

Care and our relation to the world of concern¹

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Writers on feminist ethics have identified philosophy's masculine biases, which prevent it understanding ordinary lives and the place of care within them, and particularly the moral experience of women. Typically, it has effectively presented men's morality – that is, the morality of men in liberal, patriarchal societies – as universal (Baier, 1994; Held, 2006; Jaggar, 1992; Kittay, 1999; Sevenhuijsen, 1998; Tronto, 1994). In this contribution I want to add to those critiques by arguing that much philosophy and social science uses common frameworks that render care difficult to understand adequately. Most broadly, they fail to acknowledge that *our relation to the world is one of concern*. Because of our psychological and physical vulnerability, our dependence on others, and our capacity for diverse actions, and because of contingency, we are necessarily evaluative beings, continually having to monitor and evaluate how we and the things we care about are faring, and decide what to do.

There are several reasons for these deficiencies. One is the persistence of a set of interrelated conceptual distinctions related to the fact-value distinction. Dichotomised views of facts and values, is and ought, reason and emotion, mind and body are especially obstructive. Another is the tendency for academics to project features of their own contemplative relation to the world onto those they study. Lastly, there is often an inadequate understanding of social being and of embodiment, of the relations between the biological and the cultural, or more specifically between body, brain, mind and environment. Together these tendencies produce a pervasive anti-naturalism which is reluctant to acknowledge our universal neediness and vulnerability, and a kind of rationalism that marginalizes anything that cannot be reduced to or controlled by reasoning and discourse. Not just philosophy but much of western thought still has Cartesian residues. If philosophy's wider goal is to expand the realm of reason and to subject everything to its scrutiny, so as to develop more rational ways of life, then while this has obvious attractions, it also has hazards.

In this contribution, I want to explore and dismantle some of these obstacles. I shall begin by elaborating the idea that our relation to the world is one of concern, then go on to show how fact-value and related distinctions inhibit our understanding of this relation. Next I deal with various academic misrepresentations of practice, social being, and embodiment, and end with some brief thoughts on the implications for organizations of the relation of concern.

A relation to the world of concern

¹ In this piece I have drawn extensively on my book *Why Things Matter to People: Social Science, Values and Ethical Life* (Sayer, 2011).

While this Handbook is about care, understood primarily as looking after others, in English the word also has a broader meaning as in ‘caring about things’, such as our loved ones, our health, appearance, conduct, diet, work, political issues, favourite sport, music, art or landscapes, right up to the state of humanity and the plight of the planet. If we didn’t care about anything, it’s doubtful if we could survive, for whether we flourished or put ourselves in mortal danger would be a matter of indifference.

In other words, our relation to the world is one of concern. Although ‘concern’ is sometimes associated with anxiety, it is used here in a broader sense to cover the fact that things matter to us. They do so because they affect whether we flourish or suffer. It can also be used as a count noun (‘concerns’) where it denotes the particular things that happen to matter to us, such as those just noted. Clearly our concerns extend far beyond immediate physical needs to the attachments and commitments we form. It implies that we are a certain kind of being – not just capable of reason, but needy, desiring beings who can flourish or suffer in a host of ways. People sometimes value the things they care about more than themselves, but then those concerns have become a part of who they are rather than something separable. While our lives can be enriched by relationships and practices that bring meaning, interest, satisfaction and fulfilment, in becoming dependent on them we become vulnerable to their loss or damage, and can suffer as a result. Hence our relation to the world of concern.

At one level, this is elementary, but social science and philosophy often have difficulties acknowledging and doing justice to concern, and within this, the nature and place of care for others in life. The reasons lie deep in the basic assumptions of those disciplines and much modern western liberal thought. It can therefore easily fail to acknowledge what is most important to people. Anthropologists, for example, have often taken more interest in rituals around death and bereavement than in the suffering experienced by people at such times (Rosaldo, 1989). Concepts such as ‘values’, ‘norms’ or ‘self-interest’ fail to do justice to such matters, particularly with regard to their social character and their connection to the events and social relations they are about, and their emotional force.

