

## Who Cares? Care and the Ethical Self

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Volume 10, numéro 3, automne 2015

URI : <https://id.erudit.org/iderudit/1037651ar>

DOI : <https://doi.org/10.7202/1037651ar>

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Éditeur(s)

Centre de recherche en éthique (CRÉ)

ISSN

1718-9977 (numérique)

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Citer cet article

Lanoix, M. (2015). Who Cares? Care and the Ethical Self. *Les ateliers de l'éthique / The Ethics Forum*, 10(3), 49–65. <https://doi.org/10.7202/1037651ar>

Résumé de l'article

Il y a plus de trente ans, le livre fondateur de Carol Gilligan, *In a Different Voice*, fournissait aux théoriciennes féministes une nouvelle approche permettant d'affiner la critique des théories morales traditionnelles, particulièrement en ce qui concerne leur universalisme. Focalisant sur les situations concrètes, l'éthique du *care* chez Gilligan permet de recentrer l'attention sur les spécificités d'un dilemme moral qui, autrement, risquent de rester dans l'ombre. La réflexion féministe en philosophie morale et politique a progressé depuis, s'attelant à de nouveaux défis. La recherche récente suggère qu'une théorie morale non idéale (émergeant des situations vécues) est préférable aux théories dites idéalistes. Dans cet article, j'examine l'éthique du *care* selon Eva Feder Kittay, soit à titre d'éthique naturalisée (enracinée dans l'expérience), afin de mettre en relief les caractéristiques saillantes de l'agent.e *caring*. Cela me permettra ensuite de montrer comment l'affirmation clé de Kittay selon laquelle « nous sommes tou.te.s l'enfant d'une mère » fait écho à la pensée ricoeurienne de l'estime de soi qui est, en retour, ancrée dans la notion de sollicitude. Deuxièmement, je soutiens que la « petite éthique » ricoeurienne peut enrichir les éthiques du *care* (notamment celle de Kittay), précisément en ce qui a trait au *telos* du *care*. Ce faisant, les éthiques du *care*, qui placent l'accent sur l'universalité des besoins en cette matière, pourront mieux ancrer la sollicitude dans la sphère politique.

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# WHO CARES? CARE AND THE ETHICAL SELF

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## ABSTRACT:

Over three decades ago, Carol Gilligan's seminal book *In a Different Voice* provided feminist theorists with a powerful new approach to address the shortcomings of traditional moral theories. With a focus on concrete situations, an ethics of care can attend to the specifics of moral dilemmas that might otherwise be glossed over. As feminist reflection on moral and political philosophizing has progressed, another challenge has emerged. Recent feminist scholarship proposes non-ideal theories as preferable action-guiding theories. In this paper, I examine Kittay's call for a version of care ethics as a naturalized ethics that comes from lived experience, in order to draw out the salient characteristics of the caring agent. This allows me to show how Kittay's key assertion that "we are all some mother's child" resonates with Ricoeur's framing of self-esteem, which is, in turn, anchored on a notion of solicitude. Secondly, I make the case that care ethics can benefit from Ricoeur's little ethics as it helps buttress the goal of good caring practices. Finally, care ethics, with its emphasis on the universality of care needs, helps to strengthen the central role of solicitude for the political sphere.

## RÉSUMÉ :

Il y a plus de trente ans, le livre fondateur de Carol Gilligan, *In a Different Voice*, fournissait aux théoriciennes féministes une nouvelle approche permettant d'affiner la critique des théories morales traditionnelles, particulièrement en ce qui concerne leur universalisme. Focalisant sur les situations concrètes, l'éthique du *care* chez Gilligan permet de recentrer l'attention sur les spécificités d'un dilemme moral qui, autrement, risquent de rester dans l'ombre. La réflexion féministe en philosophie morale et politique a progressé depuis, s'attelant à de nouveaux défis. La recherche récente suggère qu'une théorie morale non idéale (émergeant des situations vécues) est préférable aux théories dites idéalistes. Dans cet article, j'examine l'éthique du *care* selon Eva Feder Kittay, soit à titre d'éthique naturalisée (enracinée dans l'expérience), afin de mettre en relief les caractéristiques saillantes de l'agent.e *caring*. Cela me permettra ensuite de montrer comment l'affirmation clé de Kittay selon laquelle « nous sommes tous.e.s l'enfant d'une mère » fait écho à la pensée ricœurienne de l'estime de soi qui est, en retour, ancrée dans la notion de sollicitude. Deuxièmement, je soutiens que la « petite éthique » ricœurienne peut enrichir les éthiques du *care* (notamment celle de Kittay), précisément en ce qui a trait au *telos* du *care*. Ce faisant, les éthiques du *care*, qui placent l'accent sur l'universalité des besoins en cette matière, pourront mieux ancrer la sollicitude dans la sphère politique.

