

Hilde L. Nelson, "Against Caring," *The Journal of Clinical Ethics* 3, no. 1 (Spring 1992): 8-15.

## Against Caring

*Hilde L. Nelson*

*Hilde L. Nelson, MA, is Associate Editor of the Hastings Center Report, Briarcliff Manor, New York.*

Two social movements burgeoned in America within the space of a few years. In the early 1970s the field of bioethics, which had been rather sparsely populated by a handful of theologians and the odd philosopher or two, experienced a luxuriant greening as institutes were founded and the conceptual roots of medical ethics took a firm hold. Simultaneously, feminism raised the consciousness of a whole generation to the male-dominated power structures within American society; the movement has not only worked for women's equality with men--what Alison M. Jaggar has called "adding women and stirring"<sup>1</sup>--but also for a radical reconfiguration of our understanding of masculine and feminine so that gender no longer takes existing male dominance as its standard of reference.

Oddly enough, until quite recently feminism and bioethics have had little to do with each other. Feminists certainly have concerned themselves with reproductive issues and with women's need to reclaim their bodies from male-dominated medicine,<sup>2</sup> but feminists' concerns have largely been voiced to one another and in the popular press, and they have not been heard by physicians, hospital administrators, or medical schools. Bioethics has largely bypassed feminist insight; the standard works have neither corrected for medicine's male bias, nor adopted feminist methodologies.<sup>3</sup>

As nurses are overwhelmingly women who practice their profession in a medical setting heavily dominated by male physicians, in the field of nursing, if anywhere, one might expect a marriage of feminism and bioethics. Yet nursing, too, has been remarkably undisturbed by feminist intrusions. None of the standard nursing ethics texts approach their subject from a feminist perspective, perhaps because they view nursing ethics as a subset of medical ethics.<sup>4</sup> As late as 1980, Madeleine Leininger, who has written extensively on ethics in nursing, had incorporated no more of feminism into her thought than to claim that men can be just as good at caring as women.<sup>5</sup>

A shift to a more woman-centered ethics in nursing occurred only later, after the publication in 1982 of Carol Gilligan's *In a Different Voice*.<sup>6</sup> In this controversial and highly influential work, Gilligan challenged Lawrence Kohlberg's claim that males, when presented with specially constructed moral dilemmas, could ascend Kohlberg's ranked stages to arrive at "adult" principles of justice more readily than their female counterparts.<sup>7</sup> Gilligan argued that women were not morally backward, but that they tended to approach ethical questions from a less abstract, more relational perspective. Thus was born the dichotomy between the ethics of justice and the ethics of care. Two years later in *Caring*, Nel Noddings rejected abstract principles and the condition of universalizability, urging instead an ethics whose ideal is the lactating mother with her infant at her breast--a local ethics in which we maintain our relationships by a daily round of care for family, friends, and the "proximate stranger."<sup>8</sup>

Noddings called it a "feminine" ethics--and indeed it seemed to articulate rather nicely the traditional woman's work of mothering, tending the family, gardening, and cooking. It spoke to the "lived experience" of countless suburban housewives. And because care is precisely and centrally what nursing is all about, it seemed a perfect morality for nurses. Jean Watson, claiming that caring is "the foundational ontological

substance of nursing and underpins nursing's epistemology,"<sup>9</sup> saw its failure to guide health policy as a function of the male-dominated society in which it is practiced:

Women's caring work is invisible, and somehow subsumed under the important work of men (medicine) in the patriarchal health care system. As it stands now, caring is either woman's work, and therefore invisible and not valued, or it is something to fear because it can threaten human power, oppose control and domination, and make one vulnerable to human dilemmas one cannot change.<sup>10</sup>

Sara Fry, too, embraced an explicitly woman-centered understanding of caring as fundamental to nursing, and like Watson, rejected the tendency to assume that whatever serves as a moral foundation for medical ethics will also serve for nursing ethics. The masculine theorizing of medical ethics, she argued, privileges principles over people, and is not grounded, as nurse-caring is, in "the patient's status as a human being."<sup>11</sup>

While Watson and Fry have done important work in attempting to understand the moral significance of gender for nursing, the feminine nurse-caring movement on the whole has taken woman-centered subjectivity and intuition almost to the point of incoherence. Sally Gadow, for example, has set care, "which fosters the patient's possibilities," in opposition to objectivity, which is "what is left when something is finished."<sup>12</sup> And Watson has asserted, "If we have to justify our caring, it hardens our compassion, represses our emotions, and our yearning for the good until the feeling is only a whisper."<sup>13</sup> Attempts to define the term "caring" have met with little better success. Leininger identifies caring with "the creative, intuitive or cognitive helping process for individuals and groups based upon philosophic, phenomenologic, and objective and subjective experiential feelings and acts of assisting others."<sup>14</sup> Other definitions include "a way of being for people which is responsive rather than judgmental or hierarchical," "a health care system which encourages health care and not just disease management," and "a range of nurturing and protective acts devoted to assessing and responding to patient conditions."<sup>15</sup>

