

# The ethics of care: a political ethical roadmap

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*Oxford Martin School & Oxford Institute of Population Ageing , Oct. 15, 2014*



## What has proven to be a lasting concern...

- The British War Cemetery at Mierlo, the Netherlands
- ‘he was good in strategics and in bathtubs’

## The ethics of care

1. Driven by burning issues

**Scene: two lumbar punctures**

2. Ethics of care, an interdisciplinary approach: 'shame and scandal in the family' of ethics?

3. Critical insights, no principles: perception is vital

**Scene: the intubation of Jean-Pierre**

4. Fundamental political ethics, yet far from full blown

**Scene: the GP and the intellectually disabled boy**

5. Fellow travelers and critics in ethics and social sciences

The emergent good: what turns out to be good



## Bruno Latour's dead whale: "there is data out there for us"

"Wearing **white bio hazard suits, protective gloves and face masks**; they spent most of the day **breaking up the mammal with chainsaws.**"

"They have **completed the process of dissecting** the animal," the spokeswoman said.

"They have had to store some of the raw material on the beach overnight - it's been buried."

"They will resume the process in the morning."

Staff from Sydney's Taronga Zoo joined National Parks and Wildlife Service to extract what they could about the **secrets of the humpback's life - and death.**



# 1. Ethics driven by ‘burning issues’

Issues that are neglected, omitted, issues that are not ‘sexy’, no entertaining dilemma available, issues that are persistent:

Problems people suffer from it when the problem is not addressed properly: problems that “are produced and reproduced by institutions and actors”, problems resistant to command-and-control approaches (Loorbach, 2007)

In the eighties of the 20<sup>th</sup> century:

Feminist ethics, one of the major sources of what has been called ethics of care, has put gender, color of skin and power on the ethical agenda.

Caring and being cared for as an activity that is vital for any kind of living together

**Misunderstanding:**

Ethics of care as ethics of a domain (healthcare, welfare) or professional ethics (e.g. nursing).

In stead: **ethics of care as a fundamental political ethics, encompassing many domains** (family, neighborhood, health care, welfare, education) **and levels**, worldwide issues included like environment, terrorism, NGO’s, poverty, world wide justice, brain drain from ‘third world countries’

**Proposal:**

**ethics as an inquiry in stead of a legitimation of choices**

**Political ethics with a stance**



## Resistance against bringing up organizational issues: two lumbar punctures

At the neurological ward...

8.45 AM , in a small room, with windows on two sides, a young physician together with a nurse performs a lumbar puncture with a young man of about 32 years

Two times: two failures

In stead of lying, get up, face towards the nurse

She holds one shoulder, puts her other hand at the temple, she caresses his head with her thumb...

12.15 the same physician with a nurse performs a lumbar puncture at the ward, patient is in his thirties, three other patients in the room, a nurse from another ward comes in, food is delivered at the same time. The nurses stands at the foot of the bed.

Three failures, an upset young man.

**Competency, virtue? Organization!**

**Resistance to reframe what the issue is, thus reproducing the issue**

## Political Ethics

Aristotle

Augustine

Aquinas

Hobbes

Macchiavelli

Political Ethics

Social Sciences

Aristotle

Augustine

Aquinas

Hobbes

Macchiavelli

## Political Ethics

Locke

Montesquieu

Adam Smith

Lord Hutcheson

Immanuel Kant

Heidegger

## Social Sciences

Comte

Durkheim

Marx

# Traffic between EoC and social sciences

Wittgenstein

Max  
Weber

Gramsci

Ricoeur

Frankfurters

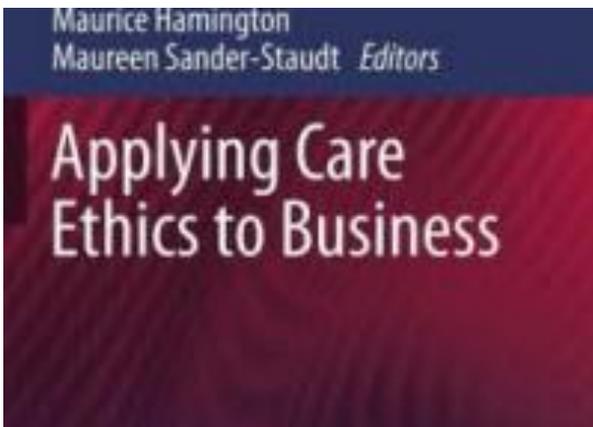
Levinas

Bourdieu

Foucault

Giddens

Traffic with philosophy ← Ethics of Care → traffic with social sciences



## Many active in ethics of care

**GB:** Marian Barnes, Kathleen Galvin

**Canada:** Fiona Robinson (*Globalizing care*), Sophie Bourgault, Frédérique Plot

**USA:** Virginia Held, Joan Tronto, Margaret Urban Walker (*Moral repair*), Eva Feder Kittay, Daniel Engster, Maurice Hamington

**Germany:** Helen Kohlen, Elisabeth Conradi

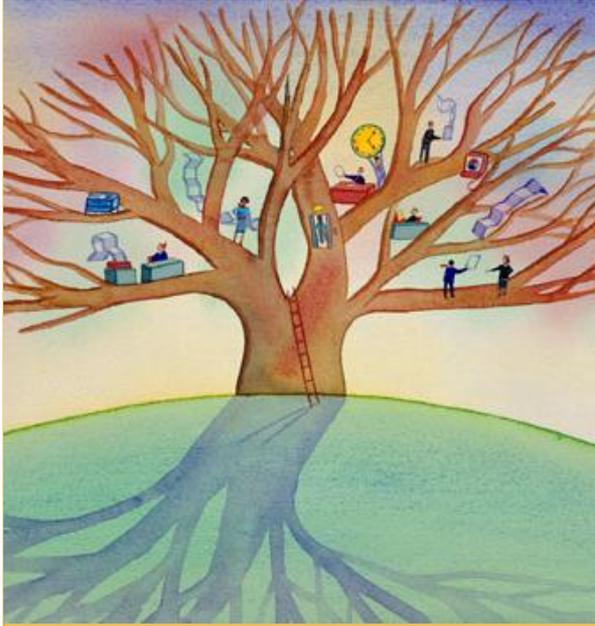
**France:** Fabienne Brugère, Sandra Laugier, Patricia Paperman