Eva Kittay (2009) argues that a version of care ethics can be both responsive to the inclusion of persons with severe cognitive disabilities in a theory of justice and attuned to the practices of care, which would make for a richer understanding of the political sphere. Kittay's proposal is to consider care ethics as a naturalized ethics, a type of non-ideal theory, that starts from the ground up, the reality in which we live.

In this paper, I examine Kittay's call for a version of care ethics as a naturalized ethics that comes from lived experience, where "the source of the normativity is not outside of the activity or practice to which the norms apply" (Kittay, 2009, p. 126) in order to draw out the salient characteristics of the caring agent. I have three goals: the first is to show that Kittay's assertion that "we are all some mother's child" resonates with Ricoeur's framing of self-esteem, which is anchored on a notion of solicitude. The second is to demonstrate how Ricoeur's little ethics helps to buttress the goal of good caring practices. Finally, I wish to show that care ethics, with its emphasis on the universality of care needs, helps to strengthen the central role of solicitude for the political sphere.

Kittay asserts that the *ought* of care should come from the *is* of the actual activities that constitute the care practice (*ibid.*). Although Kittay tells us that we know good care because we have experienced it, she does not explain how the agent comes to acquire adequate caring practices. Even if the goal is 'good' care, which many agents may know intuitively, the question remains as to the steps to be taken for an agent to engage in 'good' care. For this, the writings of Paul Ricoeur provide a way to think of the person involved in care as someone who is grounded in real life, yet who has access to moral norms and is guided by the goal of 'good' care. It is the Ricoeurian back and forth between norms and the goal or the purpose of a practice that is especially useful for care theorists. I propose to complement Kittay's call for a naturalized ethics by introducing Ricoeur's ethical self as the agent that should be involved in deliberations concerning caring practices.

The paper proceeds as follows. I start by looking at what is meant by a naturalized ethics in the case of Kittay's theory. I explain how Kittay's proposed framework is inclusive of persons with severe cognitive disabilities and I discuss how Ricoeur's theory is also amenable to such an inclusion. This highlights how the self, as understood by Ricoeur, is a relational being. This feature of the moral agent is crucial to Kittay's framework as well as to Ricoeur's. However, Ricoeur's emphasis on the goal of living well together serves to anchor the goal of good care within normative and teleological perspectives. Finally, care ethicists' argument concerning the centrality of care as an activity that has political import strengthens Ricoeur's concept of solicitude as relevant to the public sphere.

## IDEAL VS. NON-IDEAL

Carol Gilligan's seminal book *In a Different Voice* provided feminist theorists with a powerful new approach to address the shortcomings of traditional moral theories. With a focus on concrete situations, an ethics of care can attend to the specifics of moral dilemmas that might otherwise be glossed over. As feminist reflection on moral and political philosophizing has progressed, another challenge has emerged. Recent feminist scholarship proposes non-ideal theories as preferable action-guiding theories, as they can better navigate the difficult terrain of messy real-life situations (Walker, 2006; Kittay, 2009; Tessman, 2015). Feminist criticism of ideal theory or top-down approaches using generalist ethical principles is not new. Nel Noddings aptly framed these concerns several decades ago when she noted that, for a moral theory founded on universal principles, "moral principles must be, by their very nature as moral principles, universalizable" (Noddings, 1984, p. 84). However, the principle of universality requires that moral quandaries must exhibit sufficient sameness and this implies losing the very qualities that give rise to the moral question in the first place (*ibid.*, p. 85). According to some theorists, overgeneralizing universalistic theories should be replaced by a theory that would take into account the specificities of the situation that gives rise to the moral dilemma. A way to navigate this is through non-ideal theory.

Kittay has worked extensively on the status of persons with severe cognitive impairments in the moral and political landscapes. Kittay's objective as well as that of other feminist theorists recalls Ricoeur's admonition that the purpose of our political theories is to find a way to live well together. In "The Ethics of Philosophizing: Ideal Theory and the Exclusion of People with Severe Cognitive Disabilities," Kittay has two goals. Her first one is to make the case that ideal theories are problematic and that a naturalized ethics is more promising. Her second point is to show that moral theories that deny moral personhood to individuals who are not taken to be full moral agents, such as individuals with severe cognitive impairments, are unethical theories.

I will examine the first part of her article, where she discusses ideal versus non-ideal theories. Specifically, I am interested in a particular point that Kittay makes when she uses a fiction to illustrate the limitations of ideal theory. Kittay's starting point is tied to her goal, which is to argue for the inclusion of all human beings, regardless of capacity, in the moral and political realms. Kittay's discussion also emphasizes the importance of relationships for all individuals. If the inclusion of individuals of all abilities appears to be a given for Kittay, Ricoeur provides an argument for the constitutive role of asymmetrical relationships in a theory of the self. For Ricoeur, such relationships are essential for all human beings and this means that all individuals, regardless of ability, must be included within the moral and political landscapes. However, before turning to this aspect of Ricoeur's work, it is worth discussing the meaning of non-ideal theory in Kittay's article.

