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Moral Sources and Emergent Ethical Theories in Social Work¹

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Abstract

This paper examines the feminist ethics of care as an emergent ethical theory which casts ethical dispositions in a different way to the deontological focus on duties and rules and consequentialist-utilitarian focus on minimising harm. It is closer to, though different from, virtue ethics with its focus on moral character. The paper highlights the philosophical tensions within and between these disparate theories suggesting nevertheless that discussions about ethics are enriched by these diverse influences. Since it is not possible within the scope of this paper to deal with all of these ethical theories in depth, following a brief overview of the more established theory of deontology, virtue ethics and the ethics of care are discussed. While the feminist ethics of care attempts to provide a more complete view of morality and ethics in social work there are important philosophical problems with which social work needs to engage in order to discern whether it offers a better understanding of morality than existing approaches in social work ethics and whether it can address the complexities of the problems social workers deal with and the harsh practice environments in which they work where the ‘practice of value’ is becoming ever-more difficult and strong *reasons* to care must be found.

Keywords: Social work ethics, feminist ethical theory, virtue ethics, ethics of care, dialogical ethics

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There has been an ongoing plea for social workers to have some grounding in moral philosophy even though social work education has tended to steer away from this course. In the 1970s and 1980s, there was an emphasis on the importance of moral philosophy for social work education and practice (Ragg, 1977; Timms and Watson, 1978; Wilkes, 1981; Siporin, 1982, 1983, 1992; Timms, 1983; Clark with Asquith, 1985; Rhodes, 1986; Goldstein, 1987). Goldstein (1987) referred to 'the careful and sensitive regard for the moral and spiritual convictions of the client' (p. 182) as the 'neglected moral link' in social work practice and went so far so as to say that all social work encounters have a moral component in that they concern and affect the welfare of others. He and Siporin (1982, 1983, 1992) ranged widely in their writing on ethics and its relationship to moral, political and religious philosophy, as did the work of Reamer (1993, 1998a, 1998b, 1999) though he focused on ethical decision making having developed his ethics audit in social work (Reamer, 2001). More recently, Houston (2003) observed that: 'For far too long moral philosophy has not received the attention it rightly deserves by the social work academe and when learned submissions are made, they inevitably focus on the long standing, internecine war between the Utilitarians and Deontologists' (p. 819). However, the principles-based approach of deontology has worked alongside teleological – consequentialist and utilitarian – approaches as social workers have sought to maximise the good and minimise harm while doing their duty and following their values, principles and codes.

Deontology's continuing value

Kantian deontological ethics is a principle-based ethics wherein reason is central. Reasons motivate or predispose action. Kant's ethical theory is grounded in the respect owed to individuals because they are rational moral agents. Reasons are seen as more reliable when making moral judgements than emotions. This is not to say that Kant overlooks the

importance of emotions, merely that they do not give the moral agent reason for action. Moral motives are attached to moral principles which lead people to do the right thing. As Herman (1993) points out in her excellent book on Kantian ethics, Kantian motives are not nonmoral incentives, such as desires, causes, practical interests, or consequences, but reasons. While such incentives might be present they are not the reasons or motives for acting. In other words, when a social worker respects the client she does this because it is the right thing to do in terms of her professional values and code of ethics. Likewise with the rule or principle of confidentiality, the social worker's duty to the client provides the motive to act as this rule requires. The object of the action is to keep the client's confidence: her motive – reason – to maintain confidentiality accords with the rule that requires her to do so. Hence this form of ethics is primarily concerned with finding objective moral rules and principles that apply to all people everywhere. Kant's principle of respect for persons, as an end in itself, is tied to his view of individuals as rational beings with autonomy and the capacity to exercise choice (Gray and Stofberg, 2000). It is this condition of human agency that sets the object of moral requirement in place and places limitations on our actions. It is precisely this view of the individual which social work adopts. It leads to attention being paid to responsibility as the flipside of duty or obligation and to ethical decision making as a rational activity. Much attention is then focused on devising codes of ethics and ethical decision making frameworks to guide ethical practice (e.g., Congress, 1999; Mattison, 2000; Robinson and Reeser, 2000; McAuliffe and Chenoweth, 2008; Dolgoff et al., 2009²). Importantly, however, what lies behind this is what Goldstein (1987) was at pains to emphasise and that is social workers' commitment to and seriousness about morality. Once they understand the moral motivation behind what they do they will appreciate the importance of following the rules and ethical codes of their profession and exercise their freedom or autonomy to do so.

