

## Article

# A Rapprochement between Feminist Ethics of Care and Contemporary Theology

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**Abstract:** Ethics of care is a relatively new approach to morality, first developed as a feminist ethical theory in the 1980s by Carol Gilligan, Sara Ruddick, and Nel Noddings. It is based on the experience and responsibility of providing care and is distinct from other popular moral philosophies including Kantian moral theory, utilitarianism, or virtue ethics, although it has some similarities to virtue ethics. Founded on a relational ontology, it offers a deeply incisive critique of liberal individualism through ethical reflection. It is also committed to a particularism which recognises the importance of addressing moral problems in the context of lived experience. In this article, after an analysis of the foundational perspectives of care ethics, it will be contended that its central tenets tie in with contemporary approaches in theology, particularly those expressed in the writings of St John Paul II and Benedict XVI. Furthermore, it will be suggested that the anthropological and moral insights of these theologians can offer the ethics of care a deeper ontological and epistemological grounding, hence strengthening its viability and existential appeal.

**Keywords:** feminism; moral theology; theological anthropology; ethics of care; care ethics; John Paul II; Benedict XVI

## 1. Care Ethics

The ethics of care is an umbrella term for an approach to morality that has gained popularity in recent decades and has particularly captured the imagination of some feminist ethicists. It was first proposed as a moral orientation by Carol Gilligan, a psychologist, in her foundational book *In a Different Voice: Psychological Theory and Women's Development* in 1982.<sup>1</sup> In 2011, Fiona Robinson claimed that the ethics of care “boasts a well-developed literature in the field of feminist moral, political, and legal theory, as well as in sociology and social policy.”<sup>2</sup> Robinson’s own work explored the applicability of care ethics in IR theory. Other fields that have shown interest in ethics of care include medical ethics,<sup>3</sup> public health ethics,<sup>4</sup> and business and management ethics.<sup>5</sup> While various authors have described the main tenets of care ethics differently,<sup>6</sup> there is “widespread agreement among feminist ethicists and

<sup>1</sup> (Gilligan 1982).

<sup>2</sup> (Robinson 2011, p. 24).

<sup>3</sup> Linus Vanlaere and Chris Gastmans write, “Since being developed in the fields of moral psychology and political theory, care ethics has been very influential in health care.” (Vanlaere and Gastmans 2011, p. 161).

<sup>4</sup> (Kenny et al. 2010, pp. 9–11).

<sup>5</sup> For example, Brian K. Burton and Craig P. Dunn write, “Stakeholder theory, as a method of management based on morals and behavior, must be grounded by a theory of ethics. However, traditional ethics of justice and rights cannot completely ground the theory. Following and expanding on the work of Wicks et al. (1994), we believe that feminist ethics, invoking principles of caring, provides the missing element that allows moral theory to ground the stakeholder approach to management.” (Burton and Dunn 1996, p. 133).

<sup>6</sup> For example, Robinson explains that there is not much agreement, “regarding epistemological and methodological questions in care ethics. Care ethicists—and feminist moral philosophers more broadly—have differing views on epistemology and,

political philosophers regarding the substantive characteristics of care ethics—the relational ontology and the substantive features of ethics that flow from that.”<sup>7</sup> For this reason, a broad-strokes exposition of the main propositions of an ethics of care is possible. However, in order to adequately contextualize this account, it is necessary to first turn to Gilligan’s psychological research and theories and reflect upon the theories against which she was reacting.

Gilligan developed her theory in response to Lawrence Kohlberg’s stages of moral development. Kohlberg contended that there are six stages of moral development categorized within three levels: Preconventional, conventional, and postconventional.<sup>8</sup> The preconventional stages of moral development are the “punishment-and-obedience orientation,” where “the physical consequences of action determine its goodness or badness,”<sup>9</sup> and the “instrumental-relativist orientation,” where “right action consists of that which instrumentally satisfies one’s own needs and occasionally the needs of others.”<sup>10</sup> The second, conventional, level, includes the “interpersonal concordance or ‘good boy-nice girl’ orientation,” which means that good behavior is interpreted as “that which pleases or helps others and is approved by them,”<sup>11</sup> as well as the “law and order orientation,” an orientation “toward authority, fixed rules, and the maintenance of the social order.”<sup>12</sup> Finally, the third level, which Kohlberg and Hersh refer to as the “postconventional, autonomous, or principled level” includes the “social-contract, legalistic orientation,” where “right action tends to be defined in terms of general individual rights and standards,”<sup>13</sup> as well as the “universal-ethical-principle orientation,” where “right is defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency.”<sup>14</sup> For Kohlberg and Hersh, these moral stages are hierarchical, and moral development of individuals always follows the same sequence, starting at the first stage. However, some individuals never develop past a certain stage—only the most morally advanced individuals function at stage six.

