

Ricoeur and the ethics of care

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Abstract This introduction to the special issue on ‘Ricoeur and the ethics of care’ is not a standard editorial. It provides not only an explanation of the central questions and a first impression of the articles, but also a critical discussion of them by an expert in the field of care ethics, Joan Tronto. After explaining the reasons to bring Ricoeur into dialogue with the ethics of care (I), and analyzing how the four articles of this special issue shape this dialogue (II), the authors give the floor to Tronto (III). She focuses on the central issue at stake: what may be the value of a more abstract, conceptual approach for the ethics of care as a radically practice-oriented way of thinking? She argues that the four contributions too easily frame this value in terms of Ricoeur’s relational anthropology. Instead she points out that if the ethics of care is a kind of practice, it makes sense to think of such practices as necessarily building upon one another, expanding constantly the context and relationships upon which practices are built. In the final section (IV) the authors respond to Tronto’s framing of ‘practices all the way up’ by arguing that this approach need not be at odds with one inspired by Ricoeur’s

conceptual thinking. Rather the two can be seen as different movements—upwards and downwards—that both contribute constructively to the shaping of the important intermediary zone between the practices and the abstract ideals.

Keywords The ethics of care · Ricoeur · Practices · Practice-oriented reflection · Abstract philosophical reflection · Responsibility · Philosophical anthropology · Relational view of human beings

Here I shall attempt to bring to light the simple fact that the practical field is not constituted from the ground up, starting from the simplest and moving to more elaborate constructions; rather it is formed in accordance with a twofold movement of ascending complexification starting from basic actions and from practices, and of descending specification starting from the vague and mobile horizon of ideals and projects in light of which a human life apprehends itself in its oneness. (Ricoeur 1992, 158)

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I

This collection of articles explores how Ricoeur’s thinking may contribute to a further elucidation of central issues of the radically practice-oriented thinking of the ethics of care. The reason behind this exploration is first of all the substantial overlap between the approaches of the two ways of thinking and the topics they discuss. However, the difference between the two may seem at first sight to be more obvious. Ricoeur’s philosophy is not precisely the

kind of practice-oriented reflection the ethics of care envisages as necessary. His thinking is characterized by a more abstract, thoroughly conceptual approach. As a result, the issue at stake in this volume is also a more general one: what may be the value of a more abstract, conceptual approach for the ethics of care as a radically practice-oriented way of thinking? In this introduction we will indicate the common ground between Ricoeur and the ethics of care that initiated our work for this volume, and start the discussion on the tensions between the two approaches. The actual dialogues between Ricoeur and the ethics of care that take place in the articles will refine the now somewhat awkwardly formulated oppositions like ‘abstract’ versus ‘practice-oriented’.

Let us first briefly characterize the ethics of care by the elements that are particularly relevant in the dialogue with Ricoeur. The ethics of care emphasizes that reflection on care and its implications for the understanding of human beings in general, should not be abstract or from the outside, but must always emerge from the practices themselves. As a result, care ethics from its very first initiatives felt the need to develop a new kind of epistemology. Especially the modern emphasis on the free, autonomous, independent individual and the concept of rationality related to it, as well as the central claim of universalizability are reviewed critically: these tend to marginalize care and the persons involved. On the other hand, the attitude towards so-called abstract conceptual reflection is not simply one of rejection. Several care ethicists (Noddings, Tronto, Van Heijst, Conradi etc.) make use of conceptual reflections of thinkers—e.g., Aristotle, Kant, the Scottish Enlightenment moral theorists, Heidegger, Buber, Arendt, Levinas, Honneth—because of their value for understanding care practices. Until now, however, Ricoeur’s thinking has received limited attention within the ethics of care.

