Can ethics of care paradigm by Carol Gilligan provide a helpful contribution to tackling some of the contemporary world social issues? We can attempt to answer this question by focusing on some themes that ethics of care underlines. We have to focus on the responsiveness of the moral subject for the others’ needs and also we have to focus on the difference between concrete other and generalized other. Together with Carol Gilligan, Virginia Held, Seyla Benhabib and Charles Taylor indicate the way to face this philosophical argument.

**keywords**

care, responsiveness, feelings, other, recognition
In 1982 Carol Gilligan published the work *In a Different Voice: Psychological Theory and Women's Development*. Since then, this book has been considered the cornerstone of women's studies. In this book and in the empirical research it was based on, Carol Gilligan showed that women's moral orientation is different from men's. Lawrence Kohlberg's work on moral development, based on Jean Piaget's theory, distinguished three levels in people's moral development: *preconventional level*, *conventional level* and *postconventional level*. In Kohlberg's progression pattern the first level is the moral heteronomy, the highest level is the moral autonomy. Lawrence Kohlberg said that human beings reach the highest stage of moral development when (and if) they are able to judge and act in accordance with abstract and universal justice-equity oriented principles denying feelings and emotions as motivation to action. According to Lawrence Kohlberg's empirical research, based on interviews, many men reach the highest moral stage but very few women do. In Carol Gilligan's opinion the differences represented in psychological literature as steps in a developmental progression are two different moral orientations: a morality focused on principles, ethics of rights, and another kind of morality, ethics of care. Gilligan's empirical research based on interviews, resulted in two main outcomes:

a) women's moral point of view is always linked to the awareness that human beings have relationships with other human beings;

b) in order to solve a moral dilemma, besides reason, women take into account emotions, feelings and caring for people and for relationships while men take into account reason and justice as equity.

These facts cause women to be at lower levels in Kohlberg's justice oriented moral development model. Lawrence Kohlberg equated moral development with the development of rights reasoning. Gilligan's research and Kohlberg's interviews concerning solving moral dilemmas were about this moral dilemma: Mrs. Heinz is so dangerously ill than she may die. Mrs. Heinz needs a very expensive drug. Mr. Heinz isn't rich. The druggist refuses to lower drug's price. Should Mr. Heinz steal the drug for saving his wife's life? A teenager boy answered that Mr. Heinz should steal the drug; a teenager girl answered that Mr. Heinz shouldn’t steal the drug. For the boy “Mr. Heinz should steal the drug because a human life is worth more than money and if the druggist only makes 1000 dollars, he is still going to live, but if Heinz doesn’t steal the drug, his wife is going to die” (Gilligan 1982: 25). For the girl “there might be other ways besides stealing the drug, like if he could borrow the money or make a loan or something [...]”. If he stole the drug, he might save his wife then, but if he did,
he might have to go to jail, and then his wife might get sicker again, and he couldn’t get more of the drug, and it might not be good. So they should really just talk it out and find some other way to make the money". (Gilligan 1982: 26).

The boy answered according to justice as equity, universal and rational principles (Heinz should steal the drug because life right is more important than property right), the girl answered according to feelings, emotions and care for persons and relationships (Heinz shouldn’t steal the drug because he might go to jail and he might break the love relationship with his wife, so the joy for the recovery of Mrs. Heinz could become sadness and sickness again). Women’s ethics is an ethic of care. Ethics of care cannot be strictly considered as women’s ethics but as an ethic theme (also a man can act according to ethic of care). What do we mean by ethics of care? Carol Gilligan defines ethics of care in these terms: “in this conception the moral problem arises from conflicting responsibilities rather than from competing rights and requires for its resolution a mode of thinking that is contextual and narrative rather than formal and abstract. This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules” (Gilligan 1982: 19).

