

אנפנויה
CARING

*A Feminine Approach To Ethics
&
Moral Education*

❧ NEL NODDINGS ❧

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THE ONE-CARING

RECEIVING

CARING INVOLVES, FOR the one-caring, a "feeling with" the other. We might want to call this relationship "empathy," but we should think about what we mean by this term. *The Oxford Universal Dictionary* defines *empathy* as "The power of projecting one's personality into, and so fully understanding, the object of contemplation." This is, perhaps, a peculiarly rational, western, masculine way of looking at "feeling with." The notion of "feeling with" that I have outlined does not involve projection but reception. I have called it "engrossment." I do not "put myself in the other's shoes," so to speak, by analyzing his reality as objective data and then asking, "How would I feel in such a situation?" On the contrary, I set aside my temptation to analyze and to plan. I do not project; I receive the other into myself, and I see and feel with the other. I become a duality. I am not thus caused to see or to feel—that is, to exhibit certain behavioral signs interpreted as seeing and feeling—for I am committed to the receptivity that permits me to see and to feel in this way. The seeing and feeling are mine, but only partly and temporarily mine, as on loan to me.

Although receptivity is referred to by mystics, it is not a mystical notion. On the contrary, it refers to a common occurrence, something with which we are all familiar. It does not have to be achieved by meditation, although many persons do enter a receptive state in this way. We are interested here in the reception of persons, however, and we do not receive persons through meditation. Yet a receptive state is required. It can happen by chance when our manipulative efforts are at rest. Suppose, for example, that I am having lunch with a group of colleagues. Among them is one for whom I have never had much regard and for whom I have little professional respect. I do not "care" for him. Somewhere in the light banter of lunch talk, he begins to talk about an experience in the

wartime navy and the feelings he had. He talks about how these feelings impelled him. His expressions are unusually lucid, devoid of defensiveness or sentiment—but by something else. It is as if he had combined to look at the scene he described. He had behaved differently in the situation, but he had the same inference. I feel what he says he felt. I have never felt that. Quite simply, I shall never again be caused to feel that. My professional opinion has not changed. I have not changed, whereas previously I was not.

Mothers quite naturally feel with the other. They put themselves into our infants and ask, "How do you feel?" "How do you feel?" "How do you feel?" We do this only when the natural response to an infant cries, we react with the infant. We say, "Something is wrong. This is the infant's pain. I feel it and share it. We do not begin by trying to solve the matter. We first respond to the cry. We say, 'I'm here. I'm here. I'm here,' as we move physically toward the infant. We comfort first, saying, 'There, there. Everything is all right.' We do not try to analyze what is the matter. We do not try to solve a problem but by sharing a feeling. Even in the identification stage, we try to retain our own feeling. We say, 'Do you have a pain?' or its equivalent. We expect, certainly, that the infant will respond, and its tone impel us to attentive quietness. We watch for a knee to be drawn up to the mouth to be sucked.

Now it is just nonsense to say that a mother's response will "reinforce his crying behavior." That is not what is meant by "to reinforce," and I suspect that in the real world, I cannot know what is being reinforced. The one whose behavior is being so affected by the one who is discussing does not first penetrate the mother's mind. Hence I do not "reinforce." I receive, and the mother's being continued is increased, then, in the mother's mind. It is quite simply and demonstrably false.

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wartime navy and the feelings he had under a particular treatment. He talks about how these feelings impelled him to become a teacher. His expressions are unusually lucid, defenseless. I am touched—not only by sentiment—but by something else. It is as though his eyes and mine have combined to look at the scene he describes. I know that I would have behaved differently in the situation, but this is in itself a matter of indifference. I feel what he says he felt. I have been invaded by this other. Quite simply, I shall never again be completely without regard for him. My professional opinion has not changed, but I am now prepared to care whereas previously I was not.

