SUMMARY

The fascinating thing about care, as an ethics and a public morality, is its capacity to appeal, cajole and irritate. It is a concept that is impossible to deny yet very difficult to give form to: we all need care at some stage or other, some people have a disproportionate amount of caring to do, yet others do their best to avoid doing it or reflecting upon it. No one seems to be able to agree about what it is precisely or what it entails, yet it is a word that is bandied about on political platforms, used in proposals for social reform and is milked mercilessly in advertising. It is a concept that moves us – it reminds us of something primordially human, it seems at the same time to promise something utopian and ideal and yet is often the terrain of bitter disappointment.

Just how care moves us is the subject of this book. I want to know how care moves us – or in philosophical terms, how it motivates us. I shall be arguing here that caring involves being necessitated to care. Once we hear a cry for help or an appeal for caring, we cannot avoid being moved in some way by that cry or appeal (even if we choose to ignore it). We cannot escape responding to the care appeal. When I say ‘necessitated’ then I understand it to mean the following: it is in the nature of caring that we do so in the sense of not being able to - not wanting to - do otherwise; there is something compelling or compulsive about caring that places us in an unavoidable connection or relation to the object of caring.

Focussing on motivation, as I wish to do, does not mean being limited exclusively to the functioning of the inner life of caring individuals. On the contrary, as I shall be arguing, caring represents a type of response to what I call ‘compelling’ reasons to act. Caring is a motivation that has both an internal and an external source. On the one hand, caring is directly prompted by situations and contexts outside of oneself: we can be compelled to care in response to someone’s suffering or vulnerability, or cuteness or lovability. But, on the other, it can be something that we do despite ourselves, or because of ourselves, or for qualities intrinsic to the person we care for; it can be voluntary, or involuntary or even as a result of an obligation. In short, I argue that caring involves that most contradictory (but most everyday) experience of being ‘voluntarily constrained’ or ‘willingly compelled’. Caring does something with us: it moves us, it propels us into action, it
agitates and tugs at us – and it often does not even require our conscious and intentional participation to do so. Caring, in this sense, is ‘necessary’ – it is a motivation that is impossible to say “No” to (and even if we do say “no” we have to refuse or deny the motivation thereby acknowledging it as motivation).

But at the same time caring is normative: there is adequate or appropriate caring and inadequate and inappropriate caring. Therefore this compelling activity also requires from us that we critically examine how and under what conditions we care and if what we do is the best thing to do or the most we can do under the circumstances. We are required to endorse or confirm doing this compelling thing: to use our practical knowledge and engage our experience and judgement in performing it. Therefore, to summarise, the motivation to care contains within it a series of potential contradictions or tensions between opposite tendencies and it is amongst these tensions that I argue that the dynamic and unique qualities of caring lie. What I shall be doing in this book is to set out to explore these tensions and describe what I regard as the best way of expressing them. But, first of all, what is care ethics?

**Care Ethics**

Care ethics consists of a diverse collection of ethical perspectives with a number of common features. Firstly, they are philosophical and/or ethical responses to Carol Gilligan’s psychoanalytical account in the nineteen-eighties of responses to moral dilemmas that are not solely based on justice as the most superior moral response. Secondly, care ethics emphasise a three-fold characteristic of care: context, relationality and feeling. And thirdly, care ethics is particularistic.

In the nineteen-eighties, Gilligan’s psychoanalytic research into women’s responses to moral dilemmas was responsible for a new trend in feminist research into what Gilligan called a distinctive moral orientation, a “different voice”, which she refers to as the care perspective. The care perspective in ethics involves seeing oneself as connected to others within a web of various relationships. And the ‘voice’ is one of care and responsibility, of concern and connection with other people: a shift in the moral question, from ‘What is just?’ to “How do I respond?” (Gilligan, 1987, 23).

Some care ethicists (like Sara Ruddick) have argued that care and justice are entirely different and non-assimilable moral orientations; other care ethicists
(like Alison Jagger) argue that both care and justice are necessary to achieve fairness in complex and interconnected human relations. What care ethics adds to ethics is a new type of motivation in moral discourse. The moral agent no longer strives to achieve only a fair or just result to a moral dilemma but also a caring result; a result that is beneficial for the welfare or well-being of others; a result that is tuned to the individual demands and requirements of the cared for.

