

Caring and Vulnerable Agency

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Our actual lives inevitably contain a variety of factors beyond our voluntary control. This seems to be an undeniable fact of human life because we are strongly influenced by our physical, emotional, relational, social, or environmental conditions. However, most philosophers of action have long failed to appreciate these factors due to their strong commitment to the value of autonomous control over their whole life: they tend to concentrate on analyzing the self-governing aspects of human agency by focusing on the roles of rational plans and (personal) policies (e.g., Bratman, 2007; Korsgaard, 1996; Taylor, 2005). Such an analysis is undoubtedly important because the value of autonomous life is one of the central values that we pursue. However, given that our agency is susceptible to elements over which we cannot fully exert control, emphasizing autonomous aspects exclusively risks hindering the realistic understanding of human agency. We need a more well-balanced conception of human agency. In this paper, I attempt to shed light on the vulnerable dimension of agency by analyzing agency from a care perspective.

1. Clarification of Frankfurt's Account

Harry Frankfurt originally introduced the concept of care into the philosophy of action. Because his analysis serves as a starting point for enriching our conceptions of care and human agency, I begin by clarifying his two core ideas. Then, in the next section, partly based on his insights, I try to develop my own account of human agency, especially by considering uncontrollable aspects of caring.

As many philosophers of care acknowledge, we care not only about someone but also about something. Such things can range from the general, like an activity, an ideal, or a project, to the specific, such as the environment or some possession (Benner and Wrubel, 1988; Blustein, 1991; Frankfurt, 1988; Jaworska, 2007; Mayeroff, 1971; Seidman, 2009; Shoemaker, 2003). For example, one can care about an activity such as academic study, the ideal of leading a healthy life, the endeavor to be successful in one's career, environmental protection, one's beloved car, and so on. As Shoemaker puts it, "the range of potential objects of care is itself extremely wide and diverse" (Shoemaker, 2003: 94). Frankfurt also shares this presupposition, treating care as being extensively concerned with our human lives (Frankfurt, 1988). And because the notion of caring has such a wide and general application, we can attempt to provide an account of human agency in terms of caring.

Then, in analyzing the concept of care, what kind of meaning does Frankfurt have in mind? Similar to various philosophers who work on care, he also states that caring should not be confused with just wishing, wanting, liking, and having an interest (Frankfurt, 1988: 81). This does not imply that caring is entirely different from these other attitudes. Rather, caring typically is an expression of these attitudes, but it entails more than these attitudes alone. According to Frankfurt, caring about X involves *seeing X as important to oneself* (Frankfurt, 2004: 10–6). This characterization is approximate, but it grasps a basic meaning of caring in which the philosophical literature on care has demonstrated an interest (see Benner and Wrubel, 1989; Jaworska, 2009; Mayeroff, 1971; Noddings, 1984; Seidman, 2009).

1.1. Care and Determination of Will

To clarify the nature of care in this sense, Frankfurt particularly focuses on the volitional or motivational dimension of caring. Here, the term "volitional dimension" bears on how we are effectively motivated or disposed to act (Frankfurt, 1999: 165). First, he points out that the perceived importance of X,

which is embedded in caring, contributes to the *determination of our wills (or intentions)*. Our perception of X's importance makes X-related considerations (or considerations related to X's well-being) more salient, while other considerations are less salient. As a result, what we should do in given situations becomes more apparent. Moreover, correspondingly our wills also become more "determinate or fixed" (Frankfurt, 1999: 93).

We can provide such examples although he only mentions, and does not illustrate the point. If a wife, Mary, for instance, cares about her ailing husband, considerations pertaining to his well-being—such as his mental condition, nutrition condition, and relationship with doctors and nurses—emerge as salient, capturing her attention in a significant way. Thus, she can see more clearly what to do for her husband's well-being, and her will becomes more determinate accordingly. This pattern, of course, holds almost true for caring about something. Consider a person, John, who cares about keeping his environment clean. He regards cleanliness as important; therefore, his untidy kitchen, messy shelf, and dusty floor stand out conspicuously to him. Now he can see where to clean up, and thereby his will becomes fixed to that extent. (To be sure, caring admits degrees of seriousness or devotion, and so does seeing X as important to oneself. We care more about some persons or things than others. Thus, the determination of will through caring about X is not absolute but relative, admitting degrees like "more determinate" and "less determinate.")

We can see a close connection between caring and the determination of will in another way. Suppose that we are incapable of caring about anything deeply due to serious depression. "Our motivation to stay focused weakens; and we undergo a corresponding attenuation of psychic vitality" (Frankfurt, 2004: 54). This involves "a radical reduction in the sharpness and steadiness of attention" (Frankfurt, 2004: 54). In such a depressed mood, clear distinctions between what is important and what is not almost disappear, and everything looks homogeneously trivial. Our attention is not focused on any

particular features of the environment. Consequently, we are completely disoriented and uncertain about what to do. This shows that we can form our wills and act in certain specific manners only when *certain things are already seen as important or significant*. In this respect, we can say that it is through caring that our wills are formed in determinate manners.