Mothers quite naturally feel with their infants. We do not project ourselves into our infants and ask, "How would I feel if I were wet to the ribs?" We do this only when the natural impulse fails. Naturally, when an infant cries, we react with the infant and feel that something is wrong. *Something is wrong.* This is the infant's feeling, and it is ours. We receive it and share it. We do not begin by trying to interpret the cry, although we may learn to do this. We first respond to the feeling that something is the matter. It is not foolishness to begin talking to our child as we respond to the cry. We say, "I'm here, sweetheart," and "I hear you, darling," as we move physically toward the child. And, usually, we comfort first, saying, "There, there. Everything is all right," before we begin to analyze what is the matter. We do not begin by formulating or solving a problem but by sharing a feeling. Even when we move into the problem identification stage, we try to retain alternating phases of receptivity. We say, "Do you have a pain?" or its equivalent in baby talk. We do not expect, certainly, that the infant will respond verbally, but the question and its tone impel us to attentive quietude. We await an answer of some sort. We watch for a knee to be drawn up, the head to be tossed, a fist to be sucked.

Now it is just nonsense to say that a feeling response to my infant's cry will "reinforce his crying behavior." To begin with, I am not sure what is meant by "to reinforce," and I suspect that, if it has any meaning in the real world, I cannot know what is being reinforced without being inside the one whose behavior is being so affected. But the sort of empathy we are discussing does not first penetrate the other but receives the other. Hence I do not "reinforce." I receive, I communicate with, I work with. If by "reinforce" we mean simply that the likelihood of the behavior's being continued is increased, then, in the case we are discussing, the claim is quite simply and demonstrably false.

There is another point to be made here. When we consider reinforce-

ment strategies, we are obviously in a manipulative mode. We want to change the other's behavior. The mother as one-caring, however, wants first and most importantly to relieve her child's suffering. But, the philosopher asks, suppose the child is not suffering? Suppose it has merely acquired a bothersome habit of crying at the same hour every night? For that matter, how can you even know that you are actually "receiving the other"?

How can I know? We must move cautiously here. The entire program I am trying to establish hangs on the answer to this question. If I respond that I cannot be mistaken in a basic act of receptivity, I fall into the trap that has already snared the phenomenologist when he speaks of the infallibility of basic intuitions. He asserts his position and presents it as right by definition. Surely, I do not want to respond in this way. Gently, gently, I must resist my colleague's efforts to bring me into the standard mode of argumentation. I am not claiming that I know either in my receptivity itself or in my description of it. It is not at bottom a matter of knowledge but one of feeling and sensitivity. Feeling is not *all* that is involved in caring, but it is essentially involved.

When I receive the other, I am totally with the other. The relation is for the moment exactly as Buber has described it in *I and Thou*.¹ The other "fills the firmament." I do not think the other, and I do not ask myself whether what I am feeling is correct in some way. When I have a sudden, severe pain in my mouth, for example, I may complain of a toothache. I cannot be wrong in responding to what I feel as a pain. It is not a matter of knowledge at all. Later, when the pain has gone and I think back on it, however, I may say, "Well, I guess it was not a toothache after all. It's gone. Perhaps it was a bit of neuralgia caused by the cold or altitude." I do not say, "Well, I guess I did not have a pain." Of course I had a pain. My error, if one occurred, lay in assessing the pain as a toothache. Similarly, I may, in looking back, become aware that there was a failure somewhere in my movement from feeling to assessment. But in the receptive mode itself, I am not thinking the other as object. I am not making claims to knowledge. There can be failures to receive, and we shall discuss such cases, but these are not matters of faulty claims to knowledge.

But am I not making claims to knowledge as I describe the state of one-caring in moments of caring? What is offered is not a set of knowledge claims to be tested but an invitation to see things from an alternative perspective. When I describe the one-caring in particular situations, we

should not infer that one who bestitions is necessarily one who does the sort of generalizability that ment. Situations of relatedness a picture of one-caring from a tions. There is, I think, a logic cal support for much of what struction does not evolve inevitably out of a catalog of what is known move to abstraction that tends itself. This must be captured and in the cared-for.

