

The Concept of Ethics of Care for the Elderly and Its Perspectives

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ABSTRACT: The sense of caring for the elderly is a phenomenon experienced in any society, be it indigenous or modern. As people advance in age, there are some who reach extreme limits of age. They become frail, vulnerable and dependant. The elderly rely mostly on the generosity of family members and the society for their support. This paper examines the concept of ethics of care for the elderly and its perspectives. The study largely relies on library work and few cases of oral interviews. The study findings indicate that the discharge of care involves support in terms of physical as well as financial assistance. Other elements include emotional support, spiritual care and the social aspect which demands that the care-giver should visit and take time to be with the elderly. Such care is realized when one develop the will to care which bring about the fact of caring.

KEY WORDS: *care, elderly, perspectives, discharge, developing, will to care.*

I. INTRODUCTION

This paper makes an analysis of the concept of ethics of care for the elderly and underlines some of its related perspectives. As an ethical theory, care ethics has continued to receive attention due to its interrelationship with other disciplines. Here we address the question of, what is it all about ethics of care? Therefore, we pay attention to insights such as caring relations and its distinctiveness. The aspects of human welfare and justice unfold when discharging the moral obligations between the young and elderly within the society. Both divide need each other as their relationship is dialectical in the sense that, for the young to be young, they need the elderly and for the elderly to be elderly they need the young. The rapport here is that of assistance in terms of roles, be they physical or spiritual. Since the young people are physically energetic, they have to be tasked with physical chores mostly within the society while the elderly with roles of imparting wisdom to the young ones. It is through such a concern for each other that the will to care is relevantly facilitated to develop.

1. THE CONCEPT OF ETHICS OF CARE

To explain ethics of care, it is important to take into account the two concepts, that is, 'ethics' and 'care'. The focus is to bring out the meaning of each concept in a manner which achieves a consensus between the two terms. In this way, our description will constitute a common meaning about the concept of ethics of care.

We begin by explaining the word 'ethics'. To understand the term 'ethics', there is need to consider its origin as well as its true sense of meaning, that is to say its *etymology*. Ethics is a word derived from a *Greek* noun *ethos* which refers to 'custom' or 'character', ethics is generally used to mean the way of behaving or the practices of a given society (community) or a culture.¹ Ethics emphasizes reflecting before making a judgment or acting, that is, it answers the question; why do we act the way we act? So, it can be said that ethics is a process of reflecting on moral issues whether they are right or wrong. Pinckaers, in his book, *The Sources of Christian Ethics*, defines Christian Ethics as a branch of theology that studies human acts so as to direct them to a loving vision of God seen as our true, complete happiness and our final end.²

One point is central in the definition of ethics, we have so far noted that it involves human acts; therefore, ethical questions try to determine what criteria might be given to include or exclude a certain kind of act from the scope of ethics. After determining the criteria what follows is justification, that is, to determine if a particular claim to an act as moral act can be upheld.³ Clarke and Linzey further remark that:

¹ John Macquarrie & James Childress. (eds.), "Ethics" in *A New Dictionary of Christian Ethics* (London: SCM Press, 1986), 208.

² Servais Pinckaers, *The Sources of Christian Ethics* (Washington, D.C: The Catholic University of America Press, 1995), 8.

³ Paul B. Clarke, & Andrew Linzey. (eds.), *Dictionary of Ethics, Theology And Society* (London: Routledge, 1996), 307.

Ethics proper occurs when the reflection on scope and justification becomes conscious and, more or less, deliberate...ethics requires a certain independence of mind and practice. It is an attempt to place the conduct of individuals and the bonds between them on a reflective and created basis rather than on those given of habit, custom, practice or religion.⁴

The concept of ethics of care, being part of a more comprehensive moral framework, demands that we address those elements of care ethics thought to be most valuable, that is to say, its appeal to partiality as a legitimate moral concern, its application to specific individuals in the agent's life, its emotive component and its relevance to areas in moral life that have been neglected by some traditional moral theories.⁵

There is the need of taking into account the two terms, that is, *ethics* and *care* separately. After elaborating some insights concerning ethics, here we would like to focus on the term care. L.C Becker explains care as a distinct moral sentiment or an emotional attitude attached in a relationship with another person⁶. Macquarrie & Childress, makes a clear distinction between 'caring for' and 'taking care of'. Caring for, involves attitudes and motives of compassion as well as mercy, while taking care of, involves effective actions often out of the motive of care.⁷ The point we have tried to make here is that, since ethics involves human acts and care involves motives of compassion, a consensus between ethics and care is achieved when we emphasize on human interconnectedness as well as their relationships.

