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# From Care Ethics to Care Politics

*Toward a Political Notion of Care*

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## ABSTRACT

This thesis is an investigation into the notion of care and what role it can play for developing a concept of the political based on care. It is a systematic attempt to lay a foundation and sketch out the premises and ramifications in which a full-fledged philosophical theory of a politics of care may be grounded. In chapter I, the thesis traces the etymological and historical development of the notion of care showing that care has always been an important ingredient to philosophical thought, although not entering mainstream philosophical theories. Furthermore, in chapter I, it is argued that care is an essential ingredient to human life. Chapter II investigates the notion of care in relation to ethics and how a comprehensive ethics of care may look. It discusses the roots of care ethics, its theoretical and ontological foundations as well as guiding principles that are important in order to develop care into an ethical theory on par with utilitarianism, deontology and justice theory. Chapter III discusses care with regard to the political and how it may contribute to a contemporary comprehension of politics as politics of care, preventing harmful relations between agents, and furthering human flourishing. A tentative concept of care politics is sketched out toward the end of chapter III. Several theoretical and practical challenges to care politics are discussed over the course of chapter III. Throughout the thesis, the notion of care is discussed and applied to practical examples both from the private and public domain such as the European refugee crisis, global warming and general as well as specific relations between agents. The thesis concludes that in order for care to play a significant role both as a theory, that is, as a political concept, as well as a practically guiding political notion, the fundamental categories and ontology on which our current concepts of the political are based have to be changed.

Key words: care, ethics of care, care ethics, politics of care, care politics, history of care, ontology of care, myth of cura, existential care, the care of the common, expanded mature care, refugee crisis

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Illustration on front page: *Vertical Infinity*. Mount Cook, New Zealand. By Johanna Laue

# INTRODUCTION - TOWARD A POLITICAL NOTION OF CARE

In this thesis, I will investigate whether or not care can function as a political concept. That is, a concept that can be applied to understanding as well as guide political actions. In the discussion, I will focus especially on care as a concept for guiding private and interpersonal actions, that are typically discussed within the domain of ethics, as well as relations and actions between the individual, groups, institutions, the state and abstract actors such as corporations, which are typically understood within a framework of the political. Some of the most pressing problems of our time such as poverty, hunger, war, the effects of climate change or the current (as of 2015/16) refugee crisis are created by the relations of systems that are in their own turn created by human beings and that should be able to be solved by human beings through political means. Thus, the question I will ask is what role care can play in contributing to the understanding and solving of the most pressing political problems of our time.

I am not the first to commence such an investigation and I am in debt to thinkers such as Virginia Held (2006), Joan Tronto (1993), Elisabeth Conradi (2001) and David Engsters (2007) who sought to rethink care on a conceptual level in order to make it fit for politics. Although a discussion of all of them would be beyond the scope of this thesis, I find it important to point out that each of them has contributed significantly to the field and that they have laid a solid foundation for broadening the notion of care toward the political. However, this thesis attempts a partly different approach by investigating the historical, etymological and ethical dimensions of care in order to rethink the political entirely from a perspective of care.

The notion of care has been revived for and reintroduced into mainstream philosophy by Care Ethics over the last three decades as a new and different way of thinking on, about and within moral philosophy and our human (inter)actions. The “voice of care”<sup>1</sup> has been claimed to be equally important as the “justice perspective” of liberal human rights theory,<sup>2</sup> and deontological, utilitarian or value based approaches within ethics. In chapter I, I will discuss the history and etymology of the notion of care and argue that care has always been understood as integral to living a human life. From there the discussion of care ethics, its origins (Gilligan) and development into a full-fledged ethical theory (Pettersen) will lead to an account of care ethics that can already be applied to many kinds of political decisions. In chapter III, this thesis attempts to rethink the political from a

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<sup>1</sup> This refers to Carol Gilligan's book *In a Different Voice*, 1982.

<sup>2</sup> Sander-Staudt, 2015.

perspective of care (Sluga) asking whether care ethics can successfully be expanded to encompass politics and whether it will be possible to develop a meaningful notion of care politics. It is an attempt to rethink what has been called the “classical”<sup>3</sup> concept of the political where politics is understood as the sovereign rule over a territory and its people, or government of the state as we have learned to say, with politics understood as a collective search for a way to best live together, that is, a common good.

The ethics of care was meant to be a new type of ethics. One that would shift the focus from what many of its thinkers, such as Gilligan and Pettersen, perceived to be male dominated, universalist, top-down, justice and deontological theories toward a more relational ethics based on particulars and the situatedness of the moral agent within empirical as well as human, societal and political structures. Nonetheless, developing care ethics into a concept for the political presents us with several problems the most challenging being that we have to change the ontology and very categories in which our classic understanding of the ethical and political are grounded. This makes it difficult to think of care from within the above mentioned traditions that tend to reduce the richness of care to a mere norm, principle of justice, value or good. In this way creating the possibility for care to be incorporated into and being able to be critiqued on the grounds of traditional moral and ethical theories.

This thesis will thus aim at rethinking care not only on a conceptual, but also on an existential level, always having in mind its significance in politics. This will lead to the understanding of politics as a search for the common good (Sluga) which will be discussed in chapter III. For Sluga, care structures and especially the care of the common, an understanding of politics that has its roots in pre-Socratic philosophy and the thinker Protagoras, are essential to understanding politics as a common human undertaking, the concerted search for the common good.

The main argument of this thesis will be that care politics is difficult if not impossible to comprehend under traditional philosophical theories. It requires a completely different way of thinking about ethics and politics. Under current conditions where the classical understanding of politics is that of the government of the state, i.e., the rule of the polis, care will always turn out to be paternalistic and maybe even abusive. The same is true for care ethics. As long as care is seen as part of an ethical undertaking supposed to provide norms, values or precise rules<sup>4</sup> to guide our actions it is prone to

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<sup>3</sup> Sluga, 2014, p. 5.

<sup>4</sup> Tove Pettersen who I will discuss in chapter II, is aware of some sceptics, such as Noddings (1984) negative position toward the notion of care being able to provide moral principles. Anyhow, she explicitly states that she does not see care ethics as providing rigid and inflexible rules, but as a “guide” See Pettersen, 2008, p. 43 & p. 48 note 14.



betray its unique approach toward ethical dilemmas and how we may solve them. My approach will be more moderate, attempting to show that when comprehending the notion of care from a relational ontology it can serve as a compass to orientate ourselves in the topography of the moral and political decisions now and in the future.

Thus, care can play a major role in understanding politics through a new vocabulary, as the care of the common. A search for a common good. Not a universal, untimely, and absolute common good, but a temporary and changeable common good. We may then be able to characterize this search as a caring activity, the care by the community for the community. A political community that makes it possible to include on a conceptual and practical level all human and other beings that we are able to care for.

Why am I departing on such an adventurous journey? Why should we care about *care* at all and can the notion of care really contribute to and broaden our understanding of the political let alone provide us with a comprehensive concept of the political? In the end, care seems to be an indefinitely relative notion that withdraws itself from precise definition.<sup>5</sup> How could such a malleable concept be the whetstone for discussions on how we should live and act, how we should organize how to socially and politically live together in the best way in this, in our human, world? More simply put; would the world really be a “better” and more just place if everybody cared? There are important theoretical and practical reasons why I find such a project worthwhile. As human beings, we cannot do without care. We need care to flourish and develop into what and who we are both on an individual and a societal level. However, care does not only pertain to satisfying our most basic needs, but is a “pervasive and normal”<sup>6</sup> feature of human life concerning our actions toward each other as individuals, groups and institutions on all levels of relations. The existential significance of care is also reflected its history. The notion of care is ancient and can be traced back to the recorded beginnings of human society. Care has been prominent throughout history in the works of the Roman poet Virgil, the German poet Goethe, who seemingly took it from Herder, as well as in the philosophical works of Seneca Protagoras, Plato, Hume, Kierkegaard, Schopenhauer, Nietzsche, Gandhi and Heidegger.<sup>7</sup> Nevertheless, even though the notion of care was of significance to these thinkers it has never influenced or made a noteworthy impact on mainstream philosophy until the 1980s.<sup>8</sup> First over the last 30 years and with the publishing of Carol Gilligan’s book *In a Different*

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<sup>5</sup> Kohlen & Kumbruck, 2008, p. 3.

<sup>6</sup> Sluga, 2011, p. 5.

<sup>7</sup> Reich, 1995.

<sup>8</sup> Reich, 1995, p. 359.

*Voice* (1982) has the notion of care been introduced into mainstream philosophy through the ethics of care where it has been significant in challenging impersonal, abstract and rationalist systems of thought throughout western history. It is a deeply engaging notion that has the power to connect thinking, feeling and acting in a way traditional rationalist approaches in philosophy lack. In just three short decades care in its ethical form has been developed into a discipline that is changing the way we “evaluate personal relationships, professional conduct, public policy, international relations and global issues”<sup>9</sup>. This is truly remarkable for such a young philosophical enterprise.

The second answer that can be given to why it may be worthwhile to attend to the notion of care, or more bluntly, the question “Why care?” is that some empirical studies provide strong indications that it may work.<sup>10</sup> Employing care as a central guiding feature to our practical dealings with one another both within the private, the public and the political field consistently produces empirically measurable results proving that not only we ourselves, but as well those around us including our family, friends, and human beings we are not even related with, live “happier lives”, and that the caring state that governs us is a better and more just places to live in.

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<sup>9</sup> Pettersen, 2011, p. 52.

<sup>10</sup> Bowman (2013) presents empirical arguments showing impressively how certain kinds of capitalisms, especially capitalisms in states that care for the well being of their citizens, the so called welfare states, such as Sweden, Norway and even Germany (Bowman’s examples) fair constantly better than the USA in terms of the well being of their citizens. Another inspiring example is the IHDI, the income inequality adjusted human development index. While countries such as the USA do quite well on the HDI (the not for income inequality adjusted human development index) ranking 3rd in 2013 and 5th in 2014, they do much worse on the IHDI ranking 16th in 2013 and 28th in 2014 at the lower end of countries submitting these kind of data. The Nordic countries and Germany achieve top rankings in both categories. See as well UNDP, 2014, p. 168.

## CHAPTER I - TRACING CARE

Although care approaches toward decision making and interhuman conduct have been associated with women and their reasoning regarding private dilemmas<sup>11</sup> since the introduction of the notion of care into ethics by Gilligan's *In a Different Voice*<sup>12</sup>, Tove Pettersen, among others, has successfully expanded the categorical boundaries and broadened the understanding of care beyond an exclusively female scope and toward a notion of care being able to guide our human decision making and conduct both within the private and the political domain.

Thus, I am not the first to attempt to rethink or broaden the understanding of the notion of care. Even though some care thinkers have attempted to argue that care ought to have a universal focus (Leininger)<sup>13</sup> on a theoretical level including not only human beings, but material objects, plants, animals and the environment (Tronto)<sup>14</sup> the recent mainstream discussion of care is preoccupied with care ethics, predominantly from a female perspective (Gilligan, Noddings, Pettersen). My strategy in this chapter will be to review what we know about care from philosophy by looking at how the understanding of care has been influenced by different thinkers, notions and philosophical concepts throughout history. In order to do this I will discuss three fields that contribute to our contemporary understanding of care. I will trace the etymology and history of care in chapter I, and focus on the discussion of the ethics of care in chapter II. While the history and etymology of care may provide us with a genealogy and an idea of how and why we understand care the way we do, the discussion of care ethics does reflect our contemporary understanding and discourse of care on a practical and theoretical level. Toward the end of chapter I, I will summarize the insights and sketch out what I believe to be important ingredients of care, before I will proceed to the discussion of the significance of the notion of care for ethics in chapter II and mapping out a tentative concept of care for politics, which I will call *care politics*, in chapter III.

### ETYMOLOGY OF CARE: CARE IN LANGUAGE

Care is notoriously hard to define. Kohlen and Kumbruck point out that even in English literature care is used in a wide variety of contexts with no single definition. Care or caring can mean anything

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<sup>11</sup> Pettersen, 2011, p. 51.

<sup>12</sup> Gilligan, 1982.

<sup>13</sup> Leininger, 1998.

<sup>14</sup> Joan Tronto argues for an extension of care beyond pure human relations. Cf. Kohlen & Kumbruck, 2008, p. 21. Warren Reich (1995) shows in his historical studies that care is a fruitful notion pertaining to all that relates to our human existence.

from „value, virtue, attitude, ideal, behavior, skill and process“<sup>15</sup>. They cite Janice Morse and her colleagues who found that there "is no consensus regarding the definitions of caring, the components of care, or the process of caring." In her article, Morse argues that "different perspectives appear contradictory" and lack analysis and discussion of "different meanings and perspectives associated with the term caring." Moreover, from the literature she has examined, "it is difficult to discern the differences between the terms caring, care, and nursing care"<sup>16</sup>

This is further complicated by the way we use the word care in everyday language. The etymology of the noun *care* gives us its Old English roots *caru* or *cearu* meaning sorrow, anxiety, grief, but also burdens of mind, i.e., serious mental attention. From Proto-Germanic we get *karo* for grief or care in the sense of lamenting. However, in Germanic languages such as Dutch or German the word has developed to mean stingy, scanty or frugal, whereas it has transformed from cry to lamentation to grief in English. The meaning of charge, oversight and protection is first attested to the 15th century. Care as a verb comes from Old English *carian*, *cearian* meaning to be anxious, to grieve in the sense of feeling concern or interest. Its Proto-Germanic meaning *karo* cognates with Old High German *charon* and Old Saxon *karon* meaning to lament, to care, or to sorrow. Respectively it cognates with *chara* and *kara* meaning sorrow, wail or lament. *Kara* in Gothic is an expression for sorrow, trouble or care which we still find in the modern use of the German *Karfreitag*<sup>17</sup> (Good Friday); mourning Friday. It's Proto-Indo-European root is *gar* for cry out, call or scream which cognates with the Irish *gairm* shout, cry and call.<sup>18</sup> The Oxford English Dictionary argues that *care*'s original meaning is "in no way related to Latin *cura*"<sup>19</sup> and that its positive connotations, such as having an inclination toward in the sense of having fondness for someone or something, seem to have developed later during the 16th century as opposites to the earlier negative meanings.

Drawing on the history of the origins of the word *care*, we get its primary meaning to be anxiety, anguish, or mental suffering. This seems to be quite the opposite of how we understand care today. Nevertheless, we are still be able to find both negative and positive connotations in the modern use of the word, although they tend to fall within quite different categories.

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<sup>15</sup> Kohlen & Kumbruck, 2008, p. 3.

<sup>16</sup> Morse et al, 1990, p. 2.

<sup>17</sup> The Christian religious holiday mourning the crucifixion and death of Jesus Christ.

<sup>18</sup> "care" Harper, Douglas R, 'Online Etymology Dictionary' ([Lancaster, Pa.]: D. Harper, 2015) <<http://www.etymonline.com>>

<sup>19</sup> "care, v." OED Online. Oxford University Press, September 2015. Web. 23 September 2015.

Neither in German nor in Norwegian<sup>20</sup> are there any terms that capture the rich and full spectrum of the meaning of the word *care*. It seems as if the vocabulary pertaining to care in these languages is more specialized on the one hand, but captures only certain facets of meaning on the other hand. The German verb *sorgen* captures both an emotional aspect as well as *care*'s meaning referring to an activity where competence or (professional) skill is needed. *Sich sorgen um* pertains to *to care about* (emotional aspect), while *sorgen für* pertains to *to care for* (competency aspect). So while the German verb may capture the most important aspects of *to care*, the noun *Sorge* usually expresses more burdensome aspects of care.<sup>21</sup> Furthermore, the German *umsorgen* or *Fürsorge* or Norwegian *omsorg* refer to the professional aspect of care such as in health care. We find this in that these languages respectively translate *ethics of care* as *Ethik der Fürsorge* or *Omsorgsetikk*, thereby only capturing certain features of an ethics of care.

In our modern use of the word, care may have both negative and positive connotations. In German notions of care can be found in the positive connotations of tendence, nurturing, fostering, custodial care, parental care, healthcare, medical care, assistance, mindfulness, attentiveness, gratuity, tactfulness, carefulness or caution. The Latin *caritas*, literally means *charity* or *benevolence for the poor* and represents our western Christian dimension of care. Furthermore, word field analyses have shown that *Caring* pertains to terms of Late Antiquity such as “presence, availability, advocacy, dependability [and] commitment”<sup>22</sup>.

If one is on the receiving end, care may also be perceived in a negative sense implying surveillance, duty, trouble, effort or burden. Traditionally care has often been linked to a notion of dependence in opposition to autonomy and freedom. For who would want to be in need of care instead of being independent and free?<sup>23</sup> Negative connotations have been traced historically and shown in form and content by comparing *caring* and *curing*. Kohlen and Kumbruck argue that there is a factual historically grown polarity between the male ideas of cure or healing and female ideas of nursing, tending or care. These opposites can be understood as having different hierarchical status. Especially when *cure* is directly related to social roles of control, power and high societal status that are traditionally attributed to male responsibilities in society. While *care*, in contrast, is attributed with female traits of dependence and being subject to directives. This distinction is expressed most

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<sup>20</sup> The author's preoccupation with German and Norwegian is explained by the fact that these are the two languages the author is most proficient in.

<sup>21</sup> Kohlen & Kumbruck, 2008, p. 2.

<sup>22</sup> Ibid., p. 3.

<sup>23</sup> Cf. Pettersen, 2008, pp. 57-58.

clearly in many health systems where male physicians often have a higher status since they are charged with healing the patient, while women are overrepresented in the field of nursing where they are to take care of the patients until they are healed by a male physician.

In the history of our western thought, we find this distinction represented by two myths. The Christian myth of creation and the myth of cura from Greco-Roman mythology.

## HISTORY OF THE NOTION OF CARE

As all our words, ideas, concepts and practices we are using today, *care* has a history prior to when it was revived by Carol Gilligan's book *In a different Voice* (1982) for mainstream philosophy as the ethics of care.<sup>24</sup> The virtual lack of attendance by care ethics scholars toward care's role in philosophy prior to Gilligan's book is surprising, because in the history of the notion of care we find a broad range of different illuminating and challenging understandings, meanings as well as conceptions of care.<sup>25</sup> We have already found two conflicting notions of care when we traced its etymology. As mentioned above, care can have a negative connotation pertaining to dependence and lack of freedom on the one hand, and "worries, troubles, or anxieties, as when one says that a person is *burdened with cares*"<sup>26</sup>, on the other hand. Nevertheless, care can also have the positive meaning of attentative tending, conscientiousness or commitment towards needs, i.e., to "provide for the welfare of another"<sup>27</sup>.

Warren Reich points out that these opposite meanings can already be found in Graeco-Roman culture. The Roman poet Virgil placed the *ultrices Curae*, the "vengeful Cares", at the gates to the underworld. The vengeful Cares personified the burdensome kind of care that is dragging humans down. In contrast to this heavy weighing and down pulling force of care, the stoic thinker Seneca saw care as "the power in humans that lifts them up and places them on a level with God."<sup>28</sup> For him care meant concern or solicitude with strong "connotations of attentiveness, conscientiousness, and

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<sup>24</sup> Since a full investigation into the history of the notion of care would go beyond the scope of this thesis we will focus on some representative pieces that will further clarify the various notions and at times conflicting character of care.

<sup>25</sup> Reich, 1995, p. 319.

<sup>26</sup> *Ibid.*, p. 349.

<sup>27</sup> *Ibid.*

<sup>28</sup> *Ibid.*, p. 350.

devotion"<sup>29</sup>. Seneca argued that while the good is perfected in God due to his nature, it can only be perfected in humans by care or cura. Thus, care, to Seneca, is the key to realizing our full human potential, to "becoming truly human". Reich notes that this existential understanding of care as key element to our humanity as well as the dual opposites of care as solicitude and care as burden have shaped our western thinking of care and can be found in the myth of Cura (or Care) that belongs to Roman mythology.<sup>30</sup>

Cura was a Roman deity whose name can mean both care and concern in Latin. We can find a translation of the myth in Heidegger's *History of The Concept of Time*:

"Once when 'Care' [the Latin reads *Cura*] was crossing a river, she saw some clay. Thoughtfully, she took up a piece and began to shape it. While she was meditating on what she had made, Jupiter came by. 'Care' asked him to give it spirit, and this he gladly granted. But when she wanted her name to be bestowed upon it, he forbade this, and demanded that it be given his name instead. As they were arguing, Earth [Terra] arose and requested that her name be conferred on the creature, since she had given it a part of her body. They asked Saturn to be the judge, and he made the following seemingly just decision: "Since, Jupiter, gave it spirit, you shall have that spirit at its death. Since you, Earth, gave it the gift of a body, you shall receive its body. But since 'Care' first shaped this creature, she shall possess it as long as it lives. But since there is a dispute among you about its name, let it be called 'homo,' for it is made of humus (earth)."<sup>31</sup>

While the notion of human beings as being entities born of two worlds, the spiritual (reason) and the earthly or empirical world, is already present in this myth it is not the unification of both or the dominance of one over the other that are essential for living a human life. Rather, they provide ramifications, a point of departure (origins), stages of transition (life as process), and destination (destiny). To truly live a human life is to give oneself to care. Reich argues that this claim should be important to the care philosopher because it provides a different myth of origins. Here, Reich points to Judith Shklar who argues that myths of origins have been "a typical form of questioning and condemning the established order, divine and human, ethical and political"<sup>32</sup> and "to establish radical moral claims about power and the social order"<sup>33</sup>. Several prominent political and moral philosophies, Reich argues, are based on myths of origins that emphasize adversarial struggles as the starting point for human societies; Light vs dark (cosmogenic myth), good vs evil (Christianity),

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<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Heidegger, 1985, pp. 302-3.

<sup>32</sup> Shklar, 1972, p. 130.

<sup>33</sup> Reich, 1995, p. 350. See as well Shklar, 1972, p. 131ff.

Apollonian vs Dionysian (Nietzsche), reason vs inclination (Plato, Kant). In contrast to these myths, the myth of *Cura* provides a different starting point for human society and what it means to be a human being.

On the one hand, the myth may be interpreted in a dialectic way as the genuine struggle between two forces essential to human life. An earthly or bodily element that pulls us down to the ground - the concern or worry for our physical bodies - and a "spirit-element" that pulls upward to the heavenly or divine - the moral life or living a good life. On the other hand, it is the uplifting sense of care as attentive solicitude that dominates the myth of *Cura*. It is a powerful allegory emphasizing that the most basic fact about human life is that humans are cared for and possess the capacity to care. Moreover, Reich argues that the myth provides a unique reinterpretation of the notion of power because the myth paints the picture that only those who are cared for from birth will "develop the *nurturing power* to care for self and others."<sup>34</sup> Thus, care binds human beings together and becomes the *glue of society*; a guiding principle of how we are to live together and an indication of care's importance for moral philosophy and politics.

In the myth of *Cura*, the first human being is called homo, or human, "for it is made from humus (earth)"<sup>35</sup>. Had it been named after the most powerful gods it would have been a symbol of the human being, being dominated by such power. Thus, the myth suggests that solicitous care may protect humans from oppression and manipulation by an enslaving power. It is care that brings the first human into existence. Care is inherent in creation, existence and even death; it gives, attends to and sustains the human life, and eases its passing away. In this way, the myth of *Cura* provides an account of "how care is central to what it means to be human and to live out a human life"<sup>36</sup>. Moreover, it also enables us to rethink the role and importance of care in human life by providing a genealogy of care. Therefore, care, Reich argues, provides us with an alternative way to interpret and a tool to understand the meaning of human experiences regarding the basic characteristics of human life and what it means to be human.<sup>37</sup>

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<sup>34</sup> Reich, 1995, p. 350. Own emphasis.

<sup>35</sup> Heidegger, 1985, p. 303.

<sup>36</sup> Reich, 1995, p. 350.

<sup>37</sup> Ibid.



## INFLUENCE OF THE MYTH OF CURA

Reich shows that the myth of Cura is not only important as a narrative that has influenced poets, writers, artists and philosophers of all centuries, but that it has also been embedded in practices such as the *cura animarum*. Cura animarum, or the care of the souls, refers to the Christian tradition of caring for spiritually, mentally or physically troubled persons and retains many of the above sketched out features of true solicitous care.<sup>38</sup>

In the past, the notion of care has appeared in the spotlight on different stages throughout history. The German poet Goethe used the major themes from a poem titled *The Child of Care*, which he took from his teacher Herder, to create the dramatic poem *Faust*, his own masterpiece. In *Faust*, Goethe portrays both the heavy and dark sides of burdensome care, as well as care's positive and uplifting function. The narrative demonstrates how terrible internal and external harm can be the result of selfish care for one's own goals while ignoring and shutting out "a sometimes worrisome and painful concern for people and institutions"<sup>39</sup>. The chief message of the poem is that care should not be avoided in living a human life. Rather, the dark and destructive side of care must be converted into a "positive, solicitous concern for people and institutions."<sup>40</sup> For Goethe, this striving is essential to the pursuit of living a truly human life. It relates to the human condition in a fundamental way, for conscientious and devoted care may offer moral salvation, as it did for Goethe's main protagonist Dr. Faust. In *Faust*, Goethe does not merely develop a notion of private care as "interpersonal devotion", but sketches out what care can mean in a political context, thus being of interest to political philosophy. At the end of the poem and his life Dr. Faust has become a rich man and powerful ruler whose main concern becomes whether he will be able to "show solicitous care as a ruler"<sup>41</sup>. We can also find the same concern in Plato's dialogue *Statesman*, where he discusses how a ruler should care for the community. I will come back to the discussion of Plato's notion of care in a political setting in chapter III.

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<sup>38</sup> An elaboration of the care of the souls tradition within Christianity would go beyond the scope of this thesis. For a discussion see Reich, 1995, pp. 350-352.

<sup>39</sup> Reich, 1995, p. 352.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

## EXISTENTIAL CARE: TO CARE IS TO BE HUMAN

The notion of care can also be traced historically in the philosophy of Søren Kierkegaard and Martin Heidegger. For Kierkegaard, Reich explains, care is the key to understanding and to living an authentic human life thus offering “creative philosophical explanations”<sup>42</sup> of themes from both the myth of Cura and Goethe’s Faust. Furthermore, Reich argues that Kierkegaard influenced existential thinking profoundly in that his notion of the *concerned thinker* “became the central theme of existentialist philosophy and theology”<sup>43</sup>.

Interest, concern or care are important ingredients to Kierkegaard’s notion of consciousness. He uses the notion of consciousness to contrast what he calls disinterested reflection. Such reflection has “no concern with, or interest in, the knower”<sup>44</sup>, but is merely a disinterested process of categorization of objects and “classifying things in opposition to each other”<sup>45</sup>. Consciousness on the other hand is concerned with contradictions, conflict and the “collision of opposites” that one may discover in reflection. In contrast to disinterested reflection, care for the knowing human being is inherent in consciousness. It is through concern or care that the naked objects of disinterested reflection are brought into “a real relationship with the knowing subject”<sup>46</sup>. The care for truth, that is, a concerned relationship to truth, is the foundation of Kierkegaard’s epistemology according to Reich. Kierkegaard deems it to be morally wrong, “a refuge from the chaos and pain of life”, amounting to “cowardice and escapism” to “adopt the stance of the impersonally knowing subject rather than that of the concerned human being”<sup>47</sup>.

Consequently, it is through care human beings exercise both commitment and freedom for it is in the practice of care individuals make a concerned choice. Thus, for Kierkegaard it, is only through care or concern that action is possible. Such care is found in the individual for it is “as soon as I have to act, interest and concern is laid upon me, because I take responsibility on myself ...”<sup>48</sup> In other words, ethics without a someone caring for its objective, i.e., ethics without a concerned human being interested in how to live his or her own life, is not possible. Reason may play an important role

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<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Kierkegaard, 1958, p.150.

<sup>45</sup> Reich, 1995, p. 353.

<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

<sup>48</sup> Kierkegaard, 1958, pp. 116-117; Reich, 1995, p. 353.

in analyzing rules and deducing norms that help us guide our decisions in order to live a moral life, but any ethics, any purposeful action, always starts by an act of care by a self-reflected and concerned human being. Hence, for Kierkegaard, care is the foundation of all ethics. An ethics at whose root stands the caring and concerned human being as situated, always within relations to the world and to others, always in a state of flux and process of becoming, caught in the contradictions from reflection, concerned with his or her integrity that can only be shaped through decision and action,<sup>49</sup> but with absolutely no security to know any ultimate justification or final outcome of his or her decisions and actions.

