

**Is an ethic of care based on femininity?
--focused on Noddings' concept of 'maternal instinct'--¹**

Ayako YASUI
Department of Ethics
Kyoto University
Doctoral Fellow (JSPS)²

1 . Introduction

We live in various human relationships every day and they are necessary components of our daily life. The concept of care is one of the most appropriate for explaining the daily happenings which arise from such relations. At the same time, this concept shows the particularity and concreteness of human reality in particular situations. There have been many arguments about care as both social phenomenon and individual action ranging from 1980s to the present time: We see the interdisciplinary approaches to care in the fields of 'human service', such as medicine, nursing, welfare and education³. While there are such many approaches to care, some people think of the concept of care as a foundation for ethics. In 1982, Carol Gilligan espoused an 'ethic of care', rooted in the concept of care work and the experiences of carers⁴. 'An ethic of care' was opposed to an 'ethic of justice'⁵ which underlay the developmental theory of morality advocated by Lawrence Kohlberg. And Gilligan thought of an ethic of care as an alternative to the dominant ethical theories of the time. Care work has historically been borne predominantly by women. Nel Noddings is said to argue that her own ethic of caring systematically builds on the view of Gilligan which has influenced mainly feminists. An ethic of caring criticized both Kantianism and utilitarianism: both attach too much importance to moral reasoning and judgement, consider moral problems abstractly and adopt principles in the same way. And Noddings claims that an ethical theory of care is based on caring as the 'ultimate reality of life' (Noddings 1992 p.15). Care ethicists claim, firstly that the ethical foundation of an ethic of care is the particular caring relationship between the carer and the cared-for, and secondly that we should maintain and enhance this relationship. But there is misunderstanding arising from the relation between the ability to care on the one hand, and femininity on the other. An ethic of care was founded on an analysis of 'the female voice' and early care ethicists casually assumed a connection between care ability and femininity. As a result, some people have formed the misunderstanding that an ethic of care depends on biological essentialism.

In this presentation, I shall examine whether the ability to care required in caring--the primary action in an ethic of care--is based on femininity. In section 2, I focus on the concept of 'maternal instinct' in *The Maternal Factor* (Noddings 2010) and examine why Noddings introduces this concept. And, in section 3, the concept seems to commit to her to biological essentialism, belying her

claim that women are forced to learn to care by psychological account. I then show that care ethicists are inclined towards essentialism due to their desire to give an account of the source of the ability to care. Although it is true that early works in an ethic of care have started from analyses of women's voices and have been associated closely with women's experiences, this is only because previous social structures have installed women in the caring role.

2 'Maternal instinct' in *The Maternal Factor*

In this section, I shall examine critically the concept of 'maternal instinct' first introduced by Noddings in *The Maternal Factor*. Thereby, I want to make clear that although care ethicists know that it is dangerous to adopt biological essentialism in explaining the source of the ability to care, they are inevitably attracted to this kind of biological approach.

At first, I will look at the concept of 'maternal instinct' introduced by Noddings in *The Maternal Factor*, and show where this concept is located in Noddings' care theory (2.1). Next, I will point out two problems which arise due to the introduction to this concept. Firstly, it is likely to impart the concept of maternal instinct as an ethical foundation because we may be committed to biological essentialism, and secondly, Noddings writes in *The Maternal Factor* as if she accepts such a commitment (2.2).

2.1 What is 'maternal instinct'?

Noddings held that the source of care ability was not femininity at least until *Starting at Home* (Noddings 2002). Furthermore, she adopted a psychological account concerning the source of care ability, in order to explain the current belief that women have a higher ability to care than men. She held that the psychological account was best able to explain women's tendency to engage in care work. On this account, girls grow up by identifying with their mothers. However, Noddings introduced the new concept of 'maternal instinct' as a foundation of natural caring in *The Maternal Factor* (Noddings 2010).

In this section, I shall consider whether Noddings, or care ethicists more generally, are through the introduction of this concept, committed to the form of biological essentialism called gender essentialism. To examine this, I will draw on Noddings' description of the concept of maternal instinct in order to outline the concept, and will show the theoretical position of this concept in Noddings' care theory.

