

Ethik der Achtsamkeit . l'éthique

12th November 2014

Elisabeth Conradi

Beyond autonomy: a relational
perspective on an ethics of care

du care . Ethics of care . Zorgethiek



Professor

Philosophy and Social Theory
Baden-Württemberg Cooperative
State University Stuttgart, Germany



Senior Lecturer

Political Theory and History of Ideas
Institute of Political Science
University of Tübingen, Germany

Overview

Beyond autonomy: a relational perspective on an ethics of care

1. Focussing on a practice: **Describing** the practice 'care' and delineating the scope of 'care' within different approaches.
2. From practice to ethics: **Judging** the quality of interactions: Considering how to perform support in a good way and asking whether supportive practices turn out well.
3. Elaboration: **Reflecting** three dimensions of how to perform support in a good and successful way: communicative, practical, interactive.
4. Challenging autonomy as the dominant normative reference point: **Contouring** the ethics of care in contrast to Kant's approach.
5. From ethics to politics: **Enlarging** the perspective from how to judge action to a proposal which political parameters should be prioritised.

Describing ,care' as a practice

In order to describe 'care', it is necessary

- to take a very close look at several of its dimensions (for instance: attitude versus interaction, cognitive or emotional task, etc.),
- to name and rename these dimensions (for instance: relationality, contextuality, embodiment, etc.) and to conceptualise their interweavement,
- to understand what it means to focus on a practice:

"The 'good' for the sake of which a practice is pursued cannot be 'made', it can only be 'done'. 'Practice' is a form of 'doing action' precisely because its end can only be realised 'through' action and can only exist in the action itself."

Wilfred Carr: What is an Educational Practice? In: M. Hammersley: 1993, 168.

The scope of 'care' within different approaches

Cornelia Klinger (2013) develops a **social theory** of the **concern for life** (Lebenssorge). It refers to reasoning and practices that follow from the conditions of ,becoming' (Werden) and ,transience' (Vergehen) of life. It reflects on and aims to overcome structures and conditions of **inequality**.

Joan Tronto develops “a **political** argument” for **ethics** that is centred around activities aiming to fulfil **needs**. The activities are thought to repair a “life-sustaining web” to make the world a place in that we can live “as well as possible” (1993,103).

Carol Gilligan (1988) develops an **ethics** in the context of a **psychology** of moral development and **perception**. Her approach substantiates the high relevance of relatedness and responsibility.

It is my aim to develop an **ethics** as well as a **political theory** of attentiveness (Conradi 2001, 2010). Both start of with describing how support is performed. They focus on the interactive and intersubjective aspects of the **practice care** and critically review the conditions of its performance. Thereby, **criteria** are generated to evaluate social action and societal structures.

The path from practice to ethics: **judgement**

After describing 'care', it is useful

- to reflect on how to perform supportive activities in a good way and
- to judge whether supportive activities turned out well.

This proceeding refers to the Aristotelian difference between ***eupraxia*** (good conduct, decent action, successful practice) and ***dyspraxia*** (malpractice or misconduct). It further corresponds to the expectation that human beings take a choice (*prohairesis*) between these two.

A bottom-up approach for an ethics of care

Actor:
Who?

Activity:
Whether or not?

Judging:
how?

Starting
off with
individual
ethics:
How
to act
and
how
to judge
action.

Subjects acting in
concert with co-subjects

... perform
assistance

... with
attentiveness

First dimension: to perform communicative

Carol Gilligan stresses how care requires **that we do not 'turn away from someone in need.'** (Gilligan 1987, 20; Gilligan 1988, 73)

Gilligan underlines the emotional pain caused by 'detachment, disconnection and depersonalisation' (Gilligan 1987, 32; 1988b, xviii).

For Gilligan, in order to meet dilemmas it is instrumental to establish, cultivate and strengthen social connections through attentive communication (Gilligan 1988a, 16; Conradi 2001, 30; Koggel 2005).