² Notably, this is the eighth edition of Loewenberg and Dolgoff's original *Ethical Decisions for Social Work Practice* (1982).

Deontological approaches create a logic whereby professionals are duty-bound to follow their ethical code and where ethical practice without guiding principles is inconceivable. This allows for rational deliberation which comes into play when our routine moral judgements fail us, such as in cases of conflict or uncertainty. While there is no denying the importance of principles when difficult ethical decisions have to be made, the possibility exists that other factors are equally important. Hence a new literature is emerging which offers more diverse approaches and appeals for social workers to have a deep understanding of morality and the ethical implications of their work (e.g. Clark, 2000, 2006; Houston, 2003; Meagher and Parton, 2004; Hugman, 2005; Banks, 2006, 2008; Bowles et al., 2006; Gray and Lovat, 2006, 2007; Lovat and Gray, 2007; Gray Webb, 2008, 2009). In the harsh, risk-averse, managerial environments of contemporary practice it becomes increasingly difficult to maintain an ethical perspective. There is an 'anti-ethical' tendency in the translation of principles into codes used to regulate practitioner behaviour since they force practitioners into a narrowly prescriptive approach with little space for professional autonomy (Meagher and Parton, 2004; Orme and Rennie, 2006). In such an environment the 'practice of value', as Webb (2006) calls it, is much more difficult than social workers realise. This, however, should not undermine the importance of principles and codes. It is important in the teaching of ethics to emphasise their usefulness despite the difficulties involved and challenges from several quarters: From researchers with evidence that social workers do not use ethical codes in practice (McAuliffe, 1999; Rossiter *et al.*, 2000; Banks, 2008), postmodernists who point to ethical ambiguity and uncertainty (Dean and Rhodes, 1998; Parton, 2003; Rossiter, 2006) and feminists who question the gender neutrality of male-dominated ethics (see below). For feminists and postmodernists, the universal or transcendent principles of a reason-based morality are deeply problematic. Not only do they not take the differences between men and women into account, they also disregard the

importance of emotions, care, responsibility, relationships, and so on. Feminists wanting to avoid the difference route found the answer in *virtue ethics*, while those drawn to Gilligan's (1982) work gravitated towards an ethics of care approach as we shall see below.

Feminist-influenced ethical theories

Virtue ethics

For feminists:

Virtue theory insists that it is misguided to expect reason to be able to establish some infallible moral doctrine which is compulsory and often counter to human nature and emotions. Perhaps morality is not about conforming to rules, but more about being trained to see problematic situations in a moral way. Morality may not be the rational control of the emotions but, more appropriately, the cultivation of desirable emotions (Phoca and Wright, 1999, p. 123).

Phoca and Wright (1999) capture here the feminist critique of reason and rationality as the cornerstone of ethical behaviour. Feminists regard this approach as reductive in its presumptions about the overriding importance of duties and obligations, and rules and principles in moral behaviour. This implies that social workers keep clients' confidence, for example, merely because it is their duty to do so. For feminists there is much more to morality than this. We keep confidentiality because we care about our clients. There is something intrinsic to our relationships with clients centred on mutuality and trust. We behave in a trustworthy manner because we care. There is a give and take in the relationship that has nothing to do with consciously and rationally applying rules and principles. Lévinas (1998) and Bauman (1993) refer to it as the call of the other, a responsibility we feel not out of duty or obligation but out of compassion and caring deeply. For some feminists, this

‘something intrinsic’ arises from a moral disposition, an innate tendency, something inherently human, that gets reinforced in the give and take of our relationships with others. Relationships are thus central to feminist thinking about ethics. As an aside, Herman (1993) argues that contrary to feminist ethicists’ claims, Kantian moral theory can accommodate relationships. It is precisely the deliberative intersubjective aspects of Kant’s moral theory that Habermas develops in his discourse ethics. If one were to see the ethics of care in Kantian terms one would acknowledge that the fulfillment of human needs, including the need for care, is necessary to sustain oneself as a rational being and that the rule in operation is one of beneficence. In terms of Kant’s theory, everyone’s needs count because their fulfillment is an end that cannot be ignored.

