

SOCIAL RESEARCH, POLITICAL THEORY AND THE ETHICS OF CARE

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Introduction

What kind of social research should be promoted and supported in relation to the enormous challenges that problems of globalisation and changes in the cultures of survival and care represent for all of us? I will discuss this question here in light of my experiences as a feminist researcher in the field of care for nearly three decades. This research interest developed when in the 1970s I worked as a politically elected leader of the board of public social care and child protection services in my community – a community that is part of the Norwegian city of Bergen. In this political work we had to cope with a lot of challenging problems related to the care of children, disabled and elderly. I often felt a strong lack of relevant scientific knowledge when having to argue for more resources, new public services or reorganisation of existing ones. I found the dominant scientific perspectives or paradigms in the political planning discourse on public services to be defective and inadequate for describing the problems in the real world of care in a way that would matter in the political and planning process.

In the context of a well-developed Scandinavian welfare state, many political feminists and feminist researchers found it necessary to develop new perspectives in research on care in order to strengthen the welfare of women and of those dependent on care and help in everyday life. The problem of how to carry out research that would really matter in policies and practice of care was, and still is, a challenging one, even in the Scandinavian context and even more in a global context. And many of the problems in the relationship between practice and applicable research are the same. Therefore I will argue that some of the experiences from development of this research field in Scandinavia are relevant to most researchers who want to carry out social research that matters with respect to policies and practices in the field of care and survival.

In this essay I will first give a brief description of the field of research on care in Scandinavia and then of how the feminist inspired empirical research in Scandinavia and Britain has developed since the 1970s. Thereafter, I will give a short presentation of the international theoretical discourse on gender and care. And finally I will argue that researchers need to take on more responsibility than they have done hitherto, to develop knowledge that could be a more relevant and influential tool in creating better care policies and practices.

Scandinavian Research on Care in the 1990s: Two Parallel Discourses with Different Influence

The word *care* as a definition of different types of activities in the welfare state was common long before we had any women's studies. In connection with such activities we have established research activities, which in part go further back in time and which are based on other perspectives than feminist inspired research. Research on care for the elderly is a good illustration of the differences between these lines of research. In this area we find a development where dominant paradigms in established gerontology – strengthened by socio-economic welfare expertise and market economic thinking – have contributed to an increasing extent towards defining the elderly and care of the elderly as a *socio-economic problem* (Eliasson 1996). Based on this view of the problem, efficiency and rational solutions are in demand and are attractive qualities in welfare services for the elderly. Feminist researchers¹ see other sides of the welfare services and have formulated perspectives that go against this established perspective. The new

perspective is that researchers are more concerned about the real world of care—and do research on concrete care actions, skills, knowledge and ways of thinking on the practical level, at the bottom of the welfare services organisations' hierarchy. Based on this perspective, questions about what care really is and what it means both to those giving and those receiving care, become of key importance. Feminist researchers have criticised the established planning perspective, because it is not based on an adequate understanding of the distinctive nature of care and therefore often generates proposed reforms and measures, which aggravate the situation both for care workers and for those receiving care (Thorsen and Wærness 1999). Both planning research and feminist research in this area are normative in the sense that researchers speak both about the facts and what is good, desirable and possible. The normative perspective is, however, the most clearly expressed in many of the feminist inspired reports, as it is in such research studies that morals, human values and own views on values are most often discussed.

Today we find these perspectives as parallel discourses in research on the welfare services (Wærness 1999). With the so-called "quality assurance" way of thinking also becoming a dominant trend in the health and welfare sector, it also seems clear that it is the planning perspective, which has the dominant influence on how these services become organised (Slagsvold 1999). The fundamental critique of this new way of thinking appears so far not to have had any effect on the public authorities' implementation of so-called quality assurance programmes in this sector. Based on the feminist inspired perspective, the problem with these quality assurance programmes is not just that they appear to be irrelevant to the concrete problems on a practical level. They can also sometimes help to create what Slagsvold (1995) calls *quasi-quality*, which means making the quality of care worse than it was before. The knowledge from feminist inspired research has not hitherto had any effect on the structure of the care organisations. The public discussion on how the health and welfare services should be changed is still dominated by academic experts who mainly use a language based on economic, technical and legal rationality—a language that is usually considered to be far removed from the experiences in the real world of care. For several years now, this real world has had a key position in Scandinavian and British feminist research on care.

Scandinavian and British Feministic Research on Care: Development over Time²

In the earliest phase of the Anglo-Saxon feminist research on care we can distinguish between two different discourses: one that places emphasis on care as work and one that places emphasis on the emotional aspects of care (Abel and Nelson 1990). Studies which placed emphasis on the work content, analysed care as a woman-suppressing practice, full of routine and alienating tasks. Studies that placed emphasis on the emotional aspects considered care to be a meaningful activity, which makes women better people. We might name these perspectives "the perspective of dignity" and the "the perspective of misery". In feminist research it is always easy to criticise studies based on one of these perspectives with the other perspective as a point of departure to develop scientific knowledge on care that should matter in policy and planning it is still a great challenge how to balance these perspectives.