An important insight into the philosophical underpinnings of Kohlberg and Hersh’s theory can be gained from an analysis of their paragraph describing the final stage of moral development. They write:

Stage 6: The universal-ethical-principle orientation. Right is defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency. These principles are abstract and ethical (the Golden Rule, the categorical imperative); they are not concrete moral rules like the Ten Commandments. At heart, these are universal principles of justice, of the reciprocity and equality of human rights, and of respect for the dignity of human beings as individual persons.<sup>15</sup>

Here the primacy is given to the individual’s choice in accord with a universal and consistent reason. The individual is prioritized over relations, rights are prioritized over responsibilities, and justice is upheld as the supreme standard for morality. In fact, Kohlberg and Hersh write, “Justice, the primary regard for the value and equality of all human beings and for reciprocity in human relations, is a basic and universal standard.”<sup>16</sup> Furthermore, it is implied that practical moral norms, such as those proposed by the Ten Commandments, are transcended by one who operates according to the

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specifically, the nature and status of moral judgment in the ethics of care, the ‘form’ of care ethics (as opposed to traditional moral theories), and the methods of moral inquiry that arise from a feminist ethics of care.” Robinson (2011, p. 25).

<sup>7</sup> Ibid.

<sup>8</sup> Kohlberg and Hersh (1977, pp. 53–59).

<sup>9</sup> Ibid., p. 54.

<sup>10</sup> Ibid., pp. 54–55.

<sup>11</sup> Ibid., p. 55.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid. See also Kohlberg (1971, pp. 164–65).

<sup>16</sup> Kohlberg and Hersh (1977, p. 56).

sixth stage—all that is needed now are abstract principles that are always and everywhere applicable, and according to which all ethical decisions can be aptly made. The inclination here is distinctly modernist, neo-Kantian, and individualistic. It is against this underlying philosophical approach to ethics that care ethics reacts, and to which it proposes an alternative.

What galvanized Gilligan into action was Kohlberg's claim that most women's moral development stops at the "interpersonal concordance" stage in the Conventional level of moral development.<sup>17</sup> This would imply that men attain to higher stages of moral development than women, a theory that Gilligan found problematic. In distinction to Kohlberg's hierarchical system, Gilligan proposed that a justice-based moral approach was only one approach to morality.<sup>18</sup> From her work as a nurse and research into women's approaches to morality, Gilligan found that women were more inclined to adopt a care perspective over a justice perspective. According to Gilligan and Jane Attanucci, the primary difference between a justice perspective and a care perspective is that the former "draws attention to problems of inequality and oppression and holds up an ideal of reciprocal rights and equal respect for individuals,"<sup>19</sup> or, in other words, prioritizes rights over care, whereas the latter "draws attention to problems of detachment or abandonment and holds up an ideal of attention and response to need."<sup>20</sup> Over the course of her career, care ethicist Virginia Held has proposed a number of different analogies to explain the relationship between justice and care. One possibility she suggested is that "justice deals with moral minimums, a floor of moral requirements beneath which we should not sink as we avoid the injustices of assault and disrespect. In contrast, care deals with what is above and beyond the floor of duty."<sup>21</sup> Regardless of which model of the relationship between justice and care proves to be the most adequate, care ethicists in general recognise the importance of both justice and care, but tend to focus on care, claiming that it has been unduly neglected in moral theory.

Gilligan's work led to the development of an approach to ethics which incorporated a care perspective as one of its fundamental tenets. However, as care ethics developed, a number of other significant themes were also incorporated into this ethical approach. Virginia Held, in her book *The Ethics of Care: Personal, Political, and Global*, names four other major themes of this ethical theory alongside a focus on care: Relational anthropology, valuing of emotion, scepticism towards abstraction and universalism, and the recontextualization of the divide between private and public life. We will now examine each of these four themes in turn, focusing in particular on the relational anthropology proposed by care ethics.

Within care ethics, the self is understood as essentially relational, not individualistic. While some may claim that this may lead to the denial of the existence of the self, care ethicists maintain that only when one recognizes the deeply interwoven web of relationships which forms our identities that one recognizes a truth which lies at the heart of human identity.<sup>22</sup> Some care ethicists have proposed that

<sup>17</sup> She writes, "Kohlberg (1971) also identifies a strong interpersonal bias in the moral judgements of women, which leads them to be considered as typically at the third of his six-stage developmental sequence." Gilligan (1977, p. 484). This view is also present in Sigmund Freud's thought: "I cannot evade the notion (though I hesitate to give it expression) that for women the level of what is ethically normal is different from what it is in man. Their superego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men. Character-traits which critics of every epoch have brought up against women—that they show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgements by feelings of affection or hostility—all these would be amply accounted for by the modification in the formation of their super-ego which we have inferred above." Freud (1961, pp. 257–58).

