

Monographs of
the Víctor Grífols 30
i Lucas Foundation

The ethic of care

Carol Gilligan

FUNDACIÓ
VÍCTOR
GRÍFOLS
i LUCAS

9288 /
177013

The ethic of care

30

Monographs of
the Víctor Grífols 30
i Lucas Foundation

FUNDACIÓ
VÍCTOR
GRÍFOLS
i LUCAS

The ethic of care

Carol Gilligan

Monographs of the Víctor Grífols i Lucas Foundation
The ethic of care Nº 30 (2013)
Published by: Fundació Víctor Grífols i Lucas. c/ Jesús i Maria, 6 - 08022 Barcelona
fundacio.grifols@grifols.com www.fundaciogrifols.org

ISBN 978-84-695-8719-5

Monographs of
the Víctor Grífols 30
i Lucas Foundation

SUMMARY

	Page
Introduction	
<i>Victoria Camps</i>	7
Moral injury and the ethic of care	
<i>Carol Gilligan</i>	10
Resisting injustice: a feminist ethic of care	
<i>Carol Gilligan</i>	38
Contributions to panel discussion	
Introduction	
<i>Montserrat Busquets</i>	64
The work of caring: from a traditional obligation to a social right	
<i>Lluís Flaquer</i>	68
Caring and everyday life	
<i>Teresa Torns</i>	80
Nursing care: four images of the ethic of care	
<i>Maria Eulàlia Juvé</i>	89
Caring for a sick person: account of a real experience	
<i>Germán Diestre</i>	95
About the author. <i>Carol Gilligan</i>	101
Publications	102

INTRODUCTION

When she developed the concept of the ethic of care, Carol Gilligan successfully challenged the conceptual framework of patriarchy, and created a new paradigm that expanded our notion of ethics and democracy. This paradigm was destined to overturn the hierarchical, binary gender model that had, for centuries, defined the meaning and functions of masculinity and femininity. In her book *In a Different Voice*, she challenged Kohlberg's theory of moral development, arguing that the patriarchy had deliberately set out to ignore the voice of women and to establish parameters that stifled people's deepest feelings merely because they did not correspond to "what ought to be said". By directly studying and analysing girls' feelings and thoughts, Gilligan discovered the value of caring: a value – as she argues in her book – that should be just as important as justice, but that was not viewed as such because it was developed solely in the private, domestic life of which women were the protagonists.

As often happens to those who coin a new term that succeeds in explaining some aspect of reality that had previously been ignored, Gilligan has dedicated much of her subsequent professional life to expanding upon the concept of caring. The two lectures she gave in Barcelona under the auspices of the Josep Egozcue Lectures address the relationship between the ethic of care and what Gilligan refers to as "moral injury" and "resisting injustice". In both, she places particular emphasis on the need for a paradigm shift if we are to keep sight of something as important to the well-being of the individual and of society as the capacity to love and to generate mutual trust. Democracy is based on equality, but the patriarchal model excluded love between equals, and interpersonal relationships became harsh, hostile and hypocritical. If the ethic of care remains under threat, it is because patriarchy is refusing to give up its position of power: because society continues to be patriarchal.

Gilligan insists on the need to make the obligations of care universal. Her perspective is not and never has been an essentialist one – that women fill

certain roles as a result of their biology and men fill other roles as a result of theirs – but this is something she has to continue to emphasize in order to prevent others from misinterpreting her. Care is not a women’s issue but rather a question of human interests. Indeed, given that we all have a mind and a body, powers of reason and emotions, empathy with our fellow human beings should be something we take for granted. And yet we find that the capacity for empathy is easily lost. Why is this?

Gilligan arrives at this question through a desire to listen to the “different voice” of women, who are generally better than men at combining reason and emotion. We must reject essentialism and the simplistic and absurd classification according to which man is autonomous and woman is relational, man is rational and woman sentimental. The difference between genders has nothing to do either with essences or with biology, but rather with the fact that the women interviewed had less difficulty in transgressing the dominant conceptual framework and moving beyond the system imposed by patriarchy. The ascendancy of patriarchy eclipsed women’s desire to speak in their own voice. Recovering this voice, expressing it publicly, is both a release and part of an endeavour to maintain our moral integrity. As a psychologist, Gilligan has analysed in depth the reasons why children hide what they really feel or think, and limit themselves to saying “what they think they are meant to say”. In behaving like this, they conceal their empathy in favour of other values that are more widely recognized and, more importantly, are associated with the authentic exercise of masculinity or femininity. Throughout her work, both empirical and theoretical, Gilligan has striven to reveal the mechanisms that hide people’s most intimate feelings and push them towards behaving in a hypocritical manner. Revealing the value of caring and of empathy is “the most radical liberation in the history of humanity”. A liberation which is both moral and psychological, because psychological problems arise when people are unable to say what they feel.

In this liberation, the voices of women are crucial because they call attention to the change of model that we so desperately need. This is what feminism has done so far. Precisely because they have been oppressed for so long, women are more inclined to recognize the falseness of the patriarchal narrative. Every

cloud has a silver lining! We should not be surprised that, in a world full of faults and errors, these should weigh most heavily upon the shoulders of men, and that women’s culture is able to offer something positive that has hitherto been neglected due to the biased perspective of patriarchy.

Moral injury consists of the destruction of trust and the loss of the capacity to love. One ceases to resist injustice when the capacity for empathy is lost. This is why justice must be complemented by care. To understand what this means, we need to see that the conflict is not one between justice and care, but rather between democracy and patriarchy. Justice and care are equally important and universally applicable, but democracy (and with it the desire for justice) are threatened by the survival of patriarchy. Gilligan summarizes this with great clarity in the following memorable sentence: “Within a patriarchal framework, care is a feminine ethic; within a democratic framework, care is a human ethic.”

This sentiment was shared by the four other contributors to the Josep Egozcue Lectures, each of whom addressed a different aspect of care. The value and importance of the concept becomes clear when we consider the scope of the social meanings it has acquired. Care is present in the family, in the clinical relationship and in our daily lives. Lluís Flaquer, Teresa Torns, Germán Diestre and Eulàlia Juvé offered a clear and rigorous analysis of the dimensions of care, and their contributions are also included in this publication.

Victoria Camps
President

**Moral injury and
the ethic of care**

Carol Gilligan

It is forty years now since John Berger wrote, “Never again will a single story be told as though it’s the only one.” It is thirty years since *In a Different Voice* recast the conversation about self and morality as a conversation about voice and relationships. It is fifteen years since Arundhati Roy in her novel *The God of Small Things* coined the phrase ‘Love Laws’ for the laws that establish “Who should be loved. And how. And how much.” And showed that these laws are no small thing.¹

In the interim, a paradigm shift has been spreading through the human sciences. A growing body of evidence coming from developmental psychology, neurobiology, and evolutionary anthropology has led what had been taken as milestones of development to be seen in a new light. Rather than signifying healthy forms of maturation, the separation of the self from relationships and the division of thought from emotion signal injury or responses to trauma.²

In his 2009 book *The Age of Empathy*, primatologist Frans de Waal calls for “a complete overhaul of assumptions about human nature,” noting that “empathy is part of our evolutionary history and not just a recent part, but an age-old capacity.” In *Mothers and Others: The Evolutionary Origins of Mutual Understanding*, evolutionary anthropologist Sarah Blaffer Hrdy notes that the capacity for “empathy, mind-reading, and cooperation” was, and may well be, key to our survival as a species. In *Descartes’ Error*, neurobiologist Antonio Damasio reports that our nervous systems are wired to connect thought and emotion. In his subsequent book, *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, he observes that in our bodies and our emotions, we pick up the music or the “feeling of what happens”, which then plays in our minds and thoughts. If we separate our minds from our bodies and divide our thoughts from our emotions, we can reason deductively and solve logical problems but we lose the ability to register our experience and navigate the human social world.³

Beginning in the early 1980s, researchers observed babies not alone but in relationship with their caretakers and saw an infant they had not imagined – a baby actively seeking and engaging in responsive relationships. From a very early age, practically from birth, human infants scan faces, make eye contact, and engage the attention of others. They register the difference

between the experience of relationship – being in touch with another person – and the appearance of relationship, when someone who appears to be relating to them is in fact out of touch.⁴

With these observations, questions about development reverse. Rather than asking how do we gain the capacity to care, how do we learn to take the point of view of the other and overcome the pursuit of self-interest, we are prompted to ask instead: how do we lose the capacity to care, what inhibits our ability to empathize with others and pick up the emotional climate around us, how do we fail to register the difference between being in and out of touch? And most painfully, how do we lose the capacity to love?

These changes in the understanding of human nature and human development were prompted initially by listening to women. The ‘different voice’ sounded different and was heard as ‘feminine’ because it joined reason with emotion, self with relationships, because it was embodied rather than disembodied, located in time and place. I wrote *In a Different Voice* in part to show that what psychologists identified as problems in women were problems in the framework of interpretation. What had been perceived as limitations in women’s development (a concern with feelings and with relationships, an intelligence that was emotional as well as rational) are in fact human strengths. By naming and changing the voice of psychological and moral theory, *In a Different Voice* shifted the framework, and with this shift, the different voice no longer sounds different. It is, simply, a human voice.

Knowing then that as humans we are by nature responsive and relational beings, born with a voice – the capacity to communicate – and with the desire to live in relationships, how shall we talk about ethics? Within ourselves, we have the requisites both for love and for citizenship in a democratic society. What stands in the way?

The culture wars in the USA erupted in reaction to the advances made in the 1960s and 1970s toward a fuller realization of democratic ideals and values. In his campaign for re-election, President Obama said: “This election offers the American people the choice between two very different visions for our future.”⁵ Are you on your own, he asked, or are we in it together? Are you

alone, or are we interdependent? The reality is, we're in it together because, as the poet W. H. Auden reminds us:

...no one exists alone
Hunger allows no choice
To the citizen or the police;
We must love one another or die.⁶

I will begin with moral injury: the shattering of trust that compromises our ability to love. I will then describe a triptych of research that shows when and how and why basic human capacities are at risk and highlights a capacity for resistance. Finally, I will take up the Love Laws as no small thing and not a private matter. As the battles over the Love Laws reveal, the culture wars are a fight between democracy and patriarchy. The Love Laws are a mainstay of patriarchy. The ethic of care in its concern with voice and relationships is the ethic of love and of democratic citizenship. It is also the ethic of resistance to moral injury.

I. Moral injury

In *Achilles in Vietnam*, the psychiatrist Jonathan Shay writes about moral injury.⁷ Working with Vietnam combat veterans, he recognized in their post-traumatic stress disorders a shattering of trust. It followed the betrayal of 'what's right' in a high stakes situation where the betrayal was sanctioned by those in authority.

Shay observes that healing from trauma depends on "communalization of the trauma – being able safely to tell the story to someone who is listening and who can be trusted to retell it truthfully to others in the community." Recovery thus begins with listening and so, he continues, "before analyzing, before classifying, before thinking, before trying to *do* anything – we should *listen*."⁸

It is not easy to listen to veterans' stories. In one example Shay provides, the veteran was a member of a Long Range Reconnaissance Patrol that was led

by an intelligence error to kill innocent civilians ("a lot of fishermen and kids"). The veteran explains:

What got us thoroughly fucking confused is, at that time you turn to the team and you say to the team, "Don't worry about it. Everything's fucking fine." Because that's what you're getting from upstairs. The fucking colonel says, "Don't worry about it. We'll take care of it." Y'know, uh, "We got body count!" "We have body count!" So it starts working on your head.

So you know in your heart it's wrong, but at the time, here's your superiors telling you that it's okay. So, I mean, that's *okay* then, right? This is part of war? ...

They wanted to give us a fucking Unit Citation – them fucking maggots. A lot of medals came down from it. The lieutenants got medals, and I know the colonel got his fucking medal. And they would have award ceremonies, y'know, I'd be standing like a fucking jerk and they'd be handing out fucking medals for killing civilians.⁹

"Just listen!" veterans say when telling mental health professionals what they need to know to work with them, meaning take in the story before trying to make sense of it. Because in fact the stories don't make sense; they are stories about becoming "confused" where the confusion starts "working on your head," because you "know in your heart it's wrong" and you're told by your superiors it's "okay." And it's not just okay but rewarded with medals of honor. In the words of one veteran, these stories are "sacred stuff."¹⁰

All too often, Shay finds, "our mode of listening deteriorates into intellectual sorting, with the professional grabbing the veterans' words from the air and sticking them into mental bins." We assume we know what we're hearing, that we don't really have to listen, that we've heard it all before. We "resemble museum-goers whose whole experience consists of mentally saying, 'That's cubist! That's El Greco!' and who never *see* anything they've looked at." As Shay observes, "listening in this way, *destroys* trust."¹¹

I was struck by Shay's observations about listening because they so closely parallel the approach I have taken in my research. Listening in a way that

creates trust was essential to hearing a ‘different’ voice, meaning a voice that didn’t make sense according to the prevailing categories of interpretation. The mode of listening was so integral to the process of discovery that my graduate students and I created a Listening Guide to lay out a method other researchers could follow.¹²

But I was startled by the resonances I found in Shay’s description of moral injury. In the radically different context of studying development, my colleagues and I had heard something akin to moral injury, a shattering of trust following a betrayal of what’s right in a situation where the stakes were high and the betrayal was sanctioned by those in authority. We also had observed confusion along with signs of distress: not of the magnitude of Shay describes, and yet, his description fit.

Seeking to convey what he observed, Shay found that:

No single English word takes in the whole sweep of a culture’s definition of right and wrong: we use terms such as moral order, convention, normative expectations, ethics, and commonly understood social values. The ancient Greek word that Homer used, *themis*, encompasses all these meanings.¹³

“What’s right” is Shay’s equivalent of *themis*. It comes closer than terms like moral order or ethics to capturing the sense of an inner compass we carry with us, that alerts us when we’ve lost our way: when we’re doing something we know in our hearts is wrong.

The research on girls’ development that followed *In a Different Voice*¹⁴ zeroed in on adolescence as a time when girls come to an intersection where an inner compass points one way and the highway signs in another. Girls have to throw away or ignore their compasses in order to follow the prescribed route with conviction. In their reluctance to do so, my research team and I saw a resistance that was associated with signs of psychological resilience and strength. But the intersection itself is marked by confusion because at this juncture in development, the right way to go is not the right way to go.

A tension between psychological development and cultural adaptation became manifest as a crisis of connection. Iris, a high school senior, reflects, “If I were to say what I was feeling and thinking, no one would want to be with me, my voice would be too loud,” adding by way of explanation, “but you have to have relationships.” I agree, and then ask: “But if you are not saying what you are feeling and thinking, then where are you in these relationships?” Iris sees the paradox in what she is saying: she has given up relationship in order to have ‘relationships’, muting her voice so that ‘she’ can be with other people. The move is adaptive and socially rewarded; Iris is the valedictorian of her high school class and has been admitted to the competitive college that is her first choice. She is well liked by her teachers and peers. Yet what she describes is psychologically incoherent.

Judy at thirteen describes the pressures she feels to forget her mind. Pointing to her gut, she explains that the mind “is associated with your heart and your soul and your internal feeling and your real feelings.” She faces the quandary of how to stay in touch with what she knows and with what is considered knowledge and comes up with a creative solution. She separates her mind not from her body but from her brain, which she locates in her head and associates with her smartness, her intelligence, her education. People, she says:

can control what they’re teaching you and say, “This is right and this is wrong.” That’s control like into your brain. But the feeling is just with you. The feeling can’t be changed by someone else who wants it to be this way. It can’t be changed by saying, “No, this is wrong, this is right, this is wrong.”

As the interview draws to a close, Judy states her theory of development. Really young children, she says, have mind more than anything else because “they don’t have much of a brain.” But then the brain “starts to evolve and that’s sort of like the way you’re brought up... And I think that after a while, you just sort of forget your mind, because everything is being shoved at you into your brain.”¹⁵

Judy is thirteen, a reflective eighth grader, struggling with dissociation and trying to hold on to what she knows. She contends with a voice that carries

moral authority, a voice she experiences as intrusive and controlling. You can forget your mind, she says, but the ‘deeper sort of knowing’, the knowing she associates with her heart and her soul and her real thoughts and feelings, can’t be changed by someone saying, “No this is wrong, this is right.” However forceful the initiation, however linked with smartness, intelligence, and education and all they imply, the “feeling is just with you,” a gut knowing, buried perhaps but not lost.

The research on development gives a slightly different slant to Shay’s writings about moral injury. It picks up on something the veteran said: he knew in his heart it was wrong. Deep assumptions of what’s right and wrong, what’s praiseworthy and blameworthy, are rooted not only in culture but also in our humanity. Reflecting on his title, *Achilles in Vietnam*, Shay notes that:

The specific content of the Homeric warriors’ *themis* was often quite different from that of American soldiers in Vietnam, but what has not changed in three millennia are violent rage and social withdrawal when deep assumptions of “what’s right” are violated.¹⁶

We live in bodies and in cultures, but we also have a psyche: a voice and a capacity for resistance. Across time and cultures, the psyche’s response to the betrayal of what’s right is rage and social withdrawal, and also, as Shay describes, going berserk, going crazy, because something happened that psychologically didn’t make sense.

II. A triptych of development

The word ‘betrayal’ appears repeatedly in Niobe Way’s book *Deep Secrets*, used by the adolescent boys in her studies to explain why they no longer have a best friend, why they don’t tell their secrets to anyone anymore. The betrayal itself is never quite specified. Justin describes it as something that “just happens;” he doesn’t know if it’s “natural or whatever.” But the shattering of trust is unmistakable. As Joseph says, “You can’t trust nobody these days.”¹⁷

Something had happened. Justin and Joseph were among the majority of the boys in Way’s studies – boys from a range of cultural backgrounds (Latino, Puerto-Rican, Dominican, Chinese, African-American, Anglo, Muslim, Russian, etc.) – who “spoke about having and wanting intimate male friendships and then gradually losing these relationships and their trust in their male peers.” As a freshman and sophomore in high school, Mohammed said that he told his best friend all his secrets. When interviewed as a junior, he said, “I don’t know. Recently...you know I kind of changed something. Not that much, but you know I feel like there’s no need to – I could keep [my feelings] to myself. You know, I’m mature enough.”