In the anthology *Caring: A Labour of Love* (Finch and Groves 1983) these perspectives are combined. All the authors in this book have been important participants in the British discourse on care and common to them all is that they study care as a physically and emotionally demanding *unpaid* job that women carry out in the home. The purpose of this book was to show the hidden care work in the family, how it is shared between men and women and what it costs the caregivers. Criticism was raised against this research, because it was too one-sided, both in the sense that it only focused on the caregivers and not on those receiving the care and that it only discusses informal care and not care as a paid and professional work (Baldwin and Twigg 1991; Morris 1991/92; Qureshi and Walker 1989).

Scandinavian feminist research on care included both unpaid and paid care from the start.

Care was also defined as work and feelings and dealt with caregivers and those receiving care. The first research seminar on the subject was arranged in 1978 by the then Research Council of Norway's Secretariat for Social Research on Women under the heading "Paid and Unpaid Care", and the topics discussed had a broad basis: care work in the private and public sector, children and care, women's self-organised help arrangements, care functions in families with small children, new roles for children, men and women, emotional fatigue in good-natured caring women in the welfare services and the development of professional nursing at the end of the 19th century. The seminar was based on the understanding that women had the main responsibility for care both in private relations and in the public sector and the following reasons were given for why it is necessary to look more deeply into the care phenomenon; "in order to proceed in the work of extending the social scientific knowledge in this area, based on a women's liberation perspective, and to give the authorities a broader basis with respect to planning and implementing a care organisation *that takes into consideration the needs of those giving and receiving care* (NAVF's Secretariat for Social Research on Women 1979, foreword, my italics). Norwegian feminist researchers appear here to be quite typical representatives of modernity in the sense that they show great optimism both with respect to faith in the importance of knowledge and to the friendliness of the Norwegian welfare state towards women. New definitions and distinctions in the field of care were gradually created, definitions that were intended to give clarification in the debate on welfare policy and thereby were believed to have an influence on welfare policy (Wærness 1982). Involvement in welfare policy was included in this research from the start. "The social service state" and its importance from women's perspective became an important supplement to mainstream research on welfare, which up to the 1990s was mainly concerned with financial support, social security systems and the economic redistributive aspects of the welfare state.

The Anglo-Saxon and Scandinavian feministic inspired research on care have gradually approached each other and today we can point to three lines of development in this research with respect to the understanding of what care is:

- from either feelings or (manual) work to both/and eventually also intellectual work
- from the family via unpaid women's work in the government's service, to the state as either a women-friendly and/or shaky social service state
- from focus on women as carers and care workers to a perspective that also includes those who need and receive care.

The main emphasis is still on care being "something good", which is threatened by male, scientific, bureaucratic and market economic rationalities, values and interests and on care as being women's work. However, we can also see the outline of a few new development trends, the risk of encroaching on the other's freedom, which care gives the possibility for, has become a more important topic and there is increasing interest in studying possibilities for service schemes that may be good or better alternatives to more person-oriented and continuous care relations (Gough 1996). There has also been increased focus, inter alia in studies of what is called "the new paternity", on whether there is a "masculine kind of care" which is different from the feminine kind (Brandth and Kvande 1996).

One risk of these expansions considered from a feministic viewpoint is that they can lead to the basis for the feminist-oriented research being forgotten, namely the desire to make visible the traditional female work and the social importance of this and thus help to raise women's marginal status in society. Though perhaps there is no great risk of this happening today in the *close to practice* research on care, that is research based on the real world of care. In such research activities one is constantly being reminded, in the same way as the above-mentioned seminar report from 1978 documents, that care obligations are not just distributed according to gender, but also according to social class (and eventually also ethnicity), that the division of

labour among women in this area has changed very much over time and that caregivers can have great power with respect to those dependent on care, even if they have little power and influence in other relations.

The political-sociological and empirically rooted research on care has had a strong position in Scandinavian feminist research. Scandinavian feminist researchers have participated very little, however, in the international development of political-normative theory on care. This does not mean that there are no important contributors in this area. Both the Swedish sociologist Rosmari Eliasson and to an even greater extent, the Norwegian nurse, philosopher and historian, Kari Martinsen, have contributed important theoretical contributions to care ethics, contributions, which in addition to being based on important philosophers, are also based on women's public care work in the past and present (Eliasson 1987; 1991; 1999; Martinsen 1989; 1993; 1996; 2000). However, this work has still not reached the international theoretical debate on care and gender. Thus their influence on the care discourse in general, also in the Nordic countries, has hitherto been more limited than the influence of leading American feminist theorists in the field. The American feminist theorists have not been so much concerned about specific dilemmas and problems that the welfare state's care workers face. This is perhaps not so strange, if we take into consideration the big differences between the Scandinavian and American welfare state model. Greater understanding of this dominant division in feminist theory and research on care may contribute, however, to a more relevant insight into the care crisis that late-modern society now appears to be in, regardless of which welfare state model they use as a basis.

