

THESIS

EVALUATING THE FOOD SYSTEM WITH A NODDINGS-STYLE CARE ETHIC

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ABSTRACT

EVALUATING THE FOOD SYSTEM WITH A NODDINGS-STYLE CARE ETHIC

The main goal of this thesis is to provide a new account of the issue of ethical food, through arguing that a Noddings-style care ethic can provide individual moral guidance and structural critiques of policies and institutions of the food system. This care ethic claims that moral goodness is found in caring relations between persons, and that creating, maintaining, and enhancing such relations while cultivating a caring character is the goal of care ethicists. Caring in this context refers to a complex and dynamic process: the carer's recognition of needs in the cared-for, the carer's desire to see those needs met, attending to those needs, and then response of the one receiving care to the carer.

The care ethic is paradigmatically concerned with relation between two people. So it might seem unclear how it could be useful for problems that involve lots of people, many of whom are strangers to each other. In a globalized world especially, it might seem that such an ethic doesn't have much to contribute to problems in the public sphere. Indeed, some philosophers have argued that a care ethic is only useful in the private sphere and must be paired with a justice ethic for issues in the public sphere. So when discussing an issue like ethical food, where much of the food consumed in countries like the United States is produced and delivered to the end consumer through complicated supply chains, the ability of a care ethic to be useful in making ethical recommendations may seem particularly tenuous.

In particular, it has been argued that Nel Noddings's ethic of care does not generate global moral concern, and thus is not useful for these types of problems. Noddings herself has agreed

with these claims, and most recently has stated that she thinks the care ethic must be paired with a justice ethic to be useful in the public sphere.

There are contrasting views, however. At one point Noddings made the case that her ethic is useful for structural critiques of moral issues in contemporary society, giving an account of a caring social policy solution to homelessness in western countries. She also claimed that moral orientation towards strangers is important for the carer, although not as important as that towards persons we actually encounter. Another philosopher made a case that Noddings's ethic does generate global moral concern, because harm becomes embodied through items like food and pass the harm to the person that ultimately consumes it.

I do think that Noddings's care ethic, as presented in her 2002 work *Starting at Home* is weak to those criticisms, but I think it is because of two problems. The first problem stems from a theoretical misconception of Noddings's about how we encounter people and how that generates care. I argue that Noddings misunderstands the difference between care directed at distant and close others. Instead of holding that encounters of others fall into two types, I claim that the two types are just paradigms of two ends of a spectrum. The reality of human interaction is messier than Noddings' theory provides for. The second problem is a misunderstanding of critics of the moral force of 'obligation' within the care ethic and how caring is judged. In part, this may stem from a lack of clarity in Noddings's writings. In responding to this concern, I do not radically depart from her writings, but I do synthesize several statements of her into a stronger claim about obligation and judgement.

I defend this new interpretation of a Noddings-style care ethic against the above claims and make a case that it is useful in providing ethical recommendations for a problem involving lots of people, many of whom are strangers: harms in the United States food system. I show that while

this care ethic cannot generate a strong positive obligation between consumers and strangers in distant lands, it can provide a coherent account of the moral harms and goods in the food system. Moreover, it provides critiques and recommendations regarding the food system that are shown to be successful in real life.

I accomplish this by first comparing two supply chains for coffee, both originating in Oaxaca, Mexico and ending in the United States. This analysis shows that the care ethic cannot make the case for an encounter or relation between a consumer and producer distanced in a supply chain just in virtue of the many links between them. However, the care ethicist can argue that engaging with certain supply chains as a consumer is an ethical hazard at the very least, and in some cases a moral failure. I discuss how the care ethicist would deliberate on how to act as a consumer and how their actions may be judged within the care ethic. I show that even though there is not a strong positive obligation to act towards those we do not encounter, we still put our caring selves at risk by turning away from the harms we are complicit in. I believe this makes the case that this care ethic does generate a global moral concern. In addition, I consider what the coherent ethical questions are for the care ethicist regarding the food system.

The second discussion analyzes harms and goods in the system, using examples of labor abuses against migrant agricultural workers and responses to those abuses. The examples I give show how the labor structures in the U.S. food system make it very difficult if not impossible for people to respond in caring ways to expressions of need. These structures allow and perpetuate harms in the food system. If space is made to allow those on the ground to respond with care, then harms can be prevented or at least responded to. I argue that motivated by care directed at those harmed in the system, we should work to create structures that allow for caring encounters and caring relations to happen. I give an example of such a structure.

There is however, still more work to be done on applying the care ethic to problems in the food system and other similar problems. For one, I have not given an account of how the care ethic would analyze collectively caused harms such as pollution. In this case the contribution to harm from any one individual might be incremental, time-delayed and spatially-delayed. I think there is still more theoretical work to be done to coherently explain these problems within the care ethic.

However, I have begun this discussion here by showing that a Noddings-style care ethic can generate global moral concern, and can be useful in critiquing and providing recommendations for individual action and structural issues regarding a problem involving lots of people, many of whom are strangers.

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INTRODUCTION

The main goal of this thesis is to argue that a Noddings-style care ethic can provide individual moral guidance and structural critiques of policies and institutions of the food system. In this paper I look at the U.S. food system and understand it to encompass all those mechanisms and structures by which food is produced, processed, distributed, and purchased before being consumed in the United States. Those mechanisms and structures that bring food to U.S. consumers may be wholly or partially within the United States. This includes food policy, defined as “laws, regulations, decisions and actions by governments and other institutions that influence food production, distribution and consumption” (Wilde, 2013, p. 1), as well as the structures, physical and non-physical, within which these actions occur.

This care ethic claims that moral goodness is found in caring relations between people, and that creating, maintaining, and enhancing such relations while cultivating a caring character is the goal of care ethicists. Caring in this context refers to a complex and dynamic process: the carer’s recognition of needs in the cared-for, the carer’s desire to see those needs met, attending to those needs, and then response of the one receiving care to the carer.

The care ethic is paradigmatically concerned with relations between two people. So it might seem unclear how it could be useful for problems that involve lots of people, many of whom are strangers to each other. In a globalized world especially, it might seem that such an ethic doesn’t have much to contribute to problems in the public sphere. Indeed, some philosophers have argued that a care ethic is only useful in the private sphere and must be paired with a justice ethic to adequately address issues in the public sphere. So when discussing an issue like ethical food, where much of the food consumed in countries like the United States is

produced and delivered to the end consumer through complicated supply chains, the ability of a care ethic to be useful in making ethical recommendations may seem particularly tenuous.

Furthermore, we might wonder if a care ethic can tell us anything different about problems in the food system than another ethic.

A number of philosophers, political theorists, and social theorists have conceived of how a care ethic applies to social policies and global humanitarian issues – projects that are similar to mine in terms of applying a care ethic to distant others. I have chosen to use Nel Noddings's care ethic as the basis for my argument, as laid out in *Starting at Home* (2002). The works of Virginia Held, Joan Tronto, Margaret Urban Walker, Deane Curtin, Michael Slote, and Fiona Robinson also address these problems, although their theoretical approaches differ in some aspects from Noddings's. I have benefited from the dialogue between Noddings and the other authors, and in this paper draw from the work of all to clarify and improve upon Noddings's approach where needed.

Nel Noddings among all of the above-mentioned theorists has been especially concerned with describing the ethics of interacting with those near and dear to us. A substantial part of her body of work has focused on describing the most intimate and close of caring relations: those in the home. This is because her care theory holds that we learn about good caring from examining ideal homes. She also frequently writes on issues in education and pedagogy as part of her overall project of helping children develop as moral individuals. Because that has been her focus, in her own work she has spent less time examining and discussing how carers ethically deal with people they are abstracted and distanced from.

It has been argued that theories in the style of Nel Noddings's ethic of care do not generate global moral concern, and thus are not useful for the type of ethical problem that deals

with people abstracted and distanced from each other . Noddings herself has taken several different positions on this. In her early work she agreed with these claims, and thought it wasn't a problem for her theory. Her most recent work has stated that she thinks the care ethic must be paired with a justice ethic to be useful in the public sphere. During the late 1990s and early 2000s, however, she held a position that made a case that her ethic is useful for structural critiques of moral issues in contemporary society, giving an account of a caring social policy solution to homelessness in western countries. In those works she held that moral orientation towards strangers is important for the carer, although not as important as that towards people we actually encounter.

In this thesis I revisit her position in that middle period. I do not think that a Noddings-style care ethic needs to be paired with a justice ethic in order to be useful in the public sphere, even for problems dealing with those distant and abstract from each other. I make a case that such a care ethic can generate global moral concern, and can be useful in critiquing and providing recommendations for individual action and structural issues regarding the U.S. food system. Further, since the care ethic focuses on relationships between people first, I think it provides some different critiques of the food system than other ethics provide. While some of the overall structural critiques and recommendations may be similar, the root logic is different. In this thesis I point out the efforts of two authors who have in the past tried to extend Noddings ethic to such problems: William Garland made a case in a 2000 review that it couldn't be done. Deane Curtin gave an example in a 2001 paper of how it could be done. I disagree with both their approaches.

I do think that Noddings's care ethic, as presented in her 2002 work *Starting at Home* is vulnerable to criticisms regarding its ability to be useful in the public sphere, and I think it is

because of two problems. I address both of these in Chapter One, where I explain and evaluate Noddings's care ethic and put forth my own Noddings-style care ethic. The first problem stems from a theoretical misconception of Noddings's about how we encounter people and how that generates care. I argue that Noddings misunderstands the difference between care directed at distant and close others. Instead of holding that encounters of others fall into two types, I claim that the two types are just paradigms of two ends of a spectrum. The reality of human interaction is messier than Noddings's theory provides for. The second problem is a lack of clarity around the moral force of 'obligation' within the care ethic and how caring is judged. In part, this may stem from a lack of precision in Noddings's writings. In responding to this concern, I do not radically depart from her writings, but I do synthesize several statements of her into a stronger claim about obligation and judgement.

In Chapter 2, I defend this new interpretation of a Noddings-style care ethic against the claims of Garland and Curtin and make a case that it is useful in providing ethical recommendations for a problem involving lots of people, many of whom are strangers: harms in the United States food system. I show that while this care ethic cannot generate a strong positive obligation between consumers and strangers in distant lands, it can provide a coherent account of the moral harms and goods in the food system. Moreover, it provides critiques and recommendations regarding the food system that are shown to be successful in real life.

I accomplish this by first comparing two supply chains for coffee, both originating in Oaxaca, Mexico and ending in the United States. This analysis shows that the care ethic cannot make the case for the obligation to form an encounter or relation between any consumer and producer distanced in a supply chain just in virtue of the many links between them. However, the care ethicist can argue that engaging with certain supply chains as a consumer is an ethical

hazard at the very least, and in some cases a moral failure. I discuss how the care ethicist would deliberate on how to act as a consumer and how their actions may be judged within the care ethic. I show that even though there is not a strong positive obligation to act towards those we do not encounter, we still put our caring selves at risk by turning away from the harms we are complicit in. I believe this makes the case that this care ethic does generate a global moral concern. In addition, I consider what the coherent ethical questions are for the care ethicist regarding the food system.

The second discussion analyzes harms and goods in the system, using examples of labor abuses against migrant agricultural workers and responses to those abuses. The examples I give show how the labor structures in the U.S. food system make it very difficult if not impossible for people to respond in caring ways to expressions of need. These structures allow and perpetuate harms in the food system. If space is made to allow those on the ground to respond with care, then harms can be prevented or at least responded to. I argue that motivated by care directed at those harmed in the system, we should work to create structures that allow for caring encounters and caring relations to happen. I give an example of such a structure.

There is however, still more work to be done on applying the care ethic to problems in the food system and other similar problems. I have begun the discussion in this thesis by showing that a Noddings-style care ethic can generate global moral concern, and can be useful in critiquing and providing recommendations for individual action and structural issues regarding a problem involving lots of people, many of whom are strangers.

CHAPTER 1

This chapter describes and explains the care ethic I will apply to issues within the U.S. food system in Chapter 2. Largely, the version of the care ethic I use is Nel Noddings's care ethic. There are some aspects of her theory, however, with which I disagree. The project I am interested in, applying an ethic focused on close relationships to an issue concerned with distantly connected people, requires understanding how the care ethic handles the ethical orientation of carers towards those two groups of people. It is with regard to how Noddings handles this difference that I disagree with her theory. Whereas Noddings thinks there are two different types of care: one directed at people close to us, and the other at people distant from us, respectively, I think that it is one kind of care with differences that lie on a spectrum. So, while I endorse many aspects of Noddings's theory I do offer my own analysis of that particular distinction and will try to make it clear where I agree and differ with her work. Additionally, I offer a more precise interpretation of obligation and evaluative claims within the care ethic than Noddings does in her own work.

Noddings claims, and I agree, that the care ethic is consequentialist,¹ looking to establish, enhance and maintain caring relations which are the fundamental good. Care ethicists, to achieve this goal, focus on cultivating caring characters. While the overall goal of the care ethic looks at effects on caring relations, individual care ethicists are more concerned with responding with care to encounter in daily life. Cultivating a caring character is cultivating the skill or practical wisdom to respond with care in encounter. This is the work that overall helps caring relations to flourish. This chapter is devoted to explaining what caring relations are and what caring

¹ Consequentialism here refers to theories of morality that view the moral rightness of acts as a matter of consequences of or related to those acts. For more information, please see Sinnott-Armstrong (2015).

responses to encounter are. With that understanding in hand, I turn in the next chapter to examining what the care ethic says about problems in the U.S. food system.

I begin this chapter by clarifying several different technical definitions necessary for this discussion. Section 2 delves into more detail on caring-for and explains its role in caring relations and encounters. Section 3 then gives my argument challenging Noddings's view on the difference between caring directed at distant people and caring directed at proximate people. In Section 3 I offer an alternative view on how to understand that difference. The last section, Section 4, discusses the normative ideals of good care and how we can evaluate care.

Section 1: The Care Ethic

This section introduces and defines the care ethic. I begin by putting Noddings's care ethic in context of other care theories. Noddings's care ethic is in many ways an orthodox care ethic. She subscribes to a relational sense of care, and thus focuses on relations between people as the basis of moral understanding.² Noddings's care ethicist is concerned with responding to need with care and avoiding harms. She holds that caring in intimate relations has more theoretical and practical importance than caring in the public sphere. However, she differs with other care theorists on several fronts. I highlight four features of Noddings's care ethic that distinguish it from other care ethics: 1) It has one fundamental good: caring relations, 2) It envisions carers as linked in interconnected and interdependent webs of care, 3) It is consequentialist, and 4) The carer's response to expressions of need is guided by 'the basic attitude,' e.g. "I am here."

² Many care ethicists include animals and other living beings in the types of beings we can care for or about. Some even widen the moral sphere to include nature or ecosystems. Noddings leaves it open that other living beings could be recipients of care, but does not discuss the issue beyond that. In this paper I am primarily concerned with human beings as objects of care, and so have not included debate on this topic. For more about these discussions please see Donovan & Adams "The Feminist Care Tradition in Animal Ethics: A Reader" (2007) and Marti Kheel "Nature Ethics" (2008).

The Care Ethic

In this ethic, the focus of moral understanding is in the relations between people. This is because the foundational tenet of the care framework is that we exist as interdependent beings. From this assumption we understand that to exist as a human is to exist in relation with others. Contrast this with an ethic that has a rights framework which views us as fundamentally autonomous individuals. A rights-based ethic will be interested in the effects on individual rights. A care-based ethic will be concerned with the effects on relations between people. Thus, a rights ethic, asking after what is good, is going to focus on individual rights. A care ethic is going to focus on the relations between people to look for the good. In this case the caring relation, which is a relation between people that can be characterized as a caring one (a technical definition follows below), is the basic good. This sub-section describes the four key aforementioned features of Noddings's ethic that differentiate it from other care ethics.

1) It has one fundamental good: caring relations

The caring relation is the basis of ethical understanding for the care ethicist (Noddings, 2002b, p. 69). A relation is the connection between two individuals, which is comprised of “a set of encounter(s)” (Noddings, 2002b, p. 198). Of course in general an encounter just is a meeting with someone or something—where ‘something’ is interpreted very broadly—Noddings includes stories, institutions, memories, cultural practices, artifacts and objects of learning.³ However, for the care ethic it is a particular kind of encounter, that between individuals, that is of interest. Noddings states that such encounters are the “fount of experience” and it is through encounter that selves and connections between selves are built.

³ These are just some examples of many from one page, p. 102, in Noddings (2002b).

Not all relations or encounters can be properly characterized as caring. This may be because there is no caring done within the encounter, or because the encounter is uncaring. Noddings accedes to the possibility that there could be encounters and relations within which there are “no obvious needs, no requests to be met” (Noddings, 2002b, p.12). She describes such an encounter as a friendly chat between two acquaintances. But just because there is a lack of *obvious* needs does not mean there is a lack of *any* needs. She suggests that “even in this situation there are hidden needs, and the conversants may become aware of them if a comment is troublesome” (2002b, p.12). The second possibility for an encounter without care is an uncaring encounter wherein someone harms another. Here, harm is considered the basic moral wrong, an opposite to caring relations. Harming someone means acting with unconcern and disregard for care towards the other. Being harmed means experiencing the opposite of care. This can involve having our ability to experience caring encounters and relations diminished, or experiencing someone’s disregard for oneself. So, an encounter or relation could fall into any of these three categories: caring, uncaring, or neither.

I will also note that a relation differs from a relationship, if by the latter we mean a formal relationship like partner, spouse, or friend. When one ends a relationship, one does not end a relation—for the set of encounters that comprised that relation still exists, even if the formal relationship does not. That said, since relation is basic to an ethic of care, we should discuss what a *caring* relation looks like.

If a relation or an encounter is to be described as caring, it must meet Noddings’s definition as follows (2002b):

(A,B) is a caring relation (or encounter) if and only if i) A cares for B—that is, A’s consciousness is characterized by attention and motivational displacement—and ii) A performs some act in accordance with i), and iii) B recognizes that A cares for B. If the

encounter is part of a continuing relationship or series of encounters, B's responses become part of what A receives in the next episode. (p.19)

A caring relation, then, involves both a carer, the one giving care (A), and one receiving care, the cared-for (B). Note that to 'care for' is a technical term in Noddings's theory, referring to an internal state (described in i) only, separate from the activity (described in ii) of care. However, both the internal state of caring-for and the activity of care is encompassed in the term 'caring encounter' or 'caring relation'. So, we can characterize either an encounter or a relation as caring if it fulfills the description above. The caring relation is the fundamental good, but this does not mean that caring encounters are unimportant. They are derivatively good as it is encounters that make up relations. So, caring encounters are necessary for caring relations.

The caring relation is good because it affirms that basic tenet of our existence—that we are interconnected—and it alleviates the basic harm of disconnection or loneliness. Caring relations are grounded in the basic attitude, affirming our connectedness. The basic attitude is responding to expressions of need with “I am here” - it is an affirmation that the person in need is not alone, that another sees them, that another acknowledges their connection and attention to the person in need. Noddings thinks this is basic because it is the first response to everyone's original state in this world: infancy (2002b, p.20). We come into the world connected to another (a mother-figure), and to be disconnected is traumatic. That mother-figure/infant relationship is the (hopefully) first caring relation of our lives. Noddings claims that caring relations also support, nurture and are necessary for the health and wellbeing of individuals through responding to needs related to three values: “preservation, growth, [and] acceptance” (2002b, p. 20).⁴

We also understand then, that things that deny this fundamental truth of what it is to be human in this world are not good. Things that block connection and relation are bad, or at least

⁴ These values that Noddings references were first described by Sara Ruddick in “Maternal Thinking” (1980).

problematic. Ways of thinking, social structures, physical structures - they can all deny this interconnectedness. Loneliness, which in care parlance is the absence of connections to other people, is the basic harm. The basic attitude dispels the basic harm by stating “I am here” in response to expressions of need. Harm is understood as the inverse of care since the perpetration of harm expresses a lack of care and disregard for the importance of relation between people; as Carol Gilligan described it, “selfish and immoral in its reflection of unconcern” (Gilligan, 1977, p. 492). The response to need with care is the focus of ethical effort. A lack of care or the presence of harm is the focus of ethical concern.

2) It envisions carers as linked in interconnected and interdependent webs of care

In *Caring* (1984), Noddings describes the individual as existing “at the center of concentric circles of caring” (p. 46). Figure 1 of Appendix 1 illustrates the circles of caring. The inner circles in general contain proximate others—individuals whom the carer encounters directly, day to day. The innermost circle is made up of those we love—those for whom “we care because we love” (p. 46). As we move outwards we find the circles containing friends and others of personal regard. Further outward are the circles containing those we encounter regularly as a part of a job or other responsibility. These circles of care are a way of visualizing the encounters with other individuals in our lives, from the regular interactions to the irregular. These circles of care are overlaid by chains of care which link us between our current caring relationships and potential and future ones. Together these circles and chains make up each individual’s web of care.

The circles of proximate others are often governed in part by rules, codes, or cultural norms that guide our interactions. In virtue of certain roles or relationships, we have certain responsibilities to people. For example, in virtue of Liz being my best friend, she may tell me

that her boyfriend broke up with her and in turn I comfort her in time of need. In virtue of you being Liz's bus driver on the 7 route; she probably won't tell you about the breakup and it's not your responsibility to comfort her. Epistemic privilege in virtue of a relationship is one way that these responsibilities are delineated. Sometimes these roles are formally governed like the role of a doctor or lawyer. Sometimes it is less formal, like a community matriarch whose role has developed over time.

The chains of care run from us to those in the circles of proximate others to those they care for. Because of these chains of care, we meet those we are linked to "prepared to care" "in recognition of these chains" (p.47). For example, I meet my brother's new girlfriend prepared to care because I care for my brother and I know he cares for her. We can envision that each carer is linked by chains to the circles of care of those in our own proximate circles of care. In this way, the web of care connects proximate circles to proximate circles to proximate circles. These individuals we are slightly less likely to encounter as concrete, but still more likely than not.

Outside of the inner circles of proximate others, there are "those I have not yet encountered" (p. 47). They may be linked by formal relations, such as future patients at my dental practice, or my wife's grandmother, who I have never met. The carer meets all of these with the potential for care, as they are linked to the carer by "those already anchored in the inner circles" (p. 47). And further out, Noddings describes the proximate strangers whom the carer encounters without any link to the established circles of care.