The overlapping interests, however, between Ricoeurian thinking and care ethics are obvious. Ricoeur, although a modern thinker himself, relates critically to modernity. This is clear in his anthropology already formulated in his early work, which focuses on the disproportion in human beings between finiteness and infinity. This disproportion makes human beings vulnerable to evil both in an active sense and passively in giving opportunity for it (Schaafsma 2006, 21–32). This implies a critique of any easy view of the powers of human acting, and shows fragility as determinative of human beings. Moreover, in his view on narrative identity care—which he calls ‘solicitude’—plays a major role. According to Ricoeur human beings do not only refer to care in their life stories, but also prefigure possible suffering, dependence on care, and death. His ethical thinking also shows parallels, as he considers relations of solicitude as central

to human life with and for others. In addition, he analyses the role of power and violence and the way institutions function. These parts of his work are closely related to the questions of relationality, asymmetry and equality, and to the critical reflection on health care as a political and institutional practice, all of which are central to care ethics. Finally, the style or method of thinking Ricoeur practices relates to that of care ethics in that it expresses and sustains complexities instead of solving, or abolishing them (Van Nistelrooij 2014a).

This brief list of affinities already indicates that Ricoeur’s thinking may be of value for the further conceptual elaboration of the themes and insights of care ethics. Care ethics needs this further conceptualization in particular to avoid a hidden indebtedness to modern concepts, which may creep in, in spite of its critical attitude. Apart from that, the present situation of Western health care arrangements calls for a substantial and powerful impulse in ‘thinking differently’. At present, especially financial crises and increase in health care costs—partly due to ageing—are taken as reasons to force care practices into a logic that is alien to it. For example, health care currently focuses one-sidedly on the illness, and regards it as a need to be satisfied. Ricoeur’s thinking may contribute to the care ethical aim to develop a different logic that starts from an intense phenomenological analysis of the character of caring itself, and the experience of being ill.

Below we will outline the core of the different articles in order to gain a first impression of what thinking from Ricoeur in relation to care issues may yield. Subsequently we are pleased to present a brief critical reflection on these core issues by Joan Tronto. We asked her for a reaction because of her expertise as one of the great pioneers of care ethics, and her radical orientation towards thinking from practices. We will conclude by indicating briefly our own perspective on this issue. Thus, this integrating introduction should serve to clarify the relations between the different articles and to inspire the discussion on the central issue at stake.

II

In his investigation into Ricoeur and care ethics Theo Hettema (2014) suggests a dialectical relation between the two: they may question and challenge each other, while they also have a common perspective. In order to arrive at this challenge, Hettema departs from a brief text by Ricoeur on autonomy and vulnerability in a juridical context that may contain a possible fruitful connection between Ricoeur’s thinking and the perspective of care ethics. The text explores the issue of ‘the subject of rights’, i.e., the subject at stake in juridical practices. In trying to come to

grips with this issue, Ricoeur runs up against a paradox: the subject is on the one hand presupposed in legal practice, while the subject should on the other hand precisely be established and realized by the legal practice. Ricoeur further elaborates on this paradox by understanding it in terms of ‘autonomy’: on the one hand autonomy is presupposed by the law, on the other hand it is attacked and still to be established, it is a task. This implies that the human being is not just autonomous and capable, but also fragile and vulnerable. The way in which vulnerability enters Ricoeur’s analysis of autonomy, already shows that autonomy and vulnerability should not be seen—as often happens—as isolated from each other, or mutually exclusive. Precisely the juridical context shows that autonomy always implies vulnerability: autonomy is never something that is realized from the outset, but something that must be presupposed *and* still has to be established in the legal proceedings themselves.