For Kittay, a theory that purports to conceptualize universal principles is a doomed theory. Kittay's criticism is not unlike that of Amartya Sen's critique of transcendental theories, such as that of John Rawls's. In *The Idea of Justice*, Sen argues that a theory of justice that aims to establish principles of justice through "transcendental institutional investigation" (Sen, 2010, p. 7) can lead to institutions that are labelled just but are in fact are the locus of injustice. For Sen, the approach that must be taken in order to eradicate injustice is "realization-based comparisons that focus on the advancement of justice" (*ibid.*, p. 8).

In both Kittay and Sen's discussions of the failures of transcendental theories, the point they put forward is the necessity of building theories that are located in the realities of people's lives. However, *ideal* and *non-ideal* can have many meanings, and for the sake of my discussion it should be clear how they are used. In the context of political theorizing, Laura Valentini puts forward that debates concerning ideal versus non-ideal theories can be classified in three different ways. The first refers to ideal theories as fully compliant and to non-ideal as partially compliant, which she locates in Rawls's initial discussion in *A Theory of Justice*.<sup>1</sup> In the second, *ideal* theories are utopian theories and *non-ideal* are realistic (Valentini, 2012, p. 654). Valentini explains the third category as "whether a normative political theory should aim at identifying an ideal of societal perfection, or whether it should focus on transitional improvements without necessarily determining what the 'optimum' is" (*ibid.*). This category can also be found in the writings of Rawls. Here "ideal theory sets out a long-term goal for institutional reform" and non-ideal theory asks how this can be achieved (*ibid.*, p. 660). For Rawls, this conceptualization of non-ideal theory presupposes ideal theory. This third category captures best Sen's argument against Rawlsian theory. For Sen, the goal of theorizing justice is not to formulate abstract principles but to eradicate injustice step by step. Therefore, it is necessary to have concrete comparisons in order to be able to examine the actual consequences of allegedly just institutions. This is the only way to evaluate whether or not such institutions are in fact just.<sup>2</sup> There is always a back-and-forth between the theory and the resulting application. This verification is a necessary move as it adds a vital check, since purely procedural justice can often result in injustice. Valentini explains that according to Sen, "end-state theory... is neither necessary nor sufficient for transitional theory" (*ibid.*, p. 661).

Valentini's third category also pertains to Kittay's characterization of non-ideal theory. Importantly, however, Kittay's version of care ethics also includes a call for a naturalized ethics. A naturalized ethics is a type of non-ideal theory that is anchored in real life conditions from the start. Kittay is careful to emphasize the importance of the initial premise, which, unlike a transcendental theory that starts with universalistic principles, emerges from real life situations. For Sen the starting point is not as crucial as it is for Kittay. While Kittay shares the goal of eradicating injustice with Sen, in her article she specifically focuses on the exclusion of persons with severe cognitive impairments.

The status of persons with severe cognitive impairments has recently been the test case for political theories. Traditional theories have been proven inadequate either because, as Kittay argues, they start from generalist principles or because the premises on which they are founded are too narrow, as Anita Silvers would argue in the case of contract theories.<sup>3</sup> Although some theorists such as Peter Singer and Jeff McMahan, who are the target of Kittay's article, do not perceive the exclusion of persons with severe cognitive impairments as problematic, others, such as Silvers and Martha Nussbaum, have sought either to adjust contract theory or to propose an alternative theory, such as a capabilities approach, as more inclusive. Within an ethics of care framework, such as Kittay's, such individuals are included within the moral and political realms because the individuals that are taken to inhabit the political or moral landscape are not necessarily adults with full cognitive capacities. If Kittay's goal is greater inclusivity, her argument also sheds light on the relationships between individuals, which, as a care ethicist, she puts at the foreground of her theory. This is an important point of intersection between Kittay's and Ricoeur's writings as the relationships individuals have with each other are the focus of many of Ricoeur's writings. Crucially, Ricoeur explores aspects of the constitutive role played by asymmetrical relationships.

### **ISLANDS, SELVES, AND THE GOOD LIFE**

Kittay's point is that a theory such as Rawls's cannot be adjusted after the principles of justice have been formulated: a theory must emerge from the realities of people's lives. She is careful to point out that an idealized care ethics would have the same problems as an idealized theory of justice. The point is not that care could inherently be more grounded; in fact, a care theory could fall prey to the same pitfalls as an idealized theory of justice. An ideal theory of care could simply articulate broad universalistic principles of care: it could be formulated as a top-down theory. Kittay rejects this approach, preferring instead to look at the issues that arise from a certain scenario grounded in real life, then to consider how to solve the relevant questions that arise.