Heta Nagel-Docekal (1977, 110) argues that care ethics generally has three characteristics by which care is usually defined: it is sensitive to context, it is guided by relationships and it is governed by feelings. Care ethics’ sensitivity to context is derived from the “situated knowledge” tradition in critical feminist philosophy of science. In this tradition, shared by feminists like Donna Harraway, Sandra Harding, Seyla Benhabib, Lorraine Code and Claudia Card, knowledge is regarded as being generated and understood in specific contexts. This view emphatically rejects the notion that there is a neutral ‘view from nowhere’ which would produce universal or non-contextualised knowledge. Thus the question is not what is known but who knows. From within care ethics, Gilligan’s question, ‘how do I respond?’ for example, falls within this situated approach.

Nagel-Docekal’s second characteristic of care, its relationality, is a very basic precept for care ethics. All of care ethics is about relations with others. Some care ethicists focus on the aspect of humanity and define humanity in terms of being vulnerable and fallible (care ethicists like Marian Verkerk and Henk Manschot and other Dutch care ethicists). Some care ethicists focus rather on perception and ‘how it is with the other’. This can include need and vulnerability - as well as happiness. The carer recognises and takes pleasure in the other’s happiness and identifies with and is concerned about his needs, and is also aware and responsive to the “fragility and mortality of human existence” (Ricoeur cited in Verkerk 1994, 64).

Nagel-Docekal’s third characteristic of care is that it is ‘governed by feelings’. (This emphasis on feelings is however not what the more politically-orientated care ethicists like Joan Tronto, Selma Sevenhuijsen and Jagger are concerned with. These political care ethicists are concerned rather with the notion of a competent practice and instrumental design.) Feelings - or inclinations - do play a rather unique role in “personalist” or affective care ethics: inclinations are the instruments by which caring is expressed and information about the cared-one is gathered. All the beneficent inclinations
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(like compassion, concern, sympathy, empathy, and trust) are involved in gathering information and expressing the felt care.

The third characteristic of care is its ‘particularity’. This characteristic is a logical consequence of prioritising caring motivation, contextuality, relationality and inclinations. Particularistic ethics is a thoroughly contextualised and descriptive conception of where someone is, here and now and therefore requires a far-reaching inquiry into the position of the other. It is a viewpoint of the individual as he is at that particular moment, with his own needs, desires and possibilities, his own history and own perspective on life. It requires that each instance be, if necessary, judged on its own merit which demands a singular degree of openness of mind on the part of the one caring. Not only openness as such, but a well-meaning or beneficent preparedness to perceive and a capacity to make judgements that are not determined by one’s own preferences. After all, what is good for one person’s well being might not be good for another.

These, in brief, are the chief characteristics of care ethics in general and personalist care ethics specifically. The focus of this book is on motivation. I shall argue that caring involves a combination of being compelled yet doing so willingly because it is that which one must do. Before I do so I shall present a case study. This particular case study illustrates what I regard as the greatest challenge for care ethics, namely how to motivate those who do not care to care.

Case study

After two years of marriage, Pim and his wife moved from Amsterdam to Abcoude and a year-and-a-half later their son Sam was born.

“I am ashamed to admit it, but I found parenthood terribly difficult. I am so pleased with my son and I have not experienced one minute’s worth of regret concerning my choice to have a child, but I never expected it to be so exhausting. My wife breast-fed for the first nine months and I could sleep reasonably well at night and in the morning. But after that we planned to share the care for Sam equally. And that wasn’t easy, despite the fact that Sam spent three days in the week at the day-care and I only had to look after him for one whole day.

“As the months passed I felt more and more tired. I began to dread the days I had to look after Sam. Not because of him but because of everything that had to happen around him. Getting up early, changing his nappy, dressing him, preparing a bottle, making sandwiches, taking him to bed, conducting a careful phone call while listening for him all the while, vacuuming, checking my mail and yes, he was awake once...
more. Dressing him, another bottle, another sandwich, going to the shops, playing, afternoon nap. By half-past five I was tired-out and happy that my wife came home to take over from me. But yes, then he still had to eat supper, yoghurt, in bath and bed. And that time and time again.

