On Reconciling Care and Justice: An Interview with Tove Pettersen

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Introduction

Tove Pettersen is a professor of philosophy at the Faculty of Humanities, University of Oslo, Norway. Her research interests include feminist philosophy, moral philosophy and ethics, especially the ethics of care and the existential ethics of Simone de Beauvoir. She also conducts research on the history of philosophy, political philosophy, phenomenology, existential philosophy and postmodern philosophy.

Throughout her career, Pettersen has published extensively in top-rated journals, including *Hypatia, Health Care Analysis*, and *Simone de Beauvoir Studies*. She is also the author of one of the most popular textbooks on feminist theory for Norwegian humanities students, *Filosofiens annet kjønn* (The Other Sex of Philosophy) published in 2011 by Pax. To date her most extensive work on the ethics of care is *Comprehending Care. Problems and Possibilities in the Ethics of Care*, published by Rowman & Littlefield in 2008. The book is an illuminating attempt at understanding the relationship between the ethics of care and justice in a novel way.

The interview starts from a historical perspective that traces the development of the ethics of care from Carol Gilligan's seminal work on the moral development of women as distinct from that of men. Gilligan's work spurred a wave of new research whose aim was to reclaim morality for women's experience. Pettersen argues for a novel understanding of the relationship between care and justice that would reconcile these two values. She then tries to illustrate her point by discussing the dynamics of care and justice in the medical professions, arguing that without balancing these two values it is not possible to achieve a greater measure of equality both within caring professions and between health care providers and their patients. In the closing section we look at how justice and care can be complementary in the public sphere.

The Historical Development of the Ethics of Care

Jarymowicz: *Nowadays, the ethics of care is a well-established field in philosophy. You yourself have been working with this concept for over 10 years[2]. However, it was not always like that. Women's perspectives on morality were routinely disregarded or,*

even worse, women used to be considered as not being able to attain full moral development. That was the privilege of men. What, then, is the intellectual history behind the development of the ethics of care?

Pettersen: We could start with 1982, which is the year Carol Gilligan's *In a Different Voice*[3] was published. This book is considered by many to be the start of the feminist ethics of care. Gilligan was not a philosopher, but a moral psychologist, and she was working with Lawrence Kohlberg. Kohlberg is quoted by John Rawls in his *Theory of Justice*, when Rawls wants to depict how agents mature morally (Rawls 1971: 461). Kohlberg was interested in moral development, and carried out several empirical studies on this problem.[4] He suggested that moral reasoning develops in stages, each one more advanced than the previous one, with stage six marking the highest level of moral development. Stage six is very similar to Kantian moral reasoning, which is not very surprising given that Kohlberg himself admitted that he was very much inspired by the Kantian concept of morality. According to Kohlberg, at the highest stage of moral development one is capable of applying an abstract principle to a particular case. This signifies moral maturity. The interesting thing here was that when women were included in his empirical studies, they systematically failed to score high. They were on average one stage behind men. Gilligan would not accept the way the gathered data was interpreted. She agreed that there were gender differences in how women answered questions concerning moral dilemmas, but she did not accept that their answers were less mature. This actually initiated Gilligan's own empirical research.

Gilligan decided to interview women because she wanted to more closely explore the gender differences in terms of moral reasoning. Kohlberg simply concluded that women did not attain the highest stages of moral development without paying attention to the differences between the attitudes of women and men. Gilligan did her research on how women typically apply reasoning in situations that pose moral challenges. She found that there were statistically significant differences between the ways both sexes solved moral problems. One of the striking differences was that the women's main ethical concern was care, while the men's main concern was justice. Furthermore, when women were solving problems, an important strategy was to contextualize the problem. They did not strive to find an abstract principle, and then apply it to a particular case, as men were inclined to do. The women attempted to see the problem in a wider perspective: they wanted information regarding the circumstances. Before they answered the question on how to act, they attempted to get contextual information. Therefore, instead of relying on pre-established principles, they asked questions, such as: Why do the agents find themselves in this situation? Are there any other persons that can help us out of this situation? Can we find a new solution? This form of moral reasoning was nevertheless considered to be immature from the traditional perspective. Gilligan insisted that women should not be considered less mature. They had just a *different* approach because they were committed to a different value, namely care.[5]