Fernando echoed this explanation. Asked what he sees as an ideal friendship, he began, “You gotta be funny, truthful, I just got to have fun with you, you know,” but then he said, more haltingly and with a question, “Um, you gotta, I guess just be there for me? I guess, I don’t wanna sound too sissy-like....I think I’ve matured in certain ways...I know how to be more of a man.”¹⁸

In the early years of high school, the boys resist the gender binary that makes it “sissy-like” to depend on someone and want them to “just be there for me.” But by the end of high school, as Way reports, emotional intimacy and vulnerability have a gender (girly) and a sexuality (gay). Being a man then means being emotionally stoic and independent.

Thus we see the effects of a culture organized around a gender binary and hierarchy: the culture of patriarchy where being a man means not being a woman or like a woman, and also being on top. What previously felt ordinary – the “trust, respect, and love” that 15-year-old Justin says is “so deep, it’s within you...it’s human nature” – has become fraught. Justin doesn’t know if the distance he now feels is “natural or whatever;” what he knows is it “just happens.”¹⁹

The boys in Ways’ studies know the value of close friendships. George says that without a best friend to tell your secrets to, you would “go whacko.” Chen says that without a close friend, “you go crazy.” Others describe how anger builds up inside them when they don’t have a best friend to talk to. Some speak of sadness, loneliness, and depression.

The research with girls stands out as the center panel of the triptych in part because the ability of articulate girls to narrate their experience of initiation makes it clear what is happening and how and why. The studies with girls thus illuminated a process of initiation that had been mistaken for development. Separations and losses that had been described as natural or inevitable were culturally imposed and socially sanctioned.

As a healthy body resists infection, a healthy psyche resists moral injury. The research with girls elucidated both the capacity for resistance and the mechanism of betrayal. The head is divided from the heart, the mind from the body, and the embodied voice, the voice that carries “the feeling of what happens,” becomes separated from relationships and held in silence. Tanya at sixteen reflects: “The voice that stands up for what I believe in has been buried deep inside me.” She hasn’t lost the voice of integrity, but its silence shadows her relationships and will curtail her ability to function as a citizen in a democratic society.²⁰

Articulate girls such as Tanya and Judy describe their strategies of resistance: separating your mind from your education, taking an honest voice underground. “I don’t know,” girls will say; “I don’t care,” the boys in Ways’ studies proclaim. Yet the girls do know and the boys do care, although they may need not to know or to show it. An injunction – “don’t” – has come between “I” and knowing or “I” and caring.

The internalization of this gender binary that impedes girls’ ability to know and boys’ ability to care marks the psyche’s induction into a patriarchal order. Whenever you hear a gender binary – being a man means not being a woman or like a woman (and vice versa) – and encounter a gender hierarchy privileging the “masculine” (reason, mind and self) over the “feminine” (emotions, body, and relationships) you know you are in patriarchy, whatever it may be called. As an order of living based on age and gender, where authority and power descend from a father or fathers, patriarchy is incompatible with democracy, which rests on equal voice and a presumption of equality. But it is also in conflict with human nature. By bifurcating human qualities into either ‘masculine’ or ‘feminine’, patriarchy creates rifts in the psyche, dividing everyone from parts of themselves and undermining basic

human capacities. The initiation into patriarchal norms and values thus sets the stage for the betrayal of what’s right.²¹

To appreciate what is lost and also why, one has only to listen to girls before the initiation sets in. In a discussion of whether it is ever good to tell a lie, eleven-year-old Elise, a sixth grader in an urban public school, says, “My house is wallpapered with lies.” When I go to her house to get a permission slip signed, I see what she was seeing, and also notice her watching me see it. A scene of domestic tranquility is covering an explosive sexual triangle.

Elise’s voice is the voice of countless preadolescent girls in novels and plays written across time and cultures. At the beginning of *Jane Eyre*, Jane, age ten, tells her Aunt Reed: “You said I was a liar. I’m not. If I were I’d have said I loved you, and I don’t ... People think you are good, but you are bad, and hard-hearted. I will let everyone know what you have done.” It is the voice of Iphigenia in Euripides’s tragedy, of Scout in *To Kill a Mockingbird*, Frankie in *A Member of the Wedding*, Rahel in *The God of Small Things*, Claudia in *The Bluest Eye*, Tambu in Tsi Tsi Dangaremba’s *Nervous Conditions*, Annie John, the list is endless. We know this voice, and yet it’s hard not to hear it as girls themselves will come to describe it: as “rude” or “stupid”, or, to quote Anne Frank, “unpleasant” and “insufferable”.

The voice is culturally inflected but clearly recognizable. A girl on the threshold of becoming a young woman sees what she is facing and says what she sees. “Children must be corrected,” Aunt Reed tells Jane in Charlotte Brontë’s novel; Jane responds, “Deceit is not my fault.” And that is precisely the issue: this voice must be corrected; otherwise the lies are exposed. Once the correction is made, few people ask, “Where is that honest voice?”

Millions of readers read Anne Frank’s diary without suspecting that what they are reading is not Anne’s diary but a version of the diary that Anne herself had edited. She had heard on Radio Free Orange, broadcasting from London into The Netherlands that the Dutch government in exile was planning to set up a war museum after the war and was interested in diaries, letters and collections of sermons that would show how the Dutch people carried on their lives under the harsh conditions of the war. Anne wanted to be

a famous writer and she seized her chance, rewriting over 300 pages of her diary between May and August of 1944. Her edited version is what most of us read, without missing what Anne had left out: her pleasure in her own changing body with its “sweet secrets;” her pleasure with her mother and sister (“Mummy, Margot and I are thick as thieves again.”) and her awareness that the most of the stories adults tell children about purity and marriage are “nothing more than eyewash”. Anne knew what she was doing and why: she wanted her diary to be chosen.²²

The brilliance of dissociation as a response to trauma is that what is dissociated, split off from consciousness and held out of awareness, is not lost. As the poet Eavan Boland writes, “What we lost is here in this room/On this veiled evening.”²³ When dissociation gives way to association – the stream of consciousness, the touch of relationship – we have the sensation of coming upon something at once familiar and surprising. Something we know, and yet didn’t know that we knew.

In *When Boys Become Boys*, Judy Chu brings the eye of a naturalist to the study of four- and five-year-old boys.²⁴ Observing them as they move from pre-kindergarten through kindergarten and into first grade, she witnesses them becoming ‘boys’. The pre-kindergarten boys who had been so articulate, so attentive, so authentic and direct in their relationships with one another and with her were gradually becoming more inarticulate, inattentive, inauthentic and indirect with one another and with her. Chu observes boys’ resistance to this initiation, their “strategic concealment of their capacity for empathy, their emotional intelligence and sensitivity, and their desire for closeness.” Boys’ relational capacities are not lost; “Rather, boys’ socialization toward cultural constructions of masculinity that are defined in opposition to femininity seems mainly to force a split between what boys know (e.g. about themselves, their relationships, and their world) and what boys show.”

Winning the boys’ trust, Chu learns about The Mean Team: “a club created by the boys and for the boys and for the stated purpose of acting against the girls.” The Mean Team established a masculinity defined in opposition to and as the opposite of a femininity associated with being good and nice. Thus the main activity of the Mean Team is to “bother people”.

Chu sees the irony in boys’ situation: the very relational capacities, the empathy and emotional sensitivity boys learn to shield in their desire to be one of the boys are the capacities they need in order to realize the closeness they now seek with other boys. In blunting or concealing these capacities, they render that closeness unattainable.

In the epilogue to *Thirteen Ways of Looking at a Man*, the psychoanalyst Donald Moss recalls his experience in first grade. Every week, they learned a new song and they were told that at the end of the year, they would each have a chance to lead the class in singing their favorite, which they were to keep secret. For Moss, the choice was clear: “The only song I loved was the lullaby, ‘When at night I go to sleep, thirteen angels watch do keep,’ from *Hansel and Gretel*.” Every night he would sing it to himself, and like the song said, the angels came, saving him from his night terrors and enabling him to fall asleep. It “was and would always be, the most beautiful song I had ever heard.”²⁵

They learned the song in early autumn, and in late spring, when his turn came, he stood in front of the class. The teacher asked what song he had chosen. Moss remembers:

I began to tell her, “it’s the lullaby...” But immediately, out of the corner of my eye, I saw the reaction of the boys in the front row. Their faces were lighting up in shock...I knew, knew in a way that was immediate, clear and certain, that what I was about to do, the song I was about to choose, the declaration that I was about to make, represented an enormous, irrevocable error ... What the boys were teaching me was that I was to know now, and to always have known, that “When at night I go to sleep” could not be my favorite song, that a lullaby had no place here, that something else was called for. In a flash, in an act of gratitude, not to my angels but to my boys, I changed my selection. I smiled at the teacher, told her I was just kidding, told her I would now lead the class in singing the “Marines’ Hymn”: “From the Halls of Montezuma to the shores of Tripoli...”²⁶

Moss writes that his book “can be thought of as an extended effort to unpack that moment in front of the class and indirectly, to apologize to the angels for

my treachery.” He had been “unfaithful” to them, had “renounced them in public and continued to do so for many years.” The residue was a melancholia, tied to the boy’s awareness that:

what he is ‘really’ doing in that fateful turning outward is simultaneously preserving and betraying his original love of angels, affirming and denying his new love of boys; after all, now he and the boys are joined together in looking elsewhere for the angels they might have all once had.²⁷

Yet in spite of his treachery, the angels “are still there.”

Moss thus remembers the initiation Chu observes. *The Marines’ Hymn* could easily be the song of The Mean Team. What Moss shows us with stunning precision is how this initiation of boys leads them to rewrite their history: “I was to know now, and to always have known... that a lullaby could not be my favorite song.” And yet it was, and “would always be.”

III. The Love Laws

In an overlooked passage midway through *Anna Karenina*, we hear the hushed voice of Karenin: “prior to the day when he saw his dying wife, he had not known his own heart.”²⁸ Like Hawthorne’s *Scarlet Letter*, Tolstoy’s novel takes us into the territory of the Love Laws. The word ‘patriarchy’ appears repeatedly in *The Scarlet Letter* – “patriarchal privilege,” “patriarchal personage,” “patriarchal power,” “patriarchal deacon” – along with a description of “the father of the Custom House, the patriarch,” who “had no soul, no heart, no mind.”²⁹ He resembles Karenin, also a government official.

The central characters, Anna Karenina and Hester Prynne, are so dazzling, so vibrant, that our eye fixes on them. They stand out among the women – the “Goodwives” – who are gray and muted by comparison. Anna and Hester are women who break the Love Laws, driven by a “lawless passion.” We want to know what happens to them. It is almost as though they serve as decoys, distracting us from what Tolstoy and Hawthorne are revealing about the

costs to men of living in patriarchy. The names of Hawthorne’s central male characters – Dimmesdale and Chillingworth – provide a clue. Hester’s scarlet is so vivid that we may miss the implicit questions. How does a man of worth, Mr Chillingworth, become chilling? How does a man of nature, Mr Dimmesdale, become dim?

It’s Tolstoy who takes us to the core. Anna is due to give birth to the child she conceived with her lover, Vronsky. Deathly ill, she sends a telegram to her husband, begging him to come and forgive her, so she can die in peace. He assumes it’s a trick and feels only contempt; yet concerned that if he didn’t go and she died, it would “not only be cruel – and everybody would condemn me – but it would be stupid on my part.”³⁰ So he goes.

Readers often forget or don’t quite take in that at this juncture in the novel, Karenin offers to give Anna both her freedom and her son. He will divorce her and by taking the disgrace upon himself, make it possible for her to go into society and to keep Seryozha with her. As it turns out, Anna does not take the offer. Her decision is unexplained. In a novel where we are told what even the dog thinks, Anna’s refusal to take her freedom, which seals her fate, is told cryptically in a short paragraph: “A month later Alexei Alexandrovich was left alone in his apartment with his son, and Anna went abroad with Vronsky without obtaining a divorce and resolutely abandoning the idea.”³¹

We are, however, told in detail what happened to Karenin when, at his wife’s bedside, “he had given himself for the first time in his life to that feeling of tender compassion which other people’s suffering evoked in him, and which he had previously been ashamed of as a bad weakness...” He suddenly felt:

not only relief from his suffering but also an inner peace that he had never experienced before. He suddenly felt that the very thing that had once been the source of his suffering had become the source of his spiritual joy, that what had seemed insoluble when he condemned, reproached, and hated, became simple and clear when he forgave and loved...³²

Anna doesn't die. Karenin forgives Vronsky; he tells him:

you may trample me in the mud, make me the laughing stock of society, I will not abandon her, I will never say a word of reproach to you....My duty is clearly ordained for me: I must be with her and I will be. If she wishes to see you, I will let you know.³³

Karenin settles into the household and begins to observe the people around him, the wet nurse, the governess, and his son. He regrets that he hadn't paid much attention to him. Now he "stroked the boy's hair with his hand". For the newborn little girl, "he had some special feeling, not only of pity but also of tenderness – he did not know how he came to love her." He looked after her so she wouldn't die; he "went to the nursery several times a day and sat there for a long while," watching her carefully. "He would sometimes spend half an hour silently gazing at the saffron-red, downy, wrinkled cheek of the sleeping baby," and "felt utterly at peace and in harmony with himself, and saw nothing extraordinary in his situation, nothing that needed to be changed."³⁴

But:

the more time that passed, the more clearly he saw that, natural as this situation was for him, he would not be allowed to remain in it. He felt that besides the good spiritual force that had guided his soul, there was another force, crude and equally powerful, if not more so, that guided his life, and that this force would not give him the humble peace he desired. He felt that everybody looked at him with questioning surprise, not understanding him and expecting something from him.³⁵

Over a stretch of 15 pages, Tolstoy repeats the phrases "crude force", "powerful force", "mysterious force", as though to make sure they stay in our mind, like Vronsky's strong, white teeth. In the face of this force, Karenin feels powerless. "He knew beforehand that everything was against him, and that he would not be allowed to do what now seemed to him so natural and good, but would be forced to do what was bad but seemed to them the proper thing."

What seems to Karenin "natural and good" is, in the eyes of the world, bad and improper. The crude, powerful, mysterious force that "contrary to his inner mood, guided his life, demanding the carrying out of its will," that led Karenin to feel ashamed about "that feeling of tender compassion which other people's suffering evoked in him" and to regard it as a "bad weakness", is patriarchy. Anna had broken the love laws. But in doing so, she freed love: her own and, as it turns out, also Karenin's. We learn that Karenin had been an orphan, his childhood bleak. His pursuit of status and honor appears in this light as an attempt to fill an inner void. He was a man afraid of feeling, cut off from love, ashamed of his humanity. Until suddenly – also a repeated word in this passage – his heart opens in response to Anna and the baby, an opening he experiences as simple, clear, natural and good.

He writes to Anna, "Tell me yourself what will give you true happiness and peace in your soul." Reversing the patriarchal hierarchy, he says, "I give myself over entirely to your will and your sense of justice."³⁶ In this moment, they appear simply human: he with emotions of tenderness and compassion, she with will and a sense of justice. But the world they live in is ruled by a crude force. Karenin sacrifices his love, Anna sacrifices her will and her desire for freedom. And with these sacrifices, the tragedy becomes inescapable. Once Anna leaves without obtaining a divorce, once she gives up the freedom she wanted and that could have made her life with Vronsky viable, enabling her like him to go out into society and not separating her from her son, it's a straight line to her death under the train.

Love is the force that has the power to upset a patriarchal order. Crossing its boundaries – in Roy's novel an untouchable man touches a touchable woman – it dismantles its hierarchies of race, class, caste, sexuality and gender. Thus love must be betrayed or lead to tragedy for patriarchy to continue. Hence the Love Laws, hence the association of patriarchy with trauma and moral injury, because as Tolstoy shows us in the character of Karenin, the betrayal of love is a betrayal of what's right.

The privileged position of men in patriarchy can blind us from seeing what these novelists show us. The devoted resistance, the resistance that comes

from within rather than from someone who stands outside the culture is the resistance of Vronsky, who repeatedly turns down opportunities to rejoin his regiment and rise in the hierarchy, choosing instead to be with Anna. In this respect, he is like Shakespeare's Antony who, speaking of Egypt and Cleopatra, says, "Let Rome in Tiber melt, here is my place."

Dimmesdale, Hester's lover and the father of Pearl, is also by nature a resister: "by the constitution of his nature, he loved the truth, and loathed a lie, as few men ever did." Living a lie, "he loathed his miserable self."³⁷ Chillingworth, compared to the devil and the embodiment of evil as he preys on Dimmesdale's soul, is also the person who, in the end, leaves his fortune, which we are told is considerable, to Pearl, who is not his daughter.

Tolstoy and Hawthorne tell a dominant story. They show us the price of freeing love within a patriarchal order, but also the costs of its containment. In the hushed voices of the men, we hear the signs of moral injury when they are forced to betray what's right, in a high stakes situation, a betrayal sanctioned in the eyes of the word as good and proper. Love, Hawthorne writes, "whether newly born or aroused from a deathlike slumber, must always create a sunshine, filling the heart so full of radiance, that it overflows upon the outward world."³⁸ He also observes, "No man, for any considerable period, can wear one face to himself, and another to the multitude, without finally getting bewildered as to which may be the true."³⁹

IV. The ethic of care

It is difficult in this post-modern age to speak of an honest voice or true face. Respect for cultural differences complicates the search for moral truth. Can one uphold the values of individual liberty and religious freedom without betraying a commitment to human rights? In such debates, the situation of women repeatedly comes to the fore. Can a democratic society sanction or turn a blind eye to the subordination of women in patriarchy? Does the ethic of care show us a way through this thicket? Can it guide us in preventing the betrayal of what's right?

The Laguna Pueblo poet and scholar Paula Gunn Allen writes, "the root of oppression is the loss of memory."⁴⁰ The activities of care – listening, paying attention, responding with integrity and respect – are the activities of relationship. It is memory and relationship that trauma shatters. The betrayal of what's right can lead to violent rage and social withdrawal, but it can also drive an honest voice, the voice of integrity, into silence.

With the paradigm shift in the human sciences, it becomes easier to recognize the ways in which we have mistaken patriarchy for nature by naturalizing its gender binary and hierarchy, enforcing its Love Laws, and policing its boundaries. Yet, as the Arab spring demonstrated so viscerally, the desire to have a voice and to live democratically is a human desire. The presence of women in Tahrir Square was striking, they were among the leaders of the resistance. Once the Muslim Brotherhood took over, women disappeared from public life. Women are a beacon, the weather vane in the struggle between democracy and patriarchy. The situation of women shows which way the wind is blowing.