Kierkegaard does not only discuss the existential and ethical dimensions of care, but creates a connection between positive and negative care by turning the experience of being burdened with cares into reasons not only for caring for oneself, but as well “seeking the care of others.”<sup>50</sup> These thoughts, according to Reich, fall within the care of the souls literature because humans, even without having any other persons to care for them, will always find consolation in that they are still cared for by a caring God. Furthermore, the capacity of humans to care for material things and being weighed down by them seems to have a common element with the capacity to care for others and being cared for. There is always the danger that it can turn out to be a negative and hindering care. The need for security, our fears for our material and mental well being now and in the future, can lead to a burdensome care that will ultimately trap us in a struggle for absolute self-sufficiency. A struggle that will wear us out, weigh us down and that we are bound to lose if we get trapped in a “care-ridden state of mind”<sup>51</sup>. A state in which we are giving into an exaggerated habit of worrying too much about an uncertain future. On the other hand, Kierkegaard finds in it a potential to overcome the worrisome care for ourselves and to find consolation in the care of others, be it the human or spiritual other in the form of God. Thus, in worrisome care one can find a sign that human beings are able to care and being cared for in general. This care may be for other human beings, material things or even ourselves. Let us keep this capacity for care in mind for now. I will come back to it in chapter II.

Kierkegaard is useful for thinking on care in yet another way, for he elaborates also on a special kind of anxious care, a care that is so strong that it has the power to overwhelm the individual human being with an *existential Angst*. It arises when a potentially deadly sickness reaches its decisive point.

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<sup>49</sup> Cf. Reich, 1995, p. 353.

<sup>50</sup> Ibid., p. 353, Here Reich mainly refers to Kierkegaard (1940).

<sup>51</sup> Ibid.

The point at which the question arises whether the sick person is “confronting life renewing itself or the looming decay of death”<sup>52</sup>. The anxiety or fear of death inherent in the climax of the disease can move the sick person toward reducing his or her resistance against accepting the care of others for the alternative would be a forlorn and terrifying death. It is often in the experience of imminent death, be it by disease or other catastrophic life events such as war or natural disaster, that move us to rethinking how we want to live our life and that may even provide strong enough motivation to take action on such reflection.

Finally yet importantly, Reich shows that Kierkegaard was very clear that caring for someone else “is not always a gentle art”<sup>53</sup>. The care of a doctor for the health of a patient, for example, may require the physician to demand the patient to take responsibility for his or her own health by exercising regularly or going on a special diet. These, sometimes quite authoritative demands are nevertheless an expression of care and concern for the caree<sup>54</sup> or in this case for the sick patient.

Another influential existential thinker contributing to our understanding of care is Martin Heidegger who actively discusses and reinterprets the myth of Cura as an alternative version of the Christian creation myth. According to Reich, Heidegger even cites the myth of Cura as “primordial justification”<sup>55</sup> or naive interpretation of his philosophical conception of *Dasein*, i.e., he views care as the fundamental way of being human. In the myth of Cura the human being is created through Cura and the female virtue of care, while in the Christian myth of creation the woman is created second and from a rib of the man. Furthermore, Heidegger notes, the “double sense of cura” in the myth of Cura, which “refers to care for something as concern, absorption in the world, but also care in the sense of devotion.”<sup>56</sup> In this reading, it is the female notion of care that is primordial to our human existence and not the male as in the Christian creation myth. Cura or Care is life giving, life sustaining and promoting the flourishing of human life through the primacy of care. In other words, I read Heidegger as saying that we can only live authentic human lives if we give ourselves to care. Care is that which provides the basic “structures” for human life and what makes our human being-in-the-world possible.<sup>57</sup>

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<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> A *caree* is a person cared for, as opposed to the *carer* who is the one that cares.

<sup>55</sup> Reich, 1995, p. 354.

<sup>56</sup> Heidegger, 1985, p. 303.

<sup>57</sup> Cf. Ibid.

## INFLUENCE OF EXISTENTIAL CARE

This notion of existential care has also influenced thinkers in other disciplines. In psychology Rollo May made Heidegger's views "more accessible to the average reader by pointing out their psychological and moral implications"<sup>58</sup>. May regarded care as the capacity to feel that something matters and that this capacity for care "is born in the same act as the infant"<sup>59</sup>. For May believed that if human beings do not experience care in the earliest stages of their development they would not develop a capacity for care during later stages of life, and thus not become caring human beings. Only if our biological and psychological needs are addressed when we are infants may we fully develop the capacity to feel that something matters and to become interested and devoted human beings. It is again a notion that is already present in the myth of *cura* as well as Kierkegaard's discussion of care.<sup>60</sup> Care is what makes us human. It is, for May, as it was for Heidegger, the "basic constitutive phenomenon of human existence"<sup>61</sup>. If we lose or do not develop care in our relations, we lose what it is to be human.

Furthermore, for May, care or caring includes an element of shepherding or tending and solicitude toward the welfare of both my own self and others. Remember, that this was the chief concern of the politician Dr. Faust had become at the end of Goethe's masterpiece. May argues that, evolutionarily speaking, care may be nothing more than a palliative reaction to the biological sensation of pain.<sup>62</sup> If we are not *careful*, we will hurt or injure ourselves. Thus, the care for one's own well being must biologically and psychologically precede the care for others. However, even though care begins with one's personal experience of pain, it enables us to recognize in ourselves the pain of others and others' capacity to feel pain as we do.<sup>63</sup>

There may even be a biological-psychological explanation for the human capacity to feel the pain of others as their own. In Psychology, mirror neurons have been observed in animals, primates and indirectly in human brain activity. They are triggered both when one acts and observes the same action performed by another. The theory argues that mirror neurons, mirror the behavior of the one

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<sup>58</sup> Ibid., p. 355.

<sup>59</sup> Ibid.

<sup>60</sup> See discussion on pp. 8-9.

<sup>61</sup> May, 1969, p. 290; Reich, 1995, p. 355.

<sup>62</sup> May, 1969, p. 289; Reich, 1995, p. 355.

<sup>63</sup> Tove Pettersen sees the cause for the universality of care in a similar line of argument; That care is based on the capacity to participate in others feelings and thus activates shared human experiences such as pain, suffering, as well as the relief from such experiences by care. See e.g. Pettersen, 2008, pp. 55-57 & Pettersen, 2011, p. 58.

acting in the observer, inducing in him or her the same state of mind, emotions and feelings as in the observed. Thus, the observer is in an emotional and mental state as though he or she would feel pain or act him or herself. It is believed that mirror neuron systems in the human brain play an important part to which extent someone is capable of showing empathy.<sup>64</sup>

It is the capacity to reflectively experience pain that lets us connect to other human beings on the basis of care (pain alleviation) and that lets us perceive others as belonging to the same community of human beings. The identification of a common humanity from our capacity to care is, to both May and Heidegger, the foundation of any ethics. Only if I do care, will I become conscious of the suffering of others including myself. I will be concerned for the well being, just and fair treatment, or moral status only of that which I care about. If May and Heidegger are right, then care is the precondition for any moral interest. It comes as no surprise then that both thinkers view moral conscience as the recognition of “the call of care”.<sup>65</sup> Thus, Reich points out, that for both of them morality has its psychological roots in care, that is, “in the capacities of the human being to transcend the concrete situation of the immediate self-oriented desire,” and to decide and act beneficial “in terms of the welfare of the persons and groups upon whom his own fulfillment intimately depends”<sup>66</sup>.

As I come to discuss in chapter II, this way of identifying ourselves with other human beings has the power to overcome dual ways of thinking about morality in terms of good/evil, right/wrong, or just/unjust. It dissipates conflict-furthering distinctions between I/you, we/they or friend/enemy and dissolves the conflict between the traditional notion of altruism vs egoism that is essential to the discussion of mature care later in chapter II. For the notion of mature care construed in the way Tove Pettersen sees it overcomes these binary distinctions.<sup>67</sup>

The understanding of care as being at the roots of ethics may already now point us to some of its political implications. For if, care is truly essential to living a human life then it must be preserved and furthered continuously over and across generations. Care, thus, becomes a generational task. If May is right that the capacity to care is developed in the child by its parents taking care of the child it is always the preceding generation that lays the ground for the next generation. Only if we care for our children will they develop the capacity to care for their own children and so on. That thought is

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<sup>64</sup> Cf. Keyzers, 2011.

<sup>65</sup> May, 1969, p. 290; Reich, 1995, p. 355.

<sup>66</sup> May, 1969, p. 268; Reich, 1995, p. 355.

<sup>67</sup> See my discussion on p. 49ff in chapter II.

the reason why, according to Reich, Erik Erikson has argued that taking care of future generations should be institutionalized and given continuity, not only in private institutions such as the family, but in “extended households and divided labor”<sup>68</sup>, and ,we can add, other public and state institutions such as kindergartens, schools and universities. For Erikson, caring is “the generational task of cultivation strength in the next generation”<sup>69</sup>.

Thus, Reich interprets Erikson to say that the task to care for the next generation is best achieved by political means because it is political communities including “social and political leadership”<sup>70</sup> that have to organize the continuity of care. Consequently, care widens the focus of a strictly ethical understanding of care for it is not only the capacity to care for other human beings, for my children, my parents or my partner, that is important, but also the capacity to care for that, which makes these relations possible. To realize the shared responsibility of caring for this planet and all life on it as creatures of this world. If, for example, I do not care about the well being of the planet I can hardly claim to care about the livelihood of human communities. Because by destroying the livability of the planet I make human and other life impossible. If I do not care about a healthy environment that makes human life possible, I cannot claim to care about other human beings for I accept that they may not have the chance of living a healthy life. If I do not care about the protection of our natural environment, that includes plants, microorganisms, animals and their habitat, I will not care about the continued existence of the human race. For by destroying them I accept that the necessary conditions for human existence will be destroyed, too. Thus, if I do not care about any of these things, I can hardly claim to care for myself, that is, for my own existence and living well.

Thinking of care in such a way gives us a clear understanding of its reflective power. For by caring for the other, be it human beings, animals, plants or inanimate objects (that which makes animate life possible), I always care for myself and my own existence at the same time. And vice versa, if I care about my own well being and livelihood I will realize that these depend on the favorable conditions created by a larger framework, i.e., the biological and humanly created structures that define my life in a political community, and thus I will realize that these structures need attention and care so that I can participate in shaping them in favorable ways.

Nevertheless, philosophically this insight presents us with a challenge many care approaches are facing. Essentially, it says that through care, we become more caring, or in other words, that if we would all care more we would live in a more caring society. The biggest problem with this argument,

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<sup>68</sup> Reich, 1995, p. 356.

<sup>69</sup> Erikson, 1982, pp. 55, 67-68; Reich, 1995, p. 355.

<sup>70</sup> Reich, 1995, p. 356.

in addition to being logically problematic, is that it does not provide an account of *how* we can become more caring.<sup>71</sup> I see two strategies to address this challenge. The first, is to comprehend care as a pedagogical concept and educational project. That care is always in need of further caring and that we have to learn to care in an adequate way.<sup>72</sup> The second is to address the problem of the *how* from the perspective of Erikson's approach. Erikson's framework of care is based on a very Nietzschean idea, the idea of preservation and enhancement, or flourishing, of the species.<sup>73</sup> According to Reich, Erikson argues that it is our task to strengthen and develop the capacity to care in the next generation.<sup>74</sup> The development of this capacity to care is characterized by a dialectic process of negative and positive aspects of development, that of generativity and reactivity. These two opposing momenta of self-absorption vs generativity, that is, the conflict between self-interest and the extent to which we are concerned with and respond to the next generation, create a continual process of development and change. This process will ideally lead to the emergence of individual growth and a strong capacity to care through an "active adaptation that requires that one changes the environment, including social [norms] and institutions, while making selective use of its opportunities."<sup>75</sup>

On the one hand, generativity is, for Erikson, a sympathetic strength that is characterized by one's willingness to include others in one's generative concerns. On the other hand, reactivity is the antipathic inclination not to embrace others in one's own generative concern. Reactivity, for

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<sup>71</sup> Engster, 2004, p. 118.

<sup>72</sup> See my discussion of the pedagogical core of care in chapter III on p. 92f.

<sup>73</sup> Nietzsche, in my opinion, is often misconstrued as putting the enhancement of one species as the highest good. His *Übermensch* is often wrongly presented as an enhanced and thus better human being. Although a thorough discussion of Nietzsche's philosophy goes beyond the scope of this thesis, I want to point out that this is a naive reading of Nietzsche for he states clearly that it is the *preservation and enhancement* of the species that is our task (Nietzsche, 1968, p. 380). This process is driven by the Will to Power, which if we read Nietzsche from a monist point of view may be characterized as a single animating principle, that lets us overcome our current state of existence by propelling us toward a progressive moral development. Thus, the Will to Power is Nietzsche's way of overcoming a binary mode of understanding traditional ethics. Even though Nietzsche believes that moral and human development can only be achieved by the destruction and re-creation of our highest moral values (Nihilism) and thus of our current state of existence it is at precisely this point that the notion of care may offer an alternative understanding of how we can preserve and enhance humanity. It is not through the Will to Power, but through care and care structures that we can preserve, strengthen and develop the capacity for care in the next generation.

<sup>74</sup> Reich, 1995, pp. 355-356.

<sup>75</sup> *Ibid.*, p. 356.



Erikson, simply expresses that “one does not care to care for”<sup>76</sup> others and that one may even hold hostile attitudes toward them.

Since human beings are finite entities with a limited capacity to care, care will always be selective and thus lead to a certain amount of rejectivity. Erikson argues that it is through “ethics, law and insight”, and we may add through politics, that we have to determine the allowable amount of rejectivity. While it is perfectly alright in most western countries to freely express one’s thoughts and opinion in principle, the freedom of expression is usually limited by safeguards that are supposed to hinder violent or destructive effects to society, such as the principle of hate speech.<sup>77</sup> Thus, according to Reich, Erikson believes that “religious and ideological belief systems must continue to advocate a *more universal principle of care* for specified *wider units of communities*”<sup>78</sup> if we are to reduce rejectivity among people as well as peoples. This can happen in “small but significant [caring] gestures” of everyday life or express itself in “global struggles against uncaring attitudes”<sup>79</sup> that have destructive effects on the development of communities. On this account, it would be the task of politics to find out how this process can best be facilitated by political means, for example, by creating societal structures and institution that promote care both domestically as well as globally.

The idea that to care for another is to facilitate growth and flourishing goes all the way back to the myth of Cura and has been picked up by thinkers such as Nietzsche and Erikson. It is also a prominent notion in the philosophy of Milton Mayeroff who holds that to care is “to help the other grow, whether the other is a person, an idea, an ideal, a work of art, or a community”<sup>80</sup>. By helping others grow, one enters into a mutual relation because the caring action is beneficial to both.

A good example for such a mutual relation is the relation between a parent and the child. While the caring parent would want the child to develop and grow in a certain way, for example, to become a good piano player, a good scientist, an excellent doctor or simply a good human being, this is only

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<sup>76</sup> Erikson, 1982, p. 68; Reich, 1995, p. 356.

<sup>77</sup> For example, if one disagrees with the politics of the ruling party, one may freely express one’s discontent, one may assemble and demonstrate, but one may not publicly demand the execution of leading politicians based on holding different political opinions. Various political communities may find their own distinct interpretations of where to draw the line. While it may be drawn with regard to hate speech in some countries, it may be considered illegal only when promoting destructive action in other political communities. To determine where to draw such lines is up to politics. For an elusive case about German demonstrators demanding the hanging of chancellor Angela Merkel and vice chancellor Sigmar Gabriel during a demonstration see Tretbar, 2015.

<sup>78</sup> Erikson, 1982, p. 69; Reich, 1995, p. 356. Own emphasis.

<sup>79</sup> Reich, 1995, p. 356.

<sup>80</sup> Ibid.

possible when the parent respects the child to grow in her or his own way, too. Too much authority in telling the child what to do and how to achieve it, mainly for the sake of the parents, will most likely lead to passive dependence or rebellion. Thus, caring in this instance will require a certain degree of trusting the caree. The relationship is mutual beneficial because the parents provide the child with the necessary means to develop and flourish, while at the same time the positive development of the child progressively effects the well being of the parent. To learn to care for someone or something other than oneself is thus an integral part of helping other persons to flourish.

Anyhow, flourishing or human growth should not be understood as a “series of goal-oriented services”<sup>81</sup> or static aims that are to be achieved. Rather, Mayeroff sees caring first and foremost as a process. If, for example, a parent regards the child becoming a successful doctor as a mere means to a future service, that of securing the parent’s own need for support when getting old, the parent does not take the process of the development of the child serious in its own right. To support someone’s development and flourishing for its own sake is an important ingredient to caring without which it becomes impossible to care. Being cared for in such a way will not only further trust in the caree as well as the carer, but lead to moral development. Since one is trusted not to merely conform to established norms, but to make one’s own decisions, based on self-chosen and in experience grounded ideas and values, such care will ultimately lead to a higher degree of moral autonomy and self-determination.

Furthermore, Mayeroff thinks, that it will support the development of responsiveness in the caree as well as in the carer. It is this element of responsiveness that is of special interest to ethical and political dimensions of care, because the responsibility that arises from the attentive devotion to one’s own children, it can be argued, is different in kind from the obligations or duties derived from external norms or principles. While the care for my own children comes from devotion, relational commitments and concern for the well being of myself as well as for my child, to care for other persons outside of my family or political community usually derives from external sources such as customs, national and international law or principles of justice and equality. Such external motivation can be tricky simply because, for one, it may seem too far removed from everyday life to bear significance on how I live my life and two, one would still have to explain why one should follow such abstract principles and how these principles motivate the (moral) agent to act on them. However, caring engages an agent not only on an abstract and intellectual, but as well on an emotive

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<sup>81</sup> Ibid.

level, thus, providing stronger motivation to care based action.<sup>82</sup> Caring, thus, has the power to order “other values and activities of life around itself, resulting in an integration of the self with the surrounding world.”<sup>83</sup> Hence, care, for Mayeroff, plays a fundamental role to our human condition. To be cared for and feel that we are trusted, truly loved and needed by another corresponds to the feeling that life has meaning.<sup>84</sup>

## INGREDIENTS OF CARE

Reich, in his investigation into the history of care, cites several concepts that have parallels to the notion of care and that have been of importance to several philosophers and their thoughts on morality. Sympathy, empathy and compassion are all important to the notion of care and have achieved a moral significance of their own in the works of David Hume, Arthur Schopenhauer, Adam Smith, Max Scheler (sympathy/empathy), and Joseph Butler (compassion). Sympathy as the capacity that lets us identify with how someone feels does indeed bear some resemblance with elements of care. It is a prominent feature of care for both May and Mayeroff. Nevertheless, care is a much richer notion having both “a deeper role in human life,” being “broader than sympathy in its tasks,” and entailing “a more committed role with other people and projects.”<sup>85</sup>

Attention is another important ingredient in the notion of care. It can be argued, that there is no care without attention. Only if we pay attention to someone or something can we be said to care for that person or thing. In other words, concerned or solicitous attention is a precondition for care, whereas care cannot be reduced to mere interest and attention, because it would lack the element of me acting on that interest. It is precisely the strength of care that it provides motivation on an emotive rather than a purely abstract level by linking feelings and emotions with a mental state to explain how and why one can decide to act. To care about a refugee is to pay attention both to the situation that person is in, his or her needs as well as my own, and how to care in the right way. The French philosopher Simone Weil argued for attention to be “the central image for ethics”<sup>86</sup>. It is an effort we have to prioritize often at the cost of suspending our own thought or action in order to care for someone or something. For Weil, attention as an effort of caring contemplation is the

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<sup>82</sup> This is a hypothesis that can be tested empirically.

<sup>83</sup> *Ibid.*, p. 357.

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.*

<sup>86</sup> *Ibid.*, p. 358.

condition for any moral undertaking and can give us an alternative approach to moral principles such as equality and justice. According to Weil, equality is not an abstract principle or concept from which action is to be deduced. Rather, it is a certain way of looking at, i.e., giving a certain kind of attention to others and ourselves.<sup>87</sup>

This line of thought reminds of the discussion that care is at the roots of questions such as what it means to live a human life and how to live together in this world. Justice, fairness and equality are truly important principles, but they are of merely theoretical and academic interest and useless for politics if we do not care. I will only be concerned with a fair and just treatment of others if I acknowledge them having the same rights as I do on a practical level. I will care to help refugees fleeing war or disaster and coming to my country only if I care about their right to life as well as their existential experiences stemming from concrete and life-threatening circumstances. It is not enough to acknowledge their basic human rights on an abstract and from action detached level. Rather, it is my capacity to care that will ultimately move me to action by making me realize that other such as refugees are human beings just like me, trying to avoid pain, suffering, insecurity and death.

I do not want to argue that we can do without principles such as justice, fairness and equality. They are indeed important guiding principles and studying them has high educational value. So these principles play indeed a major role, but they serve only a theoretical function as long as they are not applied to our private and political actions. And this simply presupposes that I do care.

In addition to the notions of sympathy-empathy and attention, I will argue that a third main ingredient to care is the idea of vulnerability. Most ethical approaches presuppose the notion of a strong self or strong and autonomous agent. A concept of the person as being able to decide his or her own fate and to determine his or her own actions. This, although an ideal we may strive for, is a somewhat problematic presupposition. For it seems as if a strong self cannot simply be presupposed, but must be developed. Thus, it is important to pay attention to how a strong and self-sufficient self may be developed, as well as we have to make space for the notion of a vulnerable and weak self<sup>88</sup>.

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<sup>87</sup> Ibid.

<sup>88</sup> Cf, Rößler, 2011.

## VULNERABILITY AS THE FOUNDATION OF CARE?

Even though, Reich does not include a comprehensive discussion of vulnerability into his article on the history of the notion of care, I believe it does play an important role for how he thinks of care in moral and political terms. In a very short two page paper on the importance of vulnerability for bioethics Reich outlines his belief that vulnerability may very well be “the single most important idea” for our “moral discourse”<sup>89</sup> in the near future. Political and ethical questions that arise at the intersections of technology and human life on the individual as well as the societal level may threaten our humanity. These threats can take various forms such as the existential threat of global warming, technologies of government replacing the need for politics, global and total surveillance threatening democratic societies, artificial intelligence and robotics replacing the need and habit of human care and decision making, or social media and virtual realities completely absorbing the individual human being. Thus, Reich argues, that in order to keep a human perspective in an ever faster developing world, we need to rethink ethics and politics from the perspective of vulnerability and care.

For Reich, ethics for too long has been dominated by principles of autonomy and reason that came to prominence during the Enlightenment. He argues that the idea that “human perfectibility is infinite and human faculties will constantly improve through science and reason”<sup>90</sup> have pushed moral concepts such as dependency, a weak self and vulnerability into the background of the moral discourse.

Realizing the role of vulnerability in ethics and politics presupposes a certain impulse in the moral thinker and political theorist. The impulse to not look for final solutions, security and guidance in abstract and theoretical principles, but to embrace the empirical uncertainties of our human existence by allowing ourselves “a sense of wonder regarding human mortality, woundedness, fragility, dependence, and victimization.”<sup>91</sup> The notion of care, Reich thinks, has the power to reintroduce vulnerability into ethical and political discourse as a philosophical concept, because it regards vulnerability as fundamental to being human. Furthermore, according to Reich, the single identifying feature pertaining to the human condition is our constant need for care by self, others and society. We are who we are as persons and what we are as a society only through care and care structures. This need for care is universal, since all humans need care. It is grounded in our own

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<sup>89</sup> Reich, 2005, p. 381.

<sup>90</sup> Ibid.

<sup>91</sup> Ibid.

vulnerability and interdependence with other human beings and the community. Human vulnerability is that which makes a universal experience of human suffering, pain, and, thus, need for care, possible. In its most extreme form vulnerability is also the foundation of exaggerated forms of care such as existential angst or anxiety. Consequently, vulnerability provides a strong emotive thrust toward decision and action.

## WHAT KIND OF IDEAS AND NOTIONS ARE PHILOSOPHICALLY IMPORTANT TO THE NOTION OF CARE?

Before we continue, I will summarize what one could learn from the history and etymology of the notion of care so far.

All humans have the capacity to care. This capacity is not limited to other human beings, but can extend to everything from living and sentient beings, such as humans or animals, to plants, nature and material objects as well as immaterial objects such as religious or philosophical ideas.

As human beings living in more or less organized societies and communities we are to a large extent defined by the care we receive and are able to give. In other words, we become who we are as human beings, as a society, as a race through care and care structures.

Care develops reflectively. Only by caring for others will the capacity to care be developed in them. Thus, care is a generational task with a strong political element. Furthering and developing care across generations can only be guaranteed through private (family) *and* political institutions (educational, social, health, and palliative).

Care links two strong components that have the power to move human beings to action; reason and emotion. It shifts the focus from freedom as power or autonomy in the individual or sovereignty in the state toward the biological, psychological, societal and philosophical constitutive characteristics of our human condition. Thereby, opening up another perspective onto the world, a perspective giving priority to vulnerability, sympathy and attentiveness as the ultimate source of all moral or political principles.

Furthermore, the history and etymology of care shows that care can have several different meanings that fall within two main clusters: 1. worrisome, burdening concern (the dark side of care), and 2. uplifting and solicitous care (the light side of care). Thus, making caring decisions does not necessarily lead to positive effects in itself. The history and etymology of care shows impressively where the notion of care comes from and how it has developed in thought and culture throughout

the ages. However, our understanding of care still lacks important elements if we are to arrive at a comprehensive theory of care that can be influential both within the ethical and political domain.

In my opinion, we still lack a more theoretical discussion of a concept of the human being, or the agent both in form of the carer as well as the caree, and an analysis of the various care relations. If care really can extend to humans, animals, plants, spiritual and material objects the question arises what kind of caring relations would we have to all these different things. In order to elaborate on these questions I will now turn to the field that has reintroduced the notion of care into mainstream philosophy; the ethics of care.

## CHAPTER II - REFLECTIVE AND MATURE CARE: AN ETHICAL NOTION OF CARE

### CARE ETHICS: THE RE-EMERGENCE OF CARE

The notion of care has always been a minority tradition of thought and practice. At least when compared to more established and discussed moral and political theories such as deontology, utilitarianism and justice theories. Thus, Reich points out that when he wrote the article on the *History of The Notion of Care* (1995) there was no “formal and systematic ethics of care”<sup>92</sup> in the sources he examined at that time. On page two in her 2008 book *Comprehending Care* Tove Pettersen quotes Reich taking him to say that “an ethics of care was none existent”<sup>93</sup> prior to Gilligan’s 1982 book *In a Different Voice*. I believe this an overstatement. Reich, as we have seen above, does indeed show that the notion of care has played an important, albeit limited, role in the history of western thinking as well as ethics and politics. However, he emphasizes that although being of major importance for Christianity in *the care of the souls* as well as for German romanticism exemplified by Goethe’s *Sorge*, it never came to prominence within mainstream philosophical thinking.

In any case, we take from the history of the notion of care that care has not always been understood through a purely ethical lens. The myth of *Cura* has influenced our western culture and we can still see its bearing on the meaning of care today. However, care and tending played an important part for social and political life with regard to both thought and practice long before the Roman poet Virgil or the Stoic philosopher Seneca. It was care as part of the political, which was already of peculiar importance to the pre-Socratic thinker Protagoras as well as to Plato. Hans Sluga goes as far as to say that care was at the core of a pre-Socratic understanding of politics through the Protagorean notion of politics as the *care of the common*.<sup>94</sup> The care of the common was a political notion of a radically democratic care or concern by the people and for the people of pre-Socratic Greece. Sluga argues that Plato took this democratic notion of care and twisted it into his own project where the care of the common was not to be understood as a practice by the people, but as the task of an expert ruler, Plato’s philosopher king, to provide and tend to the needs of the people. The comprehension of care as the care for the common may provide us with a notion of care that

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<sup>92</sup> Reich, 1995, p. 359.

<sup>93</sup> Pettersen, 2008, p. 2.

<sup>94</sup> Sluga, 2014, p. 5.



may inform and enlarge care as it is conceptualized within the ethics of care into a political concept. We will come back to this discussion in chapter III.