Together with Carol Gilligan, one of the most important theorists of ethics of care is Joan Tronto. Recently has defined ethics of care in these terms: “an ethic of care is an approach to personal, social, moral, and political life that starts from the reality that all human beings need and receive care and give care to others. The care relationships among humans are part of what mark us as human beings. We are always interdependent beings” (Tronto, Interview on August 4th, 2009). We can define this ethic theme as a paradigm by means of two considerations: morality means taking care of someone/taking care of the relationships one is involved in, and morality is not only based on abstract and rational principles. We can focus the paradigm on some points: 1) morality means responsiveness to others’ needs. Care is responsiveness/care is responsibility; responsiveness/responsibility is to be able to satisfy someone’s demand. Morality is founded “in a sense of concrete connection and direct response between persons, a direct sense of connection which exists prior to moral beliefs about what is right or wrong or which principles to accept” (Blum 1988: 477); 2) morality doesn’t only come from reason, but also from sensibility/emotions/feelings. “Understanding the needs, interests, and welfare of another person, and understanding the relationship between oneself and that other requires a stance toward that person informed by care, love, empathy, compassion and emotional sensitivity” (Blum 1988: 475); “morality necessarily involves an intertwining of emotion, cognition, and action, not readily separable [...]. Caring action expresses emotion and understanding” (Blum 1988: 476); 3) the moral agent is always embedded/encumbered, the moral patient is always embedded/encumbered, too. Each human being is linked to some other human being, place and situation. Each human being is different from every other human being. The “moral self is radically situated and particularized. It is defined by its historical connections and relationships. The moral agent does not attempt to abstract from [...] particularized self to achieve [...] a totally impersonal standpoint defining the ‘moral point of view’. Care morality is about the particular agent’s caring for and about the particular moral patient. Morality is not (only) about how the impersonal ‘one’ is meant to act toward the impersonal ‘other’ [...]. Not only is the self radically particularized, but so is the other, the person toward whom one is acting and with whom one stands in some relationship. The moral agent must understand the other person as the specific individual that he or she is, not merely as someone instantiating general moral categories such as friend or person in need” (Blum 1988: 476-477). There is an irreducible particularity: a particularity of the moral agent, the other and situation; 4) a moral action appropriate to a given individual is not necessarily universal or generalizable to others.
We have to focus on two themes that the ethics of care underlines: the responsiveness of the moral subject and the difference between the generalized other and the concrete other. In *In a different voice* Carol Gilligan has written: “the morality of rights differs from the morality of responsibility in its emphasis on separation rather than connection, in its consideration of the individual rather than the relationship as primary” (Gilligan 1982: 20). Following the work *In a Different Voice*, *Moral Orientation and Moral Development*, Carol Gilligan has written that ethics of care is “grounded in the assumption that self and other are interdependent, an assumption reflected in a view of action as emanating from within the self and, therefore, self-governed” (Gilligan 1995: 36). Connections among human beings are fundamental to thinking about ethics of care. What’s the meaning of taking care? Taking care means to be able to satisfy someone’s needs. The ethic of care is responsiveness to other’s need. But who is the other? He/She can be someone in relationship with me, he/she can be someone I’ve never met. In both cases he/she is someone like me but different from me (see number 3 in the previous paragraph) at the same time. There’s always distance between me and the other; if there wasn’t that distance, the other couldn’t be the other, he could be another myself/another me. The caring moral subject is interested in satisfying the different-from-me-other’s needs. His/her needs can be like mine or they can be unique. The other belongs to humanity as much as I do, we are different in our common humanity, we have the same/different needs, desires, emotions, feelings, contexts, relationships. Ethics of care is focused on the uniqueness of human beings. Justice oriented ethics is an ethic of universalism: moral principles are (must be) valid for every human being in every place/time/situation. Moral action originates from an abstract rational self and it is addressed to abstract and generalized other. It’s the Kantian model of ethics and self. According to ethics of care, the other is always a concrete other. Some years ago Seyla Benhabib distinguished between the concept of concrete other and the concept of generalized other to explain the difference between ethics of care and ethics of rights/justice. The concept of generalized other matches with ethics of rights/justice, the concept of concrete other matches with ethics of care. Seyla Benhabib has written: the “standpoint of the generalized other requires us to view each and every individual as a rational being entitled to the same rights and duties we would want to ascribe to ourselves. In assuming this standpoint, we abstract ourselves from the individuality and concrete of the other. We assume that the other, like ourselves, is a being who has concrete needs, desires and affections but that which constitutes his or her moral dignity is not that which differentiates us from each other, but rather what we, as speaking and acting rational agents, have in common [...]. The standpoint of the concrete other requires us to view each and every rational being as an individual with a concrete history, identity and affective-emotional constitution. In assuming this standpoint, we abstract ourselves from that which constitutes our commonalty. We seek to comprehend the needs of the other, his or her motivations, what he or she searches for, and what he or she desires [...]. In treating you in accordance with the norms of friendship, love and care, I confirm not only your humanity but your human individuality” (Benhabib 1987: 81). According to the vision of care the other is not “one born of others” (Benhabib 1987: 89) but a unique individual other among unique individual others. Ethics of justice/rights addresses common humanity, ethics of care addresses humanity made of unique individuals. We have to pay attention to the previous sentences by Seyla Benhabib and to the points previously explained. We have to pay attention to those words in relation to two fields: politics and social interpersonal sphere.
I will consider the communitarians’ view. Twenty years ago Charles Taylor wrote: “our identity is partly shaped by recognition or its absence, often by misrecognition of others, and so a person or group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves. Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being” (Taylor 1994: 25). The relation between the self and the other(s) gives identity to the self and the other(s). Besides his or her self-recognition, if the self relates and compares himself or herself to the other, he or she can be himself or herself. We have to think about recognition. Nowadays western societies are commonly considered as needing politics of recognition: what does politics of recognition mean? Politics of recognition means responsiveness to needs. Firstly, the need that politics of recognition has to satisfy is the demand of rights as universal human rights. Without doubt the demand of rights concerns our general humanity; we could say it concerns the generalized other standpoint. All of us belong to humanity, all of us recognize ourselves participating in the same humanity that we share with others. Nowadays, besides the demand of rights, politics of recognition must to satisfy the ‘demand of identity’. We could say this demand concerns our human individuality (as women, black people, religious minority, ethnic minority, and so on). It is based on the assumption that the self is always “encumbered”; in Gilligan’s view the self is encumbered in relations, in communitarians’ view (for example Michael Sandel’s) the self is encumbered into ethnic group, religious group’s traditions.