3) It is consequentialist

The ethic is consequentialist because it evaluates the carer's ethical actions based on whether they "establish, maintain, or enhance caring relations" (Noddings, 2002b, p. 30). While at its root the care ethic is consequentialist since it asks about the results of our efforts regarding

those relations, care ethicists are concerned with cultivating virtuous (caring) characters in order to achieve that end. So, while “acting to establish, maintain, or enhance caring relations” is a good description of the care ethicist’s work, the care ethicist needn’t be consciously guided by that principle when acting (p. 30). Care ethicists “make a commitment to be a caring person”, meaning a commitment to cultivate a caring character and act from care (p. 30). It is that commitment and the continued reflection upon one’s own character and efforts as a carer that drives the carer as care ethicist (p. 31).

Although caring relations are the fundamental good, and care ethicists are concerned with establishing, enhancing, and maintaining that good, this does not mean that carers go around establishing as many caring relations as possible. This is because the care ethicist is going to encounter many people in many different ways and notice in those encounters many expressions, but have limited capacity for care. Too many caring relations would strain one’s moral resources. This would likely result in some caring relations suffering and thus a failure to enhance and maintain some other caring relations. Additionally, it takes two individuals to have a caring relation. The carer cannot force a relation to become a caring one. The best the carer can do is to express the basic attitude and leave open the possibility for the cared-for to recognize and respond to the carer’s efforts.

The carer also considers the effects of their actions on the web of care. Ideally the carer acts to preserve the web of care—if an action has consequences for the web of care, the carer must consider these implications. The care ethicist should not attend to some connections in the web of care to the exclusion and disconnection of others. Sometimes our establishment, maintenance, or enhancement of some relations can come at the cost of others. For example a parent with limited time could spend all of that time with the first of their two children and

develop a really good, caring relationship with that child. However this will come at the price that the second child will likely not have as good of a relationship with the parent. In fact, this will likely have additional implications beyond the parent and second child's relationship. The second child might have a bad relationship with the first child, out of jealousy. The ramifications could be echoed into relationships and encounters with other family and friends. In this example, the parent does establish, maintain, and enhance a caring relation—but it is to the detriment of others in the parent's web of care. The care ethicist is going to be concerned with this broader consequence. These are some of the reasons why the carer focuses on cultivating a caring character as the best means to the end, rather than just focusing on the end.

Those who are practiced and skilled in responding to needs become “sensitive to the needs that are revealed in encounter” and become more adept at responding to needs with care (Noddings, 2002b, p. 50-52). This practical wisdom helps the care ethicist navigate the complicated web of care. When evaluating care, we are interested in whether or not the carer responded with care to the needs of those they encountered, and whether they established, maintained, and enhanced caring relations in the web of care. Practical wisdom is going to guide the carer as to when it is appropriate to establish caring relations and when it is not. More caring relations for any individual is good, but only up to a point. At some point, too many caring relations may have too many demands on the carer. As a result, the carer themselves and those they care for could suffer. In general then, establishing, maintaining, and enhancing caring relations is good, and it is the carer's practical wisdom that guides them as to in which particular circumstances it is called for.⁵

⁵ There is more to say on this issue and I pick up the discussion again in Section 4: Evaluating Care.

4) *The carer's response to expressions of need is guided by 'the basic attitude'*

The basic caring attitude, “I am here,” is the attitude with which the care ethicist approaches those for whom they care. As noted above, Noddings calls this the ‘the basic attitude’ because we respond to the basic needs of infants with “I am here,” when they cry out (p. 129). The basic attitude is not “I will attend to your needs,” because the carer can’t or won’t attend to all needs. As a basic attitude, that would be misleading and potentially harmful. Rather, the basic attitude is an expression of being there for the cared-for; to listen and recognize their need. This person is present as witness to the other’s needs, as a carer. It helps explain to the cared-for that non-fulfillment of needs is not malicious or a representation of uncaring.

So Noddings’s care ethicist is concerned with cultivating a caring character in order to establish, maintain, and enhance caring relations (the fundamental good) in the web of care. The ethical activity of the carer is responding to needs with care, guided by that basic caring attitude. Additionally, the carer is concerned with relations where care is lacking or where harms occur.

Relational versus Virtue Sense of Care

Several ethical and moral theories employ concepts of care that are or seem very similar to that of the care ethicist—in fact, even among the care ethicists, there is some dispute about the concept of care. For Noddings, care is an attribute of relations and encounters between people (2002b, p. 12). Other care ethicists, such as Michael Slote, view care as rooted in the carer’s motivational structure. Noddings, Virginia Held, Joan Tronto, and others distinguish their ‘relational’ concept of care with Slote’s ‘virtue’ concept of care.⁶ The virtue concept refers to when the focus of the care-concept is on the person caring.⁷ An example of this is when we praise someone for caring by donating to a charity, but without any consideration of the actual

⁶ This virtue-type concept of care need not be related to a virtue ethic.

⁷ For other examples of theorists who see care in the virtue-sense see also Blum (1980).

work done in the charity. The relational sense of care draws our attention “to both parties in a situation”, rather than just the carer (Noddings, 2002, p. 19). Here, we cannot assign praise for caring by focusing on the one caring, we must also observe the person who is cared for, their initial needs and the effect of the caring action (p. 19). Noddings states that “this is very different from starting with the carer’s intention (“I care”) and assessing how faithfully the carer carries [it] out” (p. 19). The care ethicist still wants to be able to describe someone as being virtuous, but virtuous in terms of the care ethicist’s (relational) sense of care.

Carol Gilligan (1983) argued that acts of care can be seen from a virtue-concept lens or a relational-concept lens, calling this a gestalt shift. We can look at the same caring encounter from either lens; which lens we use highlights different salient features of the encounter. I will illustrate this with an example. One day a friend, J, gives a sandwich to a homeless woman panhandling. J might say something like “I gave her food instead of money—I figured she needed to eat.” We would probably praise J. We might even praise her wisdom in giving food to the homeless person instead of money, since the money could have been used for something the homeless person ‘doesn’t need’ such as alcohol or other drugs. In the situation described, if we praise J for the caring act done for the homeless person (giving her the sandwich), then we are using the virtue-concept of care. We are not considering what the homeless person was saying or doing at the time, nor are we aware of nor inquiring about her response.

But the story might not end there. J could go on to say that the woman reacted angrily—perhaps throwing the sandwich down the road and then saying “I’m asking for money, here, not your food.” We ask J a few more questions and learn that the woman was sitting outside a shelter known to serve two meals a day to the homeless, and was holding a sign asking for money for a bus ticket to another town. When we consider the person receiving the care in their own context,

as well as the carer, our view of the situation changes. We now understand that this woman may have access to food, and so doesn't need the sandwich. Perhaps she is frustrated with J, because what she really needs is to get out of town. We can imagine that if J had asked her, she would share that her daughter is graduating and is trying to go to the ceremony. We may no longer want to praise J for her actions. Instead we might advise our friend to pay more attention next time and be more thoughtful with her caring efforts.

Alternatively, we can imagine the woman could have reacted thusly: Dismissing the sandwich, saying "I don't need your food. I just got out of county and what I really need is a drink." That might open up a new discussion on whether or not the caring thing to do is then give the woman some money. Either way, these exchanges illustrate how just focusing on the carer can obscure our understanding of the caring act. We see that when the cared-for is taken into consideration, including her context and her response that our evaluation of the caring act changed. For Noddings, care encompasses the entire exchange; just examining the motivations of our friend J are not enough to evaluate what happened between J and the homeless woman.

The above example is one of the reasons why I am primarily interested in the relational concept of caring: If a care ethic is "primarily a matter of motives, it may neglect unduly the labor and objective results of caring" (Held, 2006, p. 20). When our attention is brought primarily to the carer and drawn away from the caring work and the cared-for, it becomes easier to miss bad examples of care. This is especially true since in many relations the carer has more power or ability than the cared-for, such as when caring for someone who is ill, or a young child. This is an argument that has grown largely out of feminist discourse, and one of the reasons why Held finds versions of the care ethic such as Slote's problematic at best. To avoid those

problems, the ethic is arranged so that we must look first and primarily to the caring *relation*, and not just the carer.

For Noddings's care ethic, and for the version of the care ethic I endorse in this thesis, the relational view of care is used. This means that when we evaluate care, we look to both the person giving care, the 'carer' or 'one-caring' and the person receiving care, the 'cared-for' or 'object of care.' Additionally, as I explain later in this section, the technical definition of care includes both the carer and the cared-for.

Concepts of Care and Caring

The terms 'care' and 'caring' are employed in a multitude of ways both colloquially and within the care ethic literature. This section makes clear what types of care and caring are ethically important. First, I discuss the different possible objects of caring: people (both real and fictional), animals, ideas and abstract concepts, and things. This thesis's care ethic holds that the ethically valuable caring is caring directed at people and other living beings. I explain why Noddings has put forth that view. Second, I discuss the different ways the terms 'care' and 'caring' are used in the care ethic literature. The terms can refer to: an internal state of an attitude or disposition, an activity or practice, a social relation, a type of labor, or a value (Held, 2006, p. 36 & 42). In Noddings's view and my own, the disposition of care, the internal state of caring and the activity of caring are component parts of the social relation of caring. That caring social relation is technically termed a 'caring relation'. The internal state is an attentiveness often based on a caring disposition toward another's needs and being disposed toward wanting to see those needs met. The practice or activity of care is attending to needs. For Noddings these ideally occur together where the caring disposition orients and motivates the internal state of caring for the caring act (Noddings, 2002, p. 31). However, that may not always be the case, and so it is

possible to have the disposition of care and not act on it, or to perform caring but not have the disposition of care. Below I further clarify this technical description by discussing how it differs from colloquial uses of the term and the relation between the disposition and the activity of care.

Objects of 'Caring'

Colloquially, we care about and for many different people, things, and ideas, not all of which are the type of care that is of interest to the care ethicist. The care ethicist is interested in care where the cared-for, the receiver of some care, is a person. The following examples of everyday usage of these terms illustrate the difference between the technical care ethicist usage of care and other usages: "I am not working right now, I'm caring for my mom," "Caring for those kids at the school brings me great joy," "I donated to the shelter because I care about animals," "I drive a Prius because I care about global warming," "I really care about keeping my toes manicured," or "I don't care for the pairing of this red wine with this fish." I argue that the first three statements are the kind of care the care ethicist is interested in, while the second three are not.

Let's examine the examples I gave above. The first two statements, about someone caring for their mother and about a teacher or aide or similar caring for kids at a school both describe someone performing caring work directly for individual others. The third example also describes someone who acted to fulfill the needs of living beings. According to the criteria above, these are all examples of the type of care we are interested in here. Consider the next three: 'Global warming' is not someone or something that has needs, so there is no 'caring' that could be done to fulfill its needs. One could however, in the care-ethicist-sense, care about the *victims of global warming*, such as people living in coastal areas with rising water levels. The second two examples regarding manicures and wine pairing merely convey taste preferences, and also do not

consider trying to fulfill the needs of the object of the care. Those statements are not statements of care (for the care ethicist) as they do not refer to a caring act or disposition and/or a person receiving care (although they do refer to a carer). These examples show that mere utterances or professions of 'care' or 'caring' do not themselves define instances of caring for the care ethicist.

Noddings (1984) gives the name "aesthetical caring" to cases where we care for things or ideas, in contrast to caring about and for people which she calls "ethical caring," or as is used elsewhere in the literature "authentic caring" (p. 21).⁸ For the care ethicist, the care that is of primary interest is the authentic type of caring, which has as its object a person or living being. Noddings is concerned about conflating the two, in case we are led to believe that the person who becomes engrossed in the intellectual or creative to the exclusion of people is living an ethical life. She calls such a person the "highly intellectualized aesthetic" who is "always apart in human affairs, a critical and sensitive observer, to remain troubled but uncommitted, to be just so much affected or affected in just such a way" (p. 22). Such characters in literature and life are not unknown (Wagner and Moriarty are two that Noddings mentions on p.22). However, being engrossed in the intellectual or creative need not debar having an ethical life.

The worry is that focusing on abstractions, theories, and ideas may take our attention away from caring about and for people (p. 21).⁹ Sometimes we use statements of care about ideas, states of affairs, projects and so on as a shorthand way of referring to our care for people. The above example of someone saying "I care about global warming" could be such an instance. We could understand "I care about global warming" as code for "I care about the consequences

⁸ To follow the rest of the literature, and to keep another use of 'ethical caring' distinct, I will use "authentic caring" in this paper to refer to the concept discussed here.

⁹ For more discussion of the relation between ethical caring and aesthetical caring, including the moral hazards of aesthetical caring, please see the section "Aesthetical Caring" in Noddings (1984).

of global warming, which includes harms to individuals.” But in other cases, it seems the abstraction really is the object of care.

Noddings gives examples similar to: “She cares about mathematics,” “They care only about money,” and “He cares only for his art;” as illustrations of how we can be engrossed with ideas and objects (p. 21). There are cultural traditions that support the intellectual, which may make us resistant to Noddings’s caution. Many people would be happy if their children cared a lot about a topic like mathematics. However, I agree with Noddings that we should not engage in aesthetical caring to the point where we are insensitive to human affairs. Authentic caring without the aesthetic is fine, but aesthetic caring without the authentic is not.

In this paper’s discussion I am primarily interested in authentic caring. So, for the rest of the paper, when ‘care’ or ‘caring’ is discussed, it is the authentic care-ethicist-type-of-care that is referenced unless otherwise noted.

Care as a Disposition, Care as an Internal State, Care as an Activity

Within the literature, ‘care’ can refer to a disposition, an internal state, and an activity. The caring disposition refers to the affective states of love, empathy, sympathy, fellow-feeling and the like that help orient one individual (a carer) towards the object of care and their needs. In the view described here, the internal state consists of attention and motivational displacement. The activity of care is the activity of responding to needs. It is possible to describe someone as ‘caring’ and to mean that they have a caring disposition, that they are occupying the internal state of care or that they are performing care-giving or any combination of the above. The disposition, internal state, and activity need not arise together, but it often occurs that they do. For the care ethic endorsed here, it is morally preferable that they do all arise together. In this section I will

briefly describe all three concepts and what role they play in Noddings's ethic and the care ethic I endorse in this thesis.

All three concepts of 'care' are intertwined in actual practice. In particular, the internal state of care and the caring disposition are intimately connected. Noddings's concept of caring-for is a caring internal state. Specifically, caring-for refers to an internal state involving attention and motivational displacement (Noddings, 2010b, p.36). Unlike care theorists such as Michael Slote, Noddings does not make a claim that caring requires any particular affective state or feeling (such as empathy, in Slote's case) (Noddings 1990; Slote 2007). According to Noddings, feelings like empathy, sympathy, and fellow feeling can be connected to the receptive attention and motivational displacement of caring-for. Noddings claims that these affective states may be generated by attention, may generate attention, or may generate motivational displacement (2010a, p. 9-10). She never makes a claim that any particular feeling is necessary for caring-for. That is to say, in the view espoused here, the internal state of care can be connected to a caring disposition, but need not.

Noddings calls the internal state of care when practiced out of the caring disposition and involving such affective states as love, affection, or inclination, 'natural care', and when practiced out of ethical will 'ethical care' (2010b, p.36; 2002b, p.29). Noddings claims that it is preferable that caring-for is "natural"—that is, practiced out of love, affection, or inclination rather than ethical will (2010b, p.36; 2002b, p.29). I agree with Noddings that it is preferred (although not required) that the caring disposition occurs along with the attention and motivational displacement of caring-for, giving rise to or arising from those states. A caring encounter ideally involves natural caring internal states and caring activity.

However caring-for can also occur without the caring disposition, involving the ethical will to do the right (caring) thing. She likens it to “a dutiful form of caring that resembles a Kantian ethical attitude” (Noddings, 2002b, p. 30). When we encounter people for whom we find it difficult feel empathy, sympathy, or fellow-feeling, the carer makes a “moral effort” and orients herself as if she cared (Noddings, 2010a, p. 11). In those situations there is no affective component bearing appropriate relation to attention and motivational displacement. Noddings calls the alternative a moral *effort* because natural caring-for occurs more spontaneously than ethical caring-for (although both may require reflection) (p. 11).

I argue that “natural” caring—a form of caring that does not require an ethical effort to motivate it (although it may require considerable physical and mental effort in responding to needs)—is developmentally prior to and preferable to “ethical” caring. Ethical caring, when it must be summoned, is properly aimed at establishing or restoring natural caring. (Noddings, 2002, p. 2)

Other theorists such as Joan Tronto (1993), do not take a stance on whether natural caring has more moral value than ethical caring. I agree with Noddings that natural caring is the type of caring that is preferred for the care ethicist. Below I introduce several examples to illustrate how Noddings understands the relation between the caring internal state and caring activity, as well as ethical and natural caring-for.

Let us consider two paradigmatic types of care: mothering and nursing. We can bring to mind the mother who has both a caring internal state and is performing caring work. If her child scrapes a knee, she empathizes with her child’s distress, feeling distress herself. Both the affective and practical components are present in this example. Perhaps if the mother is annoyed with the child, after all the child was playing where they weren’t supposed to when they scraped their knee, she will go through the motions of caring for the scraped knee—but the mother will not feel distress over the scrape with her child. In this example, the caring disposition is missing.

We can also imagine the nurse who provides care for patients, but does not have a caring disposition. That is, the nurse wants to see the needs of her patients met, but her attentiveness to those needs is not because of empathy or a similar state.

Instead, her attentiveness might be motivated by a desire to be good at her job, to be efficient at care-taking, or even just a desire for her patients to be well. The important point to understand is that whatever her internal state is toward her patients, it is not one motivated by a caring disposition. This could be for any number of reasons. She might think she is a better nurse if her focus is unencumbered by a caring disposition. Alternatively, she might be worn out from a long and trying week and is just unable to summon that disposition of care for her patients. In both examples, the mother and the nurse do the caring work, even though their internal states of care do not at that moment involve the affective states of a caring disposition. Noddings states that it is our memories and understanding of what it means to care that we draw upon when we care in these situations (Noddings, 2002b, p. 29).

Noddings does not have a name for that third possibility; having a caring disposition but not performing any caring activity. In some cases this may be a moral failure, and in some it may not be. We might think: the care ethicist has made a commitment to care, so why aren't they acting upon their caring disposition? Our attention is brought to the reality human suffering frequently; just consider any time you glance at a newspaper, the internet, the TV or listen to the radio. We are inundated with calls for help from media and other sources. We notice suffering closer to home in our communities, work or school: homeless people begging for change or food, upset children in the park, exploited employees, bleary-eyed suburban parents carpooling hordes of kids, and so on. We notice people suffering, feel for them, but never move beyond feeling compassionate towards these people and wishing or hoping that their situation improves.

However, if we describe all of these instances as moral failings we are saying that the carer should respond to all expressions of need that they come across. Responding to each and every need is not required of the care ethicist. In fact, Noddings says that attempting to respond to every need is impossible and undesirable (p. 48). I return to this problem later in this chapter, when talking about evaluating care in Section 3.

Needs

We've talked about the concepts of caring relation, care and caring, but have yet to address needs although they play a central part in caring. Identifying needs, deciding which needs are legitimate, adjudicating between needs, deciding how best to attend to them, and then attending to them make up the bulk of the carer's caring work. The practice or activity of care is attending to needs. In order to attend to them, we must be able to identify and respond to them (Noddings, 2002, p. 53). The recognition of needs is termed attention/attentiveness.

First, this concept of needs does not refer only to necessities for survival; needs can arise from wants and desires and we still call them needs (although this does not obligate a carer to treat them all the same). Noddings discusses needs in conjunction with personal projects. I agree with Noddings that personal projects are an important part of selves. Carers may find themselves concerned with endorsing projects based on the needs they anticipate stemming from projects; or rejecting certain needs because they pertain to projects that the carer does not endorse. For an example of the former, a partner in a relationship might not endorse the other's project because they anticipate the project will generate a future need to move. An example of the latter would be a parent rejecting a need for a guitar or guitar lessons because they do not endorse their child's project of learning to play guitar.

We can divide needs into two categories: expressed and inferred. Those needs that the cared-for expresses—through conscious and purposeful communication (e.g. language), or through behavior that is conscious (e.g. getting in line for food) or unconscious (e.g. stomach rumbling)—are considered expressed needs. Inferred needs are not expressed by the cared-for. Instead, they “proceed[] from the carer’s framework” of what the cared-for does, or should, need (Noddings, 2002, p. 64). These are often related to social, cultural, and similar goals. Noddings mentions immunizations and regular medical check-ups as examples of needs that our society in general infers that children need (p.63). Young children do not express a need for either of these, but their caregivers infer the need in order to protect the child from harm. The primary distinction between the two is that expressed needs originate in the cared-for, and inferred needs originate in the carer.

Sometimes expressions of need will be clear, such as asking for resources, at other times expressions of need may be unclear and the carer will have to interpret them. In the cases of individuals that are severely handicapped and not able to communicate, Noddings would likely ask after other indicators of their needs (or perhaps, of any harms) and ask how can we attend to those needs and protect from harms. A very young infant may express all biological needs in a similar manner (crying), but an older child may verbalize them. In the above discussion I mentioned stomach grumbling as an expression of need. We might want to say that we actually infer this biological need: if I hear my partner’s stomach grumbling, I infer that he is hungry. However, this inference is from the biological grumbling expression that originated in my partner. This would not properly be an inferred need since it still arose internally in another. To avoid confusion, I use ‘interpret’ in place of ‘infer’ to pick out expressions of need that must be interpreted by the carer.

Let us return to actually inferred needs, though. I gave examples above of needs that our society generally picks out for young children. Doing so for young children seems less problematic than for older children or adults, which might be regarded as paternalistic. For example when our parents grow old, we may infer a need for them to move in with a care-giver. We can imagine that the cared-for may resist going along with the inferred need. As children resist (sometimes fiercely) inferred needs like getting shots, the elderly may also resist inferred needs like assisted living which require giving up their independence and privacy. Noddings does not think that coercion is a first step in attending to inferred needs. Rather, if fulfillment of inferred needs is met with resistance the carer should explain and negotiate with the cared-for if possible. If explanation and negotiation are not possible, or the carer deems the satisfaction of the need necessary even though the cared-for does not want it, coercion can be appropriate. However, use of coercion is always cause for reflection. Noddings cautions that acts of coercion should arise out “of responsibility toward the cared-for” not as “artifacts of power and expedience” (2002b, p. 228). Finally, when the carer deems coercion necessary, they express the basic caring attitude, “I am here,” and respond to distress as positively as their “resources and moral evaluation will allow” (p. 234).

Just because needs are inferred or expressed, however, does not mean they should be fulfilled (Noddings, 2002, p. 68). The care ethicist must judge which needs should or should not be fulfilled. Additionally, when needs conflict, the carer must decide which if any wins out. A child may express a need to stay home from school, while the parent infers a need for the child to attend. In this relation, the parent as carer must judge whether the child’s expressed need wins out over the inferred to need to go to school. If the child is sick, the parent might then attend to

the child's expressed need to stay home. However, if the child wants to stay home in order to play video games, the parent might judge that need should not be fulfilled.