Well, the attempt to reject male-biased analysis as the norm is worth a little incoherence. But there is a fairly general consensus in the nursing literature that the task of working out an ethics of care to serve as a foundation for nursing lies largely in the future--that the present state of affairs displays an "alarming absence of theoretical consistency and relevance."<sup>16</sup> I should like to propose that the work of grounding a nursing theory in the ethics of care be postponed indefinitely, as the ethics is conceptually confused, dangerously narrow in scope, and ultimately exploitative. For all these reasons, it is incapable of doing the work nurses need it to do.

Let me begin my critique with a methodological observation. Caring advocates' distaste for principles, justification, and reasoned argument can be seen as a kind of ethical postmodernism, in which broad discourse breaks down into fragmented, local conversations. Postmodernist theory has done us a valuable service in reminding us that there is no such thing as "pure reason" divorced from local practice. Yet if, in rejecting the commitment to subject our values to the scrutiny of universal reason, we are left with only local and parochial agreement, then we are not going to be able to achieve any real or lasting revision of the social order that systematically bestows greater burdens and fewer benefits on women than on men.<sup>17</sup> While it is friendly of Richard Rorty, for example, to include women along with men in the class of "expert-rulers" who will govern the utopia envisioned in *Philosophy and the Mirror of Nature*, it is not clear why he should, unless he is willing to acknowledge a sufficiently broad epistemological and political theory to explain how gender inequality is wrong.<sup>18</sup> To put the point in a clinical setting, if nurses are unwilling to construct a frame of discourse that extends beyond the "lived experience" of the daily round of care, they will find themselves without the conceptual and theoretical apparatus required for an assessment of, say, the nurse-physician relationship, or for examining any of the larger questions of health care as it is practiced in our society. Nurses will be talking only to one another.

That is, as I said, a procedural point. Let me begin the conceptual analysis by trying to get a clearer idea of the definition of care. I am not sure that caring is so much a process, a way of being, a system, or a range of acts, as it is a stance toward processes, systems, or acts. To care, after all, is to care about something--a child, perhaps, or one's stock portfolio, or white supremacy. As Jeannine R. Boyer and James Lindemann Nelson

assert: "Caring does not parallel 'autonomy' in the principle of 'respect for autonomy'; it does not parallel 'utility' in the principle 'maximize overall utility.' What it more nearly corresponds to (and provides an alternative to) are the ideas of 'respect' and 'maximization.'" <sup>19</sup> The attempt to set caring in contradistinction to justice stumbles over precisely this point: the two concepts are not the same sorts of thing at all. Caring can be (and has been) blind and indiscriminate, and there is nothing within the concept of care itself that can regulate its force or direct it toward worthy objects.

As Noddings has articulated it (and nurse-theorists have followed Noddings), caring *is* blind and indiscriminate. Her formulation is dangerous because it is too parochial and because it rejects justice. Noddings correctly sees that abstract principles, invoked without careful attention to the particulars of a given situation, have been a favored means for the subjugation of women by men. Indeed, appeals to principle have been used to justify wars, domination of gentler peoples, torture, rape, pillage, and many subtler evils. Yet if we shrink from the inhumanity of principle, we succumb to another temptation: complicity in evildoing.

Claudia Card has pointed out that we must have the principle of justice if we are to resist the evil that strangers do to strangers and intimates do to intimates. When all of morality is subsumed under the caring we do for our families, friends, and the "proximate stranger," too much of the world is left out: we are too easily tempted to racism, xenophobia, and disregard for future generations. No one would claim that we have a duty to care for everyone, but an ethics that gives no account of what, if not care, we owe to strangers, leaves us *careless*.<sup>20</sup> Carelessness is bad enough when it prevents us from attending to the harms that strangers suffer, but when we are the authors of those harms--and our powerful technology all too often magnifies the damage we do--then carelessness is criminal.