Sarah Hrdy shows that the patriarchal family is neither traditional nor original in an evolutionary sense. "Patriarchal ideologies that focused on the chastity of women and the perpetuation and augmentation of male lineages undercut the long-standing priority of putting children's well-being first."⁴¹ Arundhati Roy is right. From an evolutionary as well as from a human rights standpoint, the Love Laws are no small thing and they need to be contested. To relegate women to a private sphere where equality is uncertain and rights don't apply is to turn a blind eye to the reality that it is in the private sphere that women are most at risk.

Care is a feminist, not a feminine ethic, and feminism, guided by an ethic of care, is arguably the most radical (in the sense of going to the roots) liberation movement in human history. Released from the gender binary and hierarchy, feminism is not a women's issue or a battle between women and men; it is the movement to free democracy from patriarchy.

In a Different Voice pinpointed the reclaiming of a free voice as a turning point in women's moral development, releasing women from the grip of a

feminine morality that served as a trap. In the name of goodness, women had silenced themselves. For many of the women I interviewed, the freeing of an honest voice followed the recognition that selflessness, often held out as the epitome of feminine goodness, is in fact morally problematic, signifying an abdication of voice and an evasion of responsibility and relationships.

It is important to stress the role society and culture can play in freeing or constricting people to say or even to know what they know. My study with pregnant women considering abortion took place in the immediate aftermath of the U.S. Supreme Court decision in *Roe vs. Wade*. When the highest court in the land gave women a decisive voice, it encouraged them to scrutinize the sacrifice of voice in the name of goodness. Janet, one of the women interviewed, articulates the shift in her thinking that occurred once concerns about goodness became joined by a concern with truth. You have to know what you're doing, she says; you have to be "truthful, not hiding anything, bringing out all the feelings involved," before you can know if what you're doing is "a good decision and an honest one, a real decision."⁴²

A comparable turning point in men's development occurs when a man realizes he has been living a lie and scrutinizes his betrayal of love in the name of honor or manhood. Donald Moss reflects that he had been unfaithful to his angels, had "renounced them in public and continued to do so for many years." But he had also been unfaithful to himself because in truth the lullaby was his favorite song.

In *Are You Not a Man of God? Devotion, Betrayal, and Social Criticism in Jewish Tradition*, Tova Hartman and Charlie Buckholtz describe the resistance that arises within a tradition – in part out of devotion to the tradition.⁴³ Social criticism does not have to come from outside. Focusing on stories about people in relationship to people in positions of power, they take the vantage point of these supporting characters as their lens for reading traditional stories. They observe that the tradition itself preserves these resisting voices, although they are often hushed or veiled and placed at the margins. The supporting characters:

argue with their fathers, with their husbands, mothers, brothers, friends. They encounter people with whom they have close relationships – usually people in power who are meant to embody the highest cultural values – in the act of transgressing these very values.

In a passage resonant with Shay, Hartman and Buckholtz observe that the reactions of supporting characters "to the trauma of these bewildering transgressions tend to be visceral and vivid."

The sudden forced awareness of deep moral fissures in their friends, family, and cultural-meaning networks is often presented as a jarring contradiction to their deepest held understandings – value assumptions that have become so thoroughly assimilated that they are barely if at all distinguishable from the self.

These "identity-shattering explosions detonated at the margins of traditional narratives" lead supporting characters to resist those in power, even as they hold on devotedly to their relationships to those they resist. Hartman and Buckholtz find it intriguing that "the carriers of culture, the shapers of canon, deemed this a type of resistance – resistance, we might say, through the medium of relationship – worthy of holding onto."

The shocking betrayals are betrayals of love. Agamemnon sacrifices his daughter Iphigenia to restore Greek honor; Abraham prepares to sacrifice Isaac to prove his devotion to God. Their acts are culturally sanctioned and rewarded with honor. In Euripides's tragedy, Iphigenia, tells her father he is mad and challenges the culture that privileges honor over life. In the Bible, Isaac has no voice, but the writers of the Midrashic canon of Biblical commentaries (asking, in effect, where is his voice?) give him a voice. As he both accedes to and pushes back against his father's decision, he says, "But I grieve for my mother."

The bewildering nature of these betrayals comes not only from their violation of the culture's *themis* but also from their rupture of experience. Iphigenia and Isaac had experienced their fathers in a relationship with them. In Euripides's play, Iphigenia reminds Agamemnon of the words he said to her, the love he expressed and the closeness they shared. But suddenly, it is as though these

words and actions have no meaning. The betrayal violates deep assumptions of what's right, and it is viscerally shocking because it shakes the very ground of experience, shattering our ability to trust what we know. Once we lose trust in the voice of experience, we are captive to the voice of authority.

The ethic of care guides us in acting carefully in the human world and underscores the costs of carelessness: not paying attention, not listening, being absent rather than present, not responding with integrity and respect. In the documentary film *The Gatekeepers*, six former heads of Shin Bet, Israel's internal security service, are interviewed about the Israeli–Palestinian conflict. In the end, these hardened and tough-minded men see only one solution: talking with one's enemies. "I'd talk with anyone," the eldest says, "even Ahmadinejad." He isn't speaking about negotiating peace but something more elemental. He means revealing one's humanity.⁴⁴

I have told multiple stories, interweaving the diverse voices of combat veterans, girls and women, boys and men, Jane Eyre and Karenin. The tensions between cultures play out within cultures and also within ourselves. To paraphrase John Berger, never again will a single voice be heard as the only one. In discussions of ethics, we might ask: how can I listen for a voice that is held in silence, a voice under political or religious or psychological constraint? How can I listen in women for the honest voice of the eleven-year-old girl, and in men for the perceptiveness of the emotionally intelligent 4-year-old boy? What are the resonances that call dissociated experiences back into awareness? Like love, art has the power to cross boundaries and open doors that are seemingly nailed shut. What happens when we replace judgment with curiosity? Rather than putting ourselves in the shoes of the other, we would do better to put on our own shoes and go to the other to learn from them about their place.

I conclude with Jonathan Shay: "If we want to live among equals with strength and candor, among people with, as Euripides says 'free and generous eyes,' the understanding of trauma can form a solid basis for a science of human rights." As Shay says, "This vision of a good life for a human being is an ethical choice and cannot be coerced. It can only be called forth by persuasion, education, and welcoming appeal."⁴⁵

Notes

1. Berger, J. G. *A Novel*. London: Bloomsbury, 1972; Gilligan, G. *In a Different Voice*. Cambridge, MA: Harvard University Press, 1982; Roy, A. *The God of Small Things*. New York: Harper Perennial, 1998.
2. For an extended discussion of the confusion of development with trauma see Gilligan, C. *The Birth of Pleasure*. New York: Alfred A. Knopf, 2002; Gilligan, G. *Joining the Resistance*. Cambridge, UK: Polity Press, 2011.
3. De Waal, F. *The Age of Empathy: Nature's Lessons for a Kinder Society*. New York: Harmony Books, 2009; Blaffer Hrdy, S. *Mothers and Others: The Evolutionary Origins of Mutual Understanding*. Cambridge, MA: Harvard University Press, 2009; Damasio, A. R. *Descartes' Error: Emotion, Reason, and the Human Brain*. New York: Putnam Publishing Group, 1994; Damasio, A. R. *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. San Diego: Harcourt, 1999.
4. See Murray, L.; Trevarthan, C. "Emotional regulation of interaction between two-month-olds and their mothers," in *Social Perception in Infants*, edited by T.M. Fields and N.A. Fox (Norwood, NJ: Ablex, 1985); L. Murray and C. Trevarthan, "The infants' role in mother-infant communication," *Journal of Child Language* 13 (1986); Sarah Hrdy, *Mothers and Others*; Edward Z. Tronick. "Emotions and emotional communication in infants," *American Psychologist* 44, no. 2 (1989) Daniel N. Stern. *The Interpersonal World of the Infant*. New York: Basic Books, 1998; Alison Gopnik. *The Philosophical Baby: What Children's Minds Tell Us about Truth, Love, and the Meaning of Life*. New York: Farrar, Straus, & Giroux, 2009.
5. Obama, B. Acceptance Speech at the Democratic National Convention. September 6, 2012.
6. Auden, W. H. "September 1939," in *Collected Poems*. New York: Random House, 1976.
7. Shay, J. *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York: Scribner, 1994.

8. Shay, J. *Op. cit.* p.4.
9. *Ibid.*, pp.3–4.
10. *Ibid.*, p.5.
11. *Ibid.* p.5.
12. For a description of the Listening Guide Method see, Gilligan, G, Spencer, R., Weinberger, K. and Bertsch, T. “On the listening guide: a voice-centered, relational method,” in Paul M. Camic, Jean E. Rhodes, and Lucy Yardley (eds.). *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington, D. C: American Psychological Association Press, 2003.
13. Shay, J. *Op. cit.*, p.5
14. See Brown, L. M. and Gilligan, G. *Meeting at the Crossroads: Women’s Psychology and Girls’ Development*. Cambridge, MA: Harvard University Press, 1992; Gilligan, C., Rogers, A. G. y Tolman D. (Eds.). *Women, Girls, and Psychotherapy: Reframing Resistance*. Nueva York: Hayworth Press, 1991; McLean Taylor, J., Gilligan C. and Sullivan, A. *Between Voice and Silence: Women and Girls, Race and Relationship*. Cambridge, Massachusetts: Harvard University Press, 1995. Gilligan, C., Lyons, N. P. and Hammer, T. J. (Eds.). *Making Connections: The Relational Worlds of Girls at Emma Willard School*. Cambridge, Massachusetts: Harvard University Press, 1990.
15. For an extended discussion of Judy, see Brown and Gilligan, *Meeting at the Crossroads*, “Losing your mind;” See also Carol Gilligan. *Joining the Resistance*, chapter 2, “Where have we come from and where are we going?”
16. Shay. *Achilles in Vietnam*, p.5.
17. Niobe Way. *Deep Secrets: Boys’ Friendships and the Crisis of Connection*. Cambridge, MA: Harvard University Press, 2011
18. *Ibid.*, p.242.
19. *Ibid.*, pp.1–19.
20. The studies of girls’ development continued for over ten years and involved girls from a range of ethnic and class backgrounds, attending private and public, all-girls and co-educational schools. The research was conducted by the Harvard Project on Women’s Psychology and Girls’ Development and was published in numerous articles and books, including, Gilligan, C. “Joining the resistance: psychology, politics, girls and women,” *Michigan Quarterly Review* 24, 4, 1990; Brown and Gilligan, *Meeting at the Crossroads*; Carol Gilligan, Annie G. Rogers, and Deborah Tolman. (Eds.). *Women, Girls, and Psychotherapy Reframing Resistance*. Binghamton, NY: Hayworth Press(1991); Jill McLean Taylor, Carol Gilligan, and Amy Sullivan. *Between Voice and Silence*.
21. For an extended discussion of the tensions between democracy and patriarchy, see Carol Gilligan. *The Birth of Pleasure*; Carol Gilligan and David A. J. Richards. *The Deepening Darkness: Patriarchy, Resistance, and Democracy’s Future*. New York: Cambridge University Press (2009) and Carol Gilligan, *Joining the Resistance*.
22. For an extended discussion of Anne Frank’s editing of her diary, see Gilligan, C. *The Birth of Pleasure*, Part II, “Regions of Light”.
23. Boland, E. “What We Lost” from *Outside History*. New York: W.W. Norton & Co., 1990.
24. Chu, J. *When Boys Become Boys: Development, Relationships, and Masculinity*, New York: New York University Press (In press).
25. Moss, D. *Thirteen Ways of Looking at a Man: Psychoanalysis and Masculinity*. New York: Routledge (2012) p.137.
26. *Ibid*, p.140.
27. *Ibid.* p.141.
28. Tolstoy, L. *Anna Karenina*. Translated by Richard Pevear and Larissa Volokhonsky. New York: Viking Penguin, 2001/1877, p.418.
29. Hawthorne, N. *The Scarlet Letter*. New York: Modern Library (2000/1850), p.16.

30. Tolstoy, L. *Op. cit.*
31. *Ibid.* p.435.
32. *Ibid.* p.418–19.
33. *Ibid.* p.414.
34. *Ibid.* p.419.
35. *Ibid.* p.419.
36. *Ibid.* p.429.
37. Hawthorne, N, *Op. cit.* p.131.
38. *Ibid.*, p.187.
39. *Ibid.* pp.197–8.
40. Gunn Allen, P. “Who is your Mother? Red Roots of White Feminism.” In Simonson, R. and Walker S. (Eds.). *The Graywolf Annual Five: Multicultural Literacy*. St. Paul: Graywolf Press, 1988, p.18.
41. Hrdy, S. *Mothers and Others*, p.287.
42. Gilligan, C. *In a Different Voice*, p.85.
43. Hartman, T. and Buckholtz, C. *Are You Not a Man of God: Devotion, Betrayal, and Social Criticism in Jewish Tradition*. New York: Oxford University Press (forthcoming).
44. *The Gatekeepers*, 2012 Documentary Film, directed by Dror Moreh.
45. Shay, J. *Achilles in Vietnam*, p.209.

**Resisting injustice: a
feminist ethic of care**

Carol Gilligan

In the early 1970s, at a time when I was teaching theories of identity and moral development, I began listening to how people perceive and construe ethical conflicts and choices they are facing. My ear was caught by two things: a silence among men and an absence of resonance when women said what they really felt and thought. By inquiring into what men were not saying and providing some resonance for women, I heard a voice that had been held in silence. It was like shifting the frequency and suddenly hearing a station that had been jammed.

I became aware of the silences in theories of psychological and moral development – what was not being said, who was not listened to, what was not considered an ethical problem – and I understood why women’s voices often sounded confused or beside the point. Moral philosophers argue about whether ethics is based on reason or emotion. Psychologists speak of the self as separate and development as a move from dependence to independence. The different voice – a voice I first heard by listening to women – joined reason with emotion and the self with relationships. It spoke of people’s lives as connected and interdependent. From this standpoint, the opposite of dependence is isolation.

I wrote *In a Different Voice* to shift the framework. I wanted to explore how starting from an assumption of interdependence changes the parameters of moral conflict and choice. At the time, the debate over abortion was raging; doctors were being jailed for manslaughter. Is the fetus a life? I remember watching women’s faces haze over. The debate was framed in a way that ruled out saying it was without also saying abortion was murder. In 1973, after the U.S. Supreme Court ruled in *Roe vs. Wade* that abortion was legal, Mary Belenky and I began interviewing pregnant women who were considering abortion. How did they frame the moral problem, how did they perceive the choices they faced?

Sharon, a woman in her thirties, when questioned about the right way to make moral decisions, said:

The only way I know is to try to be as awake as possible, to try to know the range of what you feel, to try to consider all that’s involved, to be

as aware as you can of what’s going on, as conscious as you can of where you’re walking.

Asked if there were principles that guided her, she explained,

The principle would have something to do with responsibility, responsibility and caring about yourself and others. But it’s not that on the one hand you choose to be responsible and on the other hand you choose to be irresponsible. Both ways you can be responsible. That’s why there’s not just a principle that once you take hold of you settle. The principle put into practice here is still going to leave you with conflict.¹

Listening to Sharon means stepping out of a frame. She does not talk about rights. She does not divide feeling from thought. She does not construe it as a choice between herself and others. She is not seeking justification: as she says, both ways you can be responsible. Caring about herself and about others, she knows that a principle won’t settle her. It can guide her in making a decision and be put into practice, but it will still leave her with conflict. Her question is how to act in the face of conflict: how to act responsibly and carefully. And for Sharon, this means being awake, being aware, knowing the range of your feelings, considering all that’s involved, being conscious of where you’re walking.

Writing about his journey following Conrad’s footsteps into the Congo, the Swedish journalist Sven Lindqvist describes catching sight of a man carrying a large picture frame.

It frames his whole person as he carries it, only his head and feet outside it. It is strange to see the way the frame separates him, brings him out, yes even elevates him. When he stops for a moment to move it from one shoulder to another, he seems to step out of the frame. It looks as if that were the simplest thing in the world.²

With *In a Different Voice*, I stepped out of a frame. At first, it seemed simple. Asked, “How would you describe yourself to yourself?” a medical student says:

This sounds sort of strange but I think maternal, with all its connotations. I see myself in a nurturing role, maybe not right now, but whenever that might be, as a physician, as a mother ... It's hard for me to think of myself without thinking about other people around me that I'm giving to.

She does not lack a sense of self, but she hears it as 'strange' to describe herself as connected with others rather than standing apart from them. In this way, she alerts us to a culture in which the self is presumed to be separate, and to the difference between her voice and one that responds to the same question by saying, "I would describe myself as an enthusiastic, passionate person who is slightly arrogant. Concerned, committed, very tired right now because I didn't get much sleep last night."³ Different voices: one speaks of relationships when describing the self, one does not.

As it turned out, it was not simple to step out of a frame. The frame kept returning like a computer rebooting: men are autonomous, women are in relationships, men are rational, women are emotional, men are heroic, women are angels, men are just, women are caring. Where did this frame come from? What was holding it in place?

It was when I witnessed children stepping into the frame and realized was at stake that I saw the outlines of a new framework. And then I began to ask new questions and to focus on the relationship between psychology and culture, the interplay of our inner and outer worlds. My attention was caught by children's capacity to resist false authority and by evidence of dissociation: our ability to hold parts of our experience out of awareness so that we can know and also not know what we know.

In this lecture, I will raise three questions:

1. Given the value of care and the costs of carelessness, why is the ethic of care still marginalized or embattled?
2. What is the academic debate over justice vs. care really about?
3. What is the relation of all this to women and, more generally, to people's lives. Are women's voices still key in bringing these problems to our attention?

If anything, the ethic of care is more pressing now than at the time I first wrote about it over thirty years ago. We live in a world increasingly alert to the reality of interdependence and the costs of isolation. We know that autonomy is an illusion: people's lives are interconnected. In the words of Martin Luther King, "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. What affects one directly affects all indirectly."⁴ We know more about trauma, how it can alter our neurobiology and affect our psychology, leading to a loss of voice and memory and thus the loss of our ability to tell our story accurately.