(1) 'Maternal instinct'

Noddings thinks of care as the central concept of morality, and creates an ethical theory based on it. Her position does not change in *The Maternal Factor*. Noddings is 'exploring one significant source of morality—maternal instinct and the natural caring that develops from it', although she

does 'not claim that it is the only source of morality' (Noddings 2010 p.32). Thus, as Alasdair MacIntyre does, Noddings explores an approach which diverges from currently dominant ethical theories. 'MacIntyre has argued that philosophers and others studying morality have made a mistake in moving away from rich descriptions and an analysis of social life to technical analysis of moral statements, judgments, and universal principles' (MacIntyre 1981). Noddings agrees with him, and in addition, points out that 'an even greater mistake was made in ignoring female experience' (Noddings 2010 p.17). According to Noddings, such a mistake is corrected by considering caring, which starts from maternal instinct.

Then, what is maternal instinct? In *The Maternal Factor*, Noddings argues 'the evolution of morality through female experience and how that morality might be described. It makes sense, then, to start with a maternal instinct, infant bonding, and the empathic capacities developed through the basic experience of mothering' (Noddings 2010 p.10). Noddings gives 'the dyadic connection consisting of mother and child' as one example of instinctive caring (Noddings 2010 p.34). And she writes that 'the mother-child relation, as the original condition, is the primary example of natural caring, but unlike other relations of natural caring, it still has firm roots in instinct' (Noddings 2010 p.58). But she does not define maternal instinct as inherent character of females. She speaks about 'a likely story' as to how women learn to acquire this character. See in detail (Noddings 2010 pp.10-16).

According to Noddings, women had survived by utilising the capacity of maternal instinct. The maternal instinct leads mothers to care for their infants. 'The earliest human mothers had to 'read' their infants and respond to their expressed needs' (Noddings 2010 p.12). Females had learned to use elementary empathy in order to read the needs of their children. Those children whose mother had the propensity to care had an easier life than those whose mothers did not have it. 'A mother might assume a need without considering the child's expression', and 'having decided what the child's expression of need means, the mother must respond to meet the need'. In responding, 'the mother is not obeying some moral principle; she is responding quite naturally to the child's need, for the child's sake' (Noddings 2010 p.13).

In addition to such mother-child relations, women developed the ability to care in relation with males. On the one hand, 'perhaps permanent affiliation with one strong male gave more protection for a woman and her babies'. On the other hand, males might accept such responsibility in return for the ready availability of sex and the assurance that resulting offspring were his own. Females and males are connected by such an interest. 'It is almost certain that the female had to keep the male satisfied if she wished to retain his services as protector and provider of some resources. Thus, in addition to learning to read her infant, she also had to read her mate'. For this reason, the female developed the abilities to care and sympathise (Noddings 2010 p.13)⁶.

Thus, 'in caregiving driven by maternal instinct, females are concerned with the survival of

their infants' (Noddings 2010 p.73) so that they need males in order to respond to their infant's needs and protect them. This is 'a likely story'. The first caring relation described here 'is our original condition'. So, 'people do not choose their sex, race, or ethnicity' and 'their stature, physical strength, or susceptibility to disease'. And 'it is extremely difficult to make choices in opposition to one's immediate culture', and 'individuals are both developed and limited by' social groups (Noddings 2010 p.37). Therefore, Noddings explains the development of the ability to care because females have been in such an original condition and, as such, have been subject to many constraints.

