

TAKING CARE: CARE AS PRACTICE AND VALUE

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The last words I spoke to my older brother after a brief visit and with special feeling were "take care." He had not been taking good care of himself, and I hoped he would do better; not many days later he died, of problems quite possibly unrelated to those to which I had been referring.

We often say "take care" as routinely as "good-bye" or some abbreviation and with as little emotion. But even then it does convey some sense of connectedness. More often, when said with some feeling, it means something like "take care of yourself because I care about you." Sometimes we say it, especially to children or to someone embarking on a trip or an endeavor, meaning "I care what happens to you so please don't do anything dangerous or foolish." Or, if we know the danger is inevitable and inescapable, it may be more like a wish that the elements will let the person take care so the worst can be evaded. And sometimes we mean it as a plea: "Be careful not to harm yourself or others because our connection will make us feel with and for you." We may be harmed ourselves or partly responsible, or if you do something you will regret we will share that regret.

One way or another this expression, like many others, illustrates human relatedness and the daily reaffirmations of connection. It is the relatedness of human beings, built and rebuilt, that the ethics of care is being developed to try to understand, to evaluate, and to guide.

For a little over two decades now, the concept of care as it figures in the ethics of care has been assumed, explored, elaborated, and employed in the development of theory. But definitions have often been imprecise, or trying to arrive at them has simply been postponed, as in my own case, in the growing discourse. Perhaps this is entirely appropriate for new explorations, but the time may

have come to seek greater clarity. Of course, to a considerable extent, we know what we are talking about when we speak of taking care of a child or providing care for the ill. But care has many, many forms, and as the ethics of care evolves, so should our understanding of what care is.

A seemingly easy distinction to make is between care as the activity of caring for someone and the mere "caring about" of how we feel about certain issues.¹ But the distinction may not be as clear as it appears since when we care for a child, for instance, we certainly also care about her. And if we really do care about world hunger, we will probably be doing something about it—such as, at least, giving money to alleviate it or to change the conditions that bring it about—and thus establishing some connection between ourselves and the hungry we say we care about.² And if we really do care about global climate change and the harm it will bring to future generations, we imagine a connection between ourselves and those future people who will judge our irresponsibility, and we change our consumption practices or political activities to decrease the likely harm.

Many of those writing about care agree that the care that is relevant to an ethics of care must at least be able to refer to an activity, as in taking care of someone. Most, though not all, of those writing on care do not lose sight of how care involves work and the expenditure of energy on the part of the person doing the caring. But it is often thought to be more than this.

There can, of course, be different emphases in how we think of care. I will be trying to clarify the meaning of care in contexts for which taking care of children or those who are ill are in some ways paradigmatic. But the caring relations I will be thinking about will go far beyond such contexts.

It is fairly clear that engaging in the work of taking care of someone is not the same as caring for them in the sense of having warm feelings for them. But whether certain feelings must accompany the labor of care is more in doubt.

Nel Noddings focuses especially on the attitudes of caring that typically accompany the

activity of care. Close attention to the feelings, needs, desires, and thoughts of those cared for and a skill in understanding a situation from that person's point of view are central to caring for someone.³ Carers act in behalf of others' interests, but they also care for themselves since without the maintenance of their own capabilities, they will not be able to continue to engage in care. To Noddings, the cognitive aspect of the carer's attitude is "receptive-intuitive" rather than "objective-analytic," and understanding the needs of those cared for depends more on feeling with them than on rational cognition. In the activity of care, abstract rules are of limited use. There can be a natural impulse to care for others, but to sustain it persons need to make a moral commitment to the ideal of caring.⁴ For Noddings, care is an attitude and an ideal manifest in activities of care in concrete situations. In her recent book, *Starting at Home*, she explores what a caring society would be like. She seeks a broad, near universal description of "what we are like" when we engage in caring encounters, and she explores "what characterizes consciousness in such relations."⁵

Care is much more explicitly labor in Joan Tronto's view. She and Berenice Fisher have defined it as activity that includes "everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible," and care can be for objects and for the environment, as well as for other persons.⁶ This definition almost surely seems too broad: vast amounts of economic activity could be included, like house construction and commercial dry cleaning, and the distinctive features of caring labor would be lost. It does not include the sensitivity to the needs of the cared for that others often recognize in care, nor what Noddings calls the needed "engrossment" with the other. And, Tronto explains, it excludes production, play, and creative activity, whereas a great deal of care, for instance, child care, can be playful and is certainly creative.