The International Theoretical Discourse regarding Care and Gender

At the same time as the more close to practice and feminist welfare policy research on care grew in Scandinavia and in the UK, several pioneering feminist studies of a more theoretical and philosophical nature were published in the US. The most internationally known and influential study of a moral philosophic nature was Carol Gilligan's book *In a Different Voice: Psychological Theory and Women's Development* (1982).³ This book is perhaps the most read feminist academic work in recent times and in 1984 MS magazine voted Carol Gilligan as "Woman of the Year". In Social Science Citation Index and Science Citation Index from 1986 to the beginning of 1991 we find 1,100 quotes from this book and Carol Gilligan's work has had an influence on all academic areas affected by feministic theory, from literature theory to veterinary medicine (Tronto 1993:76).

One main focus in the debate following this book (the so-called Kohlberg-Gilligan controversy) has been the question whether women and men have a fundamentally different approach to morality, or expressed in today's terminology in feministic research; is morality linked to gender? Even if Gilligan has never clearly expressed that "the different voice" she studies is always a female one, most people have interpreted her as describing a different approach to morality between the sexes. An important part of the rejection of her argumentation has been results from empirical studies, partly based on the same methodology as that used by Gilligan, which describe the same differences that Gilligan finds between men and women, as differences between the middle class and working class or between different ethnic groups. Other studies find no differences between men and women with respect to moral development in populations that were less privileged than Gilligan's white middle class informants. These empirical studies show therefore that other differences than gender may be significant to differences in moral development. In addition to these empirical studies, we also have analyses based on other theories and ways of thinking that give good arguments for the difference between care morality and justice as described by Gilligan as not necessarily being gender-related, but also describable as a difference between classes or between ethnic groups.

The reason why it was so important for American feminists to reject Gilligan's argumentation was because it could be used to support the correctness of traditional gender roles in American

(and Western) culture, and for an understanding that men and women were fundamentally different. Thus it has been possible to define her argumentation as being "essentialist". This is a position that leading feminist theorists have distanced themselves from in recent years, to such an extent that in the opinion of many people "essentialism" has become too loose and uncritical a basis of criticism. Several feminist theorists have strongly opposed Gilligan's argumentation and her book has been interpreted as a part of the 1980s backlash of feminism (Faludi 1991). Kohlberg, Habermas and other male theorists have claimed that the "different voice", which Gilligan has identified, is a private and personal voice and that it represents a constricted, less universal type of moral thinking than the male theorists in this field. To compare what Gilligan discusses and morality is claimed to be a categorical mistake (Habermas 1990), and care orientation can best be regarded as "a set of coping strategies for dealing with sexist oppression in particular" (Puka 1990). This argument reduces Gilligan's ethics of care to belonging only to the private sphere and thus implies that it does not deserve to be dealt with as a part of moral theory.

What then about the public care services? Has Gilligan's ethics of care no relevance in this sector? Based on the reality, which close to practice research on care has shown and focuses on, theoretical conclusions like this seem very strange and make me, as an experienced researcher concerned about the many human problems in everyday reality, conclude that I have nothing relevant to learn from today's theoretical and philosophical discourse on morality and ethics, whether this is led by feminist or mainstream theorists. The fundamental problem, which I was concerned about when I read Gilligan's book for the first time, was the following: Does Gilligan's book show a way of thinking about morality and ethics, which is very important, but which philosophy and modern social science suppresses or ignores to a great extent? And can her distinction between an ethic of care and an ethic of justice be used as a conceptual tool to identify a number of important development trends in several different social institutions, which we otherwise would easily overlook? And furthermore: are these development trends that we should be aware of, because these are development trends that most of us would consider to be negative and undesirable? With respect to such questions, essentialism – the discussion in relation to Gilligan's work – becomes irrelevant and limitation of care ethics to the private sphere directly outrageous. This academic discourse gives no theoretical tools with which to understand the care workers' problems in being able to provide human and personal care in a sector that sets increasingly higher efficiency requirements. It also does not help us to understand the modern child family's problems and dilemmas in combining gender equality ideals with the demands of a fast-changing working life. It is hardly likely that the breadwinner-housewife family can be brought back to life on a large scale, even for those who might so wish, and thus we face increasing pressure on private care resources. Today's challenge is to increase the access to care, which also takes into consideration gender equality. This will not be easy and as Hochschild (1995) points out, "to pursue this goal we must sensitise ourselves to various, competing cultural *images of care*, for it is in the persuasive power of these images that an underlying struggle might be won". In this situation, it will be an advantage to also be able to refer to relevant theoretical discourses. And in the last few years, there have been theoretical contributions, which exceed the debate on essentialism and reference of care ethics to the private sphere, and which thus can give important contributions to feminist empirical research on care and thus to arguments for a feminist welfare policy.