When I care, when I receive t ing, there is more than feeling motive energy flows toward th sarily, toward his ends. I do not for what I do. But I allow my r service of the other. It is clear creased when I care, for I can be myself. But my strength and h ened, this other, which is part When this displacement occurs parents speak of "living for" children are at risk of losing t shall say more about this when

Now, just what is the place o related to the motivational shi one-caring is engrossed in the pletely characterized as *emotic* appropriate mode of consciou solving situations, the characte ness is, usually, one of ratiom moves the self toward the obje it. When this mode breaks do ally. Suppose that I am trying t one side goes up and the other ing to prevent this lopsided m the window. I hypothesize. I properly in the hope of und

should not infer that one who behaves or feels differently in similar situations is necessarily one who does not care. To begin with, I am denying the sort of generalizability that would be required to make such a judgment. Situations of relatedness are unique, and it is my purpose to build a picture of one-caring from a collection of concrete and unique situations. There is, I think, a logic of the caring relation, and there is empirical support for much of what I shall say, but the program under construction does not evolve inevitably out of the "logic of the concept" nor out of a catalog of what is known about persons caring. Both require a move to abstraction that tends to destroy the uniqueness of the caring itself. This must be captured in the caring moment—in the one-caring and in the cared-for.

When I care, when I receive the other in the way we have been discussing, there is more than feeling; there is also a motivational shift. My motive energy flows toward the other and perhaps, although not necessarily, toward his ends. I do not relinquish myself; I cannot excuse myself for what I do. But I allow my motive energy to be shared; I put it at the service of the other. It is clear that my vulnerability is potentially increased when I care, for I can be hurt through the other as well as through myself. But my strength and hope are also increased, for if I am weakened, this other, which is part of me, may remain strong and insistent. When this displacement occurs in the extreme form, we sometimes hear parents speak of "living for" their children. Clearly, both parents and children are at risk of losing themselves under such conditions, and I shall say more about this when we discuss the cared-for in detail.

Now, just what is the place of emotion or affect in caring, and how is it related to the motivational shift just described? I have claimed that the one-caring is engrossed in the other. But this engrossment is not completely characterized as *emotional* feeling. There is a characteristic and appropriate mode of consciousness in caring. When we are in problem solving situations, the characteristic and appropriate mode of consciousness is, usually, one of rational objectivity. It is a thinking mode that moves the self toward the object. It swarms over the object, assimilates it. When this mode breaks down under pressure, we respond emotionally. Suppose that I am trying to open a window that is stuck. As I push, one side goes up and the other side goes down. I move very carefully trying to prevent this lopsided movement. No luck. I examine the parts of the window. I hypothesize. I may examine a window that is working properly in the hope of understanding its mechanism. I experiment.

Then, suddenly, I deteriorate. I beat and curse the window. Consciousness has entered a mode in which it meets its objects with emotion.

Jean-Paul Sartre calls this a "degradation of consciousness,"² a condition in which the higher consciousness of rationality gives way to the lower, nonreflective consciousness of emotion. At least his use of "degradation" leads us to infer a movement from higher to lower. In the case I have described, "degradation" seems to be the right word, for my beating and cursing the window seem indicators of an attempt to influence the window as though it had an obstinate will. But, perhaps, in most cases, it would be more fruitful to think in terms of a movement from appropriate and/or effective to inappropriate and/or ineffective, for there is an appropriate change in modes even in problem solving. We can switch from an assimilatory mode to a receptive-intuitive mode which, by a process we do not understand well, allows us to receive the object, to put ourselves quietly into its presence. We enter a feeling mode, but it is not necessarily an emotional mode. In such a mode, we receive what-is-there as nearly as possible without evaluation or assessment. We are in the world of relation, having stepped out of the instrumental world; we have either not yet established goals or we have suspended striving for those already established. We are not attempting to transform the world, but we are allowing ourselves to be transformed. This is, clearly, not a degradation of consciousness, although it may be accompanied by an observable change in energy pattern.