1.2. Care as Volitional Constraint

The second point that Frankfurt emphasizes is that what we *come to* care about is not under our direct voluntary control (Frankfurt, 1988: 88). This point is related to the first point. As shown above, it is through caring about X that some X-related activities or actions become viable, practical options. For example, through a person's caring about cleanliness, sweeping the floor, scrubbing the bathtub, etc., become practical options. A person totally indifferent to cleanliness cannot choose to sweep the floor because it does not emerge as a practically relevant option. Unless we care about X, X-related features do not capture our attention, and thereby X-related activities—including deliberating, planning, intending, and willing—never emerge as a practical possibility.

Thus, caring is an enabling condition of voluntary choices and rational control such as engaging in deliberation, and making plans and policies. This means that coming to care is itself not a matter of voluntary choice. We cannot choose to see X as important to ourselves, while we can choose to imagine so. We cannot either freely or autonomously form our senses of what is important to us. Although we can develop our senses of importance or significance, even such development seems a receptive, dawning process rather than a procedural, rational decision-making process (Arpaly, 2001: 54–6; Hayakawa, 2008: 273–4). Neither John's sensitivity to cleanliness nor Mary's sensitivity to her husband can be invented at will.

Of course, this is not necessarily to deny that we can *indirectly* exercise control over seeing X as more/less important to ourselves than before. John

tries to make a voluntary effort to regard cleanliness as less important by deliberately averting his attention from dust and dirt. But we should be careful here. To make sense of such a voluntary attempt, it is necessary to interpret his effort as derived from another deeper care that he has. John's voluntary attempt, for instance, can be made intelligible because he cares about his job more deeply, which demands such passionate devotion that he needs to care less about cleanliness than before. This in turn makes it impossible that John seeing his job as important is something that is under his direct control. Without this sort of deeper caring, his voluntary effort to care less about cleanliness would not make sense. Therefore, we can still say that what we care about is not under *direct or immediate* voluntary control.

I think the last point is especially helpful in enriching our picture of human agency because it is factors beyond our voluntary control that most of the philosophers of action have often overlooked in their analyses of human agency. The strength of the present investigation, from a care perspective, is that it considers this neglected aspect. Mainstream philosophers of action tend to presuppose sharp divides between an action and a happening, between activity and passivity, and between an agent and a sufferer (e.g., Bratman, 2007; Mele, 1997; Moya, 1990). This dichotomy encourages them to analyze the nature of action separately from its happening, and the nature of our agency separately from suffering or being acted upon, thereby making it impossible to conceive human agency as more of a *combination of them*. What we can learn from the above discussion is that human agency is not a pure product of autonomous or voluntarily will. I attempt to show in the next section that human agency is much less pure than not only most of the philosophers of action have supposed but also than even Frankfurt supposes.

2. Uncontrollable Aspects of Caring

Frankfurt's focus on the aspect of being beyond control is valuable, but he

nevertheless does not pay *sufficient* attention to such an aspect. He emphasizes that we cannot make a choice to bring about *beginning or ceasing to care* about a certain object (Frankfurt, 1988: 85; 1999: 136). However, another important point is that the unfolding, *interactive process* of caring is also often beyond one's control. This is what even Frankfurt fails to fully appreciate. In his discussion, caring subjects seem quite isolated from concrete objects of care. He fails to consider how the cared-about object affects the agents (see Frankfurt, 2004). Perhaps this encourages him to disregard the interactive aspects of caring. Unlike Frankfurt, I attempt to show that uncontrollability concerns a relational, interactive dimension as well as a volitional dimension.

However, there is probably an important objection to my idea: what kind of interactive uncontrollability occurs when a person cares about something such as cleanliness? For example, John can easily make a plan such as cleaning up his room on the weekend, or a policy like scrubbing his bathtub every evening, so that he can rationally control and organize his activities. Given such controllability, why can we say that caring about cleanliness involves interactive uncontrollability? We can respond to this objection in the following way. Even if John can make plans and policies concerning activities constitutive of his caring, the interaction between dust and John is not totally under his direct control because interaction always involves a passive part, i.e., being acted upon. Getting dirty and dusty is to some extent not under John's voluntary control. John's attention being captured by dirt and dust is not his voluntary activity either. The fact that he can control some parts of activities does not deny that there remain other parts that he cannot voluntarily control. Thus, we can still say that there exists interactive uncontrollability as to caring about something like cleanliness.

However, a further objection may probably be raised. According to this objection, even if we acknowledge that there remains interactive uncontrollability in John's case, this sort of uncontrollability is trivial and marginal because John can easily make plans or policies almost as he likes,

and even change them as he wishes. Perhaps this objection is correct. But even if we admit that interactive uncontrollability in John's case is trivial, we can still argue that interactive uncontrollability is one of the central or, at least, important aspects that we should not underestimate. We can say that, concerning what we are able to easily or routinely care about (or take care of), such uncontrollability is marginal. But this does not imply that interactive uncontrollability is a negligible feature when we discuss caring. Especially when we care about *someone* rather than something, factors beyond our voluntary control seem to be conspicuous. Consider parents who take care of their needy children, families who provide care for parents with dementia, workers who are forced to care about difficult and short-tempered bosses, and so on.