Unlike Kant’s reasons as motives, for virtue ethicists our innate tendencies propel us to follow the virtues and thus find the ‘moral way’, as Phoca and Wright (1999) put it above. Murdoch (1970) emphasises the intrinsic nature of morality: It is good to be good merely because it is good to be good. We need no other reason than this – no universal principles or determining consequences. What we see evolving here is the casting of ethical dispositions and actions in a very different way to the deontological focus on duties, obligations and rules. Intrinsic virtues or traits of character and particular moral attitudes and dispositions can, according to feminist virtue ethicists, never ensue from simple rule-following or the mechanical application of principles. They can, however, develop through training, experience and practice, that is, through processes which teach that following the virtues produces good outcomes. However, it is not good outcomes that make actors moral but their motivations and dispositions. Hence, morality under virtue ethics has a motivational force that propels people to take action but, as McBeath and Webb (2002) put it, the individuals’ moral character is the ‘stable reference point, not the action’ (p. 1026; see also Clark, 2006). They describe virtues as ‘generalizable capacities of self’ (p. 1026). It is easy to see how this

resonates for social workers who have long seen ‘use of self’ as pivotal to helping relationships (England, 1986).

While within social work some writers have linked virtue ethics to the ethics of care, they are, in fact, different. As Held (2006) notes, while care might bear some resemblance to virtue ethics, it is not reducible to dispositions within a particular individual since, by its very nature, care is oriented towards relationships that extend beyond individuals. Furthermore, feminist virtue ethicists sought to distance themselves from ‘difference’ feminism, which gave rise to the ethics of care, by seeing the virtues as distinctly *human* capacities. Both men and women are capable of caring and nurturing. Nevertheless, many care ethicists view moral sensitivity towards, feelings of compassion for and the desire to care for others as the result of moral character believing that it is one’s virtuous attitude that causes one to be sensitive to others’ needs, and not logic and rational argument alone (Gray and Lovat, 2007). In this vein, Tronto (1993) sees ‘an ethic of care’ as:

a set of moral sensibilities, issues and practices that arise from taking seriously the fact that care is a central aspect of human existence ... a species activity that includes everything that we do to maintain, continue and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web (p. 103).

The important difference in this form of thinking about ethics is that virtue ethics, following Aristotle’s (1954) philosophy, provides a naturalistic account of morality as something which inheres in our human nature rather than in abstract principles. However, one of the sticking points for those who are sceptical about virtue ethics is how virtues are defined. Aristotle believed that virtues could be discerned by looking at the character traits of the virtuous person or from observing what is needed for human flourishing. For Aristotle there was a

direct connection between following virtues and human wellbeing. By attributing morality to *human* nature, rather than to differences between men and women, virtue ethics enables feminists to focus on fundamental *human* interests and needs. This fits well with social work's view of itself as a profession which helps people achieve their full potential by actualising their innate capacities.

However, Aristotle's naturalistic philosophy went beyond the individual to discerning the kind of society needed for human flourishing. This too fits well with social work's approach to human rights and social justice. These concerns are very different from those of non-natural ethics, like Kant's deontology, which 'depict ethics as something transcendentally pure and uncontaminated by the world of human desires' (Phoca and Wright, 1999, p. 124). However, when ethics are removed from this 'objective' level, they become closer to psychology or sociology or even biology which can be problematic for feminists. For example, by grounding ethics in 'feminine' characteristics, as Noddings (2003) and others have done, feminists depict relationships, empathy, care and so on as 'women's special virtues'. As Phoca and Wright (1999) note, there is a danger in seeing women as 'innately supportive, non-competitive nurturers' (p. 125) as this can all too easily lead to them being disregarded and feminist ethics once again being marginalised. Feminist virtue ethicists thus advocate a broader focus on character, disposition and the myriad factors needed for human flourishing.

Several writers have written about virtue ethics in relation to social work (Rhodes, 1986; Morelock, 1997; McBeath and Webb, 2002; Hugman, 2005; van den Bersselaar, 2005; Clark, 2006; Lovat and Gray, 2008). Some believe that virtue ethics can be enriched through an understanding of virtue as developed through communication and dialogue. Seeing ethics and morality as culturally contingent, Rhodes (1986) was one of the first social work writers on virtue ethics to suggest the need for a dialogical process to reach shared understanding.