If care without justice is hard on strangers, it is also hard on intimate relationships. For Noddings, the ideal image of care--the mother nursing her child--is unidirectional care that asks for nothing in return. Yet in this unidirectionality there is danger. Unrequited care, romanticized as a model for human relationships, can only promote existing stereotypes of selfless, womanly sacrifice. Make of it an ethical ideal, and it will reinforce oppressive institutions.<sup>21</sup> It teaches those who are cared for to receive without giving, confirming existing patterns in which women do most of the physical tasks of care and men benefit from them. Unidirectional caring cannot undermine the masculine view of the world in which men not only stand at the center, but also appropriate the world to themselves --the view that Marilyn Frye calls "the arrogant eye of masculine perception."<sup>22</sup> Further, if the caregiver undergoes what Noddings calls "motivational displacement"--if she grasps what the person receiving her care wants for himself and allows that want to supplant her own motives for action--the caregiver, unconstrained by justice or reason, cannot morally justify withdrawing from the relationship. Such caring becomes slave-caring, its paradigm being the slave master's fantasy of the loving mammy who, acting out of others' motives rather than her own, lavishes care on the master's son so that he may grow up to become a master (perhaps her master) himself.

Nurses have a particular need to guard against the evil that intimates do to intimates. The nurse-patient relationship, while social rather than familial, nevertheless possesses its own kind of intimacy. It is the archetype of unidirectional care: the patient lies vulnerable, his emotional and physical nakedness revealed to the nurse, although she does not reveal her nakedness and vulnerability to him. Nursing focuses care; it is care directed not toward one's stock portfolio or white supremacy, but toward the sick or disabled. It is a positive response to such persons --a response whose purpose is to affirm a commitment to their well-being, to identify with their pain and suffering, and to do what one can to relieve their situation.<sup>23</sup> The relationship between nurse and patient is intimate, yet it is centered on the patient's need; nurse and patient meet within the context of dependency. Because the nurse is paid for her work, we cannot call it unrequited caring, but while her pay and working conditions, if adequate, protect her from certain forms of abuse, they provide no safeguards against the conceptual difficulties I have just outlined.

The ideal of other-directed caring unaccompanied by justice or other principles cannot protect the nurse's personal or professional integrity. Consider, for example, how other-directed caring distorts medical decision making. Theories of advocacy in nursing that are grounded in the ethics of care tend to efface the nurse's role in decision making and view the patient as sole decider. To use Mila Aroskar's example: "Patients are

identified as the exclusive choice makers with the nurse's understanding that advocacy means carrying out patient wishes. In one sense, this amounts to self-obliteration on the nurse's part and negation of a sense of personal responsibility."<sup>24</sup>

Let me illustrate this point with a case.

Sylvia Hutton, a nurse-practitioner, provides genetic counseling to women seeking amniocentesis. Susan Baker, her client, is thirty-five years old--the age at which the odds of carrying a fetus with Down's syndrome are threatening enough so that the procedure is offered routinely. However, Susan is less concerned about Down's syndrome than she is about having a girl. She and her husband have been trying for a boy to pass on the family name and have twice met with disappointment; they have two healthy, normal daughters. As they feel they can afford only one more child, they have decided that unless the fetus is a boy they will abort it immediately.

Dr. Milton Ely, who usually performs the amniocentesis procedures, believes that the Bakers are as entitled to choose abortion as any other family and that they have a right to any information that can be obtained through amniocentesis. But Ms. Hutton believes that the Bakers are attempting to use the procedure not only frivolously, but perniciously: they will be perpetuating an oppressive ideology that values males over females. She would prefer to have nothing to do with determining the sex of the Baker fetus. Dr. Ely has told Ms. Hutton that her refusal to participate will not influence the Bakers' decision in any way, so she may as well stop making a fuss. Ms. Hutton is afraid that if she submits to pressure from Dr. Ely, she will have the death of a female fetus on her conscience and she will become just another spineless, manipulable nurse without meaningful convictions.<sup>25</sup>

The feminine ethics of care can have very little to say to a case like this. What Ms. Hutton is wrestling with is the conflict between her patient's desires and her own sense of what is right, and she is fully aware that the two are not identical. If her ethical slogan must be, "the patient's interests above all," then she cannot deal with her own conscience except to quiet it, for she is obliged to step outside her own beliefs and desires in an act of motivational displacement that allows her to serve her patient. Doing so compromises her own integrity, as she becomes whatever anyone else wants her to become. The subsidiary conflict--between Ms. Hutton and Dr. Ely--can be resolved under the ethics of care by appeals to the patient's interests, but as Dr. Ely is promoting the patient's interest, his view should prevail, and no compromise is possible that preserves Ms. Hutton's integrity.