In order to demonstrate how a naturalized care ethics would function, she takes a fictive situation as a starting point. Although it appears as if Kittay is taking a course similar to that of Rawls's, there are important differences. For Kittay the point of entry in thinking about care is reality. Although she posits a fictive situation, her fiction is based on actual experiences on which individuals can then reflect. Unlike Rawls's fiction of the veil of ignorance, her scenario involves an adult and a young infant on an island. Those deliberating on how the adult should act will also be behind a veil of ignorance, although a rather thin one, as they still have access to their experiences of care, but they will not know if they are the infant or adult.

Kittay explains: "Now let us imagine that we begin our theorizing about an ethic of care through a hypothetical... We imagine a desert island with two human beings, an adult, and at his (or her) feet, an infant... This is our original posi-



tion” (Kittay, 2009, p. 127). The situation leads us to ask what kind of ethic should govern the adult; that is, what kind of obligations and responsibilities the adult should have. Thinking to the future, it leads us to ask what responsibilities the infant would eventually need to develop toward the adult (*ibid.*). If this leads to reflection on the relationship between the adult and infant and later the older person and the adult, Kittay is careful to clarify that if the thinking were to remain at the hypothetical level, the result could be quite problematic. For example, it could be the case that the conceptualizing would result in the adult cannibalizing the infant, if the reasoning were drawing from egoism. The crucial point Kittay wants to highlight in using this example is that the deliberators would draw from their known experiences of care. In the case of Rawlsian agents, it is not as if those behind the veil of ignorance are completely without any relation to reality—they have, after all, a sense of justice and a vision of the good life. Yet this remains at a very abstract level; and the contractors are similarly situated, as they are co-operating agents (Rawls, 1971; 1993). Notably, for Kittay, it is essential to introduce a concrete situation and one that will change over time. Moreover, it is a situation that involves two individuals who are not contractors; they do not have same capacities or abilities. This means that Kittay is able to bring into the scenario questions of care for those who cannot—immediately, at least—reciprocate.

Nevertheless, the fiction suffers from the same idealizing manoeuvres that Rawls’s original position does and, for Kittay, it serves to illustrate how hypothetical situations, though at times useful, are in the end, problematic because they leave too much out. Kittay’s charge against idealized theory is echoed in Ricoeur who asks of Rawls’s theory, “How does the choice of a principle of justice established in an imaginary, ahistorical situation bind a real historical society?” (Ricoeur, 2007, p. 239). In part, the answer is that such principles resonate with our accepted notions of justice and contract; these principles are not in fact completely ahistorical. They issue from a long tradition in Western thought. Sen’s criticism is also relevant here as such principles may appear elegant. But how do they in fact eradicate actual injustices?

The alternative fiction is a compelling tool inviting critical assessment of accepted notions of political space or moral personhood. However, both scenarios serve their respective authors’ purposes, which is what Kittay wants to underscore. For Kittay, “the difference in the approaches between care-based theories and justice-based theories, then, is a difference in the attentiveness and responsiveness to the actual practices of care and justice, respectively” (Kittay, 2009, p. 130). She reminds us that we should not be “seduced into thinking that [such thought experiments] are the distilled essence of either care or justice” (*ibid.*). The way forward then is to opt for a naturalized ethics of care. The striking feature of a naturalized ethics of care is that it “begins from the reality of caring,” and, importantly, “that the source of normativity is not outside of the activity or practice to which the norms apply” (*ibid.*, p. 126). Certainly, it can be agreed that a person familiar with good care could draw out the normative framework that guides good caring practice. However, Kittay does not explain how this is to

occur.<sup>4</sup> The question remains as to how a person involved in care can actually determine adequate norms. If an individual was not involved in good caring practices, how can she or he determine the norms of good care? This point is essential and I will return to it later.

Crucially, Kittay's scenario opens a theoretical space where those who are inhabiting political society need not be contractors who must be co-operating persons throughout their lives. Setting aside this capacity, the concept of political person can be far more inclusive. It allows the inclusion of all individuals unequivocally, regardless of cognitive capacity. Discussing the exclusion of some individuals from the moral community, who will in turn be excluded from the political community, Kittay explains that "while people with 'normal' characteristics enter the theoretical stage as idealized versions of themselves, usually featuring selves with all and only desirable characteristics, the others bear all the weight of that which is our human existence is 'abjected'" (*ibid.*, p. 131).<sup>5</sup> Rawls and other contract theorists' emphasis on the rationality of agents is indeed exclusionary.<sup>6</sup> While the point Kittay is making is a strong one, she does not really show us why we should include those who are severely cognitively impaired. For this, Ricoeur's writings complement Kittay's reflections and add to her view.