Although not discussing the importance of care for Plato's and Protagoras' thought, Reich, by emphasizing the historical context of care, shows quite impressively what kind of bearing the notion of care can have on politics and an "ethics of care". He challenges care ethics and politics on at least two fronts. One, by explicating the dark side of care, and two, with regard to care's development into a full blown ethical/political theory.<sup>95</sup> Anyhow, Reich agrees with Pettersen on the importance of Gilligan's book in that he, too, acknowledges that it was *In a Different Voice* that opened mainstream philosophy for dealing with the notion of care.<sup>96</sup> In this picture, Pettersen's project fits in as continuation of the tradition of the ethics of care in attempting to investigate and provide a formal and systematic account. "The formal structure of the ethics of care, its philosophical content, implicit premises, the soundness of its arguments and its significance for more traditional moral theory", she argues "are far from exhausted."<sup>97</sup>

Before we will turn toward Pettersen's attempt of a formalized ethics of care, let us see where Pettersen comes from in terms of her thinking on care by giving some attention to Carol Gilligan's account of care.

## CARE ETHICS: A DIFFERENT OUTLOOK

According to Tove Pettersen, it was Carol Gilligan's book *In a Different Voice*<sup>98</sup> that opened academic mainstream philosophy to the notion of care, especially in the field of ethics. One of the strengths of Gilligan's work is that it establishes a connection between moral philosophy and moral psychology<sup>99</sup>, that is, the study pertaining to human capacities and development. Pettersen as well as Gilligan think that moral psychology, should be of major concern to the moral philosopher because if ethics or moral philosophy is concerned with what we ought to do, the ought must be within our human

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<sup>95</sup> Cf. Reich, 1995, p. 359.

<sup>96</sup> Reich, 1995, p. 349.

<sup>97</sup> Pettersen, 2008, xi.

<sup>98</sup> Gilligan, 1982.

<sup>99</sup> My account of Gilligan is for the most part based on Pettersen's reading of her. I find this to be justifiable because the discussion of Pettersen's interpretation of Gilligan's account is both beyond the scope and not essential to the overall project of the thesis to examine if and how care can contribute to developing a concept of the political. I will mention separately should there be cases were Pettersen's reading of Gilligan is controversial.

capacity to act on it.<sup>100</sup> If the moral voice demands from us actions we do not have the capacity to carry into execution it cannot be said to provide a useful guiding principle for human conduct.

Even though, Gilligan speaks of an approach towards ethics characterized by care, she never developed a full-fledged theory of care.<sup>101</sup> Tove Pettersen takes up the project to further develop Gilligan's groundwork on care into a full-blown ethical theory. We will thus turn to why Pettersen thinks that care is important to ethics shortly.

First, let us sketch out Gilligan's findings in order to understand where Pettersen comes from in terms of her ethics of care.<sup>102</sup> Gilligan was a research assistant of developmental psychologist Lawrence Kohlberg who invented what he called the *stage theory of moral development*<sup>103</sup>, a "hierarchical stage model that was meant to measure moral development and moral maturity."<sup>104</sup> In Kohlberg's empirical research male participants tended to score consistently higher within his hierarchical model than female participants leading Kohlberg to the conclusion that men are *in general* more morally developed than women. In response to Kohlberg, Gilligan started her own research program in which she showed that women were neither morally inferior nor superior to men, but simply *different* to their male counterparts. The main difference was that women's moral and cognitive development typically focused on values of relation, connectedness, interdependence and care. Gilligan argued that traditional moral theories were prejudiced toward values of justice, which were typically more important in the moral development of men and thus could explain Kohlberg's findings whose stage model was prejudiced toward the same *male* values.

Kohlberg's stage model consisted of three stages and six sub-stages of moral development. It is a hierarchical model with the lowest stage being the "pre-conventional" stage. The "conventional" or middle stage is representative of most adolescents and adults while the "post-conventional" stage is the highest stage of moral development that is not always achieved by individuals. Kohlberg subdivides each stage in two sub-stages of moral development. At stage one, the child learns to not damage property, harm other people or break rules. In this stage, the child acquires a notion that

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<sup>100</sup> Pettersen, 2008, ix.

<sup>101</sup> Ibid., x.

<sup>102</sup> The following section on Lawrence Kohlberg's theory of moral development and Carol Gilligan's reply is taken mainly from Pettersen, 2008, pp. 1-16. Pettersen takes her account from Kohlberg 1981, 1984 and 1987. Although I could not find the reference Kohlberg, 1987 in the bibliography of her book I presume she here refers to Colby & Kohlberg, 1987, which she refers to at a different place. See Pettersen, 2008, p. 4.

<sup>103</sup> Cf. Pettersen, 2008, p. 3.

<sup>104</sup> Ibid., p. 1.

the right thing to do is to follow rules made by authority, which is accepted on the basis of avoiding pain by punishment and “the superior power of authority.”<sup>105</sup> This “heteronomous” (to follow laws or rules given by others than oneself) stage of moral development is characterized by an egocentric “socio-moral” *perspective*. That is, non-consideration of others’ interests and the non-recognition of their divergence from one’s own interests. At stage one the child often confuses the actions demanded by an authority, such as a parent, with his or her own and has not yet developed the psychological capacity to reflect others’ interests. Rather, the child understands actions to a high degree as physical conduct. At stage two, the child acquires basic reflective concepts such as a primitive concept of reciprocity. Now, the right thing to do is to act in a way that helps one’s own interests and to let others act in a similar fashion. Morality becomes instrumental in that it is understood as being useful in “serving one’s own interests” at the same time recognizing the interests of others: *If you help me, I’ll help you*. At this stage, the child develops a *concrete* concept of the self, adopting an individualistic socio-moral perspective realizing that the interests of others’ may conflict with the child’s own needs.

Stage one and two constitute the “pre-conventional” stage, which defines the development of children up until the age of nine. During stages three and four the child enters the “conventional” stage which is representative of the moral development of most “adolescents and adults in most countries.”<sup>106</sup> The “interpersonal normative morality” that is developed at stage three is characterized by a “good boy/nice girl” orientation. To act according to what is expected of one, as well as to be a morally good person in the eyes of others as well as in one’s own eyes is the primary moral motivation. The socio-moral perspective at this stage is characterized by a relational approach of being and individual within relationships and shared interpersonal feelings become of moral concern. Early signs of a contractarian understanding of morality become visible as expectations and agreements rather than personal interests are prime motivators for moral conduct. Thus, “caring for the other, belief in the Golden Rule and the desire to maintain rules and authority that support ‘good behavior’ may also be reasons for acting right.”<sup>107</sup> At stage four the moral agent enters into what Kohlberg calls a “social system morality” or “law and order” attitude. To fulfill one’s duties and to act according to (moral) laws is the (morally) right thing to do. The well being of a community or society along with the desire to uphold social order is what motivates the agent to act morally. A

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<sup>105</sup> Ibid., p. 3.

<sup>106</sup> Ibid., p. 4.

<sup>107</sup> Ibid.

necessary precondition for doing so is that the agent develops a capacity to differentiate between “interpersonal agreements and motives” and “a societal point of view”<sup>108</sup>.

The “post-conventional” stage is the highest stage of moral development. It is comprised of the two last sub-stages; stage five and six. Stage five is defined by what Kohlberg has termed the “Human Rights and Social Welfare Morality”. At this stage the moral agent develops the capacity to evaluate the lawfulness of societal laws, social systems and moral rules according to their ability to further and preserve values of basic human rights and the well being of communities. To act morally is to act according to these rules for as long as they protect and promote human and societal welfare rights. The political community or social system is viewed from a contractarian point of view as a freely and voluntarily entered contract. Thus, stage five is clearly characterized by deontological (act according to laws, rules) as well as utilitarian features, since the reason to act according to laws protecting human rights and social welfare values is to “the welfare of all and the protection of everybody’s rights.”<sup>109</sup> Furthermore, the agent’s socio-moral perspective at stage five is that of rational individuals who realize the moral significance of the social attachments’ and contracts’ underlying rights and values. Finally, there is stage six which is together with stage five only achieved by a minority of adults and usually developed between age 20-25. It is characterized by “universal ethical principles” and freedom to follow these self-chosen moral principles (autonomy) or laws that are interpreted as “universal principles of justice”. The moral agent’s believe in the validity and universal applicability of such principles is what commits him or her to accept them as action guiding rules of conduct.

Kohlberg used the above sketched out stage model to evaluate his research subjects’ moral development and maturity. The higher a subject scores, that is, the higher the stage of moral development of the moral agent, the more mature is he or she deemed to be. Kohlberg’s research was mainly based on the participant’s response to theoretical and abstract moral dilemmas they were given. Nevertheless, Pettersen points out that there are a couple of problems with Kohlberg’s model both philosophical as well as empirical. A Number of Philosophers have argued that there is no empirical evidence supporting stage six.<sup>110</sup> Another major shortcoming of Kohlberg’s research is that only boys served as research subjects until the early 70s. As soon as girls started to participate it became evident that their approach toward the moral dilemmas given to them was different to that

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<sup>108</sup> Ibid.

<sup>109</sup> Ibid.

<sup>110</sup> Habermas, 1990; Kohlberg 1990; Puka, 1990.

of the male participants. While the boys generally scored higher on Kohlberg's model than girls, because they approached the moral dilemmas from a perspective of justice, valuing independency and abstract reasoning. The girls based their approaches to resolve the moral dilemmas on ideas of "responsiveness and connectedness with [concrete] others, on preventing harm and maintaining relationships"<sup>111</sup> and thus achieved a lower score and were deemed to be less morally developed. Hence, Kohlberg who viewed his theory to be universally applicable drew the conclusion that girls were in general less morally developed than boys were. That fired Gilligan's warning lights. She blamed Kohlberg's stage model of moral development to be sex-biased and in favor of a certain kind of moral reasoning (the male way) at the same time being unable to appreciate the female way of solving moral dilemmas.

#### GILLIGAN'S CRITIQUE OF KOHLBERG'S THEORY

Gilligan criticized Kohlberg's theory on three grounds. First, she argued that Kohlberg overlooked prejudices pertaining to the sex-bias from preceding theories of moral psychology and development that determined his interpretation of the empirical data. Well known psychologists such as Jean Piaget, who characterized the different behavior of women as variance to the norm (male behavior), and Sigmund Freud, who saw women as castrated men<sup>112</sup>, lay the foundation for Kohlberg's academic prejudices toward female behavior. Women, Gilligan argued, were only of interest to the extent to which they were similar to men. Female behavior was thus seen as an anomaly and empirically insignificant. Pettersen believes that this empirically flawed version of the sex-bias can be traced back to Aristotle who ordered sexual differences in a "hierarchical order, in favor of men"<sup>113</sup>. The second criticism was that Kohlberg's empirical foundation for developing his stage model was solely based on male participants, thus undermining its universality<sup>114</sup>. Gilligan's third criticism is directed toward what Kohlberg assumed to be "the core of morality and moral development", the deontological foundation of morality, i.e., that morality is to be understood as "a matter of rights and duties". By choosing a deontological ethical framework Kohlberg, according to Gilligan, was guilty of giving preference to traditional masculine values and skills such as "the ability to abstract from the particular, to deduce from rules and principles rather than focusing on context, to put

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<sup>111</sup> Pettersen, 2008, p. 5.

<sup>112</sup> Ibid.

<sup>113</sup> Ibid., 6.

<sup>114</sup> See p. 30 above.

reason over emotions, to rely on a concept of self as independent rather than interdependent etc.”<sup>115</sup> Although Gilligan acknowledged that there were differences in men’s and women’s moral reasoning these differences should not be taken to express moral inferiority or superiority. But Kohlberg who himself admitted to having used a justice perspective on morality could not interpret moral behavior outside of his frame of reference other than having to stem from moral inferiority or divergence from the norm.

Hence, Gilligan in *In a Different Voice* put forth, two primary hypotheses; first, that there are (at least) “two different types of moral reasoning, the care and justice perspective.”<sup>116</sup> And second, that the care perspective typically pertains to women, while the justice perspective is typically held by men. “Typically”, according to Pettersen, does not mean that *all* men hold a justice perspective on morality and that *all* women universally apply care ethics. Both perspectives can be used and applied by both sexes and neither perspective is either “biologically determined [or] unique to women”<sup>117</sup>. Rather “typically” says that women more often hold a care perspective, while the justice perspective is more often found in men.<sup>118</sup> Gilligan believes that the development of these two perspectives can be traced to early human experiences.

#### THE SELF: WEAK VS STRONG, CONNECTED VS SEPARATED

In Gilligan’s attempt of grounding these two hypotheses, one can clearly see the trajectory of several ideas and features of care that we were able to identify from the history of the notion of care. Most prominently the notion of a relational or connected self and vulnerability or a weak self. Gilligan argues that “predispositions towards justice and towards care can be traced to the experience of inequality and of attachment that are embedded in the relationship between child and parent”<sup>119</sup>. In such relations where there is an asymmetrical allocation of power between carer and caree humans

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<sup>115</sup> Ibid., p. 6.

<sup>116</sup> Ibid., p. 9. Gilligan describes these two perspectives as different moral voices. While men usually use the voice of justice, women use the voice of care. Hence, the title for her book; *In a Different Voice*.

<sup>117</sup> Gilligan, 1993, p. 209; Pettersen, 2008, p. 9.

<sup>118</sup> This is the reason why Gilligan chose the title of her book to be *In a Different Voice*, and not *In a Female Voice*. There is a comprehensive discussion on how these two hypotheses relate to one another and whether Gilligan should be read as holding a dichotomous understanding of morality. I will not be able to pursue this discussion in this thesis, but the interested reader can find a short account together with references for further reading in Pettersen, 2008, pp. 9-10.

<sup>119</sup> Gilligan, 1988, pp. 4-5.

experience vulnerability to “oppression and to abandonment”<sup>120</sup>. There are two important conceptual notions that Gilligan identifies. The process of rejection and attachment in early human development and vulnerability.

Both notions are present in the history of the notion of care and Gilligan grounds her explanation of the development of the two different stages of care in earlier discussed thoughts on care by both Rollo May, Erik Eriksons and Milton Mayeroff. Gilligan makes two ontological assumptions concerning human nature. One, that “no child can survive without being in a relationship” and two, that, thus “interdependence is a common human experience”<sup>121</sup>. Both assumptions are grounded in the universal experience of human vulnerability. For in contrast to certain other animals or plants human beings are dependent on the nurturing care of others if they are to survive and flourish. We can truly hear the voice of Cura in these assumptions.<sup>122</sup>

Even though Gilligan sees the early childhood experience of being related as a universal feature she sketches out two main ways in which the human self can develop from there on; one, to become a connected and interdependent self or two, a disconnected and independent self. How does this happen? According to Gilligan<sup>123</sup>, the infant’s relation to his or her primary care-taker provides the child with a basic capacity for care. A capacity that is developed through the child’s participation in relationships that are “sharing features of the early parent-child relationship”<sup>124</sup> such as trust and intimacy, as well as the desire to create the same features in these relationships. In many instances, the primary care-taker is the mother of the child and believes that although the experience of vulnerability and the need for care is the same on the most basic level, a difference evolves in the relationship between boys and their mother and girls and their mother. Since girls are of the same sex as the mother they identify to a larger degree with the mother’s concerns and way of relating to female issues of mothering and caretaking. Hence, girls develop a higher sensitivity and a self-concern toward “early childhood issues in relation to their mother”<sup>125</sup> the result being women developing a capacity for identification and their self being connected with others. This connected self enables them to feel the empathy, and attentiveness needed to care for their children.

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<sup>120</sup> Ibid., p. 5.

<sup>121</sup> Pettersen, 2008, p. 10.

<sup>122</sup> See e.g. Chapter I, *Influence of Existential Care*.

<sup>123</sup> Gilligan’s point of departure is Nancy Chodorow’s object-relation theory. Cf. Chodorow, 1978.

<sup>124</sup> Pettersen, 2008, p. 11.

<sup>125</sup> Ibid.

In contrast to girls, boys early on go through a process characterized not only by attachment, but also by rejection. Their unconditioned identification with female and care issues as well as the male infant's attachment to his mother is altered by his mother's treating him as an opposite already in a very early stage. This leads to experiences of detachment and separation and eventually the boys' development of a separated and autonomous self. Hence, the "relational basis" for care taking is enhanced in women, while it is repressed in men, since "they experience themselves as more separate and distinct from others."<sup>126</sup> Consequently, men typically conceive morality as reciprocal rules organizing how we relate to autonomous others and giving prevalence to principles of justice in these questions, while women who tend to conceive of the self as connected give priority to responsiveness and relationship that characterize a morality of care. In other words, while care tends to be the ideal for the connected (female) self, justice tends to be the ideal for the autonomous and disconnected (male) self. In summary, early childhood separation from the primary care-taker is the cause for differences in the development of the self, of how we perceive others and our relationships toward others.<sup>127</sup>

To me, Gilligan's account is another way of showing that the categories in which we think about the world influence how we perceive it. However, these categories are not something that is hardwired into our biological make up or given a priori; rather they are a product of and can be affected by a certain development<sup>128</sup>. A development that may lead to various starting points. Starting points that in turn present us with specific moral problems.

Consider the starting point of traditional moral theories such as deontology. If I do perceive myself as an individual, i.e., the smallest indivisible entity, disconnected and self-law giving (autonomous) then one could argue, that one always will end up with the problem of finding principles or rules that are to tell me how to act, relate to and how to live together with others. I find this comprehension to bear resemblance to a certain scientific view of the world and the categories that are used in e.g. particle physics, which attempts to uncover the laws that bind together atoms and particles, i.e., the smallest indivisible entities, in a larger system. While in physics, it is thought that these laws are

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<sup>126</sup> Pettersen, 2008, p. 12; Chodorow, 1978, pp. 206-207.

<sup>127</sup> The process of early childhood development based on rejection and attachment does explain why it is *typically* women who develop a connected self and caring perspective, while boys develop a separated self and justice perspective. Furthermore, it would also give a forceful explanation for why and how boys can develop a connected and caring self in minimizing rejection from the care-taker. This could, for example, be achieved by men becoming primary care-takers for boys. It assumes that everyone has the capacity to develop a connected self and become a caring human being.

<sup>128</sup> Gilligan realizes that other factors, except early childhood psychological development, such as race, ethnicity and class, are also important to moral development. Cf. Pettersen, 2008, p. 11.



universal and effective with absolute necessity; traditional moral theories leave it to the individual whether or not he or she wants to act according to the (moral, societal and political) laws necessary for binding humanity together. This proclaimed freedom of choice is typically referred to as free will. The final justification of such laws is, in natural as well as human sciences and philosophy, depending on the belief that there is some ultimate justification or grounding principle giving validity to the laws we deduce from it. Without such an ultimate ground there is an infinite regress with regard to the principles we deduce.

Here it is possible to see parallels between the traditional moral theories' and the traditional scientific theories' quest for the ultimate grounding principle. While it is the assumption of, for example, a highest good, God, or pure reason that serve as the ultimate justification in normative theory from which we deduce the principles of justice that are supposed to function as moral and political rules governing our behavior and organizing society. The same role falls to the not (yet) proven, but necessary to exist Higgs field in particle physics. The Higgs field produces a particle, the Higgs boson, which according to the standard model in physics is itself massless, but responsible for all the mass in the universe. It gives mass to all other particles and thus creates the forces necessary, such as gravity, for keeping particles together, which are not explainable without the Higgs boson. Since the Higgs boson is the ultimate ground on which particle physics is based and has some of the same properties God has in many religions, most notably the power to give existence to all particles, is "invisible" in itself, but necessary for the standard model in particle physics to be true, it has been called the "God particle"<sup>129</sup>.

Anyhow, even though physicists believe to have observed particles with some of the same properties as the Higgs boson it is not yet proven to exist. Moreover, even if it were proven to exist, its final confirmation would not achieve what physicists hope it would achieve; the ultimate grounding of the standard model of how we think the world works. Rather, it would continue the infinite regress by raising more questions such as what gives the Higgs boson its properties.<sup>130</sup> Thus, to stop the infinite regress it is necessary for particle physics to presuppose an ultimately grounding principle (the Higgs boson). At the same time, this presupposition is hard to ground itself in anything else but the models logical need to prove the ground of its own existence or the belief that there must be such a principle for particle physics to be true. And as in particle physics, it is the believe in a final and presupposed ultimately grounding principle such as the highest good, God, or pure reason

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<sup>129</sup> Ellis, 2014.

<sup>130</sup> Templeton, 2015.

that is to stop any infinite regress in the moral theory that is at the heart of traditional normative philosophy.

However, the same argument I have made concerning the Higgs field can be made about ultimate principles of justification with regard to normative theory. The belief in a priori principles such as a highest good, pure reason or God is necessary for grounding traditional normative theories and to stop infinite regress. Philosophers have invented worlds<sup>131</sup> where such principles are claimed to exist. But, neither are human beings purely reasonable nor do humans solely act based on rules or laws deduced from a priori principles. Traditional moral philosophers who developed major deontological theories are typically aware of that<sup>132</sup>, yet, they maintain that morality ought to be grounded in pure a priori principles. Anyhow, while the (logical) need of such traditional normative theories for an ultimately grounding principle to exist is comprehensible, it does not prove its existence as such.

Care ethics is aiming to provide an alternative, a different starting point, in that it lines out a different approach and attempts to create awareness that such quests (of ultimate justification) typically stem from the basic assumptions and beliefs our (moral and scientific) theories are based on. The underlying argument is that if we were able to change the categories through which we understand the moral agent and moral actions we will end up with a different understanding of reality and the problems that are of (moral) significance to us. A shift in our moral outlook, point of departure or categories that influence how we understand *our-selves* as human beings can provide a different perspective and avoid the need of universal justification or logical problem of infinite regress. I will argue that the notion of care provides such a perspective.

The care perspective hinges on the notion of a connected or related self in contrast to traditional moral theories such as deontology that are typically based on a notion of the self that is disconnected and self-lawgiving. The notion of the related self is based on the observation that human beings are always already in relations to others and that this understanding of ourselves can either be developed or repressed. If one does not perceive oneself (one's self) through the perspective of traditional moral theories, that is, to be a disconnected and autonomous individual, a separated entity that can only exist together with others if there are forces or laws governing one's

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<sup>131</sup> For example, the world of ideas (Plato) or the noumenal world (Kant).

<sup>132</sup> Kant, for example, talks about human beings being citizens of two worlds (Bürger zweier Welten); the phenomenal and the noumenal world. See Kant, 1968, p. 453 (GMS, AA, IV, 453).

The understanding of the human being as being a citizen of two worlds goes all the way back to Platonism. In Platonic terms human beings are part of the sensual, the world experienced through sense perception, as well as the supra-sensual world through reason. This translates to the Kantian distinction of the worlds of noumenon, that is, what Kant called the thing in itself, and phenomenon, the world as it appears to us, that is, how we perceive it due to our existential makeup: Existing within time and space and through the twelve categories.

existence in a community, then one does not end up with the same philosophical problems such as grounding one's moral position in some ultimate principle of pure reason or justice. Rather, perceiving one's self as connected will lead to regarding "relationships in the responsive and connected way", tending "to use a morality of care", and typically "holding care as an ideal"<sup>133</sup>. This insight is of major importance for the discussion of the ethical concept of care and developing a comprehensive understanding of care ethics, to which I will return shortly.

#### GILLIGAN'S DIALECTIC MODEL OF MORAL DEVELOPMENT

Gilligan takes Chodorow's psychological account of rejection and attachment in human development leading to either a disconnected or a related self, respectively, and transforms it into a dialectic (philosophical) model of moral development. This model is based on Gilligan's own empirical research into the moral implications of abortion in which she found that her female participants typically start by first taking into account their own interests when attempting to make a decision.<sup>134</sup> In the women's decisions, it is initially their own needs and basic survival rather than the interests of others that are the most important concern. However, a shift of perspective occurs in most women toward considering "the needs of others, on the costs of their own interests."<sup>135</sup> In order to make a final decision the women then typically take into account both their own interests as well as others' interests through another shift of perspective. Hence, Gilligan speaks of three levels of the developmental process. The first stage of exclusively focusing on survival, to a focus on goodness and the interests of others on the second stage, toward a final "*reflective understanding of care* as the most adequate guide to the resolution of conflicts in human relationship"<sup>136</sup> on stage three.

Pettersen compares the three different stages of moral interest to three different types of care. Stage one is characterized by self-care, stage two by caring for others' expectations as well as social norms, while at stage three both one's own interests as well as others' interests are taken into account. We could describe this stage as *reflective care*. Both Gilligan and Pettersen link the different stages of care to what we call egoism (stage one) and altruism (stage two) in order to emphasize that both stages are naive and extreme forms of care. Both egoism and altruism are non-reflective and immature forms of care that will lead to all kinds of philosophical and practical problems. Pure

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<sup>133</sup> Gilligan, 1988, pp. 36-44; Pettersen, 2008, p. 12.

<sup>134</sup> Cf. Gilligan, 1982, pp. 106-127.

<sup>135</sup> Pettersen, 2008, p. 13.

<sup>136</sup> Gilligan, 1982, p. 105. Own emphasis.

egoism and self-concern will always neglect the interests of others, not taking into account that the achievement of my own goals is usually to a certain degree dependent on the fulfillment of the interests of others. Unlimited and unconditional altruism will inevitably lead to self-sacrifice subjugating one's own interests to others. Thus, it is the third form, the synthesis of self-concern and other-interest that keep each other in check, which characterizes the reflective care of stage three. Gilligan calls it "mature care".<sup>137</sup> Mature care implies "balancing between the interests of self and others" and to consider the "consequences to everybody involved"<sup>138</sup> in one's actions. It is neither egoism nor altruism but the notion of mature care that characterizes a moral action and is at the heart of an ethics of care according to Gilligan and Pettersen. I will return to a discussion of mature care shortly after we have sketched out some of the theoretical features of care ethics.

## A CONCEPT OF CARE FOR ETHICS

I now turn to a discussion of how Pettersen attempts to develop the notion of care into a comprehensive moral theory. I will therefore have a closer look at how care ethics conceptualizes the moral agent, relations between agents and what Pettersen thinks should be the core principles of care ethics in order for it to function as a moral theory. Furthermore, I will discuss how Pettersen tackles some of the criticism care ethics is facing as a theory by drawing on her discussion of mature care. It is in this discussion it will become clear that care ethics is not to be understood as *caritas* (selfless help) and thus must be distinguished from altruistic care. In the last sections of chapter II, I will also discuss how care ethics can help an agent to make decision and act upon them as well as some of the challenges the practice of care faces. Finally, the chapter will conclude with a discussion attempting to breach the gap between the moral and the political domain by drawing on Pettersen's concept of mature care and how care ethics can help us analyze the current (2015/16) European refugee crisis.

In her article *The Ethics of Care: Normative Structures and Empirical Implications* Pettersen (2011) describes care as an ideal or idea "capable of guiding not only private conduct, but human interaction in general"<sup>139</sup> and develops the concept of *mature care* based on Gilligan's findings. Mature care, she argues, is characterized "as a relational activity"<sup>140</sup> and by a "reciprocal mode of

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<sup>137</sup> See discussion of mature care on p. 49ff further down.

<sup>138</sup> Pettersen, 2008, p. 14; Gilligan, 1982, p. 54.

<sup>139</sup> Pettersen, 2011, p. 51.

<sup>140</sup> *Ibid.*, p. 52.

thinking with regard to the moral agent”<sup>141</sup>. So how does Pettersen’s version of care ethics view the moral agent?

## THE MORAL AGENT

Care ethics, according to Pettersen, perceives the moral agent based on a “relational ontology”, that is, it sees the moral agent “not primarily in terms of independence, equality of power and influence, enjoying almost unrestricted freedom to enter and dissolve contracts”, but as always already interconnected with other moral agents. Thus, being “vulnerable and dependent, often in asymmetric ways”<sup>142</sup> and in contrast to theories that view the moral agent as an autonomous, rule creating and following person. According to Pettersen, the notion of the *related moral agent*, that is, the moral agent as always already situated within existing relationships of different kinds when faced with moral judgment and decisions, is based on the notion of the *related self*. While she thinks that there is a tendency of the traditional deontological, justice & utilitarian moral theories to be based on a model of the self as “separated and independent of others”<sup>143</sup>.