However, Gilligan thinks that this type of attentiveness is a particular form of consciousness. Moral agents see 'a world comprised of relationships rather than of people standing alone, a world that coheres through human connection' (Gilligan 1982, 29). This way of 'viewing the world' (Gilligan 1988a, 8) apprehends human beings 'as members of a network of relationships on whose continuation they all depend' (Gilligan 1982, 30). 'Activities of care' seem to arise out of an agent's moral consciousness for Gilligan rather than being part of an everyday practice.

Gilligan, Carol. 1982. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, London: Harvard University Press.

Intermediate step: about needs

Joan Tronto, too, stresses how care requires that we do not ‘turn away from someone in need.’ (Tronto 1993, 127f.)

Tronto focuses on the willingness to help and puts value on attentive support: ‘simply recognizing the needs of those around us, is a difficult task, and indeed, a moral achievement’ (Tronto, 1993, 127).

Tronto defines care as a wide sphere of embodied human activity ‘that includes everything that we do to maintain, continue, and repair our world’ (Tronto 1993, 103).

In “Moral Boundaries” Joan Tronto broaches three central issues and gives distinct answers to them: **Whether or not** listening or assistance are achieved and repeatedly carried out; **how** assistance is performed, as Tronto focusses on the process and quality of appropriate interactions; and **why** caring activities do **not** take place.

Joan C. Tronto: *Moral Boundaries: A Political Argument for an Ethic of Care*. New York, London: Routledge 1993.

The second dimension is its practical side

The problem with these conceptions is that the idea of care as a worldview of relatedness (Carol Gilligan) and the idea of care as a human activity seeking a common world (Joan Tronto) are in tension.

If care is understood as a consciousness, one must assume that it is located within the individual subject. If care is understood as an activity, it must be located between subjects.

To avoid this ambiguity, I want to reframe care in terms of three different dimensions: communicative contact, practice and interactivity.

The second dimension of care is its practical side. In this regard, I follow Selma Sevenhuijsen whose notion of care unifies 'hand, head and heart' (Sevenhuijsen 1998, 155) in a 'social practice' (Sevenhuijsen 1998, 23).

Practice encompasses both of the notions in tension I mentioned above: relatedness and activity.

Sevenhuijsen, Selma: *Citizenship and the Ethics of Care*. London, New York: Routledge 1998.

Interactivity as the third dimension

Interactivity is the third dimension: It means that care is constituted by all those who participate in this practice.

I draw here from Joan Tronto's view that care also comprises collective activities, and reject the kind of dyadic restrictions found in the work of Diemut Bubeck (1995, 129). Care is not an activity that one person does for another; it is as an interaction between two or more people.

To develop the liberating aspects of care it is important to see the inclusiveness of persons within a common action, and notice collective and interrelational processes of change.

What is central here are the relations people develop while participating in a concrete caring practice. Individuals are not subjects isolated from one another and independent of the dynamics of the process in which they are involved. Rather, the dynamics of the process *changes all the participants*, including outsiders and institutions.

Twelve elements of the ethics of care

The need for careful attention

1. 'Care' describes human interactions. With the exception of care for the self, the respective interactions involve at least two persons and are constituted by all participants.
2. The participants in a care-interaction do often know each other. But care also leads to new contacts. In the course of such interactions, the persons involved enter into a relationship with one another (Gilligan 1988).
3. As an interaction, care includes both, an aspect of being situated in relation to others, and that of a tending activity. In general, care must be understood as a form of social practice.

Presence and responsibility

4. Careful attention is often a continuous process (Tronto 1993) and must be highly dependable (Käppeli 2004).
5. Support requires competence and to assume responsibility (Tronto 1993).
6. Careful attention includes presence (Baart 2011) and getting involved.