**Italy:** Elena Pulcini (*Care of the world*)

**Belgium:** Nathalie Zaccai Reynders, Chris Gastmans, Linus Vanlaere, Mieke Grypdonck

**Netherlands:** Marian Verkerk, Herman Meininger, Andries Baart, Frans Vosman, Merel Visse & researchgroup, Carlo Leget, Inge van Nistelrooij

**Norway:** Per Nortvedt



## 2. An interdisciplinary approach: shame and scandal in the family of ethics?

The ethics of care as an interdisciplinary from of ethics might be provocative to some

Yet the traffic with different disciplines is morally driven

It implies taking on insights from other disciplines as it implies critical talk back to disciplines.

E.g. social sciences:

The very beginning of the ethics of care comes from pedagogics and psychology : Carol Gilligan: whose voice counts?

But talk back takes place as well: the reduction to causes and consequences in stead of a phenomenological approach, valuable to ethics

Critical traffic with disciplines

→ Andries Baart



## What if not all people reason in a (neo)Kantian way? Carol Gilligan's *In a different voice* (1982)

Social psychologist Carol Gilligan criticizes Lawrence Kohlberg's experiments with regard to the moral judgment of boys and girls in given cases.

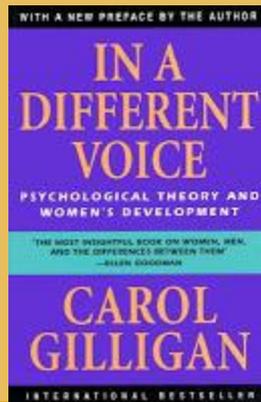
Kohlberg: 3 stages of moral development

The famous *Heinz case*, with Jake and Amy

The hidden (neo)kantian premise of generalisation and abstraction as superior ways of judging

Amy comes to a different approach by looking at relations between people, by asking questions about concerns of all participants

The **language** of justice is not encompassing the morally relevant experiences





## The Heinz case: a ‘dilemma’: Claude Gautier’s analysis

A man, Heinz, considers whether or not to steal a drug that he cannot afford to buy in order to save the life of his wife, the question being: “Should Heinz steal the drug?”. The drug is available at the local pharmacy.

On one side **Jack**, a young boy aged eleven, gives a solution which involves rational and logical arguments;  
on the other **Amy**, a young girl also aged eleven, gives a solution with a narration which first seems to be distanced from rational and logic arguments.

Jack “assumes that anyone *following reason* would arrive at the same conclusion and thus that a judge would also consider stealing to be *the right thing* for Heinz to do”. Jack solves the dilemma **impersonally** through a **comparison between a system of law** — you should not steal — and a **system of moral norms** — the priority of the value of life.

Such a line of reasoning implies

- 1/ that Jack is able to create a **hierarchy** between laws and moral values;
- 2/ that such a **hierarchy is shared by most of the people** able to be confronted with such a dilemma.

This position also implies a conception of the world made of atomistic individualities; that the moral reasoning involves only **impersonal subjects able to distance themselves from the particular circumstances** of the case to be solved.

## Amy's approach

**Relationships:** “doesn't the pharmacist have someone he cares for?”

**Responsiveness:** knowing that everyone is in relations, is dependent on others

**Critical insights:**

(1) Note the abstract character of a scene, that is made into a 'case':

**Nel Noddings:** EoC resists the urge to create **thin cases** that can be solved because they are thin and adjusted to normative needs.

(2) responsiveness is not the same as responsibility: a too early responsabilisation is ethically questionable





## Ethics and epistemology

implications for ethics as well as for epistemology

e.g. Susan Moller Okin (†) 1989: “Reason and Feeling in Thinking about Justice”, *Ethics*, Vol. 99, N°2 [Jan.], 229-249  
→ Cl. Gautier

1. What kind of knowledge and whose knowledge counts? The generalisation by social science, the epistemological presupposition of ‘its only subjective’ versus the ‘objective’ kind of knowledge  
EoC: The patient bereft of its face: the nowhere man of psychology
2. Normative deliberation: is not about a situation but is partaking in a scene.
3. Emphasis on perception of a scene as a partaker -> methodological implications for research: not just the word, stories (‘Holy Interview’) but also perceiving the scene.

## 2014: where is the ethics of care now?

### People active and 'passible' (Ricoeur) in a rough texture

2014: Knowing what could be good to do and what evil to avoid, being on a position in a rough texture, as the weaving goes on. Subject in a context.

Critical about the individualistic 'mind' driven view of who people are

2014: Critical with regard to Gilligan's presuppositions like Seyla Benhabib is: accepting the experiment: the 'thin case' means generalizing others, in stead of a look at a concrete other

2014: a non romantic view on relations,

2014: 'authenticity' not being a foundation for the heuristics of the good,

2014: non psychological: beyond the myth of 'inner depth'; cfr. criticism by Eva Illouz, Saving the modern soul.