If one accepts Marx's distinction between productive and reproductive labor and then sees

caring as reproductive labor, as some propose, one misses the way caring, especially for children, can be transformative rather than merely reproductive and repetitious. Although this has not been acknowledged in traditional views of the household, the potential for creative transformation in the nurturing that occurs there, and in child care and education generally, is enormous. Care has the capacity to shape new *persons* with ever more advanced understandings of culture and society and morality.⁷ Only a biased and damaging misconception holds that caring merely reproduces our material and biological realities, and what is new and creative and distinctively human must occur elsewhere.

Diemut Bubeck offers one of the most precise definitions of care in the literature: "Caring for is the meeting of the needs of one person by another person, where face-to-face interaction between carer and cared for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself."⁸ She distinguishes between caring for someone and providing a service; on her definition, to cook a meal for a small child is caring, but a wife who cooks for her husband when he could perfectly well cook for himself is not engaging in care but rather providing a service to him. Care, Bubeck asserts, is "a response to a particular subset of basic human needs, i.e. those which make us dependent on others."⁹

In Bubeck's view, care does not require any particular emotional bond between carer and cared for, and it is important to her general view that care can and often should be publicly provided, as in public health care. She seems to think that care is almost entirely constituted by the objective fact of needs being met, rather than by the attitude or ideal with which the carer is acting. Her conception is then open to the objection that, as long as the deception is successful, someone going through the motions of caring for a child while wishing the child dead is engaged in care of as much moral worth as that of a carer who intentionally and with affection seeks what

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is best for the child. For me this objection is fatal. I suppose a strict utilitarian might say that if the child is fed and clothed and hugged, the emotional tone with which these are done is of no moral significance. But to me it is clear that in the wider moral scheme of things, though I cannot argue it here, it is significant. A world in which the motive of care is good will rather than ill will (plus any self-interest that may additionally be needed to motivate the care giver to do the work) is a better world. Even if the child remains unaware of the ill will, an unlikely though possible circumstance, and even if the child grows up with the admirable sensitivity to the feelings of others that would constitute a better outcome, even on a utilitarian scale, than if she doesn't, the motive would still matter. An important aspect of care is how it *expresses* our attitudes and relationships.

Sara Ruddick sees care as work but also as more than this. She says that "as much as care is labor, it is also relationship . . . caring labor is intrinsically relational. The work is constituted in and through the relation of those who give and receive care. . . . More critically, some caring relationships seem to have a significance in 'excess' of the labor they enable."¹⁰ She compares the work of a father who is bringing a small child to a day-care center and that of the day-care worker who is receiving the child. Both can perform the same work of reassuring the child, hugging him, transferring him from father to worker, and so on. But the character and meaning of the father's care may be in excess of the work itself. For the father, the work is a response to the relationship, whereas for the day-care worker, the relationship is probably a response to the work. So we may want to reject a view that equates care entirely with the labor involved.

To Bubeck, to Noddings in her early work, and to a number of others who are writing on care, its face-to-face aspect is central. This has been thought to make it difficult to think of our concern for more distant others in terms of caring. Bubeck, however, does not see her view as

leading to the conclusion that care is limited to the context of the relatively personal, as Noddings's view suggested, because Bubeck includes the activities of the welfare state in the purview of the ethics of care. She thinks the care to be engaged in, as in child-care centers and centers for the elderly, will indeed be face-to-face, but she advocates widespread and adequate public funding for such activity.