Twelve elements of the ethics of care

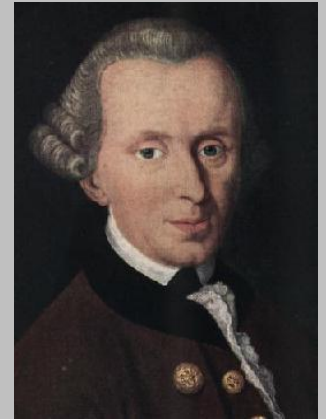
Response and self care

- 7.** Care-interactions encompass different activities, the experiencing or accepting of care, as well as the giving of attention.
- 8.** Care-interactions are often asymmetrical, but the relations of power that they encompass are dynamic.
- 9.** 'Attentiveness' does not need to be based on autonomy but, on the contrary, autonomy may be viewed as a result of care interactions.
- 10.** Since the acceptance of support is an active matter, it would be misleading to speak of care interactions as one-sided. In truth, care activities are constituted by all participants, whose relations are often not reciprocal. Attentiveness, in other words, is a gift.
- 11.** Attentive support also requires one to listen to how people react to support, and to bear the consequences (Tronto 1993).
- 12.** Human beings who are involved in a care-interaction ideally perform a balanced relation between care for the self and care for others.

Challenging autonomy

The ethics of care in contrast to Kant's approach

One of the reasons Immanuel Kant's philosophy serves as the foundation of much moral thought today is his reliance on a particular notion of respect. The problem with the idea of autonomy introduced in the second section of Kant's 'Groundwork of the Metaphysics of Morals' (1785) is that it is supposed to fulfil two tasks at once:



- On the one hand, Kant conceives autonomy as a **normative claim** for making decisions by self-legislation through rational reasoning uninfluenced from other people's opinion.
- On the other hand, Kant takes this type of decision-making as itself an essential **human capacity** that provides a foundational reason for dignity in terms of respecting other people (Academy Edition IV, 434).

The ethics of autonomy and the ethics of care

- Kant prefers equality and reciprocity as models of intersubjectivity and describes how the self-relation (the relationship between the subject and its own self) is informed by **autonomy** which Kant takes to be an essential human capacity.
- The ethics of autonomy supposes people who are involved in a conflict to **distance** themselves in order to arrive at an appropriate judgement.
- The ethics of care favours careful **attention** as a model of intersubjectivity and sees the relationship between the subject and its own self entailed by self care.
- The ethics of care grounds careful attention in the fundamental **dependency** of human beings.
- In the ethics of care, the **meeting of those who are involved** in a conflict is crucial: The quality of the judgement or (inter)action has essentially to do with the **quality of the contact**, that arises between the people involved.
- Not only decisions of sole individuals but also collective action is at stake.

The ethics of autonomy and the ethics of care

rational self-determination



ethics
of
autonomy



protecting
individual
rights

performing
support
carefully



ethics
of care
and
attentiveness



dependency caused by vulnerability

Movement of thought ...

... from a macro analysis of structures to a judgment of how supportive practices are successfully performed

... from how to successfully perform supportive practices to a proposal which political parameter should be prioritised

(4) How to do politics that allow for a transformation of structural and organisational frames?



(3) How to provide a structural and organisational frame in which (supportive interactivities performed with) attentiveness can flourish?



(2) How to guide professionals and volunteers to perform supportive interactivities with attentiveness?



(1) Are supportive interactivities performed with attentiveness?

A bottom-up approach for a multilevel ethics of care

Actor: Who?	Activity: Whether or not?	Rating: how?
5) Municipalities, states, EU, UN	... govern, legislate, regulate and control the framing conditions of assistance to let it be performed ...	with attentiveness
4) Social movements including service users	... battle for transforming frames of assistance to let them be performed ...	with attentiveness
3) Welfare organisations and NGO's	... provide a basic structure for performing assistance ...	with attentiveness
2) Teachers, professionals, instructors	... instruct how to perform assistance ...	with attentiveness
1) Subjects acting in concert with co-subjects	... perform assistance ...	with attentiveness

Starting off with individual ethics (how to act and to judge action) via social ethics (how to cooperate) to reach the political

A political theory of care

The *political theory of care* starts out with a description of the interactive **practice** 'care', aiming at attentively describing and judging **how** the practice is **performed**.

With the *political theory*, the **conditions** under which care is practised successfully (=good) and a successful (= good) performance of care is enabled are critically reviewed. Furthermore, the barriers to a successful (= good) performance of care are explored.

Thereby, **criteria** are generated to evaluate social action, organisational and societal structures: The importance of performing activities with attention and by means of communication, as well as providing aid, is highlighted.

A *political theory of care* reflects on the **transformation** of social action, organisational and societal structures in order to better the conditions of listening, support, or assistance.