Nel Noddings formulated an influential attempt to build a comprehensive moral approach on the concept of care⁸. It is important to look at her attempt because it allows us to grasp precisely her approach concerning the concept of care.⁹ Starting with the claim that relations between human beings are ontologically basic, Noddings construes caring relations as ethically basic.¹⁰ In order to be moral, according to Noddings, one must maintain one's self as caring. She calls this view of oneself the *ethical ideal*: "We want to be moral in order to remain in the caring relationship and to enhance the ideal of ourselves as one-caring, that is, as givers of care. It is this ethical ideal...that guides us as we strive to meet the other morally."¹¹ This ethical ideal comes from the two sentiments of natural and ethical caring.¹² The former is the natural sympathy we feel for others; it is the sentiment expressed when we want and desire to attend to those we care for, such as a mother's care for her child, or even a person caring for his elderly parent. The latter occurs "in response to a remembrance of the first" and it forms the basis of ethical obligation: it is the "I must" that we adhere to when we want to maintain our ethical ideal as one-caring. Accordingly, even in situations when one encounters difficulties to engage in caring action, one is under an obligation to do so if he wants to be moral, that is, to maintain oneself as one-caring.¹³

1.1. The Perspective of Caring Relations

All persons need care for at least in their early years as well as at their old age. Prospects for human progress and flourishing hinge fundamentally on the care that those needing it receive, and the ethics of care stresses the moral force of the responsibility to respond to the needs of the dependent. As it regards responsibility George Lobo observes that:

...the very term means "response ability," or the ability to respond to God's call...Moral responsibility is not only conformity to law, but commitment to creation of a human community which is an image of the Trinitarian in God responsibility means that man responds to God by responding to persons, values and exigencies within the real world of experience.¹⁴

In our study, it is the ability to respond to the needs of the elderly to be taken care of. Many persons will become ill and dependent for some periods of their later lives, including in frail old age, which precisely leaves the elderly in need of care the whole of their lives. For this reason, the ethics of care attends to this central

⁴ Ibid., 308.

⁵ Carol Gilligan, *In A Different Voice* (Cambridge: Harvard University Press, 1982), 40.

⁶ Cf. L.C Becker, (ed.), "Care" in *Encyclopedia of Ethics*, Vol. 1, 2nd edition (New York: Garland Publishing Inc, 1992), 185-186.

⁷ John Macquarrie and James Childress. (eds.), "Care" in *A New Dictionary of Christian Ethics*. 77-78.

⁸ Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University Press of California, 1984).

⁹ Cf. Sara Ruddick, *Maternal Thinking: Towards a Politics of Peace* (Boston: Beacon Press, 1989).

¹⁰ Virtue Ethics capacity to do justice to Care Ethics is crucial claim that care is imperative to an ethical life.

¹¹ Noddings, *Caring*, Chap. 7.

¹² Ibid.,104.

¹³ Ibid., 79-82.

¹⁴ George V. Lobo, *Guide to Christian Living: A New Compendium of Moral Theology*, (Eugene: Wipf & Stock Publishers, 1979), 327.

concern of human life and describes the moral values involved. Noddings, on her emphasis on the issue of caring relations indicates that, for caring to be genuine, it has to be for persons in definite relations with the one-caring.¹⁵ Though, she makes room for the idea that one can expand one's circle of those cared-for, that is, those who are the recipients of care, she insists that genuine caring is not caring for abstract ideas or causes.¹⁶ More specifically, genuine caring involves what Noddings calls "engrossment and motivational displacement." In engrossment, the one-caring attends to the cared-for shorn of judgment and evaluation and he/she allows him/herself to be transformed by the other, while in motivational displacement, the one-caring adopts the goals of the cared-for and helps the latter to promote them directly or indirectly.¹⁷ This account has the result, as Noddings emphasizes, that caring has its limits.