The fact-value family of dichotomies

Many of the difficulties are created by what I call the fact-value family of dichotomies, which might be represented thus

fact - value

is – ought

reason - emotion

science – ideology

science - ethics

positive - normative

objectivity – subjectivity

mind - body

As distinctions intended to note differences these do have their uses, but as dichotomies, as opposites, they are likely to mislead. Not only are there overlooked middle terms, such as emotional reason, or the objectivity (reality) of subjectivity, but each side of the dichotomies has its own internal differentiations. The terms are related not only horizontally, as putative opposites, but vertically as equivalents, so that associations of each term seep into those above or below. Thus, in combination, this vertical mutual reinforcement and horizontal polarization and exclusion encourages us to assume that values are emotional, and that neither values nor emotions have anything to do with facts or reasons or objectivity. The things on the left might seem absolute; those on the right - with the exception of the body - relative. Sometimes the things on the right seem like unruly forces threatening to overwhelm us and make us 'lose our heads', while those on the left might be things we have to face up to, though we can do so actively, without coercion, using our heads (Blackburn, 1998. p.88). As feminist authors have pointed out, the dualisms also tend to be gendered (masculine-left, feminine-right), and there are further alignments with other gendered dualisms, particularly those of thought and feeling, public and private, nature and culture (for example, Haraway, 1985; Le Doeuff, 1989). Although many social scientists are aware of some of these issues, and imagine they have escaped from this framework, many are actually still trapped by them.

Let us deal with fact-value, and is-ought first. Imagine going to your doctor to have your blood pressure taken. On being given the two numbers, one over the other, you ask 'is that good or bad? What ought I to do about it?' Imagine if your doctor replied, 'I can't tell you because that would be a value-judgment and would compromise my objectivity, and I can't advise you what you should do because you can't derive an ought from an is.' Yet despite the evident stupidity of such responses, many social scientists regularly say such things, and appeal to philosophy for support.

Why is the response so ridiculous? First there is the treatment of facts and values as opposed and incompatible, reflected in the common assumption that the 'intrusion' of 'value-judgments' can only be a threat to objectivity. This view is shared both by conservatives who want to minimise the role of values in order to protect objectivity, and radicals who, in opposing them, acknowledge the unavoidability of values, but assume that this means abandoning objectivity. The radicals often imagine themselves to be challenging the fact-value dichotomy, but they are still trapped within it. What both sides fail to realise is that it's possible for evaluative judgements to be true. If the doctor had said your blood pressure reading indicated your health was poor, she might be right. In principle,

her diagnosis would be fallible, but that's a general epistemological problem, not something restricted to value-judgements or evaluations (blood pressure readings themselves are fallible). What both the conservatives and the radicals overlook here is a slide between two distinct and contingently related meanings of 'objective' - the first referring to 'value-freedom', the second referring to statements that are 'true'. Having values and evaluating things as good or bad in various ways does not necessarily prevent one achieving an objective (true, or practically-adequate) understanding of some social phenomenon. Sometimes values may obstruct our enquiries, but sometimes they may help (Anderson, 2004). More 'valuey' descriptions may be factually more accurate than more neutral ones, as this famous example shows: to say that millions were systematically exterminated in the Holocaust is factually more adequate than to say merely that millions died in the Holocaust.