(2) Theoretical position of maternal instinct in care theory

Where is the maternal instinct, which is source of the ability to care, located in care theory? The basic structure of care theory which Noddings describes is the same with one. It is natural caring and ethical caring that is the fundamental sentiment of caring, and when natural caring fails, we need ethical caring (Noddings 2010 p.36, p.66). The main point that differs from the structure given in *Caring* and *Starting at Home* is that Noddings introduces maternal instinct as a former stage of natural caring in *The Maternal Factor*. Here, I shall deal with the relationship between the maternal instinct and natural caring, putting aside the move from natural caring to ethical caring. There is difference in the way in which empathic responses are seen in men and women from their first manifestations, and such differences are strengthened by socialization. The 'maternal instinct'--the source of the ability to care in care theory--'in females is accompanied by biological responses that encourage empathy. For example, a crying infant—even one unrelated to the mother—will induce a letting down of milk in a lactating female and a tingling in the breasts of those who are not lactating. This biological response may well be accompanied by the customary feelings of sympathy and urgency a woman has for her own child, and it may provide a basis for the development of natural caring beyond maternal instinct'. In addition, 'females likely developed concern for other females who were nourishing their babies' (Noddings 2010 p.15). Such maternal instinct is a foundation of natural caring, and 'a setting characterized by natural caring is widely (perhaps universally) regarded as good' (Noddings 2010 p.42).

Noddings used the expression 'natural' in natural caring in three senses. Firstly, natural caring is 'natural' in the sense of being done out of the 'spontaneous' motivation of the carer ('Because I want to'). Secondly, 'natural caring is 'natural' in the sense that it is exercised with no need for reference to moral principles or direct reasoning from such principles'. Instead of drawing on principles and rules, carers concentrate 'on relationships and response' (Noddings 2010 p.38). Third, 'natural caring is 'natural' in that it exists prior to formal moral thought; it is there, in the empirical world. It is found in families and in other face-to-face circles of interaction'. 'Although natural caring is usually found in family and small group situations, there are such groups (usually on their way to extinction) in which natural caring is absent, and in most groups natural caring sometimes

fails. We might call groups that regularly fail to exhibit natural caring defective; they are lacking in essential human qualities' (Noddings 2010 p.45).

Thus, 'although natural caring grows out of instinctive caring, it is clearly not merely instinctive'. 'Female humans, like virtually all mammalian females, have had and continue to have major responsibility for mothering, but human female thinking is not confined to the tasks of mothering'. Of course, 'it is reasonable to suppose that female and male minds have evolved somewhat differently', but Noddings does 'not suppose that one is generally superior to the other'. But although Noddings admits that 'this is a risky claim because, as many feminists have warned, admission of difference in the past has almost always resulted in a declaration of superiority favoring the male', she nevertheless maintains that there are differences between male and female. Rather, Noddings writes, 'we should ask how best to acknowledge and use the differences to benefit everyone' (Noddings 2010 p.43).

Here, I wonder whether Noddings explains the source of the ability to care from biological essentialism. At least after *Starting at Home*, Noddings explains the source of ability to care from maternal instinct as a 'nurturing and caring instinct' (Noddings 2010 p.11) which is important for all species. She also holds that females learn to care due in part to historical context, and in part to the psychological differences between them and males. Thus, does Noddings' account commit her to biological essentialism? I shall consider this problem.

2.2 Does Noddings commit herself to biological essentialism in *The Maternal Factor*?

As we saw above, in *The Maternal Factor*, Noddings says that natural caring—the fundamental ethical sentiment in care theory—is based on a feeling of maternal instinct. However, I wonder whether introducing such a concept makes the source of the ability to care a matter of gender, so that care ethicists are thereby committed to biological essentialism. In order to resolve this question, I will see what Noddings says about this concept in *The Maternal Factor*.

Michael Slote claims that women are 'more moral', or empathic than men, but Noddings holds off on this claim. Noddings agrees that it is true that 'evidence currently available suggests that women are more empathic than men'. However, 'their increased capacity for empathy has come at a cost—acceptance of subordination and sometimes enthusiastic endorsement of their own subservience' (Noddings 2010 p.57). So, Noddings thinks we should not simply accept the assessment by care ethicists that women are more moral than men. However, Noddings introduces the concept of 'maternal instinct' as the source of ability to care into care theory in *The Maternal Factor*. As she said, before *Starting at Home* Noddings confines her explanation about the source of ability to care psychology. Such a concept is very risky in the sense that the word 'instinct' gives us the impression of committing her to biological essentialism. In addition, her description of the concept seems to commit her to biological essentialism. Is that proof which Noddings comes to

adopt a biological as well as psychological account, at least in *The Maternal Factor*? Noddings tries to show from the following reasons that she does not necessarily commit herself to biological essentialism even though she introduces the concept of ‘maternal instinct’.