“It drove me crazy that I could never do what I wanted to, without being disturbed. That all my activities were planned in advance and that I barely had any time to do things for myself. I must admit that I find that very difficult. Recently I have not been feeling very well and suffer regularly from rashes. I am also more frequently sick than I used to be. I am amazed at how my wife manages it all. She has a busy job in advertising, finds time to sport three times a week and nevertheless whistles while she folds the clean clothes in the evening. It seems as if she can manage everything.”

This case study is cited in an article in the Volkskrant (Magazine 19 February 2005: 22 - 26) called “The Young Father is a Little Tired”, and concerns a “new” phenomenon: the masculine variety of postnatal depression. This phenomenon is linked to the recent and increasing trend in the Netherlands of men who have children rather late in life - in their forties – and who have difficulty in adjusting to their new role. The article attributes the problems men have with caring tasks to a discrepancy between cognition and emotion: rationally they think that they should be able to participate equally in caring for the children and in the housework, but their behaviour shows something altogether different.

**Three solutions to Pim’s dilemma**

What can we say about Pim’s self-acknowledged failure to care? Well, first of all, in all fairness to Pim, he is aware that his response – his dread of having to take on the responsibility for a day’s caring and his pain and discomfort – is inadequate. He compares himself to his wife and sees his contribution to the caring tasks by no means matching her energy and consistency; in short, she takes on the greater responsibility for caring for Sam, contrary to their agreement. What is so patently missing from his perception though is what he could do to alter this situation. What he sees is that his wife has some kind of caring ’drive’ that he supposedly lacks. Where can Pim get his drive from? Second of all, Pim seems to know what it is he should be doing but does not seem able to want to do that which he should be doing. What is missing from his moral perception? Not knowledge or acknowledgement - he knows that he should care. But why can’t he and why is he suffering?
The first solution I derive from Nel Noddings, one of the founders of personalist care ethics. Noddings' central question is "how to meet the other morally" and the motivation for doing so is to seek the ideal caring relation that we all once knew and experienced in the mother-child relation. We not only seek this relation - we also wish to "remain in the caring relation and to enhance the ideal of ourselves as one-caring" (Noddings, 1984, 5). Noddings defines caring as helping someone to grow and actualise himself and the only way of knowing what it is you should do as a carer is to "apprehend another’s reality." This phrase, “apprehending another’s reality”, is used by Noddings throughout her book, and means “taking on the other’s reality as possibility and begin to feel its reality and to feel that you must act accordingly” (Noddings, 1984, 16). In other words, says Noddings, apprehension of another’s reality is in effect “feeling impelled to act as though on my own behalf, but on behalf of the other.” (This may sound a little confusing. I paraphrase as follows: ‘I feel as if I am acting for myself but it is not my action; it is that of another’).

Thus ‘possibility’, in the phrase “taking on another’s possibility”, has a very specific meaning. It refers to a form of compulsion: being impelled to comprehend the other’s reality (situation, position, dilemma, standpoint). What is significant here is not only the notion that one can apprehend someone’s reality, but that this apprehension has an immediate effect - you feel you must act according to the reality of the other. What happens once you have “apprehended the other’s reality”? This other perception has an effect upon you: just as your own reality (your situation, your sense perception) affects you. Once the reality of the other has been admitted into your consciousness, you cannot ignore it just as you cannot ignore your own reality (at least, it cannot be done unless at some expense either in terms of repressing or in some way containing this apprehension). This apprehension is by no means a given. It requires effort. Noddings refers to it as a “struggle” and its goal is to eliminate the intolerable, reduce the pain, fill the need, and actualise the dream (Noddings, 1984, 14). Encapsulated in the notion of apprehension is the drive to care for the other - apprehension inevitably leads to the desire to intervene in another’s life (just as one would act in one’s own life). All of this is what she means by caring.