### RELATIONAL MORAL PERSONHOOD

In "The Difference between the Normal and the Pathological," Ricoeur reframes the notion of disease. Importantly, for Ricoeur, disease should not be perceived as a lack or as a negative state, but as another way of being in the world. This essay underscores the importance of the variability of being without passing any judgment on the state of being, whether it is health or disease or impairment. Related to his perspective on the variability of being, Ricoeur returns to the theme of self-esteem, which, he writes "does not reduce to a simple relation of oneself to oneself alone (Ricoeur, 2007, p. 196). For Ricoeur, "self-esteem is both a reflexive and a relational phenomenon" (*ibid.*). By moving away from the pathological as an empirical state, to a non-evaluative, differing way of being in the world, Ricoeur allows for a broader inclusion of beings—of all abilities—who can play a central role in shaping self-esteem.

In her discussion of persons with severe cognitive disabilities, Annalisa Caputo argues that Ricoeur's understanding provides a better framework for including persons with severe disabilities than Nussbaum's capabilities approach. For Caputo, the worth of individuals cannot be measured in terms of capabilities. Rather, human life is tied to a set of relationship as we are all someone's child; the importance of "the gift of the transmission of life" is central for Ricoeur (Ricoeur, 2015, p. 54). Turning to Ricoeur's aforementioned essay, Caputo emphasizes the crucial importance of different ways of being in the world, without passing judgment or having to rely on a set of criteria. This other way of being in the world implies that the person who is sick or who is different has dignity, is worthy of respect (*ibid.*, p. 58). For Caputo, Ricoeur rightly reminds us that the asymmetry of the bonds between persons is revealing of the bonds



that tie us to each other. Those who live in the limits of incapability expose the vulnerability we all possess; it is their value, for us, as well as for them. Including these different ways of being in the world is central to shaping everyone's self-esteem. The concluding sentence of Caputo's chapter is worth recalling: "Mental disability *donne à penser*. And that reminds me that I am the other" (*ibid.*, p. 59).

Similarly, Elizabeth Purcell (2013) examines the asymmetrical relationship between Kittay and her daughter, Sessa, who has severe cognitive impairments. Purcell draws on Julia Kristeva's idea of the transparent self as well as on Ricoeur's writings from *Oneself as Another* to make the case that our identities are relational. For Purcell, it is "even though I myself have the world mediated to me through my narrative embodiment, I am not the sole author of my embodied existence. Instead, I am the co-author and my embodied existence is co-written by other people" (Purcell, 2013, p. 50). Purcell counters Singer's and McMahan's arguments that someone such as Kittay's daughter would not possess moral personhood. For Purcell, drawing on Ricoeur, "our moral personhood is not defined by the mutual advantage or independent capacity. By contrast, it is defined by the mutual *gift* we give to each other in both our shared vulnerability and to whom we are morally bound" (*ibid.*, p. 54; italics in original).

It is worth highlighting here that moral personhood as it is understood by theorists such as McMahan is strictly a capacity. This capacity, which appears at a point in time, adulthood, determines the manner in which the individual interacts with the world. The other is not constitutive of an individual's moral personhood; personhood resides in the person herself or himself. Within such a perspective, there is no hint of the input others may have in constituting personhood, even at the very minimal level of teaching or assisting in the moral development. If there is interaction with others, the back-and-forth of the agent with others is quite limited, once she or he has become a competent adult. However, Ricoeur's view is far richer and it helps to frame personhood more fully as a relationship; furthermore, it is a relationship can be initiated by any other human being.<sup>7</sup> This view of moral personhood allows for the co-construction of a relationship that emerges from unequal situations.<sup>8</sup>

Purcell is careful to acknowledge that oftentimes our relations with others are unequal. In his treatment of the self and ethical aim in *Oneself as Another*, Ricoeur emphasizes the unequal locations of the self and others, which he does not try to gloss over but understands as constitutive of the self as needing others. Crucially, for Ricoeur, as it is for care theorists, the self is located within a web of relationships. Moreover, for Ricoeur, the self-other relationship is located in the dynamics of solicitude (Ricoeur, 1992, p. 192) and it implies that "the self perceives itself as another amongst others" (*ibid.*). Added to this is the fact that the other is crucial to one's self-esteem. That recognition is tied to the wish to live well together. This is the essential step that Ricoeur makes and that is missing from care theories. By using Ricoeur's thoughts on self-esteem, moral personhood can be seen as a way of engaging with others and is not determined

solely by one's cognitive capacities. Care theorists also come to this conclusion. However, because of the recognition of the need for all others, as intimately tied to self-esteem, Ricoeur can state that the goal of a social arrangement is to live well together, understanding that there will be a plurality of individuals within any given community. This makes for a social space that is far different from one that is based on contract.

Drawing on Lévinas, Ricoeur asserts that "solicitude should have a more fundamental status than obedience to duty. Its status of *benevolent spontaneity* is intimately related to self-esteem within the framework of the aim of the 'good life'" (Ricoeur, 2002, p. 190; italics in original). Care theorists do in fact posit relationships as essential. However, they are not as explicit when they state that human beings are relational beings. They do not tie self-esteem, others, and living well together within an ethical framework as Ricoeur does. Kittay does claim something similar when she writes that we are all some mother's child. Imbedded in her statement is the idea of a spontaneous response. If care is both an attitude and a practice for care theorists, it is constitutive of the self as solicitude for Ricoeur. In this manner solicitude is even more foundational.