According to Hettema, Ricoeur’s analysis of autonomy aims to contribute to the struggle for the recognition of human beings as ‘subjects of rights’. This is a struggle that care ethics may easily recognize as its own, Hettema argues, in particular in struggling for persons in need of care ‘to be heard’. Moreover, Ricoeur’s analysis of the juridical context may confirm the care ethical aim of sustaining the dialectical tension between autonomy and vulnerability or dependency instead of focusing solely on autonomy. In order to illustrate the insolubility of this tension Hettema refers to another aspect of Ricoeur’s thinking: the practice of narrative identity formation. This is the formulation of one’s life story, by which one’s narrative identity is shaped. The ability to do so shows someone’s autonomy but also requires receptivity that implies a specific vulnerability: to let this story be criticized by others. Hettema points out that this insight in the interrelatedness of autonomy and vulnerability may contribute to regarding the receiver of care as a person with capacities. Both Ricoeur and care ethics point out that this is not just an individual task, but should just as well be an integral part of our care institutions and thus of society at large.

Ellen Van Stichel’s contribution (2014) also relates to the application of care in the public sphere. She deals with a challenge that the ethics of care has faced from its conceptual start: the relation between justice and care. Are the two mutually exclusive, intersecting or complementary? Care ethicists have advocated various positions in this so-called ‘justice-care-debate’, without reaching agreement. The unfruitful dichotomies and oppositions that governed the debate, however, can be clarified by becoming aware of the various anthropological stances. Ricoeur’s elaboration on anthropology and the relation between justice and care contributes to this clarification.

In his relational anthropology Ricoeur preserves a dialectic tension between the private and the public spheres and presupposes a continuous ‘back and forth’ between the two. In this back and forth the person is never alone, but always together with others, also within institutions. Persons need these individual and plural others in order to become a self. Ricoeur distinguishes between three forms of ‘meeting the other’ that take place within the private and public spheres. First, meeting the other directly occurs in friendships in the private sphere. Second, he refers to solicitude for another when meeting an unknown other on a face-to-face level, for example in giving care to someone in need. The third form is that of a relationship with an ‘each’, i.e., with the unknown and anonymous other together with whom one shares a membership of the same society through common institutions. At this third level, solicitude and justice correspond, according to Ricoeur: here justice aims at the extension of solicitude to each member of society. Hence Ricoeur bridges the gap often presupposed between justice (as public) and care (as private) and proposes a rather straightforward and interactive relationship between the two, Van Stichel argues. This view can be further elaborated by taking into account Ricoeur’s analysis of the biblically inspired discourse of love as *agape*. Love, admittedly, is not the same as care. But the discourse of love, Ricoeur argues, reveals a logic of superabundance that can be present precisely in generosity and care. The discourse of justice is different: it follows the logic of equivalence as expressed in the Golden Rule. Ricoeur puts both logics in a dialectical tension that is fruitful on both sides. Justice may remind love of the need to be an embodied practice instead of mere sentimentalism. Love may reorient an all too literal and limited interpretation of justice as calculation towards a positive and affirmative formulation of the Golden Rule.

According to Van Stichel, care ethicists like Held and Tronto present a similar view as regards the interactive relation between justice and care. However, the difference Van Stichel points out is that Ricoeur connects this idea of care explicitly to the biblical idea of *agape*, as a hyperethical concept. ‘Hyperethical’ means that it transcends practices and ethics, and at the same time orients them. *Agape* with its logic of generosity, a giving without the expectation of reward or return, is what is presupposed in a relational anthropology. Thus, Ricoeur’s thinking may make explicit a hidden, implicit assumption within care ethics.

The articles of Frits de Lange (2014) and Inge van Nistelrooij (2014b) focus on more specific fields and characteristics of caring: care for the dying, and self-sacrifice in caring. De Lange explores an overlap between Ricoeur’s posthumously published *Living Up to Death* and views inherent in the palliative care and hospice movement. Both