2014: beyond a metaphysical 'grounding'

#### Some of the critics:

John Paley: **Kant provides everything that is needed**

Alan Thomas **Virtue ethics and an ethics of care: Complementary or in conflict?**

Maureen Sander Staudt: **The unhappy marriage of virtue ethics and the ethics of care**



## Interdisciplinarity, a difficult game to play

(self) critical social sciences talking back to ethics

ethics of care: an approach rather than an unified theory:  
an assembly of theories with ‘family resemblances’

Metaphor of a flotilla : powered by the same winds,  
sailing on parallel tracks:

fellow travelers in ethics and in social sciences

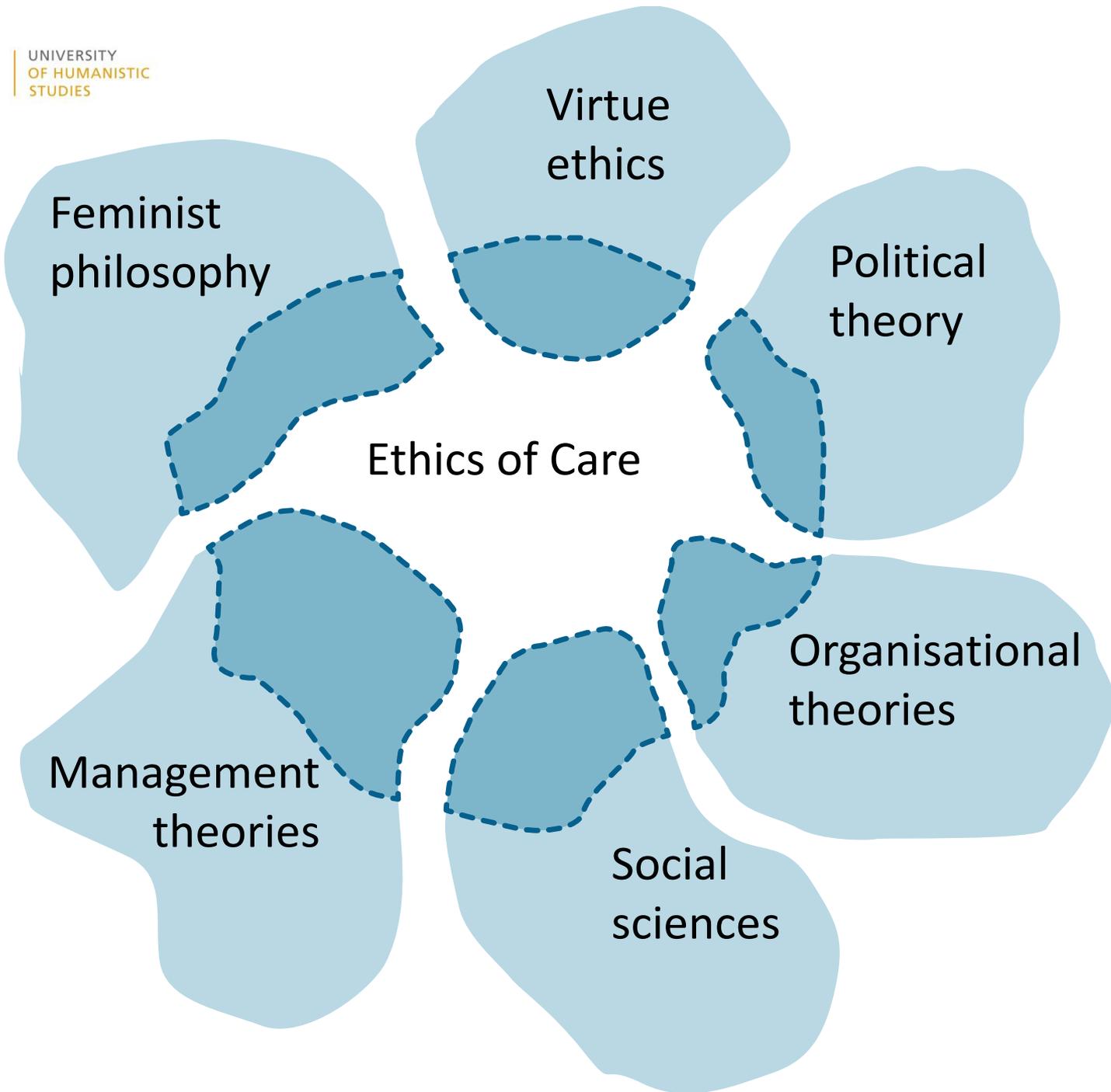
some **conceptual parallels** in philosophical ethics :

**Practice turn**

**Empirical turn**

**Bodily turn**

And **parallels in topics**, like **vulnerability**



Feminist  
philosophy

Virtue  
ethics

Political  
theory

Ethics of Care

Organisational  
theories

Management  
theories

Social  
sciences

### 3. Critical insights



## Critical insights

- Gilligan: bringing up gender, without solidifying oppositions. Bringing up color, power -> globalisation issues
- **If** it is a fundamental issue that caring is a way of shoring up an ordered way of living together **then** it is a provocative question to ask:
- who are the ones that actually take care of others, not only the well acknowledged professions ( e.g. the neuro surgeon) but the underestimated ' dirty care ' laborers as well (political theorist Joan Tronto: "privileged irresponsability") → not a principle but a critical insight
- EoC: transformation of moral perspectives
- **Ultimate, basic politicizing insights**, e.g. Eva Feder Kittay's saying: "everybody is some mother's child".
- not just the categorized vulnerable: all are vulnerable. Patricia Paperman's " Vulnerable people are not exceptional" → the absence of this ' nudity' in political ethics