Taking these insights into consideration, personhood is an evolving and active relationship between human beings of all abilities. It is in the call of the other, which Ricoeur calls the suffering other, that invites reflection on our part. Similarly, the one who is suffering will also be called to reflect. The essential point is that we are asked to recognize the value of human life. In her article, Purcell changes the wording from suffering to dependent or dependency (Purcell, 2013, p. 51). Indeed, if Ricoeur understands that pathology should not designate a negative state, he fails to appreciate the full impact of the term *suffering*.<sup>9</sup> A person with a disease, an impairment, or a disability may perhaps not be suffering; in fact, they may have a very good quality of life. By changing the terms used, Purcell draws out the importance of interdependency. It is not that only some individuals are dependent on others; rather, all human beings are dependent on each other.

## CARING SELF

In his reflection on the self, Ricoeur ties benevolent spontaneity to self-esteem within the framework of the aim of the 'good life' (Ricoeur, 1992, p. 190). Adding a teleological perspective to the discussion, Ricoeur reminds us that our institutional and political arrangements have the goal of helping us live well together. This is an essential point that can be of use to care theorists not only at the meta-theoretical level, for elaborating just institutions, but also at the micro-level, in order to develop good caring practices. Indeed, Kittay claims that we can know what good care is since we have experienced it. However, it may not be so easy to develop suitable caring norms. In order to develop this aspect of Ricoeur's thought, I first turn to what constitutes the caring self in care ethics.

While the points of similarity between Ricoeur and Kittay are significant, the fact remains that, within many care theories, no discussion of the caring agent takes

place on any deep level. Virginia Held in particular devotes some of her writings to the notion of the caring self. She acknowledges, as most care theorists do, that care is both a practice and a value. Thus the caring self is someone engaged in the activities of care. These do not need to be immediate activities as “it is possible to have caring relations of a weaker but still evident kind when persons trust one another enough to live in peace and respect each others’ rights” (Held, 2005, p. 43). She explains: “The ethics of care builds relations of care and concern and mutual responsiveness to need both on the personal and wider social levels” (*ibid.*). For Held, “[a] conception of the self as relational allows for the moral salience of ties to other persons and groups, but such a self becomes, as it develops, also a moral subject shaping her identity and life and actions” (*ibid.*, p. 48). Held’s discussion is closely related to that of Ricoeur’s solicitude only that, as mentioned earlier, solicitude is integral to self-esteem.

The stress that Ricoeur places on solicitude serves to put front and centre another goal of political and moral theorizing that has been left behind or at least not emphasized enough in procedural theories: that of living well together. As Ricoeur deplures, it appears as if that goal is all but forgotten in procedural theories. The conclusion reached by Ricoeur concerning Rawls’s project is good to recall here. For Ricoeur, “two conclusions stand out. On the one hand, one can show in what sense an attempt to provide a strictly procedural foundation for justice applied to the basic institutions of society carries to its heights the ambition to free the deontological viewpoint of morality from the teleological perspective of ethics. On the other hand, it appears that this attempt also best illustrates the limits of this ambition” (Ricoeur, 1992, p. 237-238).

The manner in which Ricoeur underscores the importance of the purpose of a theory is essential, and this can serve care theorists. As I mentioned earlier, Kittay does not explain how care as practice should develop. It seems as if care theorists rely on a normative framework to establish adequate norms to carry out the activities of care. If disembedded procedural norms are problematic for a theory of social arrangements, this way of proceeding is also a problem for developing a theory to guide care practices. Nevertheless, if good care arises from the experiences of good care, how such practices are to develop is not explained. This is where Ricoeur’s suggestions are useful. In “From the Moral to the Ethical and to Ethics,” Ricoeur suggests that a back-and-forth between a teleological perspective and a deontological one is necessary. For Ricoeur, these perspectives “belong to two distinct planes of practical philosophy, but they overlap at some significant points” (Ricoeur, 2007, p. 50). This suggestion can indeed enrich and also ground the relational self of care ethicists, while at the same time providing a way to assess care practices.

The agent is guided by the goal of good care, which for Ricoeur is an anterior ethics. It is the first movement that motivates thinking the relationship with the other. In the case of care as a practice, good care is the goal. It must guide the agent as to the course to be taken. However, this may not be enough of a guide. Ricoeur finds the need to move from an anterior ethics in both Aristotle and

Kant. It is significant, according to Ricoeur, “that Kant should have found it necessary to complete the stating of the categorical imperative by formulating three variations of the imperative that... orient obligation in the directions of the three spheres of application: the self, others, the city” (*ibid.*, p. 52-53). The essential point I want to draw out here is that the anterior ethics, the goal of living well, informs the norms and rules to be formulated and then makes possible the third moment of reflection, a posterior ethics. This final moment is informed not only by norms but also by the goal of the practice—in this case, care. Practical wisdom will inform how the norms are applied in order to attain the goal initially formulated.