Noddings’ caring theory proceeds from a selfless point of view. The idea is “to perceive the reality of the other” and to suspend an awareness of the self in order to do so. Noddings wants to ‘receive’ the other. This is in contrast with the idea behind empathy, which is to project myself into the other by identifying with and understanding another’s situation, feelings and motives.
Empathy is too indirect an experience of what the other is experiencing as far as Noddings is concerned. Noddings does not wish that the self be present in the perception of the other.

This is an important but contentious point in care ethics. Perceiving the other as fully as possible is a noble goal in any ethics. How can it be achieved? There is a sense in which Noddings’ suspension of the self coincides with older and more established notions of “disinterested interest”. This is a Stoic concept used to allow the person striving towards goodness to be able to do so - detached from inclinations. Good deeds are performed not for the benefits they bring to the one performing them, but because they are right. Kant, too, refers to this disinterested interest in his _Doctrine of Virtue_ ("practical love” or “beneficence”) (Kant, 1991, 244). Care ethicists, in contrast, do not aim at a detachment from inclination because they do not argue, as Kant does, that inclinations cannot be moral. Care ethicists wish to suspend the self because it intrudes between the one caring and the one cared for. Vrinda Dalmiya, for example, concurs with Noddings that the only way in which the requirements of the other can be perceived is by a self that is not self-preoccupied or encumbered at that moment with its own inclinations.

On the one hand the idea of the suspension of the self is repellent - why should I want to disable my judging and reflective abilities when caring? On the other, I think that Noddings has grasped an essential aspect of caring: namely, that in order to perceive what it is that the other needs, we ourselves need to shelve our own preferences - even if it is only momentarily - in order to understand what is required of us, as carers. A momentary displacement of interests, a glimpse through the other’s eyes, a deep perception of what it is that the other is experiencing and what their needs are. This can only be momentary (if achieved at all - after all, can we ever experience another’s pain?). And then our judging and reflective abilities must be able to resume their place in the forefront of our consciousness.

On balance, I am inclined to argue that Pim should do exactly as Noddings says is necessary in order to care: he should ‘apprehend Sam’s reality’ such that Sam’s reality becomes his own. He should suspend his own inclinations and feel what it is like to act on behalf of another. One of Pim’s problems is precisely, I would argue, that Pim’s personal expectations weigh far too heavily in the scale of moral considerations - though exactly whose claims should cancel other claims out is of course a complex ethical problem. Nevertheless, because of the (healthy) repellence still felt at the idea of
suspending the inclinations of the caring self, this solution is not yet complete - we need more to sort Pim out than merely switching off his inclinations.

The second possible solution is provided by the American philosopher of action and moral psychology, Harry Frankfurt, who has developed an account of “volitional necessity”. This solution is, I believe, potentially more complete than Noddings’ “apprehension of another’s reality”. Presupposed in Frankfurt’s account is a self that has agency and is self-conscious. What Frankfurt does is to offer us an explanation of what it is for this agent to have that peculiar concern for the well-being and existence of something or someone – namely, what it is for him to care. Frankfurt starts his account of the importance of what we care about with the statement: “Caring, insofar as it consists in guiding oneself along a distinct course or in a particular manner, presupposes agency and self-consciousness” (Frankfurt, 1988, 83). Caring is reflexive because a person who cares about something identifies themselves with what they care about. This they do by making themselves “vulnerable to losses and susceptible to benefits depending upon whether what (they) care about is diminished or enhanced” (Frankfurt, 1988, 83). In this sense, by caring about something, the agent is connected to that thing – he shares its fate, as it were. Caring about something is not liking or wanting it (because it is possible to care for something that you might never have); nor is it necessarily intrinsically valuable or desirable (what you care for might be low on my list of things I care about). Caring, according to Frankfurt, is specifically prospective: to care about something is to consider it having a future. Caring is not only identification with the thing cared for, but also identification in the sense of an investment (to invest something with importance, or significance, or meaning).