<sup>18</sup> As Roxanna Jesse Lynch writes, "Though Kohlberg sees the perspective of justice as the pinnacle of moral development, Gilligan positions it only as a moral perspective. Gilligan contrasts the perspective of justice with her perspective of care without claiming that either perspective is necessarily more important than the other." Lynch (2016, p. 30). (Gilligan and Attanucci 1993, pp. 224–25).

<sup>20</sup> Ibid., p. 225. Virginia Held writes, "the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility." (Held 2005, p. 11).

<sup>21</sup> Held (1995, p. 131).

<sup>22</sup> Brian K. Burton and Craig P. Dunn write, "Feminist philosophers view the person as essentially relational, not individualistic. This does not mean that all feminist philosophers deny the existence of the self; it means that the self has relationships that cannot be separated from its existence." Burton and Dunn (1996, p. 135).

we should see ourselves as “second persons,”<sup>23</sup> that is, recognize that without a ‘thou’ there can be no ‘I.’<sup>24</sup> This resonates with the personalist philosophical-theology of Martin Buber, who takes this insight further by inserting the ‘I’ into the essentially constitutive relationship with God, the perfect ‘Thou.’<sup>25</sup> Care ethicists often contrast this anthropology with that undergirding a justice-focused ethics, which maintains “a view of the self as independent and detached,” and “predisposes its bearer to holding the view that what is morally most salient is the construction of, and adherence to, abstract, universal moral principles designed to protect individuals from each other (the justice perspective).”<sup>26</sup> In the justice-based perspective, others are seen as threats, rather than constitutive of one’s basic identity.<sup>27</sup> Ultimately, Gilligan claims that while justice-focused ethics seems to be dominant in Western societies today, care ethics is, in fact, the more intuitive approach: Lynch writes that, for Gilligan, “the care perspective is an innate moral outlook, but an outlook that is often forgotten or suppressed.”<sup>28</sup>

Care ethics’ insistence on a relational anthropology is unique among feminist ethical theories. Most contemporary feminist thought operates within the confines of Enlightenment anthropology, which is characterised by an individualistic view of the person and an extreme focus on autonomy.<sup>29</sup> The inadequacy of such an anthropology has been explored by Beattie, who claims that “a feminist sacramental vision needs to refocus its lens beyond liberal feminism’s primary concerns of justice and equality, in order to recognize that faith, hope and love provide a more textured language for the mystery of our humanity than justice alone.”<sup>30</sup> Feminist care ethics can be interpreted as a step in such a direction by its direct attempt to overcome modern individualism and replace it with a more relational approach to ethics.

The three other themes of care ethics are: Valuing of emotion, scepticism towards abstraction and universalism, and recontextualization of the divide between private and public life. First, rather than basing morality purely on rational calculations divorced from all passion and emotion, care ethics recognizes that the human person is an integrated whole, and moral action must flow from emotion as well as from reason and will. Held explains, “in the epistemological process of trying to understand what morality would recommend and what it would be morally best for us to do and to be, the ethics of care values emotion rather than rejects it.”<sup>27</sup> This, once again, places it in contrast to a justice-focused approach, which tends to approach emotion as inhibiting, rather than assisting, in moral decision making and action.<sup>32</sup> Second, the rejection of abstraction and universalism means that feminist care ethicists claim that human beings only know through relationships, and thus universal and abstract knowledge is not possible.<sup>33</sup> Care ethics recognizes the importance of grounding moral decision making in practical experiences and an attunement to particular situations

<sup>23</sup> (Baier 1985; Code 1987).

<sup>24</sup> Burton and Dunn write that “there is no ‘I’ unless there is a ‘you,’ beginning with the mother-child relationship but continuing to develop from it.” (Burton and Dunn 1996, p. 135).

<sup>25</sup> See, for example, (Buber 2010).

<sup>26</sup> Lynch (2016, p. 36).

<sup>27</sup> “Traditional ethics is founded on an ontology of the individual self. ‘Others’ are seen as threats, so rights become of prime importance.” Burton and Dunn (1996, p. 134).

<sup>28</sup> Lynch (2016, p. 37).

<sup>29</sup> One example of such an approach is found in the writing of Rebecca Chopp, who writes that “feminist theology ... works for the transformation of political and personal life away from patriarchy into freedom.” (Chopp 1993, p. 32).

<sup>30</sup> (Beattie 2006, p. 7).

<sup>27</sup> “Traditional ethics is founded on an ontology of the individual self. ‘Others’ are seen as threats, so rights become of prime importance.” Burton and Dunn (1996, p. 134).