Consider two further examples. If I say that millions of people are suffering in Syria, I'm making a claim that is both factual and evaluative. If a social worker claims that a child is being abused, she is not merely projecting arbitrary 'value-judgments' onto an indifferent object, but making a claim about the child's state of being. Again, like any claims, they are fallible, but it wouldn't help to try to separate fact from value here, for suffering is a state of being, not merely an external judgment; and if you don't know that it's *bad*, you don't know what it *is*. As living, sentient beings, we are capable of flourishing or suffering, and if we don't know whether or in what ways an individual or group is flourishing or suffering, we simply don't know much about them. Significantly, it's in the domain of things to do with well-being that the fact-value dichotomies break down, for to understand such matters we need evaluative description, including 'thick ethical concepts', like 'kindness', 'respect', 'courage', 'abuse', 'humiliation' or 'racism'. These are not only more evaluative than thin ethical terms, like 'good' or 'bad', but more informative too; again, the factual and evaluative content of accounts can sometimes be positively rather than inversely related. Just where it matters most, the fact-value distinction splits us in two and occludes what it is happening. 'Care' itself is a thick ethical concept, for it can't be distinguished from other behaviour without some normative/evaluative content as to what is good for those concerned. If behaviour clearly failed to approach those normative standards, we might not just call it 'bad care' but decide to refuse it the label of care altogether.

The related distinction between positive (descriptive) and normative thought, in which the former is defined as world-guided and the latter world-guiding, also breaks down with regard to sentient beings. For to be in a state of suffering is normally (in the absence of overriding factors) to desire escape and relief; to be hungry is to desire and seek food, to be lonely is to want company, to be anxious is to want security and assurance. Concern, desire, longing and sense of lack do not merely passively register a difference between two states, one that is given, and one that does not exist, but involve an impulse, drive or pressure to move towards the latter. They are thus world-guided in responding to the difference and world-guiding in seeking to resolve it. Life, or 'life-force', is precisely about moving or trying to move between states of being. As research on attachment in infants shows, the newborn actively seeks not only the breast, but attachment,

connection, reassurance and care, and its gaze is drawn to its primary carer's face. We are always positioned between things as they are and as we want them to be, between states of lack and states of fulfilment and flourishing, and we need continual replenishment. It's what distinguishes the living from the dead. Between is and ought lie evaluative judgements, or, more basically, unarticulated feelings of desire or lack. We live on the slippery slope of lack, able to climb up it, and indeed often to extend it upwards by developing new forms of flourishing and protection. We are unable to resist sliding down it except by continually climbing back up by defending and seeking to improve our situation.

I'm using terms like 'life-force' and 'well-being' here in very broad ways, that include but go beyond the physiological and the relief and avoidance of suffering, to the pursuit of flourishing. As Aristotelianism acknowledges, we have curiosity and a tendency to want to use and develop our skills and knowledge, and flourish. We develop attachments to others and commitments to practices, projects and causes, which become our concerns; through investing ourselves in them they become part of our identity, and our well-being comes also to depend on their flourishing. The music lover cannot flourish if denied the opportunity to hear or make music, the religious person cannot flourish if her religious practices are repressed. Thus, good care helps us not merely physically but, through attending to the particular attachments and commitments that we have developed in our lives, and our potential to develop new ones, helps us flourish in this broader human sense.

But converts to the fact-value dichotomy and the no-ought-from-is argument tend to be persistent, often thinking that they have the weight of philosophical argument on their side.² The standard approach deals with whether a statement of fact can logically entail an ought statement. From the statement 'A is starving and B has lots of spare food which she could easily give to A', it doesn't logically (deductively) follow that 'B ought to give A food'. The argument is correct. But if B said she doesn't need to give A any food because ought does not follow from is, we would wonder about her sanity as well as her ethics. The problem is that logic is about the relation between statements, not about the relation between states of being. A starving person does not need to establish a logical relation between statements about her condition and statements concluding that she should have food, she just needs food, and the force of the ought here comes not from logic but from the body. Natural necessity cannot be reduced to logical necessity.³

² Actually they don't: see, for example, Anderson, 2004; Appiah, 2008; Bhaskar, 1979; Collier, 2003; Geuss, 2008; MacIntyre, 1998; Putnam, 2002, Taylor, 1967; 1985; Williams, 1985.