More recently, writers have highlighted the relevance of Habermas' communicative action and discourse ethics to social work (Houston, 2003; Hugman, 2005; Gray and Lovat, 2007; Hayes and Houston, 2007; Lovat and Gray, 2008). They see in Habermas the means with which to achieve a balanced perspective on ethics which accords with Rhodes' (1986) early emphasis on dialogue and shared understanding. While Habermas offers a fairly structured rational approach complete with principles and rules of discourse, as does feminist writer Koehn (1993), his appeal lies in his attempt to devise an inclusive form of ethics – reliant on procedural processes within democratic institutional structures – wherein all people everywhere can participate. However, feminists are critical of Habermas' heavy reliance on rational principles, procedural processes and unquestioning faith in democracy (Meehan, 1995). They advance a completely different theory and it is to this feminist ethics of care that we now turn.

Ethics of care

Feminist ethics of care

There are two main strands to the feminist ethics of care as it has been introduced to social work. One emanates from psychology starting with the work of developmental psychologist Carol Gilligan and the other from the influence of political scientists Joan Tronto and Selma Sevenhuijsen.

Gilligan's (1982) groundbreaking work on gender *differences* in moral development has been influential in the development of the feminist ethics of care. Gilligan discerned that while men tended to be more rational, women tended to be more emotionally connected and nurturing. Her care perspective involved seeing ourselves as connected to others within a web of relationships such that our sense of self becomes closely tied to others' responsiveness to us and our responsiveness to others. Maintaining these relations of care are a key focus of the

ethics of care, which, says Davion (1993), is epitomised in Noddings' (1984) injunction to always meet the other as one caring (see below).

Gilligan's research emerged at the time of what Faludi (1992) has called a 'backlash' against feminism in which one of its key progenitors, Betty Friedan, author of the seminal *The Feminist Mystique* (1963), played a pivotal role. In her eagerly awaited *The Second Stage* (1981) Friedan appeared to renege on her earlier commitments and 'walked right into the New Right's "pro-family" semantics trap ... [R]eferring to the women's movement ... as "the feminist reaction" ... [she elevates] the "relational" Beta mode and other distinctively "feminine" traits' (Faludi, 1992, p. 358). Faludi (1992) notes how terms like 'women's ways', 'women's special nature' and 'feminine caring' entered into popular works in the 1980s as did attacks on 'equal opportunity feminists' criticised for encouraging women to 'devalue caring work' (Faludi, 1992, p. 359). However, Faludi claims that most feminist scholars had 'set out to investigate the origins of men's and women's differences, not to glorify them' (p. 359). In so doing, 'they hoped to find in women's "difference" a more humane model for public life' (p. 359). But 'difference' began to 'defuse the feminist campaign for equality' (p. 360) and Gilligan's *In a Different Voice* (1982) became emblematic of this new feminist scholarship. Notwithstanding the limitations of the research on which her work was based, Gilligan's discriminatory arguments gave anti-feminists ammunition that 'could cause real harm to women' (p. 365). Though Gilligan objected to the use of her work to such ends, the damage had been done as women turned to the 'revolution from within' (Steinem, 1992) eagerly consuming books on building self-esteem, self-help and New Age spirituality thus seriously diminishing the personal is political ethos of second-wave feminism (Evans, 1995; Whelehan, 1995).

As already noted, Noddings' (2003) work fits this 'feminine' rather than 'feminist' mould with care rooted in the roles *women* assume in society. For Noddings, rather than a

form of virtue ethics care concerns the *mutuality of the caring relationship*, which embodies a unique way of being responsive to the particular details of the caring situation by one's actions within it. It rests on an emotional-volitional account of ethics which depends on a spontaneously occurring, sensuous attunement to the events occurring in our surroundings, an interested-affective attitude (as opposed to the detached-objective mode of deontology). For her, the duty of care is not the same as the ethic of care. Care involves being engrossed in a caring relationship with the one being cared-for such that he or she *feels* cared for otherwise one is merely acting out of duty or obligation. Noddings' claim that such engrossment involves suspending evaluation and being transformed by the other, creates significant moral risks for Davion (1993), especially if one becomes locked into supporting immoral goals. For her we make a moral choice which warrants careful evaluation when we decide to enter into, and remain in, a relationship. There are thus more basic values than care which enable people to maintain integrity in their relationships and to do good: 'one must be able to maintain deeply held convictions in order for a caring relationship to be morally good' (Davion, 1993, p. 163). Importantly for Davion (1993), 'the process of evaluating ongoing relationships can be seen as an exercise of moral autonomy' (p. 163) and ending caring relationships is justified for the sake of one's own wellbeing and not just out of concern for others. For her what is missing in Noddings' relational ontology 'is an account of the individuals within caring relations as important in themselves' (p. 175): For Noddings (1995), the ideal self is 'developed in congruence with one's best remembrance of caring and being cared-for' (p. 22) leaving little room for autonomy. Keller (1997), too, notes that care interrupts autonomy. Through the obligation to care, it diminishes women's ability to choose their relationships and to end relationships where care is not reciprocated. Koehn (1998) raises concerns that the practices of caring, trusting, and empathising can frequently be harmful or manipulative since there is nothing self-regulating in these practices to prevent this. Thus making care the core