It is a lateral move of some sort. We mentioned earlier Mozart hearing music, Gauss being seized by mathematics, and Miró having his hand guided when he painted. An affective-receptive mode of this kind cannot be thought of as a "degradation" of consciousness. Indeed, emotion may be absent or, at least, the one-receiving may be unaware of it. But it is, clearly, qualitatively different from the analytic-objective mode in which we impose structure on the world. It is a precreative mode characterized by outer quietude and inner voices and images, by absorption and sensory concentration. The one so engrossed is listening, looking, feeling.

The receptive mode seems to be an essential component of intellectual work. We do not pass into it under stress, and this is further evidence that it is not a degradation of consciousness. Indeed, we must settle ourselves, clear our minds, reduce the racket around us in order to enter it. If we are unable to do this, we may remain in an unproductive assimilative mode. Sometimes, for example, mathematics students get "stuck" in an analytic mode. They persist in trying to force a particular structure upon

an unyielding problem. They receive a genuine degradation. They stop for a minute. Stop thinking, stop patience, and quiet enter. The mathematics teacher would tell a student to receive each other. The problem. Often the result is quiet. The students say, as they looked at the sake! Why didn't I see that

The receptive or relational mode is a person. In caring, a permanent affective engrossment to absorption," a movement from the different and less appropriate. A temporary move into objective. What seems to be crucial is to go forth and to invest the approach over control to the inappropriate degradation of consciousness in the other unfeeling and un-

THINKING AND

The receptive mode is at the heart of "existing," I mean more than the instrumental philosophers refer to as "beingness of and commitment to." I am using the term in this sense of heightened awareness. A receptive mode is reflective; that is, instead of receiving myself, and I may directly receive. It is in this subject that we have received from the other. We are in a state of truth or to deny. We are feeling comfortable with the

Instrumental thinking means using my reasoning powers to force myself to doing something. E

an unyielding problem. They are usually tense, frowning—on the edge of a genuine degradation. Then, the teacher may say, "Wait. Just sit still for a minute. Stop thinking and just look at the problem." Humor, patience, and quiet enter. The student may say, "What kind of mathematics teacher would tell a person to 'stop thinking'?" Teacher and student receive each other. Then the student relaxes and receives the problem. Often the result is quite remarkable. Over and over, I have heard students say, as they looked at what was in front of them, "For goodness sake! Why didn't I see that before?"

The receptive or relational mode seems to be essential to living fully as a person. In caring, a permanent or untimely move from feeling and affective engrossment to abstract problem solving would be a "degradation," a movement from the appropriate to something qualitatively different and less appropriate. Again, this is not to say that a lateral or temporary move into objective thinking is necessarily a "degradation." What seems to be crucial is that we retain the ability to move back and forth and to invest the appropriate mode with dominance. When we give over control to the inappropriate mode, we may properly speak of a degradation of consciousness; in the one case we become irrational and in the other unfeeling and unseeing.

THINKING AND FEELING: TURNING POINTS

The receptive mode is at the heart of human existence. By "existence" or "existing," I mean more than merely living or subsisting. When existentialist philosophers refer to "existence," they mean to include an awareness of and commitment to what we are doing, what we are living, and I am using the term in this way. Existence involves, then, living with heightened awareness. A receptive mode may be both reflexive and reflective; that is, instead of receiving the world or the other, I may receive myself, and I may direct my attention to that which I have already received. It is in this subjective-receptive mode that I see clearly what I have received from the other, and then I must decide whether to proceed in a state of truth or to deny what I have received and talk myself into feeling comfortable with the denial.

