

Two Concepts of Caring

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In this brief response to Michael Slote's very thoughtful paper, I want to say something about the justice/care debate and a little about the claim that caring has its own answer to deontology on the killing/letting die issue. Then I will concentrate on the only issue that clearly separates us — whether to emphasize care as a virtue or as a relation.

It may well be that Slote is right when he says that care theorists have backed off too quickly in acknowledging the need for justice as a necessary supplement to care. But backing off is good for the philosophical soul. We learn, and sometimes we gather greater strength in partial retreat. I think now that my own error was in giving too little attention to “caring about.” In the work I am doing now (and in a recent review of Elizabeth Spelman's *Fruits of Sorrow*), I explore the need to analyze “caring about” in much more detail.¹ In *Caring*, I wrote:

I have brushed aside “caring about” and, I believe, properly so. It is too easy. I can “care about” the starving children of Cambodia, send five dollars to hunger relief, and feel somewhat satisfied. I do not even know if my money went for food, or guns, or a new Cadillac for some politician. This is a poor second-cousin to caring. “Caring about” always involves a certain benign neglect. One is attentive just so far. One assents with just so much enthusiasm. One acknowledges. One affirms. One contributes five dollars and goes on to other things.²

I still believe that the basic distinction between “caring for” and “caring about” is right, and at the time my intention was to emphasize the special nature of “caring for.” “Caring about” can deteriorate to political self-righteousness and to forms of intervention that do more harm than good. (Think here of Mrs. Jellyby and other insufferable characters from Dickens.) But “caring about” may be the foundation of justice. It is physically impossible to “care for” all of humanity, strangers who have not addressed us directly, or those unknown others at a great distance. Still, when we have acquired the attitude of care, we feel impelled to do something for any people who are suffering. “Caring about” becomes a sense of justice; it is important, and often it is the only form of caring available to us. However, I see it as morally important because it is instrumental in establishing the conditions under which “caring for” can flourish. This insistence on completion in the other is central to care theory, and it suggests a reason for not giving way on the present emphasis on relation.

The balance discussed by Slote is clearly important in individual lives. The Mrs. Jellybys of the world are so busy “caring about” far away and unknown others that they do not even see the misery or joy right in front of them. They fail almost entirely to care for those close to them. But their failure is even more shocking when we see that their “caring about” does not eventuate in “caring for.” The misery of the far away recipients of their care is increased by justified resentment. But clearly there is something to worry about in the other extreme as well — in those who care only for their own. Here, too, at its worst, caring is warped into something pathological,

and the recipients of such care may become selfish and insensitive. Thus, practically, balance is important. But, theoretically, it is vital to place “caring for” over “caring about.” This is an inversion of Kantian ethics that recognizes the centrality of meeting others in caring relations and the futility of trying to solve moral problems completely and universally in abstract and codified schemes.

On this first point, then, I think Slote and I are in substantial agreement. As a virtue theorist, he puts (perhaps) more emphasis on a balance between the two forms of caring. I, as an advocate of a thoroughly relational approach, put greater emphasis on the carer’s responsibility to follow through — to see whether her “caring about” results in “caring for.” A balance may depend as much on available resources, aesthetic sensibilities, and intellectual virtues as it does on moral virtue. Following through insists on the importance of the response triggered in the cared-for.

I think Slote is clearly right when he argues that caring “has its own resources for disallowing killing as a means to saving...lives” — even other deeply loved lives. In *Caring*, I wrote that a carer faced with this sort of dilemma might be tempted to sacrifice someone for the sake of several others:

My eye falls on A. He is sick and probably will not live through the arduous trip home. He is unmarried. He will not struggle. Perhaps I can avoid his eyes. But as I reach toward him, I feel the life, and fear, and trust, and hope, and whatever else is emanating from him. My long practice in receiving holds me back.³

But this is a description of both moral strength and human tragedy. It is not a prescription, not a principle to be consulted. It might even be described, alternatively, as moral weakness or just plain “lack of guts.” Human beings have been forced into such horrible decisions (think here of *Sophie’s Choice*), and any ethical theory that condemns or praises one choice or another lacks a necessary compassion. Who would dare to sit in judgment of persons in such predicaments? Caring condemns the villains and the conditions that force such choices on human sufferers, but it folds protective arms about those tragic figures who have had to make such forced choices.