virtue raises problems as do ethics of care approaches which reinforce traditional gender roles for women since they ignore virtues besides care and hinder women's ability to become autonomous (Davion, 1993; Held, 1995a; Keller, 1997; Koehn, 1998). Following in the Kantian tradition, Meyers (1989) argues that a person's self-respect stems from the knowledge that she is autonomous. For her, autonomy and self-respect are mutually reinforcing and are best understood dialogically. According to Keller (1997), this is fruitful for several reasons:

It explains how a person can be very much connected to others and still be autonomous. It illustrates how friendships can enhance the autonomy competency, and thereby the self-respect, of someone who may be minimally autonomous to begin with. Finally, it issues one last challenge to the individualistic conception of autonomy by conceiving autonomy [as does Habermas] as an intersubjective activity (p. 161).

Thus we see that many feminist ethicists who have problems with the ethics of care approach, most notably its propensity to rob women of their autonomy, advance dialogical ethics as a more promising alternative (Keller, 1997; Koehn, 1998). However, more usually the ethics of care emphasises the relational embeddedness of care. This is typified in Mol's (2008) approach where she attempts to distinguish between an ethics of care and an ethics of choice by demonstrating that each has its own logic: 'In the logic of care, the crucial moral act is not making moral value judgements, but engaging in practical activities ... So in the logic of care, defining "good", "worse" and "better" does not precede practice, but forms part of it' (p. 75). She hereby attempts to show that care as ethical practice has an inbuilt logic which flows from the caregiving relationship and that this is distinguishable from the logic of choice – the objective decision-making approach: When it comes to the logic of choice, 'a good decision depends on properly balancing the advantages and disadvantages of various courses

of action' (p. 53) but the logic of care 'is a matter of attending to the balance inside, and the flows between, a fragile body and its intricate surroundings' (p. 34). It 'suggests that attuning the many viscous variables of a life to each other is a continuing process. It goes on and on, until the day we die' (p. 54) and 'is concerned with actively improving life' (p. 89). Hence the practical activities involved in Mol's (2008) logic of care are relational and include: good communication as a crucial precondition for good care; exchanging stories as a moral activity in and of itself; and relating to others as an inextricable part of collectively investing in care. More broadly, as we see below, this activity is not merely a private, relational or moral matter but is also political and relates to how government takes care of its citizens. How the burden of care is shared is the crucial question for feminists.

Care as a policy issue

For many advocates of an ethics of care approach, care is more than an ethical practice based on emotional connections confined to the private sphere of relationships. Prominent advocates of this broader position on care, Tronto (1993) and Sevenhuijsen (1998, 2000, 2003), believe that many feminist care ethicists overlook the role of care in broader social policy. They take care as an emotional bond which establishes relational connections to another level drawing on feminist arguments about care as invisible, unpaid and undervalued women's work. They politicise care by highlighting the marginalisation and devaluation of care in Western society. For them, care is a complex moral and political issue: It is not merely a private interpersonal or familial matter but a public welfare concern. Furthermore, citizen-consumers have a democratic right to care and policy makers and care providers have a responsibility to listen to their concerns. Even welfare recipients – usually described as passive and dependent – are active care providers and 'normal citizens' (Sevenhuijsen *et al.*, 2006) caring for themselves and others.

Daly and Lewis (2003) likewise see care as an important policy issue believing that one cannot understand the complex nature of contemporary welfare transformation without grappling with the issue of care. They see the welfare state growing in different ways through the state, market, family, and voluntary sector working together in evolving partnerships. Academic debates about whether care is a virtue, ethical practice, personal responsibility or public issue run the risk of costing it its core meaning as ‘the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out’ (Daly and Lewis, 2003, p. 285).