³ Some philosophers (e.g. Popper) rejected the notion of natural necessity because they assumed it requires claims that are irrefutable, because true by definition, but such claims are actually fallible empirical claims, based on inferences about what things can and can't do (Harré and Madden, 1975). (Those who reject the notion confuse epistemology (the relation between thought and the world) with ontological matters (to do with the relation between parts of the world).) When we feel confident about such a claim, we sometimes make it part of the definition of the object (Harré and Madden, 1975, p. 80).

The relation between needs and wants and their satisfaction is contingent – otherwise they wouldn't be needs and wants, or a role for care. But that in no way reduces their force – on the contrary. Again, the force of the ought is not a matter of logical relations between statements. As we shall see, the error of 'logicism' - of mistaking logical relations between statements for relations between things or states of beings - is widespread in philosophy, and in much of social science.

But the problems go deeper - to the interpretation of the individual terms of the fact-value dichotomies too, particularly in the case of reason. Part of the problem here is the modernist tendency to reduce reason to the 'horizontal', particularly logical, relations within discourse between statements, and to ignore its 'aboutness', its 'vertical' relation to what it denotes. Whether reasoning can inform successful practice depends on how it relates to what it is about, whether it finds an adequate way of capturing the character and behaviour of the objects that it seeks to comprehend. Older senses of reason and 'reasonableness' allude to this vertical relation; a reasonable person isn't primarily someone who can follow logic, but someone who attends to the specificities of the situation, particularly those of the people they deal with - a characteristic particularly important in care relations (Sayer, 2011). The fact-value framework positions values in opposition to reason and as arbitrary, rather than being, like reason in this older sense, *about* things and responsive to them.⁴ (Reason and values are both 'intentional', in philosophical terminology.) Thus, it tends to ignore the fact that we can change our values in response to new knowledge about the world.

This emphasis on the 'aboutness' of reason and valuation is consistent with the emphasis in the ethic of care on attentiveness to the specificity of the other – to her specific needs, vulnerabilities, capacities, concerns or commitments, and as an individual with her own narratives. It can also be found in the Aristotelian tradition of philosophy, particularly with regard to its view of reason, expertise and wisdom (Dunne, 1993; Murdoch, 1970; Nussbaum, 2001; 2007). It downplays the role of rules and procedures, treating them as general and sometimes merely provisional rules of thumb that always need adjusting in the light of the specificities of the situation or person encountered. And it is repeated, attentive experience in dealing with *variety* that characterizes the skilled actor, not knowledge of texts, rules or general procedures (Benner, 1994). The skilled carer, like the skilled surgeon or tennis player, is responsive to the fact that every person, body or game is different.

Further obstacles to understanding our relation to the world of concern

There are further reasons behind the difficulties that social science and philosophy have in dealing with care and our relation to the world of concern. There is first what Pierre Bourdieu termed the 'scholastic fallacy'. This involves the projection by academics' of their contemplative, discursive relation to the world onto people whose relation to the world is primarily practical (Bourdieu,

⁴ In philosophical terminology, reason and values are both 'intentional'.

2000). Academics' removal from the pressures of practical activity also reflects their privileged social position. Philosophy's preoccupation with reason and autonomy make it particularly liable to ignore or devalue practice, emotion, vulnerability, dependence and embodiment, and to marginalise psychological and sociological considerations.

As we have seen, social scientists are generally trained to suspend normative judgement of the people and practices they study, and this can lead them to project this de-normativized view onto people, ignoring their relation to the world of concern, thereby producing alienated and alienating accounts of their behaviour. In life, the main questions we face are often not so much empirical but normative ones of how our concerns are faring, and what to do next and for the best, although a lot of such thinking is done semi-automatically through an acquired wisdom and feel for the games in which we play. There is more than a trace of scientism in the bloodless descriptions of people we find in social science, like the 'rational actor' or 'the subject'. To be sure, we sometimes need these abstract concepts, but they also give the researcher an elevated status precisely because they are unlike those of everyday language. Further, there is often a kind of macho tendency to view the study of values, emotions and ethics as less scientific than the study of power, discourse, and social structure.