The critical wisdom that a naturalized ethics of care advocates finds its match in the vertical structure of morality put forward by Ricoeur. He writes: “A vertical reading will then follow the ascending progression that, starting from a teleological approach guided by the idea of living well, traverses the deontological approach, where the norm, obligation, prohibition, formalism, and procedures dominate, to find its end on the plane of practical wisdom which is that of *phronesis*” (*ibid.*, p. 60).

When this discussion is transferred to that of good care practices, then, Ricoeur and care theorists agree that the agent is a relational being. However, the moment of solicitude is more strongly constitutive of the agent’s self-esteem for Ricoeur than it is for care theorists. Thus Ricoeur avoids the charge of requiring agents to be supererogatory when they are posited as caring. In addition, Ricoeur traces the manner in which critical reflection on care practices takes place. It is not that the ‘ought’ of care practices is somehow surmised from good care practices, as Kittay suggests. Rather, for Ricoeur, it is the goal of good care, informed by solicitude, that guides care practices. This is not dissociated from the reality of relationships; it is embedded in it. It proceeds from the goal to the formulation of adequate norms and then to the application of them to a concrete situation, while the agent keeps in mind the goal of good care.

In “From the Moral to the Ethical and to Ethics,” Ricoeur discusses the path to take in the context of medical ethics (2007); however, any practical application is well served by his proposal. Thus Ricoeur adds a critical element for a reflection on care practices. The agent in the care relationship will have to consider what is good care in the instance she or he is facing. The agent will have to apply a normative framework which will give her or him a variety of action-guiding possibilities. Then finally, using practical wisdom, the agent will choose the appropriate course of action that best supports the goal of good care.

### **CARING IN THE PUBLIC SPHERE**

The domain of political theorizing has become far richer as the argument has moved from the simple acknowledgement of care as an activity of political significance to that of asserting the importance of care as a value or virtue that is applicable to the political realm. However, the challenges care theorists face

are multiple. First, they must show that a successful move from moral theory to political theory is possible by making the case that care is a value, norm, or virtue that is applicable to institutions in ways similar to that of justice. Put differently, they must argue that care as a principle can move from the realm of the particular or the face-to-face encounter to that of impersonal institutions. Marie Garrau (2009) describes this as a paradox: while the politicization of care seems necessary, care does not appear to have the resources to found a political theory.

Joan Tronto confronts some of these challenges in her latest book, *Caring Democracy*. Tronto's writings have steadily been arguing for the importance of the recognition of care needs. That is the acknowledgment that every child and adult requires assistance to survive. In *Caring Democracy*, Tronto argues that this recognition involves reorganizing society and rethinking the public provision of care. Indeed, Tronto incisively formulates one of the problematic facets of care theory: how does one make care relevant to others who are distant and not in one's immediate circle?

Damien Tissot (2013; 2014) has argued that Ricoeur's emphasis on self-esteem and his philosophy of recognition can help mitigate some feminist critiques of universalistic theories, such as that of Rawls's. According to Tissot, the universal as it is used by Ricoeur is open and dynamic, and serves as a potentially open horizon (Tissot, 2014, p. 640). For Tissot, the border between the private and the public spheres is erased in the dialectic put forward by Ricoeur between the particular and the universal (*ibid.*, p. 637). This is evident in Ricoeur's way of including other beings, regardless of capacities, in his theory. However, I would like to stress the importance of care as an activity.

If care relates well to solicitude as an essentially constitutive element of self-esteem, care as a practice is not very developed in Ricoeur's philosophy. He can hardly be faulted for this, as his focus is not on that particular aspect of social interaction. Nevertheless, care theorists' demand for the recognition of care as a central activity has potential for Ricoeur's concept of solicitude. If the self is to thrive in social arrangements, and if the self is to develop esteem in and with others, the central role of education needs to be fully acknowledged. Ricoeur discusses how we learn from others who are differently embodied. However, he does not consider the process of maturation that occurs as a child grows into an adult. In this he is similar to Rawls: both theorists focus on adults. Nevertheless, this process is essential and requires effort, attention, and labour.<sup>10</sup> This is one type of work that must be acknowledged. The spontaneous benevolence that recognizes the other must be nurtured; it does not arise *ex nihilo*. It requires certain circumstances and social conditions that will support it.

Care theorists can help solicitude become relevant to the public sphere because they acknowledge that the self needs to evolve within social arrangements, and these, even if they give rise to spontaneous benevolence, are not spontaneous.