We must know who the real enemy is. Under the older, military model of nursing--an attempt at professionalization accompanied by uniforms, unquestioning obedience to superiors, and a firmly hierarchical chain of command--it was possible to lose sight of the patient, whose interests tended to be subordinated to staff discipline and hospital routine.<sup>26</sup> Even then, nurses could not lose sight of their patients' interests altogether: they touched the suffering bodies, cleaned and tended them, held their patients' hands, and called these intimate strangers by name. Yet the old authoritarian system presented a real possibility that patients--as well as their nurses--could be effaced. Given the current state of affairs, however, where patient autonomy is promoted not only within the medical and health-care professions but also by federal law in the Patient Self-Determination Act, the greatest danger is not that the patient's interests will be overlooked. It is likelier that physicians and others in the health-care setting will sometimes overlook nurses, as nurses overlook themselves. An ethics of care that perpetuates nurses' self-effacement, then, does not advance the profession.

It might be objected that the ethics of care, because it includes self-care, is not an ethics of self-effacement. As Gilligan articulates it, the objection is fair enough. In distinguishing between two modes of morality--abstract adjudication and concern for personal relationships--she is not claiming that care has no need of justice. The care-giver counts too. Yet for Noddings, the point of self-care is that it enables the caregiver to care better for others; apply the idea to nursing, and self-care becomes the servant of patient care. If the one caring has dedicated herself to another so completely as to set even care of herself at the other's service, then she has become fused with the other: she has identified her own interests and projects so closely with those of the person for whom she cares that she stands in danger of losing her self altogether. At that point, an ethics

that emphasizes relationships over principles can no longer function, because a relationship must have at least two selves to form and maintain it.

The ethics of care, then, cannot keep the nurse from harming herself in her interactions with patients. Does it fare any better as a basis for her interaction with others? Let us consider another case.

Gail Crain, RN, owns and operates a home-care agency, providing first-rate care to her many satisfied clients. Recently, however, soaring health-care costs have pressured her into rethinking her practice of accepting nonpaying clients. Some kind of rationing, whether of clients or of services, seems unavoidable. She knows from experience that unless she helps out, some potential clients who cannot afford her services will be forced to leave their homes for institutionalized care, which is ultimately more expensive for society and less satisfying for the client. Should she lower her standards of care just enough to allow her agency to continue to accept nonpaying clients?<sup>27</sup>

The ethics of care, because it restricts itself to intimates and the proximate stranger, can provide no basis for larger questions of social justice. It can guide the nurse's deliberations only so far as to obligate her to care for nonpaying clients that the agency has already accepted, but it cannot tell her what to do about potential clients, as they lie outside the scope of her care. In the absence of principles of justice that can show her toward whom her care ought to be directed, she can only care for those with whom she happens to be in relation. She has no reason to lower her standards of care. Yet by continuing to provide the best care possible to paying clients, she is carelessly inattentive to strangers whom she could otherwise have helped.

The ethics of care, then, is not so well suited to nursing as it first seemed. In the absence of justice, it leads us into the twin temptations of self-immolation and harm to strangers, rather than delivering us from evil. Yet its insistence on the centrality of relationship, its promotion of empathy, and its focus on the personal is certainly helpful to the nurse who is cleaning up her patient's vomit or diarrhea or the nurse who is draining pus out of an abscessed wound. Why then cannot we save the ethics of care by simply incorporating justice into it?

The suggestion perpetuates the conceptual confusion that sees caring and justice as the same sort of virtue. They are not. Caring is an affectional, relational, personal stance toward something or someone; it is inherently partial, its focus restricted to people and things that lie within the caregiver's scope. It necessarily favors certain people: as Noddings remarks, if one attempts to care for everyone, caring degenerates into talk about caring. Justice, on the contrary, is inherently impartial and universal, its scope ranging over the wider society. It necessarily leaves no one out: it demands that each person's interests be taken into account equally, no matter what their relationship to the moral agent. To ask of a nursing ethics that it be both partial and impartial at the same time is like asking a mother to love her child specially, dearly, and singly--but to be careful not to love the child more than any other child.