<sup>32</sup> Burton and Dunn write, “by emphasizing the importance of love ... [care ethicists] bring emotions and responsibilities much more to the forefront of moral discussion than do those who rely on utilitarianism or Kantian deontology.” Burton and Dunn (1996, p. 136).

<sup>33</sup> Held writes that “the ethics of care rejects the view of the dominant moral theories that the more abstract the reasoning about a moral problem the better because the more likely to avoid bias and arbitrariness, the more nearly to achieve impartiality.” Held (2005, p. 12). Similarly, Burton and Dunn write, “Humans only know through relationships. If relationships are identifying characteristics of humans, then the abstract, universal, impartial, and rational standard of what is knowledge is inadequate in decision making.” Burton and Dunn (1996, p. 135).

and persons, and the necessity of exercising imagination when faced with complex moral dilemmas.<sup>34</sup> This contrasts with traditional justice-based ethics, which is “based on a view of knowledge as abstract, universal, impartial, and rational.”<sup>35</sup> The final feature of care ethics outlined by Held is that it maintains that private life is also concerned with morality. Rather than focusing merely on just social relations in the public sphere, care ethics calls for a recontextualization of the divide between public and private life, maintaining that care should apply to both spheres, and that the whole division between public and private moralities is an artificial construct.

## 2. Care Ethics and Catholic Theology

Care ethicists have deliberately chosen not to engage with theological and religious thought, in order to supposedly make the theory more accessible to a greater diversity of women. However, Tina Beattie, who is a feminist but not a care ethicist, has argued that “there needs to be a much greater recognition by feminist theorists of the extent to which religion continues to shape the lives and identities of the majority of the world’s women.”<sup>36</sup> By continuing to uphold a religious neutrality, ethics of care is actually remaining unsettlingly within the masculinist Kantian and utilitarian ethical traditions out of which it is attempting to break. Held admits as much when she writes,

It may be suggested that the ethics of care bears some resemblance to a Christian ethic of love counseling us to love our neighbors and care for those in need. But when a morality depends on a given religion, it has little persuasiveness for those who do not share that faith. Moralities based on reason, in contrast, can succeed in gaining support around the world and across cultures.<sup>37</sup>

Held continues:

One of the strengths of the dominant, rationalistic moral theories such as Kantian ethics and utilitarianism, in contrast with which the ethics of care developed, is their independence from religion.<sup>38</sup>

Such an argument places Held firmly within the Enlightenment mode of thinking regarding the neutrality of reason and its universal applicability, a view that contradicts her relational anthropology outlined above. Rather than buying into the myth of the neutrality of reason, Beattie proposes an approach which recognizes that every perspective, every voice, occurs within a horizon which is already informed by a narrative structure of beliefs, coloured by an imagined picture of the good life, and activated by their corresponding desires. Such an approach would be more consonant with the five themes of care ethics and open a door for a discernment of the harmony between recent themes in theology and ethics of care.

At the heart of this meeting between theology and care ethics lies the shared insight of a relational anthropology. Both claim that our relationships are more constitutive of who we are than functions or faculties that we seem to exercise in independence from others. In fact, those parts of us that most deeply form our identities, particularly our loves and our desires, make us who we are in relation to that which we love or desire. This is a very Augustinian approach, for whom the soul was

not primarily a separated entity for whom the problem is the formation of ‘relationships’ with other souls, with the natural environment, and with God; Augustine’s ‘soul’ is primarily a

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<sup>34</sup> “[Noddings] rejects universal laws, saying that ethics is about concrete, particular relationships, not abstract concepts like the good of society.” [Burton and Dunn \(1996, p. 137\)](#).

<sup>35</sup> *Ibid.*, p. 134.

<sup>36</sup> ([Beattie 2006](#), p. 29).

<sup>37</sup> [Held \(2005, p. 22\)](#).

<sup>38</sup> *Ibid.*



partially centred energy, initially barely distinguishable from its cosmic, physical, and spiritual environment, which comes to be cumulatively distinguished and defined by the objects of its attention and affection.<sup>39</sup>

More recent theologians, such as John Paul II and Benedict XVI, often reiterated such insights. Su Li Lee explains John Paul II's perspective when he writes, "the nature of the specifically *human* personhood is also one of relationality."<sup>40</sup> Joseph Ratzinger/Benedict XVI also expressed such views, writing "It is the nature of spirit to put itself in relation, the capacity to see itself and the other,"<sup>41</sup> and that "relativity toward the other constitutes the human person. The human person is the event or being of relativity."<sup>42</sup> The Congregation for the Doctrine of the Faith, under the leadership of Ratzinger and during the pontificate of John Paul II, expressed its conviction on this point in this very strong claim: "The human creature, in its unity of soul and body, is characterized therefore, from the very beginning, by the relationship with the other-beyond-the-self."<sup>43</sup> Within care ethics, Virginia Held maintains a strikingly similar anthropology. She writes that

The ethics of care . . . characteristically sees persons as relational and interdependent, morally and epistemologically . . . That we can think and act as if we were independent depends on a network of social relations making it possible for us to do so. And our relations are part of what constitute our identity.<sup>44</sup>

Hence, both ethics of care and Catholic theology maintain that a particular form of relationality is a significant marker of what it means to be a human person.