Frankfurt refers to the example of the Protestant theologian Martin Luther’s declaration “Here I stand; I can do no other” (Frankfurt, 1988, 86). This is an example, argues Frankfurt of the primary lack of control that a carer has over the object of care. Frankfurt refers to this absence of control of the carer over his choice of the object of care as the “necessity” of caring: caring so much for something that you cannot forbear from a certain course of action. This is neither causal nor logical necessity: what Luther was unable to exercise was not the power to forbear, but the will. Frankfurt refers to this kind of constraint as “volitional necessity” – a type of necessity that renders it impossible for a person to act in any other way other than he acts; it renders it impossible by preventing him from making use of his own capacities. Luther might have prevented himself from taking the action he took. But he could
not bring himself to do so. He was unwilling to oppose it and, furthermore, his unwillingness was itself something that he was unwilling to alter.

Why is he unwilling to alter his unwillingness? Frankfurt asserts that the reason a person does not experience the force of volitional necessity as alien or external to himself is because it coincides with – and is partly constituted by – desires which are not only his own but with which he actively identifies himself. This is why Frankfurt, right from the start, insists that caring presupposes agency and self-consciousness. Necessity is thus personal, or permitted, or even self-imposed - and to a certain extent imposed or maintained involuntarily. The latter must be the case otherwise we could not explain why the agent cannot prevent himself from caring merely at will. Caring says Frankfurt is not a matter of willing, or at least, not only a matter of will. What is it then?

The answer is that the person caring is “captivated” by the object of care. “(His) attention is not merely concentrated upon the object; it is somehow fixed or seized by the object” (Frankfurt, 1988, 89). Frankfurt analyses “seized” in terms of being guided by the characteristics of the cared-for object rather than the agent’s own; he succumbs to, what I call, the ‘normative pull’ of the other. The normative pull is effective because of the agent’s feelings for the other and he voluntarily concedes to this pull because he wants to (because he regards the other as important for himself). Or he concedes to the pull because he doesn’t want to. Thus to care for something is also to be (willingly or not unwillingly) “captivated”, “seized” or “pulled”. It is not inactive in the sense that caring is mere submission – there is a distinctly volitional aspect to caring in terms of being an investment or a prospective interest. It is also not inactive because the carer does not want to not care.

How does this relate to the necessity part of caring? ‘Volition’ usually means consciously wishing or willing something, whereas ‘necessity’ implies being under (considerable) constraint to do something. Frankfurt’s “volitional necessity” model of caring about something, or feeling that something is important, expresses precisely this tension between willing and being constrained: a person who is constrained by volitional necessity, says Frankfurt, accedes to (the constraining force) because he is unwilling to oppose it and because, furthermore, his unwillingness is itself something which he is unwilling to alter (Frankfurt, 1988, 87). This most resonant aspect of Frankfurt’s volitional necessity is the image of the agent in the grip
of that for which he cares. Caring about it because it is something that he, as a self-conscious agent, finds worth caring about, yet seized by his commitment to that thing, its fate, its future successes or failures. Necessitated to care, yet done willingly.

As far as Frankfurt is concerned, the object of caring has no inherent qualities whatsoever other than it is cared for by someone. “What makes the thing worth caring about is… that the justification of importance originates from the caring and not from the object of care” (Frankfurt, 1998, 270). It is an amoral account of what caring entails – Frankfurt only tells us what happens when we care and not when or if that caring is good or desirable. Are we any closer to a solution for Pim’s dilemma? The motivation that Noddings’ account provides us with is that once we perceive the other we will care. This is a phenomenological account - an account of what happens when the one-caring perceives the cared-for - but has no account of what the agential aspects are.

Frankfurt’s account adds two aspects to the account of what it is to care: first, the retention of the notion of agency and self-consciousness; and second the ‘seizing’ or ‘pulling’ effect of the cared-for because of the concerns and love the one-caring has. Caring is, in Frankfurt’s account, more than perceiving and feeling the other’s reality: it is having the grounds in himself for succumbing to the object of care (his own preferences and ‘what he finds important’) and it is an experience of the compelling appeal of the cared for object. These two aspects are, I would argue, a significant addition to a theory of how caring works: it is not only that the one-caring perceives that he should care but it also so that he cannot stop himself from caring.