Instrumental thinking may, of course, enhance caring; that is, I may use my reasoning powers to figure out what to do once I have committed myself to doing something. But clearly, rationality (in its objective form)

does not of necessity mark either the initial impulse or the action that is undertaken. If I care enough, I may do something wild and desperate in behalf of the other—something that has only the tiniest probability of success, and that only in my own subjective view. Hence, in caring, my rational powers are not diminished but they are enrolled in the service of my engrossment in the other. What I will do is subordinate to my commitment to do something.

I have suggested that we can make lateral moves—that is, moves which are neither up nor down—in modes of consciousness. Clearly we cannot remain perpetually in the receptive mode. Mozart moved to the piano, to pen and paper. Gauss produced proofs. Miró perfected what his hand sketched out. And we, in caring, must respond: we express ourselves, we make plans, we execute. But there, are, properly, turning points. As we convert what we have received from the other into a problem, something to be solved, we move away from the other. We clean up his reality, strip it of complex and bothersome qualities, in order to think it. The other's reality becomes data, stuff to be analyzed, studied, interpreted. All this is to be expected and is entirely appropriate, provided that we see the essential turning points and move back to the concrete and the personal. Thus we keep our objective thinking tied to a relational stake at the heart of caring. When we fail to do this, we can climb into clouds of abstraction, moving rapidly away from the caring situation into a domain of objective and impersonal problems where we are free to impose structure as we will. If I do not turn away from my abstractions, I lose the one cared-for. Indeed, I lose myself as one-caring, for I now care about a problem instead of a person.

As an ethical theory develops out of this analysis of caring, we shall consider a process of concretization that is the inverse of abstraction, and we shall explore the possibility that this process is one preferred by women faced with moral dilemmas. Instead of proceeding deductively from principles superimposed on situations, women seek to "fill out" hypothetical situations in a defensible move toward concretization. Suppose, for example, that we are considering appropriate punishment for one who has committed a particular crime. The traditional approach, that of the father, is to ask under what principle the case falls. But the mother may wish to ask more about the culprit and his victims. She may begin by thinking, "What if this were my child?" Neither position is fairly put forth and examined by merely identifying its first move but, clearly, the approaches are different: The first moves immediately to

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abstraction where its thinking can take place clearly and logically in isolation from the complicating factors of particular persons, places, and circumstances; the second moves to concretization where its feeling can be modified by the introduction of facts, the feelings of others, and personal histories. The father might sacrifice his own child in fulfilling a principle; the mother might sacrifice any principle to preserve her child. This is far too simplistic to be considered a summary or definitive description of positions, but it is indicative and instructive. It underscores the sort of difference that places the present approach in opposition to traditional ethics.

GUILT AND COURAGE

The one-caring is in a unique position with respect to the caring. I can be aware of myself caring, and I can think about and doubt my caring. If the cared-for receives my caring and completes it, I may never turn inward (except in wonder) to examine my own state or to question it. I *care*, and that means that my consciousness is turned to the cared-for. I have little need to reflect on this consciousness, and I may be but dimly aware of a euphoria, ranging from a mild "all's well" to ecstasy, that accompanies my activity with the cared-for.

But if the cared-for does not complete my caring by receiving and acknowledging it, I may examine myself and ask, "Do I really care?" In some cases, an affirmative answer comes through clearly and honestly. I do care. I shall always care. The situation may be such that I just have to wait for my caring to be completed in the other and, if it never is, I see clearly that the attempt to care will nonetheless go on. This is a source of wonder when I see it. However, a negative answer may come through. If it does, I may accept it honestly and study it, or I may reject it in horror and begin to talk myself out of it. Let's say that I have the courage to accept it. My caring for this other has turned into "cares and burdens." When I see this, I know that I have become the object of my own "caring." I need my pity, compassion, and sympathy. "Wallowing in self-pity" is not a bad thing if I intend to help myself as I would another. So, perhaps, I dwell on my troubles for a while, let them lead and chase themselves into an enhanced state of despair at which I draw back sheepishly and say, "Well, now, it is not that bad." Then I can climb out. I recognize that I do not care at this time, that I am weary, but I recognize,