Previously we have read the words by Seyla Benhabib: “in treating you in accordance with the norms of friendship, love and care, I confirm not only your humanity but your human individuality”. Caring about the other means to be able to hear/recognize other’s needs, confirming his/her humanity (universal human rights), and also confirming human individuality (recognition of identity). Today making politics of recognition as recognition of identity means solving many global issues (for example: the majority of wars). Following the line of reasoning set out above we could say that making politics of recognition as recognition of identity means including ethics of care practices in social political values and actions. Politics has to care about citizens by listening to all voices voicing people’s needs. Seyla Benhabib has mentioned friendship, love, and care. We need to focus on this point: friendship, love, and care are based on an emotional investment. Giving identity to others means treating them by recognizing their rights but also giving care and giving care means acting by reason and feeling, sentiments, passions, and emotions. Following the suggestion of Virginia Held, Peta Bowden, and the majority of scholars of ethics of care, we can indicate the archetypal and fundamental model of caring in mothering. Mothering is founded on a deep difference between two distinct individuals in a relation. Their relationship is formed of power and vulnerability. The child depends on the mother’s care. The mother cares about the child. The mother is (must be) able to satisfy the child’s needs. He or she is completely vulnerable while the mother has an absolute power over him or her. Silvia Vegetti Finzi has metaphorically defined this power as “something no tyrant has ever had” (Vegetti Finzi 1990: 104). It’s an asymmetrical relationship. In this asymmetrical relationship the emotional investment from mother to child is the mother’s motive for acting but also the reason by which she recognizes the other/the child and she partly shapes herself by recognizing herself in her child. This emotional investment is also the reason she has to reduce her power in order to form the child’s autonomy, fundamental to growing up. In mothering practices, the recognition is deeply tied to and enhanced by love, feelings, and emotional investment. It is my belief that features of mothering practices could be taken as model for politics of recognition that our
western society needs to tackle many contemporary issues. We have to think about a sort of mothering deprived of a deep emotional investment. Metaphorically we have to consider the relationship between people that can give recognition and people that need recognition nearly as the relationship between the mother and her child without a deep emotional investment: an asymmetrical relation that let people involved in recognize each other. This relation gives identity both majority, owning rights and social recognition, and minorities, getting recognition. It requires majority be aware of human rights but also be aware of something else and more than human rights. It requires a sort of care: a care without feelings and emotions but not deprived of responsiveness. It is not possible to translate emotional investment into political decisions but all of us can certainly identify most of the others’ needs: politics could start from this point.

REFERENCES