In the tale of *The Emperor's New Clothes*, it is a young boy who says that the Emperor is naked. In Hawthorne's novel *The Scarlet Letter*, seven-year-old Pearl sees what the Goodwives and the Puritans cannot discern: the connection between her mother and the minister. In my research, it was an eleven-year-old girl who responded to my saying, "This interview is just between you and me," by adding, "And your tape recorder." When I went on to explain that the tape would only be listened to by other members of the research team, she asked, "Then why don't they just all come into the room?" Disruptive questions. I needed her to take what I said at face value so I could get on with my work, and in fact, she agreed to my terms, choosing the name she wanted us to use in place of her own. But from then on, she sounded depressed. The price of staying in relationship with me was to not say what she saw and to act as if what I had said made sense.

I could not go on working in this way. In adhering to the conventions of psychological research, I was asking children not to know what they knew and blinding myself to the obvious. At Halloween in a fifth-grade classroom, I watched the ten-year-old girls stare out the window or look up at the ceiling as their teacher read story after story in which a woman was strangled or otherwise mangled. They loved their teacher, who was a woman; they knew she didn't want them to notice this.

The resistance that gripped my attention was a resistance to dissociation. In coming of age, girls were aware of but also resisting pressures to align themselves with ways of seeing and speaking that would require them to discount their perceptions and distrust their experience. Exploring girls' resistance, I

saw how it challenged an initiation that was culturally sanctioned and socially enforced. In many ways it was adaptive if not essential to praise the emperor's new clothes and not see that the minister who professed to love the truth was, in his own words, "living a lie", as the minister says in Hawthorne's novel.

I had not noticed that the word "patriarchy" appears repeatedly in *The Scarlet Letter*. I had read the novel as a tragic love story and a cautionary tale about the wages of sin. But there it was, right on the page: "patriarchal privilege," "patriarchal power," "patriarchal deacon," along with the confession:

I used to watch and study this patriarchal personage [the Father of the Custom House] with, I think, livelier curiosity than any other form of humanity there presented to my notice. He was, in truth, a rare phenomenon; so perfect in one point of view, so shallow, so delusive, so impalpable, such an absolute nonentity in every other.

I had associated patriarchy with anthropology and the study of ancient tribes, and also with a feminism that saw men as monsters. Yet in writing a play inspired by *The Scarlet Letter* and turning the script into the libretto for an opera called "Pearl", my son Jonathan and I were struck by the depths of Hawthorne's insight into what is not usually thought of as the American dilemma: the tension between the radical Protestant vision of an unmediated relationships with God, who can be worshipped by anyone, anywhere – at home, in the forest as well as in church – and the continuation of an all-male clerical hierarchy; between the vision of a democratic society, a shining city on the hill, and the continuation of patriarchal privilege and power. In an aria for the opera, we ask, "If God is love, how can love be sin?"

Patriarchy is antithetical to democracy, but it is also in tension with love. At the end of the novel, Hester Prynne tells the people who come to her for comfort and counsel of her firm belief that "at some future time, when the world has grown ripe for it, a new truth will be revealed in order to establish the whole relation between man and woman on a surer ground of mutual happiness."

In his first address to Congress, President Obama spoke about carelessness – its effects on health, education, the economy, the planet – and the need to replace an ethos of individual gain with an ethic of care and collective responsibility. During the campaign, he had given a stirring speech, calling on the American people to understand and then transcend longstanding and embittered conversations about race. But this call was not met with a similar call for a new conversation about gender. Why?

Indeed, why is the ethic of care still embattled? What is the debate over justice vs. care really about? And what is the relation of all this to women and more generally to people's lives?

The studies of girls' development together with a study of young boys and new research on infancy illuminated the relational capacities of humans. Babies and young children read the human world around them, they enter into and interpret emotions and thoughts, their own and those of others. Evidence coming from studies of development converged with new discoveries in neurobiology and evolutionary anthropology showing that in the absence of trauma or brain injury, our nervous systems connect emotion with thought and that the capacity for mutual understanding – for empathy, mind-reading, and cooperation – is part of our evolutionary history, key to our survival as a species. As Alison Gopnik recently observed:

We used to think that babies and young children were irrational, egocentric, and amoral. Their thinking and experience were concrete, immediate, and limited. In fact, psychologists and neuroscientists have discovered that babies not only learn more, but imagine more, care more, and experience more than we would have thought possible. In some ways, young children are actually smarter, more imaginative, more caring, and even more conscious than adults are.⁵

We had, it appears, been telling a false story about ourselves.

In *The Birth of Pleasure*, I asked: how do we come not to know what we know? Why are we drawn to tragic love stories? The voices of adolescent girls in contemporary settings – the girls who participated in my studies – resonated with the voices of girls in novels and plays written across time and

culture. Antigone and Iphigenia, Viola in *Twelfth Night* and Miranda in *The Tempest*. Girls with frank and fearless voices, who speak back to a father, who question the voice of authority. Antigone challenges Creon's decision to leave the body of her brother unburied; Iphigenia tells Agamemnon that he is mad to think of sacrificing her and questions a culture that values honor over life; Viola teaches Orsino about love, and Miranda asks Prospero, "You reason for raising this sea-storm?" and "Had I not four or five women once who tended me?" Why all the suffering and where are the women?

In the Garden of Eden story, Eve eats the forbidden fruit and gives it to Adam. Tree of knowledge, good and evil. It is a story about moral knowledge. God banishes Adam and Eve from the garden. From then on, they will labor in sorrow. But God also binds Eve's desire to Adam's so that from then on she will only want what he wants and know what he knows: "Your husband will be your lust yet he will rule over you." God over Adam, Adam over Eve, the serpent at the bottom. The word 'patriarchy' means a hierarchy, a rule of priests, where the *hieros*, the priest, is a *pater*, a father. His is the voice of moral authority.

With *The Birth of Pleasure*, I placed my studies of development in a larger historical and cultural framework. What had been described as development – the separation of the self from relationships, mind from body, thought from emotion – was a process of initiation that mandated dissociation. Listening to girls narrate their experiences in coming of age, I heard their struggles around knowing and not knowing. Was it possible for them to say what they saw, listen to what they heard, know what they knew, and live in relationship with others? But if they were not saying what they felt and thought, then they were not in relationship with others.

In a study with women and men who had come to an impasse in their relationship with one another, I found that listening in women for the frank and fearless voice of the eleven-year-old girl and in men for the emotionally open and intelligent voice of the four-year-old boy could open a path through the thicket. I wrote *The Birth of Pleasure* to show that we have a map of resistance in the form of an ancient story. The tale of Psyche and Cupid shows how a love story that is headed for tragedy can turn into a story that ends with a just

and equal marriage and the birth of a daughter named Pleasure. The seeds of transformation are in our midst.

The gender binary and hierarchy are the DNA of patriarchy, the building blocks of a patriarchal order. Being a man means not being a woman or like a woman and also being on top. In *The Deepening Darkness*, David Richards and I observed that "what patriarchy precludes is love between equals and thus it also precludes democracy, founded on such love and the freedom of voice it encourages."⁶

I entered the conversation about women and morality in the 1970s, at the height of the women's movement. Interviewing pregnant women who were considering abortion in the immediate aftermath of the Supreme Court decision in *Roe vs. Wade* that gave women a decisive voice, I would hear women describe whatever they wanted to do (whether to have the baby or have an abortion) as 'selfish', while considering doing what others wanted them to do as good. I recall Nina telling me that she was having an abortion because her boyfriend wanted to finish law school and relied on her for support. When I asked Nina what she wanted to do, she looked at me in astonishment: "What's wrong with doing something for someone you love?" Nothing, I said, and repeated my question. After several iterations of this conversation with the word 'selfish' ringing in my ears, I began asking women, "If it's good to be empathic with people and responsive to their desires and concerns, why is it selfish to respond to yourself?" And in that historical moment, woman after woman said: "Good question."

Women were scrutinizing the morality that had enjoined them to become 'selfless' in the name of goodness in light of the recognition that selflessness signifies an abdication of voice and an evasion of responsibility and relationship. It was not only morally problematic but psychologically incoherent: to be in relationship means to be present not absent. The sacrifice of voice was a sacrifice of relationship.

Listening to women thus led me to make a distinction pivotal to understanding care ethics. Within a patriarchal framework, care is a feminine ethic. Caring is what good women do and the people who care are doing

women's work. They are devoted to others, attentive to their wishes and needs, responsive to their concerns. They are selfless. Within a democratic framework, care is a human ethic. Caring is what humans do, it is a natural human capacity to care about oneself and others. The contrast was not between care and justice, women and men. It was between democracy and patriarchy.

When I wrote *In a Different Voice*, I described women's moral development as a progression from a concern about self to a concern about others to an ethic of care that embraced self and others. I was working within a framework where moral development was viewed as a move from pre-conventional to conventional to post-conventional thought. For women, this was a move from badness (selfishness) to goodness (selflessness) to truth, based on the recognition that both selfishness and selflessness are retreats from relationships and signify limitations of care. It was Amy, the eleven-year-old girl, the only girl discussed at any length in the book, who first led me to question this framework. The opposition between selfishness and selflessness did not shape her view of herself or her way of thinking about morality. I could not draw a line connecting Amy's voice with the voices of the women in the book. The problem they were struggling with was not a problem for her. Amy was outside of the framework.

Mutual understanding is horizontal in structure, inherently democratic. To turn the horizontal into a vertical with higher and lower, superior and inferior, a series of splits are essential. If, as findings of developmental psychology, neurobiology, and evolutionary anthropology now attest, the capacity for mutual understanding – for empathy, mind-reading, and cooperation – is innate, this capacity has to be broken or at the very least relegated to the margins. This is the task of patriarchal initiation, which if successful implants in the psyche things foreign to our human nature.

Resilient children will resist the pressures they feel to split their minds from their bodies, their thoughts from their emotions, their sense of themselves from their relationships. Pressures to bury an honest voice, which in our post-modern culture is said not to exist. In such a context, it becomes hard for people to know what they know in their bodies and in their emotions

without feeling crazy. And saying what they know can make trouble for others and for themselves.

Anna at fourteen writes two papers about the hero legend: "a lah-de-dah legend and the one I wanted to write." She turned in both papers along with a letter to her teacher explaining her reasons. "She gave me an A on the normal one. I gave her the other one because I had to write it. It sort of made me mad." Watching her father and her brother resort to "brute force" in the face of frustration, Anna saw how the need to appear heroic could lead men to cover vulnerability with violence. Viewed in this light, the hero legend became, in her eyes, an understandable but dangerous legend.

In choosing to disagree openly with her teacher and, in Virginia Woolf's terms, not sell her mind or "commit adultery of the brain,"⁷ Anna is a resister. She regarded her teacher as "narrow-minded" in adhering strictly to Joseph Campbell's view of the hero as someone "who went and saved all humankind." Seeing this hero from a different standpoint, she says that she had to write the paper: "I had to write it to explain it to her, you know; I just had to...to make her understand."

Anna, whose family is working class, sees the framework of the worlds she lies in. Painfully, she had become aware of the inconsistencies in her private school's position on economic differences: where money was available and where it was not, the limits of the meritocracy it espoused. And seeing the inconsistencies, she becomes riveted by the disparity between what things are called and the realities, and she plays with the provocation of being literal in an effort to call things by their right names.

A year later, at fifteen, Anna is asking some literal questions about the order that is unquestioned in the world around her: questions about religion and about violence. "Wouldn't there have been a lot of animal stuff on Noah's ark?" She discovers that her questions are not welcomed by many of her classmates and her opinions are often met with silence. In the midst of a hotly controversial classroom conversation, she notices who is not speaking: "There were a bunch of people who just sat there like stones and listened."

Anna's relationship with her mother seems crucial to her resilience. Her closeness with her mother and the openness of their conversations are sometimes painful. Anna feels her mother's feelings "gnawing" at her, and it is sometimes confusing for Anna to know how her mother thinks and feels. She realizes that her mother's is "only one viewpoint" and she does not know "how much of it is dramatized." Yet she "can see that a lot of what my Mom says is true."⁸

In one of the most robust findings in the psychology literature, studies of resilient children repeatedly show that the best protection in the face of stress is one confiding relationship, meaning one relationship where children can speak their minds and their hearts. In addition to her mother, Anna has "a bunch of friends that I talk to and, you know, they understand ...but it is not very many people." She is the editor of her school newspaper, a straight A student who sings in a choir and who wins a scholarship to the competitive college that is her first choice. She illustrates the possibility of a healthy resistance that is also a political resistance, and she finds an effective channel for its expression, enabling her to articulate what she knows, to speak truth to power, and also to navigate the worlds of her school and her family, not without conflict, but in a way that does not jeopardize her future.

To answer the first question then, a feminist ethic of care is embattled because feminism is embattled. In the USA, the culture wars have brought to the surface the ongoing tensions in American society between the commitment to democratic institutions and values and the continuation of patriarchal privilege and power. The tensions between a feminist and a feminine ethic of care played out in the recent health care debates. As a political scientist friend Stephen Holmes observed, health care, gendered feminine, was deemed too expensive and not the government's responsibility (with women and those who do women's work presumably carrying the burden) whereas the military and Wall Street (gendered masculine) were given a relatively free pass.

These patriarchal constructions of masculinity and femininity were challenged in the 1960s and 1970s by the anti-war movement, the women's movement and the gay liberation movement. To be a man did not necessar-

ily mean becoming a soldier or preparing oneself for war; to be a woman did not necessitate becoming a mother or preparing oneself to bear and care for children. Sexualities and families could take many forms. But as abortion and gay marriage along with war became lightning rod issues in American politics, it was clear that these advances were met by efforts to restore patriarchal structures and enforce the law of the father. In the words of George W. Bush, "I am the decider."

This brings me to the so-called Kohlberg-Gilligan debate. To reiterate a major point, care and caring are not women's issues, they are human concerns. To see the debate for what it is, look through a gender lens: justice is aligned with reason, mind and self – the attributes of "rational man" – and care with emotions, body, and relationships: "feminine" qualities that like women in patriarchy are at once idealized and devalued. Although the patriarchal framing of this debate is not generally acknowledged, the gender binary and hierarchy catch the listening ear. With this gendering of morality, manhood can readily become a license for carelessness, defended in the name of rights and freedom, and womanhood can imply a willingness to forgo rights for the sake of preserving relationships and keeping the peace. But it is absurd to say that men don't care and women are not invested in justice.

I identified the different voice not by gender but by theme. The difference reflects the joining of what patriarchy casts asunder: thought and emotion, mind and body, the self and relationships, men and women. Undoing patriarchal splits and hierarchies, the different voice articulates democratic norms and values: the importance of everyone having a voice and being listened to, heard in their own right and on their own terms, and responded to with integrity and respect. Different voices rather than compromising equality are integral to the vitality of a democratic society.

The association of a care voice with women in my research was an empirical observation, admitting exception (not all women are caring) and by no means limited to women (caring is a human capacity). But for reasons I will go into shortly, women are more apt to resist separating their sense of themselves from their experience of relationships and to integrate feeling with thought.

When the relational woman is judged to be good and the autonomous man is perceived as a principled moral agent, morality sanctions and enforces the gender codes of a patriarchal order. In the culture of patriarchy, whether overt or hidden, the different voice sounds feminine. Heard in its own right and on its own terms it is, simply, a human voice. As an ethic of relationship, care addresses both problems of oppression and problems of abandonment. Listening to children, we hear their cries, “It’s not fair,” “You don’t care.” Given that children are less powerful than adults and rely on caring for their survival, concerns about justice and care are built into the human life cycle.

Psychological problems arise when people cannot say what they feel most deeply, or express what to them is most actual and acute. At seventeen, Gail reflects, “I have a tendency to keep things to myself, things that bother me and anything that interrupts my sense of what I should be, I would kind of soak up into myself as though I were a big sponge.”

The initiation into patriarchy is driven by gender and enforced by shaming and exclusion. Its telltale signs are a loss of voice and memory that compromises our ability to live in relationship with ourselves and with others. Thus the initiation of children into a patriarchal order leaves a legacy of loss and some of the scars we associate with trauma. Twelve-year-old Becka, one of the girls described in *Meeting at the Crossroads* (the book by Lyn Mikel Brown and myself on women’s psychology and girls’ development), speaks of losing her sense of herself:

I wasn’t being happy, and I wasn’t sure of myself...I wasn’t being.. with myself and I wasn’t thinking about myself. I just wanted to have this group of friends. ..I was losing confidence in myself, I was losing track of myself really, and losing the kind of person I was.⁹

By the end of high school, the boys in Way’s studies speak of losing close friendships, the friends with whom they share deep secrets. Nick, a high school senior says, “I’m not close to anybody now.”

It’s not surprising that times in development when girls speak of losing track of themselves and boys of becoming emotionally stoic and independent are marked by signs of psychological distress. These are times when children feel

pressured to internalize a rigid gender binary and hierarchy in the name of becoming a good woman (“what I should be”) or “know[ing] how to be a man.” But this induction of children into patriarchal gender codes and scripts occurs at an earlier time in boys’ lives, around the ages of four and five.

In her forthcoming book *When Boys Become Boys*, Judy Chu describes the attentiveness, articulateness, authenticity and directness of four- and five-year-old boys in their relationships with one another and with her. But as she follows the boys from pre-kindergarten through kindergarten and into first grade, she witnesses them gradually becoming more inattentive, more inarticulate, more inauthentic and indirect with one another and with her. They are becoming “boys.”¹⁰

Girls have more leeway to cross the gender binary until they reach adolescence. It is then that they face the division of girls into good girls and bad girls and also a construction of reality that has been built over the centuries largely by men, where human experience and the human condition are viewed largely from a male standpoint. They are facing a crisis of connection: how can they stay in touch with themselves, know their experience and honor their perceptions, and also stay in touch with the world around them?

In *Deep Secrets*, Niobe Way describes a similar crisis of connection among boys in the late years of high school. In early adolescence, with the growth of subjectivity and the reawakening of their desire for emotional intimacy, boys describe close friendships with other boys – friendships in which they share deep secrets. Speaking of his best friend, fifteen-year-old Justin says:

[My best friend and I] love each other...that’s it...you have this thing that is deep, so deep, it’s within you, you can’t explain it. It’s just a thing that you know that that person is that person...I guess in life, sometimes two people can really, really understand each other and really have a trust, respect, and love for each other. It just happens, it’s human nature.