After the publication of *In a Different Voice*, there was a huge debate about whether the purported differences between sexes could be generalized. For example, why do women in this research behave differently? Is it something biologically determined? Is it cultural? It is worth noting that Gilligan was not explaining the gendered differences in moral reasoning in essentialist terms, she argued these differences were cultural constructions. Gilligan did not fully pursue the

implications that her findings could have for moral philosophy. She left us with her findings, which implied that both moral philosophy and moral psychology were deeply male-biased, and that we had been overlooking very important ethical aspects because the Kantian style of reasoning was supposed to be common to everyone. This is when feminist philosophers picked up on the topic. This is also the topic on which I focused my PhD thesis, which in turn led me to write the book *Comprehending Care* (2008). My main concern was how these findings on women's moral reasoning could be developed into a normative theory, and what kind of ethical theory this would amount to. How would it differ from virtue ethics, from consequentialism, and other moral theories? Several feminist philosophers have been working on the ethics of care since the publication of Gilligan's book, and they have continued to articulate and develop the unique moral outlook that Gilligan first identified. When Gilligan did her research more than 30 years ago, the ethics of care was non-existent. Today the ethics of care has taken its rightful place among other normative theories.

The Ethics of Care and Justice Reconciled

Jarymowicz: *When it comes to the relationship between the ethics of care and traditional moral theories of justice, there are, as you describe in your book [6], three approaches: the first one is "mutual exclusivity", the second one is "compatibility", and the third one is "incommensurability". Now, you try to understand the relation between care and justice as "reconcilable".*

Pettersen: Yes. These two values are neither opposed to each other, nor can one replace the other. Care and justice are like two sides of the same coin. In my work I have tried to elaborate on the concept of care. In every normative theory there is a core concept. For example, if you are interested in justice, you have to know what justice is. If you are going to work on virtue ethics, you need to know what a virtue is. So if you want to concentrate on care you must identify some characteristics of care. When I started working on the concept of care, I realized that there was a traditional and widespread understanding of care in our culture that overlapped with Christian ethics, traditional nursing ethics, and also with cultural conceptions of what it means to be a woman. The common denominator in all those traditions was care being conceived as an act of unconditional giving, and associated with self-sacrifice. This is not a feminist concept of care, but a patriarchal concept of care. Such a biased understanding cannot serve as a core value in a feminist ethics. When interests clash, the mature agent has the ability to balance the considerations that incorporate both care and justice, which are related values.

Jarymowicz: *And here comes your criticism of the Good Samaritan ideal.*

Pettersen: Exactly. I have noticed that within certain traditions, some version of nursing ethics, for instance, the Good Samaritan is taken to be the paradigmatic example of good care. This way of visualizing care is what I have called altruistic care. In addition to not being suitable as a feminist concept, it is not a feasible concept within the caring professions, either. It is actually very problematic to hold this as an ideal for care in professions where care has been commercialized, and

where the majority of the care workers are women. In our culture, the Good Samaritan ideal overlaps with the traditional understanding of what it means to be a good woman. Female care workers in particular—whether they are mothers or nurses—are commonly expected to be altruistic, to systematically put the interests of others first, while treating their own needs as secondary and unimportant. Consequently, they are expected to work beyond what is reasonable in order to fulfil this altruistic ideal. Using the Good Samaritan as an ideal for care workers in professions where the employer's goal is to maximize profit and minimize costs paves the way for exploitation. Care workers are especially exposed to exploitation, because they have the responsibility for the well-being of vulnerable others. In many situations, care workers simply cannot reject this responsibility. It is therefore very important to be aware of how easy it is to be exploited when the traditional images of what it means to be a woman, and the traditional images of what good care is, are jointly applied. Unfortunately, the Good Samaritan cannot be an ideal for contemporary care work. The context the Good Samaritan operated within is completely different from what today's care workers have to deal with. In many respects, the Good Samaritan is privileged: he had enough time to stop, he had a mule available for transportation, and he had the physical strength to lift the needy onto his mule. The Good Samaritan knew the way to the place where the man would be treated. And, most importantly, there was a free bed for the injured, and when he needed to stay there some extra days, the Good Samaritan also had money enough to pay for his extended stay. This is exactly the opposite of the situation health care workers find themselves in today. They do not have enough time or resources, and there are not enough rooms. Trying to provide care like a Good Samaritan under these circumstances, very often results in exploitation and self-inflicted harm in order to provide care to others.