## CONCLUSION

A cursory examination of the Western philosophical canon reveals that the work traditionally done by women—that is, the caring work of domestic duties and raising children—was at best ignored and at worse characterized as instinctual, unworthy of intellectual attention. In the past decades, many feminists have rightly insisted on the political recognition of care work.

The goal of care ethicists is not simply to make care an activity that is duly recognized as having political import; it is also for many of them to change society into a caring society. Kittay has argued that ideal theories prove problematic. I have suggested that Ricoeur provides an essential complement to Kittay's proposal of a naturalized ethics. For Ricoeur, others are integral to my self-esteem and those others do not need to have any particular set of capacities. Solicitude is very close to care as an attitude. However, solicitude is constitutive of an even stronger bond between individuals, as it is required to attain self-esteem. This satisfies Kittay's requirement for a naturalized ethics, as solicitude arises from lived experience. In addition, Ricoeur explains the bond as one between individuals who are not similarly located. This asymmetry allows for a broad range of individuals who are involved in the co-construction of self-esteem. The inclusion of individuals with impairments follows from the foundational need of others, even those of vastly differing abilities. The Ricoeurian concept of solicitude fosters greater inclusion at a more foundational level.

In addition, Ricoeur's philosophy provides an action-guiding blueprint for a practical philosophy. As applied to care practices, Ricoeur proposes to think of the self as both an ethical and a deontological being: by reflecting first on the goal of good care, then framing the goal of care in terms of norms and finally applying practical wisdom to proceed in the application of the relevant norms, the caring self is engaged in several moments of reflection which ultimately guides her final actions. As Ricoeur explains, "[a] vertical reading [of the structure of morality] will then follow the ascending progression that, starting from a teleological approach guided by the idea of living well, traverses the deontological approach where the norm, obligation, prohibition, formalism, and procedures dominate, to find its end on the plane of practical wisdom which is that of *phronesis*, of prudence as the act of fair decisions in situations of uncertainty and conflict, hence in the tragic setting of action" (Ricoeur, 2007, p. 60).

Finally, care ethicists' emphasis on the activities of care highlight the need to educate and care for others if solicitude is to remain the important link between the self and others. If the threefold structure—the wish to live well, with and for others, and in just institutions (*ibid.*)—is to remain central in Ricoeur's project, care as an activity must be recognized as the vehicle that enables it. As Tronto advocates, care must be an activity in which citizens are constantly engaged. She admonishes that for such change to occur, "the state's role in supporting or hindering ongoing activities of care needs to become a central part of the public debate" (Tronto, 2006, p. 20).



It would not be possible to attain Tronto's goal of encouraging citizens to leave their mindset of 'only my own' unless there is a foundational shift in the way those who inhabit the political sphere are conceived. This is in part Kittay's project for greater inclusion even if she does not frame her concerns in the same way as Tronto. However, Ricoeur does provide at least a partial answer: first, by broadening the social sphere to include all human beings and, second, by emphasizing that the purpose of political theorizing is to live well together.

## NOTES

- <sup>1</sup> For a discussion of the criticism aimed at this first type of ideal theory in the context of moral and political theorizing, see Tessman, chapter 5 (2014). In this chapter, she explains how Rawls favours ideal theory while acknowledging the crucial question that partial compliance (non-ideal) theory faces.
- <sup>2</sup> It can be argued that Sen overstates the disagreement as Rawls does include reflexive equilibrium as a way of moving toward more just arrangements. Nevertheless, the point here is that Rawls does posit two abstract principles of justice.
- <sup>3</sup> See, for example, the symposium on disability in *Ethics* (2005) as well as the special issue of *Metaphilosophy* (2009) on cognitive disability.
- <sup>4</sup> It is not that Kittay completely ignores the support required for good caring practices. She has discussed how care workers need to be treated justly (see Kittay, 2001; 2002). My point, rather, is that in this article, she does not give any indication as to how good caring practices can be achieved or how an agent can assess whether or not the care she is providing is adequate. This assessment is constitutive of Tronto's fourth phase of care (1993, p. 107); however, Tronto herself does not indicate how this is to be achieved except to assert that the care receiver should have input into the care that is provided.
- <sup>5</sup> Kittay takes the concept of abjection from Julia Kristeva.
- <sup>6</sup> An exception would be Anita Silvers's proposal for justice through trust, which is still located in contract theory.
- <sup>7</sup> At this time, I limit my discussion to human animals.
- <sup>8</sup> Studies of individuals with Alzheimer's and their family reveal how caring relationships are not unidirectional, even if the people involved in the relationship are situated differently (Graham and Bassett, 2005).
- <sup>9</sup> This could be explained by looking at the Latin root of the verb *to suffer*, which means "to undergo" and is not necessarily negative.
- <sup>10</sup> This is regardless of the cognitive level that is reached. All human beings have basic physical and emotional needs and these must be attended to.

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