But something else “just happens” that Justin describes two years later as a high school senior. Like the majority of the boys in Way’s studies, he no longer has a best friend. Asked how his friendships have changed, he says:

I don't know, maybe not a lot, but I guess that best friends become close friends...close friends become general friends, and then general friends become acquaintances....If there's distance, whether it's I don't know, nature or whatever. You can say that but it just happens that way.¹¹

What happens, as Way shows, is that boys have internalized the gender binary along with the homophobia that undermines boys' trust in their male peers and renders the desire for emotional intimacy and close friendships girly or gay.

The false story then is a story written after this happens: a story told, so to speak, after the fall. Dissociation has set in and history is rewritten. When this happens, women forget the frank and fearless voice of the eleven-year-old girl who says, "My house is wallpapered with lies," or they hear it as stupid or rude. Men don't recall the emotional openness and intelligence of the four-year-old who asks his mother, "Mama, why do you smile when you're sad," or the five-year-old who tells his father, "You are afraid that if you hit me, when I grow up I'll hit my children," or the fifteen-year-old who says that without a best friend, meaning someone you can tell your secrets to, "You go crazy."

Seen in this light, it becomes easier to understand the tenacity of patriarchal codes and mores, even in societies committed to democratic institutions and values. The structures of domination become invisible because they have been internalized. Incorporated into the psyche, they appear not as manifestations of culture but as part of nature, part of us.

Roughly between the ages of five and seven, around the time of young boys' initiation into becoming a 'real boy' or 'one of the boys', the time when boys who cross gender boundaries are called girls or gay or wimps or sissies or Mama's boys, there is a high incidence of learning and speech disorders, attention problems, and various forms of out of touch or out of control behavior. Boys show more signs of depression than girls until adolescence, the time when the initiation of girls sets in, along with often vicious practices of inclusion and exclusion. It is at adolescence that girls' resiliency is at

heightened risk, and there is a sudden high incidence among girls of depression, eating disorders, cutting and other forms of destructive behavior. In the late years of high school, the time when Nick says "I'm not close to anybody now," the suicide rate rises sharply among boys, as does the rate of homicide.

I come then to my final question, why women? Are women's voices still key in bringing these matters to our attention? The issue here is not essentialism. Women are not essentially different from men with respect to emotional sensitivity or intelligence; nor are women all the same. Nor is the issue socialization *per se*. Rather it is the later timing of girls' initiation into living under the law of the father with its gender binary and hierarchy. The greater cognitive capacities of adolescents along with the greater range of experience means that girls are more likely to see the disparity between how things are and how things are said to be. Thus women are more likely to recognize the patriarchal story as a false story, and also one they have less of a stake in.

Sarah Blaffer Hrdy, reflecting on her discoveries in evolutionary anthropology writes, "Patriarchal ideologies that focused on the chastity of women and the perpetuation and augmentation of male lineages undercut the long-standing priority of putting children's well-being first." She notes that the nuclear family is neither traditional or original in an evolutionary sense; we evolved as "collective breeders"; it is not the nuclear family or exclusive maternal care but extended families and mutual understanding that are coded into our genes because they were essential to the survival of humans as a species. Given medical advances and changed social conditions, Hrdy is concerned that:

If empathy and understanding develop only under particular rearing conditions, and if an ever-increasing proportion of the species fails to encounter these conditions but nevertheless survives to reproduce, it won't matter how valuable the underpinnings for collaboration were in the past. Compassion and the question for emotional connection will fade away as surely as sight in cave-dwelling fish.¹²

She cites studies showing that the optimal condition for raising children and fostering their capacity for empathy and understanding is one where they

have at least three secure relationships (gender nonspecific), meaning three relationships that convey the clear message: “You will be cared for no matter what.”

Sandra Laugier, a moral philosopher who writes about the ethic of care, notes that “theories of care, like many radical feminist theories, suffer from misrecognition...because contrary to general ‘gender’ approaches, a veritable ethics of care cannot exist without social transformation.”¹³ In the transformation she envisions, the ethic of care is released from its subsidiary position within a justice framework. No longer considered a matter of special obligations or interpersonal relationships, it is recognized for what it is: integral to human survival.

In *The Testament of Mary*, the Irish novelist Colm Toibin imagines Mary as an older woman, living alone in the town of Ephesus, years after her son’s crucifixion and still seeking to understand the events that become the narrative of the New Testament and the foundation of Christianity. The authors of the Gospel are her keepers, providing her with food and shelter and visiting her regularly in an attempt to align her story with theirs. She does not agree that her son is the Son of God, nor that the “group of misfits he gathered around him, men who could not look a woman in the eye,” were holy disciples. She judges herself ruthlessly for fleeing to save herself rather than staying at the foot of the Cross until her son died. At the end of the novel, she says, “I was there.” And then we hear her judgment:

I fled before it was over but if you want witnesses then I am one and I can tell you now, when you say that he redeemed the world, I will say it was not worth it. It was not worth it.¹⁴

In an article written for *The New York Times*, “Our Lady of the Fragile Humanity,” Toibin reflects on his project. “I wished to give her a voice, let her speak...I wanted to create a mortal woman, someone who has lived in the world. Her suffering would have to be real, her memory exact, her tone urgent.” He would have to imagine Mary’s life, the house she lived in, the tone of her voice. The sources – the four Gospels – “were often no help. I needed to create her version of the story. I needed to find her voice and fol-

low it, respect it, but also wield and shape it.” This extraordinary feat of imagination was first realized as a play, performed in a workshop production at the Dublin Theatre Festival. Toibin reflects, “I will never forget the silence in the theater there as it became clear to the audience that Ms Mullen, the figure on the stage, was Mary in all her humanity.” Afterward, he “rewrote the text, extended it and published it as a novel.” For the Broadway production this spring, he rewrote the original play, “with the images starker, the voice even more urgent and filled with human pain.”¹⁵ The play opened in mid-April, and after seventeen performances, it was shut down.

I saw the final performance and I remember the silence when the curtain went down. The final words of the play – “It was not worth it” – were held in that hush. They are the most radical words I have ever heard spoken on stage.

What if mothers of sons, myself included, conclude that the sacrifice of their sons to redeem the world or live out some version of the hero legend is not worth it? In Toibin’s novel, the Gospel writers depart, and in the final paragraphs, Mary reflects:

They departed that night on a caravanserai, which was making its way toward the islands and there was in their tone and manner a new distance from me, something close to fear but maybe even closer to pure exasperation and disgust. But they left me money and provisions and they left me a sense that I was still under their protection. It was easy to be polite to them. They are not fools. I admire how deliberate they are, how exact in their plans, how dedicated they are....They will thrive and prevail and I will die.

The world has loosened, like a woman preparing for bed who lets her hair flow. And I am whispering the words, knowing that words matter, and smiling as I say them to the shadows of the gods of this place who linger in the air to watch me and hear me.¹⁶

I began my work on the ethic of care in an effort to render women’s voices intelligible when their conceptions of self and morality did not fit into the prevailing mental bins. I wanted to show how what had been described as women’s weakness or seen as a limitation in women’s development could be

seen instead as a human strength. We now recognize the value of emotional intelligence, an intelligence that joins feeling with thought, that tries to be awake as possible, aware of what's going on, conscious of where one is walking, responsive and responsible, caring about oneself and others.

Ethical dilemmas have been framed as “sort of like math problems with humans,” to quote eleven-year-old Jake. Responding to Kohlberg's question – Should a man whose wife is dying of cancer steal an overpriced drug to save her life? – Jake isolates the moral claims, weighs the value of life vs. the value of property and law, and concludes that Heinz should steal the drug because property is replaceable but life is not and “the law can make mistakes.” At fifteen, he can still do the math, but as he says, “You have to ask how a man would feel with his wife dying and him having to deal with her dying.” The math problem has become a human story.

The voices of women and girls still initiate ethical conversations that otherwise might be held in silence. It was women who first spoke out about sexual abuse and violation, freeing men to speak out as well about their experiences of violation. Thus we know the extent of the sexual violation of children by priests and coaches and boy scout leaders. It is women who exposed the sexual abuse rampant in the U.S. military, who have renewed the call for a change in the structure of the workplace to make it possible for people both to work and to care for their families. Women have initiated many efforts to save lives and transform society: Mothers against drunk driving, Mom's clean air force, to name just two. Another Mother for peace that galvanized American women to join with men in protesting the war in Vietnam, a protest that originated within the military, has become an international movement to end violence against women that has been joined by men.

In the introduction to *In a Different Voice*, I deferred the explanation for the differences I heard between men's and women's voices: “No claims are made about the origins of the differences described or their distribution in a wider population, across cultures, or through time.” I noted the interplay of these voices within women and men and observed that “their convergence marks times of crisis and change.”¹⁷

The research with pre-adolescent girls and four- and five-year-old boys provided a framework for explaining what I had heard and seen. Gender differences in moral voice are driven not by nature or nurture *per se*, but by the gender binary and hierarchy that are integral to establishing and maintaining a patriarchal order. The requisites for love and for citizenship in a democratic society are one and the same. Both voice and the desire to live in relationships are inherent in human nature, along with the capacity to spot false authority. Psychologists who studied men and generalized to humans or framed their theories from a male standpoint were mistaking patriarchy for nature.

“Do you want to know what I think, or do you want to know what I really think?” a woman asked me early on in my research. I had asked her to respond to one of the hypothetical dilemmas psychologists use in assessing moral development. As her question implied, she had learned to think about morality in a way that differed from how she really thought, but she was carrying both voices inside her.

The silencing of women became a *cause celebre* in the women's movement, a mark of women's oppression. Men's silences for the most part went unobserved. In *Violence: Reflections on a National Epidemic*, my husband James Gilligan identified shame as the necessary though not sufficient cause of violence. Within the honor codes of patriarchal masculinity, violence is a way of undoing shame and restoring honor. It is a way of establishing or restoring manhood.¹⁸

To release men from the constraints of a rigid gender binary and violence associated with patriarchal manhood is a volatile endeavor because in the transition from patriarchal manhood to democratic masculinities, they are exposed to shaming. Manhood is on the line. And when manhood is threatened, violence is immanent, as history has shown over and over again from the Trojan War to the rise of Hitler to the war on Iraq that followed 9/11. On some level of awareness, women know this and sensing men's vulnerability, may pull back in self-protection or as a way of keeping the lid on an explosive situation.

In the 2004 Presidential election that followed the 9/11 attacks, the gender gap in US voting disappeared for the first time in over twenty years. Women joined men in re-electing George Bush. But the lull was only temporary. In 2008, the gender gap returned and in 2012, it reached an all-time high with 70% of single women voting to re-elect Barack Obama. Only married women and white men gave Romney a majority, women by a very slight margin.

We need a new conversation about gender and also a new conversation about ethics. Since the Holocaust, theories of moral development have been challenged by the recognition that the usual markers of development – intelligence, education and social class – do not form barriers against atrocity. Yet even in totalitarian societies that target the psyche for attack, there are always some people who see through the lies and speak truth to power. Listening to women who took great risks under the Nazis – Magda Trocme, the pastor's wife in Le Chambon sur Lignon who responded when Jews knocked at her door by saying "Come in;" Antonina Zabinska, the zookeeper's wife in occupied Warsaw who hid over 300 Jews in the zoo in the center of the city – what they say when asked how they did what they did is that they were human. They did what any person would have done. They knew the risk they were taking, but not to care seemed a greater risk. And they were not alone. Andre Trocme, the pastor, rescued Jewish children; Jan Zabinski, the zookeeper, led Jews out of the ghetto under the eyes of the Nazis. Interviewed by the Israeli press after he and Antonina were recognized at Yad Vashem as Righteous Among Nations, Jan explained, "It was not an act of heroism. Just a simple human obligation."¹⁹

We know now that patriarchy deforms the nature of both women and men, albeit in different ways. We also know when and how and why this happens. But as a healthy body fights infection, a healthy psyche resists things foreign to human nature. The evidence comes from across the human sciences and the convergence is compelling: we are by nature *homo empathicus* rather than *homo lupus*. Cooperation is wired into our nervous systems; when we choose cooperative over competitive strategies, our brains light up more brightly: the same area of the brain that is lit up by chocolate.²⁰ Findings in neurobiology and evolutionary anthropology join discoveries in develop-

mental psychology to shift the paradigm by changing the question. Rather than asking how we gain the capacity to care, we are prompted to ask instead: how do we lose our humanity?

Notes

1. Gilligan, C. *In a Different Voice; Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press, 1982, pp.99–100.
2. Lindqvist, S. *Exterminate All the Brutes*. New York: The New Press (1996), quoted in Carol Gilligan. *The Birth of Pleasure*. New York: Vintage, 2003, p.159.
3. Gilligan, C. *Op. cit.* pp.158, 161.
4. Luther King, M. Letter from Birmingham Jail, April 16, 1963.
5. Gopnik, A. *The Philosophical Baby: What Children's Minds Tell Us about Truth, Love, and the Meaning of Life*. New York: Farrar, Straus & Giroux, 2009, p.4.
6. Gilligan, C. and Richards, D. A. J.. *The Deepening Darkness: Patriarchy, Resistance, and Democracy's Future*. New York: Cambridge University Press, 2009. p.19.
7. Woolf, V. *A Room of One's Own*. New York: Harcourt, Brace. And World, 1929.
8. For an extended discussion of Anna, see "Identifying the Resistance," chapter 4 in Gilligan, C. *Joining the Resistance*. Cambridge, UK: Polity Press, 2011 and Brown L. M. and Gilligan, C. *Meeting at the Crossroads: Women's Psychology and Girls' Development*. Cambridge, MA: Harvard University Press, 1992, pp.185–195.
9. Brown, L. M. and Gilligan, C. *Meeting at the Crossroads: Women's Psychology and Girls' Development*. Cambridge, MA: Harvard University Press, 1992.

10. Chu, J. *When Boys Become Boys: Development, Relationships, and Masculinity*. New York: NYU Press (in press).
11. Way, N. *Deep Secrets*, pp.1, 19.
12. Blaffer Hrdy, S. *Mothers and Others: The Evolutionary Origins of Mutual Understanding*. Cambridge, MA: Harvard University Press, 2009, pp.287, 293.
13. Laugier, S. "Care et Perception: L'Ethique comme attention au particulier." In Sandra Laugier and Patricia Papperman (Eds.), *Le souci des autres: Ethiques et politique du care*. Paris: Editions de "L'EHESS collection, *Raisons pratiques*, 2005.
14. Toibin, C. *The Testament of Mary*. New York: Scribner (2012), p.80.
15. Toibin, C. "Our Lady of the Fragile Humanity." *The New York Times* (April 4, 2013)
16. Toibin, C, *The Gospel of Mary*, p.81.
17. Gilligan, C. *In a Different Voice*, p.2.
18. Gilligan, J. *Violence: Reflections on a National Epidemic*. New York: Vintage, 1997.
19. Hallie, P. P. *Lest Innocent Blood be Shed: The Story of the Village of Le Chambon and How Goodness Happened There*. New York: Harper and Row (1979); Diane Ackerman. *The Zookeeper's Wife*. New York: W. W. Norton, 2007.
20. James K. Rilling, David A. Gutman, Thorsten R. Zeh, Guiseppe Paqgnoni, Gregory S. Burns, Clinton D. Kilts. "A Neural Basis for Social Cooperation." *Neuron*, 35, 2, (July 2002).

**Contributions to
panel discussion**

Introduction

This section contains the contributions to the panel discussion that followed the Josep Egozcue Lectures.

Taking as its starting point Gilligan's notion of the ethic of care, the discussion was designed to:

- discuss the relevance and applicability of Gilligan's theory
- explore the notion of caring in greater depth, and consider its importance for how society is organized
- consider the importance of care both in the context of political decision-making and with regard to the professionalization of care.

Lluís Flaquer took as his starting point the social changes that derive from women's participation in the public sphere, and analysed a range of potential scenarios and changes in public policy designed to contribute to creating a fairer society in which men and women can share the responsibility for family care.

Next, Teresa Torns analysed how care affects women's daily lives, both at the personal level and at work.

The third contribution, by Maria Eulàlia Jové, considered the scope of the ethical dimension of care in the context of nursing. She also looked at some of the problems faced by nurses as a result of the fact that health services are not managed and organized within the conceptual framework of care.

Finally, Germán Diestre described and analysed a case history and used this as a basis for a fine-grained discussion of the arguments that influence clinical decisions, using care as a frame of reference.

This was followed by a brief debate in which contributors stressed both family care and professional care as vital if people are to reach their full human potential and live meaningful lives. Carol Gilligan also participated in the

discussion, stressing the notion that listening is fundamental to the task of helping people and living together.

Montserrat Busquets,

Lecturer at the School of Nursing at the University of Barcelona and member of the Board of Trustees of the Víctor Grífols i Lucas Foundation

The work of caring: from a traditional obligation to a social right

Lluís Flaquer

Professor of Sociology at the Autonomous University of Barcelona

In recent years, the concept of care has become increasingly important within feminist thought and, along with patriarchy and gender, it now constitutes one of the three pillars of feminist theory. Since the publication of *In a Different Voice* by Carol Gilligan over thirty years ago, the idea of care has gradually become more influential within feminist research, not only in the field of ethics as a philosophical discipline, but also in the fields of psychology, anthropology, medicine or comparative sociology.

Carol Gilligan's book brought together different ways of thinking about human relations and their association with masculine and feminine voices. She argued that the contrast between women's experience and the representation of human development as expressed through psychological research had been interpreted as a shortcoming in women's development rather than as a problem in the accuracy of the representation. Her aim was to offer a clear image of human development, seeking to incorporate ways of understanding how feminine identity is formed and develops during adolescence and adulthood. Gilligan believed that her work offered women a representation of their thought that more accurately reflected its integrity and validity, recognizing their own experiences and better understanding their line of development. Incorporating women into the construction of moral feeling requires us to overcome the fact that women had abdicated their own voice, and we need to provide a basis for generating new theories with the potential to lead to a more integrated vision of the lives of both sexes (Gilligan, 1982).

As Gilligan herself recognized in a recent contribution to the debate, the ethic of care is profoundly democratic because it is pluralistic and entails

promoting voices of resistance against the dualities and hierarchies produced by gender in market societies. In this respect, like multiculturalism, it constitutes a policy of recognizing difference. If caring for others must be performed in silence, this is the proof that our societies are not yet fully democratic (Brugère, 2011).