Now we come to a matter of substantive disagreement. Should care assume a place of respectability in the accepted category of virtue ethics? Although care theorists have much in common with virtue ethicists, the answer must be a respectful “no.” That there is considerable overlap and that there is much to be gained in debate cannot be denied, but emphasis on the relational meaning of care should not be abandoned.

When I started work on caring (1979-1980), I was not aware of the two meanings of caring — one referring to a virtue, one to a special attribute of relations. Astonishingly, I was not even aware of the gender aspects of the topic. It was Bill Pinar, at a meeting of the John Dewey Society in Dallas, 1980, who pointed this out to me. “I hope you don’t mind,” he said, and that gentle comment launched me into feminist studies, a field totally new to me in 1980. Much more recently, through talks with Larry Blum and the writings of Slote, I have become aware of the virtue/relation distinction. Both concepts are useful, but care theory itself makes its special contribution through the relational sense.

We do, of course, use the virtue sense regularly. We speak of a caring parent, a caring teacher, a caring physician. I am not suggesting that we abandon this language, but I think it is not the best starting point. If we take the caring relation as a primitive good, then all efforts to establish, maintain, or enhance such relations have moral worth. Slote counsels that it sounds odd to credit those who accept our care with moral points of some kind. After all, *we* are the ones putting forth the moral effort. But acknowledgment of the contribution of recipients of care may be the very heart of care theory. It recognizes moral interdependence. There is nothing in traditional moral theory that will permit us to recognize anything distinctively moral about the responsive infant's contribution to the parent-child caring relation. But the contribution is real. So are the contributions of responsive students to the teacher-student relation and of the responsive patient to the physician relation. Care theory tries to capture and describe these contributions.

Slote is right to say that carers should not be blamed for every breakdown in caring relations. Indeed, care theorists agree fully. A carer may get full moral credit (in the virtue sense) for heroic efforts at care and, yet, that same carer may have to acknowledge that the relation is not one of caring. The fault may lie with the cared-for or with the situation in which the relation is located. In schools today, for example, we hear many students complain that "nobody cares." When we talk with teachers in the same schools, we may be convinced that these teachers do care and care deeply in the virtue sense. But something has gone badly wrong. People who are trying to care and people who want care have been unable to form caring relations. We cannot just say, "Well, we cared." We have to admit a failure (a form of no-fault failure, perhaps) and analyze the situation that makes caring so difficult.

I started out thinking of care as a primary, even as a universal human attribute. After a discussion with Jim Gibbs, a Stanford anthropologist, I was convinced that caring may not be universal. What is universal, Gibbs said, is the desire to be cared for, the desire for caring relations. There is nothing moral about that desire in itself. But its universality makes it reasonable to posit the caring relation as a primitive good. Manifestations of the desire to be cared for range from the absolute need of infancy to the aloof desire to be treated with respect that is so characteristic of mature persons in individualistic cultures. The manifestations differ over cultures, times, and individuals. But this relation is everywhere taken as a basic good.

The desire to be cared for calls forth in most well-cared-for people a moral response and admitting that gives considerable weight to Slote's recommendation that caring be made morally fundamental. But caring has a point, namely to respond to a cared-for. That response cannot always satisfy an expressed desire (indeed there are times when it should not do so), but it should always try to maintain the relation in which address and response can be continued or picked up after a period of silence ("leaving alone") in which the relation is empty of encounter. Further, maintenance of the relation is always dependent on contributions from both parties. True, from the perspective of virtue theory, the carer gets the lion's share of moral credit. But from the care perspective, a huge thank-you goes to the responsive children, the students glowing with new learning, the feeble elderly who can do little more than

smile a thanks for efforts at care. We know just how great these contributions are when they are withdrawn.

Insisting on the relational sense of caring (while not discarding the virtue sense) does make the philosophical case more complex. But it brings us face-to-face with real moral life. How good I can be depends at least in part on how you treat me. My goodness is not entirely my property, and the control I exercise as a carer is always a shared control.

I hope that in our future work Slote and I will have many more exchanges. I have found this one profoundly useful.

1. See Nel Noddings, "Review of *Fruits of Sorrow: Framing Our Attention to Suffering* by Elizabeth V. Spelman," *Hypatia* 13, no. 2 (1998): 162-64.

2. Nel Noddings, *Caring* (Berkeley: University of California Press, 1984), 112.

3. *Ibid.*, 106.