One might also see Mol’s (2008) ‘logic of choice’ in political terms as the workings of the neoliberal system of choice and responsibility in the shifting boundaries of care to meet increasing demand in contemporary welfare states. For Daly and Lewis (2003), the supply has decreased as more women enter the labour force, the population ages, norms about family change, and so on, while demand increases. This has forced governments to think of alternative ways of providing care formally in the public sphere since, following the feminist onslaught, society can no longer rely on the family as a source of informal care. Daly and Lewis (2003) refute simplistic, neoliberal, managerialist, and feminist arguments about welfare cutbacks. They advocate expansions into new forms of care and welfare provision. They show how the kinds of new arrangements emerging in various countries rest on historical patterns of provision and the shrinking of family resources for caring. The image of family solidarity prevalent in social policy during the development of the welfare state is giving way to a more realistic, gendered understanding of family. More importantly, it is the ‘decreasing availability of private unpaid [family-based] care’ (p. 291) that has led to its expansion into the private market sector. It is this that has led to the ‘increasing significance of care as a sphere of social policy and the merits of a social care-based analysis of the

welfare state' (p. 291). This shift is thus not a mere function of ideological arguments between Left and Right – or between radical and liberal feminists – but a matter of necessity based on the supply and demand of social care. Thus, when analysing new policies, it is essential not to generalise but to acknowledge the inevitable diversity of care provision in increasingly pluralistic societies. In this context, marketisation has produced both positive and negative results: It has led to more accurate targeting of need and a larger professional role in deciding who receives care in the context of limited resources, and has provided greater individual choice. Thus the movement of care out of the family into the market is not necessarily a bad thing and, in many ways, is what feminists have pressed for.

Social work and social care

Social work's caring role in society has long been acknowledged, yet, ironically, much of social work's critical discourse has sought to distance *professional* practice from its caring beginnings (Meagher and Parton, 2004). Social work has also long appreciated the importance of relationships and everything that goes on within them – communication, dialogue, attentiveness, engagement, listening, rejection, understanding, meaning, interpretation, knowing, situated thinking, and so on. Hence Featherstone (in Gray and Webb, 2010) is sceptical of the seductive wiles of the ethics of care which, she says, promises a great deal, delivers quite a lot, but just not some of the key things social work needs. In this vein, Lloyd (2006) wonders what best serves the ends of dependent populations: the 'moral agenda' of the ethics of care, 'virtuous practice' of virtue ethics or 'the political agenda' of social justice. She, like Orme (2002), appeals for social workers to closely examine the relationship between justice and care, especially since Third Way social policy robs individuals of their status as rights-bearing subjects. Those who do not fit the neoliberal self-care, self-responsibility agenda are forced to 'rely on the discretion and benevolence of others who care for them' (Lloyd, 2006, p. 1173). Most social work clients have little choice. In

short, for social workers, justice and care are inseparable, rights to care are essential and care is a social obligation.

Justice and care

The debate between justice and care arises from Gilligan's (1982) pivotal observation that men operate within an ethic of justice which stresses rights and rules while women function within an ethics of care centred on relationships and responsibilities. From a feminist ethicist's perspective, the conflict between justice and care is a legacy of Universalist Kantian and Utilitarian ethics in which rights and justice are seen to belong to rational, autonomous individuals in control of their own destiny. The Western preoccupation with individual rights, feminists argue, overshadowed the interpersonal and emotional dimensions of human life leading to care being devalued and confined to the private sphere (Sevenhuijsen, 1998, 2000). The argument is that the common human need for care challenges the male-dominated normative perception of the individual as independent and autonomous (Tronto, 1993). In her most recent book on *The Ethics of Care* (2006), Held goes so far as to argue that care is more fundamental than justice, utility or virtue, which represents something of a departure from her previous position:

I now think that caring relations should form the wider moral framework into which justice should be fitted. Care seems the most basic moral value ... Without care ... there would be no persons to respect and no families to improve ... Within a network of caring, we can and should demand justice, but justice should not push care to the margins, imagining justice's political embodiment as the model of morality, which is what has been done (p. 71-72).