## 5 critical insights

- **Relations** between people as a source of knowing of what matters and what is good (not a metaphysical refuge but a social and historical analysis is needed). **Embodied relational understanding** - > Kathleen Galvin. **Dependency and vulnerability** as warp and woof next to being vigorous. -> **Elisabeth Conradi and Christina Schües**
- The insight of difference in **perspectives** and the (sometimes tense, even warlike) relations. Critical towards autonomy as sovereignty and a rich analysis of vulnerabilities as constituents of being humane and of some sort of concord → **Elisabeth Conradi**
- **Emotions are intelligent and relational**: taken in a non psychological way their tenor shows what is at stake: e.g. being angry, being sad: they point at a good at stake, something lost, to be gained. A critical phenomenological approach of emotions. This is not a revisit of the Kant-Hume struggle. Criticizing the subjectivity- objectivity dichotomy, criticizing the inner world myth -> **Fabienne Brugère (resourcing in Scottish Enlightenment), Christina Schües (late modern phenomenology)**
- The **contextual and every day life as source of moral knowledge**: towards a reframing of 'context'. Reframing of (neoscholastic) 'circumstances' → "scene", "site"
- **Practices of care as a source of moral knowledge** (in stead of being a place of application of principles)



## Singling out one particular critical insight: taking on the **perspective** of others on the scene

If a physician or a nurse in a competent way helps someone who cannot go on without help...

**Practicing** change of perspective: a doing, not just an inner world action

Taking other people's perspective :

Stand up

Go and stand behind the person

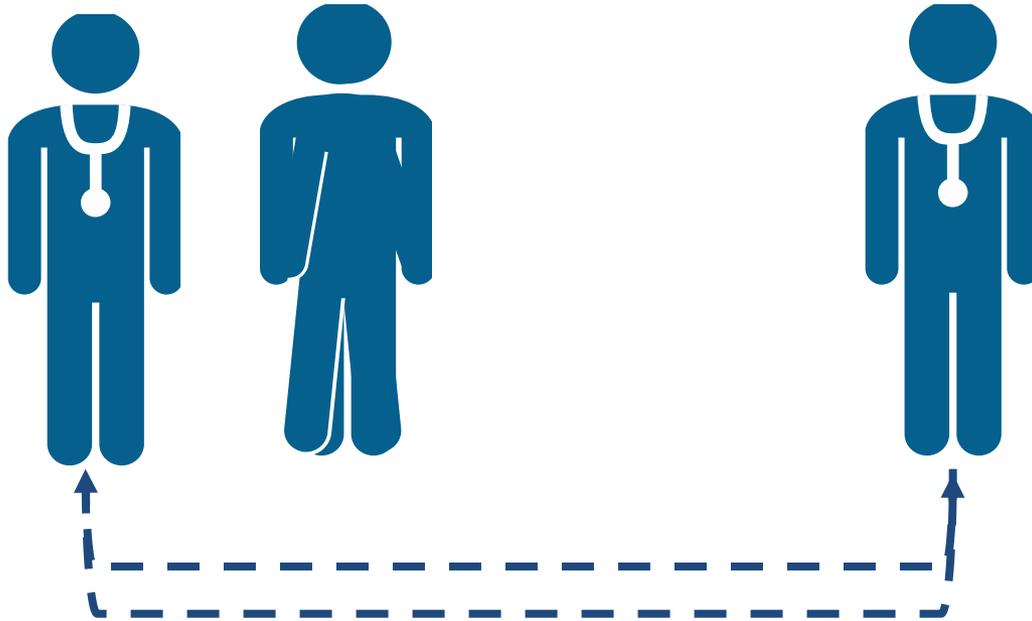
See as she or he sees: HER / HIS perspective

Go back into position

This is **not** empathy

**Not** being in another mans position

Cfr. S. Chavel, *Se mettre à la place d'autrui. L' imagination morale*, PUR, Rennes 2011





## Putting ethics IN the practice

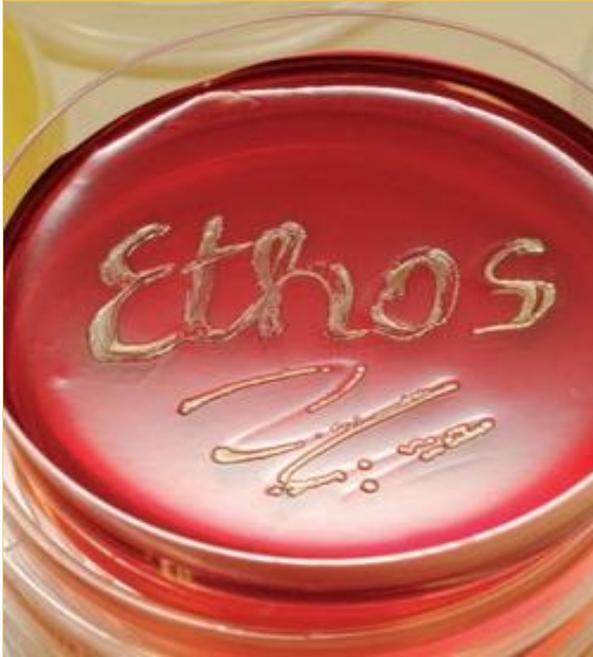
If one takes the insight of 'perspective' serious', ethics, as a discipline, is **no longer in a helicopter** over the scene