Both care ethicists and theologians have recognized that often it is women, rather than men, who are more attuned to the reality of their relational existence. Gilligan's landmark work, *In a Different Voice*, can be interpreted as a rallying cry for a formal recognition of moral development within a relational structure, rather than solely within a legal framework. According to her research, it is the girls she studied that tended to develop their moral views relationally, whereas boys tended to develop their moral views through recourse to law and calculation. She writes:

Women's moral judgments . . . provide an alternative conception of maturity by which these differences can be assessed and their implications traced. The psychology of women that has consistently been described as distinctive in its greater orientation toward relationships and interdependence implies a more contextual mode of judgment and a different moral understanding. Given the differences in women's conceptions of self and morality, women bring to the life cycle a different point of view and order human experience in terms of different priorities.<sup>45</sup>

This does not mean that men are not essentially relational, but rather that women tend to have a gift by which they are more naturally attuned to the relational reality of their existence. The Congregation for the Doctrine of the Faith (CDF) expressed this insight as follows:

<sup>39</sup> Miles (1983, p. 129). Miles draws attention to the similarity between Augustine's thought here and that of Plotinus, who wrote "We are what we desire and what we look at." Plotinus, *Ennead* 4.3.8, as cited in Miles.

<sup>40</sup> Lee (2009, p. 327).

<sup>41</sup> Ratzinger (1990, p. 451; 1995, p. 47).

<sup>42</sup> "Concerning the Notion of Person in Theology," p. 452. In *Caritas et Veritate*, Benedict XVI wrote, "As a spiritual being, the human creature is defined through interpersonal relations. The more authentically he or she lives these relations, the more his or her own personal identity matures. It is not by isolation that man establishes his worth, but by placing himself in relation with others and with God." (Benedict 2009a, p. 53). Furthermore, he emphasised, "The Christian revelation of the unity of the human race presupposes a *metaphysical interpretation of the 'humanum' in which relationality is an essential element.*" Ibid., p. 55.

<sup>43</sup> (Congregation for the Doctrine of the Faith 2004, p. 8).

<sup>44</sup> Held (2005, pp. 14–15).

<sup>45</sup> Gilligan (1982, p. 22).

Among the fundamental values linked to women's actual lives is what has been called a "capacity for the other." Although a certain type of feminist rhetoric makes demands "for ourselves," women preserve the deep intuition of the goodness in their lives of those actions which elicit life, and contribute to the growth and protection of the other.<sup>46</sup>

The CDF notes that this "deep intuition" is likely intimately connected with women's physical capacity to bear life, an insight that is also found in the writings of Edith Stein.<sup>47</sup> This intuition for the relational and for care and nurture also expresses itself in an inclination towards the practical and personal, rather than the universal and abstract. The CDF continues, "A sense and a respect for what is concrete develop in her, opposed to abstractions which are so often fatal for the existence of individuals and society."<sup>48</sup>

While the intuition towards relation and care may arise out of, or be closely related to, the woman's physical capacity to bear life, the CDF makes it very clear that women are in no sense to be enclosed in "mere biological destiny."<sup>49</sup> The Catholic Church's support of consecrated virginity for the sake of the kingdom bears a prophetic witness to this. It is a serious distortion to "extol biological fecundity in purely quantitative terms," and such an approach is "often accompanied by dangerous disrespect for women."<sup>50</sup> Yet while not all women have a vocation to be physical mothers, all can be seen as constituted towards exercising an ethics of care, whether this bears out in physical or spiritual motherhood. Perhaps this is what the CDF had in mind when writing that, although being "for the other" applies not only to women, women are more often attuned to this human value, and this attunement can lead to a bettering of society: "The promotion of women within society must be understood and desired as a humanization accomplished through those values, rediscovered thanks to women."<sup>51</sup>

Women's intuition towards relation has a philosophical depth that rational abstraction may not necessarily be able to attain. Beattie writes, "the development of metaphysics suppressed the experience of Being as being-in-the-world, and led to a highly conceptualized and abstract form of knowledge that fails to appreciate the wonder of the everyday coming into being of Being."<sup>52</sup> Through paying attention to Being-in-the-world, and cultivating an ethics which asks "how to respond?" over "what is just," care ethics provides a practical guide to encountering Being-in-the-world. For Beattie, care refers to "the awareness that comes about through the day-to-day encounters and relationship between *Dasein* and the ready-to-hand, the everyday beings that constitute the environment in which we act and in which we experience Being."<sup>53</sup> Women are particularly well suited to recovering the relationship between *Dasein* and everyday beings, due to their intuition of relationality, as well as due to the fact that, traditionally, the "woman's domain has been that of everyday being in the world, constituted by her mundane relationships of care."<sup>54</sup> Beattie asks:

<sup>46</sup> Congregation for the Doctrine of the Faith (2004, p. 13).