To Pettersen the care ethics way of looking at the moral agent is useful because it captures “significant features of man’s interaction in general, such as reciprocity, dependency, connectedness and asymmetry.” These features, she argues, are present in all types of relationships to various degrees and, thus, enable care ethics to capture “features of intimate and private relationships” easily overlooked by rationalistic theories on the one hand. On the other hand, “it extends to moral agents outside the private domain - at work, and in the social and global arena”.

Thus, according to Pettersen viewing an agent as related may have impacts on how we think about politics. Thinking of nations as malleable entities that are “relational, mutually dependent, but often unequal in power and resources” proves to be more fruitful than capturing them as sovereign states that are “self-sufficient and equal in strength”. Moreover, Pettersen thinks that the relational model allows us to expand our understanding of the moral agent to “not only individuals but also groups, institutions and nations.”<sup>144</sup> Hence, care ethics, she argues, manages to capture not only interaction between individuals, but also “interaction between groups, institutions and individuals”, that is,

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<sup>141</sup> Ibid.

<sup>142</sup> Ibid.

<sup>143</sup> Pettersen, 2008, p. 43.

<sup>144</sup> Pettersen, 2011, p. 53.

interaction on a political level. Thus the care perspective, especially Pettersen's version of care ethics, seems to blur strict lines of demarcation between ethics and politics. This will become even clearer in Pettersen's discussion of relationships.

## RELATIONSHIPS

Our relationships and interactions do not only transcend borders between the private and the public. They, too, transcend boundaries between the individual and the collective. Pettersen calls these relationships *inter-category*, since they are between various categories of groups. Another type of relations, Pettersen uses are *intra-category* relations, that is, relations within categories. Examples can be the relations" between friends, between independent citizens or equally powerful states."<sup>145</sup> Inter-category relations are characterized by uneven access to power and resources and unevenly shared vulnerability to abuse. They are often weighted in favor of one particular side. Even though these "mixed relations", as Pettersen calls them, are embedded in everyday life the agent's involvement is often involuntary and may even be coerced. In such asymmetric relationships between agents one side may even have complete power and dominance over the other. These asymmetrical relationships can be compared to unequal relationships between "parent and child, nurse and patient, teacher and student, to mention a few."<sup>146</sup>

Anyhow, Pettersen emphasizes that this does not mean that there is reflective or mature care in all human relations. Rather, our human relations extend in all possible directions with some of them promoting care and some of them furthering abuse, violence and conflict. Nevertheless, Pettersen believes, that this is precisely the reason why we should study all kinds of relations, because it will alert us to characteristic features other ethical theories might be blind to. Here, Pettersen emphasizes features such as "harm caused by lack of care, the agent's vulnerability and dependency, and how they are situated in particular power- and resource situations"<sup>147</sup>.

Moreover, the ethics of care with its focus on relations and interactions is attentive to harm caused by the way society is organized. We can describe such structural violence by the "lack of care between unequal parties"<sup>148</sup>. A state's unequal treatment of its native population or a global

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<sup>145</sup> Ibid.

<sup>146</sup> Ibid. See note 1.

<sup>147</sup> Ibid.

<sup>148</sup> Ibid.

corporation employing children as laborers may count as such abusive and harmful examples. At least indirectly, because the corporation example is also an example of a (possibly) private actor that is able to engage in abusive and harmful practices because the basic social structure allows for such behavior. However, it could also be the system of law of a nation state, treating non-citizens differently from its own citizens. This is the case with many asylum laws granting asylum seekers no right to work, financial, health or other support once their application has been rejected. Efficiently rendering their existence in the country they applied to illegal and impossible by taking away any support structures needed to survive in modern income based societies. Such legislation often does not provide a possibility for the asylum seeker to appeal the decision made by the court. And even if the possibility is granted in most cases it is effectively impossible for the asylum seeker to object to any such ruling precisely because of the lack of money, and other support he or she would need for being able to continue living in that country.

This is, for example, the case with Norwegian immigration laws. Any asylum seeker or refugee is entitled by the law to appeal any decision of deportation made by the Norwegian immigration authorities. While this may sound fair initially. The practical problem is that after the decision is made the person in question does not have the right to a lawyer or medical care. Financial support is cut and the asylum seeker will thus not be able to support him- or herself nor have the means to legally acquire the money for a lawyer or to pay the courts. In some cases, civil society may step in and provide a support structure, by collecting money, providing shelter and food. Lawyers choose to defend their client, the asylum seeker, without getting paid. Doctors may choose to follow their Hippocratic oath and treat the asylum seeker “illegally”, risking to get their license revoked. Should the asylum seeker be able to gather enough support to appeal the case, and win on the next higher level of jurisdiction the case may very well be taken through all the levels of the legal system. Even if the state loses every single trial along the way to the highest level of the juridical system it does not have to pay for the asylum seeker’s expenses for having a lawyer, leading the case, or paying the courts before losing on the highest level. All this time the ruling is not final and the asylum seeker has to come up with the means to proceed with the case. In the rare case the asylum seeker wins the case on the highest level of the Norwegian legal system there is a special law in place that will allow the immigration authorities to change their rationale behind why they rejected the asylum seeker in the first place. Effectively changing the whole case against the asylum seeker so that it has to be sent back to the lowest level of the juridical system and start all over again. This, I take to be a clear example of structural violence where there is a legal system in place making it almost impossible for an asylum seeker to make use of his or her legal right to effectively appeal to a decision made by the immigration authorities. Putting the asylum seeker under immense stress and

causing psychological and indirectly physical harm. This unfair system is known to the authorities, yet, it is kept in place.<sup>149</sup>

In the above example one can find a structure in place that intentionally inhibits and violates a possible care relationship with a human person in need. It violates this human being's basic human rights, such as the right to life, and places them under national law, i.e., this nation's strategic immigration policy considerations. A clear example of structural violence because such immigration laws are part of a state's constitution, that is, the legal framework thought to enable peaceful coexistence in this state.<sup>150</sup>

But can the application of the notion of care from an ethical point of view, that is, as a followed code of conduct, then lead to a more caring environment, for example, with regard to the asylum case? Pettersen does indeed believe so. The claim of care ethics is not that it will provide us with a universal standard, norm or test we can apply to such situations in order to determine precisely what is the right thing to do. Rather, it alerts us to the complexities and possibilities of both furthering care or promoting abuse. For the care ethicist it may not even be a morally better act to grant a refugee asylum when this leads to a brain drain effect in the long term. Take the current refugee crisis in Europe. Many of the refugees arriving in European countries come from Syria. Most of them are war refugees, but Syria is, or rather was, a comparably well developed country with a working health system, an education system and professional university education. Many of the refugees coming to Europe are skilled workers, some with higher educations and good qualifications. Industry and trade are welcoming them as cheap and willing labor and thus they are deemed to be "useful" to the countries they apply to for residence. In some cases, the granting of residency and employment of refugees as laborers has been attempted to be justified by granting them a lower legal status, less (work) rights and less payment than the state's citizens would get for the same kind of work.<sup>151</sup> Effectively these refugees are a cheap and highly skilled workforce for western countries. But by granting these refugees residence western countries may "steal" the skills and education that will be desperately needed for rebuilding the Syrian state after the war has ended. In other words, caring for refugees by granting them residency and employing them might benefit the host country, but hurt the home country in the end. This example is not to be understood as an argument for or

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<sup>149</sup> A detailed account and discussion of the systematic discrimination of asylum seekers and refugees by Norwegian immigration authorities which is made possible by discriminatory legislation can be found in Steen, 2013.

<sup>150</sup> In the case of Norway, the UN has repeatedly criticized attempts to introduce more restrictive immigration laws on the grounds that they "are contrary to the spirit, object and purpose of the 1951 [Refugee] Convention" (UNHCR Regional Representation for Northern Europe, 2016, p. 2), and that more restrictive and discriminatory laws send signals that are "worrisome and could fuel fear and xenophobia" (Ibid., p. 5).

<sup>151</sup> SPON, 2015.



against immigration in case of refugees, but as showing the empirical complexities, implications and limitations to promoting caring relationships a care ethics approach can alert us to.

Anyhow, Pettersen argues that one should not think of care ethics as a test that one can simply apply to these kinds of problems. Rather care ethics may provide an analytical tool that can be used in order to create a map<sup>152</sup> for my actions. This map does not precisely define which path is the right one, but it can give me a sense of direction and it may even contain certain suggestions on what paths are possible to go. Even though a map will always be an abstraction, offering only a very limited amount of information it is possible that by studying the map, I will acquire the necessary information to make a decision. It may very well be the wrong decision for once I take my analyzing gaze off the map, the world around me may present itself completely different from what I thought it looked like by studying the map. Thus, the map retains some degree of uncertainty and any decision based on the information the map offers can never be final or absolute. Along the way new sideways, trails or paths and possibilities that I was not aware of may open up to me. Due to these uncertainties, a moral map like any other map when used in concrete situation also demands of us to keep an open mind, to look at the situation at hand and to change our plans and conduct if necessary. Care ethics attempts to deal with uncertainty, not by getting rid of it, but by embracing it as an essential part of the ethical challenge.

The point is that care ethics does not take the burden of making decisions away from the moral agent, whether it is an individual, a group, an institution or a state, but leaves it up to the agent's judgement and ability to act on this judgement.

Another decisive feature of the notion of care is that it is grounded in the capacity to participate in others feelings.<sup>153</sup> Based on this capacity care activates shared human experiences and emotions that have the potential to overcome binary distinctions between I/you, we/they, friend/enemy or citizen/non-citizen as in the refugee case. Agents analyzing and acting from a care perspective will be more likely to identify with others and to recognize that such dichotomies cannot be grounded in the experience that all human beings are both in need of care and able to care.

#### CORE PRINCIPLES OF AN ETHICS OF CARE

Looking at the moral agent as related the care ethicist seems to be well equipped to be attentive to and able to identify and analyze relations characterized by harm. This is an important component of

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<sup>152</sup> I use the picture of the map in the sense Hans Sluga (2014, p. 242) uses it.

<sup>153</sup> See e.g. Pettersen, 2008, pp. 55-57 & Pettersen, 2011, p. 58. See as well chapter I, p. 16.

care ethics and complements what Pettersen calls the theory's normative core value. According to Pettersen, care ethics has two main core values. The first value is "the universal condemnation of exploit and hurt"<sup>154</sup>. Gilligan (1982) argues that in many of the cases she studies this value or guideline is not particular helpful for the agent facing a difficult moral decision. It will often be contradictory to other moral perspectives concerning the same situation. Let us consider the refugee example again. Care ethics will alert me to the fundamental fact that the refugee example is a typical asymmetrical relationship where one party, the state, has the power and may be in the position to care - to extend help - while the other party, the refugee, is existentially dependent on that care - and receiving help. From a care perspective, we may want to help the refugees coming to our country in order to avoid them being hurt or exploited. After all, refugees are one of the most vulnerable groups of human beings often without protection by their "home" state, identification documents or any supportive structures. But, from a legal perspective our main goal may be to guarantee stable conditions, work and welfare goods for our own citizens who are granted such rights by the state's constitution. Wanting to help refugees may be possible to a certain extent, but where should we draw the line before this help becomes destabilizing to our own country? How many can we take in and provide for? This, although not the author's own line of thought, is a legitimate way to frame the problem and the questions that arise from such a case raise important and legitimate concerns on how we may prioritize in such extraordinary, morally challenging circumstances. Should we always help the ones in need? In which way should we help? We may even come to the conclusion that it is not our primary goal to help citizens of other states, but first and foremost the population of our country. This conclusion may be drawn from a certain way of framing the problem on utilitarian or justice theory grounds. If we are to maximize the total well-being of our own population, the population residing within the borders of our territory and having the legal right to do so, we might have to conclude that inflicting harm to others, i.e., refugees seeking asylum, is a necessary evil in order to do good for the citizens of the state we are responsible for. But, the same conclusion may be drawn from a care perspective in that we may conclude that our special responsibilities for our fellow citizens have priority. First, we have to take care of ourselves before being able to take care of others. Much depends on how we frame and analyze the moral problem that presents itself to us. Pettersen thinks that care ethics is more likely to alert us to this fact because it does not look for a final solution, but keeps the uncertainty of the situation at its heart. Furthermore, it can be argued that a decisive feature of the notion of care is that it activates shared human experiences and emotions that have the potential to overcome state/citizenship

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<sup>154</sup> Pettersen, 2011, p. 54; Gilligan, 1982, p. 74.

borders by motivating agents to identify with others. Leading to a recognition that dichotomies of citizens/non-citizens or we/others cannot be grounded in the experience that all human beings are both in need of care and able to care. Through tapping into shared experiences and feelings and identifying with others we may overcome giving priority and having a narrow concern for our own and disregard for others' well-being.

Employing universal principles such as human rights attempts to yield the same result concerning other moral theories such as justice theories. The main difference is that these principles are typically deduced from abstract assumptions such as the universal worth of the human being, while care ethics claims to base its universality in concrete human experiences and emotions. This is a dimension, traditional ethical theories may not be able to capture in the same way care ethics does.

On a different level, the same could be said concerning private moral dilemmas where different ways of framing the problem, a difference in facts we pay attention to, or applying different moral theories may yield different solutions to the problem.<sup>155</sup> Again, it is important to emphasize that Pettersen does not think that care ethics will provide us with a set of rules or principles that will solve these problems for us. Rather, it may provide us with tools to view the situation from various perspectives and different moral approaches. Care ethics may at its best give us a sense of direction on what to do in order to avoid exploit and hurt, but judgment of what to do will always be left to the moral agent. Both judgment and resulting conduct will be fallible and may even turn out to be disastrous.

The ethics of care approaches moral dilemmas from a maxim of non-violence and that "no one should be hurt."<sup>156</sup> Care ethics will not make the uncertainty of the moral dilemma go away by alluring us to seek certainty in mathematical models, principles of right or some absolute truth. It will take the uncertainty of the situation for granted and preserve it in the analysis of the dilemma as well as the decision that will be made. Providing refuge for hundreds of thousands of asylum seekers may lead to too much pressure on welfare goods, and anxiety among the native population of a country, violent acts against refugees and finally to destabilization of the help providing state. Not providing refuge may condemn thousands and thousands of human beings to certain suffering, hurt and even death.

But how then, is care ethics more useful to us than other moral theories if all that it does is to simply state that everything is uncertain and that our traditional morality and (morally) guiding principles

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<sup>155</sup> See my discussion of mature care on p. 49ff.

<sup>156</sup> Gilligan, 1982, p. 174.

do not really matter? The most important answer to this question may be that care ethics has the power to create a more understanding, positive and caring environment by tapping into shared human experiences. It lays the foundation for comprehending that we are who we are through care, at the same time creating a politically favorable climate to care for human beings in need by alluding to that all human beings are comparable on the most basic level. Thus, playing on similarities between ourselves and others, between citizens and refugees and the universal experience of care, rather than creating an environment of fear and alienation by emphasizing differences to *the others*. I believe this to be a unique benefit of care ethics because it alerts us to harmful actions, relations and structures on the one hand, and facilitates actions that promote human flourishing on the other.

The second core value of care ethics in addition to avoiding “hurt against others”<sup>157</sup> is the “universal commitment to human flourishing”<sup>158</sup>. The commitment to human flourishing might give us some indication as of how care ethics is meant to provide us with a compass to navigate the uncertainties inherent in our ethical dilemmas. Pettersen is aware of the resemblance the two core values, i.e., the universal condemnation of exploit and hurt as well as the universal commitment to human flourishing, have with the *principle of non-maleficence* and the *principle of beneficence*, respectively. However, care ethics, she cautions us, “involves more than [the negative duty of] refraining from harming”<sup>159</sup> as the principle of non-maleficence demands. Many times, it may require of us to actively interfere in order to avoid harm. Such active participation will also present us with some practical and philosophical problems. The principle of beneficence, for example, does in itself not provide any indication to how actively we should participate, i.e., how much we should care. What are the limits of our obligation towards refraining from doing harm, intervening to prevent harm and enabling human flourishing? How are we to know how much can be expected of the moral agent and will this be the same for individuals, groups, institutions and states? Or, as Pettersen puts it, what is the “limitation to the extent of our obligation to produce good”<sup>160</sup>?

Could it be that the carer cares too much and reduces himself to what Kant called a means to an end? Putting others’ interest before one's own may morally be praiseworthy but to give up oneself totally and to always subjugate one’s own aims, plans and actions to the one cared for can neither be realistically expected nor wanted from any moral agent. Furthermore, the principle of

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<sup>157</sup> Ibid., p. 165.

<sup>158</sup> Pettersen, 2011, p. 54.

<sup>159</sup> Ibid. See as well Pettersen, 2008, p. 42.

<sup>160</sup> Pettersen, 2011, p. 54.

beneficence may also be interpreted as the obligation to maximize the total production of good. If that were the case it would justify arguments for producing good for the majority of a people while allowing exploitation of and infliction of harm to a minority on the grounds that the maximization of the overall well-being of the society through exploiting the minority would be a beneficial and thus desirable outcome.

I see at least three relevant major ethical problems. One, if the universal commitment to avoid exploit and hurt is understood as the principle of non-maleficence one can only derive negative duties from it; do not hurt, do not exploit. Two, if not limited, the principle of beneficence may very well lead to exploitation of a statistically “irrelevant” few, i.e., a minority, or it may lead to, three, self-sacrifice.<sup>161</sup> All of these outcomes are undesirable. Being aware of negative duties will only tell us what we should not do, but cannot provide a guide for positive action, for what we should do. Exploit of a minority for the good of a majority would undermine the claimed universal applicability of the ethics of care. Self-sacrifice will eventually undermine our ability to care and thus cannot be wanted to be a core value of any sound ethical undertaking. Care ethics attempts to tackle these problems by both expanding the principle of non-maleficence on the one hand, as well as restricting the principle of beneficence on the other. In order to include a “*reasonably limited commitment to actively working for*” the prevention of harm and the promotion of human flourishing<sup>162</sup>.

Pettersen seeks to achieve this by coupling both principles, so that they expand and limit each other. She calls this the “expanded principle of not hurting”. In other words, her formula is as follows:

- Principle of non-maleficence +
- Principle of beneficence =
- **Expanded principle of not hurting**

In this scenario, the principle of non-maleficence is expanded by the principle of beneficence. Creating a positive obligation to intervene in order to actively prevent hurt and exploit. Whereas the principle of beneficence is restricted by the principle of non-maleficence to avoid exploitation and hurt of the statistically few as well as oneself, i.e., self-sacrifice.

The expanded principle of not hurting lays the foundation for what Pettersen calls the concept of *mature care*. Pettersen’s discussion of mature care is her way of arguing that any ethical approach demanding self-sacrifice or the sacrifice of others, and it doesn’t matter how “statistically

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<sup>161</sup> Pettersen, 2008, p. 41.

<sup>162</sup> Pettersen, 2011, p. 54. The emphasis is mine.

insignificant” they are thought to be, is incompatible with what she calls a mature concept of care or mature care.<sup>163</sup> Mature care basically says that care does always pertain to oneself as well as to others. If I am to give all my food to the world’s hungry, I will die of starvation and thus cannot care for the hungry anymore. Therefore, I have to feed myself if I want to feed others. The same is true for care. In order to be able to care for others, I need to care for myself, too. The argument could be made that to care for myself is a prior condition for being able to care at all. This reciprocal mode of thinking is derived from the relational model of care, as discussed above and in the history of the notion of care, where one always already exists within a care structure. We can find such reciprocity quite explicit in many cultures where it is expected that parents care for their children as long as they are able to, and, in turn, their children care about them once they acquire the ability and means to do so. We may even argue that all human societies are based on such reciprocal relations of care when it comes to participating in society. This is also supported by the generative myth of Cura where it is argued that we become truly human, that is, that we realize our full human potential by being cared for and in turn caring for others.

This is true for pure material or economic relations as well as immaterial relations such as education. Materially speaking we are born and need to be cared for by others in order to survive in society. We need food, shelter, warmth all of which we cannot provide for ourselves, but need caretakers to do so. Once we acquire the ability to care for ourselves and for others we are supposed to become caretakers ourselves. Even if we do not have children, many societies have institutionalized systems of care relations where we become “passive” or “indirect” care takers by paying taxes so that care may be organized on a professional and societal level. Through these care structures care becomes the generative and political task Erik Erikson demanded.<sup>164</sup>

Education serves as another example. We are in desperate need to learn in order to survive. We are born into an asymmetric constellation where we are the receivers of knowledge or education for many years. In the process, we need teachers that care for our intellectual and practical skills and their development and we need care structures, i.e., educational systems and institutions such as schools and universities that enable us to learn and flourish. Once we master a certain level, we may become teachers ourselves. We may choose a different line of professional work, but contribute to the education system through paying taxes. Even outside of the school or academic system we now become important to society for what we know, and our know how. We become mentors to interns or new colleagues at work. The symmetry of our position shifts from being the one in need of care,

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<sup>163</sup> Ibid., p. 55; Pettersen, 2008, pp. 14-16, 41-43.

<sup>164</sup> See chapter I, pp. 16-17.

to being someone who can care, e.g., through teaching, for others. That does not mean that we move from one end of the scale completely toward the other end. Through all of our human life, we will to certain degrees be at the receiving end as well as at the caretaking end. We are not all-knowing and have to constantly learn new things throughout life. We go through various stages presenting us with ever new challenges to be understood and dealt with. In all this time, we are dependent on someone to care for us in one way or another. We are born as infants in desperate need for care, grow up and become more independent and abler to care for others. If we are lucky, we grow old, become fragile, and will once again be in need of care.

If the system of care is a hierarchical one, we may very well start at the bottom and move toward the top while we progress. Think of a hierarchical education system where the person that is perceived to have the most knowledge, the expert, is at the top, while the freshman is all the way at the bottom. If the system is more egalitarian there may be a more level positioning of teacher and student. It will usually be based on the notion that even though a teacher has knowledge in some specific fields he or she may very well be able to learn something from the student in a different field. So that both teacher and student have more than one role to play. This is effectively exemplified by the gap of knowledge between most teachers and their students pertaining to the digital world. Even though it is thought to be the teacher's task to teach the students how to use digital tools such as computers, or the internet, the students' knowledge in this field often surpasses the teachers' by far. However, even if the student might be more proficient in using computers, knowing where and how to search the internet, etc. - in this way often becoming a teacher himself, and the teacher becoming a student - the teacher may still be able to educate the student with regard to critically examining sources or to using these tools for productive purposes, such as learning the ten finger touch system in order to be able to write faster on a computer keyboard.

#### MATURE CARE: PETERSEN'S ETHICS OF CARE

Petterson's notion of mature care is thus comprised of several ingredients. It is the notion of reflective care, which Gilligan already called mature care, and the expanded principle of not hurting. Petterson's mature care is thus different from Gilligan's mature care (which I called reflective care above) in that it is comprised both of a method for analyzing a situation (reflective care) and a guiding principle for action (expanded principle of not hurting).

Thus, drawing on Petterson, a fledged out care ethics is comprised of the following elements:

- **Relational ontology** (agents as always already within relations to others, reciprocity of interest).
- **Reflective practice** (mature care) and **epistemology** (the capacity of care in human beings develops through being cared for and caring for others, care knowledge is different from theoretical knowledge in that it pays attention to emotive components, larger societal and structural frameworks enhancing or limiting human conduct, care knowledge cannot be deduced from principles of right or from pure reason, care knowledge is universal in that it takes into account the carer as well as the caree, it draws on shared human experiences and feelings).
- **Guiding principle** (expanded principle of not hurting) that preserves the element of uncertainty emphasizing the role the agent plays in acting upon the information available to him or her.

#### WHO CARES FOR THE CARER? ON THE IMPORTANCE OF SELF-CARE (FOR OTHER-CARE)

Pettersen thinks that one of the biggest challenges to care ethics is that care is traditionally understood as care-giving and that it is strongly associated with a notion of self-sacrifice or altruism.<sup>165</sup> Furthermore, self-sacrificial care-giving is typically discussed as a strongly gendered practice and tightly linked to a feminine voice. There are two major problems with such a prejudiced understanding of care. One, it does not adhere to reciprocity with regard to the interests of both carer and caree. In other words, it does not take sufficiently into account the needs of the carer. Two, a biased understanding of care may be detrimental to developing a concept of care for ethics and politics alike.<sup>166</sup> It will thus be important in the following discussion to differentiate care ethics from care giving and the altruistic notion of self-sacrificial care.

Pettersen attempts to achieve this by redefining and replacing traditional and gendered notions of care by her concept of mature care. Care giving, in the traditional sense, is that a moral agent takes upon herself the task to care for another. Here the moral agent can be a person, a community, a legal entity such as a corporation or a state. However, care understood as mature care is never only care for an other, but always care for one's self. Because it is only when I care for myself that I will be able to enter into a caring relationship with others. This relational ontology is a profound

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<sup>165</sup> Cf. Pettersen, 2008, pp. 14-16; Pettersen, 2011, pp. 56-57; Pettersen, 2012, p. 376.

<sup>166</sup> In his article on *Contemporary Ethics of Care* Reich and Jecker support Pettersen's analysis that traditional prejudices related to care and the "close association of care with gender and with the feminine voice may hinder efforts to develop a broader human understanding of care, such as the understanding of care that emerged earlier in human history." Reich & Jecker, 1995, p. 372.



difference compared to other moral theories that are based on a conception of the moral agent as autonomous individual or a sovereign state. If care is practiced from the perspective of an autonomous or sovereign agent it will always end up to be perceived as a “mono-directional activity”<sup>167</sup>. The reason for that is that the carer will be viewed as the agent possessing the power and independence to care for the caree, while the caree will be perceived as the dependent, passive and powerless receiver of care. In its most extreme form the non-reciprocal understanding of carer and caree will thus end up to be viewed as either altruism (pure selfless care for an other) or egoism (absolute and sole care for oneself).

Pettersen’s concept of mature care attempts to avoid the altruism-egoism problem by being grounded in the above discussed relational ontology.<sup>168</sup> Conceiving of the moral agent as always already being within relations, and understanding the agent’s relational web as multi-directional fabric of relations is to say that all interests, both of self and other, are taken to be of *equal* importance. Mature care is about having “as much care for oneself as for others”<sup>169</sup>, at least in principle. This presents us with another challenge, one which in my opinion is the strongest criticism directed at mature care as a principle guiding our decisions. The issue of knowing which interests, experiences and point of views of which agents we are to take into account when making decisions. How are we to orientate ourselves in the “hodge-podge” of empirical facts, as Immanuel Kant described it, and seemingly infinite number of relations that surround our existence? Kant’s answer to that question was to design “a pure moral philosophy completely cleansed of everything [...] empirical”<sup>170</sup>. Care ethics in the form of mature care attempts to find a different answer. Mature care is not about identifying universal and absolutely true principles from which we then deduce norms and laws guiding our actions. It does not follow the Kantian impulse of withdrawal from the empirical world, but attempts to engage and interrogate every feasible facet of it.

But how can we attribute equal importance to absolutely all relations? Pettersen’s argues that within care ethics the notion of equality is to be understood differently from how it is typically understood in liberal theories. For the care ethicist, equal importance of all relations refers to the relation of self and others. This is a different debate from the debate about special relations and responsibilities, for example, towards family vs. strangers. Rather, the ethical importance of the

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<sup>167</sup> Pettersen, 2012, p. 376.

<sup>168</sup> This is not to say that Pettersen avoids the discussion. Indeed, she discusses the egoism-altruism problem in most of her writings on care ethics. Cf. Pettersen, 2008; 2011; 2012.

<sup>169</sup> Pettersen, 2012, p. 376.