are concerned with ‘affirming life’ in the face of death. In *Living Up to Death* Ricoeur articulates his own experiences of living at high old age with death approaching, first that of his wife, later on his own death. Ricoeur’s philosophical argument may add a deepening of the insights of care professionals. This is important precisely in this context of ‘living up to death’ because of the specific difficulties of accompanying other persons on their way to death. This accompanying runs the risk of being overshadowed by either the fear of one’s own death, or the conviction that death is simply part of life. De Lange gathers four insights from Ricoeur’s reflections that may guide this risky but indispensable accompaniment. First of all it is important to acknowledge that someone who is dying is still alive. Even in this situation of ultimate fragility life is a kind of power. This is something that can be experienced precisely in the relation between caregiver and care receiver: they may both perceive the power of life in the process of dying. This shared experience is specified, secondly, in what Ricoeur calls ‘the gaze of compassion’. It is the gaze of someone who wants to be close to the person living up to death because dying is a social affair. But closeness does not mean identification. It is a struggling with. Precisely in this struggling, thirdly, the power of life is affirmed. This does not mean a “vitalistic belief in the biological invincibility of life” (Lange 2014). The accompaniment is rather a mourning of and witnessing to the life of the dying person. Ricoeur refers to this accompanying as ‘fraternity’: the sharing of one’s life with others. Fourth, while Ricoeur emphasizes that ultimately everybody is alone in dying, this does not exclude a relationality in the sense of ‘transferring the love of life to the other.’ This transfer is ‘cheerful’ in a sense. This does not mean that Ricoeur aims at a heroic sacrificing of oneself for the other but at experiencing life as grace, as a gift and thus not considering oneself as the owner but as the receiver. It is the attitude of detachment, openness and receiving that makes the transfer to the other possible.

Van Nistelrooij (2014b) investigates the issue of self-sacrifice, which is a returning topic within the ethics of care that is nevertheless insufficiently thought through. For instance, care ethicist Joan Tronto has dealt with the topic within her political theory. She takes self-sacrifice as the caregiver’s risk of over-identification with the needs of others that reinforces an often already disempowered position. Also Annelies van Heijst has elaborated upon self-sacrifice within her argument for a more normative care ethics. She accepts self-sacrifice only when chosen freely and when rooted in a sincere commitment instead of a negative view of the self. Important is, according to Van Nistelrooij, Van Heijst’s introduction of the idea of the caregiver’s wish to give care from a surplus.

Both these views suffer from various reductions, Van Nistelrooij argues. She draws upon Ricoeur’s hermeneutics

of the self as source to arrive at a more fruitful reflection. His view of the self is in line with the care-ethical emphasis on vulnerability, dependency and relationality. However, Ricoeur takes this idea at least one step further, when he argues that the self in order to become and be a self incorporates otherness in many respects. Ricoeur uses the term fragility to indicate this interwovenness of identities of the self and others, the self’s passivity, affectivity and neediness—a term which is more appropriate than that of dependency. Taking this Ricoeurian concept of fragility into account, Van Nistelrooij argues, enables one to develop a care ethics that acknowledges that care often is all but a free choice of an autonomous self. Rather caring is often a practice in which one finds oneself, in which one is already involved or even immersed. Also, caring is a practice of giving that is not necessarily fulfilling to the caregiver. Ricoeur’s emphasis on fragility, however, does not imply that the self lacks capability. This capability consists in the acceptance and attestation of one’s identity as both sufferer and actor and as belonging and dedicated to others. The refusal to sacrifice the self for another, taken from this point of view, can be the same thing as the refusal to *be* the self.

Van Nistelrooij argues that Tronto’s view of self-sacrifice as a risk of inequality and oppression can be complemented by the idea that people also can have a desire to be and belong together. Seen from this perspective, self-sacrifice is the result or consequence of relatedness, i.e. of one’s own related identity. Van Heijst’s view of self-sacrifice as a free choice is challenged by Ricoeur’s view of the self as containing otherness, as fragile yet capable. For if we accept the idea of irreducible human fragility, which puts autonomy into perspective, the question remains to what extent one’s self-sacrifice can be seen as a free choice. And finally, Van Heijst’s idea of the wish to give care from a surplus can be extended by Ricoeur’s view of the gift as first movement. He regards the gift as an open-ended gesture that expresses the value one places upon the third pole, i.e. the relationship between the self and the other. The gift, then, emphasizes the ‘between’ and its weight for one’s own identity. In sum, Ricoeur’s view not only helps to understand self-sacrifice in giving care, but also to make it plausible as an expression of one’s own identity in caring practices, more than the ethics of care has accounted for.