But what if Pim does not have the right set of concerns and love that will necessitate him to care for Sam? In order to care in the “driving” fashion that Pim’s partner does, here must be something inside of Pim that makes him find Sam a compelling object of care. He must find Sam important such that he makes a prospective investment in Sam and it must also be so that he cannot forbear from caring for Sam. Either Pim has it, or he doesn’t, in Frankfurt’s terms. All we know about Pim is that these concerns and love are not present in him to the extent that he is necessitated to care such that his frustrations and illness prevent him from caring with the same ease as his partner. Perhaps Pim is that most feared of all agents for ethicists: the normative deviant? The incurable wanton, the morally hopeless, insensitive to all normative persuasions? In that case, Frankfurt (and others) cannot help Pim.
The third possible solution, in the form of the neo-Kantian philosopher Christine Korsgaard’s theory of normativity, might help Pim. What is distinctively human, in Korsgaard’s perspective, is that human agents “choose the principles that are definitive of your will” (Korsgaard cited in Crowell, 2007, 318). What does this mean? It has to do with practical identity which Korsgaard defines as a “conception of one’s identity”, a “description under which you value yourself” and find life worth living (Korsgaard, 1996, 101). Such conceptions are as various as the roles that human beings can occupy: father, partner, researcher, and teacher. Such identities are practical because they are not primarily objects for theoretical contemplation, nor are they merely social roles that are attributed to us in a third-person way, but are expressed in what we do. For most people, as Korsgaard points out, their practical identity is a jumble of such conceptions, which often compete and conflict with one another. But insofar as you value yourself under a conception as father or teacher you can be said to identify with it and so “constitute yourself in its image” (Korsgaard 1996, 101). In doing so, you provide yourself with reasons to act in certain ways: practical identity becomes the principle of choice that replaces being governed by random and uncontrollable instincts (Crowell, 2007, 318).

But what is the connection between practical identity and normativity? What binds acting morally and having an identity and valuing yourself as such? Korsgaard does have an explanation of how standards or values can bind you, can provide you with reasons for acting in some ways and with obligations that forbid you from acting in others. Her argument is complicated, but it turns on characterising subjectivity as self-consciousness: normative concepts do not arise as answers to theoretical questions; rather they exist “because human beings have normative problems. And we have normative problems because we are self-conscious rational animals, capable of reflection about what we ought to believe and do” (Korsgaard, 1996, 46). Self-consciousness thus gives rise to the normative; the normative gives rise to knowing what we must do; knowing what we must do gives rise to obligations; and “obligation...makes us human” (Korsgaard 1996, 5). In Korsgaard’s terms, being obliged (to act morally) is therefore as human (and as necessary) as it is have a practical identity. Obligations flow from being someone - to use non-Korgaardian words.

Back to Pim: Pim is someone. He is a father, a partner, a son, and many other things besides. He is self-conscious and he reflects on what he ought to believe and do. He seems to know what his obligations are - what he must do
but he does not. What happens next? Korsgaard argues that humans choose principles rationally because rationality has to do with making decisions that are compatible with one’s practical identity. You act morally because you could not live with yourself otherwise. Not to do so would be to sacrifice your practical identity in a fundamental way. To use Korsgaard’s unforgettable phrase: “it could be … worse than death” if you did not (Korsgaard, 1996, 17). To put it differently, if I do not act according to the obligations of my practical identities, I will feel the (mental, emotional, physical?) pain of what it is to ignore or deny my practical identity – who I am. And this is the pain, I would argue, that Pim is feeling! His illnesses, his rashes, his frustrations and feelings of inadequacy: Pim is not fulfilling the obligations that accompany, in particular, his practical identity as father, as carer (and therefore also, as partner).