<sup>47</sup> The CDF writes, "This intuition is linked to women's physical capacity to give life. Whether lived out or remaining potential, this capacity is a reality that structures the female personality in a profound way. It allows her to acquire maturity very quickly, and gives a sense of the seriousness of life and of its responsibilities." Ibid.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid., p. 14.

<sup>52</sup> (Beattie 2006, p. 52). Here Beattie is influenced by the thought of Martin Heidegger, who sought the experience of Being-in-the-world, not the being abstracted by concepts. See (Heidegger 1962).

<sup>53</sup> Ibid. She writes, "In our forgetfulness of Being, we have neglected the kind of knowledge that would constitute a constant attentiveness to this being of everyday life, in favour of ontological speculations that have little bearing on our experience of being in the world. Instead of knowing the world through the wonder of the continuous unveiling of Being in beings, we have developed a representational theory of knowledge in which we seek knowledge about the world through its relationship to abstract concepts that obstruct our openness to being-in-the-world." Ibid.

<sup>54</sup> Ibid., p. 54.

Western philosophy and theology have always associated woman with being rather than doing, with immanence rather than transcendence, so might ‘woman’ be uniquely positioned in her ability to rethink Being from the position of Heidegger’s beingness, and what might the implications be for our understanding of the relationship between human and divine being?<sup>55</sup>

Another approach that shows the benefits of women’s intuition of relationality is the work of Mark Johnson, particularly in the field of moral imagination. As a result of his psychological research, Johnson claims that moral reasoning occurs primarily, or fundamentally, on the imaginative plane, and only secondarily may be extracted to the abstract plane. He writes that difficult moral dilemmas are “not solved by having moral laws,” nor:

by some preestablished method of moral reasoning. They are not matters of finding ‘*the* right thing to do.’ Rather, they are matters that require discriminating, balancing, composing, envisioning, projecting, exploring—matters of imaginative perception, imaginative envisionment, and imaginative action.<sup>45</sup>

Interestingly, girls naturally tend to approach moral dilemmas in this way, whereas boys incline towards rule-based reasoning.<sup>57</sup> Furthermore, Johnson claims that our imaginative problem solving of moral dilemmas is based on the narrative contexts of our self-concept and action. He writes that, due to the centrality of narrative, “Any adequate theory of morality will have to explain the central role of such narratives and other imaginative structures in moral deliberation.”<sup>58</sup> In this context, approaching ethics as an ethics of care, situated within a narrative of having received care ourselves and possessing a vocation to extend care to others becomes a central structuring narrative for our action.

Yet while ethics of care shares a relational anthropology with Christianity, it does not provide a sufficient foundation for this relationality. Here theology has the potential to deepen and solidify the insights of care ethics. For example, a critique that has sometimes been leveled at ethics of care is that it is unable to articulate an adequate understanding of how paradigmatic relationships of care are learnt. For proponents of ethics of care, care is usually believed to be learnt through experience: The care one receives as an infant and child within the family relationship becomes the model or paradigm of care that one then proceeds to give to others as an adult. However, such an account of learning care is insufficient. Burton and Dunn explain that a mother-child relationship has a number of limitations which prevent it from being an adequate paradigmatic relationship. They write that this relationship is:

not voluntary, whilst most relationships in the real world are voluntary. It is permanent, while most relationships are not. It is an unequal relationship, the mother has great power but also great responsibility to care for the child, who is dependent on the mother for at least part of the relationship. While unequal relationships certainly exist in the real world, we should question whether want our ideal relationship to be inherently unequal.<sup>59</sup>

Furthermore, placing the mother-child relationship as paradigmatic cuts off anybody who has not experienced adequate care from being able to act in a caring manner. Second, experience does not provide a sufficient means of evaluating ‘good’ care relationships from the ‘bad’ ones—while experience is necessary, it does not provide sufficient criteria of discernment. Finally, it is impossible to claim that there exist any purely ‘good’ care relationships that can act as archetypes for the way we give care as moral actors. Every relationship within which one has received care is always tinged with some

<sup>55</sup> Ibid.