Bubeck rejects the particularistic aspects of the ethics of care. She advocates generalizing the moral principle of meeting needs, and thus the way in which an ethic of care can provide for just political and social programs becomes evident. But this comes too close, in my view, to collapsing the ethics of care into utilitarianism. In addition to being the meeting of objective needs, care seems to be at least partly an attitude and motive, as well as a value. Bubeck builds the requirements of justice into the ethics of care. But this may still not allow care to be the primary moral consideration of a person, say, in a rich country, who is engaging in empowering someone in a poor country, if there will never be in this engagement any face-to-face aspect. And this is troubling to many who see care as a fundamental value, with as much potential for moral elaboration as justice, but doubt that justice can itself be adequately located entirely within care or that care should be limited to relatively personal interactive work.

Peta Bowden has a different view than Bubeck of what caring relations are like. She starts with what she calls an intuition: that caring is ethically important. Caring, she says, "expresses ethically significant ways in which we matter to each other, transforming interpersonal relatedness into something beyond ontological necessity or brute survival."¹¹ Adopting a Wittgensteinian approach to understanding and explicitly renouncing any attempt to provide a definition of care, she carefully examines various examples of caring practices: mothering, friendship, nursing, and citizenship. In including citizenship, she illustrates how face-to-face interaction is not a necessary feature of all caring relations, though it characterizes many.

In his detailed discussion of caring as a virtue, Michael Slote thinks it entirely suitable that our benevolent feelings for distant others be conceptualized as caring. "An ethic of caring," in his view, "can take the well-being of all humanity into consideration."¹² Where Bubeck rejects the view of caring as motive, he embraces it. To him, caring just is a "motivational attitude."¹³ And in the recent volume *Feminists Doing Ethics*, several contributors see care as a virtue.¹⁴

I think feminists should object to making care entirely a matter of motive or of virtue since this runs such a risk of losing sight of it as work. Encouragement should not be given to the tendency to overlook the question of who does most of this work. But that caring is not only work is also persuasive, so we might conclude that care must be able to refer to work, to motive, to value, and perhaps to more than these.

In her influential book *Love's Labor*, Eva Kittay examines what she calls "dependency work," which overlaps with care but is not the same. She defines dependency work as "the work of caring for those who are inevitably dependent," for example, infants and the severely disabled.¹⁵ When not done well, such work can be done without an affective dimension, though it typically includes it.¹⁶ Kittay well understands how dependency work is relational and how the dependency relation "at its very crux, is a moral one arising out of a claim of vulnerability on the part of the dependent, on the one hand, and of the special positioning of the dependency worker to meet the need, on the other."¹⁷ The relation is importantly one of trust. And since dependency work is so often unpaid, when dependency workers use their time to provide care instead of working at paid employment, they themselves become dependent on others for the means with which to do so and for their own maintenance.

Ann Ferguson and Nancy Folbre's conception of "sex-affective production" has much to recommend it in understanding the concept of care. They characterize sex-affective production

as "childbearing, childrearing, and the provision of nurturance, affection, and sexual satisfaction."¹⁸ It is not limited to the labor involved in caring for the dependent but also includes the provision of affection and the nurture of relationships. Ferguson and Folbre are especially concerned with analyzing how providing this kind of care leads to the oppression of women. But one can imagine such care as nonoppressive, for both the carers and the cared for. Bubeck and Kittay focus especially on the necessary care that the dependent cannot do without. But when we also understand how increasing levels of affection, mutual concern, and emotional satisfaction are valuable, we can aim at promoting care far beyond the levels of necessity. So understanding care as including rather than excluding the sharing of time and attention and services, even when the recipients are not dependent on them, seems appropriate.

Sara Ruddick usefully notes that "three distinct though overlapping meanings of 'care' have emerged in recent decades. 'Care' is an ethics defined in opposition to 'justice'; a kind of labor; a particular relationship."¹⁹ She herself argues for a view of care as a kind of labor, but not only that, and advocates "attending steadily to the relationships of care."²⁰ Ruddick doubts that we ought to define an ethics of care in opposition to an ethics of justice since we ought to see how justice is needed in caring well and in family life. But then she wonders how, if care is seen as a kind of labor rather than an already normative concept contrasted with justice, it can give rise to an ethics. Her answer follows, and these passages are worth quoting extensively:

The "ethics" of care is provoked by the habits and challenges of the work, makes sense of its aims, and spurs and reflects upon the self-understanding of workers. The ethics also extends beyond the activities from which it arises, generating a stance (or standpoint) toward "nature," human relationships, and social institutions. . . . First memories of caring and being cared for inspire a sense of obligation. . . . [And] a person normatively identifies with a

conception of herself as someone who enters into and values caring relationships, exercising particular human capacities as well. Neither memory nor identity "gives rise" to an "ethics" that then leaves them behind. Rather there is an interplay in which each recreates the other.²¹

I think care is surely a form of labor, but it is much more. The labor of care is already relational and can for the most part not be replaced by machines in the way so much other labor can. Ruddick agrees that "caring labor is intrinsically relational,"²² but she thinks the relationship is something assumed rather than necessarily focused on. I think that as we clarify care, we need to see it in terms of *caring relations*.

I doubt that we ought to accept the contrast between justice as normative and care as nonnormative, as the latter would be if it were simply labor. I think it is better to think of contrasting practices and the values they embody and should be guided by. An activity must be purposive to count as work or labor, but it need not incorporate any values, even efficiency, in the doing of it. Chopping at a tree, however clumsily, in order to fell it, could be work. But when it does incorporate such values as doing so effectively, it becomes the practice of woodcutting. So we do better to focus on practices of care rather than merely on the work involved.

Practices of justice such as primitive revenge and an eye for an eye have from earliest times been engaged in and gradually reformed and refined. By now we have legal, judicial, and penal practices that only dimly resemble their ancient forerunners, and we have very developed theories of justice and of different kinds of justice with which to evaluate such practices. Practices of care, from mothering to medical care to teaching children to cultivating professional relations, have also changed a great deal from their earliest forms, but to a significant extent without the appropriate moral theorizing. That, I think, is what the ethics of care should be trying to fill in. The practices themselves already incorporate various values, often unrecognized, especially by the

philosophers engaged in moral theorizing, who ought to be attending to them. And the practices themselves as they exist are often riddled with the gender injustices that pervade societies in most ways but that especially characterize most practices of care. So, moral theorizing is needed to understand the practices and to reform them.

Consider, for instance, mothering, in the sense of caring for children. It had long been imagined in the modern era, after the establishment of the public-private distinction, to be "outside morality." Feminist critique has been needed to show how profoundly mistaken such a view is. Moral issues are confronted constantly in the practice of mothering, and there is constant need for the cultivation of the virtues appropriate to this practice. To get a hint of how profoundly injustice is embedded in the practice of mothering, one can compare the meaning of "mothering" with that of "fathering," which historically has meant no more than impregnating a woman and being the genetic father of a child. "Mothering" suggests that this activity must or should be done by women, whereas, except for lactation, there is no part of it that cannot be done by men as well. Many feminists argue that for actual practices of child care to be morally acceptable, they will have to be radically transformed to accord with principles of equality, though existing conceptions of equality should probably not be the primary moral focus of practices of care. And this is only the beginning of the moral scrutiny to which they should be subject.

This holds also for other practices that can be thought of as practices of care. We need, then, not only to examine the practices and discern with new sensitivities the values already embedded or missing within them but also to construct the appropriate normative theory with which to evaluate them, reform them, and shape them anew. This, I think, involves understanding care as a value worthy of the kind of theoretical elaboration justice has received. And understanding the value of care involves understanding how it should not be limited to the household or family;

care should be recognized as a political and social value also.

We all agree that justice is a value. There are also practices of justice: law enforcement, court proceedings, and so on. Practices incorporate values but also need to be evaluated by the normative standards values provide. A given actual practice of justice may only very inadequately incorporate within it the value of justice, and we need justice as a value to evaluate such a practice. The value of justice picks out certain aspects of the overall moral spectrum, those having to do with fairness, equality, and so on, and it would not be satisfactory to have only the most general value terms, such as "good" and "right," "bad" and "wrong," with which to do the evaluating of a practice of justice. Analogously, for actual practices of care we need care, as a value to pick out the appropriate cluster of moral considerations, such as sensitivity, trust, and mutual concern, with which to evaluate such practices. It is not enough to think of care as simply work, describable empirically, with "good" and "right" providing all the normative evaluation of actual practices of care. Such practices are often morally deficient in ways specific to care, as well as to justice.