Blending with these tendencies, and widely attacked by feminism, is the common presumption that the individuals that social science and philosophy deals with are self-sufficient, implicitly male, liberal adults, facing the world as independent decision makers, pursuing their 'life projects' and 'conceptions of the good', and in charge of what they do (Sevenhuijsen, 1998). On this view, any departures from such a model are viewed negatively, as signs of deficiencies, whether of individual rationality or social organization.

This in turn belies a wholly inadequate understanding of our nature as social beings. At best, in this view, our social nature is simply a matter of our tendency to live in groups, and to use language. But our social character goes much deeper than this. What the dominant view overlooks, and apparently has difficulty stomaching, is our vulnerability and our dependence on others, not merely instrumentally but for our very personhood: we become who we are through our relationships. Our relations, especially to our more significant others, are internal, rather than external. Perhaps inadvertently, in a private letter, Marx countered the dominant, masculinist liberal view; on the death of his 8 year old son, Edgar, he wrote:

"Bacon says that really important people have so many relations to nature and the world, so many objects of interest, that they easily get over any loss. I am not one of those important people. The death of my child has shattered me to the very core and I feel the loss as keenly as on the first day. My poor wife is also completely broken down." *Letter to Lasalle, 28/7/1855*

Yet liberalism tends to see dependence purely negatively and view relations between people as thin and external, as in contractual relations, rather than as constitutive of their identities. Dependence can indeed take extremely oppressive forms, but it can also take life-enriching ones, and of course it is a

necessity, experienced by us all (Fraser and Gordon, 1994). The adult male liberal individual is not a universal: the baby is. Yet infancy, along with disability, infirmity and senility, tend to be marginalized or ignored completely. Acknowledging that we all started off as helpless babies who needed to be held, loved, fed and have our bottoms wiped is not something that sits well with academics' professional gravitas.

Part of the problem here, again widely noted by feminism, is a common neglect or disdain for the body and any psychological or emotional processes not under the dominion of reason (Witt and Shapiro, 2015). These are things the modernist view of reason was supposed to allow us to 'rise above'. At worst, causes are seen only as enemies, the body as heteronomy, while mental processes are reduced to those of conscious deliberation, and emotions are opposed to reason rather than seen as informative and intelligent. There also is the fallacy of assuming that only those things that distinguish humans from other species - whether culture or sociality or capacity for reason - are important in explaining behaviour.

Yet while Cartesian mind-body dualism is often damned, it keeps returning in new, equally unsatisfactory guises, particularly as discourse-(over)-body or culture-(over)-nature (Calder, 2005). In part, this derives again from the scholastic fallacy but it is also influenced in social science by disciplinary imperialism - by pressures to expand the realm of the disciplines that study the cultural and social at the expense of the biological. But in order to acknowledge that we are cultural beings we need not deny that we are also biological beings, indeed the existence of cultures presupposes certain biological preconditions, particularly neurological complexity. As Lena Gunnarsson argues, understanding how nature underpins the social is "not only compatible with theorising social change but necessary for any tenable account of how social processes work." (2013, p.5). Yet, particularly in some strains of post-structuralism, there is a fear of conceding anything to biology - 'nature-phobia', as Gunnarsson calls it. It seems to be feared that any such concessions will lead to the treatment of phenomena which are culturally-specific as natural, universal and eternal, thereby limiting our freedom. But the error lies in regarding nature as immutable. We can and do change biological and other physical phenomena, indeed our freedom presupposes this. However, we can't change just any thing in just any way through collective wishful thinking or 'social construction'; we can only change them in accordance with their susceptibilities and capacities. We should not replace a deterministic view of nature with a kind of cultural voluntarism or idealism that can simply make of nature whatever it wishes.⁵

Bodies are neither immutable nor simple cultural products and any shaping processes are always many-sided - dependent on the properties of what is being shaped as well as what is doing the shaping, indeed the shaping tends to be mutual. As neuroplasticity implies, our capacities develop through our lives, according to our experience, and at each point the development is dependent on what capacities and susceptibilities have already contingently been acquired

⁵ Judith Butler's work on sex tends towards this voluntarism (Butler, 1993).

through earlier experience. Thus, one can't teach a child philosophy or poetry until it has learnt a language.