The cared-for can respond to non-fulfillment of a need in many different ways. Noddings thinks that cases where the cared-for responds with "But you just don't care!" are some of the most difficult for the care ethicist, requiring the most skill and patience (2002, p. 42).

Particularly when such occurrences repeat over time, the carer may need to reflect on whether the way that they are dealing with the situation is ideal. Going back to the example above, in such a situation the parent might ask the following: Does the child not like the school or instructors? Do they not have enough recreation time at home? Is the child addicted to certain recreation, like video games? Ideally the carer and cared-for can come to a compromise that works for both parties. Noddings does not assume these efforts are easy, but she does think they are ideal in a care ethic.

It becomes clear very quickly that attending to needs is a complicated and potentially hazardous activity for the ethicist. What happens if we fail to identify a need? Or identify the wrong ones? How do we properly adjudicate between needs? These discussions are found in Sections 2 and 4, where I discuss in more detail how the care ethicist ideally identifies and attends to needs.

Section 2: The anatomy of caring relations and caring encounters

In Section 2 I explain Nodding's phenomenological definition of caring encounters and relations that captures "how we are *when* we care and *when* we are cared for" (Noddings, 1990, p. 123)—see pages 9-10 for the full definition. Caring encounters and relations involve an internal state, caring-for, caring activity, recognition of care, and possibly response. This section discusses each of the components.

Caring For

As I said above, Noddings defines caring-for as an internal state characterized by attention and motivational displacement. As she describes it, when we are caring-for our experiences are compelling, strong, and instantaneous. Attention involves a realization of another's existence; an "aha!" moment that gives you a glimpse into another's reality. Motivational displacement is a state wherein we are motivated to see another's needs or projects fulfilled, even if just for a moment.

Attention

According to Noddings, attention is when we *see* another person; not just passively acknowledging their being there but allowing that fact to "seize our consciousness" (p. 17). Such a moment is often marked by feeling another's pain or need—as we "receive what-is-there" in the other (p. 18). With this *seeing* comes recognizing the other person's needs and their goals or projects. Noddings's language regarding the phenomenology of attention is akin to having an ecstatic religious experience¹⁰—and perhaps it isn't so remarkable to think that recognizing a human being *in herself* might be close to a divine experience. In such an experience we imagine a self submersed in awe of the divine. Similarly, in a state Noddings calls "pure attention," the self is emptied and "becomes a duality... see[ing] through two pairs of eyes, hear[ing] with two sets of ears, feel[ing] the pain of the other self in addition to [her] own" (2002, p.15). This level of attentiveness is probably not achieved in reality, as according to Noddings attention is "always a fragile condition subject to distraction or rejection" (p.15). The circumstances under which pure attention might occur may not exist in most peoples' realities.

¹⁰ A experience in which an individual attains an altered conscious state, often thought to be religious or mystical in nature.

Many of us have a natural tendency toward passively taking in the world as we wander through it. Noddings's care ethic asks us to break out of that pattern of passivity and to understand that others are not just figures in the foreground of the play about 'me', but that they have their own existences. This attention (or just receptivity as it is called by others, such as Tronto) is a skill in which we may have varying degrees of ability (Noddings, 2002, p. 16). We may find it easier to do so for those we are more connected to—whether by social or cultural position, physical proximity or other reasons. As a first-grade teacher, I may find it easier to experience attention for younger students, but might struggle more with students in age groups I don't often deal with. I also may be more attuned to my family member's mannerisms and so pick up on their states more easily than someone who is a stranger to me. Thus, it may be more difficult to enter this internal state when encountering those with whom we have little in common, such as if we are separated by culture, age, gender, or race.

We may also experience the opposite problem, since in this moment of attention, "our initial self is vulnerable, and it will be changed by this encounter" (p. 15). This can be problematic if it is too extreme. This vulnerability means that one runs the danger of "losing themselves" in the other. Sometimes people can become so enmeshed with another that their identities seem to blend; the individuals who are enmeshed cannot understand where one begins and the other ends, a state known as 'engrossment'.¹¹ Here, engrossment is a pathology precluding one's capability to care.

We may also find our ability to enter this state blocked by conditioning, exhaustion, or ignorance (willful or not). Living in an area with many beggars, we may condition ourselves to

¹¹ In her earlier work, Noddings used 'engrossment' to describe attention — in a positive way. However, since the mid-eighties the negative connotation of this word and its use in criticism of her work led her to adopt the more accepted term 'attention' or sometimes 'receptive attention' even though her base definition has remained the same (Noddings, 2010a).

just not see them. We notice their physical presence, but are careful to not enter into the receptive attention state, usually out of a desire to not feel for them or to perform a caring act. Perhaps we seek to avoid awkward, difficult, or distressing encounters. Or, if we normally care, perhaps walking home after work we are too exhausted to notice anything about them other than their physical presence. We may choose to remain ignorant of those around us by not making eye contact, walking fast and keeping our heads down in public places, thus avoiding attention. We could also be ignorant of those around us if we are in a new location, with a different standard or style of living than our own—behavioral and social cues that helped us in familiar places might not be helpful in others.

It should be noted that although properly attention “receives what-is-there” in another, it is very possible that we do a poor job of it. We may project our own understandings, either misinterpreting what-is-there or making up what-is-there. Or, we may miss a key element of what-is-there.

Motivational Displacement

Then, “if A is sympathetic to B’s plight... motivational displacement follows on the heels of attention” (Noddings, 2002, p. 18). Motivational displacement is when “A’s motive energy begins to flow toward B and his projects” (p. 18). Without some obstruction, attention naturally gives rise to motivational displacement; what it is to receive another in themselves is to then understand their desires, wanting to see them fulfilled. However, just because the carer takes on the desire for the fulfillment of the cared-for’s needs or projects, this state of consciousness “tells us nothing about what A will actually do or should do” (p. 18). That is, just because we recognize and even sympathize with someone’s needs does not mean we will or should endorse or act upon them. We may experience motivational displacement to attend to an expressed or

inferred need, but ultimately judge that resources are unavailable or that the need isn't as important as originally thought.

Noddings gives an example of a teacher who stands behind her student “as he struggles to solve an equation. Ms. A can almost feel the pencil in her own hand. She anticipates what B will write, and she pushes mentally toward the next step, making marks and erasures mentally” (p. 17). Here, the teacher experiences motivational displacement and endorses the project of the student. Alternatively, Ms. A might see B happily reading a book from home, and Ms. A smiles knowing the joy reading brings B, especially as an alternative to struggling with math. However, B is supposed to be working on math problems during math class. In this case Ms. A, while experiencing motivational displacement towards B, will not endorse B's project of reading. As the teacher in charge of B's math courses, Ms. A is responsible for B's learning math and so may think B is better served using that time for math practice than reading.

In some cases motivational displacement may be blocked, for example we may be repelled by another's project and therefore be unable to feel motivated to see it completed. For instance, the social worker responding to a claim of child abuse may understand the teen who wants to stay with their parent (experiences attention) but may not be moved to allow the teen to stay (motivational displacement) because the social worker knows that according to the laws and policies, as well as his own gut, he needs to get the teen out of the situation.

Together, attention and motivational displacement make up “caring-for”, an internal state of being oriented towards fulfilling another's needs. They typically happen instantaneously, and for one who is more skilled in or disposed towards caring, happen with little or no effort or special energy. In a caring encounter, the carer next judges whether or not to endorse and act upon the realized needs.

Recognition and Response

Since Noddings has a relational view of care, it is necessary for her to include the cared-for in her definition of caring encounter/relation. For her there is a worry that leaving out consideration of the cared-for's recognition and response in the definition comes at the risk of giving too much power to the carer, making an already unequal relationship more unequal. In addition, the cared-for is really "the site of initial 'vibrations'" (Noddings, 2002, p. 15). It is the need of the cared-for that starts the sequence of caring, not the carer's recognition of that need. Along these lines Noddings (and other theorists such as Joan Tronto) argue that any conceptualization of care that does not give adequate attention to the cared-for is inadequate for a care ethic.¹²

The recognition of A's caring by B completes a caring encounter (Noddings, 2002, p. 19). Noddings does not require that this recognition, which she also refers to as "reception" (p.19), necessarily be cognitive. She includes young children, animals, and infants in the category of beings whom we can properly care for, meaning those beings are capable of recognition/reception. In a section entitled "Our selves and other selves: Bodies", Noddings (2002b) describes parents that respond to their infants cries with touch such as caresses, holding, rocking (p.129). For the infant, they experience the touch, motion, or warmth in response to their cries. For Noddings, the physical experience of response to the infant's needs counts as reception here.

Without recognition of A's caring by B, the caring encounter would not be a two-way street. Only A would know that they acted to respond to B's need. B would receive something that fulfilled a need, but without any connection to another person. If the goodness in caring

¹² See Noddings (2002b) and Tronto (1993).

relations is linked to its affirmation of our interconnectedness, then fulfilling needs without connection isn't an example of the relational care. In this situation, B's experience of the care would be as if it was provided by an automaton, devoid of human interaction. For Noddings's care ethicist, mechanistic fulfillment of needs absent human interaction is missing the fundamental good of life—that interconnection between human beings that is caring relations. Certainly, it is better for B than not having any needs responded to. And A, for her part, is affirming interconnectedness by deciding to respond to the needs of B. But if A remains anonymous from B, A is not fully acknowledging the connection between herself and B. Furthermore, A is preventing B from experiencing the affirmation of their connectedness.

There are many examples of how B's needs can be attended to, but without affirming interconnectedness. For example, let us say B is elderly, with reduced mobility, and lives in an assisted living facility away from family and friends. If there is a robot who provides for all of B's needs, then we can say that B's needs are being responded to. However, we would not, in the parlance of a care ethic, say that B is being cared for. Even if B likes the robot, even if the robot improves B's quality of life, this is still not an example of B being an object of care. There is no affirmed connection to other human or living beings in the interactions between B and the robot.

Let's consider another case in which B receives care (they have a need responded to) and recognizes the care (that a need is being responded to), but does not recognize the particular individual giving the care. That is, B recognizes that some individual is responding to their need, but B does not recognize that it is due to A's efforts. B's rooms are cleaned when she is asleep, perhaps her meals are prepared when she is watching TV. B will never be able to recognize A's efforts, or respond to them. This may be frustrating for B, since B cannot praise or complain in response to A's actions. It also may be frustrating, sad, or lonely for B that she is not connected

to the other person. In those cases, it is clear that B would be better off having the connection with A and that without that connection B is not being properly cared for.

If B is unable to recognize that it is a person A that responded to their need, then B has no ability to respond to A. B is unable to contribute to the encounter. Both B and A are missing out on important parts of life: B is unable to thank or complain to A; A is unable to receive thanks or complaints and grow in their caring ability. Additionally, such encounters do not contain a connection between individuals. In the second example, the effort flows in one direction, from A to B. In this situation, all of the moral effort is A's, moving the focus of moral understanding to the carer and away from the cared-for. This is problematic for a care ethic that has a relational perspective.

In a caring relation, recognition is followed by response from B which both parties use to adjust the relation as needed. In a caring encounter, it is not necessary for A to receive a response from B, although it is ideal. B can respond to the care in any way they desire, even angrily. According to Noddings, ideally the response is one "that contributes to another's capacity to relate, to work, to sustain caring" (Noddings, 1990, p.123). Such a response needn't be verbal, it could be other vocalizations or body language.

Recognition of care or response to care does not require equality or mutuality. It also does not mean that it is necessary for the carer and the cared-for to feel the same thing in a caring encounter or relation. In mutually caring relationships it may be the case that both parties do, but in unequal relationships like that of a parent and child it will often not be the case. In fact we might think it a poor relationship if the child cares for the adult *in the same way* the adult cares for the child.

Section 3: Caring- For vs Caring-About

For the project at hand, it is important to get clear on the relationship between caring directed at those close to us and those distant from us. If Noddings is correct that: a) caring-for and caring-about are distinct internal states, b) caring-for has more moral worth, c) caring-for is directed at those close to us, and d) caring-about at those distant from us; then it seems the relevant questions the carer will have about the food chain will be about whether or not people in it are close or distant. After determining that answer, it is a matter of the carer inhabiting the right internal state toward the other. However, if it isn't so cut and dry that we always and only care about those distant from us, and care for those close to us, then the carer is going to have different questions about how to approach these situations. This section analyzes how Noddings understands this relation between caring-for and caring-about. I argue that her characterization is flawed, and I present my own.

Paradigmatically, caring-for is directed towards individuals close to us in terms of distance, chains and circles of caring, and culturally and socially. This type of caring is typically characterized by a strong affective component, and by resulting in an action or activity that directly responds to the recognized need. For example, a mother comforting a child who has hurt themselves and attending to their wound. The other type of caring is caring-about, typically directed towards those individuals distant from us physically, in chains and circles of caring, and culturally and socially. This type of caring still has some affective component, but typically it is thought to be felt more weakly, more briefly and to result in action that indirectly (usually very indirectly) contributes to the recognized needs being attended to. An example of this would be seeing a commercial for an non-governmental organization that serves youth in another country and donating to their general funds.

Noddings's View

Noddings has not developed as thorough a description for caring-about as she has for caring-for. She does not provide a phenomenological description of caring-about, nor has she spent much space developing the concept.¹³ She is however clear that caring-for and caring-about are distinct concepts, and lead to distinctly different caring activities. Noddings's distinction between caring-for and caring-about rests on the following factors: 1) distance between the carer and the object of care, 2) the quality of the internal state of care, and 3) the type of caring activity generated by the internal state of care. I argue that none of these distinctions, either alone or together, can fully account for caring-about and caring-for as separate and distinct concepts. In my view caring-for and caring-about are paradigmatically as Noddings describes them, but not necessarily that way. Below I give several examples of how Noddings's characterization fails to hold up.

First, let me summarize Noddings's view on the two concepts. Encounters with proximate others can involve caring-for, a strong internal state that gives rise to a caring activity which directly attends to the needs of the other. Caring encounters with distant others involve caring-about, a weaker internal state that gives rise to caring activity which indirectly attends to the needs of others. So between caring-for and caring-about, the objects of care are different (distant rather than proximate), the internal state is different (the carer is not moved to be attentive to the same things, to be motivated in the same way as she would be if the objects of

¹³ Over the years, Noddings's view on the moral worth of caring-about has shifted. She described it as a moral failure in her 1984 book, and then later in 2002 said that is instrumental in ensuring the flourishing of caring-for. Even though she has moved to revalue caring-about, her initial stance in 1984 has informed her decision not to spend much time developing the concept. She has given several reasons why she has not spent much time on it: 1) Caring-for is ethically and developmentally primary to caring about, so focusing on the more basic caring-for is necessary before worrying about the secondary caring-about, 2) Noddings views her work on the care ethic as more rooted in caring practice than theoretical exercise, thus she often sidelines conceptual discussions which she thinks detract from focusing on understanding the best practical applications of care.

care were proximate), and the caring activity is different (activities that promote conditions to allow caring-for and caring relations to occur, rather than directly caring-for the object of care).

For Noddings the quintessence of caring-about is a recognition of and turning of the heart towards the needs of those distanced from each other: people on different sides of the same town; Americans and sweatshop workers in a far off country; or suburbanites who shop at groceries and the migrant farm workers who help stock those groceries. Each may acknowledge the other's need and affirm it, feel for them, and then donate to a charity or participate in political action or cast a vote. However they do not perform caring actions for each other directly, nor do they have a chance to recognize the other's caring about them. In this view we are caring about when "we express our care in charitable gifts, in the social groups we support, and in our voting" (p. 22).

In Noddings's view (and here I agree), caring-about is an extension of the internal state of caring-for, i.e. it is a "fellow-feeling for others" that we tend to have "if we have been well cared for and have learned to care for a few intimate others" (Noddings, 2002b, p.22). The moral development of the carer involves first being cared for, then learning to care for others, and finally learning to care about others. Thus, caring-about is secondary to caring-for in moral development. Those who never learn to care for will never learn to care about. Conversely, those who care about must already know how to care for. She claims this is because caring-about is aimed at individuals whose relation with ourselves does not exist in reality, but in our imagination only. "The extension outward from already existing caring contexts to potential relationship is the result of our ability to imagine such relationships based on our own past experiences" (Keith, 2007, p. 253). We use our experiences and memories of caring-for to inform and guide caring-about. Noddings suggests that carers, if they approach the world ready

to care for those that they encounter, will care *about* those they encounter that they cannot care *for* directly (Noddings, 2002b, p. 22).

For Noddings, the distinction between caring-for and caring-about is important for several reasons. As was discussed above, the fact that different types of encounter lead to different activities is important. In addition, their status as distinct concepts is important because in her theory caring-about is morally less important than caring-for, developmentally secondary to caring-for, and potentially dangerous to fully realizing the fundamental good (caring relations) in the world. Both caring-for and caring-about aim to establish, enhance and maintain caring relations, but the former does so more directly than the latter. This is because when we care for another, this interaction results in caring encounters and possibly caring relations, whereas when we care about another it does not so directly result in promoting the fundamental good (i.e. caring relations). This does not mean however that caring-about is necessarily bad in Noddings's view. Caring-for and caring-about can work in concert, or be in tension with one another. At its best, "caring-about can help in establishing, maintaining, and enhancing [caring for]" (Noddings, 2002b, p. 23). Our political activities like voting and protesting can help the conditions for caring-for. At its worst, caring-about is "a moral failure"; we mistakenly think that by caring about we are living up to an ideal of a caring character, while neglecting the work of caring-for (p. 113). In cases where we should care for another, but we only care about her, we are not doing our best as carers.

Analyzing Nodding's View

Having described Nodding's view on the distinction between caring-for and caring-about, I move on to analyze this distinction. Noddings and I differ in the understanding of what differentiates those we can and should care about from those we can and should care for.

Noddings's distinction seems to be a function of some of the qualities of encounter. Noddings tells us that caring-about is directed towards "people who are at a distance from us in terms of social status, culture, physical distance, or time," and caring-for towards those close to us (p. 3). Encounters of those types lead to certain internal states, and then certain activities: she describes caring-for as motivating "direct, face-to-face caring" and caring-about as what happens we cannot be bodily present, motivating the creation of principles that indirectly "enable others to undertake" caring (p. 3). If Noddings is correct in her conceptualization, we would think that it is not possible to care directly for a distant other. In this section I provide several examples that show this is not the case.

One of Noddings's suggestions, that it is physical proximity or distance that is key to caring-for versus caring-about, is exemplified in the following: Noddings states that it is possible to turn caring-about into caring-for by 'receiving' the problem, and bringing the person into proximity whereupon the other becomes "my proximate other and must be met as cared-for by me, one-caring" (Noddings, 1984, p. 113). She gives the example of a teacher who claims to care about her student that struggles with mathematics. To transform the caring-about into caring-for the teacher receives the problem, understands it from the student's perspective, and brings the student into physical proximity, such as by inviting them to her office (p. 113). For the teacher, the student goes from being one of many students, to being an individual in themselves. Noddings uses this example to show that physical proximity is important to caring-for. The caring-for is less likely to have occurred in the large format classroom—it would have been harder for the student to express their need, and for the teacher to be attentive to that need. In this case, the other factors of distance (culture, time, etc.) are absent, isolating the effects of physical distance on caring-for and caring-about.

Moreover, the teacher in this example does not meet the student personally only to better understand the problem. That would be helping the student perhaps, but that would not be *caring for* the student. The teacher might want the student to get the answer or to be able to understand the problem, but not because she is experiencing motivational displacement for the student. She isn't motivated to help the student with this for their own sake, but perhaps just as part of her job. In Nodding's view, the physical proximity triggers caring-for, by putting the carer and the cared-for face to face.

I think that the physical distance helps caring-for occur, but I do not think it is the key factor Noddings suggests. Instead, I think that what is important here is that the teacher and student encounter one-another as concrete individuals in their own right, minus the layers of abstraction present in the teacher/student classroom interaction. The teacher encounters the student as a concrete individual only when they are brought into a setting away from the classroom and the other students. In the classroom, the student may just be another voice, another one of the young pupils. In the teacher's office, the student becomes an individual with their identity and narrative distinct from the other students. The student also encounters the teacher away from the mediating circumstances of classroom formality. The student can express their need to the teacher, who is able to face the student without intervening trappings. Now, this encounter *could* happen in the classroom. It is just much less likely. It is more likely that one-on-one, face-to-face, these individuals encounter one-another directly. Conversely, the student and teacher could fail to encounter one another as individuals in the teacher's office. The teacher could continue to only meet the student as just another student, rather than as a concrete individual in themselves.

As shown in the example discussed above, it is not physical distance alone that blocks or facilitates caring for another. The teacher and student in the example above could have a caring encounter in the classroom, it is just less likely. Consider a further example: We could conceivably care for our spouse when they are on a business trip. We can attend to their emotional needs in conversation by telephone or video. I think most experiences suggest that this kind of care is of lesser quality than the care we receive or give face-to-face. Thus, we say when we are distanced from our loved ones and need their care, “I wish you were here, or I was there.” It seems there is something important about proximity itself for the best caring. Still, though, it seems we would want to describe such a situation as caring-for. I can encounter my significant other as a concrete individual, be attentive to my significant other’s emotional needs over the phone, be motivated to see them met, and attend to his needs by speaking words of comfort and encouragement. Thus, at the very least it is possible to maintain a caring relation over physical distance, and to respond to needs with care.

Further I think that it is also possible to establish caring relations over a physical distance. Modern communications can allow us to encounter others directly even over physical distances. For a case of establishing caring relations or having caring encounters between distant others that are not already in a relationship we can look at experiences of those working with suicide hotlines, or those who respond to expressions of need in online forums. In an online forum community, such as reddit.com, it is not unusual for members cloaked by anonymity to respond to expressions of need such as posts about depression or anxiety. Some of these encounters are very brief, such leaving a text post saying, “It will get better.” Alternatively, users report that people reach out to them through the private messaging system and send long, thoughtful messages and develop longer-term correspondence or even friendships. In the terms of

Noddings's care ethic, I think we would also describe this as caring-for. Although the encounter occurs between strangers and online, the carer experiences attention and motivational displacement towards a concrete individual, and is moved to respond to the needs of the object of care.

In both situations above, I was discussing a limited range of needs, emotional needs, and one type of distance, physical. We cannot through video-chat hold a cool cloth to a fevered brow or feed our children when they are hungry. Despite that fact, it doesn't seem to be the case that physical distance is the key differentiating factor in caring-about and caring-for. Certainly, physical proximity seems like it might help generate caring-for as opposed to caring-about. Conversely, it seems like physical distance does function as a barrier in many cases. However, it is not always the case that either does so. Thus, this factor can't be what differentiates the objects of caring-for and caring-about.