If we say of someone that "he is a caring person," this includes an evaluation that he has a characteristic that, other things being equal, is morally admirable. Attributing a virtue to someone, as when we say that she is generous or trustworthy, describes a disposition but also makes a normative judgment. And it is highly useful to be able to characterize people and societies in specific and subtle ways, recognizing the elements of our claims that are empirically descriptive and those that are normative. The subtlety needs to be available not only at the level of the descriptive but also within our moral evaluations. "Caring," thus, picks out a more specific value to be found in persons' and societies' characteristics than merely finding them to be good or bad or morally admirable or not on the whole. But we may resist reducing care to a virtue if by that we refer only

to the dispositions of individual persons since caring is so much a matter of the relations between them.

Diana Meyers examines the entrenched cultural imagery that can help explain the hostility often encountered by advocates of the ethics of care who seek to expand its applicability beyond the household and to increase care in public life:

Oscillating sentimentality and contempt with regard to motherhood and childhood fuel this problem. If motherhood and childhood are conditions of imperfect personhood, as they are traditionally thought to be, no one would want to be figured as a mother or as a child in relations with other persons. This perverse constellation of attitudes is enshrined in and transmitted through a cultural stock of familiar figures of speech, stories, and pictorial imagery.²³

As she explores various illustrative tropes, she shows that the myth of the "independent man" as model, with mothers and children seen as deficient, though lovable, is part of what needs to be overcome in understanding the value of care.

The concept of care should not in my view be a naturalized concept, and the ethics of care should not be a naturalized ethics.²⁴ Care is not reducible to the behavior that has evolved and that can be adequately captured in empirical descriptions, as when an account may be given of the child care that could have been practiced by our hunter-gatherer ancestors, and its contemporary analogues may be considered. Care as relevant to an ethics of care incorporates the values we decide as feminists to find acceptable in it. And the ethics of care does not accept and describe the practices of care as they have evolved under actual historical conditions of patriarchal and other domination; it evaluates such practices and recommends what they morally ought to be like.

I think, then, of care as practice and value. The practices of care are, of course, multiple, and some seem very different from others. Taking care of a toddler so that he does not hurt himself but is not unduly fearful is not much like patching

up the mistrust between colleagues that will enable them to work together. Dressing a wound so that it will not become infected is not much like putting up curtains to make a room attractive and private. And neither is much like arranging for food to be delivered to families who need it half a world away. Yet all care involves attentiveness, sensitivity, and responding to needs. It is helpful to clarify this, as it is to clarify how justice in all its forms requires impartiality, treating persons as equals, and recognizing their rights. This is not at all to say that a given practice should involve a single value only. On the contrary, as we clarify the values of care, we can better advocate their relevance for many practices from which they have been largely excluded.

Consider police work. Organizationally a part of the "justice system," it must have the enforcement of the requirements of justice high among its priorities. But as it better understands the relevance of care to its practices, as it becomes more caring, it can often accomplish more through educating and responding to needs, building trust between police and policed, and thus preventing violations of law than it can through traditional "law enforcement" after prevention has failed. Sometimes the exclusion of the values of care is more in theory than in practice. An ideal market that treats all exchanges as impersonal and all participants as replaceable has no room for caring. But actual markets often include significant kinds of care and concern, of employers for employees, of employees for customers, and so on. As care is better understood, the appropriate places for caring relations in economic activity may be better appreciated.²⁵

At the same time, practices of care are not devoted solely to the values of care. They often need justice also. Consider mothering, fathering in the sense of caring for a child, or "parenting" if one prefers this term. This is probably the most caring of the caring practices since the emotional tie between carer and cared for is characteristically so strong. This practice has caring well for the child as its primary value. But as understanding

of what this involves becomes more adequate, it should include normative guidance on how to avoid such tendencies as mothers may have to unduly interfere and control, and it can include the aspect well delineated by Sara Ruddick: "respect for 'embodied willfulness.'" ²⁶ Moreover, practices of parenting must include justice in requiring the fair treatment of multiple children in a family and in fairly distributing the burdens of parenting.