<sup>170</sup> Kant, 1964, p. 37.

concept of equality within care ethics is to convey that one should not enter into personal, professional, local or global relationships “with a perception of one’s own or others’ interests as more or less valuable.”<sup>171</sup> Mature care is the practice of finding intermediate states between total self-sacrifice, i.e., of putting others’ interests before one’s own, and brutal selfishness, i.e., of putting one’s own interests over all others. Hence, Pettersen finds in this an Aristotelian approach of finding a “golden mean” between two extremes, in addition to it being a question of excellence or virtue.<sup>172</sup> Only through practice of care, engagement with other persons and the material dimensions limiting our action in the empirical world will we become better carers and more proficient in balancing between too little or too much concern for others or ourselves.<sup>173</sup>

Pettersen identifies one particular Aristotelian virtue to be of major importance to mature care, the virtue of friendship.<sup>174</sup> In his discussion of friendship Aristotle argues that such relations can be tricky to understand, because they can be of asymmetrical character, i.e., that the parties to the relation are not equal. Nevertheless, he argues for relations to be considered “friendly”<sup>175</sup>, if they aim for a virtuous mean between caring too much for oneself or for an other person, such as a friend. Aristotle divides relations characterized by friendship into three different categories, defined in relation to what they aim for. Relations of friendship can be defined according to their utility or usefulness, pleasure or to the extent such relations pursue the good for both parties. While he considers friendship for utility and pleasure to be inferior, since they merely regard others for what they can do for me (they provide pleasure or are useful to me in achieving my own goals), he thinks of relations based on what is good for everyone involved to be characteristic of true virtuous friendship. Such relations are thus characterized by “reciprocity and mutual goodwill between the agents”<sup>176</sup> and care for the friends themselves and not for what they can do for me.

Pettersen considers the unwillingness or inability to balance concern for others against one’s own to be “immature”, or as Aristotle would put it, not excellent with regard to feeling and acting out of

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<sup>171</sup> Pettersen, 2012, p. 377.

<sup>172</sup> Cf. Pettersen, 2008, pp. 125-132.

<sup>173</sup> Pettersen specifically argues that although she says that mature care can be understood as a virtue, she does not mean or want to “reduce care ethics to a version of virtue ethics”. Rather she views it as an ethical theory of its own. Cf. Pettersen, 2012, p. 377.

<sup>174</sup> As discussed in Aristotle’s (2000), *Nicomachean Ethics* books IV and VIII-IX.

<sup>175</sup> Aristotle uses the word “friendship” (*philia*) in lack of a better term. He is not entirely satisfied with using it, but thinks that it is the most adequate description of virtuous relations to others. *Book IV, chapter 6*.

<sup>176</sup> Pettersen, 2012, p. 377.

care. Mature care, for Pettersen, is thus a “skill” that can be developed not only in women, but potentially in everyone. It avoids a narrow focus on pure self-interest or on a single (or too few) particular other(s).<sup>177</sup>

The practice of mature care thus gives priority not only to the interests of others, but to an equal extent to one’s own interests. Nevertheless, Pettersen emphasizes that in order for human beings to develop their capacity to care into the practice of mature care self care is truly important and a topic that is typically omitted from the discussion of care. It is based on the experience that even a carer needs care.

This can be exemplified by the case of mental health professionals such as psychiatric and mental health nurses taking care of victims of extreme violence or extraordinary life catastrophes. Nurses tending to these victims often meet human beings in extreme shock like conditions with extreme and exaggerated feelings, emotions and irrational thoughts. Anxiety, fear of death, total loss of reality and intensely antisocial behavior are commonly found in people who have experienced the unthinkable. Tackling such an overwhelming amount of difficult blows of fate, and human beings at their worst mental and emotional states, requires extensive training and professional care skills from nurses, in addition to the possibility to get professional, mental and emotional help for themselves. Many times the need of help for the helper is overlooked, leading to high numbers of burnout, work absence and early retirement rates in these professions.<sup>178</sup> This shows that in these cases, as well as in other healthcare professions, and concerning the ability to care in general, taking the needs of the carer into account is just as essential as tending to the needs of the caree.<sup>179</sup> A notion that can be expressed in the question *who will help the helpers?*<sup>180</sup>, which conveys the impossibility to care for others without caring for oneself.

Caring for one’s self in order to be able to care for others is thus a necessary condition and essential practice for mature care. Furthermore, dissolving the altruism-egoism issue is supported by the argument of mirror neurons being responsible for an agent feeling pain or the need to care even without him or her directly being in pain or need of care personally.<sup>181</sup> If the mirror neuron theory is

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<sup>177</sup> Ibid.

<sup>178</sup> Cf. McCarthy, 1985.

<sup>179</sup> Svendsen, 2009, pp. 4-6.

<sup>180</sup> In accordance with the question Plato poses in *The Republic*. “Who watches the watchmen?”. As well in Roman satirist Juvenal’s (*Satire* 6.346–348), *Quis custodiet ipsos custodes?: Who will guard the guardians themselves?*

<sup>181</sup> See e.g. Rizzolatti & Craighero, 2004.

true, then altruism is never only altruism, and is indeed rendered impossible. For if mirror neurons, mirror the behavior of the one acting in the observer, inducing in him or her the same state of mind, emotions and feelings as in the observed, then to care for others, that is, to alleviate a carees' pain or feeling of discomfort and to help them achieve a state of happiness would do exactly the same for the carer. Acting beneficial toward a person in need and seeing her resulting happiness instills in the carer the same positive feelings and emotions as in the caree. Thus, it can be argued that an altruistic action is never purely altruistic because it helps the carer and the caree (if being well or happiness is the aim of the action). Since the mirror neuron system is hardwired into our biological makeup, we cannot even do anything about it. Seeing others in a positive physical state such as happiness reproduces in us the same positive state.

This is a problem for the traditional view of care where care is understood as self-less and mono-directional activity (pure other care, similar to *caritas*). Such an altruistic approach could even deem it to be morally wrong if egoism or selfishness, i.e., the interest in one's own happiness, alleviating one's own pain or feeling well, would be the sole motivation for caring for and helping others. Due to the mirror neuron system in humans caring for a caree and helping him or her to flourish or be in a less hurtful state automatically mirrors this state in the carer. Thus, one's own happiness can never be entirely excluded as motivation for a caring action. Anyhow, non-altruistic motivations are not a problem for the concept of mature care. Mature care does not give priority to purely altruistic motives; rather it embraces caring actions where the interests of all involved are taken into account within the expanded principle of not hurting. Consequently, both Gilligan and Pettersen are clear that any concept of mature care must not be misconstrued as other directed care, but "implies a balancing between the interests of self and others"<sup>182</sup>.

In essence, Pettersen derives the notion of mature care from the inclusion of the relational and reciprocal mode of thinking into the core of care ethics. Care, thus, becomes an activity in which both carer and caree participate. Her underlying strategy in tackling many of the criticisms<sup>183</sup> against

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<sup>182</sup> Pettersen, 2008, p. 14; Cf. Gilligan, 1993, p. 209.

<sup>183</sup> Such as the criticism that care will eventually always become paternalistic. However, care as a paternalistic concept comes from a certain understanding of how to view and deal with human interaction. In politics, as long as we understand it as rule over a territory and its people, that is, government of the state, any care may be comprehended in terms of top-down paternalism. Care becomes a mere administration of services provided by the state. The state or the one in the position to give care becomes the absolute provider of unlimited care, while the human being, the citizen of the state is on the receiving end. Pettersen explains several times that such a paternalistic understanding of care violates the normative core of care ethics and principles of mature care. She argues that interests of both carer and caree have to be considered equally and that any caring action must always fall within the constraints of the extended principle of not hurting. Nevertheless, in order for her argument to be relevant to politics and to tackle the criticism of political

care ethics is to change the categories through which we perceive the moral agent and that structure our understanding of morality as such. In changing these categories, moral problems will present themselves from a different perspective for the mature carer compared to other moral theories. In viewing the moral agent as related, the primary moral concern becomes how to create “good” relations that avoid hurting others and promote human flourishing, rather than finding principles that organize initially detached individuals existing together in a community under universal norms and laws. Even though, it is entirely possible to understand the notion of care as the prevention of harm and the encouragement of human flourishing from the perspective of an individualistic ontology, such a perspective would promote altruistic understandings of care and thus make it harder to define the limits of care. The “relational and reciprocal aspects of care [would] disappear”<sup>184</sup> and it would be harder, if not impossible, to find limits to how much good to produce for, as well as restricting how much one is to actively prevent harm to others.

#### THE MORAL DECISION OR HOW TO CARE?

Finding out what others’ or for that matter one’s own best interests are is far from being an easy task and requires “attentiveness and responsiveness”<sup>185</sup> to the situation. Attitudes we already identified in our discussion of the history of the notion of care as being essential ingredients to a moral concept of care.<sup>186</sup> Agents in a relationship may not always know what is in their best interest or various motivations get them to conceal their true interests. They might not even have particular interest at all. Furthermore, our interpretation of the needs of a caree, even with the best intentions, might simply be wrong or incomplete. To assume the carer always is correct in identifying the needs of the carees is an extreme form of paternalism and subjugation to differences of power that can offend and overbear the caree. On the other hand, unreflected submittance to a caree’s will would amount to surrendering one’s responsibility, especially when granting that there might be a lot of insecurities concerning the caree’s own needs.

So how then does one acquire the knowledge to make informed moral decisions within a mature care framework? Pettersen argues it is through developing and employing communicative and analytical skills. Anyhow, she owes us an explanation of how this takes place in practice. She merely

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paternalism one does not only have to change the categories of how to understand the moral agent, but of how to comprehend politics. I will provide such an argument in chapter III.

<sup>184</sup> Pettersen, 2011, p. 56.

<sup>185</sup> Pettersen, 2012, p. 378.

<sup>186</sup> See e.g. p. 9, 22, and 25.

points out that it “will depend on the context”<sup>187</sup> of the situation and suggests active involvement and ongoing reflection on “how one interacts with others, how well one understands and responds to them, as well as how one cares about oneself”<sup>188</sup> as a fruitful point of departure. Since mature care is based on an ontology of “interactive, relational selves” continuous attentive reflection on the empirical realities of situations, relations, context of relations, how to respond to others as well as oneself is required of the moral agent. This reflective approach must, according to Pettersen, “focus on reciprocity” the whole way, also when identifying interests to ourselves and others. Since there are no “pre-given rules” the concrete actions that are to be carried out are based in the particular situation and relations important to the situation. Decisions made must therefore be “based on knowledge of the particular relationship between carer and caree”<sup>189</sup> and are dynamic and adjustable always up for revision and change. This, Pettersen argues, leads to a “greater appreciation” of dialog and consent and reduces the risk of “paternalistic and exploitative caring”<sup>190</sup>.

Anyhow, the question of how to decide in which way to act is further complicated by the necessity to not only include our own interests, as well as the interest of one or a few particular other(s), but to include a “wider relational context”<sup>191</sup> in these decision. If we are to make informed moral decisions we must include not only the immediate relations between carer and caree, but also the web of societal and political relations, that is, the wider context within which these relations play out. Pettersen’s suggestions on how one is to achieve such an ethico-epistemological balancing act is to point out that by paying attention to the wider context of one’s actions one can more easily identify “structural conditions and problems”. The care agent’s task is not to make such problems go away by finding a quick-fix or easy solutions such as self-sacrificial care for a concrete other or applying pre-given rules of conduct. Rather s/he must become conscious of the limitations both to the carer’s own capacity to care as well as his or her knowledge of the situation and relations within the situation. The carer’s limited capacity to perceive reality (everything is filtered by our biological makeup and how we are able and accustomed to interpret this information) and knowledge can only be perspectival knowledge of particular situations. The same finiteness is true for the carer’s ability to care. A carer simply does not have the capacity to provide unlimited care to a single needy person because he or she must also care for others as well as for him or herself. Thus, a reciprocal approach

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<sup>187</sup> Pettersen, 2012, p. 378.

<sup>188</sup> Ibid. See as well Pettersen, 2008, p. 81.

<sup>189</sup> Pettersen, 2012, p. 378.

<sup>190</sup> Ibid.

<sup>191</sup> Ibid., p. 379.

to making caring moral decisions is meant to keep care within limits and prevent self-sacrifice and paternalism.

When discussing the history of the notion of care I found that many authors (e.g. Milton, Mayeroff) include sympathy, empathy or compassion into their reflections on care. Grounded in our existential vulnerability I argued that it should be considered to be one of the main ingredients of care, although care being a much richer notion having both “a deeper role in human life,” being “broader than sympathy in its tasks,” and entailing “a more committed role with other people and projects.”<sup>192</sup> Pettersen agrees with this argument and considers sympathy/empathy/compassion an important aspect of mature care, but argues at the same time for an extended principle of compassion.<sup>193</sup> Unlike altruistic or self-sacrificial moral approaches, the trinity of sympathy/empathy/compassion is “not granted superior [moral] status” as an “other-regarding feeling”. Rather, to avoid self-sacrifice, i.e., the dark side of unlimited compassion, Pettersen argues it should be extended to be more in line with a mature concept of care. This principle of extended compassion entails empathic feelings, emotions and actions toward “more than one particular” caree and permits altruistic acts (if possible at all) only as an exception, not the norm. Pettersen grants that there should be the possibility for a carer to act in a self-sacrificial way every now and then, e.g. when parents need to put the needs of their children over their own. Anyhow, such situation must be limited in time to avoid negatively affecting both carer, immediate caree and the wider relations of care toward other carees. Self-sacrificial behavior should only be permitted as long as it happens within the extended principle of not harming and takes into considerations the wider web of relations of both carer and caree(s). Limiting sympathy/empathy/compassion is thus not seen as a lack of, but as a necessary element of mature care in order to avoid relations becoming harmful and exploitative.

Furthermore, making moral decisions, Pettersen argues, should never be based on feelings, emotions or reason alone. Relying on either one will typically produce one sided, singular and prejudiced decisions. Decisions that are representative of immature care. Rather, the “involvement of both reason and emotion”<sup>194</sup> is required for mature moral deliberation. In other words, the analytical process producing the knowledge required to make moral decision from a perspective of mature care, may separate reason from emotion for theoretical purposes, but both need to be

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<sup>192</sup> Cf. Reich, 1995, p. 357.

<sup>193</sup> Cf. Pettersen, 2012, p. 379.

<sup>194</sup> Ibid., p. 380.

considered in order to “grasp the practice of care”. Hence, mature care requires of the carer to employ both reason and emotion, while immature care is representative for a moral agent using only the one or the other. This means on the one hand that regarding both emotion and reason as important for caring implies that the moral agent can practice care for others her or she does not have compassion or other feelings toward. On the other hand it allows the carer to refrain from acting rationally if the rational thing to do would be “counterintuitive or contradict [the agent’s] emotions.”<sup>195</sup> The mature carer thus consults with both “emotions *and* [...] intellect”<sup>196</sup> the ideal outcome being “agreement between the two”.

The reciprocal relation of emotions and reason as well as their equal footage with regard to caring are another instance of how the theory of mature care (re)interprets the principle of equality and reciprocity. Equality and reciprocity with regard to the interests of all the parties involved in a situation is, as I argued above, one of the major guiding principles of a caring practice. It does not mean that everyone should get the same amount of care or the same commodities. Rather, it says that both carer and caree should consider all involved interests as equally important. Depending on the context of the situation some interests might need to be given priority. Such privileging must nevertheless be limited to concrete situations and specific issues. It arises out of the asymmetry of the relations between carer and caree, that is, that one has to be in the position to care in order to be a carer. Think of asymmetry in the refugee example. The context of the situation put the refugee in a state where it becomes harder and harder to care for family and him or herself. A state is definitely abler to care (prevent harm and support flourishing) for refugees than the other way around and thus priority should be given to caring for human beings in such extreme circumstances who have to flee an existential threat. The same holds with regard to the asymmetry in a parent child relationship. Unless the parent is dysfunctional and the child old enough to be a carer the parent needs to assume the caring role. Especially the growth and flourishing of very young children is dependent on emotional and physical care and thus must be given priority. In such cases, the carer is typically perceived as holding a higher degree of autonomy, power and freedom to act, while the caree does so to a lesser degree. The caree can be described as dependent on and left to the goodwill of the carer. One can see how such a situation may be described as bearing the potential for being abusive or paternalistic. Pettersen avoids this criticism by arguing that it is again reciprocity with regard to the “mutual recognition of respect for each other as human beings of equal worth”<sup>197</sup>

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<sup>195</sup> Ibid.

<sup>196</sup> Ibid. Original emphasis.

<sup>197</sup> Ibid., p. 381.



that is to be given preference. Such mutual recognition is one of mature care's most important features that distinguishes it clearly from an altruistic understanding of care.

Mutual recognition on the conceptual level creates the background for the empirical context within which care takes place. For Pettersen, mature care is not about caring for everyone to the same extent and in the same way. Rather, the empirical differences and facts about carer and caree are "highly relevant for how care is practiced"<sup>198</sup> and must be taken into account when considering concrete situations. How to care and how much care that is to be provided depends on the situation. This is because relationships are different and thus the practice of care must be different. Relations of friendship where friends consider themselves equals demand different care than the relation between a teacher and a student, a parent and his or her disabled child, a political community and its members, or a state and a refugee. In order to care in a mature way one has to take into account the "contextually relevant factors" such as what kind of relationships that are important in the situation at hand and the empirical realities on the ground.<sup>199</sup>

Furthermore, reciprocity in mature care would demand of all related parties to contribute to the relation being a caring one. How much the parties can be expected to contribute would again be dependent on contextual relevant factors and the kind of relation. Pettersen argues that it is fruitful to think of relations as being defined by a common goal, e.g., the caring relation between teacher and student as having the goal of the student learning more, or the relation between a nurse and a patient as having the goal of the patient becoming well again. In all such relations, reciprocity consists of both carer and caree "having to make an effort to achieve that goal"<sup>200</sup>. Such contribution can happen concerted or individually and in various forms such as exchange of "knowledge, information and emotions". It always presupposes mutual recognition and commitment to the relation's goal. Reciprocity is thus absolutely required, but limited in time and scope to the relation's common goal.

This presents us with an interesting problem for it is not always straightforward to agree on a common goal for a relationship. The real problems emerge when teacher and students do not agree on the same goals, a patient has a different idea of what s/he will need in order to become healthy again, or states in the international community disagree on the best solution to solve a violent

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<sup>198</sup> Ibid.

<sup>199</sup> Taking into account contextually relevant factors such as types of relations, empirical realities and the wider context are also important when thinking of care in a political context. See, for example, my discussion on p. 82ff.

<sup>200</sup> Pettersen, 2012, p. 382.

conflict or the current refugee crisis. It seems to be typical of asymmetrical relations that one may not be as committed to the “common” goal as the other. Think of a student not wanting to learn, or not being interested in the stuff the teacher wants the student to learn, or a state not wanting to extend care to non-citizens such as refugees. How does one get both carer and caree to agree and being committed to the same goal?

I believe there is no simple solution to this problem<sup>201</sup> but it is possible to deduce the “mature” way to go from what we have said about mature care so far. Starting with recognition of the interest of all parties to the relation one would need to accept that there might be an initial conflict of interests. The teacher wanting to educate, the student not wanting to be taught, the refugee wanting protection, the state not wanting to grant it, the nurse wanting the patient to exercise, the patient wanting pills to fix his or her condition instead of self-effort based on good advice. Nevertheless, both carer and caree are linked in the concrete situation in that they have to solve a specific problem.<sup>202</sup> Thus, recognizing the validity of their interests is essential in order to find common ground and a mature and caring solution.

Furthermore, in many relationships, especially fairly restricted, instrumentally defined, goal-oriented professional relationships,<sup>203</sup> the goal is given in that it is pre-defined and carer and caree are seen as mere parties that are entering in some sort of contract in order to achieve this goal. Teaching students skills and knowledge about topics important to society is already defined and given when both teacher and student enter into a relationship. Nursing or curing a patient is the pre-defined aim of a relationship between nurse and patient. Helping to get people back to work is the given task of a public official when dealing with somebody who has just lost his or her job. Providing protection from prosecution is the already agreed on task of any state of the international community. Nevertheless, I find it to be truly comprehensible that it cannot be expected of the parties to the relation to simply accept such aims solely on the basis that they are given. The carer provided with the task to educate, nurse, heal, or protect, can of course always force the caree to accept such goals, such conduct is easily identified as paternalistic, immature and harmful to any relation. Common goals must be mediated and communicated through a reflexive dialogical process. This will substantially increase the odds for both carer and caree to find common ground. Such communication takes time and requires resources and is sometimes not feasible in the real world

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<sup>201</sup> I did not find Pettersen elaborating on this issue in her writings 2008; 2011; 2012.

<sup>202</sup> It may also be the case that carer and caree do not agree on the problem either. The following discussion will address this issue.

<sup>203</sup> I will discuss such defined relationships in the next pages. Nevertheless, it is important to emphasize that, as discussed earlier, not all relationships are of this narrow kind.

due to empirical limitations. Nevertheless, failure of communication is a typical reason for why common ground cannot be found or potential care relations turn into harmful or exploitative relations. It would attest to immature care to simply always already presuppose agreement on common goals. Rather, reciprocity demands examination of interests of carer and caree as well as discussion of what goals are to be achieved within which limits.<sup>204</sup>

According to Pettersen, limitations to the scope of how to care and what to care for will be different for different kinds of relations. While it may be acceptable, even necessary, to employ a wider scope, for example, for parents to care about “almost every present and future aspect of their offspring's well-being”<sup>205</sup>. The same will not be true for professional relations such as those between student and teacher, nurse and patient, state employee and citizen that are limited to specific goals. The care of a teacher may extend beyond simple conveying of information to the student and include pedagogic conduct and didactic preparation of knowledge. It may even include attempting to motivate students to learn more and acquire more knowledge, but only in so far as this contributes to the student's education, and not beyond. In professional relations, one typically sees a subdivision of responsibilities such as having various specialized teachers to educate students on different subjects, or having various public departments that are to take care of a person with regard to various aspects of leading a healthy human life, such as the department of public health, public safety, traffic safety, social welfare etc. It can, however, not be expected from a professional carer to extend care beyond the specific relationship. A nurse, a teacher, or a public official are not expected to care about every aspect now and in the future of a caree's wellbeing, education or social welfare once the goal of the caring relationship is achieved. This would go beyond the professional relationship and demand too much of a self-sacrifice from the carer and would thus not be an instance of mature, but of immature, care. Reciprocity with regard to limiting the scope of caring relations is thus an essential skill for the practice of mature care and “part of the caring responsibility” of the mature carer.

But what happens if one party to the relation suddenly decides to not actively participate in the relationship anymore? Would it be ok for the carer to simply refrain from further care, since the caree has violated the relationship? The answer to this question is “it depends on the situation”. The mature carer would be guided in his or her actions by the principle of reciprocity in the form of the extended principle of not harming. So as long as terminating the relation would produce more harm

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<sup>204</sup> Sluga throws some light on the question what happens when people do not agree on common goals, which is usually the case in politics. See chapter III, p. 84ff.

<sup>205</sup> Pettersen, 2012, p. 382.

for carer and caree the mature carer would not want to end it. If ending it would be beneficial to the overall relation as well as flourishing of caree and carer, then the mature carer would terminate the relations even if the common goal has not been achieved, yet. Doing so only after taking into considerations the interests of both him and herself as well as the caree and communicating with the caree on the reasons for why the relation or commitment to the common goal was ended. A student who is not convinced that what s/he is taught is useful, important or necessary for his or her future may not want to enter into or continue the teacher student relationship. Anyhow, it could be expected of a mature teacher to at least attempt to motivate the student, through discussion and providing rational as well as emotive arguments, to continue with his or her education. Much may be solved through communication. The mature teacher being attentive to a student's education may find it more fruitful to motivate a student by letting the student pursue his or her own interests. In this way the common goal of educating the student would be achieved, but not on the basis of pre-given aims or the teacher/education system paternalistically defining the given goals, but by reciprocally treating both the carer's (teacher's) and caree's (student's) interests.

At the same time, it is important to emphasize that even though a carer is responsible for his or her own caring acts, s/he "must not assume the responsibility for *all* the caring needs"<sup>206</sup>. There are situations where other people in the wider web of relations as well as the caree him or herself must assume at least some of the care responsibilities. Caring is a shared practice with "shared responsibilities" between individual, societal and political agents. Due to our human condition it is simply impossible for one person or one agent alone to attempt to meet all the needs of an other now and in the future. Such an unrealistically altruistic and self-sacrificial concept of care merely conceals the inter-human, legal, societal and political dimensions of care and must be rejected if one wants to avoid the carer being exploited and the caree being "treated a passive receiver"<sup>207</sup>.

In cases such as the above case of teacher-student relationships it is important to take into account as much of the relevant pre-existing relations, complexities and empirical limitations of the concrete situation as possible. What are the reasons for the caree not wanting to participate in the relationship? Why is there disagreement between carer and caree on the aims of the relations? Are there other overruling interests, or harmful relations that may interfere with an otherwise potentially flourishing relation? For example, a student's private relations at home or to other classmates. Asking the relevant questions and analyzing possible answers is not an exact science and will itself always depend on the context of the situation. Common goals are not to be taken for

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<sup>206</sup> Ibid.

<sup>207</sup> Ibid.

granted or assumed to be preexisting. Rather, such aims must be negotiated through dialogue and communication against the context of the situation. Employing the principles of mature care, that is, reciprocity with regard to interest, concerned attention to the empirical realities of the concrete situation, and the extended principle of not harming can provide a fruitful perspective on concrete dilemmas and guide decisions based on how they contribute to positive conduct and flourishing relations.

## MATURE CARE AND THE EUROPEAN REFUGEE CRISIS

Consider the refugee crisis example again. When a refugee is asking for protection in another country he or she is in a situation of total dependence on the goodwill of the (immigration policy) of that country. Typically, the question of whether or not to accept refugees from other countries is not made solely on the basis of respect for refugees as human beings of equal worth (as legal documents such as the universal declaration of human rights and refugee convention demand). Nor is it made based on the fear of losing one's humanity when not providing care for refugees, but on strategic policy evaluations concerning factors such as cost of refugees to the state, difficulty of integration, destabilizing potential of taking in a large number of refugees, usefulness of refugees in terms of labor force, etc. The demand to solely base a country's political decisions on the universality of human rights or the absoluteness of mutual recognition of respect for each other as human beings of equal worth can be counterproductive in such cases. The reason for that being that such approaches do not take into account the empirical and political realities of the concrete situation. It is not feasible to demand from a small country with a limited economy to take upon itself the major burden of providing protection for refugees simply because it is the first country to which most refugees flee.<sup>208</sup> If one asked whether such a demand would prevent overall harm and promote human flourishing, the answer would merely turn out to be "maybe so". But, what about the harmful effects to that country's economy and societal stability? And what about the xenophobic resentment such a policy could produce? If the task of providing refuge for a large number of refugees becomes too large, it could destabilize that country's political order, leading to more chaos,

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<sup>208</sup> This is representative for among others the position of Bulgaria, Serbia and Romania. With regard to this argument, it is truly interesting to look at Lebanon, which, being one of the first countries to which Syrian refugees flee, has taken in an asymmetrically large amount of refugees. Around 1.5 million refugees from Syria alone, amounting to more than one in five people of its total population. On top of that, come more than 320 thousand Palestinian refugees putting more than half of the Lebanese population in need of extensive aid and care. Source: UNHCR, 2015, p. 3.

misery and suffering.<sup>209</sup> To say it with Pettersen's words, it is immature and ignorant to demand from a state something the state cannot provide due to factually existing empirical limitations. In other words, as discussed earlier, in order for care to provide us with useful principles that will be employed by an agent such as a person, a state or a moral agent in general, it must provide us with possible actions that are within our capacity to act on.<sup>210</sup> If the moral voice demands from us actions we do not have the capacity to carry into execution it cannot be said to provide a useful guiding principle for conduct.

Rather, as I believe becomes clear with the current refugee crisis, such universal and absolute demands coupled with a perceived overwhelming amount of refugees will more likely lead to more fear, xenophobia, and a shift toward conservative and right wing politics.<sup>211</sup> This shift can be observed in countries closing off their borders because they perceive refugees as a threat to their existence and domestic stability<sup>212</sup> against which they have to "defend"<sup>213</sup> themselves.

But, how would care ethics be different from a pure human rights approach grounded in the universal equality and worth of the human being? Is it not true that mature care demands that we view the interests of the refugee as being equally important to our own and that we should respect the equal worth of refugees as well as their interests? This is true, but mature care differs in that it does not deduce from this pre-condition a universally moral obligation to grant *unlimited* care. It does not start from a universal right to care, that is, that all human beings have a right to be cared for. It merely states that if human beings are not cared for, the not caring will have certain detrimental effects on these human beings, their relations and capacity to enter into relations that promote human flourishing. Anyhow, care ethics still leaves the evaluation and decision whether or not one is to act upon such insight to the agent. At the same time mature care provides guiding principles in the form of the extended principle of not hurting (actively work to prevent harm, promote human flourishing) and the principle of reciprocity.