As the move to "add justice and stir" will not save the ethics of care, nurses will, I think, be better off without it. Yet a return to standard impartialist ethics will not do for nursing either. Nursing is intimate, but it is an intimacy directed at strangers, so it is a social rather than a familial or friendly intimacy. It requires, then, an ethics that is sensitive to the particulars of a given personal relationship yet still leaves room for action in the wider society. It requires, in short, a *particularistic* rather than a *partialist* ethics. Drawing on the work of three women--Simone Weil, Iris Murdoch, and Martha Nussbaum--I should like to suggest a particularist ethics for nurses, one that can resist the silencing and subjugation of women, that strengthens the integrity of the self, and that, while sensitive to broader social concerns, is particularly well suited to conditions of intimacy.<sup>28</sup>

The dominant image of this ethics is that of loving attention. By thinking of the artist at work one approaches the idea: the artist directs a just and loving gaze upon an individual reality. The task is to see, in its full and rich and nuanced complexity, the given human action that the artist has chosen to express. In *The Golden Bowl*, Henry James not only practices this kind of seeing himself, but depicts two characters gazing upon each other in this fine-grained and attentive way. As the father and daughter give each other up, we

understand the heroic behavior of each in turn, because James has described it specifically enough to convey the rightness of the action, overlooking no meaningful detail. The father sees his daughter as a sexual, living creature ready to turn to her husband for joy; he sees the wrongness of collecting and keeping her always, like a statue for his own appreciation:

The mere fine pulse of passion in it, the suggestion as of a creature consciously floating and shining in a warm summer sea, some element of dazzling sapphire and silver, a creature cradled upon depths, buoyant among dangers, in which fear or folly or sinking otherwise than in play was impossible--something of all this might have been making once more present to him, with his discreet, his half shy assent to it, her probable enjoyment of a rapture that he, in his day, had presumably convinced no great number of persons either of his giving or of his receiving.<sup>29</sup>

Such a gaze takes practice. We live in a world of muddled realities, and we wander in it fairly muddled most of the time ourselves. What is worse, we are very good at self-deception. We wrap illusion around us like a veil, to protect ourselves from the pain of life. We erect defenses against the knowledge of our own pain, yet because we suffer all the same, we reach into the world and appropriate what we find there to our comfort, as if things had no independent existence apart from our need. Because we so often and without thinking employ these defense mechanisms against reality, it is extremely difficult for human beings to achieve clear, realistic vision.

One of the pleasures of great art is that it can show us the world, "our world and not another one, with a clarity which startles and delights us simply because we are not used to looking at the real world at all."<sup>30</sup> Further, great art teaches us "how real things can be looked at and loved without being seized and used, without being appropriated into the greedy organism of the self."<sup>31</sup> But it is not only art that teaches us how to see without illusion; academic subjects can do it as well. Plato suggests that mathematics serves admirably as a starting point for careful and just attention to the world, since of all the sciences, crafts, and intellectual disciplines, it is the most rigorous. The study of history teaches similar precision and attention to detail; so can any other school subject. If I am learning German, for example, I am led out of myself toward something other than me--toward something my consciousness cannot make unreal or tenderly consume like a piece of chocolate for its own comfort. As I get a feel for the language, I develop a respectful awareness of a system outside myself that is complex and beautiful. Through intense scrutiny of these and the other particulars that life holds out to me, I can make of myself a person "on whom nothing is lost."<sup>32</sup>

Why should I? What does a close, careful scrutiny of the reality of a given circumstance have to do with ethics? The connection is an old one, going back to the Platonic dictum that "the unexamined life is not worth living." For Plato, knowledge and virtue are the same; and if we understand knowledge as seeing accurately and clearly, in precise detail, the particulars of a relationship or situation, we can understand how it serves as a guide to virtuous action. Once learned, attention becomes a habit of being, a continuous work that builds up moral directions for our lives and so defines our values. Through the countless little choices we make daily as we stand finely aware of others, we set a path for ourselves, so that "at crucial moments of choice most of the business of choosing is already over."<sup>33</sup>

Fine-grained perception by itself, although necessary to produce moral behavior, is not sufficient to it; the Marquis de Sade, after all, was said to have possessed an exquisite sensibility. What he lacked were good general principles and a desire to do right. Without commitment to right action, attention is mere aestheticism, "dangerously free-floating, even as duty without perception is blunt and blind."<sup>34</sup> Perceptions "perch on the heads" of principles and responsibility; "they do not displace them."<sup>35</sup> Indeed, attention to the particulars can show us duties we did not see before; vision only becomes moral when it acts in loving dialogue with obligation.

If by itself attention degenerates into aestheticism, it can also, because it is other-directed, degenerate into self-effacement. For Murdoch, the outward gaze is a necessary corrective to entrenched egotism. "Self," she says, "is such a dazzling object that if one looks *there* one may see nothing else."<sup>36</sup> For Simone Weil, too,

attention is self-abnegating, since she sees it primarily as a preparation for prayer. "Above all our thought should be empty, waiting, not seeking anything, but ready to receive in its naked truth the object that is to penetrate it."<sup>37</sup> The phallic imagery is, I think, no accident. Neither Weil nor Murdoch seem to have devoted much thought to the political consequences for women of a morality that promotes receptivity and submission. Yet while both women argue that overcoming the self is precisely what allows one to be genuinely free (rather than merely chucking one's weight about, à la Sartre), those of us who find selflessness rather too amenable to the morality of *Kirche, Küche, und Kinder* may be forgiven for being skeptical about this route to freedom under present social conditions.

