at A. For example, a student may happily pursue a line of study endorsed by his teacher, A, without making a verbal comment of acknowledgment to A, but A sees the effect and is encouraged in maintaining the relation. Similarly, infants contribute substantially to the parent-child relation by smiling, wriggling, and reaching out. Patients often contribute to the nurse-patient relation with a sigh of relief and smile. We do not credit the student, infant, or patient with moral virtue, but we nevertheless recognize their contribution to supporting and sustaining the caring relation. If B does not acknowledge A's attempt to care, there is no caring relation. This does not mean that A should not be given credit for trying, but the effort to care does not in itself make the encounter or episode a caring relation. There are two parties in a caring relation.

Concentration on the relation and the contributions of both parties makes care ethics distinctly different from traditional approaches to ethics. In teaching, we might describe another difference – one between virtue-caring and relational-caring (Noddings, 2006). Although there are probably few pure types, the distinction is a familiar one. Virtue-caring teachers usually decide before meeting particular students what it is that all students must learn and how they must behave. They are "caring" in the sense that they want the best for their students and act conscientiously to support their progress. Relational-caring teachers are more likely to listen to their students and work – at least to some degree – with their expressed needs. This is a very important distinction.

Care ethics is oriented toward needs, not rights. It does not reject the powerful concept of rights, but it recognizes needs as primary. Historically, the expressed needs of groups have led to demands for rights but, even when

rights have been granted, they are sometimes taken away. The interests of those in power sometimes override the formerly accepted rights of others. Although the rights have been removed or suppressed, the needs remain. In care ethics, the attention of carers is directed to the expressed needs of the cared-for. When such needs can be satisfied without harm to others in the web of care, both carer and cared-for benefit because the relation is strengthened. For example, when teachers listen to students and work sympathetically with them to achieve mutually agreed-upon goals, the work of both teachers and students is facilitated; in relation, they are working together, not in opposition.

In everyday life, especially in education, we work with both expressed and assumed needs. The enterprise of schooling itself assumes that the young need to know certain things. The curriculum is built on a set of needs assumed by the culture in which schooling takes place. We assume, for example, that children *need* to know how to read, write, speak clearly, and compute; that they need to know something about the history of their nation and what it means to be a citizen of that nation. Within each domain of study, we make many more assumptions about what students *need* to know. But for care ethicists, expressed needs are equally important. As we listen to students, new needs are identified, some assumed needs are dropped entirely, and many are modified. Needs are identified and assessed within circles of care, in caring encounters.

2. Caring and Caregiving

Caring and caregiving are two different but related concepts. In the ethics of care, caring describes a way of moral life, one that may be invoked in every human encounter. Caregiving points to a kind of work – paid or unpaid. Most of us associate caring with caregiving, but we know that there are people – “caregivers” – who do not seem to care. The now classic example is Nurse Ratchett in *One Flew Over the Cuckoo’s Nest*. As a nurse, she was supposed to care for her patients, but she clearly did not. We can find more examples in both literature and real life – the notorious Mengele in Nazi concentration camps, the American doctors in the Tuskegee syphilis studies, the father of Ernest Pontifex in Butler’s *The Way of all Flesh*, the teachers (Bingo and Sim) in Orwell’s account of his early schooling, and many, many more.

It is understandable that feminist scholars have given much attention to the problems of caregiving. Such work has been for centuries the work of women, and concern with the plight of women who do this work is rightly a feminist project. In attending to this problem, some writers observe the

distinction between caring and caregiving, and some do not. A few concentrate on one element of care ethics, the meeting of needs. Diemut Bubeck (1995), for example, limits caring to situations of dependency. Under her definition, one person cares for another only if she satisfies a need that he cannot meet himself, and her attitude in doing whatever is done to meet the need is irrelevant. As Virginia Held notes, however, this way of looking at caring is alien to care ethics. For Held (and for me), “an important aspect of care is how it expresses our attitudes and relationships” (Held, 2006, p.33). Indeed, as pointed out earlier, care theory is primarily interested in caring relations, and needs are identified within such relations. Moreover, it is hard to see how caregiving without care can contribute to the maintenance of caring relations.

Still, there is labor involved in caregiving, even when it is done with care (Kittay, 1999), and this labor is too often held in contempt or treated with condescension (Bianchi, Casper, and King, 2005). Probably the reason for this attitude is that care work has long been considered “woman’s work” and therefore not worth much in economic terms. This is, of course, a major issue for feminist scholars, but it is one troubled by ambiguities and paradoxes.