This shaping process can go well or badly, promoting well-being or ill-being. Attachment theory – one of the most successful theories in social science – shows that the way in which primary carers interact with infants from birth profoundly affects their ability to function as competent and well-balanced social actors in later life. It is through the way baby is held, cuddled, interacted with as well as fed that it learns how to respond to others and to the world. The provision of security and the attunement of the carer to the baby affect how its brain develops – in effect, how it is calibrated or tuned. The quality of these interactions – and they are primarily *pre-linguistic* – affects the development of neural pathways and emotional responses and dispositions. As Daniel Siegel put it, attachment “helps the immature brain use the mature functions of the parent’s brain to organise its own processes” (Siegel, 1999 p.67). For care in early life, this is fundamental. If we think of behaviour only on the model of discourse and ‘interlocutors’, and regard the body and nature as purely ‘other’ and as having nothing to do with understanding and meaning, we will not understand this.

Particularly in the case of care, it is not just mind-and-body but precisely the interactions between different levels of the body, brain, mind and environment that matter. Much of the regulation of the body and our responses to the world by the brain carries on regardless of whether we consciously recognise it, and sometimes despite what we want. For example, individuals of a nervous disposition may not be able to overcome such responses through reason, and may sometimes wonder why they feel anxious even when they can see no good reason to be, so they become anxious about their anxiety and exasperated with themselves and lose further self-esteem. However, they may find that through adopting certain forms of behaviour, such as abdominal breathing or meditation, they may, with practice, be able to calm such feelings more effectively than through deliberation. Many therapies use precisely such strategies. In other words, there are important interactions between the conscious and subconscious, the psychological and the physiological.

Our reactions to others are partly controlled by processes that operate below our level of awareness, yet good care has to negotiate these. Research by Stephen Porges shows that the way we respond to others is partly controlled through mechanisms that subconsciously monitor their faces and voices and other environmental signals, and regulate our heart rates and middle ear muscles. Friendly faces and prosodic voices allow our heart rates to slow and our facial muscles to relax, and our ears to tune into others’ voices and distinguish them from background noise. Unresponsive or hostile expressions in others do not allow this relaxation, and keep the body in fight-or-flight mode, reducing our ability to listen and engage (Porges, 2011). Further, our reactions to proximity to others and being touched operate primarily at this subconscious level.⁶

⁶ I am indebted to Celia Roberts for bringing Porges’ work to my attention. The following interview provides a good introduction: <https://www.youtube.com/watch?v=8tz146HQotY>

Sometimes we may believe ourselves to be safe while our bodies tell us something different.

So our relation of concern, caring about things, including other people, operates on a number of levels, from the subconscious – or the level of ‘neuroception’, as Porges calls it - controlling our heart rates, regulating hormones that stress or calm us, to feelings such as compassion, love, gratitude or worry, through to reasoning and reflection about these. There are also ‘top down’ processes through which certain willed thoughts and behaviour trigger, reinforce or change these subconscious processes. So we need to reject models of mind and body, or culture and nature as radically opposed, for there are a number of processes operating at different levels, with interactions between them. There are connections between the upper and lower brain, between the latter and the viscera, between left brain and right brain. These can operate unnoticed in the flow of everyday practice or be deliberately mobilised in various forms of therapy and care.