Care and Political Theory

Tronto (1993) basically criticises Gilligan in a similar way as many others have done. One of her most important arguments against Gilligan's, and even more so against Kohlberg's theories, which are the basis of Gilligan's criticism, is that they are elitist accounts, which cannot explain how we can generate or secure moral actors who are willing to *behave* morally in society. In the

opinion of Tronto, the way in which Kohlberg describes morality leads to the conclusion that to be relatively well-off and well educated is a necessary, if inadequate, prerequisite for reaching the highest moral level (Tronto 1993:75-76). Gilligan's theory does not break with this elitist tendency – she also defines morality by a process of thinking rather than as a set of substantive principles. As many have pointed out, the intellectual skill of solving hypothetical moral dilemmas does not necessarily result in a corresponding skill in acting morally. An alternative to this way of thinking is to focus on care as a process and place emphasis on care as practice. When we analyse care ethics from such an angle, it is relatively easy to be aware that the analysis will be incomplete if we do not make care a key topic also of the political discourse. Care ethics must be discussed on the basis of both a moral and a political context. In order to do this, we must break three boundaries, which apply in the academic mainstream discourse on morality and politics (Tronto 1993: 6-11). Firstly, we must break the boundary, which sees morality and politics as separate spheres. Care can serve both as a moral value and as a basis for how to achieve a good society politically. Secondly, we must break the boundary, which says that moral assessments shall be made from a distanced and uncommitted position, because this boundary means that everything to do with feelings, the real world and political circumstances will be irrelevant or of secondary importance. Thirdly, we must break the boundary between the public and private sector, as has been argued for some time in feminist research. Breaking these boundaries does not necessarily mean that they must be done away with, but can mean that they should be drawn up differently, if women are to be equal participants in public life.

In order to progress in the thinking on new moral boundaries Tronto (1993: 105-107) care is seen as a process in four phases: 1) acknowledge the existence of a need for care that should be met (caring about), 2) assume responsibility for this acknowledged need for care and determine how this should be met (taking care of), 3) the direct work in meeting this need for care (care-giving), 4) the recipient's situation after care has been given (care-receiving). Even if these phases can overlap each other in practice, this division is fruitful in order to identify several aspects of the gender and class-related division of responsibility and labour with respect to care, which also makes the care issue in today's society relevant for further development of political theory. Here are a few important examples: men's care responsibility for the family has traditionally been limited to "taking care of" (phase 2), while women have responsibility for providing specific care-giving (phase 3). The division of labour between a doctor and nursing staff can be described in the same way, even if in the health sector we eventually have a hierarchy within phase 2, where also leaders in traditional female professions have a (subordinate) place. By including phase 4, we recognise that the original definition of the need for care was not necessarily correct, that recipients could assess their situation differently to the caregivers. When we define care in this way as practice and process, it is clear that there are many possibilities for conflict between and within the levels. These may be value conflicts or conflicts regarding allocation of scarce resources in the form of time or money. In the real world you will hardly find care processes that can be described as being completely free of such conflicts, if we include all these four phases.

From a purely conceptual point of view, care is both particular and universal. What is construed to be adequate care varies between cultures and between different groups in society. Despite these variations, care is a universal aspect of human existence. All people need care, even if the need requirement varies, not just based on cultural differences, but also on biological differences. A baby cannot survive without care, and disease, disability and ageing mean that the need is greater than it would otherwise be. Therefore, care is not universal with respect to the specific needs in question, but everyone needs some kind of care.

In both the Western world and in many other cultures, direct care giving (phase 3) has always been a job assigned to the lowest groups in the hierarchy; women, slaves, servants. The direct and specific care for children, as well as for the sick and the elderly has nearly always been