Similarly, I think some of the other conditions she gives are barriers and facilitators to caring-for, but never absolute conditions on caring for. I include here social status and culture. It is possible for people to care for others across social and cultural distance; it is perhaps harder however. Our attention may be flawed; we may find it more difficult to notice needs. Or we may find it more difficult to experience motivational displacement towards people unlike ourselves. It is not, however, impossible. Noddings also includes time in her list—time, however, is an actual barrier to caring for. We can only imagine individuals in the past or the future, and extend our internal state of caring towards them via imagination. There is no encounter with these individuals other than in our imagination, and there is no possibility for activity of caring across time. We can care about these individuals, the same way we care about physically distanced

individuals whom we only meet abstractly. In both cases we extend our caring to these individuals through imagination.

So, if we are able to care for others across distance, social status, and culture, then Noddings's conceptualization falls apart. If we can care for those physically distant from ourselves, then it cannot be physical distance alone that differentiates the objects caring-for and caring-about. I didn't claim that these types of distance are unimportant, only that there are not sufficient for making this distinction.

My View

In my view there is another concept operating here for which all the factors of distance that Noddings mentions are barriers and facilitators. I mentioned it earlier and I will say it here more clearly: I think that the abstractness versus concreteness of the object of care is what actually distinguishes caring-for and caring-about. In some aspects, this is in line with Noddings's theory: when we care for, it is usually for those concrete individuals who are physically proximate, socially and culturally close to us, close in time, or face-to-face. When we care about, it is usually about those abstract individuals who are physically distant, socially and culturally removed from us, perhaps distant in time, or not face-to-face. When we care for concrete individuals, we are likely moved to act in a way that responds to their need directly. When we care about abstract individuals, we are less likely to act to respond to their need directly, and more likely to act in a way that supports another doing so. The difference is whether we are responding to a particular 'concrete' person, or an 'abstract' social role or description.

Noddings herself gives an example that illustrates this well:

A personal story may help to illustrate my point here. Some years ago, when my husband and I had added to our family by adopting Asian American children, a colleague commended us, but then remarked, "But, of course, adoption is not the answer." He wanted a solution at the grand level, one that would "take care" of all parentless children.

I responded with some irritation, “Well, it’s the answer for these kids.” Now, on reflection, I think we were both partly right. There is no adequate substitute for caring-for (direct caring)—of this I am convinced—but intelligent, conscientious caring-about can suggest ways to extend caring-for to many more recipients. (2002b, p. 23)

The carer, faced with an individual concrete child, will care for the child’s need and respond directly, for example, by adopting the child. However, the carer faced with the abstract child who needs to be adopted, may be attentive to and motivated to respond to the problem by creating policies and institutions that makes it so that such children don’t end up in that situation in the first place. Unlike Noddings, however, I don’t think these are distinct and separate: the abstractness or concreteness of an individual in encounter is experienced on a spectrum. At one end, we experience the other as more concrete and at the other end as more abstract. It is more likely that at the concrete end of the spectrum, what comes to attention and what we experience motivational displacement towards looks more like what happens in Noddings’s caring-for: this is the end of the spectrum she inhabits when she decides to adopt the child. It is the child, as an individual with a need for a home, family, and love that Noddings’s responds to. At the other end of the spectrum, when we encounter the other abstractly, the needs that come to our attention and the motivational displacement we experience look more like her caring-about: this is the end of the spectrum her colleague inhabits when he suggests a grand solution is needed for the children. It is the child, as an abstract individual, one of many children who needs a home, family, and love that Noddings’s colleague responds to.

However, even at the concrete end of the spectrum there will still be some degree of abstraction. We never encounter the other completely unabstracted. At the abstract end of the spectrum, there will be some particularity. There must be something particular about the individual or individuals that we respond to. The concrete individual we are more likely to ask after, to get to know them, to find out and to notice their needs. The abstract individual we are

less likely to ask after. Consider that a more abstract individual may be one about whom we only know their needs (for example children who need to be adopted). We may know about them but not actually know them, and in such a case we are less likely to notice some of their needs that can't be easily inferred from general knowledge about their situation. When attentively receiving someone on the concrete end of the spectrum, we will be more likely to notice how they deviate from abstract norms regarding their person or situation. That is because we are paying attention to their individual characteristics, and receiving them as an individual in their own right, rather than letting stereotypes, social cues, and other shortcuts do the work for us.

In between either end of the spectrum we encounter others in the messiness of human relation. Our caring encounters and relations won't always look like Noddings's paradigms. Communications technologies and social media in particular have enabled us to interact with others in a variety of ways. For example if I follow a celebrity on twitter, I might care for them and be attentive to their needs and experience motivational displacement. I may want to see their needs met, but it is highly unlikely I will ever be in a situation where I will respond directly to their needs. The celebrity may never encounter me at all, even though I follow their life closely. I might tweet at them "Hang in there!" if they are having a bad day, along with five hundred other fans, and the only response is a pic with "xoxo thanx love my fans!". This sort of example is not paradigmatic caring-for or caring-about. None of the typical facilitators for caring-for are necessarily present: physical proximity, cultural or social similarities, but I encounter the celebrity concretely, I experience attention and motivational displacement, and I respond directly to their need. Telecommunications and social media have changed the efficacy of the barriers and facilitators to care that Noddings focused on.

These new ways of communicating, however, don't change some things. It is likely that my response gets lost amongst hundreds of similar responses. And the recognition of my effort and the response is indirect. So even though I have the state of caring-for, there doesn't seem to be any real chance of establishing a caring relation or even having a caring encounter. So does it make more sense to think of this as an example of caring-about? This doesn't seem to be an example of caring-about—my internal state looks more like caring-for, the person I'm attentive to and experiencing motivational displacement towards is more concrete than abstract—but nor does it look like that paradigmatic example of caring-for where the carer and cared-for encounter one-another face to face.

When it comes to these kinds of cases, I don't think it does the care ethicist any good to try to torture the definitions of caring-for and caring-about into capturing all the permutations of human interaction. Thus, I think it makes more sense to understand the paradigms of either concept as growing out of encounters occupying a spectrum. If we understand caring-for and caring-about as ends of a spectrum, then we cannot draw a distinction the way Noddings does. I still agree with Noddings that it is caring-for resulting in caring encounters and caring relations that is what the care ethicist should aim at. How do we know, though, when we are caring for another? I think it is evidential if the cared-for would respond that they think the carer is doing so. In the above example about adopting a child, if the child is old enough to understand and verbalize the issue we can imagine them saying that Nodding's colleague doesn't really care for her. She might say, "Yes, he cares about kids who needs homes. But, if he really cared for *me*, he would also want to adopt me." If we are capable of recognizing when people deviate from assumed norms and stereotypes, this is also evidential that we are closer towards the caring-for/concrete side of the spectrum.

Noddings's adoption example also illustrates the vices and virtues of each. Caring-for typically results in direct response to a need. However, this may come at the cost of the larger picture. Unfortunately, the carer exists in a world that is not already a caring utopia, and must contend with structures that discourage care, make it difficult, or make it impossible. Ideally, the carer would like a world in which structures facilitated and encouraged care, or at the very least always allowed care. In our world though, it might be ethically inadequate if the carer only ever acts on caring-for. In such a world it is beneficial for the flourishing of caring relations that carers act on caring-about as well. In the example above, they may work to provide better education, healthcare and support to women of childbearing age, their partners, and their communities. They could also work to improve adoption processes, foster homes, and so on. So caring-about can be useful in that way. It is dangerous, however, if carers in this world do not move beyond caring about—it is only by caring-for that caring relations are created. Without caring relations, we are missing out on the fundamental good. It is likely, though, that those who care for a child and adopt them will also care about children needing adoption.

At this point, the reader may wonder if I agree with Noddings that caring-for is morally preferred to caring-about. A carer who only ever exhibited one or the other would probably not be exhibiting a truly caring character. Both caring-for and caring-about are internal states affirming the basic tenet of a care perspective—that we are interconnected beings—and both motivate us to respond to the needs of others we are connected to. Both are instrumentally good as well, because they contribute to caring encounters and caring relations. Caring-for is morally preferable because it more directly connects concrete people together. Connecting to abstract others is not the same as connecting to concrete others. The latter is more important for and effective at affirming the basic tenet of a care perspective.

Earlier in this chapter I said that if we care for, but avoid letting the cared-for know of our efforts to respond to their needs, then we are failing in affirming our interconnectedness. I pointed to the one directional nature of this sort of activity as the reason why. At this point, it is worth asking whether and how that is different from the one-way affirmation of caring-about, which is generally directed an individual or individuals who will never know of the carer's efforts. I think it is actually similar. The reason why caring-for has more moral worth than caring-about is that when we act on caring-for and it results in caring encounters or caring relations, we are creating connections with other individuals and affirming our interconnectedness. When we act on caring-about, we are usually only supporting other people making such connections. We ourselves are affirming our own interconnectedness to others in the web of care, but we are not communicating that to the object or objects of care.

However, it is morally problematic when the carer cares for another and avoids recognition and/or response, while it is not morally problematic in the case where the carer cares about another. When we care for, it is for an individual we encounter concretely, and when we act on that internal state we typically respond directly to their need. If it is possible to allow recognition and response, and we avoid it, then this is a moral failure. For example, let's say that E is relatively well off in her community and wants to do something charitable for the new year. E knows that there is an elderly woman, G, in her knitting circle who is on a fixed income and sometimes has trouble making ends meet, including paying for heat during the winter. If E anonymously pays for G's winter heating bills, then E is failing to fully affirm her interconnection with G. E might say when asked that she donated anonymously to spare G's feelings, so that G wouldn't be embarrassed, or even E might say that she doesn't want to be thanked. This situation is complicated, because we may think E is making an effort to preserve

the relation with G by preventing G from feeling indebted. Because we live in a culture in the United States where self-sufficiency is valued, it may be difficult for G to explain that she needs help with the heating bill. However, E may not know for sure what G's thoughts and feelings are about the matter. In this situation, however, E could be making an unequal power dynamic more unequal by preventing G from finding out it was E who made the donation. G is powerless to respond positively or negatively, and is prevented from helping E grow in her caring. It is possible that after finding out her heating bill has been paid for, G really wants to thank the person who made that effort. In that situation then E and G's caring relation is prevented from developing as well. This example is complicated, but the care ethicist is going to come down on the side of allowing recognition and response.

We can also imagine a scenario, though, where E sees advertisements reminding people that those on fixed incomes may struggle to pay heating bills during the winter, and that people can donate or get or help for those in need. In this case, E cares about those abstract people mentioned in the advertisement, and acts to help them by donating to the outreach program. E is supporting the outreach program which responds to the needs of people who can't afford their heating bills. There is no specific person who is the object of E's care who is being deprived affirmation of interconnectedness. For the people who receive assistance, and in this scenario let's say G is one of them, they will know they are receiving assistance and that people and corporations have donated to help them, but it wouldn't be possible for them to know what person in particular helped—because it wasn't just one person. It was many. So, G will know that her needs were responded to, in this very diffuse way. She might feel happy that people in her community came together to support people like herself in a time of need. G could also be upset that no one cared directly, that there are all sorts of structural injustices that caused her to

need this kind of support in the first place. In this scenario, however, we can't point to a particular moral failing in the failure to affirm interconnection between E and G.

The problem of when caring-for versus caring-about is appropriate is discussed in the following section, on evaluating care. This section discussed and analyzed Noddings's view on the distinction between caring-for and caring-about. I argued that her conceptualization does not hold up, and that the two concepts are best understood as differing in terms of how abstract or concrete the carer-for is when encountered. I return to this discussion in the next section to talk about how caring-about can be evaluated, and how the carer properly balances caring-about and caring-for.

Section 4: Evaluating Care

Thus far, this chapter has focused on introducing and analyzing the care ethic and the component parts of caring: caring relations, caring encounters, caring-for, and caring-about. In this section, I discuss what evaluative claims can be made within this care ethic and how we go about doing so. In order for me to make the case in Chapter 2 that the care ethic can provide useful insight and guidance for individuals in the food system, and structural critiques of the food system, I need to give an account of how we evaluate people, efforts, relations and the structures surrounding care. In the first part of this section, I revisit the assertion that this care ethic is consequentialist and get more specific about the moral force of obligation within the ethic. I answer questions about our ability to make evaluative judgements about caring as theorists. I also explain how carers guide their own ethical actions with any ability. In the second part of this section, having explained theoretically how we can judge, I describe how we go about this in practice. I give explanations for how we coherently judge individuals and their efforts carers, as well as structures surrounding care.

Stepping Back: How do we evaluate? How do carers know what to do?

For the care ethic to be useful in the real world I think we should expect a few things from it. First, we need an account of how people are able to guide their own ethical efforts. Second, we need an account of how we can judge when those efforts go well or go wrong. This is a complicated discussion because Noddings's theory and my own have features similar to consequentialism, virtue theory, and particularism and thus some of the same challenges.¹⁴ I start this explanation by returning to discussing how the care ethic is consequentialist.

Noddings says and I agree that “at bottom ... care theory is consequentialist ... It asks after the effects on recipients of our care. It demands to know whether relations of care have in fact been established, maintained, or enhanced, and by extension it counsels us to consider effects on the whole web or network of care” (2002b, p. 30). The care ethic is not consequentialist in terms of some narrower definitions: it is not agent neutral; and the moral value of an act does not depend solely on its consequences. I say not solely because efforts that positively affect the web of care and carers, but are not made in step with a caring character, cannot be said to be truly caring. For example, it is not possible to create an algorithm that predicts the most care-generating response in any particular situation and use that to guide one's actions while not cultivating a caring character. If one's efforts in caring are divorced from the internal states of care, then one cannot be said to be acting ethically within the care ethic. The care ethic is consequentialist, however, in that it is not enough to have good intentions in our caring efforts. It is not an objective or subjective consequentialism either: if our efforts as carers are to be morally good they must actually be successful. The overall effect of one's efforts on

¹⁴ Virtue Theories or Virtue Ethics are theories of morality that explain moral rightness in terms of virtues or moral character. For more information please see Hursthouse (2012). Moral Particularism is a type of moral theory that denies the existence of moral principles, and emphasizes the variability of the relevance of details of moral situations. For more information please see Dancy (2013).

caring relations in the web of care is the criterion by which we judge what is morally right or wrong.

Noddings emphasizes the consequentialist nature of her care ethic, but also holds a very context-sensitive view of care. I think this context-sensitivity has led some of Noddings's critics to misunderstand the moral force of obligation in her ethic. While I respond in more detail to the substance of Garland's case against Noddings in Chapter 2, I want to touch on his claim that Noddings's version of an ethic of care fails to "establish an obligation to help strangers in distant lands" (p. 181). In short, he is correct. However it is not for the reasons he gives in his argument, but because the care ethic does not generate any specific obligations that we can theoretically derive external to the context of a particular situation between particular people.

The care ethic is not actually particularist, because it has at least one general principle: to respond to expressions of needs with the basic attitude. That principle generates general obligation for the carer, but exactly what response is appropriate is highly context-sensitive. It is for that reason, the context-sensitive nature of the care ethic, that I say it faces some of the same problems as particularist theories. Caring involves responding to needs, but what needs or whose needs should be responded to cannot be derived from principle. This view rejects the idea that responding to needs can be reduced to attending to hierarchies of needs such as those put forth by Martha Nussbaum or Amartya Sen.¹⁵ Instead, it is the particular details of the situation and those involved that determine what or whose needs should be responded to.

So in a Noddings-style care ethic, obligation is not externally derived from theoretical principles. Instead, it is an internal "I must" that arises in those who have developed practical wisdom in caring (2002b, p. 52). We can generalize when it is likely appropriate that this sense

¹⁵ At least one care theorist, Joan Tronto, actually does think that incorporating a hierarchy of needs such as those put forth by Nussbaum and Sen is the best way to give an account of a care ethic. See Tronto (1993).

of “I must” should arise, and when it is inappropriate. However, there will always be exceptions, and the particularities and messiness of the situations we find ourselves in in actuality may not benefit from armchair theorizing. To guide their actions, carers develop practical wisdom that guides their ethical actions. Those less-developed may find their care goes wrong more often, whereas those more-developed may find it goes right more often.

This is very similar to the Aristotelean notion of *phronesis*, i.e. practical wisdom. It is not an innate knack, it is developed over time while practicing care and observing the world around oneself. The carer uses this practical wisdom to judge when needs should be met, how needs should be met, how to maintain caring relations in the face of negative response from the cared-for, and so on. Ideally this happens jointly with a well-developed capacity for attention and motivational displacement. And again similar to the Aristotelean notion, it is expected that children and adolescents are less likely to have practical wisdom and thus are not usually culpable for failures of such, while adults are.

Even in a particular situation and context it is not possible except if one is a moral saint to make definitive evaluative judgements before acting concerning which actions may be right or wrong. An individual carer may have a sense of obligation, but her practical wisdom could fail her in how to fulfill that obligation. Or, in someone whose practical wisdom is not well-developed, they may fail to feel a sense of obligation when they should. Even *ex post facto*, it may be difficult if not impossible to discern what a right or best course of action in any particular situation would have been. At this point, the reader may then question how any care ethicist has the ability to guide their own ethical actions.

There are certainly many ways that we can go wrong in applying our practical wisdom. There are also many ways we may fail to call upon our capacity for attention and motivational

displacement. We may feel rushed or busy, we may be emotionally exhausted, we may be distracted, or we may fear the obligation resulting from attention. If we call upon our capacity for attention, motivational displacement may arise and then obligation towards the object of care. The activity of care is not always easy and may be physically, mentally, and emotionally taxing. Thus we may sometimes purposefully avoid calling upon those capacities. We may also sometimes fail to receive in attention any expressions of need due to our lack of familiarity with a context or other ignorance. Further, among different people and even in the same person over time our level of practical wisdom and capacity for the internal states of care may vary. It is the case that some people never develop the capacity for care. However, in a Noddings-style care ethic, in order to do good, the capacity for care and the practical wisdom to respond to needs is necessary.¹⁶

So when Noddings or myself use the term ‘obligation,’ what we really mean is what a carer with well-developed practical wisdom and the capacity to care would perceive as an obligation in such a situation (unless otherwise noted). These obligations, though, are never fully generalizable to specific instances of all such situations. By that I mean that within the care ethic, if in a particular situation one violates a generalizable obligation, this would not mean they have necessarily committed a moral harm. There could be particulars of a certain situation that rendered the generalization moot. However if one violated an obligation derived from principle, this would mean they committed a moral harm. In the rest of the paper, then, when ‘obligation’ is

¹⁶ I acknowledge that there may be criticism of a theory that requires a capacity that not all people have. Further, there may be questions of whether is it even possible for all people to have this capacity. While this is an interesting debate, I do not have room to address it in this thesis. Studies do show that individuals of both genders develop a capacity for care and can access it at different ages, but for more information please see Noddings (2002b), Gilligan (1983), Johnston (1994), and Skoe et al (1996).

used it refers to the above-mentioned sense of obligation. We can generalize what obligations for certain people may be in certain situations though they won't be absolute.

To someone like Garland, however, it is still true that the care ethic does not obligate us to distant strangers, but that is because such a general conception of obligation is just incoherent for the care ethicist. Garland and the care ethicist are going to be at cross purposes here: He claims that the inability to have a general conception of obligation deems the care ethic inadequate. The care ethicist is likewise going to criticize any ethic Garland would endorse for not being sensitive enough to the particular details of any situation.

If you accept the above discussion, then at this point I have given a general account of how, theoretically, evaluative judgements can be made about carers in the care ethic. In the next part of this section I describe the content of judgements about carers. That is, I provide the tools to make evaluative judgements about the particular cases we look at in Chapter 2.

Evaluating Individuals and Structures in the Care Ethic

In a way, making judgements about individuals and structures in the care ethic is a curious effort. The care ethic is most concerned with what happens in relation between two individuals. The moral worth of our efforts is derived from what happens between two individuals. I think it is important, however, to give an account of how the care ethicist goes about evaluating both individuals and structures. First, each of us only has control over our own personal efforts.¹⁷ Thus, I think it is valuable to describe how we judge those individual efforts. Second, each of us lives in a complex global society where many structures, both abstract and physical, interact to determine, at least in part, the shape of our lives. Since these structures

¹⁷ Indeed, some individuals may not have control over their own efforts. I have in mind young children and infants and people with severe mental handicaps. I think the case can be made to include others in this category. While the care ethic is capable of addressing judgement of these individuals, and it is important to include them in our moral consideration, I am choosing to leave them out of my discussion in this thesis.

influence our lives and especially our encounters and relations with other people, I think it is important to discuss what critiques the care ethic may be able to generate about these structures.

In order to guide the discussion in Chapter 2, here I explain what sorts of efforts and judgements are usually good and usually bad in caring. We know that our caring efforts should achieve a certain effect—but what kinds of efforts in the real world usually achieve that? There are many component parts of caring and many different ways of positively affecting caring relations in the web of care. Caring involves the internal state of caring, adjudicating needs, acting on caring, and then the recognition and/or response of the cared-for to the carer. This can happen when we care for or care about another. Then I talk about what obligations carers have and the role of the web of care in determining those obligations.

Understanding all of those are necessary for understanding how we evaluate individuals and structures. These explanations are woven together. We already have in hand our criteria for evaluating individual's ethical efforts, but it is useful to understand how and where they have gone wrong. When it comes to evaluating structures that effect our caring efforts and the web of care, we are concerned with structures that are barriers and facilitators to care. Structures that usually or always block care are going to be bad, and those that usually or always facilitate care are going to be good.

Ideals of Caring

Internal States of Care

The internal state of caring involves attention and motivational displacement. The internal state that arises in response to concrete others is caring-for, and towards abstract others is caring-about. Paradigmatically, caring-for “seizes the consciousness” and has a stronger emotional component than caring-about (Noddings, 2002b, p. 17). Caring-about, since it is

directed towards abstract others, is an echo of the care we direct at those we encounter concretely generated by our imagination.

Earlier I explained and agreed with Noddings's view that attention and motivational displacement can involve affective states like empathy, sympathy, or fellow feeling in several ways. She terms this natural care. When we have to summon these internal states out of some ethical motivation and that caring disposition is not present, this is ethical care. Specifically, it is the internal state of care that is natural or ethical. In my view, the internal states of caring-for and caring-about can both be either natural or ethical. For both, the internal state is ideally natural. In encounter, ideally our attention would pick up on whatever is important whether expressed or inferred. Then we would be motivated to respond to the needs brought up in the encounter.

There are two reasons for preferring natural caring over ethical caring, and thinking that natural caring is superior in promoting the fundamental good that the care ethicist seeks to promulgate. First, ethical caring is often inferior to natural caring in terms of directly creating, maintaining, and enhancing caring relations. Second, if the cared-for discovers that the carer was motivated ethically rather than naturally, this could be damaging to the caring relation.