One paradox arises when we consider how to pay those who provide childcare. On the one hand, we want the best possible care for our children; on the other, most of us insist on “affordable” childcare, and we would not encourage our own daughters to engage in childcare as an occupation. Successful women, especially those who have managed to enter occupations once entirely the province of men, often pay their childcare workers poorly and sometimes even exploit illegal immigrants to do this work. But caring, as a moral attitude, insists that care must apply to all human encounters including those between a professional woman and her female childcare worker. Educators encounter another paradox. We want all of our students to succeed and, for many of us, that means providing opportunities for girls, as well as boys, to enter well-paid occupations. We have, therefore, worked hard (and with some success) at getting more girls interested in mathematics and science. In working at this, we often steer talented young women away from the caring professions. It is not unusual for teachers and guidance counselors to advise academically bright girls to avoid these occupations and choose more prestigious, more lucrative fields. A bright girl may, for example, be turned away from thoughts of becoming an elementary school teacher with a comment such as, “You’re too smart for that!”

Another paradox follows on the heels of this one. While we are busily encouraging girls to prepare for success in once male-dominated occupations, it rarely occurs to us to encourage more boys to enter fields such as nursing, elementary school teaching, pre-school teaching, or even social work. It worries us that girls still lag behind boys in engineering, but it doesn’t seem to worry us that boys lag behind girls in all forms of direct caregiving. This

lack of concern is especially odd when we contrast it with the widespread complaint that women still do the lion's share of domestic work—managing the household, caring for the children, cooking, cleaning, and providing support for members of the extended family.

As educators, we might decide that boys need to learn how to care and that they should have opportunities to care for others. Notice that this is an assumed need, and we have to be careful in pursuing it. If boys object, if they start bullying younger children or engaging in mean behaviors of any sort, we would certainly not allow them to work alone as “carers.” They will need careful supervision.

One way to encourage caring in our classrooms is to allow students to work together, to help one another in regular schoolwork. This is very different from the cooperative small groups designed to teach group members to fill a particular role or to cooperate in order to compete more successfully against other groups. The idea is to promote an understanding of interdependency and how we must share the tasks of caregiving.

Although people can be employed in caregiving activities without caring in the way described by care theorists, many people – perhaps most – do learn to care by engaging in caregiving. Indeed, caregiving might properly be described as the incubator of caring (Noddings, 2010). It seems reasonable to trace the caring tendencies of women to many centuries of caregiving practice. In an important sense, the female tendency to care is an evolutionary legacy. But it is also a product of socialization. Little girls experience more opportunities (or demands) to care than do their brothers. If practice in caregiving activities promotes caring, it would be wise to invite boys to engage in these activities, too.

There is, however, no guarantee that those participate in caregiving activities will embrace caring as a moral way of life. Much depends on how we teach caring, and that observation reminds us again that attitudes and motives play an important role in caring. It is not simply a matter of meeting needs – e.g., getting children involved in caregiving practices – but also of establishing the caring relations that sustain and enrich these activities.

3. Personal and Collective Responsibility

Caring as a moral way of life has two aspects: caring-for and caring-about. Caring-for is the direct, face-to-face encounter that establishes and sustains caring relations. It is the form of caring in which a carer listens, attends to expressed needs, and responds as positively as she can. The cared-for acknowledges the carer's efforts in some way, and the relation is properly

called a caring relation. In caring-about, we are moved by the needs of people at a distance – people we will never meet face-to-face and with whom we are unlikely, therefore, to establish caring relations. When we hear about starving children in Darfur, for example, we are motivated to help; we *care-about* them and want to relieve their suffering.

When we contribute money to feed people in a far-away place, we trust some organization to use our money for the purpose intended. There is usually no way for the cared-for in such cases to respond to us and thereby complete the caring relation. Things can go wrong. The organization to which we contribute may spend far too much on administrative costs; bandits may steal the food before it reaches the hungry; the need for food may even have been exaggerated, and some other need may be more pressing than the one initially identified. When we *care-about*, we trust that our contribution will help to establish *caring-for* at the site of need. Sometimes it is hard to know whether our trust is well placed.

A question arises whether we have an obligation to care-about people at a distance and, if we do, what form that obligation takes. Peter Singer, a Utilitarian philosopher, has answered the question unequivocally. He claims that people in affluent societies have a “global responsibility” to give at least 1 % of their income to relieve the worst conditions of poverty. He writes:

„Those who do not meet this standard should be seen as failing to meet their fair share of global responsibility, and therefore as doing something that is seriously morally wrong. This is the minimum, not the optimal, donation.“ (2002, p.194)

Care ethics cannot approach world poverty and associated problems in the Utilitarian way. We see too many differences, too many contingencies, in human life to pronounce people morally wrong when they fail to satisfy an arbitrary law made absolutely universal. We even disagree with the absolutes laid down by Kant – for example his absolute rules against lying and stealing. Of course we are against most lying and stealing. But sometimes, lying is more caring than truth-telling, and we are guided by the effects our statements may have on a particular cared-for and on others in the web of care. Similarly, we are opposed to stealing, but we recognize that most of us would steal if our children were starving and we could save them by stealing food. Care ethics seeks to improve the human condition and to build on the best in human nature, but it stays close to human reality.