exclusively delegated to women. In the late-modern society specific care work is still downgraded, unpaid or poorly paid and to an overwhelming extent left to those who have the least power in society. A consequence of the unbalanced distribution of care roles and care work is that the relatively most privileged groups can ignore much of the strain care entails, because they never have to face this. Tronto (1993:121) calls this privilege "privileged irresponsibility". This concept might be useful in explaining why the approach to the care problems is so marginal in the political discourse and why the male intellectual elite so easily refers care ethics to the private sphere. Women belonging to the elite do not immediately assume such a position of "privileged irresponsibility". To several of the pioneers in women's studies it was the tension between the academic world's definition of reality and family life's requirement for everyday care that gave the inspiration to theoretical rethinking (Smith 1987). The whole of the growth of feminist research in opposition to the established academic world can perhaps be said to be a result of large groups of women being given access to the academic world, but without it being possible in any simple way to hand over the practical care of their own children or the family in general to other women. This was not an easy matter economically or ideologically for most women in the Western world who entered academia in the 1970s and who eventually began to make their mark in the academic and political debate. The time of house-maids in middle-class households was over and other justifiable and financially reasonable child care for working and studying mothers was in short supply at the time large groups of women populated the institutions of higher education. Feminists have argued strongly for several different practical measures to make it easier for women to combine work and motherhood. Many have also argued in favour of the need to change the ideology that links mother and child so closely together by defining mother's care as being unique and necessary for a child's development and welfare. This has partly been done through historical studies to show that mother's love, in the sense of how we have defined it in our time, is not something "naturally" given, but is a modern ideology, which has helped keep women at home (Badinter 1981, Haavind 1975). By highlighting the reality of fathers' increasing care for their children and of the advantages of different types of professional child care from an increasingly younger age, Western feminism has helped to change the understanding of motherhood on which family law and much of the welfare legislation has been based. In several Western countries the basis of the legislation in these areas has also changed "from relational to individual motherhood", as Syltevik (1996) has called it. It must be said that feminism in the Scandinavian countries has succeeded to some extent both with respect to socio-political measures and ideological changes, in that it has become easier for women in these countries to combine motherhood and paid work. Use of paid care leave has increased considerably, fathers participate to a greater extent in this leave (Brandth and Kvande 1996), and the number of places in state-subsidised kindergartens have increased drastically. The gender equality ideal appears to be in strong evidence among today's families with small children and in the public sector. It is even acceptable that men in relatively high positions can leave meetings at work, because they have to pick their children up from kindergarten. On the other hand, we are far from having realised any gender equality with respect to salary and career or with respect to workload in the home. Many parents of small children probably pay a high price in the form of a heavy workload when trying to live up to today's ideal of gender equality (Syltevik 2000).

If we take a closer look at the changes on the labour market, the trend in Scandinavia today, as in the rest of the modern world, is towards demanding increasingly more of each employee, at least if this person wants to make a career. The labour organisations have become "greedier institutions" and market-orientation has also increased in the public sector. Today, when according to the Norwegian gender equality ombudsman, pregnant women appear to be the victim of unlawful discrimination at work and help with the housework is introduced as a perk for women in career jobs, this is perhaps also a sign that we in Scandinavia are also in a trend where greater gender equality can only be achieved by increasing the social differences between

women, as several studies have pointed out applies in other Western countries (Anderson 2000). This means that more of the direct care work must be handed over to low-paid women, as in order to achieve managerial positions, women must achieve some of the "privileged irresponsibility" with respect to care that up to now has mainly been reserved for men. Perhaps this trend today is about to become just as strong as the trend that men are about to give up some of their "privileged irresponsibility" by using their right to care leave and having responsibility for collecting the children from kindergarten. Both of these development trends will lead to greater gender equality. But the latter trend will also result in greater social differences between women in a way that probably will also reduce the chance of care values gaining a bigger place in the *political* discourse. Regardless of how we might assess today's development trends with respect to distribution of care responsibilities, we need greater political focus on working conditions for those care workers who perform the specific everyday care of our children, the sick, disabled and elderly. We also need political focus on what division of responsibility and labour in care we want to have, and what division actually exists between the family and the political authorities.

"The Rationality of Caring"

A New Concept in Research on Development Trends in Public Care

"The rationality of caring" was a concept created in the early phase of the empirically based research on care (Wærness 1984). This concept should show that rational action, reason and feelings were important for providing good care both in the private and public sphere. This concept was also important in showing that the rationality which dominates in planning and research on public care, overlooks important aspects of what are important knowledge and available courses of action in order to be able to provide good care (Wærness and Gough 1985).

In socio-political planning, therefore, there is limited understanding that instrumental rationality, which forms the basis of planning and organisation, has limited validity when providing care for individual persons. General knowledge, which is interesting and useful to administrators and politicians, is often of little help to first line care workers. In order to solve the specific problems in the real world of care, we require a way of thinking that is *contextual* and *descriptive*, rather than *formal* and *abstract*. The concept "the rationality of caring" suggests that personal knowledge and a certain ability and opportunity to understand what is specific in each situation where help is required, are important prerequisites in order to be able to provide good care. This means that human and moral qualities in public care can only be elicited in situations where there is not a lot of bustle, but where there is enough *quiet* so that those requiring help are confident and are sure that the helper sees them as persons with specific needs. Or in other words that in his or her state of helplessness, a person feels to be in good hands. This also means that each helper must not be too busy. So far I have not seen that economic studies on "efficiency" in the public sector have taken into consideration this important aspect of care-giving work. Economic efficiency in this sector is preferably measured as care for as many people as possible in the shortest possible time.