First, Noddings claims that ‘although natural caring is usually found in family and small group situations, there are such groups (usually on their way to extinction) in which natural caring is absent, and in most groups natural caring sometimes fails’. ‘We might call groups that regularly fail to exhibit natural caring defective, they are lacking in essential human qualities’ (Noddings 2010 p.45). We can interpret from this expression that Noddings thinks natural caring—and the maternal instinct which is its source—as a foundation of human nature. In addition, after empathizing that human beings are relational, Noddings says ‘as the relation is basic to biological life, the caring relation is basic to moral life’ (Noddings 2010 pp.45-46).

Against such view, Noddings gives the following defence. While women have learned to gain the ability to care through the likely story, Noddings does ‘not believe that women were created with an eternal, unchangeable nature’ and could change (Noddings 2010 p.57). She does not claim that ‘women’s superior capacity for empathy makes them morally superior. Other factors are involved’. Noddings is thinking that we can ‘find more evidence of genetic and chemical/hereditary influences on behavior’, and ‘new and more realistic ways to promote a more just and caring world’ (Noddings 2010 p.58). Therefore, Noddings thinks that ‘neither would we regard her as a ‘defective female’, although we acknowledge this one defect’. ‘Complete rejection of essentialism may not be possible’, and ‘on the one hand, maternal instinct is not an essential characteristic of human females, one that separates fully human females from ‘unnatural’ females, on the other hand, it is an essential characteristic of human females as a class on that it is clearly essential to the survival of their species’ (Noddings 2010 p.35)⁷. Thus, ‘part of what has developed through a combination of biological and cultural evolution is a human capacity to reflect upon and sometimes to change our own nature’ (Noddings 2010 p.25).

And, as for the reason why most care work is pushed on women, Noddings writes as follows: ‘to ensure protection for their young, females accepted a position of subordination to their male partners. This has been, at best, a mixed bargain’. ‘There are some women even today who welcome their subordination as a good bargain. But for most women, staying at home has involved unpaid labor of some sort from morning until night’. ‘In today’s occupational world, women often earn less than men doing the same work’, and this tendency is remarkable in professional care work. Of course, Noddings wants to say neither that all care labor is not well, nor that women should henceforth not engage in such an occupation. Noddings notes only that ‘it has long seemed ‘natural’ for women to work in occupations similar to homemaking and child-rearing—that is, in occupations that require caregiving’ (Noddings 2010 p.75). This tendency is furthered by forcing women to engage in care work. There are two main reasons for this. Firstly, ‘it is subordination—not the nature

of the work—that results in lower pay and scant occupational prestige’. ‘The closer a woman’s work is to that long identified with mothering, the lower its worth our society. This pattern is part of a larger system in which traits are genderized, and those associated with males are granted a higher value—provided they are exhibited by males’ (Noddings 2010 pp.75-76).

Second, ‘the empathic capacities of women often lead women to consider the welfare of others over their own’. ‘Oddly, this is not, as some critics have claimed, because women are poor negotiators’, but ‘it turns out that many women are exceptionally good at negotiating—but they negotiate for others, not for themselves. This other-orientation in women presents a paradox. On the one hand, empathy and emphasis on relations lie at the foundation of care ethics; on the other, the subordination accompanying the growth of empathy has encouraged women to be complicit in their own oppression’ (Noddings 2010 p.76).

Although it is proper in some sense to worry about the ‘caring trap’ (one form of the exploitation of women) written above, ‘this worry has some legitimacy, but the legitimacy rests on two mistakes: first, that ‘carer’ applies permanently to a person by virtue of her gender; and second, that *caring* as it is used in care theory is identified with caregiving’. Noddings claims that ‘if we eliminate these two misunderstandings, there should be no fear that care theory will set a trap for women’. She does not ‘deny the reality of a caring trap, and we’ll have to discuss how it was set and how it continues to be baited’, but does ‘deny that care theory, properly understood, contributes to the maintenance of the trap’ (Noddings 2010 pp.46-47).