When it comes to those we encounter concretely, ethical caring is useful when a member of a caring relation cannot summon natural care—perhaps even a caring relation can be generated by the encounter in which activity to meet needs is motivated by ethical caring. However, if the cared-for recognizes that the carer's efforts are ethically motivated this can damage the caring relation. For example, if my significant other comforts me when I'm sad but he seems slightly distracted or I just don't feel that we are connecting I might accuse him of not really caring for me right now. We are usually upset and may even feel betrayed when we find out what we supposed was naturally motivated care was actually ethically motivated. The carer

can perhaps restore the relation by explaining why they acted out of duty rather than inclination. So if my partner tells me he was just exhausted, and apologizes, I may feel this explains why he acted in a way that did not affirm our interconnection in the right way. However, if we summon ethical caring too often, it will likely become apparent. The cared-for may become disheartened, embittered, or spiteful. In addition the carer can be damaged by summoning ethical caring too often. If the ethical caring is dissonant with their carer's actual emotional state, this especially can have negative outcomes (Ben-Achour, 2015; Kiely, 2008). In both cases we see that emotional caring can create problems in the caring relation that are different than if we cared naturally.

For those we encounter abstractly, we might think it matters less if we are naturally or ethically motivated. Paradigmatically, we encounter these others in ways that do not allow for recognition or response. If the cared-for cannot recognize how we are motivated, we might think it doesn't matter. We might even think it makes sense to care out of duty for abstract others and save our emotional and psychological resources for those we encounter concretely. For the care ethicist, however, it is going to matter whether or not the cared-for is aware of what is going on. Caring out of duty is an inferior way of affirming our interconnectedness and interdependency in comparison to caring out of inclination and affection. Moreover, if we strategize to reserve our emotional and psychological resources for a certain set of people as a means to an end this also reflects unconcern for others. So while you might make the case that it is more expedient to ethically generate care towards abstract others, this is not in the spirit with the care ethicist who works on cultivating a caring character.

Noddings likens ideal natural care to a virtue.¹⁸ It is a skill that we learn as children, and individuals seem to be more or less skilled at caring for others and receiving care. Those who are more skilled may find it easy to care naturally for others. Those who are less skilled may need to more often summon ethical caring. Ethical care may also need to be summoned when one is experiencing compassion fatigue. “Compassion fatigue occurs when a care-giving relationship founded on empathy potentially results in a deep psychological response to stress that progresses to physical, psychological, spiritual, and social exhaustion in the family caregiver” (Lynch & Lobo, 2012, p. 2125). At the point of exhaustion, the caregiver may feel numb, unable to produce the motivation necessary to care naturally. However, he may still be able to care ethically, doing what he would do if he were to care naturally.

Attention & Motivational Displacement

Whenever the internal state of care involves a caring disposition, the carer may find it easier to experience the internal state of care. This may be especially true for motivational displacement—if an affective state such as love or empathy accompanies or is generated by our attention to one we encounter, then that affective state could help propel motivational displacement. This will not always be the case though. Attention and motivational displacement have several factors that may make them more or less successful.

Attention is part of the internal state of caring-for or caring-about. For most of us it is a skill that needs to be nurtured. Self-absorbed people are particularly poor at attention, they “seem never to develop the capacity for attention” (Noddings, 2002b, p. 17). There are also some people who are particularly perceptive of and sensitive to others’ needs. Ideal attention receives

¹⁸ However, Noddings would argue that it is not actually a virtue for at least two reasons: 1) Caring is the origin of virtue, not virtue one among many; and 2) Caring starts with a dyad (the carer and the cared-for), not with a “lone, virtuous individual” (Noddings, 2010b, p. 30).

the other as an individual in their own self, recognizing their needs in their own context. This includes not assuming that people in other communities are operating with the same value set as we are; so, not requiring they have the same standards, fix their problems in the same way, or have the same obligations. Moreover, ideal attention will pick up more in an encounter than what is overtly expressed. At the most concrete end of the spectrum, ideal attention is the pure attention I described earlier. At the abstract end of the spectrum, there is less input to receive attentively. Consider that there is a huge difference in encounter if I interview a survivor of a natural disaster face-to-face versus if I read excerpts of someone else's interview with the person in a magazine. And yet more difference if I don't encounter the individual at all, but only an abstraction of them as I read about the residents of the town devastated by the natural disaster. At the very abstract end of the spectrum, ideal attention receives whatever there is to receive, and then we rely on our imagination to supply further input to generate a picture of the individual(s).

The skill necessary to be good at receptive attention to someone you encounter concretely, face-to-face, is going to be slightly different from that necessary for being good at encounter of abstract others. In the case of the former, we need to be able to interpret body language, tones of voice, and other social and cultural cues that go beyond what is overtly expressed. It is important that the carer is able to pick up on needs that may not be verbally expressed. Noddings describes an encounter of a professor with a younger student; the student came to ask a few questions—and unbeknownst to the older man—to help decide whether or not to commit suicide (2002b, p. 17). The man responded to what the student was asking, but failed to pick up on anything else. The man and Noddings offer this as an example of a failure of attention. The man failed to identify some needs that the student had - obviously beyond the

needs directly expressed in the encounter. Both Noddings and the man believe that if the man had been more receptively attentive, he could have picked up on more in the encounter.

When we encounter someone abstractly, this can be because the medium of encounter abstracts the individual or it can be because we ourselves use cultural and social paradigms to abstract the individual. Sometimes we use cultural and social paradigms expediently to enhance understanding of a situation. Sometimes it can be damaging to our ability to respond with care to the other person. Those carers who are more skilled will be less likely to use cultural and social paradigms and have it result in harm. If it is that the medium of encounter abstracts the individual, and there really just is a limit on what is available to our attention, the carer needs skill in understanding the context of the medium. This could mean knowing, for example, that what someone decides to put on social media may not reflect the whole of their thoughts or experience. Or it could mean understanding that a liberal television network may have a certain bias in reporting. Our attention when we encounter others abstractly combines knowledge of the medium of encounter, cultural context, and other inputs with whatever is overtly expressed in encounter to create an image of the abstract other(s). Additionally, the carer should not presume to have encountered the other concretely when they have not. The carer is ideally aware of the limits of their attention, and takes that into consideration when deciding how to respond to what arose in encounter.

When it comes to motivational displacement, the ideal is that motivational displacement immediately arises out of attention, propelled by some affective state or states. While this may be true especially for those we encounter concretely who may be more likely to general a caring disposition within us, it is not always the case especially for those we encounter abstractly. When it comes to encounter of abstract others, attention may not easily lead to motivational

displacement because it is too hard or too big. Noddings describes this saying, “I look right at the sufferer, but I admit that I can do nothing further” (Noddings, 2010a, p. 12). In such cases, we may have to summon our sense of duty or ethical will to propel that flow of motive energy towards the object of care.

While Noddings claims that natural caring is preferable to ethical caring, she does acknowledge that “there are limits to what one carer can do... we cannot care for everyone... To suppose that we can or that we ought to is a lovely but wild dream” (2002b, p. 48). The care ethicist, having made a commitment to be a caring person, ideally responds with natural care whenever possible, summoning ethical care when needed.

Adjudication of Needs

The internal state of care is just the first part of a caring encounter or caring relation. Carers must also adjudicate needs and respond to them. The carer does not always fulfill expressed or inferred needs. Sometimes the caring response to a need is to affirm “I am here” and explain why you cannot or will not fulfill the need. The carer thinks there are some needs that we should not meet. Our obligations in the web of care describe how would should adjudicate needs.

Fully, our obligations are determined by “personal capacities, the nature of regular encounters in a particular life, and the complexity of one’s own web of caring” (p. 51). Noddings, like many of the authors writing on care, take into consideration the fact that there are limits to our caring capacities—physical, mental, temporal, etc. These limiting factors are one aspect determining our obligations. Practical wisdom in caring would suggest that we are not blameworthy for failing to respond with care when we do not have the resources. Another aspect is the positions we hold in a community that may determine our regular encounters or the

complexity of our web of care; whether it is a certain profession, personal obligations of family and friends, or other. The care ethicist's obligation is to respond (remember, not necessarily fulfill) to what arises in encounter—and although one may not be morally blameworthy for failing to do so if there are limiting factors, it is still the case that one is failing to live up to caring ideals.

The web of care has an impact on our obligations because how we are connected to people in the web of care influences how we encounter them. For example, the circles of proximate others are often governed in part by rules, codes, or cultural norms that guide our interactions. In virtue of certain roles or relationships, we have certain responsibilities to people. We usually encounter those in our inner circle of care more concretely and those in the outer circles more abstractly. Noddings explains this by saying we have stronger obligations to those closer to us in the web of care. In her view then, the level of obligation you have corresponds with how far removed someone is from you in the web of care. Often, this will correlate with how abstractly or concretely you encounter someone. I agree with Noddings to an extent, that our connections in the web of care determine our obligations. However I think she leaves herself open to allowing problematic parochialism.

Given that we are interconnected in a web, in circles and chains, we are not connected to every other individual on the planet as a first order connection. Typically, caring-about is appropriate for those connected to us more distantly in the web of care because they are more often more abstract to us, and caring-for towards those more closely connected because they are more often more concrete to us. If we understand caring-about as being on a spectrum with caring-for, then one ethical worry is the case in which we are on one side of the spectrum (caring-about) when we should be on the other (caring-for). Those in our inner circles of care we

should care for. As we move outside the inner circles of care, the regularity of our interactions, our special roles in our community and the particulars of the situations we find ourselves in will determine whether caring for or caring about is appropriate.

However it becomes problematic for the carer if we rely solely on these roles to guide our actions as they can distort our attention or limit caring encounters and caring relations. The carer may sometimes want to refuse to conform to these roles. This could be because supporting caring relations is better achieved another way. Another possibility is that those roles could be harmful to caring relations. A third possibility is that those roles require carers to act in ways that reject the truth of our interdependence. In those cases the care ethicist may decide to care for another directly when it is suggested they only have to care about. Or, alternatively, a carer may decide that being expected to care for another is inappropriate, unhelpful, or too burdensome and it is more appropriate to care about the other.

But when should caring-about become caring-for? Whenever caring-about suggests a lack of caring attention or rejects the truth of our interconnectedness. If my neighbor comes over asking for help because their kid is having a medical emergency, if my only action is to recommend she call 911 and then donate to some sort of CPR education fund, we would think it a very strange and generally bad response. But even if I call 911, if I do nothing else, is that okay? I think that motivated by caring-about, calling 911 would be sufficient, but it might reflect that I'm not acknowledging the relationship between myself and my neighbor. She reached out to me for help. I should inquire later after herself and her child. I should go over and see if I can help until EMS arrives. I should sit on the curb and direct EMS to the house. In the former example, I am responding to a more abstract person, one who needs 911 called. In the latter example, I am responding to a more concrete person.

In cases then where I care about people who are distanced from me in the ways mentioned above, should I ever bring them closer? As a carer develops a caring character and the practical wisdom that comes with that, they become better at judging when to do so. The carer is going to ask about why they are distanced. If it is on purpose, such as attempting to avoid encounter, this would belie the basic truth of the ethic.

Similarly, relegating some individuals to do all the caring work while others take advantage raises the same problem for a carer. If we are connected to systems that disconnect people, or deny our connectedness, then this is problematic for the carer. People who are being exploited certainly do not feel connected in human fellowship to the people taking advantage of them. Or, if they do, we generally think there may be an underlying pathology. Taking advantage of or exploiting people goes against the basic truth of our interconnectedness.

What about the reverse, it is ever appropriate to go from caring for another to caring about them? In many cases, if we care for someone, we are also motivated to do the kinds of things we would do if we only cared about. If I have an uncle with multiple sclerosis, I care for him as my uncle, but I also donate to multiple sclerosis-related foundations motivated by my care for my uncle. We generally think it is a failure of imagination when someone cares for a close family member or friend with a particular need, but isn't sympathetic to abstract others with the same need.

Sometimes we may make efforts to act on caring for some individuals and realize that our caring efforts were unwanted. Some friends of mine tried to start a tutoring program in a nearby suburb with underperforming and underfunded schools. These friends are from the same metro-area, but a different suburb. They were from the same socio-economic background as the target population. However, their efforts to start the tutoring program were not widely appreciated.

While they did have some students attend, they received a lot of criticism from the local community. The feedback was that my friends should have supported the efforts of a locally-grown tutoring program rather than creating a new one entirely staffed by outsiders. Their efforts to care for concrete others were perhaps not the best use of their time and resources—and not the most effective or desired response to the community members’ needs. I think we can understand this as an example where caring for should be turned into caring about.

All of this is in service to maintaining the interconnectedness - not just the existence of it, but people’s understanding of and belief in its importance. So if we care for someone, but they find it threatening or uncomfortable, we should back off and care about instead. If a caring relation is toxic, it should be changed or the relationship ended. It doesn’t mean that the actual caring goes away, it just means that our practical wisdom regarding how best to act on our care has changed.

The contemporary carer lives in a complex global society, but with a limited capacity for care and limited resources. The capacity to care refers to the mental and physical capabilities to care. The capacity to care varies between lives and within lives—as we have more mental and physical energy and health we may be able to care more, and less when we have less. The phenomenon of ‘compassion fatigue’ is an example of the depletion of people’s capacity to care. If we are or become physically disabled, we will be unable to fulfill needs that require certain kinds of physical care. The business of our lives may leave us with more time to care for people at certain points and little or no time at others. We also have limited material resources to care. Attending to needs and fulfilling them can be hard work and also expensive and resource-intensive.

This is closely related to the ability to care which refers to the functional capabilities required to care: attention/receptivity to others, motivational displacement, caring action, and responsiveness. Children have to learn to care for others. Our ability to care will constantly shift throughout our lives as well. And as we get older and we have more life experiences we become able to recognize needs in more places. Some of us will suffer abuse or other hardships that may close us off to the connection of caring for, diminishing our ability to care. If we convert to a religion whose tenets are in opposition to that of our parents we may no longer be able to experience motivational displacement with regards to our parents' projects.

A concern of feminist critics is that if we employ this ethic in a society where women's capacity and/or ability to care is thought to be superior to men's, that such an ethic would reify and legitimize structures that marginalize women. Noddings's response is to agree that this is a concern, but to disagree that this means we should reject an ethic of care—rather we need to work to revalue caring work and work for equality among genders.

So in balancing obligation that arises in encounter and the restraints of limited resources, the care ethic judges a carer on whether they have done so in a way that maximally supports caring relations through developing a caring character. When it comes to a carer's efforts in supporting caring relations, they are best aimed at creating relations between people for whom a quality relation is possible. Thus often it would not make sense for a carer to try to turn caring-about into a caring encounter if the object of care is abstracted in such a way that turning caring-about into caring-for is difficult. The carer could get in touch, could bring the cared-for into dialogue. In doing so both might become more concrete to one another. But that energy and effort might be better spent on supporting an individual more proximate and concrete to the carer, where the potential for a flourishing caring relation is greater.

Depending on the object of caring-about, it might also be the case that someone else more proximate and concrete to that individual really is better suited to enter into a caring encounter or relation. So sometimes acting on caring-about is the best you can do in response to an encounter of abstract others. In this case, we wouldn't want to blame the carer for a moral failure for not turning caring-about into caring-for.

To determine the overall best decision for a carer in any given encounter, or to evaluate a carer's overall caring we would need some sort of caring calculus that could weigh the factors that the carer balances in making these decisions. As a theoretical matter, this is how we would judge carers and caring lives. Practically however, carers make these judgements having developed practical wisdom in caring.

Activity of Care & Recognition and Response

There are several lessons about ideals in the activity of care, and recognition & response that we learn from ideal homes. One lesson I've already discussed at length: Caring activity is guided by the basic attitude of care, "I am here." Noddings claims that in ideal homes parents affirm their connectedness to their children in expression of the attitude of care. Other lessons from ideal homes include that when attending to needs ideal homes also avoid benign neglect and paternalism and they don't invoke negative desert (Noddings, 2002a, p. 443). Negative desert is the idea that someone deserves some kind of negative feedback as a response; whether a verbal reprimand, withholding of privileges, or other. At the same time, ideal homes sometimes employ coercion to make children do things that are good for them, even if they do not wish to. Noddings has less to say about ideals of recognition and response. She does think they are vital to caring—in fact, one of the reasons she thinks caring-for is superior to caring-about is that recognition of caring is only possible when one is cared-for.

I think that the role carers inhabit when they are cared-for also has ideals that our practical wisdom would guide us towards. Earlier I discussed that in receiving response the carer must constantly reframe and adjust their caring based on input from the cared-for and the details of the situation. I want to add that at the same time the cared-for has an obligation to respond to the carer. This is because it is reflective of unconcern and denies our interconnectedness when we ignore or take for granted someone's efforts to care for us. When we are cared-for, it is not always the ideal that our response is thankful. When a carer's efforts to respond to a need miss a mark, ideally the cared-for expresses this to the carer. When power dynamics in a caring encounter or relation are very unequal, it may be necessary for the cared-for to respond in a dynamic or bombastic way to get their point across. Ideally, the response to care is given in such a way that it helps the carer. Sometimes our practical wisdom may suggest the best way to do this is kindly, sometimes it may suggest the best way to do this is with a harsh lesson that leaves the carer's missteps in sharp relief. We may try to clarify what is needed, or critique how the need was attended to.

When response is not possible, recognition should at least occur. When we are cared-for, it is ideal that we recognize the other concretely who cared for us. When our needs are responded to by someone who cares about us, we should at least recognize the abstract individuals who made those caring efforts. If we are unable to recognize when we are cared for or cared about, this could suggest a lack of well-developed caring ability and practical wisdom.

Evaluation and Ideals

So when we are evaluating an individual's efforts, we are asking whether they lived up to these ideals. Whether or not they are culpable for failures of care or harm to the web of care, we might look at whether they failed to be attentive or respond to a need or caringly attended to the

need because of neglect (blameworthy), or because of resource constraint (not blameworthy). Just because we are not blameworthy when our resources constrain us, however, does not mean that we necessarily doing our best as carers. Cultivating a caring character requires us to see resource constraint as a sad fact of the world that limits caring ability. Feeling relief at being ‘off the hook’ for responding with care might be a real reaction, but is not in line with an ideal caring character. While Noddings does not say it explicitly, she suggests that ignoring problematic issues because they are tough or because we feel powerless is not acceptable for the care ethicist (2002b, p. 212).

When evaluating structures, we can ask whether they act as barriers or facilitators to the flourishing of caring relations. Similar to how the carer views resource constraint (and some resource constraints may actually be structural features of the world we inhabit), carers ideally acknowledge the harmful impacts of structural constraints. We do not see them as letting us off the hook from caring, but as structures that tangle and tear the web of care (2002b, p. 274). As an example Noddings considers the care ethicist’s response to capitalism as a whole, which is a structure that some might claim creates a world in which it is impossible or very difficult to be good. Noddings says, “capitalism, like liberalism, has both positive and negative moral features. Rather than condemn it verbally and continue to live by it because we feel powerless to eliminate it, we should find ways to modify it.” (2002b, p. 212)). In this quote, we can see that the care ethicist tries to make the system one in which it is possible to be good.

I haven’t explained how we judge each and every possible situation or structure—that task is practically impossible because the variability of the world is so great. I do believe, however, this section has provided insight into how the care ethicist can make judgements about

caring, what some of those judgements are, and how the care ethicist guides their own ethical actions.

Chapter 1 Conclusion

This Chapter described the care ethic being used in this thesis. I argued against Noddings's way of differentiating between caring-for and caring-about, and claimed that we should understand them as of a kind and on a spectrum rather than as completely separate ways of caring. I think her conception of the distinction is wrong because it relies on a faulty view of how we encounter other people, and my interpretation of the care ethic is more consistent with how we actually do so. I also clarified the moral force of obligation in the care ethic, and explained how care ethicists navigate making individual moral choices. In the final section of this chapter I described how we evaluate and judge individuals and structures in the care ethic.

In the next chapter I defend this version of a care ethic against criticisms that it cannot generate global moral concern. I also argue that this version of a Noddings-style care ethic is the theoretically consistent way to understand issues of moral concern regarding our food supply, in opposition to a different suggestion from Deane Curtin. I show how we can analyze and understand harms and goods in the U.S. food system through a few select examples and use these to make the case that the care ethic can provide useful moral guidance for individuals and give structural critiques of the U.S. food system.

CHAPTER 2

In this chapter the discussion moves from theory to application. In the first chapter I explained and analyzed the key components of the care ethic. Now I apply the theory to the issue of the United States food system. I mentioned earlier that the literature is in disagreement about whether a Noddings-style care ethic can be useful in the public sphere, and if so of what use. Noddings herself has changed her stance on this issue between her earlier and later works: in her early 1984 work she thought it was of little or no use, in the 2002 work I've expounded upon she claimed the care ethic is useful for structural critiques of morally problematic social structures, and then most recently since 2010 she has said it should be paired with a justice ethic to be useful in the public sphere. I think that in the case of food ethics, the care ethic I've presented in this thesis does provide valuable guidance to individuals engaged in the food system and offers critiques and recommendations for the structures of the food system.

An analysis of all aspects of the food system is beyond the scope of this thesis. Instead, I have chosen a few examples to highlight some problems within the food system and how the care ethic addresses them. In the first section of this chapter, I critique and reject Deane Curtin's argument of how a Noddings-style care ethic would connect consumers and producers of food and what ethical recommendations it would generate for food consumers. In the second section of this chapter, I respond to William Garland's argument that a Noddings-style care ethic cannot generate global moral concern. I compare two coffee supply chains, and explain that while part of his argument is correct, the care ethic cannot generate robust positive obligations between distant strangers, this does not render the care ethic useless in making value contributions to the ethical analysis of such problems. I make a case for how the care ethicist would deliberate on

their consumer choices and how their actions would be judged in the care ethic. The third section of this chapter analyzes harms and goods in the food system that are sometimes obscured when discussion of ethical food revolves around consumption choices. I look at a few examples of labor abuses against migrant agricultural workers in the United States and responses to those abuses. I argue that currently there are labor policies and practices and market structures that make it very difficult for caring encounters to happen and caring relations to flourish in the U.S. food system. I then suggest one model that has been implemented in Florida for responding to these issues as an example of what a more caring labor structure would look like in the U.S. food system.