Berenice Fisher and Joan C. Tronto define care as a kind of generic activity that includes everything we can do to maintain, perpetuate and repair our world so that we are able to live in it as well as possible. This world includes our bodies, our egos and our surroundings, elements that we seek to weave together to form the complex fabric that sustains our lives (Tronto, 1993). Care is not limited to human interactions with others; it can also refer to the possibility of caring for objects or for the environment. At the same time, it is not necessarily simply a two-way process, for it may also occur within a network of social relations and may thus vary from one culture to another. Although caring can be thought of as a separate activity, it can also be seen as a process. Although some forms of protection can be seen as part of caring, a more precise definition of 'caring' is that it entails taking the concerns and activities of others as a basis for one's own actions. Finally, caring consists of two interconnected dimensions: caring involves a practice, but it also requires a disposition. Although Tronto doesn't cite him explicitly, we seem to hear in her model an echo of Pierre Bourdieu's distinction between practice and *habitus*.

In her analysis of the care process, Tronto distinguishes between four analytically separate but interconnected stages:

- 1) Recognition of a need (*caring about*). Caring presupposes in the first place recognition of the existence of a need and awareness of the importance of satisfying this need. In this respect, paying attention to or being concerned about is defined both individually and culturally.
- 2) Taking responsibility (*taking care of*). The next step in the process of care is assuming responsibility for satisfying the need that has been recognized, and deciding how to respond to it. Beyond paying attention to another person's need, taking responsibility for it entails recognizing the possibility of satisfying it.

- 3) Providing care work (*care-giving*). Caring involves directly satisfying care needs and entails performing physical work, which almost always requires the carer to come into contact with the object of the care. In this respect, making a monetary contribution does not constitute care work, because money does not resolve human needs, although it may be a resource by means of which the needs are satisfied. In order to perform the work of caring, the carer must possess a range of skills.
- 4) Receiving care work (*care-receiving*). The final phase recognizes that the purpose of care relates in some way to the attention dispensed. The inclusion of this capacity of response as one of the elements of the process of caring constitutes the only way of knowing whether the needs have really been satisfied correctly. The perception of the needs may be mistaken, or carers may meet the needs in a manner which is inadequate or which goes against the preferences of the person they are caring for.

Virginia Held argues that caring is at the same time a practice (or a set of practices) and a value (or a set of values). As a practice, it shows us how to respond to people's needs, and why we should do so. It builds trust, mutual concern and bonds between individuals. It is not a series of individual actions, but rather a practice that is developed together with the attitudes that accompany it. It involves attributes and criteria that can be identified and that improve as adequate care moves towards the idea of good care. The practices of caring should express relationships that bring people closer together, and they should do so in a way that is morally acceptable. The practices of caring should gradually transform children and others into human beings who are morally admirable.

In addition to being a practice, caring is also a value. We need to value carers and the attitudes of caring, and we can evaluate how people relate to one another in the context of a range of moral considerations associated with the provision of care or its absence. For example, we can ask whether a relationship is one of trust and mutual respect or if it is hostile and based on demands. We can ask whether people are attentive and respond to each other's needs, or whether they are indifferent and self-absorbed. Care is not the same as benevolence, which describes a social relationship rather than an

individual disposition, and social relationships cannot be reduced to individual states. Caring relationships should be cultivated both between people in their individual lives and between people as members of social organizations. The values of caring are exemplified most clearly through the relationship of caring rather than through people as individuals (Held, 2006).

Held, like many other feminist authors, argues that the ethics of care constitutes a distinctive, comprehensive moral theory, not simply an addendum to other, more widely recognized approaches, such as Kantian moral theory, utilitarianism or the ethics of virtue. One of the characteristic features of the ethics of care is its treatment of dependency, particularly long-term dependency. Dependency is revealing of human vulnerability, both from an ontological and an anthropological perspective. We are often dependent because we are fundamentally vulnerable. Beyond the question of right, that has generally favoured the power of men, we also need to focus on the question of need, something which has for a long time been hidden as part of the private, silent experience of women. In this respect, we need to frame a new theory of equality that addresses and incorporates the question of dependency (Brugère, 2011).

Recognizing the centrality of dependency in ageing societies such as our own raises the need to consider whether we require what might be termed "sociologies of distress", the aim of which is to analyse situations of suffering and need such as exclusion, poverty or dependency itself. This is what other authors have termed the new social risks (Taylor-Gooby, 2004; Bonoli, 2005). This in turn calls into question the philosophies of care used by social science researchers engaged in comparative analysis of welfare states and their development. In this respect, feminism has had a considerable influence on the comparative sociology of social policy, to the point where a sociological analysis of our society that did not incorporate the feminist perspective would be unthinkable.

The introduction of the concept of care, together with the growing importance of the dimension of gender, has shifted the emphasis from a welfare state based on material and monetary well-being to one increasingly focused on the needs of individual people. It is in this context that the issue of

dependency and policies of time have gained increasing prominence on both the political and the research agenda.

Mary Daly and Jane Lewis define what they term “social care” as the activities and relationships involved in satisfying the physical and emotional needs of dependent adults and children, together with the regulatory, economic and social frameworks within which these are allocated and performed. They argue that care work is becoming increasingly problematic because demand for it is growing at a time when supply is falling. Their definition of social care incorporates the following elements. Firstly, that care activities should be considered as work. This formulation suggests that the conditions under which this work is performed should be taken into account, and here the role of the welfare state is vital. The second dimension locates care within a normative framework of obligations and responsibilities. Care is not a job like any other because it is often undertaken under conditions of social or family responsibility. This normative focus emphasizes the social relations of caring together with the underlying motivations in the same way that it stresses the role of the state in strengthening or weakening existing rules on care. Thirdly, these authors see care as an activity that carries with it certain costs, both financial and emotional, that blur the boundaries between public and private. The important analytical questions that arise in this context are how to share the costs, both at the individual level and at the level of society as a whole. As a result, the concept of “social care” becomes an analytical category for the study of welfare states and their development (Daly and Lewis, 1998, 2000).

In their introduction to a collection of comparative research studies into care work in different European countries, Birgit Pfau-Effinger and Birgit Geissler stress the scant recognition and social value accorded to this activity and its relegation to the private sphere, despite the expansion and professionalization of the care services sector in more formal contexts. The identification of these activities as ‘feminine’, poorly paid and with specific employment characteristics is particularly persistent in liberal and conservative welfare systems. At the same time, the nature of the work of caring is itself a barrier to formalization and monetization. Care activities create and consolidate emotional ties with partners, children and relatives, independently of whether

these relations are voluntarily initiated or socially prescribed. With respect to the development of care work in European societies, these authors detect different trends. Beyond the process of formalizing care work mentioned above, they observe the development of two new phenomena: (1) semi-formal care work performed in a family context, and (2) informal care work. They use the term “semi-formal care work” to refer to the recognition in many European countries of paid parental leave following on from maternity leave. The performance of informal care work within the home by women of immigrant origin, often employed on an informal basis, to whom care responsibilities are frequently delegated, has been particularly common in Spain (Pfau-Effinger and Geissler, 2005).

In the context of the comparative analysis of European welfare states and the social rights on which these are based, many authors argue for a model of citizenship that emphasizes the importance of care to society and that recognizes the right to care. In the words of Trudie Knijn and Monique Kremer, this concept of citizenship would be based on the assumption that each citizen, whether man or woman, would have the right to care for the people in their immediate surroundings when the circumstances so required. This notion of citizenship would be based on the idea that every person, at some time or other of their life, should be in a condition to be able to care for the people he or she loves. In the course of their lives, citizens often have to take care of their young children or to care for close friends or elderly patients when they need special attention. Today, these demands for significant others can only be met at the cost of what is perceived as the most central aspect of social citizenship: participation in the employment market (Knijn and Kremer, 1997).

These ideas about the inclusion of the right to care in the panoply of guaranteed social rights are gradually receiving wider recognition in a number of welfare states, although in Spain there are still significant shortfalls in this regard. One of the failings of the Spanish system for combining family life with work is the lack of paid parental leave, in contrast with the situation in the majority of European countries. There is a glaring lack of paid parental leave (to be used by mothers and fathers) designed to act as a bridge between

the end of maternity and paternity leave and the time when children enter high-quality nursery care. We need to change the current situation in Spain, under which parental leave is granted as unpaid leave of absence to care for one's children, an option which is taken up by around 2% of the eligible population. In other words, the system does not work and is unfair for the majority of families with children, for whom it is inaccessible or inadequate. The results of sociological research suggest that the Spanish legislation on unpaid leave to look after children or relatives increases gender and class inequalities, both by reinforcing gender roles and because it only offers support to employees who already enjoy a good position in the job market, in particular those with high levels of education and stable employment (Lapuerta, Baizán and González, 2011). It would, then, be good if there were a system of paid parental leave, minimal but of a universal character, based on principles of gender equality and funded by the social security system, that would compensate for the significant increase in economic activity by women of reproductive age recorded during the last decade. This proposal is based on the analysis of the experiences of other countries, compiled by the International Network on Leave Policies and Research, and in numerous comparative research projects on European countries (Flaquer and Escobedo, 2009; Wall and Escobedo, 2009; Escobedo, Flaquer and Navarro, 2012; Wall and Escobedo, 2013).

Looking after a child in the home during the first months of his or her life can be seen not only from the perspective of the parents' rights but also those of the child. And it is also important to note the growing importance of parental involvement in caring for the newborn in early infancy. These issues have also received increasing attention in academic studies of care work. Norwegian researcher Arnlaug Leira was one of the first authors to argue that caring for the newborn should be seen as a social right not just of mothers but also of fathers (Leira, 1998). The research evidence shows that parental leave has the potential to stimulate emotional investment and the bond between fathers and their children, in addition to supporting mothers (O'Brien, 2009). According to O'Brien, developing parental leave for mothers and fathers could promote a division between those children who are 'rich' in parental leave and those who are not. In the large majority of coun-

tries, decisions regarding care for the newborn have historically been taken in the private sphere of mothers and fathers but, with the expectation of a rapid return to work by mothers following childbirth, governments have found themselves obliged to intervene. Deliberations as to who should look after the newborn child are no longer only a family issue. In recent years, governments have increasingly come out in favour of the rights of parents to take leave from employment during their child's first months of life. Comparative analysis of patterns in the use of leave by fathers in twenty-four countries indicates that the attitude of men can be influenced by public policy designed to promote their commitment to their children. Fathers who live in countries where rights to parental leave are strongly recognized by law and where good nursery care is widely available unquestionably have greater choice when it comes to early infancy. These children have the opportunity of starting their life in an environment in which they are able to spend a lot of time with their parents, often throughout their first year, as happens in Scandinavia. In contrast, in countries that are unable or unwilling to offer this type of support, it is very likely that only parents whose economic position is secure can give up a lot of working time to look after their children. The tensions associated with differential access to paid parental leave raise the possibility of children being affected by a new polarization, dependent on whether they have been born in a home or in a country which is rich in terms of the time children are able to spend with their parents (O'Brien, 2009).

With regard to care for dependent elderly people, some of the problems that arise are similar to those faced in caring for children, but this field also poses unique challenges. In Spain, approval of Act 39/2006, of 14 December, on the Promotion of Personal Autonomy and Care for People in a Situation of Dependency, entailed greater public intervention to respond to the challenges raised by dependency. In contrast with the high hopes deposited in the ability of this law to resolve existing problems, its implementation has been frankly disappointing, particularly if we evaluate the results against what it set out to achieve. Despite the fact that the passing of the law in principle constituted a significant step towards lifting the burden of dependency on families, in reality its impact has been very limited. Payment to relatives car-

ing for the dependent person, something which according to the law should have been exceptional and temporary, has become the standard solution, to the detriment of formalizing and professionalizing care. We have missed a golden opportunity to create employment, to contribute to the funding of the social security system, and to reduce gender and class inequalities in the provision of care services. According to Sebastià Sarasa, the continuing reliance on family input has squandered the good intentions of the act (Flaquer and Escobedo, 2009; Sarasa, 2011).

What should have been the fourth pillar of the welfare state, according to the Spanish Socialist Party government at the time, has instead merely created a system that does not function adequately. Of course, the fact that the implementation of the act coincided with a period of economic recession has been one of the key factors in this relative failure. The problem is that the underdeveloped nature of the Spanish welfare state forces families, above all those with less resources, to care for dependent members with little support. The proliferation of families belonging to the so-called 'sandwich' generation (multi-generational homes, with grandparents, parents, children and grandchildren) forces members of the intermediate generation, particularly the mothers, to assume financial and care responsibilities both for the preceding generations and for those which follow. This situation often subjects carers to high levels of stress, which may in turn compromise their personal health and well-being. This trend is intensified in Spain by the combination of late maternity, the delayed independence of young people as a result of unemployment, and the longevity of the elderly in a society with low fertility.

Caring for the elderly should be a right but never an obligation due to a lack of alternatives, given the fact that high rates of economic activity among women do not make it easy to combine family and work responsibilities. In the same way that people with more resources can choose between personally doing care work or hiring a professional carer, this choice should also be open to the less well-off.

Human freedom, both for men and for women, resides in being able to participate freely in all spheres of life, both public and private (Brugère, 2011).

And while women have made great efforts to increase their presence in the public sphere, men by contrast have not expended the same effort in assuming their responsibilities in the private sphere. The transformation of society and the family of recent decades is eroding the distinction between the public sphere and the private, with the result that a strict separation between the two is increasingly meaningless. The effect of family and childhood policies, the struggle against gender violence, and advances in equality between men and women, not to mention the conflicts around bioethical issues (abortion, euthanasia etc.) have confirmed the legislative delegitimization of the patriarchal system, but these processes have also led to the politicization of personal life.

A feminist ethic renders public that which was considered private (care work) and reveals the private aspect of what was formerly considered to be exclusively public. In this way, it shifts the frontiers between the public and the private spheres. However, the private should not be confused with the personal, a confusion that derives from the historic restriction of women to the tasks of caring (Brugère, 2011).

The intrusion of the market and of the state into the family entails a blurring of the distinction between the domestic and the public sphere, re-establishing the situation that existed prior to the Industrial Revolution (Flaquer, 2001). In any event, all of these phenomena are determined by the diminished importance of the criteria of demarcation between the public and the private identified by J. S. Mill, one of the key reference points of the liberal tradition (Mill, 1982).

The growing prominence of debates relating to care, the birth of a feminist ethics and the higher profile of vulnerable and dependent people in philosophical discourse all presage the new centrality of issues of need, as opposed to issues of law. Perhaps we are nearing the day when Marx's maxim "From each according to his abilities, to each according to his need," will finally come true.

Bibliography

- Bonoli, G. "The politics of the new social policies: Providing coverage against new social risks in mature welfare states." *Policy & Politics*, 2005, 33(3): 431–449.
- Brugère, F. *L'éthique du 'care'*. Paris: PUF, 2011.
- Daly, M. and J. Lewis. "Introduction: Conceptualising Social Care in the Context of Welfare State Restructuring." In J. Lewis (Ed.) *Gender, Social Care and Welfare State Restructuring in Europe*. Aldershot: Ashgate, 1998, pp. 1–24.
- Daly, M. and J. Lewis. "The concept of social care and the analysis of contemporary welfare states." *British Journal of Sociology*, 2000, 51 (2): 281–298.
- Escobedo, A., L. Flaquer and L. Navarro, L. "The social politics of fatherhood in Spain and France: A comparative analysis of parental leave and shared residence." *Ethnologie Française*, 2012, 42 (1): 117–126.
- Flaquer L. and A. Escobedo. "The metamorphosis of Informal Work in Spain: Family Solidarity, Female Immigration, and Development of Social Rights." In B. Pfau-Effinger, L. Flaquer and P. Jensen (Eds.) *Formal and Informal Work: The Hidden Work Regime in Europe*. New York/London: Routledge, 2009, pp. 143–168.
- Flaquer, L. "La individualització de la vida privada." *Anàlisi. Quaderns de Comunicació i Cultura*, 2001, no. 26: 89–102.
- Gilligan, C. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, Massachusetts: Harvard University Press, 1982.
- Held, V. *The Ethics of Care: Personal, Political, and Global*. Oxford: Oxford University Press, 2006.
- Knijjn, T. and M. Kremer "Gender and the Caring Dimension of Welfare States: Toward Inclusive Citizenship." *Social Politics*, 1997, 4 (3): 328–361.
- Lapuerta, I., P. Baizán and M. J. González. "Individual and institutional constraints: An analysis of parental leave use and duration in Spain." *Population Research and Policy Review*, 2011, 30 (2): 185–210.
- Leira, A. "Caring as Social Right: Cash for Child Care and Daddy Leave." *Social Politics*, 1998, 5 (3): 362–378.
- Mill, J. S. *On Liberty*. London: Penguin, 1982.
- O'Brien, M. "Fathers, Parental Leave Policies and Infant Quality of Life: International Perspectives and Policy Impact." *The Annals of the American Academy of Political and Social Science*, 2009, 624 (1): 190–213.
- Pfau-Effinger, B. and B. Geissler. "Care arrangements in European societies." In B. Pfau-Effinger and B. Geissler (Eds.) *Care and Social Integration in European Societies*. Bristol: Policy Press, 2005, pp. 1–19.
- Sarasa, S. "Long-term Care: The Persistence of Familialism." In A. M. Guillén and M. León *The Spanish Welfare State in European Context*. Farnham, UK and Burlington, USA: Ashgate, 2011, pp. 237–257.
- Taylor-Gooby, P. "New risks and social change." In P. Taylor-Gooby (Ed.) *New risks, new welfare: The transformation of the European welfare state*. Oxford: Oxford University Press, 2004, pp. 1–28.
- Tronto, J. C. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge, 1993.
- Wall, K. and A. Escobedo, A. "Portugal and Spain: Two Pathways in Southern Europe." In S. B. Kamerman and P. Moss (Eds.) *The Politics of Parental Leave Policies: Children, Parenting, Gender and the Labour Market*. Bristol. The Policy Press, 2009, pp. 207–226.
- Wall, K. and A. Escobedo, A. "Parental Leave Policies, Gender Equity and Family Well-Being in Europe: A Comparative Perspective." In A. Moreno (Ed.) *Family Well-Being: European Perspectives*. Social Indicators Research Series. Dordrecht: Springer, 2013, pp.103–129.