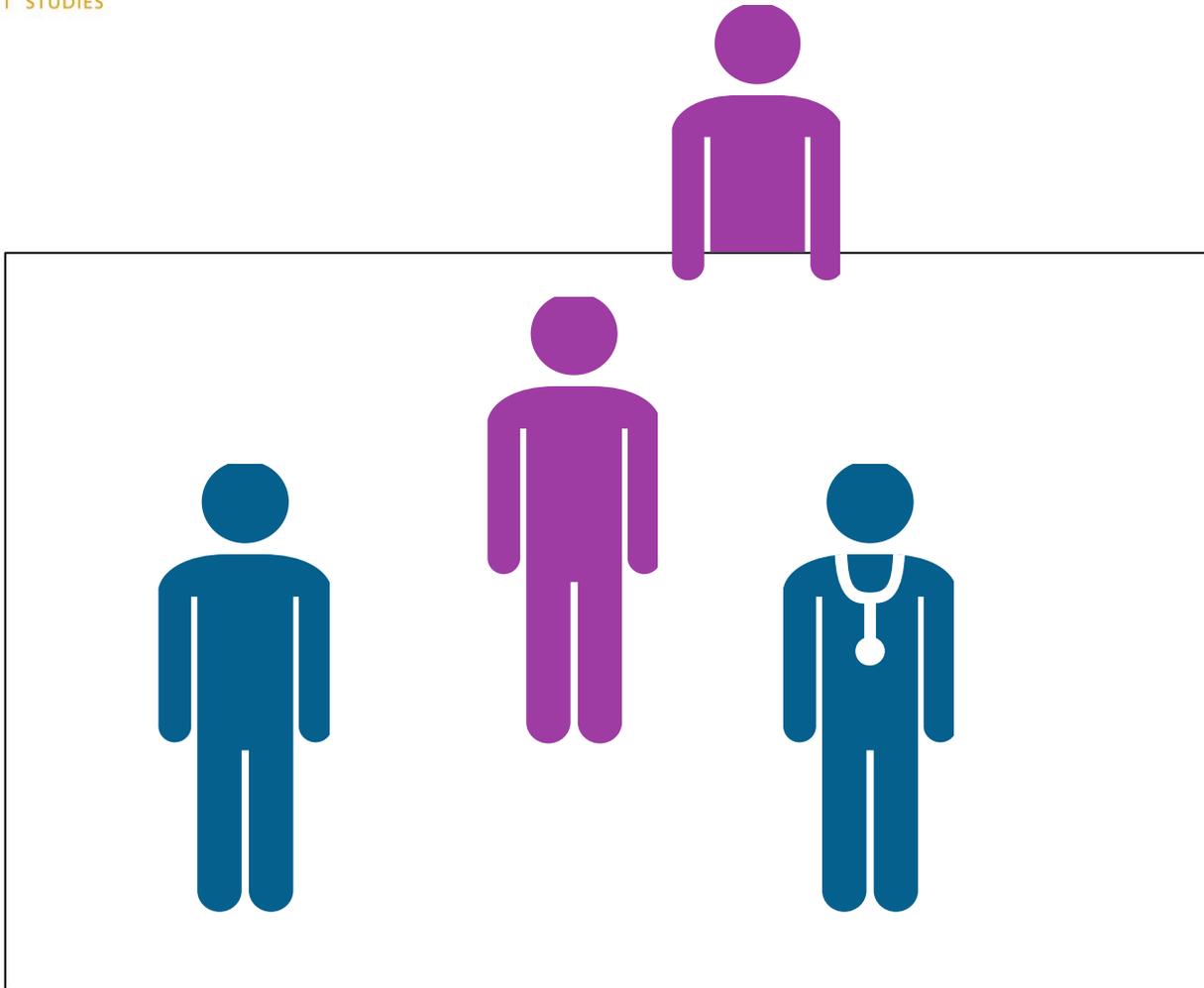
Normativity from above

Ethics becomes a co actor, or rather, accepts the fact of co acting that has always been going on.

**Consequences** for research of being in the practice, instead of in a bullet free helicopter.

**Ethics of ethos**, a classical stance in a late modernity







## Overlapping practices

In the scene several practices are present:

At the bedside (e.g.)

1. the **lifeworld** of the patient and her/his family, is present: their concerns
2. the **organizational world** is (very) present: e.g. the nurse on Friday, 12.00 AM, with jots on his hand: “15 : lab results J[ohnson]!”
3. The issue for caregivers of **the one and the many** is present: there are 11 other patients on the ward to be taken care for.
4. The **market** is there: hospitals in fierce competition to draw patients
4. **Global issues** are present: the highly intelligent physician from Ethiopia – brain drain from a war struck country

**EoC: looking at what is right under eyes but what we don't see in ordinary life and action**

**EoC: it's in the details of ordinary life and ordinary action**



## Ethics of care: critical insights, not a principle based approach



Cfr. Tom Koch: *Thieves of virtues*, MIT Press 2012:  
criticizing bioethics because of its failure to stay alongside  
with medicine, accepting in an uncritical way **presuppositions**  
of bioethics:

about scarcity making distributive justice dominant in ethics,  
about autonomy, hinging on rational choice presuppositions  
ignoring the complete change of the house of medicine,  
emphasizing justification of decisions in stead of what good  
can be found,  
accepting law as the decisive prequel of ethics .

### The plurality of moral ideas and convictions:

a presupposition simply to be accepted, principles being a  
way of coping with that reality, or is this plurality to be  
encountered in a different way?



## 4. Fundamental political ethics, yet far from full blown

The politicizing of the ethics of care

## The scene: the GP and the intellectually disabled boy who likes soccer





## Charles back in his neighborhood

Charles had lived for about four years in an institution for young people who are intellectually disabled

The last two years he has been living , in a small town, in a assisted living house, together with three other youngsters, with a staff of people taking care of them. He has to take medication because of anger problems.