Section 1: Responding to Deane Curtin

Deane Curtin applied Nel Noddings's early care ethic to issues in the food system, looking at what the obligation for a consumer in an industrialized nation was. Curtin argues that members of industrialized nations who have a choice in what they eat should make a choice to be moral vegetarians as carers. He claims that a particular choice in the food system, eating meat, is uncaring and harmful and thus people with the capacity and resources to do so should be vegetarian. I think his attempts to apply a Noddings-style ethic to the issue of food ethics violates the tenets of the theory and introduces unfounded assumptions about how harms work in the care ethic. Further I think his decision to focus on consumer decisions belies the very spirit of the care ethic; in his paper Curtin does not make reference to caring relations and caring encounters the way that Noddings envisaged them. You could talk about caring consumption choices without reference to those items, but then you wouldn't be working with a Noddings-style care ethic.

Curtin's argument is captured in his statement that "one's body is oneself, and that by inflicting violence needlessly, one's bodily self becomes a context for violence. One becomes

violent by taking part in violent food practices” (p. 70). Elsewhere he echoes this saying, “personhood is embodied, and through the food which becomes our bodies, we are engaged in food practices that reflect who we are” (p. 71). Here he refers to the unnecessary eating of non-human animals as well as the negative effects from factory and industrial-scale farming on humans in the United States and elsewhere. When carers’ food practices become connected with and benefit from harm, according to Curtin, carers are inculpated as part of the harm.

His claims imply that a caring encounter is somehow transitive in the food supply chain for meat: an animal is harmed growing up on a factory farm, it is harmed when it is killed, people who work on those farms and are exposed to poor conditions and death are harmed by their exposure, and the meat that you eat carries that harm to you. You ingest the result of all of those harms and become part of the cycle of violence. The eater of meat is also personally harmed, because being part of a violent cycle is uncaring and thus unethical and harmful to the carer. Curtin then argues that those of us who can choose our diets should choose to be moral vegetarians, as we choose to opt out of being inculpated in harms and harmed ourselves.

I think his argument isn’t valid in a Noddings-style care ethic. I don’t think that adding a transitive property (such as Curtin did to explain how meat eaters are inculpated in systemic harms) to caring encounters and caring relations is true to Noddings’s care ethic. For one, it is my opinion that she would not agree to such an understanding of encounters. For an encounter to happen there has to be a meeting between a human being and another human being. We may encounter the piece of meat, in the general sense of encounter meaning ‘meet someone or something,’ but this is not the technical sense of encounter in the care ethic. Additionally, we do not necessarily in those ‘encounters’ of meat, come across or notice the associated harms as consumers. Aside from the fact that such ‘encounters’ of meat are not true encounters according

to this care ethic, for ‘encountering’ the piece of meat itself to bring to our attention any harms, there would have to be some mechanism by which encounters wherein we become aware of harms are transitive through certain objects. There is no such mechanism in any version of Noddings’s care ethic.

I also don’t think we would want to introduce such a transitive property to a Noddings-style ethic. Unless food is *sui generis*, then other objects would also be able to transfer encounter. This would mean that the used furniture I picked up at the second hand shop would engender an encounter between myself and the people who formerly used it. Additionally, this would mean I am encountering all kinds of things by the transitive encounter property that I have no way of knowing I am encountering. This would water down what encounter actually is. Further, it is in part the regular encounters in our lives that determine our obligations. If encounters of certain kinds can now happen unbeknownst to us, how will the ethicist be able to determine their obligations? It seems the carer would have the additional burden of worrying about the history of all of the objects and places they encounter. In terms of bringing clarity to the ethical theory, this move does not seem to get us anything very satisfying. But I also don’t think it is necessary to introduce such a property to generate moral concern between the consumer of the meat and persons or beings harmed in the supply chain.

My other concern with Curtin’s extension of Noddings’s care ethic is that it largely ignores the unique viewpoint of the ethic. Other authors, even those working outside the care ethic have made similar claims to Curtin. One example is Lisa Kemmerer, working outside of the care framework, who also argues that persons with dietary choice should choose to be vegan for reasons of animals, health, connections to oppressions, religion, and environment (2014). She also makes a case that eating animals is harmful to ourselves and to others and thus we should

choose a moral veganism. Curtin also comes to this conclusion, but while failing to draw on the fundamentals of Noddings's care ethic. Curtin does not explain how the obligations of caring encounter and the balancing of the web of care come into play in understanding the carer's ethical dilemma. While a care ethic might endorse a vegetarian or vegan diet, Curtin's efforts are not successful in doing so because his basic understanding of the care ethic is wrong.

I think his failure in extending Noddings's care ethic to the issue of food consumption in part stems from his focus on decisions about consumption. I think it is common for discussions of food ethics to focus on arguments concerning consumers' ethical obligations regarding their food consumption decisions. This is not to say that ethicists don't touch on other issues, but it is to say that I think this is one of the most prominent issues within the food ethic literature. It is from that lens then that ethicists investigate issues of whether or not we should eat animals, the ethical weight of organic versus local versus fair trade foods, bioengineering of food, food and health, food and culture, and so on. As I argue in the next section, the care ethicist is going to reject this approach.

If when we say we are concerned about food ethics, we mean we are concerned about the fact that our food system produces direct and indirect harms to people, other living beings, and the environment, then I think focusing on consumption decisions is the wrong place for the care ethicist to look to get at these pressing moral concerns. This is because the basic unit of ethical analysis in a Noddings-style care ethic is an encounter or relation between two people. When we make evaluative judgements in the care ethic, the ethical value of the judgements is always derived from the outcomes of encounter or relation. Food consumption decisions are not themselves the type of thing that is the basic unit of ethical analysis for the carer. Food consumption decisions are usually part of an effort to respond to a need that arose in an

encounter or relation. So, we could give an account of ethical consumption decisions as care ethicists. However such an account would not be the most direct way to analyze the issues that I think are actually of moral concern to those who say they are concerned with food ethics. Another approach to food ethics might be to ask, what makes food good? Well the care ethicist is going to say that food's goodness is going to be derivative from its role in supporting caring relations in the web of care. Again, this is not the most direct way to approach the issue if what we are really concerned with are the harms generated in the food system. The more direct way is to look at the encounters and relations where those harms we are concerned with are being generated.

This is why I have described this thesis as giving a new account of food ethics. I hope the work I have done here supports that food ethicists should focus on making ethical claims about the sources of harms in the food system, rather than on consumers' obligations in the food system, or on describing what makes food good. This is also why I have described my efforts in this thesis as applying the care ethic to the U.S. food system. By pointing at the food system as the structure within which the issues of moral concern happen, I hope to draw our attention to people in relation to one another rather than to the individual making a consumption choice abstracted from their relations and encounters. That said, because ethical consumption choices are a popular subject in the literature I do address what the care ethic is going to say about them in the next section. In the third section, I present the type of analysis I think we should be doing as care ethicists concerned with harms generated from our food system.

Section 2: Responding to William Garland

On the other side of the spectrum from Curtin, William Garland (2000) argued that Noddings's care ethic cannot generate legitimate ethical connection between persons (and beings

in the case of the meat supply chain) who are distant strangers, such as between the consumer and the producer end of a long food supply chain. He claims that caring relations are paradigmatically relations between two individuals who encounter one another directly and cannot be understood in any other way. He argues that in a Noddings-style care ethic, the best a carer can do in regards to a person one does not encounter directly, is to be prepared to care if one does encounter them directly. Such an ethic cannot produce robust positive obligations between distant strangers. Garland's point then is that if an ethic cannot produce global moral concern of that type, then it isn't useful in the public sphere or for addressing such problems. If Garland is correct, then this care ethic does not seem like a good ethic to use to critique the food system.

Garland's concern suggests we should ask whether a care ethic is even the right ethic to use to analyze issues within the food system. Let me attend to each of his points in turn. First, he is correct in claiming that caring relations paradigmatically involve two individuals who encounter one another directly. But regarding his second claim, that the best one can do in regards to a person one does not encounter directly, is to be prepared to care if one does encounter them directly, I disagree. If by directly we can understand him to mean concretely, then in Chapter 1 I showed that carers both care for concrete others and care about abstract others and act on that care. In my version of a Noddings-style care ethic, carers are not parochial the way Garland suggests, barring them from considering acting in response to the needs of abstract individuals. While Noddings's own version of the care ethic may be vulnerable to his criticism, mine is not.

Garland goes on to argue that the care ethic does not then produce robust obligations towards distant others that we do not encounter directly. I tentatively agree with this point. He

then equates the ability to produce robust obligations towards distant others that we do not encounter directly to the ability to produce global moral concern. He concludes that Noddings's care ethic cannot do so, and thus is not useful in addressing issues in the public sphere related to global moral concerns. I argue that my Noddings-style care ethic does not have that problem.

While it is not able to produce robust obligations towards distant others that we do not encounter directly, it is still able to produce a global moral concern that guides carers' actions in response to those distant others.

In the example following this, I will show how that works out in the food system. If Garland's argument can be interpreted to mean the care ethic does not obligate every U.S. consumer to create a caring relation with the people who grow, harvest, process, transport and package their coffee, then he is correct. In many cases, U.S. consumers are not positioned to do so. However, that does not mean that the care ethic generates no moral concern or obligation between U.S. consumers and people involved in the U.S. food system.

To focus this discussion, I will use two supply chain examples to refer to from Daniel Jaffee's book, *Brewing Justice* (2007). His book includes case studies of conventional and fair trade coffee supply chains originating in the Rincón de Ixtlan in Oaxaca, Mexico. In this region all of the coffee producers are very small scale, family farms, distant from major trading points. These producers sell their coffee in one of three ways: to the conventional market through coyotes (middlemen), to the conventional market through the National Peasant Federation (CNC), or to the fair trade/organic markets through independent producer unions like the Oaxaca State Coffee Producers Union (CEPCO) and Michiza (p.81). For this region, coffee is either conventional or both fair trade and organic. Here I am going to focus on two of the examples, the

conventional chain sold through coyotes and the fair trade and organic chain sold through the Michiza cooperative.

In examining the encounters and relations in the two supply chains, I show that while the care ethic cannot generate a strong positive obligation between distant strangers (here end consumers of coffee and those involved distantly in the supply chain of coffee), engaging in certain supply chains as a consumer may be an ethical hazard in some cases, and a moral failure in others. I bring in a few other short examples to emphasize that last point. I think that if I can make the case for that, then I've shown that the care ethic can overcome Garland's criticism and still be applicable for problems of global moral concern.

Background on the coffee supply chains

The coffee growers of the towns of Yagavila and Teotlasco in the Rincón de Ixtlan are much more likely to participate in the conventional supply chain than the organic/fair trade supply chain. Over three times as many coffee producers sell through the coyotes than through the organic/fair trade chains. These coffee producers, though, are all neighbors, and possibly friends and relatives. They choose for various reasons to produce and sell their coffee in different ways.

The conventional supply chain

The conventional supply chain lacks transparency. The coffee producers in the Rincón would find it nearly impossible to know in what country their particular coffee is consumed. Likewise, consumers of their coffee would find it extremely difficult to find the source of the coffee beans they drink. This is because the farmers in the Rincón sell their coffee to coyotes, who then sell it to a warehouse in a trade center. In this case that trade center is Oaxaca City. It is then processed by companies like Cafes Tomari, handed over to "exporters, brokers, and

shippers to consuming-country importers, distributors, and eventually retailers - grocery stores, local markets, and coffee shops, each of which takes a profit along the way” (Jaffee, 2007, p.78). If the coffee is sold to large coffee brands like Nestlé, the coffee beans from the Rincón will be blended with beans from around the world before being packaged, distributed and sold. It is possible that your Nestlé instant coffee bought in the United States contains product from the Rincón.

The farmers who sell into this supply chain are less knowledgeable than the cooperative about market prices and world price fluctuations, and they have less bargaining power in their prices than others. The price and conditions for the coyote to buy their coffee is set by whatever price the coyote gets at the main market, and so on up the chain. Upon interviewing a coyote who regularly buys from farmers in the Rincón, Jaffee says “He [the coyote] admits he doesn’t know what the ‘official’ price of coffee is or how it is set”... ““He only knows what they tell him at the warehouse in Oaxaca City that buys his coffee, where ‘they screw me over good’” (p. 78). We see, then, that the farmers are part of a chain of individuals who are not empowered with knowledge of the market prices or how the market works, reducing their bargaining power. In years when coffee prices dip down, the producers in the Rincón may make very little or no profit even though they have put in the time and effort to produce the coffee.

The fair trade/organic supply chain

The coffee producers who are part of the Michiza cooperative grow fair trade organic coffee. In the Michiza group, they have regular meetings and training sessions where members of the cooperative teach other members how their prices are set, what the world prices are, and how costs and price fluctuations get passed on to member producers (p.82). Most of the producers who have joined Michiza say they did so to get higher prices on their coffee. Jaffee’s case studies

showed that over a period of 5 years, incomes from coffee production rose more for the Michiza cooperative members than for the conventional supply chain members. The payment structure of the cooperative also means that families who are members get payments throughout the year, ensuring injections of cash even outside the harvest season. This gives these families a safety cushion in that vulnerable time of year. It is not without its drawbacks, however. The organic coffee is more expensive and labor intensive to produce and requires a long-term commitment to the cooperative organization as well as to the farming methods. The membership of Michiza claims though that the benefits of belonging to the organization extend beyond high monetary remuneration. One individual working with Michiza from the beginning, Father Renteria, describes that people have gained better social consciousness, education in financial issues, and links to broader indigenous movements (p. 89).

Michiza coffee has a much shorter supply chain, and a much more transparent supply chain. The cooperative has control over the product until it is sold directly to a fair trade buyer. These include roasters like JUST Coffee Coop in Madison, WI. The roasters then sell their product either as packaged roasted coffee or in a coffee shop format. In cases of roasters like JUST Coffee Coop, they clearly advertise where the beans for sale are coming from. If the beans come from the Michiza cooperative, that information is mentioned on their packaging as well as more thorough information and links to the cooperative on their website.

Analyzing the Supply Chain Examples

How does the consumer encounter individuals in the supply chain?

Garland's argument asks after those we do not encounter directly who are distant strangers. It is slightly unclear what he means by 'directly.' Does he mean in close proximity or face-to-face? I argued in Chapter 1 that sometimes we can care for and have caring encounters

and relations with those we do not encounter directly in that sense, so I won't revisit that issue here. For the purpose of this analysis, I interpret him to mean 'concretely' by directly. Here I explain the encounters the consumer may have in the coffee supply chains in the language of my Noddings-style care ethic.

Conventional Chain

If I am purchasing coffee from a modern grocery store and brew it, I may not know my coffee comes from Central America, much less Mexico, much less know of or about the people who helped bring it to me. My coffee experience might begin with seeing the packaging on the shelf and end with experiencing a cup of it in the morning. The nature of the conventional supply chain obscures individuals from each other. Even having read Daniel Jaffee's book, knowing that my Nescafé cup could in part come from the Rincón, I have no way of actually investigating whether that is true.

I could possibly encounter someone at the grocery store from which I purchase my coffee. But I might also purchase my coffee through an app or internet-based delivery service like Amazon.com or Instacart. In those instances I might not encounter anyone, or I might only encounter the delivery person handing me my packages. I could also go to a supermarket or hypermarket in which I do not encounter any individuals and use the self-checkout line. Even if someone at the supermarket or hypermarket helps me, it is most likely that we encounter each other as abstract individuals. If any response to needs occurs here, it is likely that it is ethically motivated or just a mechanistic response performed as part of a customer service job. I could also live in a rural area with a small, independent grocer. In that case, perhaps because of the culture of my community, and the nature of the store, I do have a caring relation with my grocer. The grocer, if they do the purchasing, may have a relation with the Nestlé representative who

organizes sales in the region. Given the nature of a huge conglomerate like Nestlé, however, it is unlikely that the Nestlé representative has any connection with any other individuals in the supply chain. My grocer may however be connected to a delivery truck driver, who could be connected to someone at the warehouse, and so on. Suffice it to say that the ultimate coffee consumer is very far removed from many of the people involved in the supply chain, and may not encounter the ‘distant strangers’ in the supply chain. If the consumer does, then most of the encounters in that chain are likely abstract rather than concrete.

Fair Trade/Organic Chain

If a consumer buys their coffee from JUST Coop, it is possible for them to know that the Michiza cooperative is the producer. If they read the coffee package, it states clearly that the coffee comes from the Michiza cooperative. If they read about the Michiza cooperative online or on the package they may encounter an expression of need from the Coop. The coffee consumer is encountering these individuals abstractly. If they buy it in Madison, WI from the Coop headquarters they will encounter the Coop staff. These encounters are likely abstract as well. The Coop purchasers likely have encounters or relations with Michiza members. These could be abstract or concrete. If the JUST Coop purchasers and Michiza members who do business together are in their positions for long periods of time, it is likely that these relations are between individuals who encounter each other concretely. Coffee purchasing requires the Coop staff to travel onsite periodically; they likely meet with their counterpart staff and spend time in the remote Rincón de Ixtlan.

Given the often abstract nature of encounters in the supply chain, how should the consumer respond?

In Chapter 1 I discussed how the circles and chains of care as well as the nature of particular encounters will determine our obligations in caring for and caring about others. I discuss how that applies to each supply chain here.

Conventional Chain

I already explained that the conventional chain is going to be very long and that most of the consumer's encounters will be with abstract others. The consumer may encounter a staff member at the grocery store in this supply chain. It is also possible the coffee consumer encounters the farmers of the Rincón through Daniel Jaffee's book, a news article, or some other media. For each encounter, we can investigate its nature and how the consumer should respond.

In the supermarket or hypermarket format, when a consumer encounters a grocery store clerk they likely encounter one another as abstract individuals. If needs are revealed in these encounters, they are likely responded to ethically or mechanistically as part of a job. Our roles as customers and store clerks may in part determine our sense of obligation to respond with care to expressions of need in one-another. For example in the hypermarket format, the institutional nature of the building and the corporate structure and branding may facilitate or block caring-for. Certain grocery chains, such as the chain Publix in the American southeast, have built reputations as friendly, neighborhood stores. They encourage employees to interact with customers and to go beyond normal levels of customer service. In this case it is more likely that caring-for occurs. The obligation to respond to care with routine needs in the course of a grocery shopping trip is less strong. There is likely less at stake in terms of damaging caring relations and the web of care if we fail to act with care in those situations.

What about if the consumer encounters the farmers or the coyote? In the conventional chain, the likely mechanism for this is through books or news media. Let's consider that we may have read Daniel Jaffee's 2007 book. In it we encountered the farmers in the Rincón who have trouble making money from coffee. We learned that one reason for this is that they are not well educated in how the world coffee market works and what current prices are. We infer a need for the farmers of the Rincón to better understand those market features and have more agency in the market in order to be able to have a more stable income. In turn that income could help them care better for their families and friends in their community and improve their ability to pursue other personal projects.

When I come to make the decision of what coffee to purchase, however, the needs of the farmers in the Rincón is just one of many needs I may be balancing. I may also be thinking about how much money I have budgeted for groceries this week, which grocery store with what kind selection I can get to, and also what kind of coffee I most appreciate and enjoy as part of my personal self-care. My internal sense of "I must" towards the needs of the farmers of the Rincón might be small. In fact, it isn't even clear to me whether my coffee purchase would help attend to their need or harm the farmers in some way.

But as someone who works to cultivate a caring character, and who is concerned with supporting caring relations, those expressions of need might trigger in me a broader evaluation of my engagement with this supply chain. If these are encounters of abstract others, I am caring-about. It might not make sense for me to fly to Oaxaca to find the coyote to help educate him on market forces. For one, I don't know Spanish, for another he would probably think I'm crazy for doing that. That would be a lot of energy and resources to respond to an expression of need that would take me away from the established caring relations in my life. However, I can do things

that cost less time and energy to indirectly respond to the expression of need, to support those closer to the individual to respond to the need with care. I can contact the Nestlé Corporation to enquire about their payment practices for their coffee supply. I can see if there are educational programs that I can donate to that might help people like the coyote and the farmers be better equipped to navigate the price structures in the coffee market.

Fair Trade/Organic Chain

In the case of the JUST Coop coffee that I buy in Madison, WI, I am more likely to encounter grocery staff and the chain of persons in the supply chain is definitely shorter. Even though JUST Coop is a cooperative business, it may not be the case that the employees or customers encounter one another in a way that is qualitatively different from the supermarket format. However, it is more likely that the coffee consumers who are customers of JUST Coop encounter the Michiza Cooperative members, albeit abstractly. They might do so through literature at the store or through the store staff members.

In regards to the analysis of what a consumer should do in response to an expression of need of a JUST Cooper member, I think this will be similar to the discussion of the grocery staff in the conventional supply chain. In regards to the Michiza Cooperative, however, we *prima facie* might think there is a difference between the encounter of the conventional farmers and the coyote in the above example and the fair/organic farmers in this example due to the difference in the supply chain length. The fewer links in the supply chain give a sense that cooperative members are ‘closer’ to us. Is that really true? The coffee growers in both supply chains are neighbors in the same community. They are not geographically closer. But perhaps it may be true that we are more closely linked in the circles and chains of care.

The members of the Michiza Cooperative however will still be abstract individuals to the coffee consumer. However, the coffee consumer who purchases their coffee directly from JUST is more able to ask after the members: to find out more about their lives, their needs, and so on. So in this example the consumer is more easily able to turn caring about into caring for by encountering the coffee growers more concretely. The consumer is likely to feel a stronger connection, and thus stronger motivational displacement towards the Michiza Cooperative members if they become more concrete. Here, though, caring-about is still preferable. Although the consumer in this instance is more likely to encounter the growers—abstractly or concretely—the consumer’s other obligations and balance of needs and resources is still present.

The consumer as carer may have moved along the spectrum a little further towards the concrete end, but I still don’t think we would want to say that properly the consumer should turn this encounter into a concrete encounter involving caring-for. The consumer would still have to journey to southern Mexico or telecommunicate to care for a cooperative member, and it is still likely the effort would be received as strange. As a consumer of coffee from JUST Coop, the carer is responding to needs by caring about already. The carer is supporting the Michiza Cooperative and JUST Coop to create businesses which operate in the same market sphere as Nestlé, but do so in a way that gives more space for care. That is, persons have more resources and freedom to act and respond with care in the fair trade example than in the conventional example. For instance in the fair trade example, families have more stable incomes and may be better able to respond to needs of family members that require financial resources than those families in the conventional supply chain. Additionally, the Michiza cooperative brought together people and exposed them to other indigenous movements which had the effect of expanding their circles of care. This was not reported to happen in the conventional supply chain.

What about cases where the consumer does not encounter persons in the supply chain abstractly or concretely?

It may be unclear how Noddings's carer, if not abstractly or concretely encountering individuals in the food supply chain, has any obligation to respond—after all, she says “in encounter, obligation happens” (2002b, p. 50). Within the food system, carers may occupy many different roles. If they lack information on the system or fail to recognize a need or a harm it may be because of a lack of transparency within the system, or by design of the carer or a mix of the two. So the carer may fail to encounter an individual because of ignorance. This ignorance may be willful or not.