Caring and everyday life

Teresa Torns

Lecturer in Sociology at the Autonomous University of Barcelona

Analysing the relationship between the work of women in welfare states and the existence of gender inequalities was, until recently, a question that only interested feminists. This issue, just like the knowledge and experience accumulated by the women performing the work, has tended to be neglected. As a result we have ignored the insights that their contribution provides, shedding light upon the values and tasks that support and nurture our societies, and providing a basis upon which to develop and promote initiatives designed to make these societies fairer and more democratic. Care constitutes an essential part of such studies and such initiatives. Care can be seen as a meeting point between those feminists who see it as a keystone of women's identity (Finch; Groves, 1983, among others) and those who see it in terms of women's work, making a vital contribution to our daily well-being, as I argue here (Torns, 2008). This well-being is a key part of our daily lives and is an essential element of any attempt to reconsider our welfare policies, given the crisis currently faced by welfare states across the developed world.

Laura Balbo (1987) was among the first to focus the debate on this specific relationship between care and daily well-being. Her studies showed how the care tasks performed by adult women were essential for people's daily well-being, and she argued for the need to make the time expended on such activities visible. Chiara Saraceno (1986) located the work of caring within the context of daily life, extending it beyond the family ambit within which it had hitherto been considered. This echoed the proposals of Agnes Heller (1977) who had defined daily life as the sphere in which life is reproduced. She showed how the work of caring, which takes place within the home or family, far from being an element of family harmony is an essential element

of the conflict derived from the sexual division of labour. This division conceals the importance and scale of care, which has always been seen, both culturally and socially, as naturally being performed by women. Subsequently, Carol Thomas (1993) and Marie-Thérèse Letablier (2007), among others, argued that care constituted essential work to satisfy people's daily needs for care and well-being in welfare state societies. And they confirmed that the domestic/family sphere is still seen as the location within which this care should occur. This sphere is deemed to be a private one that is quite separate from the public sphere, where activities with higher value and prestige are predominantly performed by men. This combination of factors and circumstances means that adult women are the main providers of daily well-being, regardless of differences of class, gender and age, but this contribution continues to be invisible or undervalued due to the fact that the 'naturalization' of care, far from being questioned, has instead been reinforced by arguments drawn from biology.

Care and welfare policies

Studies along similar lines have found that the capitalist system does not address or resolve the daily care needs of the population, even where there is a welfare state encompassing education, health and social services (Lewis, 1998). At the same time, it is these very services that have created the majority of female employment in Europe in the second half of the 20th century. To date, this employment has been part of the professionalization and increased prestige of social and health services (nursing and social workers, primarily). However, it has also been accompanied by the precarious and informal nature of domestic care services. Such services have always constituted a female and ethnic ghetto, as Nakano Glenn (2000) notes, probably because of their similarity to domestic service, one in which immigrant women are the leading protagonists of what has been termed the 'care drain' (Bettio, 2006) as seen in southern Europe. In these countries, employing an immigrant woman under poor working conditions is a solution typically adopted by families in an attempt to meet the daily care needs of dependent elderly relatives, and this situation is widely tolerated, given the shortage of

public services, the high cost of private services and the strong tradition of family-based care.

It is these services that are currently at the centre of the crisis now faced by the welfare state: firstly, because the cuts in public spending have led to reductions in these services and the jobs they provide; and secondly, because these cuts coincide with what has been termed the care crisis (Benería, 2008) or care gap (Pickard, 2012), a result both of the ageing of the European population and of migration patterns. In particular the ageing process is now outstripping the capacity of society to meet long-term care needs. These needs were typically met by women of the so-called 'sandwich generation' (Williams, 2004) who were simultaneously responsible for looking after both their offspring and their parents. The gradual disappearance of this generation, due to the fact that the ageing process has been combined with falling birth rates and delayed motherhood, has been well documented in Spain. These women are – both at times of crisis and during periods of economic boom – the principal providers of daily well-being. An analysis of their daily life provides a detailed account of the practice that demonstrates both the importance of such care in the context of current welfare policies and the need to take it into account when reviewing the future of these policies. This review is an urgent and unavoidable matter, irrespective of the crisis, given the range of welfare regimes that exist in EU countries and the restrictions as a result of the cuts to the welfare state (Lyon; Glucksmann, 2008). At the same time, we should be aware of the problems faced when such a welfare state does not exist, as is the case in the USA, and the solutions adopted (Rossi, 2001).

If we are to rethink our approach to daily well-being, it is important to remember that, in contemporary societies, the true scope and significance of care work lies in the fact that it forms part of the unpaid work that women perform in their daily lives, either to look after the members of their family (whether they live with them or not) or on a voluntary basis within the framework of community associations and activities. These tasks are essential in order to ensure that people's social needs for daily care and well-being are met, and it can be argued that, in the majority of European countries, this

care work (paid or unpaid) is the main focus of the challenge of redistributing daily well-being, with long-term care services being of particular importance in this regard. When addressing this challenge and these problems we must start by recognizing that these services were not properly taken into consideration when welfare state policies shifted to the current European social model, itself now under threat, and we also need to recognize that care work occurs at the intersection of the class, gender, ethnic and generational conflicts faced by welfare societies (Lyon and Glucksmann, 2008). What is more, irrespective of the crisis, in these societies male hegemony in the world of work and the existence of a social contract between men and women constitute the general framework within which we establish how to live and to think, even among those who seek to improve the situation.

Practical proposals

When considering how to address this situation, it seems wise to start by analysing the current position. In Spain, we can begin by recognizing that our country shares with other welfare states most of the characteristics identified so far with relation to care work, daily well-being and welfare policies. And it also has a feature that is specific to the countries of southern Europe: a strong family tradition, a lack of general daily care services and a huge shortage of long-term care services. A recent study by María Ángeles Durán (2012) reveals that the vast majority of the Spanish population (91%) feel obliged to care for dependent elderly relatives. The study also shows, however, that this sentiment is accompanied by a feeling of being overworked, and a general belief that the state should be responsible for providing this type of daily care. Women appear, once again, as the main providers of this kind of care, doing both paid and unpaid work, with the former performed by immigrant women and the latter by female relatives, primarily in their role as spouses and daughters.

At the same time, we know that Spanish society, while encompassing differences of social class, gender, ethnicity and generation, is also experiencing the same far-reaching changes as other European societies. In particular family models have diversified and the labour market has undergone a transfor-

mation, becoming increasingly deregulated and dominated by flexible employment, with the service sector being the major employer. This has all been accompanied by increasing individualization as a result of the application of neoliberal policies in a context where collective solutions are seen as irrelevant or outdated. As a result, demands for the collective, social organization of daily care (Daly; Lewis, 2000) scarcely figure among the suggestions as to how to resolve the current situation. Despite this, in Spain there is some social organization of care services, and some specialists in welfare policies (Rodríguez Cabrero, 2011) advocate that this should be extended. They argue that this organization should take into consideration the need to involve citizens, and that it should maintain close cooperation with existing services, in particular social and healthcare services. Others argue for the professionalization of home care service provision, based on recognition of the different activities involved – management, leadership, planning, inspection and specialist tasks – while remaining aware of the difficulties arising from the relationships of power and prestige associated with the care sphere (Hugman, 1991) but retaining the ability, despite this, to create new professional profiles to replace the catch-all category of home care services. These proposals also include the need to take into consideration the social, cultural and family situation of those being cared for, so that their voices and interests are recognized when meeting their diverse needs: home care services, domestic set-up, residential and institutional solutions, etc.

Beyond these and other proposals, the social and collective organization of daily care in Spain should take into account the potential problems and cultural resistance that these proposals may face. In this respect, we should bear in mind that in Spain the economic crisis has come after a period of economic boom during which the growth in consumerism and individualism have had a profound impact on ethics and values, marking a shift away from the values that have traditionally underpinned the social and collective organization of people's care and daily well-being. At times we seem to forget that this care and well-being are something that we all need to receive and are obliged to provide, throughout the cycle of our lives. We are social beings, and this means that fragility, autonomy and dependency are in fact among the essential features that sustain and make possible our lives, as population

geneticist Albert Jacquard (2006) reminds us when he argues that care is a human right precisely because it is what enables our survival as a species.

Final considerations

Carol Gilligan (1982) continues to argue that we need to make far-reaching changes if we are to create a society that is more just and more democratic, one in which the ethic of care predominates over the current patriarchal model. For this to be viable, as I have argued here, these changes must be accompanied by recognition of the importance of care in daily life and must involve a fairer distribution of care work in order not to generate greater social inequalities or to reinforce those that already exist. Fortunately, we do not need to start from scratch, because as women we already possess knowledge about caring actions, caring attitudes and caring words, despite the inequalities that also characterize our situation. And we also know that feeling morally obliged to care for those with whom we live is a major part of this knowledge and these practices. Of course, this feeling is not always something that we experience as positive, for it comes more easily when we become mothers than when, as daughters or daughters-in-law, we are required to look after elderly relatives. Nonetheless, we can recognize and value for ourselves this knowledge and this feeling that we develop in our daily lives as a model for the rest of society, holding it up as an example for all those – particularly but not exclusively men – who consciously or otherwise endorse the dominant logic and values of our society, a society where the overriding measure of success depends on obeying the logic of individual power, competition and commercial profit, and in which care, daily well-being and collective interests are excluded or deemed irrelevant.

Given this, it seems obvious that what is required is structural change capable of promoting the redistribution of wealth and daily well-being. Any such proposals must encompass changed values, where solidarity, empathy and respect for others become part of our minimum notion of what constitutes the right way to behave, the right way to be and the right way to talk, at the collective level. Achieving this requires a legal framework that guarantees certain minimum standards of coexistence, while also respecting personal

decisions, as occurs in modern democracies. But it is also essential that the consensus as to social rights should go beyond formal appearances. If anyone is in any doubt as to the necessity of this, we only need to observe, in Spain, the comparative silence that accompanied the short life of the misnamed “dependency law”, when compared with the impact of the cuts in health services and education. This is not simply a question of protesting for the sake of it, but rather of noting that, if we are to ensure the daily well-being of all citizens, there is no individual solution. Rather, the social organization of daily care is a collective challenge that can only succeed on the basis of community solidarity. All of these issues must be addressed when considering how to tackle the problem of daily care, because many of the solutions proposed in Spain put excessive emphasis on the family, rather than appealing to the social responsibility of every citizen. In other words, when we seek to find or develop ways of meeting people’s daily care needs, in the light of the difficulty of maintaining our existing welfare policies, the tendency is to appeal either to intergenerational *solidarity* or to *sustainability*: solidarity when it is the daily care of the elderly that is at question (as nobody considers the care provided to children in this light); and a sustainability that is usually posed in terms of improving the management of our planet’s resources, generally ignoring (with a few exceptions: see Carrasco, 2001) the fact that essential care to maintain human life is also part of this sustainability.

Women, then, are a fundamental part of any proposed solutions for the collective and social organization of daily care. The sphere of daily life is the ideal sphere within which to make women’s knowledge and experience visible, drawing on ways of living and thinking that are diverse and pluralistic, and that will always be available to every member of our society. Drawing on this expertise does not require costly infrastructures or large projects; all it needs is for us to begin to recognize upon whom our daily well-being depends and what the essential elements of it are. In all likelihood, it is somebody very close at hand, and to achieve democratic fairness we do not need to go out and search for it but rather to be prepared to recognize and obtain this daily well-being in a different manner.

Bibliography

- Balbo, L. *Time to Care. Politiche del tempo e diritti quotidiani*. Milano, Franco Angeli, 1987.
- Benería, L. “The crisis of care, international migration, and public policy,” *Feminist Economics*, 2008, 14(3), pp. 1–21.
- Bettio, F.; Simonazzi, A.; Villa, P. “Change in Care Regimes and Female Migration: The Care Drain in the Mediterranean.” *Journal of European Social Policy*, 2006, no. 16, vol. 3, pp. 271–285.
- Bettio, F.; Verashchagina, A. (Eds). *Long-Term Care for the Elderly. Provisions and providers in 33 European countries*, Luxembourg: Publications Office of the European Union, 2012.
- Daly, M. and Lewis, J. “The concept of social care and the analysis of contemporary welfare states,” *British Journal of Sociology*, 2000, no. 51, vol. 2, pp. 281–298.
- Durán, M. Á. *El trabajo no remunerado en la economía global*, Madrid: Fundación BBVA, 2012.
- Carrasco, C. “La sostenibilidad de la vida humana: ¿un asunto de mujeres?” *Mientras Tanto*, 2001, no. 82, pp. 43–70.
- Carrasco, C.; Borderías, C.; Torns, T. (Eds.). *El trabajo de cuidados. Historia, teoría y prácticas*, Madrid: Los libros de La Catarata, 2011.
- Finch, J. and Groves, D. *A labour of love: women, work and caring*. London: Routledge-Kegan, 1983.
- Gilligan, C. *In a Different Voice: Psychological Theory and Women’s Development*. Cambridge, Massachusetts: Harvard University Press, 1982.
- Heller, A. *Sociología de la vida cotidiana*. Barcelona: Península, 1977.
- Jacquard, A. *Mon Utopie*. Paris: Calmann-Lévy, 2006.

- Lewis, J. "Gender and welfare state change." In Leibfried, S.; Mau, S. (Eds.) *Welfare states: construction, deconstruction, reconstruction*, Cheltenham, United Kingdom: Edward Elgar, 2008.
- Lyon, D.; Glucksmann, Miriam. "Comparative Configurations of Care Work across Europe." *Sociology*, 2008, no. 42, vol. 1, pp. 101–18.
- Nakano Glenn, E. "Creating a Caring Society." *Contemporary Sociology*, 2000, no. 29, vol. 1, pp. 84–94.
- Pickard, L. "Substitution between formal and informal care: a natural experiment in social policy in Britain between 1985 and 2000." *Ageing and Society*, 2012, no. 32, pp. 1147–1175.
- Rodríguez Cabrero, G. "Políticas sociales de atención a la dependencia en los Regímenes de Bienestar de la Unión Europea." *Cuadernos de Relaciones Laborales*, 2011, vol. 29, no. 1, pp. 13–42.
- Rossi, A. Ed. *Caring and doing for others: social responsibility in the domains of family, work and community*, Chicago: University Chicago Press, 2001.
- Saraceno, C. "Uomini e donne nella vita quotidiana. Ovvero, per una analisi delle strutture di sesso della vita quotidiana." In Bimbi, Franca; Capecchi, Vittorio, *Strutture e Strategie della vita quotidiana*. Milan: Franco Angeli, 1986.
- Thomas, C. "De-Constructing Concepts of Care." *Sociology*, 1993, no. 27, vol. 4, pp. 649–669.
- Torns, T. "El trabajo y el cuidado: cuestiones teórico-metodológicas desde la perspectiva de género." *Empiria. Revista de Metodología de Ciencias Sociales*, 2008, no. 15, pp. 53–73.
- Williams, C. "The sandwich generation." *Perspectives on Labour and Income*, 2004, no. 5, vol. 9, pp. 5–12.

Nursing care: four images of the ethic of care

Maria Eulàlia Juvé

Lecturer in the Department of Basic Nursing and Surgical Medicine at the University of Barcelona

1: Claire's incapacity

Caring and the provision of care is something that is shared by all nurses; it is an essential part of our professional identity, a meeting point, a focus of analysis and, above all, a daily reality. At its most generic, caring is a universal phenomenon that includes helping, facilitating and supporting others to improve their situation or their life. Caring means helping others to look after themselves and to take responsibility for their needs; to look after and take responsibility for their own lives.

The legacy of Florence Nightingale and the development of nursing theory throughout the 20th century implicitly or explicitly includes caring, even though this is not one of the elements of the nursing metaparadigm, which are the person, health, the environment and nursing practice (and includes the interactions between them).

In 1922, Bertha Harmer wrote: "*Nursing is rooted in the needs of humanity and is founded on the ideal of service. Its object is not only to cure the sick and heal the wounded but to bring health and ease, rest and comfort to mind and body (...) to prevent disease and to preserve health. Nursing is therefore linked with every other social agent which strives for the prevention of disease and the preservation of health. The nurse finds herself not only concerned with the care of the individual but with the health of a people.*"

I give this definition as an example because it provides a useful basis for illustrating the ethics of care, despite the fact that it is much earlier than Dr Gilligan's work. It includes elements such as responding to the needs of others, the ideal of helping, facilitating and proximity, prevention and preserva-

tion, and the importance of relationships. At the same time, this definition inspires a vision of care linked not just to the individual but also to the group, the community and to society.

The majority of nursing theorists identify essential features of the ethics of care:

- It is difficult to care for a person's health without also caring for a person.
- An understanding of health as a balance between different aspects of the individual: the physical being, the conscious being and the autonomous being, integrity and symbiosis with the environment.

Nurses are aware that our aim is to care for the health of people and communities, and this means that we do not separate health from the person, or separate the person from his or her environment, context or situation (unless this is necessary to prevent harm). For this reason, one of the elements that characterizes nursing care is the establishment of a helping relationship, one based on being present, on direct, honest communication, on empathy and active listening, and also on compassion, in the sense of accompanying people in their suffering. These ideals of care and attention are clearly reflected in Gilligan's work when she discusses the incapacity of Claire and contextual decision-making.

2: The case of the trapeze artists

In her book *In a Different Voice*, Gilligan analyses the case of the gypsy trapeze artists who, foreseeing the negative consequences of performing their act without a net, decide to turn down the offer of work rather than perform without a net, and the author says: "the activities of care ... are the activities that make the social world safe, by avoiding isolation and preventing aggression." And this is the second dimension of nursing care: our caring actions contribute to our safety.

This is clearly reflected in the definition of nursing offered by the American Nurses Association (2013): "Nursing is the protection, promotion, and opti-

mization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations." The provision of nursing care, then, offers this second essential element, which is security, in the sense of maintaining physical, psychoemotional and social integrity, and preventing and anticipating deterioration and potential complications.

From a more practical perspective, let us consider the example of Mr Joan, aged 71, who has been admitted to hospital in order to stabilize decompensated congested heart failure. Six months earlier his wife had died, and since then he has been on anti-depressants. He is having difficulty breathing and says he feels exhausted. He says he is not hungry or thirsty, and that he is not sleeping well. He has scarcely urinated since this morning.