Some feminist ethicists, like Benhabib (1995), Koehn (1998), Tronto (2000), and Held (1993, 1995b) in her earlier work, maintain that an 'ethic of justice' has to be balanced with an 'ethic

of care' despite the complex and contentious relationship between them. Indeed, since the development of the autonomous adult human being requires nurture and care, there is a strong case for an ethics of care on the one hand and, given the constraints within which care is practised, for an impartial, fair and universal concept of justice on the other. This is important in light of the conditions in which externally determined standards are brought to bear on relationships of care, particularly when people have impaired decision making capabilities. Hence there must be an agreed standard of care for those in need to avoid paternalism, subjectivism and unfairness. Care must be connected to justice or it would become a random practice. It is crucial, then, to acknowledge the inextricable links between the political 'rights and justice' agenda and the moral 'care' agenda and to recognise the impact of each on the other. As Gray and Lovat (2007) note, even though we might have laws and procedures to ensure a just system wherein people have rights, without compassion there is no guarantee that these systems will function in a humane way. Neither justice nor care, by themselves, are sufficient. Justice says everyone is entitled to the same treatment but an ethics of care may lead to differential treatment as it may dictate that some people are needier of care than others based on situational and often subjective judgements. Thus an ethics of care is not necessarily just and a just system is not necessarily caring.

Conclusion

This paper has examined the feminist ethics of care as an emergent ethical theory which casts ethical dispositions in a different way to deontology, consequentialism and utilitarianism arguing that it is closer to virtue ethics. It has suggested that, despite the philosophical tensions within and between these disparate theories, discussions about ethics are enriched by these diverse influences. Despite some attempts to address the limitations of the ethics of care described above, it is not yet a complete ethical theory. Hence social workers need to question whether the relational ethics of care holds better prospects for delivering quality

outcomes for clients than existing ethical theory in social work which seeks universal standards of impartiality: For example, does it offer greater potential for enhancing trust, respect for differences, and mutual recognition than social work's existing deontological theories of human rights and social justice? Can the ethics of care address the complexities of the problems with which social workers deal? Does it provide strong *reasons* to care within the harsh practice environments in which social workers work where the 'practice of value' is becoming ever-more difficult?

There seem to be conflicting ideas on such matters and confusion as to whether the ethics of care is an ethical theory about the norms relating to the giving and receiving of care that brings feminist values to the fore or a broader political theory. Some believe that the ethics of care has moved beyond its feminist origins with many care ethicists recognising that men too have caring capacities and assume caring roles (Featherstone, 2001; Banks, 2006; Lloyd, 2006). Others have broadened the ethics of care to a political theory wherein care is no longer merely a matter of what occurs in private relationships but is a social good that society must provide. Some suggest that there is no longer a need for an ethics of care discourse since contemporary social policy recognizes social obligations linked to service users' caring needs (Daly and Lewis, 2003). Parton (2003) and Parton and Meagher (2004) have argued that professionals are unable to practice an ethics of care in highly regulated, risk-averse, managerial social service environments nor, argues Featherstone (in Gray and Webb, 2010) can it deliver what social work needs to address the complexities of the problems social workers deal with and the harsh practice environments in which they work.

Nevertheless, ways must be found to humanise our practice and draw attention to the importance of care and compassion, not only at the individual level but also at the societal level, as Nussbaum (2001) does, by offering a way to do this via virtue ethics. As a neo-Aristotelian, Nussbaum (2001) holds fast to the idea that society has to inculcate compassion

in its citizens in order to ensure that they will be disposed favourably to those in need. Virtue ethicists argue that this must be done through values education. Care ethicists hold that this is best done in caring relationships. As social workers, we see the importance of values education and relationships in instilling compassion, consideration, and care of others. For Held (2006), the most important task of care ethicists is to find ways to widen the bonds of caring among people. Like social workers, she is primarily concerned with the care competent adults give to vulnerable people. As social workers we would do better expending our energy on creating conditions under which caring-for these vulnerable others occurs and where they indeed feel cared-for, conditions characterised by attentiveness, receptivity, responsiveness, relatedness, mutuality, and reciprocity.

Crucially, compassion or care or any other virtuous attitude does not happen automatically. It is not a natural human response but a learned and inculcated moral attitude gained through socialisation. It requires a deep understanding of morality such as that which the study of moral philosophy can give. Social work would do well to return to this neglected moral link in order to better understand the moral complexities of its work and the propensity of the emerging ethical theories herein discussed to advance its mission in society.

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