Whether willful or not, ignorance in regards to the food system means that consumers may fail to recognize harms that they benefit from. This ignorance can be willful, such as privileged Western consumers that insulate themselves from encounter. Perhaps I just don't want to know where my coffee comes from. The ignorance could also be unwilling, such as that stemming from the lack of transparency in the food system as in the case of the conventional coffee supply chain. Noddings, in her own writing, seems to remain agnostic on whether one is more culpable than the other. I think that in some cases our ignorance is not morally justifiable. Willful ignorance and ignorance that results from laziness are reflective of a lack of care for persons in the wider world. This is not in step with the truth of interconnectedness and interdependency. Certainly, there is a limit on what we have time and resources to look into and know. But if we remain ignorant in one instance because we were concerned with learning about another instance, this is not an example of our actions belying our caring character. It is just an example of the limited nature of human beings.

One way of looking at this is to say that supply chains that lack transparency are ethical hazards for the carer. One could be, albeit in a small way, contributing to and participating in chains of harm. For the person who has made a commitment to be a carer, benefiting from and participating in such a structure would belie their commitment.

We could also ask about the problem of willful isolation from encounter. On the one hand, purposeful isolation from encounter is sometimes morally excusable and appropriate. Noddings gives the example of a parent controlling their child's encounters to prevent the child from encountering those who would do the child harm. Or, as an adult, one might control their own encounters to avoid those that bring out the worst in their character. As a carer, one wants to cultivate a caring character. If repeated encounters with a particular individual damages that character, it is harmful to the carer. But are there instances where controlling encounter is not morally excusable? Recall the proximate stranger in Chapter 1. This is a person not linked to the carer through established relations or the circles of care. The carer may fear the proximate stranger for the obligation put on the carer. However, it is not morally excusable for the carer to meet the proximate stranger in such a way that they try to avoid facing this obligation.

Here I have in mind when we lie to someone who asks us for something, or avert our gaze to attempt to discourage them from approaching us. We know the other is there, but we refuse to meet them as a concrete individual. Instead we bring social roles or lies to the encounter to hide behind the safety of abstraction. If they are more abstracted, we feel the sense of "I must" less strongly, and we are often attentive to and motivated towards different needs. Usually those needs are less emotionally and socially tricky to meet. It is emotionally and socially easier to hand over money than it is to ask after someone's welfare sometimes. Especially in a society where social interaction and interdependence is not highly valued. Those with well-developed

practical wisdom in caring and a caring character, however, will feel guilty for not having lived up to that character.

Additionally we might consider that if someone has limited caring capacity and resources, and the number of encounters of need in their regular life exceeds those, we would think it morally excusable if they avoided encounter. However, if a person had the caring capacity and resources, but still willfully isolated themselves, this would not be excusable. I would question whether we would characterize this person as being a carer or having sufficient capacity to care.

Adela Cortina and David Crocker, in response to this issue, developed the concept of autonomous consumption which is a reflective rather than unthinking activity. They suggest that ethical consumption is a reflective practice that asks the consumer to learn about products, reflect on what is influencing them, and consider the impacts to others that their decision will have. While the care ethicist would eschew the term ‘autonomous’, I agree that this framework is one wherein consumers could make ethical (for the care ethicist: caring) decisions.

Conventional Chain

If the consumer does not encounter individuals in the conventional supply chain described in this Chapter, are they morally at fault in some way? If the consumer is not complicit in the ignorance, I do not think we can hold them morally accountable. However, if the consumer knows that supply chains are long and tricky, and the consumer knows that coffee is a product where the conventional farmers are generally exploited—even though they have not encountered the farmers engaged in the particular supply chain mentioned above—I think we should question whether they are being true to their caring character.

Fair Trade/Organic Chain

In this instance, if the consumer does not encounter individuals in the supply chain are they are fault? Again, we can ask whether this avoidance of encounter is willful or not. It seems as though it is likely that people choose to purchase coffee in this supply chain, however, because they are seeking to encounter those involved in the coffee supply chain, even if only directly. Those carers who seek out a fair trade supply chain likely do so because it is more likely to be in line with the care ethic.

Summarizing How the Care Ethic Generates Global Moral Concern for Distant Others that are not Encountered Concretely

In this section I have described two coffee supply chains which operate in parallel by starting and ending in the same places, but are different in the number and quality of encounters and relations within them. In both cases I claimed that the consumer did not have robust obligations towards the distant strangers in the supply chain. I also claimed that engaging in certain supply chains as a consumer may be an ethical hazard in some cases. In some cases, it is a moral failure such as when we remain willfully ignorant of how we are engaging with structures that damage the web of care. It is a moral failure because we act out of unconcern, out of a viewpoint that ignores or possibly rejects the fundamental truth of our interconnectedness in webs of care.

There may however be pushback against my claim that this is sometimes a moral failure. Certainly, we might fail to act in accord with a caring character, but the willful ignorance and avoidance of encounter did not seem that serious in the above examples. I think examples of encounter with distant strangers who suggest needs regarding more clear harms may generate that intuition more easily. First, a quote from Lucas Benitez, a Coalition of Immokalee Workers

(CIW) member and former Florida tomato picker: “Sometimes you could feel the breeze from the pesticide they were spraying over there” (Gesturing to neighboring field) “It felt good. They don’t tell you about the risks” (Food Chains, 2014). Second, a quote from Hlaing Min, a formerly a slave in Benjina, Thailand aboard a fishing vessel: “If Americans and Europeans are eating this fish, they should remember us... There must be a mountain of bones under the sea. ... The bones of the people could be an island, it’s that many” (McDowell, Mason, & Mendoza, 2015). In response to those encounters, both of abstract and distant strangers, how is the consumer obligated to respond?

I think in both these examples, as carers we experience the internal state of care, even though it is caring-about, more strongly. Both of these quotes, although short and without much context, tell stories of serious and tragic harms to a number of people. And both of those quotes come from people who worked in parts of food supply chains that ultimately get eaten at U.S. tables. Still in these cases, although the carer is motivated to respond to the needs arising in the encounters, they are going to have many competing concerns. It may still not be the case that our practical wisdom guides us to avoid consuming products that may have come from these supply chains if it requires us to damage other relations in the web of care. What then?

Noddings acknowledges and I agree that sometimes the carer is faced with systems that they “feel powerless to eliminate” despite the damage they do to the web of care (2002b, p. 212). However, ignoring problematic issues because they are tough or because we feel powerless is not acceptable for the care ethicist. She argues that when we commit harms—or when systems we subscribe to enable harms—“the ethic of care refuses to absolve us from this evil. If we cannot find it in our conscience to refuse [the evil]... then we must at least acknowledge the tragedy and reject elaborate schemes of justification” (p. 49). So in regards to noticing the needs above

expressed by Hlaing Min and Lucas Benitez, the carer should not turn away from these needs and create elaborate schemes of justification in attempts to absolve ourselves from engaging with and perhaps contributing to these harmful systems. Like the carer directly facing the expression of need that they are unable to respond to, the carer facing the needs of distant abstract others or the damage to the web of care caused by a system like our food system we must face the tragedy and reject justifying it. If the carer does turn away, this is a moral failure.

So, the care ethic does not ever justify the carer divesting themselves of responsibility for consumption choices. It is possible, however, that the carer has overriding concerns. However this will always be true for any particular concern of the care ethicist. I've shown in the analysis of the two examples that the consumer does not have robust obligations towards distant strangers in the supply chain. But Garland is not correct in suggesting that attention to the inner circles of care and responding to concrete others precludes having moral concern for abstract others or to acting on caring-about. I have shown that the care ethic does generate a global moral concern, even though it does not generate the robust obligation Garland discussed. Instead, this concern is expressed through acting on caring about. Or, when resources are constrained, this concern is expressed when the carer faces the tragedy of the situation.

Thus far, I have focused on the traditional food ethics topic of consumer choice. In the rest of this chapter, I go on to consider other aspects of the U.S. food system. The following discussions will explain what comes to the carer's attention when we look at encounters and relations in other areas of the food system. At the end of the next section, the differences in the two approaches will have become clear.

Section 3: Analyzing Harms and Goods in Lives of Migrant Agricultural Workers

In this last section I zoom in on particular examples of harms in the United States food system. I do so to show how the care ethic analyzes harms and goods in encounter and relation in the food system. First I describe one case of sexual harassment, violence, and abuse against undocumented migrant workers. I discuss how the care ethic evaluates the encounters and relations in this example. The discussion serves to illustrate what comes to the attention of the care ethicist in such examples. I then zoom out from this particular example, and make a case that the type of harms described are facilitated by certain labor policies and practices in the U.S. food system. Further, the ability of persons to respond with care to those harmed is limited by other policies and structures in the system. In the third part of this section I examine additional ways the labor policies and practice in the food system damage relations in the web of care. In the final part of this section I examine one candidate for a structural solution to these problems.

Violence Against Women at the DeCoster Egg Processing Facility

The DeCoster Farms company is one of the largest egg processors in the nation and sells the eggs under the brand Quality Egg, LLC. They operate or have operated in Maine, Iowa, and North Carolina and have been cited in numerous law suits and have been accused of perpetuating labor abuses and poor food safety practices for decades. The DeCoster egg processing facility in Wright County, Iowa is one of many in a state that has more than 50 million laying hens producing eggs (Robinson, 2013). In January 2002, the United States Equal Employment Opportunity Commission determined that supervisors at the Wright County facility had “sexually assaulted and harassed female employees, especially those of Mexican and other Hispanic national origin - some of whom were undocumented workers at the time - and threatened retaliation if they complained of such conduct” (EEOC, 2002). As a result of these

events there was an employment discrimination lawsuit against DeCoster Farms, but they never admitted liability in the case although they did settle with the plaintiffs. The documentary “Rape in the Fields” interviews several people involved in the incidents mentioned, and here I discuss how the care ethic evaluates these harms that occurred in the U.S. food system.

The female employees of the egg processing facility in question report being subject to sexual harassment and violence on repeated occasions. They were also on at least one occasion imprisoned in the plant. On that particular occasion, they were “sleeping in cardboard boxes”, fed eggs, and not allowed to leave for three days (Bergmen & Cediell, 2013). These are encounters and relations between the women working at the facility and the plant supervisors and plant manager that result in harm. Sexual assault, harassment, and imprisonment are evidential that the relations and encounters were not caring ones. Not only does this harm the individuals involved in those relations and encounters, but this has harmful effects in those individuals’ webs of care. The women’s caring relations with their family, friends and others will likely suffer as a result of their imprisonment and abuse. The supervisors and manager, too, in perpetrating these harms, damage their caring character and further impede their ability to have caring relations and encounters at work and likely elsewhere.

Additionally, these types of abuse the women suffered hamper their ability to express a need for help. The shame of being a victim of sexual assault, combined with a fear of repercussions if they report the assault (which is a feature of their relation with the supervisors and manager), means they are less likely to express needs regarding those harms. This includes the need for physical and mental help as a victim, the need for legal justice, or even the need to be protected from further harms.

From the care ethic lens, the features of the relations and encounters between the workers and the supervisors and manager of the plant bring certain features of the harms into relief. Additionally this example shows that these uncaring encounters and relations have impacts that echo in the web of care, damaging care beyond the immediate relations. In this case however the women were able to express a need for help and people did respond to their needs.

An example of this is the courageous action of Berta Alberts, a high school teacher in Iowa, who found out the mother of one her students was imprisoned at an egg processing facility along with many other undocumented women. Alberts went to the facility and demanded the women's release, driving them home in her van (Bergman & Cediell, 2013). She says that she "built this trust with them, that I can help them" which resulted in one of the women later coming to Alberts with more accusations about other instances of imprisonment, sexual harassment, and rape. Alberts helped put them in touch with a crisis intervention team, and then a lawyer. Because of the women's fear of deportation and law enforcement, they did not go to the police at that time.

In this example, Alberts initially encounters the mother and the other women as abstract individuals. She chooses however to respond to them directly as if caring for concrete individuals. We can point to their close connection via the daughter through a chain of care. Alberts cared for her student, and her student cared for her mother. In virtue of the chain of care, she turned her caring-about into caring-for. Alberts acted on her caring-for of the student, driving to the facility and demanding the release of not only the mother, but the other women as well. These caring encounters turned into caring relations, as Alberts mentions when she said she "built this trust with them, that I can help them." That relation kept the women connected to Alberts as concrete individuals, which is why she did not go to the police about the incident, but

helped the undocumented women in a way that was particular to their needs and projects. The women wanted the violence and abuse to stop, but they did not want to be deported or have to deal with the police.

We can imagine that if Alberts did not build that trust, the women would not have sought her out to help them further. The care ethicist understands the ‘trust’ that Alberts mentions, as the women’s recognition of the care that Alberts had for the women. So, if Alberts had called the police to go down to the egg processing facility, it is likely the women would have either not known it was Alberts that had acted to bring that about, or if they did know, it is likely they would not have received this as Alberts caring for or about them. Or, if Alberts had not acted as she did during that initial encounter when the women recognized Alberts cared for them, it is less likely they would have continued the relation.

Alberts's actions are certainly praiseworthy under the care ethic. She establishes, maintains and enhances caring relations in the web of care. Was she obligated to turn her caring-about these women into caring-for? I don’t know the particular of Alberts's position in the community beyond her role as a teacher, her personal resources and the level of risk she experienced in going to the processing facility—it could be that in Alberts's situation she was obligated to do so. I think for most people, however, such action is superogatory. Laudable, but not obligatory.

This example illustrates a few unique things about the care ethic. One, the care ethic lauds this type of interaction: caring encounters. What is special about caring encounters is that they can beget caring relations, just as happened in the example above. I don’t think other ethics are going to be intrinsically interested that Alberts built up a relation of trust with these women in her initial encounter. They might be interested in this fact because trusting relationships beget

other goods, for instance happiness, but it is the care ethic that views such relationships as a good in themselves.

Each individual can only control their own actions, so they can only control what they do in encounter. But they can endeavor to act in encounter in such a way that the other person in the encounter recognizes the care. So, Alberts couldn't know that her action that night to free the women would result in them ultimately getting documented status and legal help to end the abuse of workers in the processing plant. Nor could Alberts know that their story would end up helping the narrative of a larger movement to change the working conditions for similar women. But that evening, she knew she could act in response to the need of these women. The care ethic is going to be concerned with the way she interacted with them and how she responded to that need. The fact that she interacted with them in such a way that a caring relation emerged is evidence that it was a caring encounter. Other ethics are not going to be interested in these nuances of the human interactions and what kind of relation emerges (if it does).

Another interesting thing to point out—in this example, we see caring encounters and caring relations in the food chain—but no food is mentioned. Alberts does not in the example above consider changing her egg buying choices, or choose to boycott the groceries who carry eggs from the plant. In the example above, she responds directly to the needs of the women who were abused at the processing facility the way one would paradigmatically respond to encounters of concrete others motivated by caring-for. Choosing to no longer buy eggs processed in DeCoster plants is one way to act on caring-about the women who were harmed, but there are many things we can do between Alberts's courageous actions and making purchase decisions that could be more effective in supporting caring relations. But before discussing what those options

are at the end of the section, I turn next to zoom out from this particular example and look at the structural issues in play in the labor abuses against migrant agricultural workers.

Structures Contributing to Labor Abuses Such as in the DeCoster Facility Example

Migrant farm workers face a number of harms working in the United States, including but not limited to: unreliable pay days, low wages that do not adequately cover living costs, inability to access affordable housing, slavery, exposure to toxic levels of chemicals, sexual harassment, rape, and other forms of violence (Nichols, Stein, & Wold, 2014, p. 365). The background information I gave on DeCoster Farms mentioned that this is not the only time one of their facilities has been the site of labor abuses including sexual assault and harassment. This background information in combination with the details of the incident at the Wright County facility can lead the carer to investigate whether there are larger structural features enabling the harms or acting as barriers to care.

We could look into whether or not the management practices and policies at the Wright County facility are such a structure. We can step back further and ask whether in general at DeCoster facilities there are practices and policies of such a nature. Further back, we can ask whether there are general labor practices and policies in the United States food system that enable harms or act as barriers to care. Here I'm going to analyze one group of such structures that influence the ability of these workers as undocumented women to seek protection from harm. I think this area of analysis is a good candidate for several reasons. Women who have no practical means for protection or legal redress within the workplace or outside of it are going to be especially vulnerable to those who would seek to do them harm. Consider that their status as undocumented workers will likely be known to those they encounter and are in relation with in these workplaces. If women in this situation are harmed, they are less likely to express needs

related to the harm because of their status. If the victims of such crimes are effectively silenced, and the perpetrators never removed, then this can perpetuate a cycle of harm.

Other ethics are likely going to agree that there is a problem with the abuse of migrant workers and their ability to seek justice. However, the salient features of this problem are going to be different from a care perspective and a rights perspective, for example. The rights perspective is going to look into the violation of personal rights, how those are going to be restored, and perhaps how remedies are going to be sought for victims of violence. The care perspective is going to look at different things: the intersection of many vulnerabilities and unequal power relations that contribute to the problems, and also the damage to caring relations and the web of care done by these acts. Both perspectives are going to suggest that better policies and institutional structures are needed to address this issue. But the rights perspective isn't going to ask about the relations and encounters between migrant farm workers and those who enforce the policies at the local bureaucratic level.

For example in the case above, if we wanted to care about women who are imprisoned and abused such as those in the egg processing facility, we are going to look at the structures and institutions that made it impossible or at least, very harmful, for them to seek help from the police. Or, the way the care ethicist is going to phrase it: those structures and policies that made it impossible for the police and others to respond with care to those women. The sheriff's office in that location was charged with both responding to crimes like those the women were victims of, but also responsible for reporting illegal immigration issues. A journalist asked the Sheriff at the time, "Then that puts you in a—kind of an impossible situation, doesn't it?" The Sheriff responded, "It does. Puts the victim in almost an impossible situation [too]" (Bergen & Cediell,

2013). It is impossible for these parties to have a caring encounter or relation because of the laws and structures in this situation.

The care ethicist is going to notice that these encounters and relations, no matter how good our policies are, are likely always going to be ones of hugely unequal power differences and thus fraught with peril for the vulnerable migrant workers who are affected by such policies. Undocumented migrant workers are at the mercy of the policy enforcers, who can decide whether to care about or care for them and respond in a nuanced and fair way to their expression of need. Given the historical record of how these encounters turn out (anecdotally at least it seems that policy enforcers in organizations like Immigration and Customs Enforcement [ICE] generally do not act on care for or about illegal immigrants) and the high risk if an encounter goes poorly, it seems that most migrant workers would likely not want to seek aid from those policy enforcers.

Additionally, the care ethicist is going to be concerned about the people working for ICE: are their caring characters being damaged by being constrained in their ability to respond with care to those who express need? Since immigration enforcement is increasingly managed by and carried out by the same people as criminal enforcement, we begin to see the same abuses of power and personal tolls in people in enforcement rolls (“Policing Immigrant Communities,” 2015). A young man who was detained with his mother in Michigan reports that he “remembers his mother crying the whole time, and begging the officers to stop humiliating her... instead of responding with human decency, the [ICE] officer told her to be glad they didn’t shoot her in the head” (Dado, 2011). Another example of ICE officials turning away from expressions of need is the failure of ICE officers in detention facilities to report many allegations of sexual abuse and assault (Lewis, 2013; United States Government Accountability Office, 2013). These are just

two of many examples of how immigration enforcement officials may turn away from expressions of need. It is an open question as to the motivations and reasoning for the officers to act as they did. If keeping your job with ICE means always toeing the policy line, and that does not allow individuals to respond with care to expressions of need, this is going to harm the carers in those jobs. But additionally, if the culture and system surrounding these work environments encourages, overtly allows, or even tacitly allows such actions, the carer is going to be concerned.

Most ethics would endorse advocating that migrant workers should not fear deportation by ICE if they report slavery, rape, or other violence. Since 2000 the United States has had the U-Visa program to address this, but the yearly limit on the number of U-Visas issued is far lower than the number desired. The case at the Wright County egg processing facility was actually one of the first instances in which the U-Visa was used. However, the protection of the U-Visa is not universally available in the United States. The U-Visa process requires a law enforcement agency to sign off on the paperwork. Studies have shown that certifying law enforcement agencies do not consistently apply the rules surrounding the U-Visa and may unilaterally or arbitrarily decide to sign applications or not sign them (Abreu et al., 2014, p. 3). This results in a “geographical roulette” for applicants (p. 4). If U-Visas are not available to all such victims, or if the process to get them is too burdensome, then this policy ‘solution’ does not turn out to be a solution for all—only for the lucky. In addition, the processing time for these visas averages one year. This further exacerbates the likelihood that victims either will not or cannot take advantage of this attempt at a structural solution to the problem.

Additional Ways Structures in the Food System Damage the Web of Care

The examples discussed above are just some of the ways the labor practices and policies in the U.S. food system may damage relations in the web of care or create barriers to the formation of caring relations. I mentioned in passing that harmful encounters and relations can have repercussions on individuals' abilities and capacities to respond with care to other people in their lives. Here, I want to look at one subset of such cases: how labor practices in the food system make it difficult to care for children. Relations between parents and children are important in our lived experiences, as well as theoretically important for the care ethicist. There are many features of the lives of migrant agricultural workers that make it difficult for those farmworkers to care for their children. Below, I show how the system that migrant agricultural workers live and work in can make it difficult if not impossible, for caring relations to flourish between parents (or other caregivers) and their children.

First, farmworkers often make (on average) minimum wage or below minimum wage, and many families live at or below the poverty line (National Agricultural Workers Survey, 2004). The Fair Labor Standards Act (FLSA) requires that they are paid the prevailing minimum wage, but advocacy groups report widespread problems with wage theft, paying under the minimum wage by paying workers "piece-rate", and changing wage records of workers (Farmworker Justice, 2015, p. 2-6, 9). This stress on financial resources puts pressure on farmworkers' ability and resources to care for their children. This includes the ability to provide adequate shelter, food, clothes, and entertainment or enrichment. Farmworker families are usually faced with the struggle to find adequate housing at rates they can afford in the western United States and have to put up with whatever housing employers provide in the eastern United States (Keim-Malpass, Johnson, Quandt, & Acury, 2015). These families, despite harvesting and

planting our nation's food experience food insecurity. Many children may not have their own belongings including "appropriate clothing and toys" (Martin et al., 1995, p. 269).