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<sup>209</sup> As the Lebanon example shows.

<sup>210</sup> Cf. chapter I, pp. 27- 28 & Pettersen, 2008, p. ix.

<sup>211</sup> Cf. Resnikoff, 2015; Abé et al., 2014; McHugh, 2015.

<sup>212</sup> Such as Hungary that has already closed off its border to Croatia with Slovenia considering to do the same.

<sup>213</sup> This was the wording the Romanian Prime Minister Victor Ponta used, when meeting with the Bulgarian and Serbian Prime Ministers in the Bulgarian capital Sofia prior to a planned European Union leaders summit on the current refugee crisis. He said "If there are countries which close their borders, or build fences, then we have the right to *defend* ourselves [against refugees] in a timely manner." Tsolova, 2015. Own emphasis.

If, for example, one would employ mature care with regard to the European refugee crisis one would need to analyze the nature of the relations between refugees and the potentially protection providing states and the ability of the various states to actually provide protection that is in line with the expanded principle of not hurting. Since a potentially refuge providing state is in a position to care for refugees, for example, by providing protection from war, prosecution, hunger and human suffering mature care would demand of this state to do whatever is within its powers to care.<sup>214</sup> Such an argument is grounded in mature care's universal condemnation of exploit and hurt and draws on feelings, emotions and needs that are shared by all human beings. To be in a state of absolute vulnerability, without protection or the ability to provide for oneself will inevitably produce suffering and pain. To avoid such suffering care toward the needy is required. The basic idea is that everyone will be able to relate to such a situation and be able to picture herself in it and realize the need for care. Consequently, care does not only appeal to our sense of righteousness (it is the right thing to do to help a person in need), but also to our most basic human instincts, the instincts to survive and avoid pain, in order to persuade the carer to realize the need to actively care.

One could hold against such reasoning that states are not people and cannot experience pain or suffering. This argument largely depends on how one understands a state. If a state is understood as a political community made up with relations between agents that is to provide the necessary conditions for such relations to exist and flourish, one could argue that the relations and agents within the state and thus the state itself can indeed get hurt and take damage. Not in the same way a single human being can get hurt, but if the state's primary function is to create conditions favorable for the web of relations to exist and flourish, avoiding such damage would be one of the state's primary goals. So in a way a state that is made up of political systems, people and relations would be able to relate to the experience of pain, or crisis in a comparable way to how persons can relate to such traumatic experiences. Threats to its existence create a state of emergency that is to be avoided.

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<sup>214</sup> It is, at least in part, an empirical question to what extent states are in a position to care and many states would argue that they simply have no resources to do so. I am aware of the fact that my following argument is grounded in me claiming that states are in a position to care. Anyhow, I believe this to be a legitimate claim because although the empirical dimension to which extent states can care for refugees will put certain limits on a state's ability, it is not the motivation for providing care. Rather, the motivation is the recognition of refugees being human beings in need, requiring protection, and care regarding their basic human needs in the same way a state's citizens do. See, for example, the discussion on reflective experience of pain on p. 16 and the discussion of the core principles of care ethics on p. 43ff. An empirical argument could be made with regard to the fact that Lebanon definitely does not have the resources to take in more refugees. Yet, they continue to care for refugees fleeing Syria by providing shelter, food and protection despite creating shortages for their own citizens.

This line of thought could also provide a basic understanding for why states are able recognize not only the needs of related persons in crisis such as refugees, but of other states that may experience crisis and are in need of care, too. It can pave a wider and more inclusive understanding of why some states struggle more than others to care for refugees and provide protection. It may be simply because they themselves are in a state of crisis needing help.

Giving protection, providing food, housing and safety is a way of tending toward and caring for the needs of a person who had to flee her home and has lost everything except her bare life. The notion of care grounds such arguments in the universal condemnation of exploit and hurt by attempting to activate shared human feelings. Most people will be able to think of themselves in a situation where they have been exploited or hurt and were without protection and maybe even unable to provide for themselves. Typically, this is a situation most of us want to avoid or get out off due to the hurt it induces and detrimental effects it has on us and our relations. Thus, most people will be able to relate to mature care deeming it to be a responsibility of every able state to actively provide such care. If the state refrains from doing so it violates mature care's extended principle of not hurting (actively work to prevent harm, promote human flourishing). The relation between a state and a refugee seeking refuge is a typically asymmetrical relation where the state is the carer - the one able to provide care - and the refugee the caree - the one in need of care. Nevertheless, it could not be expected of the state to provide unlimited care to all the refugees coming to this state seeking protection. The state would also have the obligation to take into account the interests of its own citizens (even if they would be motivated by xenophobia), but first and foremost to uphold stable political conditions guaranteeing the preservation of conditions necessary for its existence. Only if such conditions are preserved will the state be able to provide care now and in the future. In other words, it could not be expected of that state to sacrifice itself for the sake of caring for refugees. That being said, mature care would demand of that state to participate in providing care for refugees as much as it is able to.

Hence, bigger and economically more robust states would have to carry a larger burden of care than smaller and economically fragile states. Every state would have to participate, but mature care would not demand unrealistic sacrifices from states. On the contrary, it would even demand of the robust and economically powerful states to care not only for help seeking refugees, but for the needs of the more fragile states as well, and to assist them in their caring. All, of course, within the limits of their possibilities.<sup>215</sup> Reciprocity with regard to the wider web of relation within which

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<sup>215</sup> Again, we get to the question of what these limits are. The care perspective does not claim to be able to determine these limits and is open to, for example, employing economical and utilitarian approaches for determining the real possibilities for and limits to care. Care ethics does not attempt to replace other ethical



states, citizens and refugees are, additionally demands an active contribution to achieving the common goal of providing protection and care for refugees from all the involved parties. This means it would also demand from refugees seeking protection to actively contribute to this goal as long as this promotes human flourishing and is within the limits of mature care's expanded principle of not hurting. In other words, refugees must not be treated as passive receivers of help, but are to be active parts of finding solutions. Anyhow, the expanded principle of not harming would forbid treating refugees as mere "resources" that can be moved, allocated and redistributed (deported).

Care's analytic gaze also turns a mature carer's attention toward the wider web or relations and thus to the relational causes for why there are so many refugees. The violent and abusive relationships of refugees to their "home" state that is not able to (or does not want to) care for them, that is, to provide protection and stable conditions promoting human flourishing, anymore, are not simply a cause that is to be accepted as given by the mature carer. Rather, mature care would require to analyze why these relationships have become detrimental promoting suffering and hurt require to actively work to turn such damaged relations into relations favorable for human flourishing.

Before moving on from the above discussion of how care can function in a political context to the discussion of a political notion of care let me sum up the ethical concept of care. Carol Gilligan resurrected the notion of care in her book *In A Different Voice*, thereby laying the foundation for introducing care that had traditionally been a minority tradition of philosophical thought (see chapter I) into mainstream philosophy. Gilligan's goal was to show that the care perspective is typically representative for how women tend to understand and solve moral problems and that this is merely a different way of comprehending ethically demanding challenges, not inferior as, for example, Gilligan's mentor Lawrence Kohlberg argued. Tove Pettersen took Gilligan's account of reflective or mature care and developed it into a full-blown account of care ethics by providing a theoretical foundation grounding care ethics in a relational ontology, developing a morally guiding principle of mature care and limiting its scope by incorporating the extended principle of not harming into its core. Care ethics, Pettersen argues, is a powerful moral perspective that can draw attention to empirical realities of moral situations to which other moral theories might be blind. At the same time the care perspective does not attempt to replace other moral theories such as utilitarianism or justice theory.<sup>216</sup> Rather, it is realistic about its own limitations, retaining

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frameworks. Rather, it attempts to get the agent to change her perspective so that moral problems can be understood from different angles. Care does not solve all the challenges regarding a concrete moral or political problem, but draws the agent's attention to the complexities and various perspectives pertaining to a concrete situation.

<sup>216</sup> Cf. Pettersen, 2008, p. xiv.

uncertainty and fallibility at its heart, and being open toward employing different perspectives to better understand and respond to moral problems.

It emphasizes “empathic association with others, being responsible and caring”<sup>217</sup> and perceives agents as connected in relation to others. “[T]he others” are comprehended in the context of the particular situations they are in. Care ethics typically construes moral problems as issues of relationships and response, thus changing the moral question from what is the morally right, just or useful thing to do to “How should I respond?”. This does not mean that care ethics views questions of justice, righteousness or usefulness as irrelevant. Rather, mature care incorporates these perspectives into its response framework. Thus, moral problems are analyzed, evaluated and acted upon from a perspective of care and the attempt to maintain and promote connections and relations to others, at the same time actively preventing harm, hurt and suffering. When deciding how to respond or evaluating the decision leading to a response mature care will draw the agent’s attention toward asking questions such as what will happen or has happened, how will things work or have worked, and whether or not relationships will be hurt, maintained, enhanced or restored.<sup>218</sup>

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<sup>217</sup> Ibid., p. 8.

<sup>218</sup> Cf. Ibid.; Gilligan, 1988, p. 35.

## CHAPTER III - THE CARE FOR THE COMMON: A POLITICAL NOTION OF CARE

The notion of care, it has been claimed, has the power to change the way we traditionally think about ethics and morality. Tove Pettersen developed the notion of care into the concept of mature care for ethics. Mature care, Pettersen argues, through changing the ontological foundation and following epistemological implications, from an ontology based on the concept of the individual to a relational ontology<sup>219</sup> and to mutual recognition of interests of both self and others<sup>220</sup>, changes the ethical question from what is the morally right, just or useful thing to do to the question of how to respond<sup>221</sup> in a way that avoids hurt and promotes human flourishing.

I have indicated some political implications of the notion of care during the discussion in chapter II. Most of the examples I discussed with regard to care were in fact not taken from the private domain, but pertaining to relations and moral challenges which are typically classified as being within the domain of the political. Relations such as between states and individuals or groups of individuals (refugees) or professional relations (teacher-student, nurse-patient). This, I see as an indication that the notion of care can address political questions and thus possesses an application value extending beyond the pure ethical domain. Due to its ability to draw on and activate universally shared human experiences, feelings and emotions, as well as its being concerned with creating favorable conditions for reducing hurt and promoting human flourishing and enhancement, across generations and traditional boundaries<sup>222</sup>, care truly seems to be a political undertaking at heart. Therefore, I will now turn toward one political thinker who has attempted rethinking the political from a perspective of care.

Hans Sluga in his book *Politics and the Search for the Common Good* (2014)<sup>223</sup> critically analyzes and discusses advantages and limitations to politics understood as “the care of the common”, a concept he takes from the pre-Socratic thinker Protagoras. Since Sluga’s main aim in the book is to rethink politics and the concept of the political he spends most of his time discussing, deconstructing and criticizing what he calls the “classical” normative concept of politics that extends from Plato to John

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<sup>219</sup> Pettersen, 2012, p. 376.

<sup>220</sup> Pettersen, 2011, p. 57.

<sup>221</sup>Cf. Pettersen, 2008, p. 8, 135.

<sup>222</sup> See chapter I on the history of care.

<sup>223</sup> Which I will refer to as simply *Politics*.

Rawls. Sluga contrasts their “normative theorizing” with what he calls politics as “diagnostic practice”. Thus, most of his early thoughts on the significance of care for politics can be found in an earlier work, in particular *The Care of The Common* (2011). Here Sluga offers deeper insights into the Protagorean concept of politics as care of the common by the common<sup>224</sup>, which he views as essential for coming to a new understanding of politics as the ongoing search for a common good, not universal or absolute in character, but temporary and ever negotiable.<sup>225</sup>

Sluga wants to revive the care of the common in order to overcome the individualism and liberalism inherent in modern politics.<sup>226</sup> The background for this project is Sluga’s reading of Wittgenstein<sup>227</sup> and Foucault<sup>228</sup>, who he thinks are focusing too narrowly on an ethics of the self. According to Sluga, both thinkers fail to recognize that any ethics of the care of the self presupposes an ethics of the care of the common. It is a different way of saying what I discussed in chapter II, that there can be no other-care without self-care and that care is a reflective activity. Foucault, Sluga argues, did arrive at his notion of the care of the self from his study of ancient Greek ethics, but failed to see that the Greeks did in addition operate with the notion of the care of the common through which Greek thinkers such as Plato and Protagoras attempted to comprehend politics.<sup>229</sup> Sluga repeatedly states that in order to generate an adequate ethics of our relations to others, any concept of “the care of

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<sup>224</sup> Although being the working title of his latest book, Sluga has never published *The Care of The Common* (2011) and the passages I am referring to are not included in *Politics* (2014). The reason why I choose to refer to unpublished material is that Sluga’s working paper will provide the reader with a deeper understanding of how to understand and conceptualize different kinds of caring both from a philosophically historic as well as from a relational ontology point of view. Furthermore, it will add some background to Sluga’s project in *Politics* (2014) and his project of rethinking the political. The material contains many of Sluga’s thoughts that, as I believe, significantly contribute to understanding care in a political context. I realize that Sluga may not be committed to these thoughts anymore and thus my reading of his work will aim to be as charitable as possible. My goal is therefore not to criticize what is in the unpublished work, but to draw from it. Sluga’s unpublished thoughts do not possess the philosophical momentum to replace normative political theory, but serve as a steady point of departure and important contribution to further develop the notion of care into a tool helping us to understand politics under current circumstances and a political concept guiding our political actions.

<sup>225</sup> Sluga, 2014, p. 69, 234, 249.

<sup>226</sup> Read against the background of being a philosophical undertaking, the overcoming of philosophical individualism (with the individual being the starting point of our theoretical models of understanding politics) and philosophical liberalism (the understanding of freedom as the ability to do what is right or what one wants) seems all too familiar to Pettersen’s project. The difference being that Pettersen attempts to rethink ethics from a perspective of care, while Sluga wants to rethink politics from a perspective of care. Both struggle with the traditional ontology and epistemology of their respective fields, but can be read as complementary to each other where the one fills in the blindspots of the other.

<sup>227</sup> Sluga, 2013, p. 16.

<sup>228</sup> Sluga, 2014, p. 198.

<sup>229</sup> Cf. Sluga (2014) on Foucault on the care of the self, pp. 194 - 198.

the self must be grounded in an ethics of the care of the common”<sup>230</sup> and that these two concepts are mutually interdependent.<sup>231</sup>

Although, there are no references to care thinkers to be found in Sluga’s work and he thus does not seem to be acquainted with the literature on care ethics<sup>232</sup>, his way of comprehending care adds to Petterson's discussion of reciprocity and mature care. On the one hand Sluga argues that all human relations and interactions and consequently all care contain a political element. On the other hand, he specifically attempts to limit the scope of politics of care to only encompass certain relations. Furthermore, and in utilizing the care of the common to rethink politics, Sluga adds an important dimension to Pettersen’s discussion of self-care vs. other-care, and argues that enlarging the care perspective to include an understanding of the care of the common is necessary for the notion of care to become a political concept. Thus, Sluga views the care of the common as a complementary concept to the care of the self, which he has borrowed from Foucault, who in turn has taken it from Plato. Sluga himself has taken the concept of the care of the common directly from Plato’s *Protagoras* and *Statesman*.<sup>233, 234</sup>

## FROM THE CARE OF THE COMMON TO A GENERIC NOTION OF CARE FOR POLITICS

The most explanatory passage from his current book on how Sluga understands the care of the common can be found in the introduction of *Politics*. Here, Sluga briefly explains that both Protagoras and Plato had their own understanding of the care of the common. According to Sluga, since the time of Plato, mainstream political philosophy has understood politics as rule over a territory with its people. While Plato thought that politics should be comprehended as the rule of the polis (city-state), the modern alteration of this thinking is that politics is government of the state. Sluga thinks that the notion of politics as rule over a territory is problematic. It defines the legitimate categories in which one thinks about politics and the concept of the political, thus, making it difficult to comprehend politics in alternative ways, such as politics understood as a search for the common

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<sup>230</sup> Sluga, 2013, p. 16.

<sup>231</sup> Ibid., p. 24.

<sup>232</sup> Cf. Sluga, 2011, pp. 5-6, 49 footnote 1 & 2. He merely refers to Harry G. Frankfurt and Martin Heidegger’s philosophical discussions of care.

<sup>233</sup> Sluga, 2013, p. 16. See footnote.

<sup>234</sup> Sluga, 2014, pp. 5-6.

good, which, Sluga argues, “stands at the beginning of our entire Western tradition in political thought”<sup>235</sup>. It is, he argues, the one comprehension of politics from which all other philosophical conceptions of politics have sprung and precedes even the notion of politics as rule of the polis, or government of the state, as we now have learned to say.

Anyhow, there is only a short section on how Sluga comprehends the care of the common in the introduction to *Politics*. For him, it seems, the care of the common is a certain way of doing politics understood as search for a common good and thus he spends the rest of the book analyzing what kind of good this common good should be. In the introduction Sluga provides the reader with a negative definition of how he understands the care of the common in which he describes it as not being about rule, administration or government of a territory and its people, but a searching activity, that is, an activity or practice, for a common good, which is temporary and negotiable. He highlights these features because he thinks that they sound quite alien to the political philosopher, especially the traditional normative theorist who might tend to ground the common good in a universal and absolute good, nature, reason or conceptual truth.<sup>236</sup>

However, according to Sluga, this traditional normative view is not how most people comprehend politics today. Rather, he explains that during the past 200 years the understanding of politics has changed and is understood by most people of the 21st century as a shared undertaking in which everyone can potentially participate, through one’s own voice and action. Experts, such as political theorists, scientists, or professional politicians still have importance but are merely one voice among many others in this undertaking.<sup>237</sup>

Sluga justifies the temporary character of the common good by appealing to the fallibility and uncertainties inherent in all human and indeed political life. Due to the contingent and unpredictable character of politics, he argues, a political philosophy that takes upon itself to understand politics and even provide us with some orientation to how we may act in the face of our situated and existentially uncertain position, cannot be preoccupied with the search for universal truths, norms or standards by which to judge political actions.<sup>238</sup> One can witness the same impulse in Pettersen who wants to retain human vulnerability, fallibility and uncertainty with regard to ethics in her theory of mature care. Pettersen does not believe that moral dilemmas can be decided by

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<sup>235</sup> Ibid., p. 5.

<sup>236</sup> Ibid., p. 6.

<sup>237</sup> Ibid.

<sup>238</sup> Ibid., pp. 6-7.

universal and absolute moral principles and emphasizes that the actual judgement and decision of how to act in a concrete situation is left to the agent.

Politics understood as the care of the common, Sluga speculates, may very well be a conception of politics much older than what we generally consider the beginning of western philosophy.<sup>239</sup> He identifies the search for a common good in Plato's writings who, Sluga argues, put it in the mouth of the pre-Socratic philosopher Protagoras. Protagoras who was labeled a Sophist by Plato argues that we are forced to take care of ourselves, our human business, because the Gods have abandoned us and are no longer interfering in the dealings of humans. Consequently, we have no choice but to take care of our own business and to engage in politics. The problem; nature has left us outfitted badly and with very limited tools to do this. According to the Protagorean myth, we are left "naked, unshod, unbedded, [and] unarmed"<sup>240</sup> with only an underdeveloped capacity for fairness. The proximity of Sluga's reading of Protagoras to care ethics becomes evident when he explains that if we are to successfully live together in political (human) communities we have to learn the *care of the common* through a life of tending and nurturing.<sup>241</sup>

According to Sluga, this is the reason why Protagoras proclaims democracy to be the best way of organizing a political community for the search of the common good.<sup>242</sup> It is crucial to emphasize that for Sluga Protagoras does not understand democracy here as *the rule* of the people, but as a *concerted practice* or worthwhile activity, that is, an ongoing search by the people for the best way to live together in a community. The view of democracy being *the rule* of the people was critiqued by Plato. Plato used Socrates as a mouthpiece to express the fear of democracy being a mob rule, a perverted form of the rule of the demos.<sup>243</sup> Plato's Socrates sarcastically, calls it "a noble polity [and] delightful form of government, anarchic and motley, assigning a kind of equality indiscriminately to equals and unequals alike"<sup>244</sup>.

Sluga points out that thus the Protagorean view of politics as the care of the common stands in contrast to three other conceptions of the common good. The common good as delivered by 1)

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<sup>239</sup> Ibid., p 5.

<sup>240</sup> Plato, *Protagoras*, 321c.

<sup>241</sup> Sluga, 2014, p. 5.

<sup>242</sup> Ibid.

<sup>243</sup> A lot may depend on how one translates the Greek word κράτος and whether it is understood in terms of might, dominion and power or as an act of valor, that is, a courageous and worthwhile undertaking.

<sup>244</sup> Plato, *Republic*, 558c.

divine inspiration, 2) as a good chosen for us by an elite, or 3) as passed down by royal ruling. The Greeks knew all of the above views. Nevertheless, they were rejected by the Athenian democrats as well as Protagoras in favor of a conception of politics as a cooperative undertaking aiming not at the justification of politics as rule grounded in an absolute truth, but at a social understanding of the common endeavor in which the common good was “to be determined through a shared engagement of essentially equal partners not through an appeal to authority, intellectual or otherwise”<sup>245</sup>.

The intriguing relevance of the Protagorean notion of politics as the care of the common for our understanding of politics is revealed to us by analyzing how Plato adapted this concept to his own needs. According to Sluga, Plato agreed with Protagoras that politics concerned the *ἐπιμελεια του κοινου*, the concern with public issues, or the more literal translation, the care of the common. They both agreed on that we have to discover the care of the common for ourselves because the gods have disappeared from our lives and do not take care of us anymore, if they ever did at all, by intervening in our human affairs. Anyhow, Plato, in contrast to Protagoras, argued that expertise is needed in politics and that only experts should commence the search for the common good. Thus, attempting to free the care of the common from the democratic ethos that Protagoras had attached to it.<sup>246</sup>

In *The Statesman* Plato writes that “no other art would advance a stronger claim than that of kingship to be the art of caring for the whole human community”<sup>247</sup>. Sluga takes Plato to have reinterpreted the “art of tending [...] or caring” for the whole human community into the skill of “managing them”<sup>248</sup> and into the art of “*ruling* all mankind”<sup>249</sup>, thus, influencing our understanding of politics in two decisive ways. First, he paved the way for an understanding of politics as the government of the state, or the rule over a political community (*polis*), as Plato would say. According to Sluga, this understanding of politics has become our “classical” concept of politics passed on to us in its various forms through Plato and Aristotle.<sup>250</sup> Second, Plato spinned the notion of politics as a search for the common good in the Protagorean sense, that is, as the care of the common, an including and specific human undertaking in which everyone could potentially participate, into

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<sup>245</sup> Sluga, 2014, p. 5.

<sup>246</sup> *Ibid.*, p. 6.

<sup>247</sup> Plato, *Statesman*, 276b. See as well Sluga, 2014, p. 6.

<sup>248</sup> Plato, *Statesman*, 275e.

<sup>249</sup> *Ibid.*, 276c. Own emphasis. See as well Sluga, 2014, p. 6.

<sup>250</sup> Sluga, 2014, p. 6.



politics being a domain for experts.<sup>251</sup> In other words, that there are experts for the search for the common good and that it should better be left to them to determine such a good, in the same way other activities within various fields that require certain specialized knowledge should be left to experts in the respective fields. The experts that Plato saw most fit to do this job were philosophers, more precisely a philosopher king. Thus, Plato advanced the understanding of politics as the rule of the expert philosophers. Sluga thinks that the same idea is still alive today in the attempt of some political philosophers trying to devise universal principles, norms and standards for political life<sup>252</sup>.

#### FROM THE CARE OF THE COMMON TO CARING FOR THE COMMON: A NOTE ON TRANSLATION

The observation that Plato's own agenda has colored his way of framing the political opens up the possibility that Sluga's translation and interpretation of the *ἐπιμελεια του κοινου* might actually be influenced by Plato's thought and way of conceptualizing politics. Therefore, I want to propose a different reading of the *ἐπιμελεια του κοινου* from Sluga's. This proposition is not grounded in any expert knowledge of ancient Greek and the change I propose is minimal. While Sluga translates the *ἐπιμελεια του κοινου* as the care *of* the common, I believe that this reading already represents the understanding of politics as a potentially paternalistic and top down activity, the rule of someone in power *over* a community. I can only take care *of* something or someone if I am in the position to do so, that is, if I have the power and resources. The preposition *of* objectifies the noun (that which is to be taken care of) and signifies distance and dissociation<sup>253, 254</sup>. Furthermore, taking care of something entertains the perception that care-taking is something which can be easily done in the same way as one can take care of a broken car, a bag of rubbish or a problem that can simply be "fixed". It describes an activity with a concrete goal that is easily limited in time and space. By contrast, interpreting the *ἐπιμελεια του κοινου* as the care *for* the common, rather than the care *of* the common retains a richer sense of care that may have certain benefits when discussing political activity. The preposition *for* supports the comprehension of care being a process, a caring activity, which cannot as easily be defined in time and space, but requires reflection and attention. Care *of*, it can be argued, is consequently narrowed down into being an administrative, paternalistic and

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<sup>251</sup> Ibid.

<sup>252</sup> A comprehensive discussion of the "classical" understanding of politics and how Sluga pictures it is beyond the scope of this thesis. For Sluga's discussion see Sluga, 2014, Part I.

<sup>253</sup> "of", Harper, Douglas R, 'Online Etymology Dictionary' ([Lancaster, Pa.]: D. Harper, 2015) <<http://www.etymonline.com>>

<sup>254</sup> "of", OED Online. Oxford University Press, September 2015. Web. 23 September 2015.

distant activity. This is especially problematic when thinking of human beings or a political community. Such demerging care loses much of its connotative richness and multi-directiveness. For that reason, I propose to translate the *ἐπιμέλεια του κοινου* as the care *for* the common or *caring for* the common. The preposition *for* captures a different meaning of care, especially it being a process of caring, a related and directional activity of concern or solicitude retaining a sense of attentiveness, conscientiousness, and devotion.

#### THE GENERIC NOTION OF THE CARE *FOR* THE COMMON

Although, there have been various and uniquely different political experiences over the course of history<sup>255</sup>, Sluga thinks that Plato and Aristotle have “stabilized for us the parameters for any concept of the political we might consider”<sup>256</sup>. But, he is concerned that in the wake of global terrorism, the financial, economic, social and climate crisis the “classical” concept of politics has become unfit of “carrying a positive significance” under current circumstances. To Sluga, the classical concept of politics today persists as a “dreary reality” with government and the state being more about erection and compounding of borders, about absolute and sovereign rule over and administration of a territory, but alien to the idea of politics being a search for the best way to live together. Thus, Sluga argues, that from a historical point of view the time has come to investigate alternative understandings of the political and “what being political can mean *for us today and under current conditions*.”<sup>257</sup>

To this end, he initially turns to three political thinkers who were dissatisfied with the Plato-Aristotelian understanding of politics and have thus thought to develop a “new” concept of the political. Carl Schmitt, who attempted to show that a friend-enemy schema was the foundation of all politics, Hannah Arendt, who wanted to show that the concept of the political corresponds to that of free action, and Michel Foucault, who argued that politics is to be comprehended as a system of circulating power relations. All three of them, Sluga argues, fail in generating “a viable concept of the political.”<sup>258</sup> In *Politics* he dedicates a whole chapter to each thinker where he discusses in length what they contribute to political philosophy and where they fail to provide a feasible concept of the

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<sup>255</sup> Sluga understands that what it means to be political is a different experience for a modern liberal bourgeois to that of a citizen of Imperial Rome, Athenian democracy, or medieval peasant, burgher, cleric or liege lord. Cf. Sluga, 2011, p. 2. Note that Sluga (2011) refers to his unpublished work.

<sup>256</sup> Sluga, 2011, p. 2.

<sup>257</sup> Ibid.