Several empirical studies on public care have been able to confirm the fruitfulness of theorising based on the concept of the rationality of caring as a critical understanding of the type of modernisation that the public care services have undergone in recent years (Andreassen and Jagmann 1992; Bungum 1994; Christensen 1998; Gough 1987; Szebehely 1995; Slagsvold 1995). As a "sensitising concept" (Blumer 1969: 147-148) this concept has proved to be useful in showing the negative aspects of this modernisation, to which it may be difficult to relate. This may be the explanation why most of the research on planning, and public reports in this area, ignore the results from the feminist inspired research on care (Wærness 1999). When several researchers, who have worked on the basis of this perspective for a long time, published a book entitled *Blir omsorgen borte? Eldreomsorgens hverdag i den senmoderne velferdsstat (Is care disappearing? The real world of care for the elderly in the late-modern welfare state)*, we cannot

expect to arouse any special interest among planners and researchers within the economic discourse, despite the interest from professionals working in the field and despite our basis for critique being the following:

Our critical view is not based on a kind of nostalgic understanding that care for the elderly was better "before". It is primarily based on the fact that we, as experienced researchers in this area, have found several examples of good kinds of care practice and relations between caregivers and those needing help in today's care services that we believe are about to be run over or disappear in the modernisation process in progress in this sector. We consider that planners and administrators do not pay enough consideration to the distinctive character of care work when they propose changes and reforms in this sector. The fact that we can find home helps and nurses who provide good care, is rather in spite of than due to what the care organisation arranges for (Thorsen and Wærness 1999: 20).

In economists' analyses of efficiency and productivity in the nursing and care sector we find cause to express certain reservations and doubt regarding the use or value of the efficiency measures used (refer for example to Erlandsen et al. 1997, Edvardsen et al. 2000). This can be expressed as follows:

One may ask the question whether we are so far removed from data for real nursing and care services that the study has no value. We would argue that the efficiency measures relate after all to variables and factors of great interest to the municipalities (Edvardsen et al. 2000: 10).

But even with the reservations regarding the validity of the measures that this study gives voice to in the text, one can conclude in the summary that the calculations tell which municipalities can function as teachers for the inefficient municipalities. Important objections to such measurement of efficiency, which the feminist inspired research on care have made, are usually not discussed in economic studies on efficiency in this sector, if there is any reference at all to the fact that such research exists.

Conclusion: the Responsibility of Social Research on Caring

Feminist inspired research on public care has had quite a significant scope in the Scandinavian countries, without this having any special influence on planning and organisation of welfare services. As mentioned already, there are Nordic studies on philosophical and theoretical care thinking, which are based on women's care work in the public sector. In particular, Kari Martinsen's historical and philosophical studies in the last few years have had increasing influence among nurses. A separate book about her care thinking for use in basic nursing training has now been published (Alvsvåg and Gjeungedal 2000). Her work has formed a school in Nordic research on nursing and her normative care theory is claimed to have had a great influence on nurses and student nurses (Kirkevoll 2000). However, in the same way as the empirically based research on women within the field of care, this care theory is very critical of the economical and technological rationality that dominates the developments in today's public health and care services. It is also not in dialogue with the economic discourse in this area and thus has no influence on the planning and organisation of these services. The influence on attitudes from this way of thinking, which takes place through education of care workers, can therefore make matters worse. Those working in this sector can experience increasing frustration due to the gap between how care should be and how it is. And this can also mean that even more of those who have the possibility to do so, seek jobs where they do not have to provide direct care for individuals requiring help.

A problematic relationship between a dominant economic discourse, and other

approximations to social and humanistic research on care, is a general problem both on national and international levels of policies and planning. It is also an important part of the problem of how to carry out research that could matter in relation to the problems of globalisation and the changes in the cultures of survival and care. Philosopher Martha Nussbaum, who has co-operated for several years, inter alia, with the Nobel Prize Winner in Economics, Amartya Sen, within the area of development economy under the direction of UN, expresses this problem related to the work at The World Institute of Development Economics Research (WIDER) at the UN University:

Given the public dominance of economics, any profession that cannot get itself taken seriously by it will have tough going. But economics is extremely self-satisfied, and its tendency to repudiate non-formal and foundational work as irrelevant to its concerns poses a major problem (Nussbaum 1998: 778).

On the other hand, Nussbaum criticises the philosophers for only communicating with their own kind and for not being able to discuss the problems "at a high degree of sophistication in a clear and jargon-free language, with concrete factual or narrative examples" (Nussbaum 1998: 778). Furthermore, she finds that the feminist researchers, whether they are philosophers or not, are far better at communicating with a broader public. She indicates that this may be because "feminist theory has usually kept its feet squarely planted in the empirical reality of women's lives (Nussbaum 1998: 780). Nussbaum argues convincingly that feminist philosophers should be more involved in this area, interest themselves more in the facts and people's experiences and communicate more directly with planners, politicians and workers within development economy. In her opinion, the fact that economists are so unwilling to accept philosophical critique gives extra good reason to do this.