Before considering such uncontrollability in caring about someone, we should also note that, because our lives are deeply embedded in interpersonal relationships, our caring about *something* is often, though not always, dependent on caring about *someone*. Unlike John, mothers might care about cleanliness mainly because they care about their children: they keep their environment tidy in order that their children might lead comfortable lives. People often care about their health, money, possessions, and so forth partly because they care about the well-being of their family. Also important is that caring about someone may be an integral part of caring about something. Caring about being successful in our careers, which is one of the primary concerns for many people nowadays, may perhaps involve caring about our bosses and coworkers to some extent. Caring about something completely isolated from caring about someone—like John's caring about cleanliness—is not so frequent. Thus, given the centrality of our interpersonal lives, if interactive uncontrollability is conspicuous in cases of caring about someone, we can say that interactive uncontrollability is of non-negligible importance. And as this feature has been largely overlooked among the philosophers of action, it deserves much emphasis.

When we consider interactive uncontrollability in caring about someone, what Sara Ruddick says about maternal caring is extremely suggestive.

What we are pleased to call “mother love” is intermixed with hate, sorrow, impatience, resentment, and despair (Ruddick, 1989: 68).

To illustrate the point, Ruddick refers to the story of Julia. Julia’s baby, suffering from serious allergies, screamed in acute pain. To provide preservative care, Julia was “awake every other hour around the clock, day and night, for four long months and slept only two hours at a time for the next six” (Ruddick, 1989: 66). Julia says: “sleep deprivation drove me mad. . . . I moved with constant aching bones, could stand no closed doors or shut-in spaces, lost track of days or weeks and wrote long lists of things to do—which turns out to be, on later reading, totally unintelligible” (Ruddick, 1989: 66). I want to argue that such emotional entanglements and ambivalence are not limited to mothers’ caring for their babies, but are more or less a pervasive fact of caring about someone, given that caring involves a sort of devotion and investment, as Frankfurt and other philosophers who work on care suppose. The problem is *why* ambivalence occurs in caring about someone.

In his discussion of care, what Frankfurt has in mind is not the detached onlooker type of caring, but the engaged participator type.¹ The notable point is that in such an intimate, devoted type of caring, we are *vulnerable* because we are strongly influenced by others’ weal and woe. In particular, compassion plays an indispensable role when caring is a sort of devotion rather than a superficial concern. Such genuine caring concerns not just others’ joyful or

¹ Frankfurt writes:

A person who cares about something is, as it were, invested in it. . . . Insofar as the person’s life is in whole or in part *devoted* to anything, rather than being merely a sequence of events whose themes and structures he makes no effort to fashion, it is devoted to this (Frankfurt, 1988: 83).

peaceful experiences. A person showing concern for others only under favorable conditions is not credited with caring in a full sense. Caring that is understood as including devotion seems to *persist* even when the cared-for persons get into difficulties or predicaments.

When we consider compassionate concern, bodily interaction is one of the crucial components of it. Cared-for persons not only have needs but also *express* needs that are unmet by themselves. Of course, expression is both verbal and nonverbal, but in either case, it comes from their body. The tone of voice, nod of the head, facial expressions, gestures, and postures play decisive roles (Hoffman, 2001). Bodily encounters with concrete others in plight automatically and involuntarily activate our empathetic imagination of their situation, making it easier for us to feel a strong sense of continuity with them (Hamington, 2004: 38–60). However, this is only part of the truth. We should not overlook the fact that such bodily encounters can make us upset, irritated, and disturbed. This is because more unpredictability and uncontrollability occurs in such a case. We cannot define what these persons' needs are in a one-sided manner, and neither can we predict when their needs will occur nor how urgent they might be. We have little control over these things. And because of their pressing needs, we are sometimes forced to suspend or even to give up some of the projects and plans we deeply care about. This can generate more or less negative feeling such as irritation, anger, and even hatred toward the cared-about persons.²

We need a much more detailed argument in order to clarify both uncontrollability and disturbance in caring. However, we can see, though very briefly, that there are more factors beyond our voluntary control than what Frankfurt supposes. This may also mean that my account has the potentiality

² What is more, in order to protect ourselves from such disturbance, we may be strongly motivated to treat the cared-about persons in a manipulative way. Because we are vulnerable to their predicaments, we sometimes attempt to control them as we wish.

for shedding more light on the neglected aspects of agency than Frankfurt's. He fails to consider uncontrollable aspects of the interactive dimension of caring. To that extent, he over-idealizes or romanticizes caring relationships, envisaging more tranquil, self-sufficient agency than do I (see Frankfurt, 1999: 102).

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