<sup>45</sup> Gilligan (1982, p. 22).

<sup>57</sup> See, for example, (Gilligan 1982; Dawson 1995).

<sup>58</sup> (Johnson 1993, p. 152).

<sup>59</sup> Burton and Dunn (1996, p. 135).



negativity, some difficulties or troubles. Even in the best and closest mother-daughter relationship, there are moments where the daughters perceived needs are not met, and she experiences a lack of care, a negativity, that then becomes incorporated into her model of providing care.

Ultimately, every relationship of care between two human beings is always going to be somewhat marred, and is therefore incapable of being regarded as an archetypical case of care. Limiting care to the immanent horizon and approaching it as a giant network of care given and care taken leaves no space for the Other—the radically other, who transcends the network and, as Other, can offer ‘care’ in a way that does not conform to the fallible structure of human care. Within the web of human relations, no true alterity can be experienced on the plane of care—the care one receives is the care one gives, and the cycle continues, with no possibility of something breaking in from the outside to judge whether the care is ‘good’ or ‘bad.’ The care is limited within a self-perpetuating horizon, where the care I give reflects the care given by all others. What is needed for the flourishing of ethics of care is the breaking in into the immanent human horizons of one who is truly Other. This Other must be beyond the evil that is always mixed in with the good of human care, and must be able to extend care to the human, within the human condition, without succumbing to immanentization. This Other is God, who has entered our human condition and extended care in a perfect way through Christ. Joseph Ratzinger (Benedict XVI) wrote that in Christ, “being with the other is realized radically. Relativity toward the other is always the pre-given foundation to all consciousness as that which carries his existence. But such total being-with-the-other does not cancel his being-with-himself, but brings it fully to itself.”<sup>60</sup> Only through Christ can care ethics develop to its full stature, because He is the Other who extends care to us, and only by being with him is our ability to care realised.

Looking to Christ as the archetype of care simultaneously solves two problems inherent within care ethics. First, it opens up a space which allows for a recognition of the fallen nature of both men and women. Ethics of care theorists, like most secular feminist theorists, struggle to explain evil within the confines of their theoretical structures: As Tracey Rowland has written, “what the Catholic scholars have in their intellectual tool-box which most secular feminist theorists do not, is a narrative about how the conflict between the sexes arose and how the conflict might be overcome through the grace of the Incarnation.”<sup>61</sup> The difficulty in adequately naming paradigmatic relationships relates to the lack of an account of original sin. While it is important to recognize that the damaging effects of original sin are not limited to the conflict between the sexes, however, within the Christian narrative, the healing of both the feminine and masculine natures, and of the relationship between them, is possible only through the restoration of the original relationship that was damaged through sin: That of the human person with God. Benedict XVI states that original sin is “the distortion or destruction of the relationship with God,” and that “once the fundamental relationship is spoilt, the other relational poles are also jeopardized or destroyed: Sin ruins relationships.”<sup>62</sup> Hence the only way back to a restored relationship between man and woman is through the one who brings reconciliation between humanity and God, namely Christ. The narrative structure of the account of original sin provides an indispensable framework for understanding conflict and division between the sexes, and a sobering reminder not to place one’s hope in utopian visions of harmony through the triumph of women’s innate desire to care.

Second, naming the relationship with Christ as paradigmatic bolsters ethics of care against another critique which has been leveled against it. Some feminist writers such as Beattie have claimed that women should be “extremely cautious of a male-dominated religious tradition that advocates a

<sup>60</sup> Ratzinger (1990), “Concerning the Notion of Person in Theology,” p. 452.

<sup>61</sup> Rowland (2015, p. 10).

<sup>62</sup> Benedict (2013a). Similarly, Edith Stein writes that as the result of original sin “There has been a change in the relationship of human beings to the earth, to their descendants and to one another. But all this is the result of a changed relation to God.” Stein (1996, p. 63).

spirituality of *kenosis* and self-negation.”<sup>63</sup> This critique seems to imply that, while it is beneficial for men, who are typically inclined to pride and self-aggrandizement, to embrace a kenotic morality, such an approach is not beneficial for women. Women, who, these writers would claim, are still caught within structures of powerlessness, should not seek to increase this powerlessness by embracing *kenosis*. Beattie explains,

To risk the loss of self, to surrender power and allow oneself to be shaped by a knowledge that one receives but cannot control, is, as many feminist theologians have argued, deeply problematic in the context of a Christian tradition that has often if not always deprived women of knowledge, power and self.<sup>64</sup>

However, with Christ as the archetype of care, one cannot claim that women are more kenotic than men. In fact, the paradigmatic relationship reverses this: Christ will always be more kenotic than any human person, male or female. Benedict XVI stated that, in the mystery of the Incarnation, that is, in “God’s gift of himself in his Only-Begotten Son,” we find “our model for ... giving so that our relationships, especially those that are most important, may be guided by giving love freely.”<sup>65</sup> God’s *kenosis* frees the person to live on deeper levels of self-sacrifice in imitation of the archetype of care. A woman pursuing an ethics of care, but founded on the paradigmatic relationship she has with Christ, will not be concerned that “caring can be taken too far”<sup>66</sup> or that she will represent the relational self as really “no self at all.”<sup>67</sup> Rather, she will be free to care always knowing that no matter how much she gives of herself, there is one who deeply cares for her and is deeply kenotic in his love for her.