If genuine caring is not to be corrupted, the one-caring simply cannot care for everyone.¹⁸ Additionally, this is not simply a practical corollary but a conceptual one: given Noddings' requirements of engrossment and displacement, it is incredible for any one person to engage a large number of people in such caring relations. However, Claudia Card, reacting to Noddings' outlook states that caring cannot be extended to everyone. If so, Card asks, how are we to think of our moral obligation to the people that we are not in caring relations with?

We seem to need another moral concept that would ground our moral obligations to those who are not cared-for and Card suggests the concept of justice. Card observes that in a world heavily populated with people, life is not worth living without justice from the majority of people, including those not known to us.¹⁹ Victoria Davion's contribution to Noddings view has as its starting point the need to regulate care and to ward off the possibility of moral corruption. Davion emphasizes on integrity and argues that integrity is essential to one's ethical ideal. She observes that when a person perceives him/herself as having moral integrity, that person views him/herself as being the person he/she ought to be.²⁰ It is clear that in being genuinely one-caring, one can nevertheless act morally wrong.²¹ In this regard, Carol Gilligan's views are that in addition to Noddings' argument, a care approach needs to be combined with other approaches.

After all, much of the interest in care ethics stems from the fact that it attends to those areas in life, such as friendship, parenting, love and marriage, which have been neglected by some traditional moral theories. In all of these areas there is an essential element of attention to particular individuals. Moreover, in all such areas there is an essential element of motivational displacement. Bernard and Esther observe that, it is accurate to state that friends support and promote each others' goals, which parents do the same for their children and that lovers do so for each other.²² This support, we should keep in mind, need not always be done directly nor indirectly. For example, since friendship involves the friends' intimate knowledge of each other as well as their goals, then when friends provide support, comfort and care for each other they indirectly promote each other's goals. However, this might seem too hasty. While it is indeed reasonable to claim that much that goes under the activity of caring involves the support and pro-motion of the goals and life-plans of the cared-for.

In addition, if there is no relationship between two people or if the relationship is too superficial or maintained out of obligation, then we ought to not acknowledge it as a caring one, even if the two parties in question are biologically related and even if they have had a close relationship. Here we emphasize the need for an ethical scrutiny of caring relationships, so that one does not end up caring for another no matter what the other's goals are. It is reasonable to claim that the parties in intimate relationships adopt and support each other's goals and that for this motivational displacement to be ethical, the goals adopted must be genuinely good for the cared-for. In most cases a person acts in relation to another that the person knows and is in relation with, such as one's friend or a relative. This distinguishes care from other altruistic motives that typically target strangers and perhaps acquaintances, such as sympathy, pity and compassion. This need not deny that caring can involve sympathy and compassion, pity is controversial since it might be an un-harmful form of contempt and superiority, then again, it does distinguish care from these in terms of their objects.²³

Consequently, what is involved in caring is the intimate knowledge of the person cared-for. In acting from care, one utilizes one's knowledge of the cared-for to adapt one's action to suit the needs of the cared-for. The emphasis here is that, the one-caring has an attachment to the cared-for and is concerned for his/her well-being. The one-caring is concerned for the needs of the cared-for, takes pleasure in his/her happiness and is sad when he/she is not faring well. When one cares, then, it appears that one would also enjoy and take pleasure in

¹⁵Ibid.

¹⁶Noddings, *Caring*, 112.

¹⁷Ibid., 15-20, 33-34.

¹⁸Ibid., 18, 86.

¹⁹Claudia Card, "Caring and Evil", in <https://Onlinelibrary.Wiley.com/doi/abs/10.1111/j.1527-2001.1990.tb00393.x> (accessed 7:8:2018).

²⁰Victoria Davion, "Autonomy, Integrity and Care", *Social Theory and Practice* 19 (2): 161-182.

²¹Ibid.

²²Bernard Mua & Esther Mua, interviewed by the researcher on 20th January 2018.

²³Gilligan, *In A Different Voice*, 1982.

one's caring actions. In cases when caring is done to alleviate suffering and ease pain, an emotive component is also present: one shares the pain of the cared-for. However, in either case, the one-caring gladly acts out of care, much as the brave person, according to Sandra Ford Walston, gladly acts courageously even while facing fear and danger.²⁴ This mainly applies to relationships usually found among friends and family members, and in our context, it refers to care for the elderly.