But can we pick and choose here? If we correct for the male bias that has crept into the idea, whereby women are once again asked to assume a passive and submissive stance, will we cripple the ethics of attention past all usefulness? I do not think so, because it is not *inherently*, but only *initially*, other-directed. If the gaze is just and loving, it will in its maturity come round to the self. We must remember that the idea of fine-grained perception is a profoundly pedagogical idea. It begins by teaching us to look out because *we* begin by looking in. Babies are little solipsists; children are self-centered; teenagers are--well, reflect on your own experience of adolescence. Ordinary, garden-variety public schooling is largely designed to draw children's attention to things other than themselves. Yet we do not fear that education effaces the child. If done properly, it frees the child to live well. So may the cultivation of moral vision.

The trouble with clear and discerning vision, though, is that we do not all see the same thing. I can see a pregnant woman, distraught and unwilling, sexually intimidated and socially disfranchised. You can see, in the fetus that she carries, the exquisite potential for new life. We see the woman's proposed abortion very differently, and mere seeing will not tell us what to do.<sup>38</sup> The same complaint, however, may be lodged against any moral theory; utilitarianism cannot tell us what to do here either, nor can a rights-based morality. In fact, establishing a woman's right to an abortion or permitting it on the basis of its social utility tells you very little about the morality of any particular abortion. Yet within the larger realm of rights and utilities, a fine and nuanced awareness can perhaps serve as a more practical guide to action than the more broadly focused moralities can. Furthermore, the habit of attention is a corrective against self-deception. As we come to know ourselves truly, without illusion, we have a better sense of whether our decisions are made on the basis of our own magnified desires or out of a principled and loving understanding of all the particulars that must be taken into account.

This way of approaching the Platonic injunction to live the examined life has neither of the serious deficiencies of the ethics of care. Because perception and principles form a dialogue to motivate right action, we will not be careless of strangers. Because we attempt to be profoundly aware of what we are doing, we come to know ourselves rather than deny ourselves. Like the ethics of care, the ethics of attention is well suited to the lived experience of women; like it, it corrects for the damage done by blind and abstract principles of the kind that have so often served the arrogance of the dominant.

But is it a practical morality? Does it not aim high over our heads to a kind of moral sainthood that none of us can achieve? Who among us can master the delicacy and subtlety of seeing, feeling, and judging that a just and loving attention seems to require? More specifically, what promise does such a heroic ideal hold out for nurses?

First, let me point out that in and of itself, an ideal is no bad thing. When morality examines human conduct, it must of course do so realistically; if it does not take human nature into account, it becomes an ethics for angels, perhaps, or beasts, but not for humans. That said, though, it is also important to insist that morality offer us an image of excellence, of something to strive for that is not easy to attain. If one grounds ethics in ordinary, mediocre conduct, one has settled for too little. In that sense, the ethics of caring settles for too little. Rather than romanticize what they do, nurses can ask, "How can we make ourselves better?" The answer I am proposing here is, "Make yourselves people on whom nothing is lost."

Secondly, while nuanced and finely responsible vision may well be a practical impossibility over the wide range of human interactions, it is certainly attainable at given times within the sphere of intimate relationships. Nursing, because of its intimate character, is just the right size for an ethics of attention. In saying this, I do

not at all mean to imply that the intense scrutiny of particulars comes easily or frequently even in our closest relationships--not even with a spouse or child whom we have loved tenderly for many years. No, even among intimates our perception and moral imagination fail us more often than they succeed. But each success is valuable. Consider one final case.

Jeannine Boyer, RN, works in a nursing home that provides excellent care to its residents. One of her patients, seventy-eight-year-old Sarah Goldberg, is badly demented due to Alzheimer's disease. Her daughter Rachel, with whom she had lived since she was widowed twenty-five years previously, was forced to admit her mother to the nursing home about a year ago when she was no longer able to care for her at home. Rachel Goldberg now lives alone, but comes to see her mother almost every day on her way home from work. Because she was convinced her mother would have hated it, Rachel did not have Sarah Goldberg admitted to Floor 3, where other severely demented residents live. But in recent weeks, the patient's behavior has become so disruptive that Ms. Boyer has been receiving complaints from the other patients on her floor. The psychiatrist has proposed psychotropic medication, but Rachel Goldberg has rejected that suggestion even more vigorously than the proposal to move her mother to Floor 3, saying that her mother, always a very sociable, outgoing woman, must not be put on drugs that would remove all possibility of interaction with other people.