Low wages effect the relations between parents and children in a number of ways. First, these low wages put constraints on parents' financial resources to respond to some of their children's needs. Additionally, the desire to make enough money to subsist and be able to better respond to needs means that parents may choose to work more or longer hours. This has the effect of separating parents and children for long periods of time, which also diminishes their ability to establish, enhance and maintain caring relations. Financial constraints may also lead to stress and anxiety in family members which could reduce their emotional capacity to respond with the basic attitude to expressions of need. In this regard, the structural barriers to care for migrant agricultural workers looks similar to many low-income or poverty-level households in the United States.

However, these families also face stressors from other aspects of the agricultural worker system. As I discussed earlier, many of these workers are undocumented (over 50%) and thus face the fear and stress of worrying about detention or deportation (United States Department of Agriculture, 2015; "Children at Work", 2013; Dado, 2011). Many families migrate for work seasonally, and thus have trouble connecting with stable community systems and using public services like health, childcare, and educational services ("Children at Work", 2013; Weathers, Minkovitz, O'Campo, & Diener-West, 2004; Hovey & Magaña, 2002). This has a number of impacts on the members of these families. They may experience anxiety and depression with the difficulty of acculturation which is correlated with family dysfunction, low self-esteem, and ineffective social support (Hovey & Magaña, 2002). Children of migrant farm workers have been shown in studies to have "high levels of psychosomatic disorders... antisocial behavior,

depression, and phobia” (Martin et al., 1995, p. 269). These negative effects of migration are compounded by the limitations on the migrants’ ability to access health services. Because of lack of knowledge, cultural barriers and transportation barriers especially; but also because of linguistic, cost, and time barriers, migrant agricultural workers face high levels of unmet health service needs (Acury & Quandt, 2007; Weathers et al., 2004). This includes mental health services. This constant migration also means that children are in and out of school systems which leads to poor academic achievement and loss of confidence in academic ability (“Children at Work”, 2013; Martin et al., 1995, p. 269). Children may also be pulled out of school early or dropped off late in order to work to help the family make money. It is estimated that there is a 60% drop out rate among such students (“Children at Work”, 2013).

These stressors from migrating for work and having trouble connecting to communities and public services can have negative impacts on caring relations in families. Physical and mental illnesses can diminish carers’ capacity and ability to respond with care to expressions of need. The stress of moving and deciding when and where to move takes a toll on families. Additionally, in many situations children may be unable to complete enough education to have adequate reading or comprehension skills to overcome some of these obstacles in the next generation. So, not only do these structural issues effect the current relations in families, the care or lack of care expressed and received now can have repercussions for future generations’ abilities to have caring relations.

A third issue is that farmworkers and their children may suffer numerous physical health issues in result of structural features of the parents’ involvement in this livelihood. Housing conditions are poor, either because they have a hard time affording their own housing or because they are in employer-provided housing which is of poor condition. This housing may be “group

quarters or individual homes or trailers” and in urban or rural areas, but it is common that it is substandard (Keim-Malpass et al., 2015). Parents and their children are exposed to harmful chemicals and other substances through environmental features of the home; e.g. living next to fields, dangerous housing conditions, exposure to parents’ clothing after they return from the fields, or from working in the fields themselves (Keim-Malpass et al., 2015; Beti et al., 2003; McCauley et al., 2001). If the children work in the fields, they may be exposed to such chemicals or other issues like organic dusts and exposure-related illnesses (“Children at Work”, 2013). In the home, conditions may be unsanitary including unfit drinking water, poor air quality, temperature and moisture issues (Martin et al., 1995, p. 269).

So how does the care ethic view of all these things? Well, the care ethic is going to ask after the encounters and relations here as everywhere else. If children suffer developmental issues from chemical and toxin exposure, or other harms from these dangerous environmental factors, the physical and mental impacts of these issues could diminish their capacity for care later in life. Additionally, I discussed in Chapter 1 how children must be cared-for in order to learn to care for and then care about others. It is worth asking whether some of these conditions may make it difficult for parents to develop good caring relations or have caring encounters with their children in these conditions. Further, without stable communities and schools, it may be difficult for children to develop caring relations with other adults. If children are not experiencing and learning from caring relations in the home or in their communities, then they may not develop the ability to care themselves. This harms the children as well as those they encounter and are in relation with now and in the future. We begin to see then that the combination of the financial, health, migratory and other stressors on these families are barriers to care.

This is not an indictment of farmworkers' ability to parent their children or their care for their children. If anything the reports, documentaries, interviews and news articles about these families demonstrates that the parents and caregivers are often dedicated to their children and may just be trying to make the best decision possible given very difficult circumstances. Farmworkers work extremely long days and many more hours a week than typical American employees. Shortage of money means parents may not be able to afford childcare for younger children for those long hours. These children will either end up poorly attended, unattended at home, unattended in a vehicle at the workplace, or onsite at the farm or field or plant. So, parents are often separated from their children unless they bring them to the fields. In those circumstances it could be a caring decision to bring your children into the fields despite some of the dangers. Or, if your family lives in poverty and paycheck to paycheck, it makes sense why you would bring your underage children with you and let them work if they can. In one documentary a 10-year old who helped his family in the tobacco fields, said he was "proud" to do so ("Children at Work", 2013). We could understand as evidence that the child was caring for his family.

Some in the farm lobby argue that it should be up to the parents of these children whether or not it is the best decision for the children to work in the fields. That as outsiders to the situation, we do not understand the context. At first glance, that sort of take on the situation may seem to be in step with a caring analysis. I have discussed at length the importance of situational context to ethical judgements for carers. The concern here, however, is not whether or not the parents in the context are making the most caring choice in response to the needs of their children—it is whether or not the structures in place make it impossible or very difficult for the parents to do so. I think that few people would argue that having children as young as 3 or 5 in a

field exposed to harmful chemicals is caring in general, or that having a 10-year old exposed to nicotine in the fields is caring in general. However, I think we might understand from a caring perspective that it could be a caring decision in a certain context.

At the same time, the care ethicist can look at the situation as a whole and draw connections between the difficulties in caring for the children that these parents face, and the labor practices and policies surrounding agricultural workers in the United States. The next question would be, what would a lack of barriers, or the presence of facilitators look like? Adequate wages, adequate and safe housing, access to health services, access to education for children and childcare are possibilities for making space for and facilitating caring relations in this sphere. It remains open at what age youth should be able to work in the fields and doing what jobs, or what hours parents should have to work and be away from their kids. The care ethicist would ask after what policies and practices would best allow decision-makers close to the situation to respond with care to expressions of need.

Potential for Structures that Facilitate Caring in These Spaces

For all the reasons discussed above, the care ethicist is going to endorse structures where there is more mutuality and space for care in agricultural labor policies and practices. The ideal would be a structure that allows and facilitates these individuals to connect as humans in caring ways. An example of this is the self-policing practiced by the migrant workers who belong to the CIW in Florida. As part of their Fair Food Program (FFP), workers, growers and retailers work together to create a more fair and safe food system. The FFP involves legally binding agreements between CIW and produce buyers which include provisions for premium on produce sold and agreement to a code of conduct (Fair Food Program, n.d.). That premium goes directly to migrant workers. The code of conduct involves market enforcement mechanisms and education,

complaint and investigation processes, and auditing through collaboration between migrant workers, organized labor groups, growers, and buyers.

These policies and mechanisms work together to create structures that not only don't facilitate harms, don't act as barriers to care, but actually facilitate care in the spaces where migrant agricultural workers live and work. The FFP is good in the view of the care ethic for a number of reasons. First, it empowers the previously less powerful to express needs, to have their needs heard, and to have their needs responded to with care. This is accomplished through educational modules required for all workers, trainings for supervisors and managers, opening up opportunities for dialogue amongst the various levels of employees and stakeholders, and developing a community policing model. Second, it allows agricultural workers more physical, emotional, and resource security which enables them to better create, maintain, and enhance caring relations at work, at home and in the community. The FFP has been successful in reducing incidents of workplace violence, women report feeling safer, and agricultural workers receive better wages, which all contribute to the security and resources necessary to care. There also further benefits to the web of care such as the sense of community the success of this project engenders and the sense of dignity and connection to others in the supply chain it has fostered (Greg Asbed and Lucas Benitez in Bergen & Celied, 2013). Fostering a sense of community can enable caring relations and encounters to happen more easily because a sense of community reinforces the basic truth of our interconnectedness. The same can be said of the fact that the FFP generates a sense of connection to others in the supply chain. I think we can also understand a sense of dignity as a benefit to carers, as it likely adds to our emotional resources and thus our ability to care. One thing the FFP does not address is housing issues for farmworkers. Unfortunately, that remains to be overcome.

So the experience of the CIW in enacting the FFP shows that there is a structural model that can prevent harms and facilitate care in this space. This doesn't just fix how owners or supervisors interact with and treat workers, but also how workers treat owners (from a place of more empowerment), and how workers relate to one-another (as a community or team, and with more respect). A lot of relations and encounters get altered by this way of doing things. Victims do not have to fear going to ICE or the police, nor do they have to hope for the possibility of a U-Visa. Further, the additional income to families and community connection helps facilitate caring relations in the home, such as those between parents and children. So those relations and encounters get altered in the FFP model. The additional income may alleviate food insecurity issues, some stress and anxiety, and possibly the need for children to work in the fields. The education and community engagement means that workers are better connected to and have knowledge of public resources. This improves parents' capacity for responding with care to expressions of need.

Instead of creating barriers to care, the FFP has created a space that does not enable harms and allows for caring responses to expressions of need. And the FFP model is different from a welfare-focused model. The FFP model makes space for people to respond with care to what arises in encounter and relation, by empowering the parties involved. If we just focused on welfare and improving individual welfare components like income, safety, and education, people might be better off in terms of those welfare considerations, but they wouldn't necessarily have better caring relations. The FFP model shows that by supporting spaces where caring encounters and caring relations can happen and flourish, we get the welfare results and the overall improvements to the web of care.

This discussion in Section 3 has also illustrated what an analysis of the food system reveals as opposed to an analysis focused on food consumption. In both cases, I discussed the competing concerns that carers face and how they may respond to expressions of need that arise in their encounters and relations. As carers, if we care about those harmed in the U.S. food system, we will be moved to respond to their needs. In deciding how to do so, we should ask after the best way to respond so that we support caring relations in the web of care—whether directly or not. Consumer choice is one way to affect change. Especially if the only thing the people in charge of the practices and policies in the food system care about is money, then consumer choice can put pressure on their bottom line and encourage changes. In those cases consumer power is important and the view of why consumer preference should be focused on becomes clear. However, there are all kinds of real world ways in which this is wrong. Consumer choice is one source of power, but it is not the only source of power.

By focusing on consumer choice you might not damage the web of care, but you might not help the best you could either. A carer's energies might be better spent cultivating different caring relations, or focusing our caring-about towards different people. There could be pressure points in the food system where as citizens and neighbors we could do things to support positive changes. For instance, we could support expansion of the Fair Food Program or legislative efforts to create more fair policies for agricultural workers. The case of Berta Alberts was especially illustrative of how one's action as a neighbor who cares can have a bigger impact than one's action as a conscious consumer. There are opportunities for working or volunteering with crisis centers, immigration legal help centers, and so on. Looking at the food we eat as the output of a whole system, and zooming out to look at that whole structure, draws the carer's focus to different issues.

In this section I made a case for how the care ethic analyzes the harms and goods associated with a particular problem in the U.S. food system: sexual violence and harassment against migrant agricultural workers. I showed how we can analyze the harms and responses in relation and encounter at the site of the harms and the subsequent needs that arise in those who are harmed. I zoomed out to give an analysis of some of the structures that contribute to this issue and concluded by examining one model way to create a caring structure in this space.

Chapter 2 Conclusion

In this chapter I responded to arguments from Deane Curtin and William Garland about how and if we can apply a Noddings-style care ethic to an issue of global moral concern in the public sphere, the U.S. food system. I showed that the care ethic can generate global moral concern for distant strangers, and provide a coherent analysis of individual and structural issues within the food system. I argued that the average consumer does not have a strong positive obligation to distant strangers in the food supply chain, but they nevertheless have moral concern for those individuals and an obligation to face structural tragedies harming distant strangers in which the carer may engage or be complicit.

I also showed many ways the carer may respond to expression of needs in the food system, depending on where they are situated. Notice of the same need in different ways by different individuals generates different obligations and responses. Sometimes individuals do respond directly to those in need, such as the case of Berta Alberts and the women at the egg processing facility in Wright County, Iowa. For the readers of this thesis, if we care about the women, we may work to support the building of programs like the Fair Food Program to operate in more agricultural fields and facilities, so that women such as those in Wright County either do

not face the same harms or at least have better ways to ask for and receive care when they are harmed.

In discussing and analyzing the coffee supply chains and the examples of sexual assault and other labor abuses against migrant agricultural workers I have shown in this chapter that the version of the ethic of care defended in Chapter 1 can provide theoretically coherent and useful insight into issues of moral concern in the U.S. food system. In doing so, I have highlighted how it is useful for ethicists to move discussion away from debate on consumer choices and directly to where harms are occurring in the food system. The carer sees that it isn't true that our only moral influence on the world is as consumers. We can respond to needs as citizens and neighbors as well.

CONCLUSION

This thesis has argued that it is possible and has shown how it is possible for a Noddings-style care ethic to generate global moral concern and provide ethical recommendations regarding issues in the United States food system. I made a case that if our concern as ethicists interested in food is with the harms directly and indirectly caused by the food system, then we should move discussion towards examining where and how these harms occur, and away from debates on what the most ethical consumption choice is. I have started this project in this thesis by examining harms against migrant agricultural workers and investigating how those harms impact the web of care and their connection to structures in the food system.

There is still however more work to be done on applying this care ethic to problems in the food system, and to other similar problems. Some of those areas for further discussion have been raised here. First, a thorough theoretical account is needed of how humans and non-human animals can or do enter into caring encounters or relations. After that is worked out, we can give an account of how, for example, the care ethicist approaches the issue of whether or not veganism or vegetarianism is a moral obligation, or if there is some other way in which carers should respond and engage with the issue of animals in agricultural production.

A second issue regarding the food system that needs attention is getting clearer on how the care ethicist can and should deal with harms that don't clearly happen in relation or encounter with other individuals. I have in mind indirect effects of our food system like pollution and loss of biodiversity. These problems could directly harm individuals, but the agents of harm were contributed to incrementally by many persons, over time and over large spaces. Investigation of this problem may suggest that the care ethic needs further work if it is going to coherently and

effectively deal with collective action problems towards parts of the world not capable of responding to care.

A third issue that will become more important for the care ethicist to work out in the near future is how this care ethic will deal with the mainstream adoption and use of artificial intelligence. The care ethic points to humans and possibly other living beings as the only appropriate objects of care. They are also the only things that can then have needs worthy of ethical consideration. Additionally, they are the only beings with which we can have caring encounters and caring relations. If experiencing caring relations is experiencing the fundamental good for the care ethicist, what happens if our world becomes highly mechanized and rather than the farmer encountering the coyote, or the field worker encountering the field supervisor, or the consumer encountering the grocery store clerk, persons are instead encountering AIs. Is this morally bad in the eyes of the carer? Some would argue that this is what market efficiency is going to move us towards and that a more efficient market is going to produce more good in the world because we will have more food more available and at lower prices and etc. I don't think it is clear if the carer will accept this view of a more mechanized market or if the overall loss of encounter will actually be bad in the eyes of the carer.

While there are still big issues to investigate, this thesis has shown that it is possible for the care ethic to be useful in analyzing and critiquing complex problems involving distant strangers in the public sphere. The care ethicist, with that possibility in hand, now has to do more experimentation not only in their individual lives in their own caring encounters and relations to develop practical wisdom, but also in the policy sphere and social sciences to see what structures and mechanisms actually work best in the world to support caring relations.

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APPENDIX 1

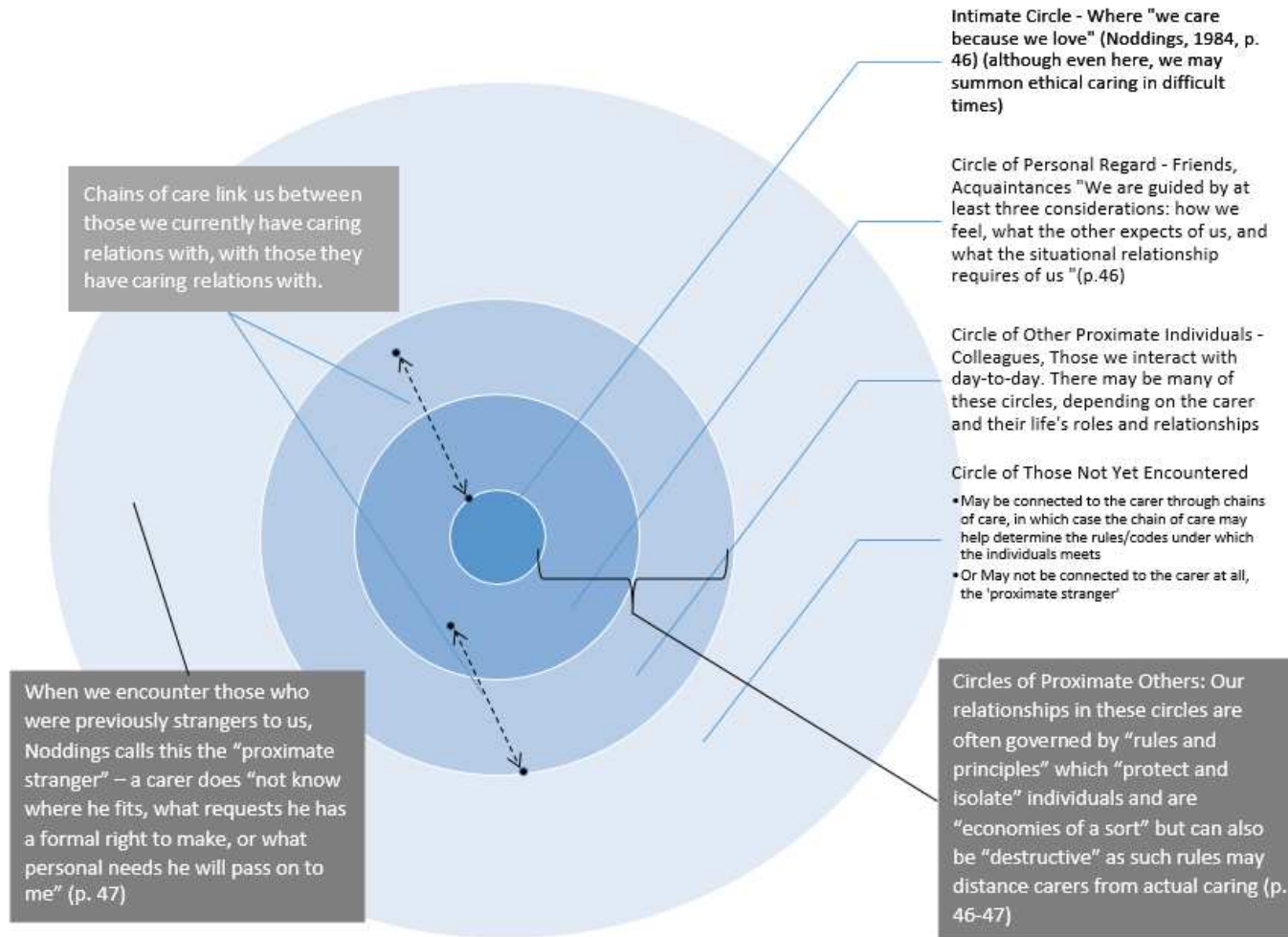


Figure 1 Diagram of Caring Circles and Chains

GLOSSARY

Attention – Also ‘receptivity’, ‘receptive attention’, or ‘engrossment’ in the literature (Noddings, 1984; 2002b). Becoming aware of another’s needs, goals and/or projects.

Care ethicist – A person who makes a commitment to cultivate a caring character and act from care (Noddings, 2002b, p. 30).

Cared-for – Also, ‘the object of care’ or ‘the object of caring-for.’ This is the receiver of some caring disposition or activity, and in this thesis a human being.

Carer - Also “one-caring”. The one who cares.

Caring Activity – Also ‘work of care’, the ‘practice of care’, or ‘activity of care.’ The action generated by caring for or caring about that is directed towards attending to another’s needs.

Caring Disposition – Also ‘affective states’ that may arise with or be involved with the internal states of caring. May include empathy, sympathy, love, affection, inclination, fellow feeling, or other emotions (Noddings, 2010b, p.36; 2002b, p.29)

Caring Encounter – An encounter that meets the following definition: “(A,B) is a caring relation (or encounter) if and only if i) A cares for B—that is, A’s consciousness is characterized by attention and motivational displacement—and ii) A performs some act in accordance with i), and iii) B recognizes that A cares for B. If the encounter is part of a continuing relationship or series of encounters, B’s responses become part of what A receives in the next episode” (Noddings, 2002b, p.19).

Caring Relations – The fundamental good and the only fixed good. “The connection between two individuals, which is comprised of “a set of encounter(s)” (Noddings, 2002b, p. 198).

Caring-about (n.), to care about (v.) – Caring paradigmatically directed at abstract others. An internal state.

Caring-for (n.), to care for (v.) – Caring paradigmatically directed at concrete others. An internal state characterized by attention and motivational displacement.

Encounter – In this thesis, specifically a meeting with or of a human being, or coming across a human being. In general, “A meeting with someone or something” interpreted very broadly, including “stories, institutions, memories, cultural practices, artifacts and objects of learning” (Noddings, 2002b, p. 128 – 129).

Ethical caring – Caring that involves ethical will, rather affective states.

Expressed Needs – Needs expressed by the cared-for through “conscious and purposeful communication (e.g. language), or through conscious (e.g. getting in line for food) or unconscious (e.g. stomach rumbling) behavior)” (Noddings, 2002b, p. 64)

Inferred Needs – Needs which originate in the carer, “often related to social, cultural, and similar goals” (Noddings, 2002b, p. 64).

Internal State of Caring – Includes attention and motivational displacement.

Motivational Displacement – Desire for fulfillment of another’s needs or projects; arising after attention.

Natural caring – Caring that is generated with an affective component, rather than from ethical will.

One-caring – See “carer.”

Practice of care – See “caring activity”

Relational sense of care/caring – A conceptualization of care/caring/carers where the focus of the concept is on the relations and encounters of people, in contrast to the virtue sense where the focus is on the carer (Noddings, 2002b, p.19).

The Basic Attitude – “Responding to needs with “I am here”” is the basic attitude of the care ethic, whether or not the carer does satisfy a need (Noddings, 2002b, p. 129).

The object of care – The individual receiving care (ambiguous between caring about/for).

Virtue sense of care/caring – A conceptualization of care/caring/carers where the focus of the concept is on the one-caring, in contrast to the relational sense where the focus is on the caring relation (Noddings, 2002b, p. 19).