Ruddick worries that if we think of justice and care as separate ethics, this will lead to the problem that, for instance, responding to needs, as economic and social rights do, cannot be part of the concerns of justice. To hold this position would be especially unfortunate just as the economic and social rights of meeting basic needs are gaining acceptance as human rights at the global level (even if not in the United States, where having such needs met is not recognized as a right). I believe Ruddick's concern is not a problem and that the difference here is one of motive. The motive for including economic and social rights among the human rights on the grounds of justice is that it would be unfair and a failure of equality, especially of rights to equal freedom, not to do so.²⁷ When meeting needs is motivated by care, on the other hand, it is the needs themselves that are responded to and the persons themselves with these needs that are cared for. This contrast is especially helpful in evaluating social policies, for instance, welfare policies. Even if the requirements of justice and equality would be met by a certain program, of payments let's say, we could still find the program callous and uncaring if it did not concern itself with the actual well-being, or lack of it brought about by the program. One can imagine such payments being provided very grudgingly and the recipients of them largely disdained by the taxpayers called on to fund them. And one can imagine the shame and undermining of self-respect that would be felt by the recipients of these payments. Except that the amounts of the payments and the range of recipients of them never came close to what justice would require,

the rest of this description is fairly accurate about welfare programs in the United States. One can compare this with what a caring program would be like. In addition to meeting the bare requirements of justice, it would foster concern for the actual needs of recipients, offer the needed services to meet them, and express the morally recommended care and concern of the society for its less fortunate and more dependent members.

It seems to me that justice and care, as values, each invoke associated clusters of moral considerations and that these considerations are different. Actual practices should usually incorporate both care and justice, but with appropriately different priorities. For instance, the practice of child care by employees in a childcare center should have as its highest priority the safeguarding and appropriate development of children, including meeting their emotional, as well as physical and educational, needs. Justice should not be absent: the children should be treated fairly and with respect, and violations of justice such as would be constituted by racial or ethnic discrimination against some of the children should not be tolerated. But providing care rather than exemplifying justice would be the primary aim of the activity. In contrast, a practice of legislative decision making on the funding to be supplied to localities to underwrite their efforts to improve law enforcement should have justice as its primary aim. Localities where crime is a greater threat should receive more of such funding so that equality of personal security is more nearly achieved. Care should not be absent: concern for victims of crime and for victims of police brutality should be part of what is considered in such efforts. But providing greater justice and equality rather than caring for victims would be the primary aim of such legislative decision making.

Sara Ruddick does not consider justice inherently tied to a devaluation of relationships. I think justice and its associated values are more committed to individualism than she seems to think. It seems to me that it is on grounds of care rather than justice that we can identify with

others enough to form a political entity and to develop civil society.²⁸ Moreover, relations of care seem to me to be wider and deeper than relations of justice. Within relations of care, we can treat people justly, as if we were liberal individuals agreeing on mutual respect. This can be done in more personal contexts, as when friends compete fairly in a game they seek to win or when parents treat their children equally. Or it can be done in public, political, and social contexts, as when people recognize each other as fellow members of a group that is forming a political entity that accepts a legal system. When justice is the guiding value, it requires that individual rights be respected. But when we are concerned with the relatedness that constitutes a social group and is needed to hold it together, we should look, I think, to care.

My own view, then, is that care is both a practice and a value. As a practice, it shows us how to respond to needs and why we should. It builds trust and mutual concern and connectedness between persons. It is not a series of individual actions but a practice that develops, along with its appropriate attitudes. It has attributes and standards that can be described, but more important, that can be recommended and that should be continually improved as adequate care comes closer to being good care. Practices of care should express the caring relations that bring persons together, and they should do so in ways that are progressively more morally satisfactory. Caring practices should gradually transform children and others into human beings who are increasingly more morally admirable.