Take, for example, the case of an elderly, lonely, infirm person being looked after by a carer. Good care for such a person involves not only the physiological work of caring for the body but respectful, friendly engagement with them as an individual with her own identity, biography, attachments and commitments, so as to affirm her sense of dignity, and make her feel recognised and valued. Yet it is not only a matter of *what* is said or done, but *how* - the carer’s demeanour, including the tone of voice, pacing of words and actions, facial expressions and other body language are all important. If done well, the care produces additional physiological benefits too in terms of reducing stress, releasing oxytocin and producing a sense of security, relaxation and contentment. Good carers may behave in these ways intuitively or because they have thought about it and realise their importance, but either way, when it works, it can do so without the intermediation of reason and reflection, indeed too much self-consciousness can obstruct it. Anti-naturalistic thinking that splits mind or discourse from the body can make no sense of things as ordinary as the way friendly treatment by others can lift our spirits and energise us when we are feeling low.

It is because of these multiple levels – that understanding care requires an interdisciplinary – or better, **postdisciplinary** – approach that focuses on the processes linking domains conventionally seen as belonging to individual disciplines – between physiology, neuroscience, psychology, sociology and cultural studies.

Comment [AS1]: reference

In conclusion: Implications for the organization of care

Just as behaviour goes beyond the scope of conscious experience, so the ethic of care needs to engage with what goes on beyond the scope of reason. Psychological research shows that we are more likely to help others when we are in a good mood – which may depend on something as arbitrary as the weather or whether someone has just told us a good joke (Appiah, 2008). We might prefer to believe that we are immune to such arbitrary influences and would do the right

thing regardless, but while that seems a good ideal, this finding should also alert us to the wisdom of everyday friendliness and making things nice for each other. The liberal individual who treats others with respect and always does 'the right thing' but shows no warmth or friendliness may fail to understand this, and fail to contribute to an atmosphere that encourages caring behaviour in others. For liberalism, 'niceness' is unimportant - at best a fringe benefit, at worst trivial and worthy of sneers. As Porges has shown, a friendly atmosphere helps us in subconscious as well as conscious ways to engage with others effectively. The importance of this has long been understood in folk wisdom, particularly amongst women, but less so among men and in business and professions, including academia. The ethic of care needs to go beyond individual acts and relationships of care to the construction of supportive atmospheres.

In light of this, while the locus of care and concern lies primarily in individuals, the time pressures and quality of social relations within organisations as well as with clients are likely to make a difference. A highly pressured, competitive, unsupportive, work environment is hardly conducive to attentive, compassionate behaviour, and tends to encourage people to treat others as objects to be dealt with as quickly as possible rather than understood. It squeezes out concern. The formal and instrumental rationality that organizations operating under conditions of competition and scarcity prioritize tend to favour standardization and target-hitting rather than attentiveness to others and their specificities. Care without concern - or caring *for* without caring *about* - may allow routine physical tasks to be carried out and audit targets to be met, but that is all. And then of course there is the familiar figure of the self-important, impatient, usually male professional, 'who doesn't suffer fools'. Major inequalities of pay and status within organisations and between professionals and clients are also not conducive to empathy. Consequently, while an organization's official ethos may emphasize care and the dignity of the client, whether it's actualised depends on many things which at first sight may seem unrelated to care and which may threaten the achievement of 'efficiency'. Care needs time.

As Marx put it in the gendered language of his day, 'Man as an objective, sensuous being is therefore a suffering being - and because he feels that he suffers, a passionate being.' (Marx, 1844). We can be well-fed or malnourished, healthy or sick, respected or despised and humiliated, powerful or powerless, supported or exploited, and loved or unloved; we can have a sense of self-worth or worthlessness, be stimulated or bored, happy or depressed, and so on. Hence our concerns. Concepts of human agency emphasize our capacity to do things, but our vulnerability, neediness and concerns are as important as our capacities, indeed the two sides are closely related, for the former can prompt us to act or fail to act. The fact-value and positive-normative dichotomies obscure what is central to life - the state of always being positioned between is and ought, while dichotomies of mind and body, discourse and body, or culture and nature obscure their internal differentiations and the connections between them. Care is better practised and better understood without them.

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