<sup>258</sup> Ibid., p. 3.

political. In summary, he thinks that while Schmitt's friend-enemy schema fails to explain the positive interactions of those who share a form of life and thus can be considered political friends<sup>259</sup>, Arendt's concept of the political seems to lose focus on the content of politics which thus mutates into a "strange luxury" due to Arendt's sharp separation of free action from satisfaction of need<sup>260</sup>. For Foucault, human beings are through and through in the grip of power which determines his concept of the political. Such an understanding of politics is unsatisfactory because it merely allows for the unexplained and unjustified hope that power (politics) always permits resistance<sup>261</sup>. Finally, Foucault rethinks politics from a perspective of the care for the self<sup>262</sup>, which he took from his study of ancient Greek ethics. He argues that in order to care for oneself, one has to engage oneself politically. What Foucault overlooked was, according to Sluga, that the Greeks had an additional concept to the care for the self. The care for the common, which accompanied and complemented the care for the self.<sup>263</sup>

For that reason, and since he thinks that all three thinkers fail in providing a viable concept of the political, Sluga proposes to turn to politics understood as the care for the common. Even though Sluga realizes that such a proposal may seem initially quite eccentric he still deems it necessary in order to rethink politics, because he, too, as Pettersen does, thinks that the kind of knowledge, that is, the categories and concepts in which we think, as well as the language and words with which we describe the world around us, determine to a large degree how we understand, conceptualize, explain and solve (political or ethical) problems.<sup>264</sup> Sluga does however not propose to go back to a *specific* pre-Socratic or Platonic-Aristotelian concept of the care for the common as a "participatory form of politics"<sup>265</sup> or rule over a polis, respectively. This is mainly because the circumstances under which the specifically ancient Greek concept of the care for the common worked, have changed and the current conditions for politics in a global world are quite different from the conditions the old Greeks found themselves in.<sup>266</sup> Rather, Sluga employs the care for the common "as a *generic*

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<sup>259</sup> Sluga, 2014, pp. 143-145.

<sup>260</sup> Ibid., p. 169.

<sup>261</sup> Ibid., pp. 194-195.

<sup>262</sup> Sluga, here too, uses care *of* the self rather than care *for* the self.

<sup>263</sup> Sluga, 2014, p. 198.

<sup>264</sup> Sluga, 2011, p. 3.

<sup>265</sup> Ibid., p. 4.

<sup>266</sup> Cf. Ibid., pp. 18-19.

characterization of politics”<sup>267</sup> in order to construct a “new” concept of the political. While the historically specific version of the Protagorean notion of the care for the common is limited to a determinate structure of politics as well as a specific understanding of the notion of care and the common, the generic interpretation opens both the notion of care and the common up to interpretation. The generic character of the care for the common is the reason why the understanding of politics, that is, the interpretation of both *care* and *the common* could be changed from the Protagorean notion of politics “being specifically a participatory activity” by the people and for the people, to politics being understood as “rule of the best” over a polis by Plato and Aristotle.<sup>268</sup>

Generically speaking, care can thus take many forms, such as “traditional rulership, messianic dictatorship, bureaucratic administration or even corporate governance.”<sup>269</sup> However, the notion of the common can accommodate several interpretations, too. It may be understood as the polis (as it was understood by Protagoras, Plato and Aristotle) or as a “common fiefdom, state, empire, federation, union, or more loosely as community, group, or tribe”<sup>270</sup>.

Hence, Sluga thinks that the Protagorean version of the care for the common should be of interest to us for three reasons. First, it can be seen as the root of the Platonic-Aristotelian conception of politics as rule of the best. Second, it provides a historical model to which we can compare our own politics. Third, the model can also be seen as an ideal for our own political practice. Consequently, the Protagorean model can be taken to be a historical source, a point of comparison, and a normative standard. Anyhow, these uses differ from the generic notion of the care for the common. Sluga argues that there are three different uses for the generic formula. First, it may be helpful in revealing characteristics of politics that have been lost or obscured by the “still dominant Platonic-Aristotelian concept of the political”. Second, if there exist features of the political that have been lost along the way, so to speak, the generic notion of the care for the common may provide an analytical tool to “bring out deep and pervasive features of all human politics”. Finally, Sluga thinks, that it may also be used as a template in order to construct “a concept of the political that is fully adequate for our time”.<sup>271</sup>

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<sup>267</sup> Ibid., p. 4. Own emphasis.

<sup>268</sup> Ibid.

<sup>269</sup> Ibid.

<sup>270</sup> Ibid.

<sup>271</sup> Ibid., This is precisely Sluga’s project in *Politics*. Anyhow, since rethinking the political clearly is beyond the scope of this thesis, I will rather limit myself to a discussion of the significance of care for politics.

As I have shown in chapter I and II, the notion of care and its significance for ethics and politics, does have a history that can be traced. Furthermore, with the help of Warren Reich and Tove Pettersen, I have argued that the notion of care has had influence on how to meaningfully understand human existence and interaction from a relational ontology. Thus, I agree with Sluga, that the notion of care may help us in identifying features about the political that draw on ideas and insights into human existence that might be characterized as universal in the sense that they pertain to all human beings. The notion of care conveys what is important in living a human life, that we all depend on care, and that we are what we are only through care. While Reich (1995) does not mention care with regard to Protagoras<sup>272</sup> at all, Sluga elaborates on an account of care that provides a foundation for politics that is not based on the conception of the rule of a territory/community, but on the existential significance of care for living a human life.

Thus, Sluga agrees with Reich and Pettersen that it is “one of the most pervasive characteristics of human life that we extend care”<sup>273</sup>. Without trying to score heavily philosophical points, he observes that human beings care for each other, parents care for their children, that most societies and political communities care for their members, and that there are structures in place that support caring for the sick, the old and the dying. We care for people that are close to us and we even have a capacity to care for strangers in need. This human capacity and wish to care for those who have suffered spectacular misfortune and who have almost entirely lost the ability to care for themselves, has been one of the overwhelmingly positive human impulses during the 2015 European refugee crisis.<sup>274</sup> A crisis where individual persons together with help and aid organizations representing civil society have expressed and acted on a political will to care for the many refugees coming to Europe and other countries. In many instances, such care has been organized and extended without the help of the respective governments or governmental institutions, and in many cases against the will of the state that did not want to or was not able to help.<sup>275</sup>

However, the 2015 refugee crisis also shows various other basic human emotions and impulses motivating human conduct. Such as fear turning into anxiety and hatred against “the others”. I do not wish to argue that human beings care all the time and that care is the single overriding human capacity or first impulse. I do not even want to claim that care is the strongest motivator in our

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<sup>272</sup> In fact, he only briefly mentions the importance of care with regard to the care of the soul tradition Plato discussed in the *Apology* and *Phaedo*. Cf. Reich, 1995, p. 351.

<sup>273</sup> Sluga, 2011, p. 5.

<sup>274</sup> Cf. Kuhn, 2015.

<sup>275</sup> Cf. Seibt, 2015.

emotional make-up or for that matter political actions. Neither do I want to argue that human beings can do without our basic emotions of fear and anxiety. All these emotions, feelings and impulses can play a positive role in protecting human life. Sometimes hateful responses and radical action may be the only defense we have left as individuals and communities in the face of an unjust and overpowering situation. What I do however claim is that human beings, societies and political communities can do better without furthering fear, anxiety and hatred among their own population and against others, but by promoting care and building care structures. Pettersen's notion of mature care gives us a tool for analyzing and evaluating the political landscape. Politics based on fear, anxiety and hatred promotes violent, harmful and deteriorating relations, rather than it supporting human flourishing and thus such politics must be the least favored alternative when facing political problems. Moreover, mature care with its principles of reciprocity and the extended principle of not harming can provide guidance where to look for political solutions that promote human flourishing. It is by taking into consideration the interests of all involved and by actively working to reduce fear, anxiety, hatred and the hurt they do to relations. Creating care structures and institutions that deal with the conditions that promote harmful politics and facilitate a politics of care can be a good starting point. If sowing fear and hate reaps more fear and hate, then truly it might be that sowing care will reap more care.<sup>276</sup>

But, human care is not only political in the sense that it extends to other human beings now and in the future. Rather, our capacity to care includes caring for other sentient beings such as animals (especially our pets), caring for plants, and even dead material things. Thus, one could argue that care is a pervasive feature of the human condition. That does not mean that human beings necessarily care for each other. A *mature* notion of care actually demands to limit the extent of our capacity for care and to make sure to care for ourselves, and our communities too. Nevertheless, most humans care for someone or something on a very basic level. Such care, concern, compassion or love can extend to people, animals, or even material as well as non-material things such as a much beloved car, the work we do, the songs we sing, and what kind of life we live. On a personal

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<sup>276</sup> Such a claim, due to its rhetorical character, is difficult to prove. Anyhow, the shift from a caring culture with regard to refugees can be observed in the example of Germany. A representative survey by German national television ARD regularly collects poll data concerning how many Germans are worried about the refugee situation and show hostile attitudes toward refugees. The survey finds that the worries of German citizens concerning the refugee situation shift with the rhetoric by leading Politicians. While initially the majority of Germans 59% were not worried about refugees (See ARD, 2015a, September 11), this picture has changed. Now 51% of Germans are worried about refugees (See ARD, 2015b, October 1, and ARD, 2016, January 15). This shift is analogous to how leading German politicians initially employed a welcome culture rhetoric (See, for example, Jakob, 2015, August 2015), which now has changed to a worrisome and fear based rhetoric. See, for example, Gathmann & Nelles (2015, August 21). The shift in popular opinion toward a more fear- and hateful attitude by Germans toward refugees is also discussed in Butterwegge (2015, October 19).

level, cognitive and emotional states play a major role for whether we engage in caring acts or not. It is indeed likely, Sluga argues, that we will be more inclined to engage in acts of care taking “[when] we are in a caring state of mind”<sup>277</sup>. But what about the political state a society, community or nation is in? If Sluga’s argument that a caring state of mind is more likely to facilitate acts of care taking is true, it may be a worthwhile thought experiment to extend it to the political. It can be argued that societies, political communities or states that are in a caring state, that is, that prioritized to include as many interests as possible in their political system, laws and politics may be more inclined to actively engage in creating conditions favorable for human flourishing and reducing violent and harmful relations.

Nonetheless, to Sluga, emotions, sentiments and states of mind are not the important thing with regard to a political notion of care. Neither is it the subjects and objects for which we care. Sluga’s crucial claim is rather that we “frequently and normally [engage] in acts of care-taking”<sup>278</sup>. This “pervasive and normal” feature of human life is supported by the insight that “we are who we are only through caring”<sup>279</sup> and the care structures provided for us by the community we live in. Here, Sluga’s perspective on politics falls in line with the existential tradition that understands care as essential to being human<sup>280</sup> and consequently to politics being an exclusively human enterprise. Thus, he notes that human babies cannot flourish without their mother’s nurturing. That human beings are to a certain extent products of the care their parents, teachers and mentors extend to their education. That one depends on care services extended by other people and institutions and that others depend on care services extended by oneself. In order to create progressive relations and facilitate human development a teacher cares for his pupils, a lecturer for his students, a doctor or a nurse for his patients, a lawyer for his clients, a salesperson for his customers, a community for its members and a state for its citizens. At the same time the teacher, the lecturer, the doctor and the nurse, the lawyer, the salesperson, the community and the state are themselves pupils, students, patients, clients, customers, members of a larger system, and agents in a world or international society at different times and various stages in their existence. It is another way of saying that agents are always already within a web of relations and that these relations can be beneficial to creating development and human flourishing if they are characterized by care

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<sup>277</sup> Sluga, 2011, p. 5.

<sup>278</sup> Ibid.

<sup>279</sup> Ibid., p. 6.

<sup>280</sup> See e.g. chapter I on the history of the notion of care. Especially the myth of cura, and Heidegger’s interpretation of it on pp. 9-10.

(Pettersen). Thus, Sluga agrees with one of the basic principles of care ethics, that “human culture is pervasively a structure of care”<sup>281</sup>. He attempts however to narrow down the scope a mature concept of care politics should have in order to avoid care turning into being too broad a concept and thus becoming irrelevant.

## FROM SIMPLE CARE TO GUIDING

In order to think on politics from a care perspective Sluga focuses on the three major forms human care can take. He distinguishes between care as “simple care”, “guiding” and “attending”. This is important for developing a political notion of care because care politics does not relate to all three forms of care in the same way. If one is to develop a mature concept of care politics one must indeed limit its scope to avoid making the concept too general for being relevant. Sluga attempts to limit care politics by arguing that it is only a certain form of human care that is directly relevant to developing a notion of care politics.

Generally, simple care is concerned with the “life and (physical) wellbeing [*sic*] of someone or something”<sup>282</sup>. Sluga portrays this as the most basic form of care, the form we usually think of when we talk about care and that can be found in the way we extend care to babies, the sick, the old, but also to animals or plants. We care for them because they could not survive, or their condition would be drastically worse and deteriorate without care. I discussed this in length in chapter I & II. Anyway, It can be argued that such simple care is not only limited to living beings, but does indeed extend to immaterial things such as cars, houses and other possessions. By caring for them, we are in a certain way interested in their condition. Even though these things do not possess life of their own, at least not in the sentient sense, they can have a shorter or longer lifespan (time of usefulness and effectiveness), depending on how much we actively care for them. For our tools to last long and our cars to have a long life, we want them to be in an excellent condition. Thus, it can be said that by extending a form of simple care to immaterial objects we are concerned with their condition. And since care is a reflexive activity, extending simple care has the potential to enhance the well-being of the carer, too. If I keep my car in a perfect condition I feel happy, if my house is beautiful and cozy I feel comfortable, if my tools are working properly I may feel less frustrated and my life quality increases. The obvious difference in caring for material things is that these things cannot actively participate in the caring relationship. They do not have interests or goals of their own. Here,

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<sup>281</sup> Sluga, 2011, p. 6.

<sup>282</sup> Ibid.



Petterson's discussion of mature care does give us a useful guide for limiting our care for material things. Because the simple care for persons, animals, plants or things must be kept in check. If it turns into burdensome and down pulling concern, it becomes an extreme form of care with detrimental effects to ourselves and the persons and things we care about. Thus, for Sluga, taking care of oneself, that is, being concerned with one's own life and well-being, is essentially an instance of simple care.<sup>283</sup>

In addition to simple care, Sluga speaks of a second form of care that is not directed at bodies and their well-being, but at actions. He calls this form of care "care as action-guiding or simply [...] *guiding*".<sup>284</sup> Guiding is in some way similar to simple care in that it is a form of action. At the same time it is different from simple care because it is an action (the act of caring for) directed at other actions. Guiding is typically extended when one is concerned with someone else's behavior or quality of actions. Thus, for Sluga, teaching is the prime instance of guiding. The need for guiding arises because most things human beings can do have to be learned at some stage. Even though a newborn has certain biologically hardwired reflexes that are to ensure the satisfaction of the most basic needs, the satisfaction (by a parent) of these needs falls within simple care because the parent is concerned with the physical well-being of the child. First, when the parent becomes concerned with the actions of the child, that is, when the parent teaches the child "to speak, or to eat properly, or to be polite"<sup>285</sup>, the parent starts guiding the child's behavior.

Sluga's underlying assumption here is that most human actions require skills that have to be learned. And even though some of these skills may be acquired autodidactically, most skills have to be taught by someone who knows how. They require "instruction from someone who already possesses the appropriate skills"<sup>286</sup>. Such instruction or guiding typically requires a whole set of skills itself. In order to be learned an action may need to be demonstrated, verbally described and explained, supervised, encouraged and motivated, and sometimes even disciplined, controlled and restricted. Sluga, here too, agrees with Petterson that care as guiding may occasionally require "direct and indirect forms of force or violence"<sup>287</sup>, for example, political coercion when coercion is legitimate. Moreover, Sluga points out that human actions are not always straightforward. They are rather complicated and thus

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<sup>283</sup> Ibid.

<sup>284</sup> Ibid., p. 7.

<sup>285</sup> Ibid.

<sup>286</sup> Ibid.

<sup>287</sup> Ibid. See as well Petterson, 2011, p. 59.

need “planning, regulating, supervising, as well as reviewing and assessing”<sup>288</sup>. Actions may turn out to be too dangerous to execute, or detrimental and harmful to others and may thus require despisement, restraint and even prohibition. Hence, Sluga thinks that it is the qualities of our actions that are the main motivator for engaging in care as guiding of both our own actions and other’s actions. Since guiding requires and contains various actions and skills itself it is not one single, but “a multi-form” activity.

Care as guiding is thus a form of action that is directed at other actions which are themselves typically directed at actions or bodies. It is a qualitatively different form of care that contains and involves simple care. However, another category of actions or care is particularly important for comprehending politics through the lens of care. It is the caring actions directed at a special form of actions, specifically *human interactions*.

For Sluga the care directed at human interactions is a special form of guiding, which he calls “tending or also attending”<sup>289</sup>. While Sluga thinks of guiding as directed at actions that require skills in order to achieve a material goal, for example, the building of a boat, the fixing of a car, the destruction of a document, or excellence of an action, for example, speaking properly, running fast, or writing well, that involves guiding the action of a single person, tending or attending directly involve and engage more than one person. This however complicates things. While building a boat by using tools seems to be a somewhat straightforward goal where excellence of performance, effectiveness and success can be measured relatively easily by the outcome, and guidance can be given with regard to possible improvement of either outcome or process, human interactions typically do not have a common goal. At this point Sluga might be more helpful than Pettersen<sup>290</sup> in discussing what happens when people do not agree on a common goal for their actions, as is usually the case in politics.

Different people with different goals take different courses in life in order to achieve their goals. It is only when the courses people are embarked on intersect that interaction happens. The outcome of such interaction is, however, anything but straightforward. It may lead to “course corrections” that were not intended by either person. Sluga uses an example from Physics to explain this. He describes people’s life courses as trajectories.<sup>291</sup> When the trajectories intersect, the outcome can be visualized by a parallelogram of forces. Neither of the persons on a trajectory will continue on their original course but through interaction, their courses may change. That does not mean that they

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<sup>288</sup> Sluga, 2011, p. 7.

<sup>289</sup> Ibid., p. 8.

<sup>290</sup> See discussion in chapter II, p. 60ff above.

<sup>291</sup> Sluga, 2011, p. 8.

have to change into the same direction. Rather, all involved will change course into a different direction. The figure below attempts to visualize Sluga's thinking.

Figure 1

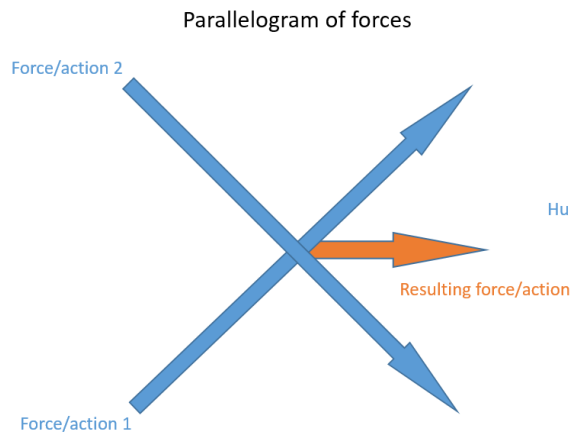


Figure 2

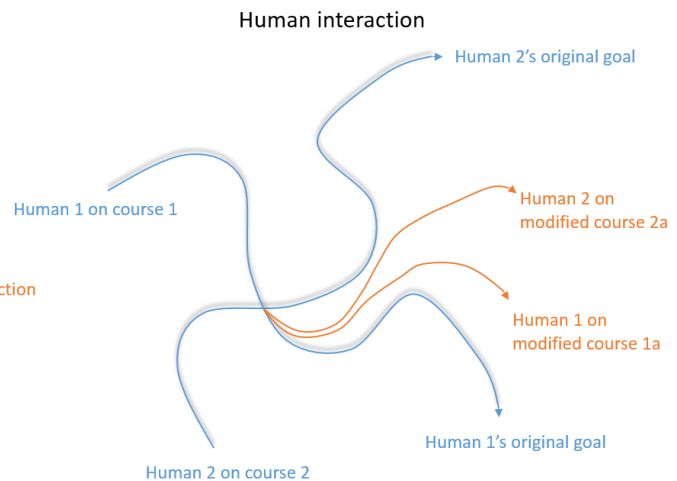


Figure 1 and 2 are not to be taken literally. They are, of course, a simplified visualization. In reality, there may be more than two people interacting and their trajectories are influenced by all kinds of internal and external motivations, goals, wishes, hopes, emotions, knowledge, societal structures, cultural and political factors, as well as relations. Neither do human beings when they interact keep on interacting and pulling in the same direction as in figure 1. Human interaction is not straightforward and does not play out along perfect lines. Many times interactions will be limited in space and time and after the interaction has taken place, people will simply go their ways and continue on their courses, although the interaction may have altered the bearing (cf. figure 2). Thus, Sluga points out that for all those interacting with one another "the interaction may constitute something different"<sup>292</sup>, that it may have a different goal, and a different purpose. Hence, human interaction is more problematic than simple actions and calls for a different form of care that is more intensive and prolonged. Such tending or attending includes the

"establishing and maintaining of dialogue, negotiating, coordinating conducting, reconciling, the formulating [of] terms of agreement and difference, producing of compromises or alternatives, the

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<sup>292</sup> Sluga, 2011, p. 8.

drafting of agreements and contracts, the telling of stories that can unite the different parties, enticing and threatening the breaking or resistance, the enforcement of actions, etc., etc.<sup>293</sup>

Naturally, this requires many different skills from the interacting parties. Especially the earlier discussed knowledge and understanding of others as well as one's own needs, desires and interests. It requires the agents to be able to communicate with one another which in itself requires the understanding of a language and to learn to speak appropriately as well as it necessitates some form of cultural understanding with all the signs, gestures, customs, rules and laws that come with it. If, moreover, concerted action is the goal of interaction, "constant correlation, coordination and conducting"<sup>294</sup> is required.

In the face of the complexities of human interaction, Sluga argues that the goals of care as tending can be reduced to three different kinds of objects. One can tend to or care for one, "one's own interactions with others", two, toward the "interactions of individual others", or three, toward the "interaction of whole groups and communities"<sup>295</sup>. It is tending or care with regard to the third objective that narrows down the object of a political notion of care and represents what the Greeks called the care for the common. This important distinction has significance for developing a notion of care for politics. While tending or care for one's own interactions with others was called "the care [for] the self" *epimeleia heautou* by the Greeks, the care for interactions of individual others, that is, "the care [for] others", was known to the Greeks as *paideia*. To clarify this distinction one can think of the care for the self as attending to one's own interactions with others, for example, in order to become more understanding, more patient or more forgiving in one's relations to others. Equally, one can picture the care for others as a parent tending to his or her child's interactions with others by participating in the child's play and encouraging or constraining the child's interplay with other children. Finally, the care for the common is the kind of political care, for example, a state can exercise by tending toward the interactions of its citizens "when it makes laws to circumscribe their commercial, social, and political behavior"<sup>296</sup>. Thus, for Sluga, the care for the common contains all the "variety of action" and actors that can be found in politics but has a particular object, that of attending the interactions of whole groups and communities.

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<sup>293</sup> Ibid.

<sup>294</sup> Ibid.

<sup>295</sup> Ibid., p. 9.

<sup>296</sup> Ibid.

From this it seems that Sluga holds a special place for political care, tending, or the care for the common in contrast to Pettersen's notion of mature care that is to provide a somewhat middle ground between the care for the self and the care for others. In other words, Pettersen provides principles that are to inspire and regulate our caring relations with regard to whom we care for and to which extent (reciprocity, expanded principle of not hurting). These principles are to address some of the uncertainties and negative features of care, especially that care can also be abusive and fallible. Without such principles care itself cannot "single out a morally admirable class of actions"<sup>297</sup>, as Sluga correctly points out.

Remember, Pettersen argued that we fail to care in a mature way when we fail to care for ourselves because we care too much for others (altruism), or just as much when we fail to care for others but only ourselves (egoism). However, Sluga argues that we also fail to care in a mature way when the care for ourselves or a very narrow group of others keeps us from engaging in the care for the common.<sup>298</sup> I want to pause here, because Sluga points to a very important dimension of care. That politics understood as care for the common always includes an element of tending (care), and that care when concerned with human interaction is always political. This goes beyond care having a political element in that it is understood as a generational task, as I discussed in chapter I. Rather, Sluga takes the argument further by saying that we actually fail to be political and fail to care in a mature way when we let purely our own interests (care for the self) or other's interests (care for others) define our concerns, actions, and conduct. In other words, even though Sluga thinks that "the notion of care does not [...] single out a morally admirable class of actions"<sup>299</sup>, due to its fallibility, he deems it to be "the only response we have to the uncertainty of the human condition"<sup>300</sup>. An uncertainty that is grounded in universal human vulnerability and the complexities of human interaction.<sup>301</sup>

While Pettersen provides principles to guide care, Sluga reinterprets Pettersen's core principles of care (reciprocity, promote human flourishing, expanded principle of not hurting) as being political at heart. This is quite significant for comparing the two thinkers. To Sluga the notion of care transcends traditional moral perspectives much in the same way Pettersen claims mature care does, in that it is unable to provide rules for action. Thus, the core principles of care are practical but

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<sup>297</sup> Ibid., p. 10.

<sup>298</sup> Ibid., p. 9

<sup>299</sup> Ibid., p. 10.

<sup>300</sup> Ibid.

<sup>301</sup> Sluga calls this the hyper-complexity of the social. See Sluga, 2014, p. 238ff.

fallible guides, open to negotiation within the context of the situation. The care for the common and mature care both capture this fundamental uncertainty. Care's indeterminacy can be formed into guiding principles<sup>302</sup>, as Pettersen has shown, and that may very well be the most any political notion of care can do for us; to provide a "hand-drawn sketch of paths we might travel"<sup>303</sup>. I think that Sluga's metaphor of the map is very illusive in order for us to understand how both thinkers comprehend the ethical and the political from a perspective of care. A map is a simplified version of a complex reality representing features of it that might be of importance for making decisions. But, as Sluga correctly points out, "a map does not tell us how"<sup>304</sup> to travel and it certainly does not provide "rules" for traveling. Rather, a map is a practical guide showing possibilities of "where we can and cannot go". Anyhow, a map is not infallible and thus it "leaves us with a degree of uncertainty" and unanswered questions. Can we be sure that we have the right map for our purposes, is it detailed enough and does it show the details that are important for us to make good decisions? Is the map reliable, is it up-to-date, or does it need to be supplemented or corrected in any way?

In my reading, both Pettersen and Sluga have to a certain extent a similar philosophical project. They both attempt to rethink the ethical and the political from the perspective of uncertainty. Uncertainty which they believe is one of the, maybe the most, determining features of human life.<sup>305</sup> The most adequate response to meet the human vulnerability that springs out of this uncertainty, to reduce violent and harmful relations, and to promote human flourishing is care. This may be the main agreement between Sluga and Pettersen. They both think of care as a necessary response to human vulnerability and uncertainty. Furthermore, both think that care has an existential character and is fundamental to human life. Indeed, that due to its vulnerability "human life calls for care"<sup>306</sup>. But from this insight both draw different conclusions, or rather, follow different impulses. While Pettersen attempts to provide principles to guide caring actions, Sluga thinks that care politics, that is, the care for the common is the "recognition that uncertainty" and human vulnerability are "the constitutive moment[s] of politics"<sup>307</sup>. In other words, that the need for politics is grounded in our human condition and that politics is the very real attempt to deal with the uncertainty of the situation and vulnerability of the human life.

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<sup>302</sup> Pettersen, too, explicitly states that she does not see care ethics as providing rigid and inflexible rules, but as a "guide" See, for example, Pettersen, 2008, p. 43 & p. 48 note 14.

<sup>303</sup> Sluga, 2014, p. 242.

<sup>304</sup> Ibid.

<sup>305</sup> See as well discussion of uncertainty and care ethics on p. 43.

<sup>306</sup> Sluga, 2011, p. 19.

<sup>307</sup> Ibid.

However, such a conclusion does not give meaning as long as politics is understood as the experts' rule over a territory and its people. Because care from this vantage point is always administrative, management, top-down and concerned mainly with the people bound to a certain territory. Anyhow, it makes sense when one presupposes an understanding of the political as the care for the common. A comprehension of the political that blurs the lines between the purely social and the purely political and regains politics not as something that is solely concerned with the state and its institutions, but with human interaction. Such a broad concept of the political is indeed wider than mere state politics or international politics and entails features one may more commonly attribute to the social sphere. This does not need to be a problem, for Sluga draws on the Protagorean notion of a care for the common, and for the ancient Greeks there was not as clear a separation between the political and the social as there is for us in the 21st century.<sup>308</sup> Indeed, Sluga thinks that one can learn a lot about the scope of politics in the 21st century when thinking the notion of the political as care for the common.