The description Martha Nussbaum gives of this problem in development economics has many similarities with the problems I have described here for social research on care in the context of a Scandinavian welfare state. Like her assessment of development economics, I feel it is necessary that feminist philosophers and ethicists in general become more involved in the concrete problems in the real world of care. They should also be able to analyse and discuss these in a language with which also practitioners in the field feel comfortable. It should also be a responsibility for theorists and also empirical researchers in this field to try to break the dominance of the economic discourse in planning and organisation of public care. Though this is not easy, it should not stop us from trying. Care researchers should also try to influence the education of care workers so that they become more aware of how organisational structures create problems with respect to uniting ideals about good care and today's economic efficiency requirement. In the longer term the goal should of course be not only to break the dominance of the economic discourse, but the more ambitious one, to try to develop a genuine cooperation on research across the two discourses, which currently run parallel and have such a different influence on the policies and planning on all political levels in the modern world.

References

- Abel, E. and M. Nelson, 1990. *Circles of Care: Work and Identity in Women's Lives*. New York: State University Press.
- Abrahamsen, B. 1986. *Harde yrker i myk sektor*. Oslo, Institutt for Samfunnsforskning.
- Alvsvåg, H. and E. Gjengedal, eds., 2000. *Omsorgstenkning. En innføring i Kari Martinsens forfatterskap*. Bergen: Fagbokforlaget.
- Anderson, B., 2000. *Doing the Dirty Work? The Global Politics of Domestic Labour*. London: Zed Books.
- Badinter, E., 1981. *Det naturligeste av verden? Om morskjærlighetens historie*. Oslo: Universitetsforlaget.
- Baldwin, S. and J. Twigg, 1991. Women and Community Care, Reflections on a Debate. In M. Maclean and D. Groves eds., *Women's Issues in Social Policy*. London & New York: Routledge.
- Blumer, H., 1969. *Symbolic Interactionism. Perspective and Methods*. Berkeley: University of California Press.