Furthermore, we need to look at the task described by Noddings in *The Maternal Factor* in order to make sure that she does not adopt at least simple biological essentialism. She writes: on the positive side, ‘women are, in general, significantly more concerned with social issues than are men’, on the negative side, ‘females do not do as well as males on mathematics tests and like measurements of ability in science and engineering’. As for the reason for the negative side, Noddings points out that this is not simply because women have been deprived of the opportunity for education in society. But she is concerned not with gender differences in mathematics and ability in science and engineering, but trait differences between males and females, different assessment of their abilities and different ethical notions between them in *The Maternal Factor* (Noddings 2010 pp.3-4). In addition, according to her, ‘care theory has developed in strength and popularity, but it is still too often thought to be just a branch of feminist ethics. The object of continued analysis and argumentation is to establish care ethics (or to show that it has been established) as a major alternative to traditional moral theories’ (Noddings 2010 p.9). So, we can conclude that Noddings conceives of care ethics not as the research of actual gender, but as a normative ethical theory.

Therefore, I admit that it is true that the concept of maternal instinct is problematic and misleading, but I cannot conclude only from this point that Noddings commits herself to biological essentialism. Then, why do care ethicists, involving Noddings, tend to speak as if they are

committed to biological essentialism? Finally, I will examine this briefly.

3 Conclusion

Finally, I shall show again that although care ethicists know that it is dangerous to adopt biological essentialism in explaining the source of the ability to care, they feel the appeal of such an account and tend to approach towards it. And I will consider how this is proper when one's interest is an attempt to locate the source of morality in care ethics.

First, one of the main questions in this presentation was whether the ability to care is based on femininity. To recapitulate, the ability to care is needed in caring which is the primary act in care theory. As I have shown so far, it seems that at least in *The Maternal Factor* Noddings changes more or less from her previous position that the word 'femininity' was used symbolically. For especially in *The Maternal Factor*, the concept of 'maternal instinct' being the foundation of natural caring is described as if women have this instinct biologically. I think, in some sense, we have to admit that Noddings commit herself to biological essentialism in *The Maternal Factor*. But we can interpret the concept of maternal instinct as a psychological concept. There are three reasons. First, I can read that Noddings sees the maternal instinct as the ability acquired by mothers who have nurtured and cared for their children. Childcare has been pushed upon women historically as well as much other care work. In this way we may see that Noddings indirectly criticizes traditional social structures. And second, she thinks that this instinct is the sort of trait that can change as the social structures around women are improved. Therefore, she does not think that this instinct—in other words, the ability to care—is a fixed quality of females. Third, it is possible to claim that Noddings does not commit herself to femininity in a biological sense in theoretical contexts, because her argument precedes from the normative aspects of care theory. Therefore, in *The Maternal Factor* as well as in *Caring to Starting at Home*, Noddings is trying to provide a psychological answer to the question of the source of the ability to care. Since *Starting at Home*, Noddings began to be interested in sociological accounts that criticize the social structure by virtue of which women tend to be pushed towards carework. As a result of this, she has tried to expand care theory to social policy.

Thus, while most care ethicists know that it is very risky to base the source of an ability to care on femininity in a biological sense, they sometimes use misleading expressions in this regard. For example, we can find such a description in Gilligan, and Shinagawa makes the following point concerning Noddings:

[...]Noddings does not posit sex difference consistently. In the beginning of *Caring*, she says explicitly that she does not argue the experiential problem of connecting biological sex difference with care orientation (Noddings 1984: 2). But we can find some descriptions equating the experience of women as proof roughly (ibid.: 28, 95 etc). Noddings denies at first

the sociological account which regards the cause as social role pushed childcare upon women, although there are three accounts concerning the tendency to push childcare upon women: biological account, psychological account and sociological account. Although Noddings, similar to Gilligan, adopts Chodorow's psychological account which girls are willing to come to engage into childcare from identifying with their mothers, she sees biological account as convincing (ibid.: 128-129). (Shinagawa 2007 pp.189-190)