III

The essays in this collection claim that Ricoeur has much to offer to the ethics of care. How might one of the pioneer scholars of care respond? We asked Joan Tronto how she values the attempt of these articles to connect Ricoeur’s

conceptual work to the practice-oriented approach of care ethics. What follows below in this third section is her commentary on the four articles. It focuses on what Tronto considers to be a tendency in each of the contributions, i.e., ‘the desire for a foundation’ that follows from Ricoeur’s anthropology.

Tronto: Most of the papers here make the claim that moral reasoning must rely upon some kind of foundation; in Ricoeur’s work, that foundation grows out of the philosophical anthropology that he explicates. But this is a quite specific anthropology with which others may disagree. Does this not mean that if one follows Ricoeur one excludes the views of others who do not share his view on human beings? And is such an anthropological foundation required anyway?

To try to capture the basic difference between the approaches found in care ethics and Ricoeur, it might be useful to start with the most general point. To capture it intuitively, we might recall the famous philosophical joke: “An ancient belief is that the universe rests on an elephant’s back, which, in turn, stand on the back of a turtle, but what supports the turtle? One uncompromising answer is that there are turtles all the way down” (Pateman 1988, 15). On the contrary, the claims of care ethics might be described as ‘practices all the way up.’ This ‘practices all the way up’ approach argues that the desire for a foundation is misplaced, especially the fear that a lack of foundation would lead into skepticism. The danger of skepticism can be coped with in at least two different ways, which do not imply a foundation at all.

The first, a metaethical one, draws upon the distinction Margaret Urban Walker makes between theoretical-juridical and expressive-collaborative moralities (Walker 2007, chapters 2–3). For Walker, the theoretical-juridical model presumes that moral theorists deduce principles of moral life and then apply them to the ethical world. Walker instead describes an expressive-collaborative metaethic, which “looks at moral life as a continuing negotiation *among* people” (67). As a result, she argues instead for “an ethics of responsibility,” which, “as a normative moral view would try to put people and responsibilities in the right places with respect to each other” (84). Note that while Walker is making an argument for a normative moral world view, then, she does not presume that all people will be agreed on one philosophical anthropology. Ethical assumptions are likely to be deeply empirical, then (an argument that other contemporary philosophers make), but do not require the acceptance of a particular anthropology.

Second, to approach the question from the standpoint of caring ‘practices’ further suggests that, empirically, the broader moral questions raised in these essays will arise in the practices themselves. This is true because of two aspects of care practices. First, as with all practices, care

practices are *critical*. Practitioners in care practices attempt to improve the way that they are engaging in their practice, and such reflection makes them reflective about the practice. Further, if one takes seriously the logic of care ethics (as suggested by Fisher and Tronto (1990), and again by Tronto (1993)) then several other aspects of care practices become clear. By their nature, caring practices are always contextual and relational; they involve interaction with others—either care-givers or care-receivers or the self, embedded in a set of social institutions, structures and relations. Thus, to reflect upon and improve care is necessarily a moral activity insofar as it concerns one’s engagement with others. Second, caring practices are *nested*, that is, that the end of one caring practice (triage in an emergency department) is part of a larger care practice (providing urgent critical care) and part of a still larger care practice (maintaining health) and part of the broadest care practices (living and dying as well as possible). As caring practices are perfected by locating them in the world, then, practitioners will necessarily have to place their own caring practices in ever larger contexts which will provide another level of critical reflection upon their practice (unless, of course, the caring is bad, though to make such a judgment already reveals the moral force of this analysis). While this larger framing of a caring practice does not always necessarily happen, it is a ‘built-in’ normative engine that drives practices ‘all the way up’ to consider how adequate caring is to the highest standard of ‘living in the world as well as possible’ (Fisher and Tronto 1990, 40; Tronto 1993, 103).