"My name is Maria Eulàlia, but people call me Lala. You can call me that if you want to. I'm your nurse." I listen to him while helping him to get into bed, and I put his oxygen mask on. I look at him while recording his vital signs, and feel his abdomen to rule out any retention. I need to insert a cannula to start drug treatment. *"Are you right- or left-handed?"* I ask, while I explain that it is to insert a needle. He smiles and says, *"That depends on why you're asking!"*

These actions, which many people think of as routine – taking a patient's temperature, measuring blood pressure, heart rate or respiratory rate – help me to understand and assess how serious Mr Joan's physical condition is, and while we talk I listen to him, look at him and at the same time think about the risk of this patient developing acute pulmonary oedema. I encourage him to tell me about his wife, and try to identify what support network he has. He doesn't have one. He lives alone, and tells me, *"I'm not so much sad, as angry, grieving, distressed."* *"Why?"* I ask.

I understand that he is grieving, something which is natural given his recent loss, and that, overcome by feelings of loneliness and desperation, he has consciously or subconsciously abandoned the guidance and recommendations for his chronic illness. *"She cooked for me, she got my medicines ready*

and told me when I had to take them, she came to the doctor's with me ... and now, without anything to do, I'm finished." It would probably be good, while his physical condition is stabilized, to accompany him in the grieving process and then to help him to look after himself, if that is what he wants. This is the third dimension of nursing care, the promotion or recovery of autonomy (patient self-care, expressing one's wishes, and taking decisions about life and health).

Nursing seeks to combine care with the ideal of helping the patient, satisfying his or her needs, the maxim of "*primum non nocere*" (first, do no harm) and directing clinical judgement and the nursing intervention in order to prevent, anticipate, detect and respond to the development of complications, in order to prevent incapacitation and the loss of autonomy.

3: Nan's loss of self-control

"Responsibility is linked to understanding of the causes of suffering and the capacity to anticipate which actions will cause damage."

As members of a scientific discipline, nurses have a professional responsibility to understand the causes of human suffering and to offer our opinion about actions or situations that may cause harm. For this reason, our practice incorporates a method for identifying and preventing or resolving problems that we call the "care process" or the "nursing process". This involves evaluating the individual's condition and progress, reaching a clinical judgement – what we term the diagnosis – planning and implementing care interventions, and evaluating the results in terms of health and autonomy.

As a nurse, in the dialogue between rights and responsibilities, between the ethic of care and the ethic of justice, I need to contextualize and individualize the care I provide to each person I try to help, and at the same time, to reconcile this care with the normative framework provided by the ethics of minimum standards, scientific evidence and protocols.

Despite the valuable contribution of post-empirical philosophers to the recognition of uncertainty and the likelihood of error in science, scientific evi-

dence is often presented as being beyond question. Evidence is not incompatible with individual care, and is highly compatible with group care. Scientific evidence, then, is not a problem in itself; rather, it offers great benefits both to individuals and to the community. The problem rests in how we interpret and apply this evidence in the real world of the individual.

As a nurse, in the centre where I work there is an evidence-based protocol that tells me I should change a short-term venous catheter every three days for all patients in order to avoid catheter-related bacteremia. I could give you hundreds of examples where this general rule is simply not applicable. As a nurse, I give my opinion, study the situation and publish a systematic review that provides new evidence on this issue and concludes that this systematic change is not necessary. As a nurse, I am very rarely listened to.

4: Amy's dilemma

"Silencing one's own voice, a silence imposed by the wish not to cause damage to others and also from the fear that, if one speaks, nobody will listen."

Scientific evidence is drawn primarily from the results of controlled clinical trials and meta-analyses, analytical designs for epidemiological studies that require large sample sizes to ensure that they are representative, so that they can contribute to the drawing of general conclusions and the extrapolation of results to the target population.

This kind of evidence reflects the ethic of justice, in its search for the common good and equality, and it corresponds to the moral representation of rights. However, evidence is ultimately applied at the level of individual people, and this requires the understanding that Gilligan describes as arising from comprehension and care.

The diagnostic, therapeutic and care templates and guidelines that are derived from the evidence generated by these studies are of great clinical application in many cases and are often of interest to health managers because they tend to standardize, reduce variability in care practice and contribute to the efficiency of the health system.

The dilemma arises when health managers listen to the voice of the evidence but do not consider other voices, in particular the question of how to apply the evidence in each individual case. And this evidence is applied (or at least its application is proposed) by health professionals to the people in receipt of their care. In other words, health professionals are required to work with criteria of scientific evidence to apply this evidence, and as a result health professionals find themselves caught between what is correct on the basis of the evidence, what is theoretically good for everyone, and their own judgement based on providing individualized care for each patient, drawing on an evaluation of the individual's needs and wishes.

The current feeling among health professionals that they are providing services with insufficient levels of quality and safety, primarily as a result of austerity policies, budget restrictions and the organizational context, is also one of the most frequent ethical dilemmas in the Spanish health service at present. These circumstances influence the ability of health professionals to apply evidence-based recommendations and to deliver individual care.

Nurses, and doctors too, I believe, report feeling a loss of control, loss of influence over decisions affecting the provision and management of health-care, and the ability to organize their work and perform it correctly. The values of health professionals do not fit well with the business values of efficiency and maximizing productivity, and this is generating an epidemic of moral suffering that affects ever larger numbers of health professionals. Caring for the carers is also part of the responsibilities of health organizations and management bodies. For this reason, I believe that we need to reconfigure our health policies and health management, listening to everybody's voice to rebalance the system and draw on the strength of everyone's values. The voice of nursing care has much to say in today's world and in the world of the future.

Caring for a sick person: account of a real experience

Germán Diestre

*Member of the Clinical Ethics Committee of the Corporació
Parc Taulí, Sabadell*

I will base my contribution on the experience which I, as a doctor with the Psychogeriatric Unit at the Albada Health Centre, Sabadell, share with my colleagues in our daily work. I believe that some of the features of this work fit closely with Gilligan's contribution to clinical bioethics¹, with her vision of the importance of care, understood as an obligatory responsibility of every person towards another who is vulnerable and suffering, which transcends convention and the rules of moral conduct in a specific sociocultural context. In other words, caring involves promoting growth and facilitating well-being, dignity, respect and the preservation and extension of human potential².

Although I am discussing a sick person as an example of care, it goes without saying that the experience of caring is universal, that caring affects every aspect of our lives and is not limited to situations of illness. I will start by describing the case study, and will explain some of its general features before identifying a few of the significant aspects of this case and raising some of the issues that often arise when caring for this patient and others like him.

The first point is that caring for a sick person is based on a specific care relationship between people, each of whom has their own values, feelings, emotions, thoughts (both immediate and more considered), principles, knowledge, experience and expectations. It is a relationship that one hopes is always based on helping, between a vulnerable human being and another or others who respond to that person's suffering. This call for help places constant demands on the carer, who often has to respond without having time to reflect upon the meaning, emotional content or reasonableness of this response.

Second, there is the attempt to understand the unique, exceptional individual that is every one of us. If there is one thing I have learned from many years of practising medicine and of working side by side with others and seeing their lives, it is that decisions based on generalizing and classifying, while no doubt useful when drawing up health plans, healthcare policies, protocols and guidelines, are only of limited use when faced with a unique human being. We need to be attentive and sensitive to what is specific about the person, to the differences between their situation and other apparently similar ones. I believe that the importance a health system ascribes to these differences between actual individuals and ‘typical’ profiles is directly related to the quality and excellence of the care that system offers. As Seyla Benhabib has argued, the aim is to value the perspective of the other person as an individual rather than responding to a generalization³.

Thirdly there is a subjective observation. I am only going to be able to explain what I see myself. And I believe I have to do so sincerely, responsibly and carefully. I perceive a part of the world, a part of the reality that exists. And I have to be aware of that, and recognize the limits of my understanding of the other person. This means it will be easier to leave a margin for reasonable doubt and remain committed to seeking answers to the other’s problems, without falling into the complacent belief that “I am doing everything I should, and I can’t do any more,” but also without slipping into the despairing belief that “whatever I try to do, nothing is really going to change.”

Fourthly, this is a relationship – we must remember – played out against the backdrop of a chronic, irreversible disease; one which, in this case, will inevitably cause considerable and sometimes unbearable suffering for the patient and his family. This suffering may of course be affected, both positively and negatively, by the care actions taken. But it continues to be suffering, disappearing only when sleep overcomes consciousness, to reappear anew the following day.

Finally, the last characteristic to take into account is the social and cultural framework within which the care relationship occurs. The particular values of this society condition its cultural rules and the standards it enforces. Values, social standards and laws also need to be set in the context of the current global crisis, with which we are all too familiar in Spain.

All this having been said, I shall now introduce Manuel, the protagonist of my story. We met Manuel over a year ago, when he was admitted to the unit. He was 48 years old, and was accompanied by his wife and their 10-year-old son. He staggered into the unit, walking with great difficulty in jerky movements, and appeared nervous and unsettled to be entering an unknown place and seeing new people. He could only say a few disconnected words, almost always lacking any clear meaning, at least for us. His wife was completely exhausted. She seemed desperate, after several years of non-stop care, increasingly difficult and more intense, with no real prospect of improvement.

Manuel suffers from frontotemporal dementia, which first appeared when he was 37, although at the time nobody suspected it in somebody so young. His father also had dementia and died at the age of 59, and one of his sisters suffers from the condition as well. Frontotemporal dementia is fortunately a rare type of dementia, although it is far from exceptional. At the start, it primarily takes the form of changes in social behaviour, related to impaired self-regulation making it difficult to recognize limits, disinhibition of impulsive responses, reduced awareness of one’s emotional state and the impact on others, and reduced social sensitivity, causing loss of empathy. All of this tends to lead to a breakdown in social life and makes family life almost impossible.

When he arrived at the unit, Manuel’s dementia was already at an advanced stage and we were really affected by it. He radiated pain all around him. His behaviour was disordered, apparently meaningless, and frequently aggressive, towards himself, towards his wife, towards his mother, towards us. And his wife, who had cared for him lovingly, was totally devastated. She had reached a terrifying conclusion, knowing that Manuel’s dementia could have a significant genetic component: that her son would also need her, now and probably for ever, given the likelihood of his developing pre-senile dementia too. This would affect all her subsequent personal decisions.

Within a few months, Manuel had stopped walking; he was no longer able to do so, and fell continuously when trying. As a result, somebody who had been a keen sportsman in his youth found himself confined to a wheelchair. This was yet one more loss for him and for those close to him. He also became unable to eat, and was soon at risk of malnutrition and bronchial aspiration.

The conversation about artificial nutrition in the care team was not an easy one. We had only met Manuel and his family three months earlier. As is so often the case, no advance plans had been made with him at an earlier stage, when he could have considered and anticipated the problems to be expected as his illness progressed. The options were limited. We could start indefinite nutrition using an enteral tube, extending a life with dementia, or maintain his existing, inadequate feeding process, leading inevitably to progressive malnutrition and premature death. For us, the decision was more complex and difficult than usual, and after a long and distressing clinical discussion with his family we began feeding through a gastrostomy tube. This was something that was agreed between us all. That happened over a year ago, but all of us still have doubts – the care team and his family – as to whether that was a good decision. Perhaps by now he would have died. Another point to consider is that this decision also removed a potential opportunity for proximity, for feeding Manuel orally, instead of which a plastic tube was placed between him and everyone else, presenting yet another barrier to relationships.

Here I would like to introduce the first of a series of ideas regarding the care for this person: compassion. I understand compassion towards Manuel as the virtue that has enabled me to seek to understand what is happening to him, how he feels, what he wants to say without being able to speak, using his gaze alone, to understand his suffering and to strive to relieve it. This is a daily effort, but sometimes it is too much for us and we are overwhelmed by routine, standards, the established protocol or round, even the safety that comes from following the instructions of others. To paraphrase Francesc Torralba⁴, I can assure you that it is far from easy for the care team to re-establish its compassionate solidarity with Manuel every day.

Time passes. His wife was unable to bear the weight of the past or the uncertainty of the future, and is no longer with him. She decided to leave for good. Fortunately for Manuel, his mother has been by his side since he was admitted, barely missing a single day. With her, we take decisions about Manuel's health.

Here I will introduce the second idea about caring for Manuel. This is actively listening to the needs of the other, in this case with the mediation of his fam-

ily. His family, and above all his mother, interpret much of the world that surrounds him, identifying his demands every day, interpreting them and asking us to respond. Through the filter of her feelings and emotions, of her particular vision of what is happening to his son. Listening like this means silencing our own thoughts to a degree so that we can be attentive to what others wish to say. This exercise of listening to another through a third person, during the bustle of our daily routine, is not always easy. Sometimes we tend to put excessive emphasis on the discrepancies between her observation of Manuel's needs and our own, which as health professionals seem to us to be obvious and unequivocal. We need to exercise introspection, and to recall the aim of our profession, which is none other than to promote, as best as possible, any experiences that may enable the patient to live the best life possible. And in this case listening to Manuel's mother is essential to achieving this.

I will finish Manuel's story. Little has changed in recent months. He has become accustomed to the fact that each day he may interact with health professionals with differing competencies, knowledge and expectations. For this reason, the team frequently talks about him, discussing his current situation and his future. So far, a part of his future is clear. There is no possible cure, and we expect gradual deterioration as more cognitive and functional losses appear. A potential consequence, at this point, is the likelihood of the team simply accommodating and becoming inert in the face of a situation that is deteriorating irremediably.

This brings us to my third point. The possibility of change, small perhaps but which means that we should not remain impassive in the face of suffering. An awareness, despite the fact that Manuel suffers from a disease we are unable to modify, that his care can be constantly modified and thus improved. As with the other issues I mentioned above, it is easy to fall into despair and inaction. The days pass and they are all the same for him, we may think. But the challenge for us is to be more respectful of his body each day, more compassionate towards his suffering, more competent in our professional suggestions, more considerate and careful in our analysis, more attentive and cheerful in our interactions. This, as I see it, is what is meant by an attitude of constant care, the obligation to continuously review what one

does, to consider whether one could do it differently or better. This is a permanent search for alternatives to what is already known, the search for adjustments, for different ways of looking at things, so that we can avoid falling into indifference, the first step on the pathway to moral abdication, and something we should avoid at all costs.

I have tried to explain something of how I see Manuel's care. The importance for care of compassion as a key virtue for professionals, the attitude of active listening to his specific problems, in this case primarily through his mother, and finally the permanent effort not to forget that Manuel is, continues to be, and will always be a vulnerable human being, touched by illness, but a human being with dignity, deserving of the best possible care.

I will end with a paragraph from *The Death of Ivan Ilyich*, by Tolstoy⁵. "He was frightened yet wanted to fall through the sack, he struggled but yet co-operated. And suddenly he broke through, fell, and regained consciousness. Gerasim was sitting at the foot of the bed dozing quietly and patiently, while he himself lay with his emaciated stockinged legs resting on Gerasim's shoulders."

Notes

1. Gilligan, C. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, Massachusetts: Harvard University Press, 1982.
2. Busquets, M. "La importancia ética del tener cura". *Annals de Medicina*, 2008; 91: 71–74.
3. Fasciol, A. "Ética del cuidado y ética de la justicia en la teoría moral de Carol Gilligan". *Actio*, 2010; 12: 41–57.
4. Torralba, F. "Lo ineludiblemente humano. Hacia una fundamentación de la ética de cuidar". *Labor Hospitalaria*, 1999; 253: 3–99.
5. Leo Tolstoy. *The Death of Ivan Ilyich*.

About the author

Carol Gilligan

Carol Gilligan, Professor of Humanities and Applied Psychology at the University of New York, is recognized as the proponent of the ethic of care. She graduated in English literature from Swarthmore College in 1958, completed a Masters in clinical psychology at Radcliffe College in 1960, and earned a doctorate in social psychology from Harvard University in 1964.

From 1967 to 2002 she taught at Harvard University, and she also taught at the University of Cambridge from 1992 to 1994. In 2002, Gilligan was appointed to a full-time professorship at New York University, holding an interdisciplinary position between the Graduate School of Education and the School of Law.

She published her landmark book *In a Different Voice* in 1982. In it, she helped to form a new psychology for women by listening to them and rethinking the meaning of self and selfishness. Following her research on women's and girls' development, she studied young boys and their parents, and explored impasses in relationships between men and women.

In 1992 Gilligan was given the prestigious Grawemeyer Award in Education. She was named one of Time Magazine's twenty-five most influential people in 1996. Then, in 1997, she received the Heinz Award for knowledge of the Human Condition and for her challenges to previously held assumptions in the field of human development and what it means to be a human.

Books she has written include:

- *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, Massachusetts: Harvard University Press, 1982.
- *The Birth of Pleasure*. London: Vintage, 2013.
- *Joining the Resistance*. Cambridge: Polity Press, 2011.

Publications

Bioethics monographs:

30. *The ethic of care*
29. *Case studies in ethics and public health*
28. *Ethics in health institutions: the logic of care and the logic of management*
27. *Ethics and public health*
26. *The three ages of medicine and the doctor-patient relationship*
25. *Ethics: the essence of scientific and medical communication*
24. *Maleficence in prevention programmes*
23. *Ethics and clinical research*
22. *Consent by representation*
21. *Ethics in care services for people with severe mental disability*
20. *Ethical challenges of e-health*
19. *The person as the subject of medicine*
18. *Waiting lists: can we improve them?*
17. *Individual good and common good in bioethics*
16. *Autonomy and dependency in old age*
15. *Informed consent and cultural diversity*
14. *Addressing the problem of patient competency*
13. *Health information and the active participation of users*
12. *The management of nursing care*
11. *Los fines de la medicina* (Spanish translation of *The goals of medicine*)
10. *Corporate responsibility in sustainable development*
9. *Ethics and sedation at the close of life*
8. *The rational use of medication: ethical aspects*
7. *The management of medical errors*
6. *The ethics of medical communication*
5. *Practical problems of informed consent*
4. *Predictive medicine and discrimination*
3. *The pharmaceutical industry and medical progress*
2. *Ethical and scientific standards in research*
1. *Freedom and health*

Reports:

5. *Ethics and synthetic biology: four streams, three reports*
4. *Las prestaciones privadas en las organizaciones sanitarias públicas* (Private services in public health organizations)
3. *Therapeutic cloning: scientific, legal and ethical perspectives*

2. An ethical framework for cooperation between companies and research centres

1. The social perception of biotechnology

Ethical questions:

3. Surrogate pregnancy: an analysis of the current situation

2. Sexuality and the emotions: can they be taught?

1. What should we do with persistent sexual offenders?

For more information visit: www.fundaciongrifols.org

FUNDACIÓ
VÍCTOR
GRÍFOLS
i LUCAS