Thus, Noddings has from the beginning not held a clear position about the source of the ability to care. But, as I showed above, care ethicists such as Noddings often tend to commit themselves to biological essentialism when they speak about such problems. I think there are at least three reasons for this tendency. Firstly, it is problematic theoretically to admit in care theory that there can be people who are defective in terms of the ability to care. Therefore, it seems that many care ethicists come to insist that the source of ability to care is based firmly on something like human nature. Secondly, there is the influence of the fact that care works have historically been engaged in by women, in other words, that care ethics has deep connections to feminism. For example, many care ethicists have continued to argue their care theory in *Sign* and *Hypatia* which are known as feminist journals, and so it is feminists in various fields who actively argue for care theory. Therefore, when they speak about their care theory, they tend to develop their argument in terms of a care perspective whose expression is easy to understand for feminists. But on the other hand, this makes it hard for dominant ethical theorists who continue to use male central words and thinking—Kantians and utilitarians—to understand such a care approach. Thirdly, I can point out that care theory is interdisciplinary across various fields. As I said in the introduction, many care theorists refer to care, because the concept of care is useful for describing various relationships in daily life. This is why many people refer to the concept of care, even though a consensus about the concept of care is conspicuously lacking. Of course, here I do not want to claim that it is wrong for people in various fields to speak about care. I want to emphasize that it is difficult to discuss care theory constructively unless we provide a clear sense to the term. For example, I think that we need to make clear in what sense the word of care is used—for example, focusing on the aspect of taking care of people, arguing about care as an ontological foundation, or dealing with care work and care labor as practical issues, and so on. Care has many senses and aspects. A significant task which remains for care ethicists is to clarify the various senses and aspects of care, and to provide an indication of how we ought to use the concept of care.

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Endnotes

¹ I want to thank Michael Campbell (JSPS postdoctoral research fellow) who has read and checked this paper and provided helpful and encouraging comments.

² This presentation is a part of research result used by the subvent of JSPS in 2014.

³ It is well known that the pioneering research of care is *On Caring* written by Milton Mayeroff (Mayeroff 1971). This work gave great influence to many fields. For example, in field of nursing, see *The Primacy of Caring* (Benner & Wrubel 1989) and in field of education, see 'On Pedagogical Caring' (Hult 1979). But we need to keep in mid that Hult had adopted different approach Noddings did because he emphasized the role of care rather than caring itself.

⁴ As for the assessment of Gilligan's *In a different Voice*, Professor Okano (Doshisha University) has given me an interesting comment as following: we can question whether this book had treated with care work directly, because her argument brought about the developmental psychology. So, this expression here may be too rough. I will want to consider this point in other opportunity.

⁵ It is difficult to define an 'ethic of justice'. Some theorists like Kuhse (Kuhse 1997 p.136) think that ethic of justice involves only Kantianism. Others like Blum (Blum p.472) hold that both Kantianism and utilitarianism is involved in ethic of justice. In this paper, I regard both theories as ethics of justice. Gilligan challenged the developmental theory of morality suggested by Kohlberg and early care ethicists criticized moral action as appealing to moral principle.

⁶ However, on the one hand, females had fallen into subordinary relations. We must keep in mind that Noddings does not intend to endorse the subordinary status and exploitation of women. Instinctive caring, natural caring and ethical caring 'should not be considered stages in moral development. Certainly natural caring has incorporated instinctive caring and, because it seems to have evolved from instinct, it represents a next step' (Noddings 2010 p.33). But as we saw in section 2.1, ethical caring is not necessarily better than natural caring. This is the same with instinctive caring.

⁷ Barnett and Rivers discuss this and insist that it leads to a 'caring trap': women are forced to engage in care work again. That is why women in the present day often face a conflict between their career and care work. So, Noddings points out that we need to distinguish 'caring' applying to all moral life from 'caregiving' which is one important form of care work. Caregiving can be both forms, with caring or without caring (Noddings 2010 p.25).

⁸ See as following:

Title and contents

<http://www2.ipcku.kansai-u.ac.jp/~tsina/research.htm>

Abstract

<http://www2.ipcku.kansai-u.ac.jp/~tsina/AbWBJ.htm>