This year, because of an enormous change in national policy Charles (as many tens of thousands of intellectually disabled) had to move back to his family.

He lives now with his mother (in her late fifties) and a brother, seven years his senior, a boy with a low intelligence quotient.

Charles has to go the GP, because of an accident during soccer: an injured leg. The GP and his assistant have him bandaged and give him pain killers. He objected to the treatment. That night things go wrong.... He got an insult.

The institution where he was: GP's do not have the knowledge to cope with this kind of youngsters.



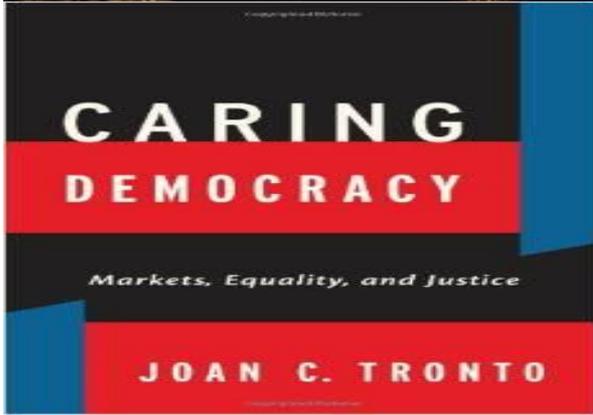
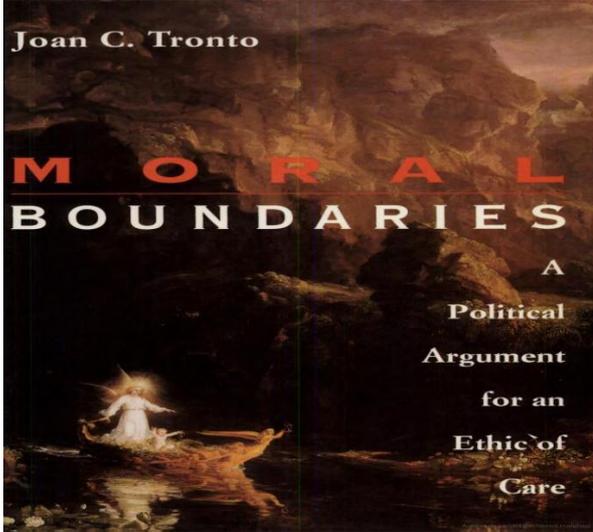
## Looking upside down

\* A highly political case: the situation is policy and organization driven

\* The **medical knowledge** of the GP, the **medical and relational** knowledge of the institution

Not just voicing Charles but **listening into** his life and the way he keeps up in a seemingly natural environment (his family, or what is left of it, and the neighborhood he grew up in, that however has changed considerably

EoC: The non naïve, non romantic look at relations



## A fundamental political ethics, yet not full blown

Care is not just a feminine (or motherly) sensibility

Care is ordering the world

-> the ethics of care is not a supplementary to 'essential ethics'

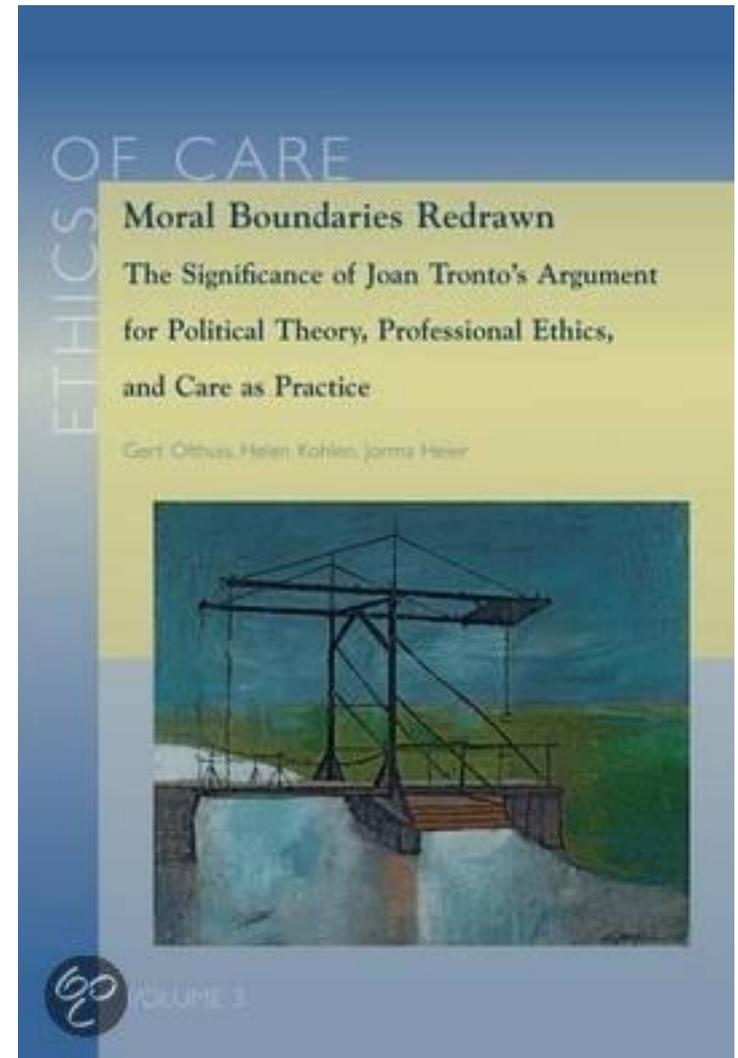
Taking up the issue of gender and of epistemology political theorist Joan Tronto has developed the ethics of care into a political ethics: *Moral Boundaries*, 1992

See: Joan Tronto, *Caring Democracy*, 2013

And see G. Olthuis et al., *Moral boundaries redrawn*, 2014

## Volume in the book series Ethics of Care, Peeters, Louvain

Care ethicists  
on the pivotal  
meaning of  
Tronto's argument  
for political theory



## An influential 'definition' of care:

Berenice Fisher and Joan Tronto:

“a species of activity that includes everything we do to maintain, contain, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment”.