Further, in view of this paradigmatic relationship, the correct response to power is not to seek for more power. The Congregation for the Doctrine of the Faith writes that “faced with the abuse of power, the answer for women is to seek power,”<sup>68</sup> and critiques this approach as self-contradictory and illusory. Rene Girard’s mimetic theory may be of assistance here in explaining the inadequacy of seeking power in response to power. According to Girard, “Every human group is subject to mechanisms of what you call *mimetic desire*, of imitation and reciprocal jealousy, which are ineluctable sources of violence. We each desire what others desire, and then imitate their way of desiring, and so forth.”<sup>69</sup> When women desire the power that they perceive men have, they are perpetuating the cycle of mimetic desire, which does not lead to an improvement of the situation, but rather the perpetuation of structures of inequality, victimization, and injustice. In other words, if women are able to take over the perceived power of men, there will come to be another disenfranchised group over which these women will be exercising their power. Christianity, according to Girard, enables us to break out of the cycle of mimetic desire, victimization and scapegoating. Girard writes,

Christianity teaches us that this essential mechanism of the human condition is based on a lie, but a kind of lie that is ungraspable because of what philosophers call ‘the closure of

<sup>63</sup> (Beattie 2006, p. 72). Similarly, Burton and Dunn have written that “caring can be taken too far.” Burton and Dunn (1996, p. 139). And similarly, “it is easy to represent the relational self as really no self at all.” Ibid., p. 138. They explain, “For example, Noddings wants us to extend our chains of caring to all those with whom we have even the possibility of forming a relationship. But if we follow her words literally we shall end up actively caring for hundreds, even thousands of people, wearing ourselves out and possibly having no energy left for those we should care about most, those in our immediate circles.” Ibid., pp. 139–40.

<sup>64</sup> (Beattie 2006, p. 72).

<sup>65</sup> Benedict (2013b). Similarly, John Paul II writes, “Jesus himself is the living ‘fulfillment’ of the Law inasmuch as he fulfils its authentic meaning by the total gift of himself: he himself becomes a living and personal Law, who invites people to follow him; through the Spirit, he gives the grace to share his own life and love and provides the strength to bear witness to that love in personal choices and actions (cf. Jn 13:24–25).” (Paul 1993, p. 15). Cf. *Veritatis Splendor*, p. 20.

<sup>66</sup> Burton and Dunn (1996, p. 139).

<sup>67</sup> Ibid., p. 138.

<sup>68</sup> Congregation for the Doctrine of the Faith, *Letter to the Bishops of the Catholic Church on the Collaboration of Men and Women in the Church and in the World*, p. 2.

<sup>69</sup> Girard (2014, p. 1).

representation.’ Each of us lives in a cultural system like a fish in a bowl. The system is closed. It is always closed, in a certain sense, by victims.<sup>70</sup>

For Girard, Christ subverts the structure of mimetic desire and scapegoating, by willingly becoming a scapegoat himself for the people, and by telling the narrative from the perspective of the victim, not of the collective violent mob, which is how the narrative is stereotypically told. By subverting the entire structure, however, Christ also shows the futility of mimetic desire, and shows that cultivating such desires only perpetuates the cycle of destruction. Instead, he encourages us to cultivate desire for union with God and the coming of the heavenly kingdom, and through this reorientation of desire to come to sympathise with the victims and scapegoats, not by seeking for them the position of superiority within society, but by introducing them to a structure that redeems and reorients all of culture to a transcendent reality beyond itself.

Ultimately, ethics of care provides an opening which may enable feminist thought to break out of the corrupting circle of the mimetic desire for perceived male power and domination. If ethics of care is strengthened and purified by recognising Christ as the archetype of care and the relationship with Christ as the paradigmatic relationship, it can empower women to read kenosis through an alternate lens, not as a disenfranchisement or defeatist attitude toward seeking earthly power, but as a union with the one who modelled the fullness of kenosis—Christ, the model of care, who, though equal with God, did not hesitate to empty himself and die on the cross, an innocent scapegoat and sacrificial victim.

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<sup>70</sup> Ibid., p. 3.

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