The staff understands the importance of providing the kind of care Sarah Goldberg would have wanted. Ms. Boyer understands this too, but she also sees something the psychiatrist has missed: Rachel Goldberg, now all alone in the world, needs her mother. Once this is clear to her, Ms. Boyer takes time during the daughter's visits to acknowledge her loneliness and to offer emotional support.

Every day offers us all countless opportunities to rise to this sort of excellence; every day we will miss such opportunities. Yet if we attend closely, sensitively, and intelligently to those around us, aiming at the ideal not so much in the hope of achieving it as of trying to narrow the gap, we will be living our lives with a goodness that mere caring cannot give it.

In the First Legend of the Grail, Sir Galahad wandered many years without finding the cup from which his Lord Christ had drunk. At last he was directed over the mountains and into Asia Minor, where, they said, if he crossed the plain he would come to the shores of a sea. By the sea, they said, there was a hut, and in the hut he would find the Grail. He suffered the cold of the mountains and the heat of the plain, and one day at sunset he came to the shore of the sea. Approaching the hut, he found the door open and walked in. There, upon a golden table, was a small bronze cup, such as a carpenter might drink from. On a golden throne nearby sat an ancient king, the guardian of the cup. Galahad, seeing that the king was nearly paralyzed from a most terrible wound, walked past the Grail and, kneeling before the king, took the old man's hand in both of his and said, "What are you going through?" Only thus did he attain the Grail.<sup>39</sup>

If not all nurses are suburban wives and mothers, none, perhaps, are Arthurian knights. Yet I offer this image of Galahad as better suited to nurses than an ethics of care can be. Not always, but often, nurses can do what Galahad did: they can see another's suffering and respond richly and sensitively to it.

## NOTES

1 A.M. Jaggar, "Feminist Ethics: Projects, Problems, Prospects," in *Feminist Ethics*, ed. C. Card (Lawrence: University Press of Kansas, 1991).

2 See, for example, B. Ehrenreich and D. English, *Complaints and Disorders: The Sexual Politics of Sickness* (New York: Feminist Press, 1974); The Boston Women's Health Book Collective, *Our Bodies, Ourselves* (New York: Simon and Schuster, 1976).

3 Leading contributors to the field of bioethics include T.L. Beauchamp and J.F. Childress, *Principles of Biomedical Ethics* (New York: Oxford University Press, 1979; 3d rev. ed., 1991); P. Ramsey, *Ethics at the Edges of Life: Medical and Legal Intersections* (New Haven, CT: Yale University Press, 1978); R.M. Veatch, *Death, Dying, and the Biological Revolution* (New Haven, CT: Yale University Press, 1976); D. Callahan, *Setting Limits: Medical Goals in an Aging Society* (New York: Simon and Schuster, 1987); B.A. Brody and

H.T. Englehardt, Jr., eds., *Bioethics: Readings and Cases* (Englewood Cliffs, NJ: Prentice-Hall, 1987); E.D. Pellegrino, *Humanism and the Physician* (Knoxville: University of Tennessee Press, 1979); A.R. Jonsen and S. Toulmin, *The Abuse of Casuistry: A History of Moral Reasoning* (Berkeley and Los Angeles: University of California Press, 1988). While a number of these authors employ nontraditional methodologies that are sympathetic to women's concerns, none begins from a feminist frame of reference.

4 Well-known nursing ethics texts are A.J. Davis and M.A. Aroskar, *Ethical Dilemmas and Nursing Practice* (Norwalk, CT: Appleton-Century-Crofts, 1983; 2d ed., 1991); M. Benjamin and J. Curtis, *Ethics in Nursing* (New York: Oxford University Press, 1986; 3rd ed., 1992); A. Jameton, *Nursing Practice: The Ethical Issues* (Englewood Cliffs, NJ: Prentice-Hall, 1984); J.L. Muyskens, *Moral Problems in Nursing: A Philosophical Investigation* (Totowa, NJ: Rowman and Littlefield, 1982).

5 M. Leininger, "Caring: A Central Focus of Nursing and Health Care Services," *Nursing and Health Care* 1 (October 1980): 135-43, at 143.

6 C. Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge: Harvard University Press, 1982).

7 L. Kohlberg, *The Philosophy of Moral Development* (San Francisco: Harper and Row, 1981).

8 N. Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley and Los Angeles: University of California Press, 1984).

9 J. Watson, "Caring Knowledge and Informed Moral Passion," *Advances in Nursing Science* 13, no. 1 (1990): 15-24, at 21. See also J. Watson, *Nursing: Human Science and Human Care* (Norwalk, CT: Appleton-Century-Crofts, 1985).