Tronto: caring is a **practice** (not a **virtue**, nor an **ideal**)

- (1) attentiveness, a proclivity to become aware of need;
- (2) responsibility, a willingness to respond and take care of need;
- (3) competence, the skill of providing good and successful care;
- (4) responsiveness, consideration of the position of others as they perceive it

## Critique on Tronto's definition

1. A neo stoic definition: a 'we' that is supposed to exist, A 'we' that is supposed to be a citizen of the world, the *oikeiosis* is not seen as deeply problematic: togetherness via care

The solution for the problem of a we-them divide (we healthy and clever – they frail and dumb), for the practice of 'othering' is not a solid we. It is a practice of inquisitive perception and of we-ing.

2. No explicit space for **conflict** -> a theory that is strong at the elementary layer of 'happening to be together', but does not go through the motions of abrasions and conflict:

'Repair' is in need of a full fledged theory of conflict



## Care is ...

Care is the effort to keep life going when it is failing, weak, in pain, in danger, broken, threatened, fragile...

Care and the (potential or factual) discontinuity of life are two sides of the same coin.

Discontinuity : if life is left to itself and to the forces constituent of its actual state, it will turn into something bad, undesirable, painful.

Baart / Vosman, in: *Care, Compassion and Recognition: an Ethical Discussion*, Peeters, Louvain, 2011

Care is the human view on what is human and real, as the real is vulnerable and making the real habitable and livable

Sandra Laugier, 2013



## Political ethical versions of the ethics of care

<- Virginia Held

Sarah Ruddick (Maternal Thinking)

Daniel Engster (The heart of justice)



<- Fabienne Brugère

Elisabeth Conradi ->



<- Sandra Laugier

And others

## Beyond dichotomies:

Tronto and others criticize these 3 boundaries within ethical thinking:

1. The conceptual **boundary between morality and politics**:

Morality being 'existential', political being about allocation and order.

Consequence: asserting 'values' that have to be 'adopted' or 'implemented' OR 'politics first'

2. **Moral point of view boundary**: the distant and disinterested point of view . Consequence: emotions excluded, a certain type of rationality dominant.

Add: singling out moral aspects without the texture of the scene.

3. **The private public boundary**: locking up the private, toning down what is put in the private sphere -> care is private

## A few of the white spots of the Ethics of Care as political ethical ethics

### Institutions and organizations:

Lack of research into and theory of organizations and institutions: the political ethics of institutions, organizations and systems

### Late modernity:

An unfinished affair with Modernity: although highly constructive and with a critical potential, yet not fully acknowledging the fibres of Late Modernity. E.g. vulnerability next to and against autonomy, YET not seeing the late modern paradox of autonomy: the *obligation to be autonomous* (Alain Ehrenberg)

-> S. Laugier, Chr. Schües

### Subject theory:

Unclear nature of subjects, the creatures bodily acting and undergoing other people's actions and undergoing the scene: escape routes of personalism, ontology.

In stead of consequently pursuing a critical historical anthropology

## 5. Fellow travelers of the ethics of care

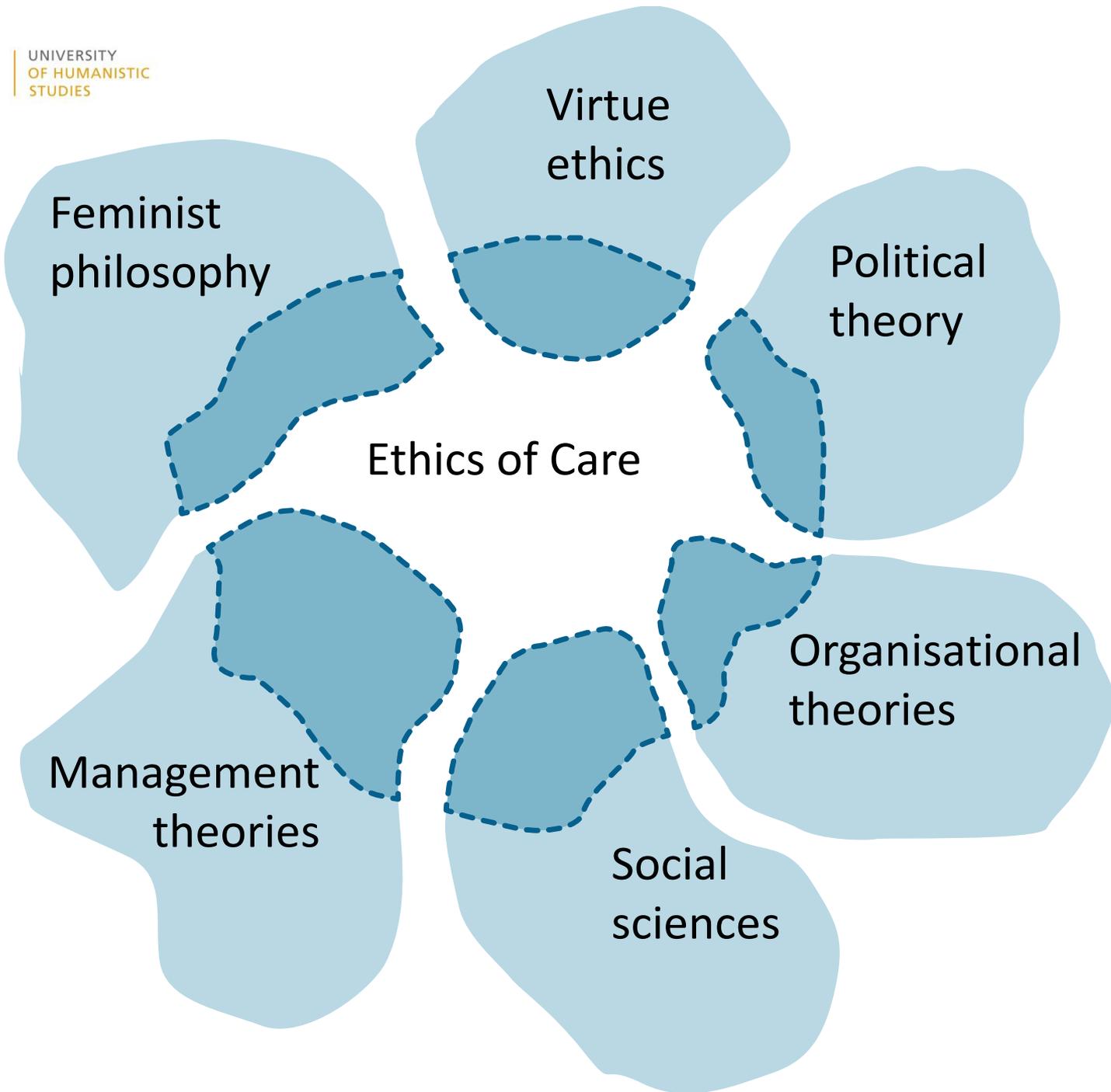
Sharing the burning issues approach... Inquiry of concerned scholars