Jarymowicz: *Is this the reason, then, why you stress the need to incorporate justice in the ethics of care, which is also an attempt to expose and criticize the gender subtext in the understanding prevailing in the medical professions?*

Pettersen: Yes, absolutely. I am advocating a *feminist* ethics of care, and feminists are committed to justice. Feminism *is* gender justice. Obviously justice has to be incorporated into the concept of care in a feminist care ethics. Nevertheless, that is not the only reason why our understanding of care must include reciprocity between the person cared for and the care worker. Another reason is that an ethics of care is founded on a relational ontology. The relational ontology is an assumption about "our being in the world", an expression of the idea that we are all related and dependent on each other. The altruistic understanding of care is based on an individualistic ontology, namely that humans first and foremost are separated and independent. In terms of care this means that care is envisioned as given from one person—the caregiver—to another, the care receiver. This view of care has many problems: one of them is that it is not sensitive enough towards the one in need. If you incorporate reciprocity and relatedness into the comprehension of care, the care worker cannot just deliver a service and think that caring has been completed. There has to be an interaction. The one caring has to listen to what the one in need of care wants, and in what way they want it. That is one side of it. The other side is, when integrating reciprocity, the one in need of care cannot demand too much from the care worker. Care workers should not be exploited. So there has to be reciprocity,

and the ideal of care must be that both parties are entitled have their vital interests and needs attended to and respected. This understanding of care is what I term mature care in *Comprehending Care,* and have discussed in several articles, including in "Conceptions of Care: Altruism, Feminism and Mature care" published in *Hypatia* in 2012.

The Ethics of Care in Medical Settings

Jarymowicz: *Do you think that the popularity of the ethics of care is growing in caring professions? Would that be a sign of a more humanizing trend in those professions?*

Pettersen: I think there always has been a strong interest in the ethics of care within the medical professions, but predominantly in what I term the altruistic version of care ethics. Unfortunately, this version of care ethics prolongs and sustains many problems within the caring professions. In my view, incorporating a feminist care ethics into the caring professions would be a step in the right direction.

Jarymowicz: *Is it the case, then, that one of the merits of incorporating the ethics of care into the medical professions would be enhancing equality within health care institutions and between health care providers and their patients alike? This would more readily address problems connected both with paternalism of the medical professions and excessive demands placed on health care workers by their institutions' management.*

Pettersen: Yes, and that is why reciprocity must be integrated in our understanding of care. Care can be very paternalistic, if it is one-sided. It can also be very exploitative, if the patient or your partner feels entitled to your entire caring capacity. Reciprocity is an important element of mature care. There is also one other point that I find very important, as we are talking about equalizing care, and care being mature: If you attend only to your own needs, that is not being mature. However, devoting yourself completely to satisfying the needs of another person is not being mature, either. To devote yourself totally to the needs of the other is to take no responsibility for your own life, for your own needs. It amounts to following others blindly. As I see it, a moral agent is mature only when she is capable of articulating and attending to her own needs, while at the same time being aware of the needs of others, and able to take them both into consideration when acting. This is what it means to be mature.

Jarymowicz: *Yes, but also not to only focus on formal rules of Kantian morality?*

Pettersen: True. Being mature means to be able to integrate both reason and emotion into our moral judgement. If you feel repulsed by caring for someone, one should be aware of, and reflect on, this emotion—but not necessarily act on it. *Both* reason and emotions have to be listened to before acting. That is also to be mature. In my view, either to always act on emotion, or to never take emotions into account, is to be equally immature.