And he may be right in doing so. When looking at global political problems that need to be solved a broader understanding of both politics and the common seems to be required. It is impossible for a single state to attempt to solve the current refugee crisis or global warming by itself. Such problems are not created by only one state, and can (most probably) not be solved by one state alone. In the case of global warming the whole human community is affected, all human beings in all corners of the world. But global warming affects the planet, animals, plants and other non-sentient beings, too. At the least it affects the very conditions for us to live on this planet. Hence, it can be argued that our concern and care for the common must not only extend to human beings, but to all that is in relation to it and without which the human community cannot survive and flourish.<sup>309</sup> Global warming may affect people living in different places and at different times in different ways and to various degrees, but every person will be affected in one way or another. Thus, a national or state bound understanding of the common will mainly be obscuring the way the world needs to respond to such a universal (existential) threat. It leads some states to think that they might not be affected to the same extent as others and thus do not need to care about the problem. Such non-care and non-participation would nevertheless be a failure to understand and respond to the problem in a "mature" way. It would be a failure to care because it would violate the principle of reciprocity with regard to the interests of all involved parties as well as the expanded principle of not hurting that demands to promote human flourishing (which is surely not promoted if global warming destroys

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<sup>308</sup> Cf. *Ibid.*, p. 25.

<sup>309</sup> See as well discussion on how we fail to care for ourselves when we fail to care for the environment in chapter I, p. 17.

the very conditions for human existence on the planet) by actively working to avoid human suffering and hurt.

The same can be said about more common and everyday problems. The food we eat is indeed affected by decisions that may be made in other countries on the other side of the globe. The political system in these countries, which is hard to influence for most people that are not citizens of that state, might e.g. allow the use of harmful chemicals in production of foods that are to be exported and may eventually end up on my plate.<sup>310</sup> This is the case in well developed countries as well as in developing countries<sup>311</sup>. Outlawing harmful GMOs in one country and at the same time pushing them, including their harmful effects, onto another country can indeed only be defended politically based on the perception that human beings in that country are considered unequal and as of lesser worth. It is possible only by a distinction between “we” and “they, between “us” (citizens) and “the others” (non-citizens) and consequently looking at “the others” as being instrumental to our own benefit. Both Sluga and Pettersen are clear that such self-interest can be characterized as a failure to care in a mature way and for the common. In contrast, an inclusive understanding of community rendered in terms of a universal human community would provide the grounds for taking into account the harmful effects not only to a state's own population or a political community's members, but also to human beings in general. All inflicted hurt even to human beings in another corner of the globe would be hurt inflicted on the same community, our community. The notion of mature care can thus throw some light on how to understand Sluga's notion of “the common” and promote the realization that there is really only one human community in a globalized world by drawing on shared human feelings, emotions and experiences.<sup>312</sup> Mature care's core principles of reciprocity with regard to the involved parties' interests and the expanded principle of not hurting would thus apply not only to a local, regional, national or cultural group, but to the whole of humanity.

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<sup>310</sup> As is the case with USA produce that contains genetically modified organisms (GMOs) that contain high amounts of chemical poison. Even though the state in which I live and of which I am a citizen may have decided to ban GMO crop cultivation. I might have even participated in this decision by voting for a party that is critical to GMOs, demonstrating, signing petitions and talking to elected officials. GMOs can still end up in my diet simply because they are allowed as a food source for animals or end up as ingredients of processed foods, even though the GMOs are themselves not produced in the country I live. But “[v]iews on how we should feed ourselves involve much more than just questions of safety [or human and environmental health]. They include questions of how we want to live on this planet, how we want our societies to be structured, and how we want to relate to all the other species our survival depends upon.” See e.g. Wickson et. al., 2015.

<sup>311</sup> See, for example, ACBIO, 2013.

<sup>312</sup> See as well chapter II, pp. 43-46 & p. 65-66.



This holds true with regard to the refugee crisis as well. The not caring for persecuted and existentially threatened human beings is hard to defend when categories of citizen/foreigner, we/they, us/them are overcome and every human being is considered as being of equal worth.<sup>313</sup> Thus, in all these cases, it does not make much sense to think of the common good as a good within a territorial bordered community such as nation state (or a polis). Simply because such an understanding would be based on the very same conception of the political that has created the problem in the first place (states acting out of self-interest with little or no regard to other states). Rather, *the common* needs to be understood as the whole human community. Politics will promote human flourishing if it is understood as mature care for the whole community, by the community. If we fail to engage in politics understood as a participatory practice in order to determine and act on shared as well as special responsibilities and a common good, we simply fail to care. We fail to care in a political sense, but we fail to care in a human sense, too. Because we fail to care for our own as well as others' interests in a reciprocal way that promotes human flourishing. From the discussion of egoism vs altruism in chapter II, we know that any failure to care for oneself is at the same time a potential failure to care for others, while any failure to care for others is a potential failure to care for oneself. If Pettersen and Sluga are right, then this is true because both the care for the self as well as the care for others are linked together in the care for the common. Any relations, decisions and actions that are made with regard to the whole human community and at the same time promote human flourishing would be considered mature caring decisions. At this point it is important to remember that such decisions cannot be based on some sort of essentializing humanity, rather they must be based on as much empirical complexities as possible. One may even take such reasoning one step further and argue, that since care is essential for human beings to live, indeed to live well, to develop, to flourish, to become part of and build flourishing communities, and to participate in finding common grounds on how to live together, that human beings including their societies would not be what they are and where they are without care, that when one fails to care, one fails to address what is most important, most basic, most complex and essential in human lives.<sup>314</sup>

Nevertheless, care, as I argued above, does have a dark side, is fallible, and comes in many different forms. It is surely not a controversial claim that we sometimes fail to take care of ourselves, that parents can fail to take care of their children and that even a state may fail to take care of its citizens or other human beings seeking its care (refugees, migrants, etc.). It can also be argued that care can

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<sup>313</sup> On the importance of reciprocity with regard to the "mutual recognition of respect for each other as human beings of equal worth" for care see discussion in chapter II, pp. 58-59. See as well Pettersen, 2012, p. 381.

<sup>314</sup> If I were in the business of essentializing, I would say that when failing to care, one fails to be human, too.

be “flawed or weak, ineffective, unreliable, or irrelevant [,] wrongheaded, perverse, [...] destructive, unneeded, unwanted, dictatorial, or oppressive”<sup>315</sup>. Therefore, care is not (morally) good in itself. Rather care is always in need of further caring, guidance in need of guiding, and attendance in need of attending. In other words, we have to learn to care (in an adequate way)<sup>316</sup>, thus, developing the capacity to care in human beings is essentially an educational or pedagogical project.

## LEARNING TO CARE – DOES A PEDAGOGICAL CONCEPT OF CARE POSE A CHALLENGE TO CARE POLITICS?

Care, or the care for the common, that includes political care in the form of tending or attending, being a pedagogical concept does indeed pose some challenges for developing a political notion of care and is a clear exemplification of the potential dark side of care. For if, care must be learned who is to decide the structure and content of how we care and what we care for. The fallibility of care and its susceptibility for abuse become clear in care being dependent on education.

Sluga takes the notion of the care for the common from his reading of Protagoras, Plato and Aristotle. As there was no strict line of demarcation between the political and the social for the old Greeks, education was considered to be a part of the political life, too.<sup>317</sup> The pedagogical side of care pertains to its being at the heart of what it is to be human, that is, that we have to learn most skills and practices through a certain guiding care by others. In any educational system, there is someone who teaches, someone who is taught, and someone who decides on how (the rules) and what (the content) that is to be taught. This position can be abused and opens up care for the rule of the teachers (or those who tell the teachers what to teach and how).

In its most extreme and perverted form such a pedagogical concept of care can be abused and used for indoctrination. Think of extremist branches of certain religions that teach that by killing non-believers one cares for the spiritual community, what it truly means to believe in God or to be human. Or think of a state’s education system that teaches its citizens that they are worth more than citizens of other states and political communities. A softer version of a similar problem is at work in any educational system where one has to prioritize how much time is spent on teaching and learning certain skills. Should teaching mathematical and technical abilities be prioritized over

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<sup>315</sup> Sluga, 2011, p. 10.

<sup>316</sup> Ibid.

<sup>317</sup> We find this e.g. in Plato’s *Republic* where he attempts to sketch out a just society. Here education especially with regard to the roles or functions the citizens have to fulfill is an integral part of Plato’s project.

developing social and political skills? What is the balance between teaching rationality and care? If one is prioritized over the other, will this have effects on what kind of society that will emerge in the future?

These questions are deeply political at heart and although truly worth its own extensive discussion<sup>318</sup>, I believe that most of the challenges pertaining to the pedagogical concept of care or the issue of the rule of the teachers have already been addressed in this thesis within the framework of mature care, especially with regard to the relational ontology of care.<sup>319</sup> Changing one's perspective from a mono-directive, top-down educational approach where teachers are seen as experts with regard to conveying knowledge to a relational understanding of education enables a more horizontal approach. It takes into account the interests of everyone involved in the pedagogical process, thus enabling the flourishing and education of both teachers and students at the same time by granting that teachers might be experts with regard to conveying knowledge in some fields, but that students are experts in other fields.<sup>320</sup> It facilitates the swapping of perspectives thus promoting teaching and learning as a mutually beneficial endeavor. If the core principles (reciprocity, promote human flourishing, extended principle of not hurting) of mature care are applied to the challenges a pedagogical concept of care poses to a political notion of care the most abusive forms of paternalistic care may be detected and thus can be avoided.

## CARE AND "CLASSICAL" POLITICS

In the discussion of care having an educational core and thus being vulnerable to abuse the importance of Pettersen's discussion of the relational ontology of the caring agent is actualized. For her the caring agent is defined by its relational ontology and his or her always already being in relationship to others.<sup>321</sup> The relational agent who understands care as a multi-directional activity might be more susceptible to realizing that harming the relationships he or she is in will have a negative effect on him or herself, now or in the future. This may not be the case when the agent views him or herself as autonomous and separated from others. If the agent thinks that her actions are mono-directional and will not be reflected in the agent's relations, the agent might be more willing to act in harmful ways. I believe this to be one of the main reasons why Pettersen advocates grounding care in a relational ontology. A relational agent, conscious of how his or her own actions effect the agent's relations to her environment and thus his or herself will be less inclined to employ

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<sup>318</sup> Which is beyond the scope of this thesis.

<sup>319</sup> See as well discussion on hierarchical system of education in chapter II, pp. 48-49.

<sup>320</sup> See, for example, discussion on p. 49 & pp. 81-82 above.

<sup>321</sup> See chapter II, p. 39ff above.

care in an abusive way. This is true for the teacher that genuinely cares for her students as well as for the political community or state that care for its members or citizens. Thus, comprehending political actors such as states, political communities, organizations or corporations as relational agents has certain benefits in that it views these agents as possessing limited power and autonomy (or sovereignty) that is always dependent on the web of relations within which they are acting. Furthermore, it is a powerful argument showing how acts that harm these relations also hurt the agents themselves. I believe there to be two main responses to such interconnectedness and dependence. One, to reduce dependence by putting oneself above or removing oneself from the web of relations. This can be achieved by either isolating oneself or by attempting to attain as much power as possible so one can dictate the structure and rules of the relations and act as one likes. Two, by embracing one's relational existence, interconnectedness and dependence on others and thus promoting the flourishing of all agents with whom one has relationships.

Anyhow, when reading Sluga against Pettersen it would seem as if Sluga thinks that political care does indeed require the first kind of agent. That which employs care as a mono-directional activity and views itself as autonomous (sovereign) agent. Such an agent can be, for example, a sovereign state that views itself as having absolute power over its territory and citizens. At least for as long as politics is organized through a system of states. One can thus get the impression that Sluga develops a particular notion of care that can be simply adopted and employed by political actors such as the state and its institutions. This is nevertheless not true. Sluga's outspoken goal is to rethink politics and what it means to be political by moving away from the tradition that renders politics merely in concepts of state, sovereignty, power, territory and government or rule. Both in his unpublished work as well as in his newest book he claims at several places that he attempts to deconstruct politics as rule over a polis or government of the state in order to give it new meaning.<sup>322</sup> He specifically criticizes the idea of the state, and concepts such as sovereignty as being too narrow minded and only relevant under certain historical circumstances and conditions. Circumstances that he thinks are changing and thus require us to adopt a new understanding of the political.<sup>323</sup> What I think Sluga fails to see is that in order to develop a political notion of care he has to adopt a relational ontology that is much more in line with how Pettersen thinks of the agent and its relations within her framework of mature care.

Both Sluga and Pettersen have similar projects. While Sluga sets out to rethink the political, Pettersen's aim is to rethink ethics. Both however choose to do this from the perspective of care and

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<sup>322</sup> Cf. Sluga, 2011, p. 1, 5, 35, 41; Sluga, 2014, p. 6, 113.

<sup>323</sup> Cf. Sluga, 2014, p. 2, 84, 113.

both of them think that the notion of care has the power to reveal something fundamentally human about ethics as well as politics and thus reduce the level of abstractness and alienation from both fields. To me it seems as if they start from similar impulses but each of them in their own domain. While Sluga thinks that politics is too far removed and alienated from everyday life and ought to be made more accessible to the general population<sup>324</sup>, Pettersen believes that a lot of ethics can be diagnosed with the same sickness and needs to be re-evaluated and rethought under current circumstances<sup>325</sup>.

The main difference between Sluga and Pettersen, as I see it, is their ontology. While Sluga attempts to rethink politics from the notion of care he largely understands care as a mono-directional activity.<sup>326</sup> Only at a few places does he realize that reciprocity and interchangeability of perspective require a completely different, a relational ontology. Although he attempts to deconstruct the understanding of politics as government of the state based on sovereignty, that is, as the rule of an autonomous agent over a territory and its population, he does not employ the same understanding in his reflections on care. Equally, Tove Pettersen develops the understanding of agent and action in her ethics from a relational ontology that is not based on absolute autonomy of the agent but on the agent's always already being in a web of relations to others, and actions being characterized as multi-directional activities. She then attempts to derive from this understanding implications for politics, but fails to see that this would require changing the ontology of politics, too. Thus, it can be argued that for as long as care is applied within a political system that is based on sovereign rule over a population bound to a territory, it will always tend to have the character of being paternalistic, top-down, or mere administration of resources and services rendered to passive receivers. This does not need to be problematic by itself, but it can explain a lot of the criticism, such as care always being paternalistic in a political context, Pettersen's mature care is facing.

I believe it is at this intersection Sluga and Pettersen can learn from each other; That a political notion of care requires not only a change in the understanding of the being of ethics (its ontology), but of the categories through which we comprehend politics, too.

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<sup>324</sup> Ibid., p. 146.

<sup>325</sup> Pettersen, 2008, xii.

<sup>326</sup> See chapter II, pp. 50-51 above.

## THE CARE PERSPECTIVE – COMPREHENDING A POLITICAL NOTION OF CARE

In chapter III, I have argued that Hans Sluga contributes to the care perspective by rethinking the concept of the political drawing on the Protagorean notion of the care of the common. Furthermore, Sluga contributes to developing the political dimension of the care perspective in that he expands the element of uncertainty into the domain of politics and criticizes the “classical” concept of politics along similar lines Pettersen criticizes traditional moral theories. His main argument is that a concept of the political based on categories such as a sovereign state with absolute power over a territory and its people is not exhaustive but to a large degree fixes the parameters we think about the political. Nevertheless, he argues that many of the political problems we are facing today are a direct result of thinking and acting within the categories of state politics and that they cannot be solved by the same thinking that created them in the first place. Problems such as global warming or the current refugee crisis that is threatening to destabilize large parts of the European continent can be seen as empirical examples supporting Sluga’s analysis.

As Pettersen, Sluga does not believe that the care perspective should be taken to provide absolutely true and secure principles determining political conduct. Rather, he views care as a perspective able to provide orientation for making political decisions. Where Pettersen uses the term guiding principles to describe how mature care can help us make decisions that promote human flourishing and avoid creating harmful relations and hurt, Sluga uses the picture of a map to explain how he thinks the care perspective can help us orientate in the topography of the political landscape.

Sluga, in accordance with Reich and Pettersen believes care to be at the roots of what it means to be a human being and that all human interaction has a political element. In other words, care at its heart is political to Sluga. Nevertheless, Sluga in order to have a meaningful and workable concept of politics attempts to limit the scope of political care to attending to the interactions of whole groups and communities. Although, I believe that Sluga and Pettersen would agree on the care perspective providing a more adequate tool to understand and guide such interactions there is a major difference to their respective approaches. While Pettersen develops an ethical framework of care in order to apply it to political situations and decision making, Sluga argues that all politics can be stripped down to some form of care (for my family, group, community, tribe, nation, citizens, species, planet, and in extreme cases even for myself) and that it is the structure of this care that determines whether politics is authoritative, despotic, self-fish and destructive or whether it, to say it with Pettersen’s words, can promote human flourishing and avoid hurt.

Sluga adds to Pettersen’s discussion of mature care that it is not enough to change the ontology of how we understand moral agents, but that in order to meaningfully expand the care perspective to

politics a change in the categories through which we comprehend the political is required. What Pettersen seems to see clearer than Sluga is that in order for our political categories to change, we need to change how we understand agents and relations from within a traditional framework of the autonomous agent and mono-directional activities toward a relational model where the agent has limited autonomy and is always already within a web of relations that work in all directions and where the guiding question is how to respond to a concrete situation.

#### ELEMENTS OF A POSITIVE CONCEPT OF CARE POLITICS

What then does a positive concept of care politics entail? At this point, it is possible to sketch out a political concept of care based on the discussion above. It is fruitful to combine Pettersen's and Sluga's discussion of care and politics into a single concept which I call *expanded mature care* or simply *care politics*. Thus, we arrive at the following simplified formula:

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|---|------------------|---|
| <ul style="list-style-type: none"> <li>• Reciprocity (Pettersen) +</li> <li>• Expanded principle of not hurting (Pettersen) +</li> <li>• <u>Actively engage in care for the common (Sluga) =</u></li> </ul> | <p><b>OR</b></p> | <ul style="list-style-type: none"> <li>• Mature care +</li> <li>• <u>Care for the common =</u></li> </ul> |
| <p><b>Care politics (expanded mature care)</b></p>  |                  | <p><b>Care politics</b></p>   |

*Care politics* entails Pettersen's two core principles of mature care, reciprocity together with the expanded principle of not hurting (to avoid harming and actively work to promote flourishing), and Sluga's concept of politics as an active engagement in the care for the common.

Such care politics contains many of the elements discussed in all three chapters. It is grounded in uncertainty and human fallibility. I called this the existential dimension of care. Furthermore, care politics is not limited to certain types of agents that are understood as autonomous or sovereign with absolute power and control over a certain domain or territory with its people. Rather, it opens up for a multitude of agents that are defined by their relational ontology, that is, that they are always already in relations with one another. Moreover, care politics views actions as multi-directed and thus, caring agents will not primarily be concerned with acquiring as much power as possible to rule over others, but they will be concerned with their relations to other agents, what kind of actions that harm these relations and which actions that facilitate their flourishing. In other words, care politics comprehends all the variety of political agents and actions and is especially concerned, with what hurts relations and what promotes flourishing.

Care as such is a multi-form activity that includes simple care, guiding as well as tending. Anyhow, care politics main focus is on tending toward or caring for interactions of whole groups and communities at the same time recognizing the role individual choices, institutions and societal structures play with regard to promoting human flourishing. In that way care politics dissolves traditional categories such as the distinction between the ethical and the political, or the private and the public domain. Care is not something that can exist without being in relations to others and without care structures in place. But these structures are in turn something a group, a community or a state must decide on through political evaluation and action. Care politics by being grounded in care ethics' core principles of reciprocity and the extended principle of not hurting can provide points of orientation for such political processes.

As an ethico-political concept based on a relational ontology care presupposes agency. That is, it contains elements of intentionality and is thus limited to agents that can, at least potentially, participate in relations. Requiring agency, care politics cannot capture the significance of non-agents such as the environment, nature, a tree or a beautiful view etc. We definitely relate to all these things, but within the care perspective they do not possess intrinsic value, but have worth merely as long as they are useful, meaningful, beautiful or in any way significant in relation to us. Thus, their worth is negotiable and their value something that must be taught.

Care politics is deep-seated in experiences of care or effects of non-care that are rooted in shared human feelings that it has been claimed are universal in character. At the same time, care is pedagogical at heart and an educational project because we need to learn what adequate care is and how to care in an adequate way. Furthermore, care politics can be characterized as a searching activity for the best way to live together. Thus, it is a social understanding of politics, a cooperative undertaking that is tied to concrete political situations (situatedness). At the same time, it is a generational task in that it is grounded in the insight that our (political) actions effect relations that extend not only through place, but through time. It is a different way of saying that some of our political actions do not only affect ourselves and the ones closest to us, here and now, but future generations in distant corners of the globe, too. The fact that the need for political action can be both bound to a concrete situation, but require action grounded in a trans-generational perspective was captured by UN Secretary General when stating that “[w]e are the first generation that can put an end to poverty and we are the last generation that can put an end to climate change”<sup>327</sup>. It takes into account that the nations of the world are now in the very able and concrete situation, that they have come to a state of development, where they have acquired the means of production, resources

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<sup>327</sup> Ki-moon, 2015, p. 2.



and ability to finally end poverty on a global scale. But in order to do so, concerted political action is needed. Nevertheless, we are also collectively at a point where if the nations of the world do not agree on concerted political action to avoid extreme climate change the point of no return might be reached rather sooner than later.

## CONCLUSION – THE CARE PERSPECTIVE: A COMPASS TO GUIDE MORAL AND POLITICAL DECISIONS

The question I have investigated in this thesis is whether the notion of care can be developed into a full-blown concept of the political or care politics. I started by discussing the etymological, historical, and existential significance of the notion of care, analyzing both structure and important ingredients to care. In chapter I, I was able to trace the notion of care all the way back to the generative myth of Cura and pre-Socratic thought. Throughout the thesis, I have discussed the notion of care and its significance with regard to some of the most pressing global political problems, focusing my main argument around the current refugee crisis (as of 2015/16).

As I have argued in chapter I and II, the notion of care can indeed play a role within the current constellation of politics in providing guiding principles to the question of how to respond to the uncertainty, human vulnerability and realities with regard to politics. Mature care, as developed by Tove Pettersen, provides a point of orientation (ideal) for our political actions as well as guiding principles for how our decisions and actions may avoid exploitative and harmful relations and promote human flourishing at the same time.

Furthermore, in chapter III, I argued that the notion of care is no stranger to politics. Pettersen comes a long way in developing a practical notion of care that extends to many political questions, decisions and actions. Hans Sluga adds to this by specifically attempting to rethink the political from a perspective of care. He does so by going back to the pre-Socratic concept of the care for the common and employing it as a generic notion. In his attempt to rethink politics I encountered several challenges and difficulties, such as, care being a pedagogical concept, or care traditionally being perceived as a mono-directional activity delivered by one agent to another and thus open to paternalism and abuse. Nevertheless, care in its political form as the care for the common can contribute to a new perspective on politics. A perspective that combines the ethical and political dimensions of care and provides an alternative way to understanding politics and the concept of the political, indeed, what it is to be political, in terms of care politics. Most of the difficulties and criticism I have come across in the discussion of Sluga can be addressed within the framework of mature care, but require moving away from the “classical” understanding of politics and a complete change of the categories through which we comprehend politics. This change of perspective requires rethinking the autonomy of states, that is, the principle of sovereignty in terms of relational autonomy, rethinking rule or government in terms of participation and attending care, rethinking

territory in terms of a caring community, and rethinking the concept of the citizen in terms of the human being.

The necessity of changing the way we comprehend agents and the relations they have to other agents, as well as including uncertainty and human vulnerability into the core of the care perspective in order for care to be a meaningful notion for both ethics and politics, is something both Pettersen and Sluga are aware of. It manifests itself in Pettersen's writings as the critique of traditional moral theories that according to her have preferences for abstract and deducible principles of justice and right. It also becomes clear in Sluga's critique of the classical concept of politics that is based on the framework of disconnected agents (separated by borders) being autonomous (sovereign) with power over their own bodies (territory) and actions.

In summary, by investigating the historical, etymological, ethical and political dimensions of care, I was able to argue three things. One, that care is a pervasive feature of human life and that its existential character has always been significant to understanding human life and relations, although not necessarily in mainstream philosophy or politics. Two, that by developing a care perspective based on a relational ontology, it is possible to sketch out a map, or guiding principles that can serve as a compass to orientate ourselves in the topography of moral and political decisions. Tove Pettersen's core principles of mature care, reciprocity and the expanded principle of not hurting, can serve as a good starting point for further discussion on how the notion of care can guide us in our relations with one another. Three, I argued that the notion of care can be expanded into a care perspective that encompasses a meaningful notion of care politics, although with some limitations. Much of the criticism against the care perspective both with regard to the ethical as well as the political notion of care can be addressed when grounding care in a relational ontology rather than an ontology based on traditional philosophical concepts of autonomous agents.

It could be very fruitful to further explore the theoretical foundation and implications of the care perspective. Does the notion of care make unique contributions to ethics and politics (as I have argued) or can the same results be achieved by a theory of relational autonomy? What role does the concept of universality play for a comprehensive understanding of care or may a more fruitful way of understanding care be as a family resemblance concept?<sup>328</sup> What implications would such an understanding have for the practice of care politics? Furthermore, it would be truly interesting to see what results the care perspective and care politics can achieve when applied to a wider field of

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<sup>328</sup> Family resemblance is the idea that things that are thought to be universal are in fact connected by a series "of overlapping and crossing - cutting similarities" Sluga, 2013, p. 76, rather than by one essential feature common to all of them.

political and economic decisions. Does, for example, care politics have implications for how we understand economics and what role it can play in reducing violence and harmful relations and promoting human flourishing?

The strong side of the care perspective is that it does not want to replace other moral and political theories. Rather, it includes principles such as reciprocity with regard to the interests of all the involved parties and facilitates a change of perspective drawing critical attention to structures and empirical realities embedded in the context of particular situations that produce dissociation and hurt rather than promote connectedness, empathic association and human flourishing. Thus, the care perspective employs various approaches and analytical tools to make the most flourishing promoting and least harming decisions and actions possible.

I have also argued that a change in the categories that frame our comprehension of ethics and politics, can contribute positively to creating conditions and relations that further actions promoting human flourishing and mutual respect among persons and peoples. At the same time, employing mature care can reduce hurt and harmful relations. All this may sound too utopian, idealistic or simply unrealistic. How are we to change the way mainstream politics is defined and conducted throughout the world? How are we to change ideas and categories, such as the state, sovereignty, government, and citizen, that have grown and empirically manifested themselves for over two millennia and that our leaders are willing to defend with all the might and force of the modern nation state?

On the one hand, I agree with these critical questions and skeptical outlooks in that such change may seem unfeasible without physical and external motivators. After all, why should we change something that has worked for two thousand years? On the other hand, it can be argued, that there are globally changing circumstances that render these old categories obsolete for organizing how human beings live together on all scales. The human species seems to have arrived at a point where we threaten to negate the very conditions for the flourishing of human and most other life on this planet. Global problems such as extreme climate change, the world's largest refugee crisis since World War II, and keeping in check the seemingly unlimited potential of technological development with all its positive and dangerous implications cannot be solved by a single agent such as the state or a powerful corporation. It does not matter how powerful that agent may be. However, such challenges may be managed by realizing that even agents such as states have limited autonomy and limited power. That they are always already in relations with other states, corporations, persons, legal entities, and various agents. That this web of relations is made up of all kinds of interests that

are held by these agents, and that through recognizing the interests, hopes and fears of all those involved will it be possible to organize an adequate and effective caring response.

History will determine whether we need to change the way we understand the political and organize ourselves politically. I believe there to be strong empirical indications that it will not hurt to think of and discuss alternatives to our current approach toward politics and toward how we solve issues that potentially affect all human beings. Nor will it hurt to adopt a more caring perspective taking into account as many as possible interests and promoting human flourishing with regard to national, regional and local politics or private relations. The empirics tell us that care works.<sup>329</sup> Judging whether changing the categories and language through which we comprehend and deal with these realities is feasible and whether the care perspective is the best approach available to us, or at least a way forward, I will leave to the reader.

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<sup>329</sup> Cf. Bowman, 2013 & UNDP, 2014.

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