Sharing being inquisitive → ethnography

Sharing epistemological concerns → Andrew Sayer → →

Sharing methodological preferences, e.g. within qualitative empirical research: ethnography, phenomenology, because of systematic reasons

Sharing the practice approach → practice theorists like Davide Nicolini, Robert Schmidt



Virtue ethics

Political theory

Organisational theories

Social sciences

Feminist philosophy

Management theories

Ethics of Care



Fellow traveling:  
the example of sociologist Andrew Sayer  
(Lancaster U):

**Why Things Matter to People. Social sciences, Values  
and Ethical Life, 2012**

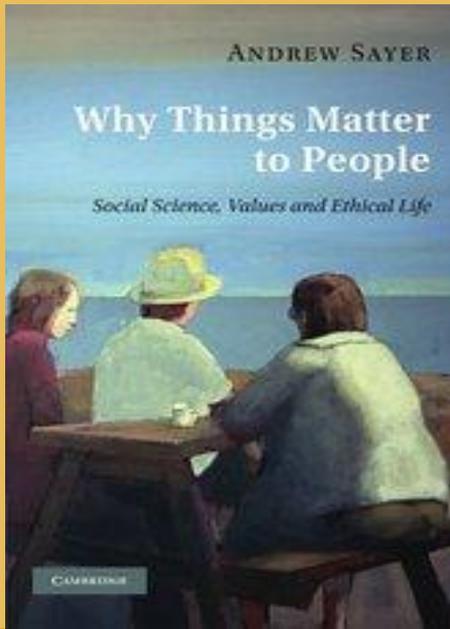
Against the dichotomy of fact and value: things matter to  
people and in their concern is given what is at stake

Being angry, in grief, joyful:  
Goods at stake

Concern in stead of needs, of rights

EoC: moral concepts depend from the narratives and  
descriptions of life, of what is important, what matters,  
and what matters to us (Laugier)

Vosman: what has proven to be of importance



# Ethicsofcare.org

Sharing views on good care



# OXFORD MARTIN SCHOOL

## Program to come: 7 lectures

22nd October

**'Care and Justice in Society'**

Professor **Virginia Held**, NYC, USA.

29th October

**'Emotions as constituents for an Ethics of Care'**

Professor **Fabienne Brugère**, University of Paris VIII, France

5th November

**'Ethics as a Politics of the Ordinary'**

Professor **Sandra Laugier**, University of Paris I and Scientific Deputy Director at the Institute for Humanities and Social Sciences (INSHS) at the French National Centre for Scientific Research, Paris, France.

**12th November**, Oxford Martin School, Lecture Hall (34 Broad Street, Oxford OX1 3BD)

**'Beyond autonomy: a relational perspective on an Ethics of Care'**

Professor **Elisabeth Conradi**, Professor of Social Theory and Philosophy, Baden-Württemberg Cooperative State University, Stuttgart, Germany

**19th November**, Oxford Martin School, Lecture Hall (34 Broad Street, Oxford OX1 3BD)

**'Ethics of Care as an embodied relational understanding'**

Professor **Kathleen Galvin**, Professor of Nursing Practice, Faculty of Health and Social Care, University of Hull, UK

**26th November**, Oxford Martin School, Lecture Hall (34 Broad Street, Oxford OX1 3BD)

**'Bodily and Social Vulnerability: a phenomenological perspective on the practice of care'**

Professor **Christina Schües**, Professor at the Institute for the History of Medicine and Science Research, University of Lübeck, Germany

**3rd December**, Oxford Martin School, Lecture Hall (34 Broad Street, Oxford OX1 3BD)

**'Empirical Grounded Ethics of Care: a methodological perspective'**

Professor **Andries Baart**, Chair Presence of Care, University of Humanistic Studies, Utrecht, The Netherlands.