The Ethics of Care and Justice in the Public Sphere

Jarymowicz: *It is perfectly understandable that the ethics of care is very important in the public sphere, for example, in the medical professions. But there is also a criticism that there is a kind of limit to the usefulness or desirability of the ethics of care in a public sphere. One of the reasons is that it is so heavily based on the image of a mother and a child, which invokes the risk of paternalism. Would you agree that perhaps there are some areas in the public sphere that are more justice-friendly, and that there are some areas in the public sphere that are more ethics-of-care-friendly?*

Pettersen: Absolutely. In the early 1980s, when the ethics of care was really new, it was debated whether care or justice was to be considered the most fundamental value. But you know, just like we need both freedom and equality to lead a good life, we also need both care and justice. Sometimes these two values conflict with one another, sometimes they do not. And when they do, one has to work hard to figure out which values are going to prevail in this particular case. At times, this is very difficult. In some spheres of society, for example in legislation, courts, and hiring practices, obviously justice dominates.

Jarymowicz: *But I think that the very substance of legislation must take both justice and care into account. For example, the way the legal system should treat a witness such as a woman who has been raped. The perpetrator has the right to a just trial, but one also needs to avoid inflicting more harm on the woman, such as by subjecting her to repeated interrogation.*

Pettersen: Justice can be fulfilled in a more or less caring way, and laws can be enforced in a caring or a non-caring way. In the spheres where care dominates, such as in family and friendship, care can be exploited, as well as be suppressive, if justice is absent. So these two values are both necessary. That is why it is wonderful to be in a conference on global justice and be able to talk about care and observe both of the perspectives being valued.

Jarymowicz: *In your lecture today you talked about interdependency of the states and how they depend on each other in international relations including issues such as health care. However, the fact that states are interdependent is well-established in political theory and political science. My question, therefore, is what might be the contribution of the ethics of care on a global level? Is this contribution confined mainly to humanitarian issues?*

Pettersen: When I talked about states being interdependent I was arguing that viewing international relations from the perspective of an ethics of care provides us with conceptual tools that allow us to grasp and understand global interdependency. The existence of totally autonomous subjects who make totally independent decisions is a myth. In international relations, nation-states are often perceived along very similar lines as autonomous agents, which it turns out, is also a myth. In my talk today I was arguing that the relational ontology that the ethics of care is based on, along with this theory's emphasis on securing basic needs and human flourishing, its focus on cooperation, contextual sensitivity, and attention to gender issues, provides a very promising approach not only to humanitarian issues, but to global issues in general.

Jarymowicz: *Will that interdependency in your account entail a duty, for example, in cases when a factory in one country emits pollution into another country?*

Pettersen: Yes. Because relationships create responsibility, and because destroying the environment contradicts the value of care.

Jarymowicz: *I would also add that the ethics of care expects people to be more responsible for themselves, because applying abstract rules without taking account of a context is not enough.*

Pettersen: Absolutely. Within care ethics, the concept of mature care can serve as a guide for your own reasoning, and this concept encourages the agent to take the uniqueness of the situation into account, to listen to both reason and emotions, and not neglect the interests of one of the parties. The outcome of this reflection is not given in advance. It is, of course, a lot easier to act if you have fixed and pre-established rules that can be universally applied, allowing you to excuse your acts or disclaim responsibility by stating that you were simply acting according to the rules. Because there are no such ready-made answers in the ethics of care, the moral agent is also expected to be more responsible for her acts—or if you wish, to be more mature.

Notes

[1] Tomasz Jarymowicz is a PhD candidate at UiT The Arctic University of Norway. His research interests include deliberative democracy theory, theory of free speech, and feminist challenges to liberalism. Jarymowicz's last publication was: Free Speech and the Public Sphere in Robert Post's Theory of Freedom of Expression (pp. 2-18). In Alnes, J.H., Toscano, M. (2014).*Varieties of Liberalism*. Cambridge: Cambridge Scholars Publishing.

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[2] See, for example, Pettersen's most comprehensive account of ethics of care in her *Comprehending Care*, 2008.

[3] Gilligan (1982).

[4] See Kohlberg 1981 vol. I and 1984 vol. II for the collected edition of his most important work.

[5] For a more thorough analysis, see Gilligan (1982: Ch. 1).

[6] Pettersen (2008: 94-99).

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