- Brandth, B. and E. Kvande, 1996. Nye ledere i likestilte familier. In B. Brandth and K. Moxnes eds., *Familie for tiden. Stabilitet og forandring*. Trondheim: Tano Aschehoug. Pp161-176.
- Bungum, B., 1994. *Effektivisering av omsorg. Kjønnsperspektiv på omstilling av offentlig omsorgsarbeid*. Hovedfagsoppgave ved Institutt for sosiologi og statsvitenskapelige fag. Trondheim: Universitetet i Trondheim.
- Chodorow, N. J., 1989. *Feminism and Psychoanalytic Theory*. Cambridge: Polity Press.
- Christensen, K., 1998. *Omsorg og arbeid: en sosiologisk studie av endringer i den hjemmebaserte omsorg*. Dr.polit.avhandling Sosiologisk Institutt, Universitetet i Bergen
- Edvardsen, D. et. al. 2000 *Effektivitet i pleie- og omsorgssektoren*. Rapport 2/2000. Stiftelsen Frischsenteret for samfunnsøkonomisk forskning.
- Eliasson, R., 1987. *Forskningsetikk og perspektivval*. Stockholm: Studentlitteratur.
- Eliasson, R., 1996. Efterord. In R. Eliasson ed., *Omsorgens skiftninger*. Lund: Studentlitteratur
- Eliasson-Lappalainen, R., 1999. Etik och moral i äldreomsorgens vardag. In K. Christensen and L. J. Syltevik eds., *Omsorgens forvirring? Antologi om velferdspolitiske utfordringer*. Bergen: Fagbokforlaget. Pp 229-240.
- Erlandsen, E., et. al., 1997. *Effektivitet, kvalitet og organisering av pleie og omsorgssektoren i norske kommuner*. SNF-rapport Nr. 91/97.
- Fahudi, S., 1991. *Backlash*. New York: Crown Publishers.
- Gilligan, C., 1982: *In a Different Voice: Psychological Theory and Women's Development*. Cambridge Mass: Harvard University Press.
- Gough, R., 1987. *Hemhjelp till gamla*. Stockholm: Arbetslivcentrum.
- Gough, R., 1996. *Personlig assistans: En social bemästringstrategi*. Göteborg: GH. förlaget.
- Groves, D. and J. Finch, eds., 1983. *A Labour of Love: Women, Work and Caring*. London: Routledge & Kegan Paul.
- Haavind, H., 1975. *Myten om den gode mor*. Oslo: Pax Forlag.
- Habermas, J., 1990. *Moral Consciousness and Communicative Action*. Cambridge: MIT Press.
- Hochschild, A.R. 1975. The sociology of feeling and emotion: selected possibilities. In M. Millman and R.M. Kanter, eds., *Another Voice*. New York: Anchor Books. Pp. 280-307.
- Hochschild, A., 1995. The politics of culture: traditional, cold modern and warm modern ideals of care. *Social Politics: International Studies in Gender, State and Society* 2. 2: 331-46.
- Kirkevold, M., 2000. Uviklingstrekk i Kari Martinsens forfatterskap. In H. Alvsvåg and E. Gjengedal, eds., *Omsorgstenkning*.
- Martinsen, K., 1989. *Omsorg, sykepleie og medisin*. Bergen: TANO.
- Martinsen, K., 1993. *Fra Marx til Logstrup. Om moral, samfunnskritikk og sanselighet i sykepleien*. Oslo: TANO.
- Martinsen, K., 1996. *Fenomenologi og omsorg. Tre dialoger med etterord av Katie Eriksson*. Oslo: Tano Aschehoug.
- Martinsen, K., 2000. *Oyet og kallet. Sykepleiøfilosofiske betraktninger*. Bergen: Fagbokforlaget.
- Morris, J., 1991/92. "Us" and "them"? Feminist research, community care and disability. In *Critical Social Policy* 11: 3.
- NAV Sekretariat for kvinneforskning 1979: *Lønnet og ulønnet omsorg*. Arbeidsnotat nr.5/79.
- Noddings, N., 1984. *Caring*. Berkeley: University of California Press.
- Nussbaum, M. C., 1998. Public philosophy and international feminism. *Ethics* 108. 4:762-797.
- Puka, B., 1990. The liberation of caring: a different voice for Gilligan's "different voice". *Hypatia* 55.1.
- Qureshi, H. and A. Walker, 1989. *The Caring Relationship: Elderly People and their Families*. London: Macmillan.
- Slagsvold, B., 1995. Mål eller mening. Oslo: Norsk Gerontologisk Institutt, Report no. 1
- Slagsvold, B., 1999. Kvalitet og kontekst. In K. Thorsen and K. Wærness, eds., *Blir omsorgen borte?* Oslo: ad Notam Gyldendal. Pp 105-126.
- Smith, D. F., 1987. *The Everyday Life as Problematic*. Oxford: Open University Press.
- Syltevik, L.J., 1996. *Fra relasjonelt til individualisert alenemoderskap. En studie av alenemødre som mødre, lønnsarbeidere og klienter i velferdsstaten*. Bergen: Sosiologisk institutt, Universitetet i Bergen.
- Syltevik, L.J., 2000. *Differensierte familieliv. Familiepraksis i Norge på slutten av 1990-tallet*. Bergen: Senter for samfunnsforskning, Universitetet i Bergen. Rapport 2/2000.
- Szebehely, M., 1995. *Vardagens organisering. Om vårdbitråden och gamla i hemtjänsten*. Lund: Arkiv Forlag.
- Szebehely, M., 1996. Omsorg og omsorgsforskning. In R. Eliasson ed. *Omsorgens skiftninger*.

- Thorsen, K. and K. Wærness, 1999. Eldreomsorg i omforming. In K. Thorsen and K. Wærness eds. *Blir omsorgen borte? Eldreomsorgens hverdag i den senmoderne velferdsstaten*. Oslo/Bergen: Ad Notam Gyldendal. Pp11-24.
- Tronto, J. C., 1993. *Moral Boundaries. A Political Argument for an Ethic of Care*. New York: Routledge.
- Wærness, K., 1982. *Kvinneperspektiver på sosialpolitikken*. Bergen: Universitetsforlaget.
- Wærness, K., 1984. The rationality of caring. In M. Söder, ed., *Economic and Industrial Democracy*. London: Sage Publications, 185-212. Published also in A.S. Saasson, ed., 1987. *Women and the State*. London: Hutchinson.
- Wærness, K. and R. Gough, 1985. Nar service og klientens selvbestemmelse ikke strekker til. In I. Bleiklie et al., *Politikkens forvaltning*. Bergen: U-forlaget
- Wærness, K., 1996. The Rationality of Caring. In S. Gordon, P. Benner, and N. Noddings eds., *Caregiving*. Philadelphia: PENN. Pp. 231-255.
- Wærness, K., 1999. Hva er hensikten med sammenliknende studier av effektiviteten i pleie-og omsorgssektoren i norske kommuner? *Sosialøkonomen* . 1999.

Notes

¹ Not everyone whom I have defined as feminist researchers has been or defines themselves as feminists. It is appropriate however to call their research "feministic inspired research on care".

² I have based much of this paragraph on Szebecheley (1996) and Eliasson (1996).

³ Other such works I can mention are Hochschild (1975), Chodorow (1989), Noddings (1984). There are also some very good empirical studies from the US that deal with gender-linked division of labour in the family with respect to care (refer for example to Hochschild 1990), but naturally enough these were related to the welfare state discussion that characterised the Scandinavian and British studies.