10 J. Watson, "The Moral Failure of the Patriarchy," *Nursing Outlook* 38, no. 2 (1990): 62-66, at 63.

11 S.T. Fry, "The Role of Caring in a Theory of Nursing Ethics," *Hypatia* 4, no. 2 (1989): 88-103. Other writers who have advocated a feminine nursing ethics of care are A.P. Griffin, "A Philosophical Analysis of Caring in Nursing," *Journal of Advanced Nursing* 8, no. 4 (1983): 289-95; and S. Gadow, "Nurse and Patient: The Caring Relationship," in *Caring, Curing, Coping: Nurse, Physician, Patient Relationships*, ed. A.H. Bishop and J.R. Scudder (Birmingham: University of Alabama Press, 1985).

12 Gadow is quoted in A.B. McBride, "Knowledge About Care and Caring: State of the Art and Future Development," *Reflections* 15, no. 2 (1989): 5-7.

13 J. Watson, "The Moral Failure of the Patriarchy," 64.

14 Leininger, "Caring," 136.

15 McBride, "Knowledge About Care and Caring," 6.

16 B. Sarter, "Philosophical Sources of Nursing Theory," *Nursing Science Quarterly* 1, no. 2 (1988): 52-59.

17 S. Lovibond, "Feminism and Postmodernism," unpublished paper, 1988, 19-20.

18 R. Rorty, *Philosophy and the Mirror of Nature* (Princeton, NJ: Princeton University Press, 1980).

19 J.R. Boyer and J.L. Nelson, "A Comment on Fry's 'Role of Caring in a Theory of Nursing Ethics,'" *Hypatia* 5, no. 3 (1990): 153-58.

20 C. Card, "Caring and Evil," *Hypatia* 5, no. 1 (1990): 101-8.

21 The arguments against unidirectional caring come from S.L. Hoagland, "Some Concerns About Nel Noddings' *Caring*," *Hypatia* 5, no. 1 (1990): 109-14. An expanded version of this article, entitled "Some Thoughts about Caring," appears in Card, ed., *Feminist Ethics*.

22 M. Frye, "In and Out of Harm's Way," in *The Politics of Reality: Essays in Feminist Theory* (Freedom, CA: The Crossing Press, 1983).

23 D. Callahan, *What Kind of Life? The Limits of Medical Progress* (New York: Simon and Schuster, 1990), 144.

24 M.A. Aroskar, "Caring: Another Side," *Journal of Professional Nursing* 17, no. 1 (1991): 3.

25 The case, taken from Benjamin and Curtis, *Ethics in Nursing*, 109-10, has been modified to avoid false gender equality. In the original case, the Bakers want a girl and will abort a boy, but this sidesteps the troubling implications of sex-selection in a society that is dominated by males.

26 For an excellent fictionalized account of nursing under the military model, see M. Renault, *Purposes of*

*Love* (London: Longmans, 1939; Harmondsworth, England: Penguin, 1986).

27 Again, I have modified the case as presented in Benjamin and Curtis, *Ethics in Nursing*, 193-94, to sharpen the focus on the distinction between actual and potential clients.

28 S. Weil, *The Simone Weil Reader* (Mt. Kisco, NY: Moyer Bell, 1977); I. Murdoch, *The Sovereignty of Good* (1970; London: Ark Paperbacks, 1986); M. Nussbaum, " 'Finely Aware and Richly Responsible': Literature and the Moral Imagination," in *Love's Knowledge: Essays on Philosophy and Literature* (New York: Oxford University Press, 1990).

29 Henry James describes this particular scene in book 5, chapter 3 of *The Golden Bowl* (New York: Charles Scribner's Sons, 1909). For a superb explanation of the moral dimensions of loving attention that uses the scene from *The Golden Bowl* as an example, see M. Nussbaum, "Finely Aware and Richly Responsible." Many of the ideas in this section are adaptations of I. Murdoch, *The Sovereignty of Good*.

30 Murdoch, 65.

31 *Ibid.*

32 Nussbaum, 148.

33 Murdoch, 37.

34 Nussbaum, 155.

35 *Ibid.*

36 Murdoch, 31.

37 S. Weil, "Reflections on the Right Use of School Studies with a View to the Love of God," in *The Simone Weil Reader*, 49.

38 I am indebted to D. Callahan for the objection and the illustration.

39 A sketch of this story is found in Weil, "Reflections," 51.