This latter starting point allows a plurality of possible starting points and foundations to be included within the ongoing moral consensus of societies. From the standpoint of viewing moral life as, in Walker’s words, “a constant negotiation *among* people” (Walker 2007, 67), starting from practices allows the discussions of appropriately moral actions and practices to go ‘all the way up,’ without resting on the same foundation. Pointing out the presence of such a negotiation is not the same as stating that good normative judgments will be present in all cases of care, in all contexts, and in all institutions. But there is a way to show that ‘practices all the way up’ might require that people engaged in complete practices of care—that is, those that follow all five phases of care (see Tronto 2013, 35)—address issues at levels that go beyond their own individual needs and institutional preferences, see things from multiple perspectives, and continue to evaluate their practices ‘all the way up.’

Insofar as one is responsible for others, knowing the complexity of the nature of relationships, with intimate others, distant others, in institutions and as institutions are nested, explains how caring relationships can become broader. Walker argues that an ethics of responsibility

requires an ongoing negotiation of accepting and rejecting moral claims. This negotiation can, and will, be conducted with more or less grace and generosity, with more or less capacious versions of self-sacrifice and love, in settings that involve sublime joy and the deepest tragedies. But all of this does suggest that a robust ethic of care, replete with close descriptions and accounts of ‘practices all the way up,’ can escape from the despair of skepticism, the ubiquity of the market, and the need for a single philosophical anthropology.

[end of Tronto’s commentary]

IV

In her response Joan Tronto focuses on a characteristic that she recognizes in all four contributions, i.e. the tendency to think starting from an anthropology. In Ricoeur’s case this anthropology is of a fundamentally relational kind. Tronto strongly opposes to such a ‘foundation’ as a starting point for reflection and pleads for reflection starting from practices and working its way ‘all the way up.’ And indeed, each of the authors has not only mentioned Ricoeur’s relational anthropology or relational self, but has also advocated the importance of such thought for reflection upon caring practices. However, neither of the authors has considered a relational anthropology as in any way opposite to reflection upon practices. In all four contributions, the idea of relationality turns out to be a central qualification of anthropology that counterbalances and helps to overcome dichotomies, simplifications and oneness that strongly influence practices. Let us briefly point out the ways in which the authors connect Ricoeur’s anthropological insights to specific practices.

Hettema focuses on a text from Ricoeur that has the practices of justice as its primary context. Here, anthropology comes into view when one tries to find out how human beings are approached: those who come up for trial, the ones who judge and the ones who witness. By pointing out vulnerability and fragility as the other side of autonomy, Ricoeur in particular reveals the fundamentally relational view of human beings implied in this context. Hettema compares this vulnerability to another kind of receptivity and openness to others which Ricoeur has highlighted in his reflection on narrative identity.

In her reflection on justice and care Van Stichel deals precisely with *practices* of care and justice in both the public and the private sphere. She explores the relations between practices of care and justice by considering how the self meets individual and plural others in various ways. These relations are specified by the assumption that human beings belong together and owe to each other in all spheres of human interaction. This idea of a fundamental

relationality helps to see how love may be the hidden, implicit assumption of the ethics of care.

De Lange takes the palliative practice as his field of reflection. Here relationships seem difficult because the perspective of the person who faces the approach of his or her death and those who accompany the dying is so different. Ricoeur tries to find expressions for the specific kind of relationality that is nevertheless present here. De Lange concludes that Ricoeur’s insights enrich the reflection upon practices of accompanying the dying in two respects. First, it points at the need to consider one’s *own* death before one can be intimate to the dying. Second, relationality suggests that one needs to seek the point of connection to the dying.