Consider how trust is built, bit by bit, largely by practices of caring. Trust is fragile and can be shattered in a single event; to rebuild it may take a long time and many expressions of care, or the rebuilding may be impossible. Relations of trust are among the most important personal and social assets. To develop well and to flourish, children need to trust those who care for them, and the providers of such care need to trust the fellow members of their communities that the

trust of their children will not be misplaced. For peace to be possible, antagonistic groups need to learn to be able to trust each other enough so that misplaced trust is not even more costly than mistrust. To work well, societies need to cultivate trust between citizens and between citizens and governments; to achieve whatever improvements of which societies are capable, the cooperation that trust makes possible is needed. Care is not the same thing as trust, but caring relations should be characterized by trust, and caring is the leading contributor to trust.

In addition to being a practice, care is also a value. Caring persons and caring attitudes are valued, and we can organize many evaluations of how persons are interrelated around a constellation of moral considerations associated with care or its absence. For instance, we can ask of a relation whether it is trusting and mutually considerate or hostile and vindictive. I disagree with the view that care is the same as benevolence because I think it is more the characterization of a social relation than the description of an individual disposition, and social relations are not reducible to individual states. It is caring relations that ought to be cultivated between persons in their personal lives and between the members of caring societies. Such relations are often reciprocal over time if not at given times. The values of caring are especially exemplified in caring relations, rather than in persons as individuals. Caring relations form the small societies of family and friendship on which larger societies depend. And caring relations of a weaker but still evident kind between more distant persons allow them to trust one another enough to live in peace and to respect each others' rights. For progress to be made, persons need to care together as a group for the well-being of their members and of their environment.

The ethics of care builds relations of care and concern and mutual responsiveness to need on both the personal and wider social levels. Within social relations in which we care enough about one another to form a social entity, we may agree

on various ways to deal with one another. For instance, for limited purposes we may imagine each other as liberal individuals, independent, autonomous, and rational, and we may adopt liberal schemes of law and governance and policies to maximize individual benefits. But we should not lose sight of the deeper reality of human interdependency and of the need for caring relations to undergird or surround such constructions. The artificial abstraction of the model of the liberal individual is at best suitable for a restricted and limited part of human life rather than for the whole of it. The ethics of care provides a way of thinking about and evaluating both the more immediate and the more distant human relations with which to develop morally acceptable societies.

NOTES

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1. Jeffrey Blustein, *Care and Commitment* (New York: Oxford University Press, 1991); and Harry G. Frankfurt, *The Importance of What We Care About* (Cambridge: Cambridge University Press, 1988).
2. Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993).
3. Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1986), esp. 14–19.
4. *Ibid.*, 42, 80.
5. Nel Noddings, *Starting at Home: Caring and Social Policy* (Berkeley: University of California Press, 2002), 13.
6. Tronto, *Moral Boundaries*, 103; and Berenice Fisher and Joan Tronto, "Toward a Feminist Theory of Caring," in *Circles of Care*, ed. E. Abel and M. Nelson (Albany: SUNY Press, 1990), 40.

7. Virginia Held, *Feminist Morality: Transforming Culture, Society, and Politics* (Chicago: University of Chicago Press, 1993).
8. Diemut Bubeck, *Care, Gender, and Justice* (Oxford: Oxford University Press, 1995), 129.
9. *Ibid.*, 133.
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CONFLICTED LOVE

Kelly Oliver

CONFLICTED LOVE

The popularity of self-help programs, various forms of therapy and counseling, antidepressant drugs, and new age religions suggests a wide-spread search for meaning, acceptance, self-esteem, and ultimately, love.¹ Bookstores across the Western World have self-help sections filled with books discussing how to find

love, how to maintain love, how to rekindle love, how to feel lovable, how to love yourself.² Why, as a society, are we haunted with feelings that we are unloved or unlovable? While the prevalence of domestic violence, neglect, and children living in poverty may contribute to the impossibility of imagining love in contemporary culture, these traumas do not explain why so many children who have so-called normal childhoods and normal relations with their parents grow up to suffer from depression, melancholy, or anxiety. If depression is becoming the norm, perhaps it is time to investigate our fantasies of normality.