Consider what individuals may face when they care-about the suffering of people at a distance. Which of the many cases of suffering should I try to relieve: starving children in Darfur? Young women forced into prostitution in Cambodia? Starving or near-starving children in Haiti? Children in our own inner-cities suffering from asthma and diabetes? Girls in India forced into marriage while still children? Girls forbidden to go to school in parts of

Afghanistan and Pakistan? How do I decide where my 1% (if I can spare it) should go?

To complicate matters further, care ethics recognizes an evolutionary legacy. Human beings are so constituted that our altruism is tied to blood lines and proximity. Care ethics agrees that we should try to move beyond parochial lines, and we have great sympathy for the project of eliminating or reducing world poverty, but we do not censure or condemn our fellows when they do not give the required 1%. We need to know what they are going through and how they are responding to immediate, direct needs.

An individual family is pressed to make a host of economic decisions. All sorts of emergencies arise – a child may need expensive medical treatment, an elderly parent may need to move into assisted-living quarters, college tuition may increase considerably, their house may need extensive repairs, a relative may require a hefty loan, the family dog may need an expensive operation. When we look at this last case, we see one dramatic difficulty with the Utilitarian formulaic solution. The hundreds of dollars spent on the dog's operation might indeed save the life of a child in Africa, but the situations are not comparable. Distance and the personal obligation to *care-for* are not so easily overcome. The dog owner may rightly argue: This dog is *my* dog, and I took personal responsibility to care for her when I brought her into my home. Universal formulas applied at the level of individuals cannot be defended on moral grounds.

Although Utilitarian schemes of the sort suggested by Singer are incompatible with care ethics, his spirit of sharing resonates with caring. We have a sense that we should respond to those in great need wherever they are located. Upon learning about drastic cases of human misery, we *do* care-about the suffering and want to help. But how is this best accomplished?

It is reasonable to suggest that large-scale efforts to relieve starvation and poverty should be conducted at the national level. One collective – a nation – should respond to the needs of another collective, the group of people suffering. Many of us would willingly accept an added 1% in taxation if it were committed to the relief of global poverty. Have we contradicted ourselves here? If we are willing to accept an additional tax, why not simply pledge the 1% every year and give through some reputable charity?

I don't think there is a contradiction in the suggestion that we move this obligation to the collective level. Governments do not undergo the sort of immediate contingencies experienced by individuals and families. If things go badly for a lengthy period of time, governments might have to rethink their priorities, but they are generally in a better position to balance their contributions. There should be more stability in a collective commitment than an individual one. Indeed, most affluent nations give much more generously of their national incomes than does the United States where, it seems, anything done "collectively" comes under sharp suspicion. Looked at from

the perspective of the individual, the collective plan has at least two other merits. First, it relieves individuals of some of the moral angst that arises when they recognize great need, feel motivational displacement, and yet cannot respond without hurting those closest to them. This angst is real among people who embrace caring as a moral way of life. It was noted half a century ago by Anne Morrow Lindbergh:

„The inter-relatedness of the world links us constantly with more people than our hearts can hold...My life cannot implement in action the demands of all the people to whom my heart responds...Our grandmothers, and even – with some scrambling – our mothers, lived in a circle small enough to let them implement in action most of the impulses of their hearts and minds.“ (1955, pp.124-125)

Lindbergh captured the problem. We obviously cannot *care-for* everyone, and we can easily become overwhelmed in our efforts to *care-about*. Some recent research has shown that college students show less concern about social justice after taking a course on the subject than students who do not experience such a course. Why? It may be, as some observers suggest, that the students studying poverty begin to fear for their own economic futures. I think it is more likely, however, that they are suffering the anxiety described by Lindbergh; they are just overwhelmed by the size and scope of the problems. The more they learn, the more helpless they feel. Probably most of them would gladly pay an extra tax and be relieved of some individual obligation. Collective responsibility is one way to make economic morality more manageable for individuals. A second merit of the collective approach is that nations have the capacity (if they will use it) to join in the establishment of circles of care in locations all over the world, and it is within such circles that needs may be accurately identified. It is not a matter of assuming that needs exist, going into another nation, and taking over to solve their problems. It is, rather, the challenge to find ways of transforming our genuine caring-about into something close to caring-for (Noddings, 2010).

4. Concluding Remarks

Caring and *caregiving* are not synonymous. One can be a cold, uncaring caregiver. Nonetheless, practice in caregiving probably promotes the skills and attitudes we associate with caring. Caregiving may be thought of as the incubator of caring, and all children should have carefully supervised opportunities to engage in caregiving activities. As feminists, we should also work to improve the economic and social condition of those who provide the labor of caregiving. Because it is impossible for any human being to *care-for* everyone, we must find a way to *care-about* the problems of people we cannot

reach individually. I've suggested that this should be a collective enterprise, in part to achieve some stability in giving and, in part, to relieve individuals from feeling overwhelmed by the many demands on their desire to care. It remains a major problem for ethicists and political theorists to find effective ways to translate *caring-about* into *caring-for*.

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