Van Nistelrooij argues that relationality helps to see practices of self-sacrifice as more complex than ‘simple’ self-destruction, self-harm, or free and well-considered choice. From a relational perspective self-sacrifice in caring can be seen as a practice in which people find themselves already involved before or beyond choice. In such a view, self-sacrifice in caregiving is not only done *for* the other, it is also done for the self as a related self. Thus, self-sacrifice expresses the value of the relationship between the self and the other for one’s self-understanding.

In a recent article by Joan Tronto (2014) we found a concise statement that summarizes her approach very well and relates to the terms she uses in her critical account of our articles. She argues in favor of practices being the continuous warning against any theoretical boundary:

If I have a meta-theoretical commitment, this is it: that theories should not be formulated in such a way that they build a wall around themselves to exclude the qualities that are likely to be most problematic. In this regard, the fact that the two great dangers to care—described in *Moral Boundaries* as the problems of parochialism and paternalism—remain dangerously *within* the practices of care itself, is a strength of care, not a weakness. That those engaged in, or evaluating care relations must remain constantly vigilant about these dangers is a strength of this perspective, not a weakness. (Tronto 2013, 13–14)

Tronto fears exclusion as a result of the ‘wall building’ character of theories. In a similar way she warns that by choosing Ricoeur’s perspective one excludes competing anthropologies. This fear should be understood from the specific character of Tronto’s discipline, that of political theory. Her concern is the issue of whether Walker’s ‘constant negotiation’ mentioned above can take place on all levels of democratic living together. What is necessary—as Tronto has especially elaborated in her book ‘Caring Democracy’ (2013)—is a repair of the democratic deficit, i.e. the failure of democracies and institutions to

reflect the main concerns of their citizens. But does reflection on the fundamental level of philosophical theory necessarily entail exclusion?

In the motto we placed above this introduction Ricoeur speaks about a twofold movement of ascending from practices, and descending from the horizon of ideals (Ricoeur 1992, 158). The ascension is a movement of “complexification” starting from simple, basic actions. The descent is a movement of specification that starts from initially vague ideals. Both movements are necessary for understanding oneself, for shaping one’s “life plan”. Ricoeur describes ‘life plan’ as an “intermediary zone of exchange between the undetermined character of guiding ideals and the determinate nature of practices” (Ricoeur 1992, 159). If Tronto’s radically practice-oriented approach may be paralleled with the ascension, we would like to argue that a more abstract, conceptual reflection like Ricoeur’s is necessary to elaborate the descending way of thinking.

We are confirmed in this view also by voices from the care field of action itself. For instance in the evaluation of a 5 year research program executed by care ethicists in a general hospital in the Netherlands¹, care professionals have expressed the importance and added value of non-professional ‘outsiders’. Professionals who are full time involved in caring practices appreciated the input from outside their practices for several reasons. Researchers asked ‘confusing’ questions about what they considered ‘normal’ or what had been done unconsciously. Researchers also provided names and terminology for experiences that until then remained ‘felt’ but not mentioned, let alone reflected upon. In short, researchers helped to look from a more abstract point of view to the everyday practices as they provided the opportunity as well as the necessary theoretical and conceptual tools to think through practices. This helped the practitioners to discover new points of view for their practices and to give names to their own experiences.

Of course, philosophers should not think that ‘outsiders know best’. But they should use their ‘luxury position’ of having time for reflection to contribute constructively to the shaping of the intermediary zone between the practices

and the ideals, the care equivalent of the personal ‘life plan’. A twofold movement of constant negotiation, we argue, can be enriching on both sides. Theories nor practices are made of stone but may influence each other constructively, when practices meet concepts and vice versa. We hope this volume may be such a meeting point.

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¹ The program ‘Professional Loving Care’ at the St Elisabeth’s Hospital in Tilburg, the Netherlands (A. Baart, F. Vosman, I. van Nistelrooij (eds.), “De patient terug van weggeweest. Werken aan menslievende zorg”, forthcoming).