Although I believe that Korsgaard holds the key to explaining why one must - under some conditions - care, I argue that Noddings’ and Frankfurt’s accounts are also necessary to understand what it is to care and (hopefully) to get Pim to care. First of all, Pim should do what Noddings urges carer must do: namely to distance himself from his own (all too readily taken) perspective and “perceive the reality” of the person requiring care - that of his son. For this is indeed what is unique and urgent about caring: the needs of the to be cared for are prior to the carer’s needs (however temporarily and to whatever degree). Sam’s demands, because he is young and dependent and vulnerable, take priority over Pim’s wanting to read the newspaper or spend his time as he wants to. Pim needs see what it is that Sam needs from him in terms of caring - Pim must take on Sam’s reality as his own, in the words of Noddings. Only when Pim’s desires subside to the background will Pim know what it is that Sam requires of him as a carer. This does not mean that Pim must do so selflessly or without reflection.

The second step, derived from Frankfurt, is that you care because you cannot forbear not to. You are compelled, albeit willingly to care for something or someone because of your own concerns and love. If Pim felt these concerns and love as Frankfurt describes them, then he should not be able to forbear from caring for Sam - but the opposite is true. Either you have concerns and love (for the object of caring) or you do not, according to Frankfurt. And if we were to stop here then, I am afraid, we would have to reject Pim as a moral deviant and believe him beyond help.

But there is hope: much like Frankfurt, Korsgaard argues that one’s normativity flows directly out of one’s practical identity (Frankfurt would say...
that you care for the object of caring because of what you find important). But where Korsgaard differs from Frankfurt is that she describes the pain that one feels if one acts contrary to one’s practical identity - to act against it feels “worse than death”, in the words of Korsgaard. Practical identity is not only something one has - this is the third step - as it is for Frankfurt; for Korsgaard having a practical identity has profound normative implications and consequences. These are the consequences that Pim is experiencing: he is feeling the pain of not facing up to his obligations in the sense that these obligations are his, rationally chosen (in the words of Korsgaard).

Conclusion

While most of the care ethics literature begins with examples of loving and tender caring moments, I have expressly chosen a case study that illustrates what I regard as the most urgent problem that care ethics faces: how to motivate people to care for others, particularly when they seem insufficiently moved to do so. What is problematic for care ethics is that there are those who do care and those who do not, and the danger is that the twain shall never meet. Furthermore, those who do not can do so by virtue of those who do; and those who do are obliged to continue doing so because of those who do not. Can care ethics effectively address those who do not do caring? An ethics cannot force anyone to act morally (and supposing it could do so, there are good reasons for not wanting any system of thought that tries to). As force is out of the question, we are left to consider various persuasive or prescriptive theories and choose the ones with the most compelling arguments to motivate.

I have chosen a combination of three accounts of being necessitated to value, two of which concern caring. Noddings’ account of how the one-caring can perceive what it is that the cared-for needs and Frankfurt’s account of why it is you care - how you are gripped by the object of care. These two accounts have no binding moral consequences attached to caring (or not) and are therefore non-normative. Frankfurt has an either or account: either you care or you don’t and there is no damage or shame if you do not. Noddings’ account is also non-normative in the sense that she cannot consider the alternative that you will not “perceive the reality of the other” and therefore be swept into a caring relationship. Korsgaard’s key contribution is adding the normative aspect to being necessitated - what happens, in the case of Pim, when you do not comply to the demands of your practical identity. Without
Korsgaard, we would have to write Pim off as a moral deviant; with Korsgaard, we can understand Pim’s pain.

2 See, for example, the feminist philosopher of science Sandra Harding: The Science Question in Feminism (1986) and Whose Science? Whose Knowledge? (1991).
3 The historical ontologist Michel Foucault with his concept of “care of the self” is an exception to this rule - but he does conclude that you cannot care for others unless you also care for yourself, and his caring for himself is a kind of objectifying of his own self. I will not be dealing with Foucault’s caring concept. Foucault The History of Sexuality. Volume III, 1984.
4 See their essays in Verkerk (ed.), 1997.
5 I prefer the term ‘inclinations’ to ‘feelings’. ‘Feelings’ is a term with broad application refers to both emotional and moral sensitivity. I wish to draw a distinction between the two and, in my discussion, use ‘inclinations’ meaning emotions, desires, impulses, tendencies.
6 See, for example, Sevenhuijsen 1996 or Bowden 1997 and especially Noddings’ 1984.
7 Tronto has a powerful account of the political consequences of this division of labour in her Moral Boundaries1993.