1.2. Distinctiveness in the Perspective of Caring Relations

A caring that is relevant to ethics of care must at least be able to refer to an activity, as in taking care of someone, in our case, taking care of the elderly. Here we need not lose sight of the fact that care involves work and expenditure of energy, especially on the part of the person doing the caring. Engaging in the work of taking care of someone is not the same as caring for them in the sense of having warm feelings for them. The care given to the elderly is part of the care given to extended families, for instance, between siblings and parents' children. So, a brother can say, "She is my sister." A wife: "He is my husband." A father: "They need me". This portrays that the person taking care needs to deliberate prior to his or her actions and this surely is in tension with spontaneity. Nonetheless, we know that it is not every action require the care-giver to deliberate, this is due to the fact that deliberation is a time consuming process that requires the agent to weigh reasons for and against one or more courses of action. In addition, there are numerous situations in which the caretaker simply does not have the luxury of time that deliberation requires. Furthermore, not all actions require deliberation for the obvious reason that on many occasions what ought to be done is perfectly clear. In caring relationships, moreover, the caretaker would not need to deliberate every time he or she acts in a caring manner toward his or her cared-for. A responsible care taker is reliable because of his or her moral education, training and upbringing; for reliability to be guaranteed, most African communities entrusted parents with the duty of bringing children up properly according to the values and traditions of their community.²⁵ In this regard, Tempels observes that:

The child, even the adult, remains always for the Bantu a man, a force, in causal dependence and ontological subordination to the forces which are his father and mother. The older force ever dominates the younger. It continues to exercise its living influence over it...The world of forces is held like a spider's web of which no single thread can be caused to vibrate without shaking the whole network.²⁶

It is because of this moral training that a person can be relied upon to do what is virtuous. The Catechism of the Catholic Church explains virtue as "an habitual and firm disposition to do the good,"²⁷ therefore, acting virtuously helps us comprehend that the reliability in question is not just that of action and thought, but, also that of emotional reaction and motivation. The essential part of the virtuous agent's moral training is that of his/her emotions, and so when she acts from a stable state she not only does the right thing but he/she also has the right emotional reaction and motivation; evidently, all this assumes that the agent is not acting out of character or is being coerced. Thus, we can now put the point of this discussion about caring action, emotion and reason as follows: caring, virtuous action is typically emotive. Its emotiveness goes hand-in-hand with the agent's knowledge that his/ her actions are virtuous and with the agent's acting for virtuous reasons. Indeed, caring action that is virtuous is so precisely as of the presence of the correct rational and emotional response.

1.3. The Uniqueness of Ethics of Care

There are a number of diverse ways of defining ethics of care, but a core element is an emphasis on the concrete and particular.²⁸ Ethics of care takes the concrete needs of particular individuals as the starting point for what must be done.²⁹ Ethics of care is, thus, distinct from moral theories that start out from broad principles and rules of action. In the landmark work on ethics of care, *Caring: A Feminine Approach to Ethics and Moral Education*, Noddings develops this critique most forcefully. While identifying ethics of care as superior to impersonal theories of justice, Noddings' claims that caring is untranslatable into a general moral theory. According to her (Noddings) ethics of care has as its starting point the 'attitude' which demonstrates a person's earliest remembrance of both caring as well as being cared for, and as such claims it is generally attainable.³⁰ She defines caring as attending to the particular needs, opinions and expectations of others and associates it with Buber's account of ethical relationships in

²⁴ Sandra Ford Walston, "Courage and Caring", in www.compassionfatigue.org/pages/NursingCourage.pdf (accessed 8:2:2018).

²⁵ Peter Kasenene, *Religious Ethics in Africa* (Kampala: Fountain Publishers, 1998), 93.

²⁶ Placide Tempels, *Bantu Philosophy* (Paris: Présence Africaine, 1959), 60.

²⁷ *Catechism of the Catholic Church*, (New York: An Image Book Doubleday, 1995), No. 1803.

²⁸ Cf. Jonathan Dancy, "Caring about Justice", *Philosophy* 67(1992): 447-466.

²⁹ Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993), 105.

³⁰ Noddings, *Caring*, 5.

I and Thou.³¹ Buber describes the I-Thou relationship as one of total and immediate identification between two individuals.³²

Caring involves stepping out of one's own personal frame of reference into the other's. When we care, we deem the other's point of view, his objective needs and what he or she expects of us. Our attention, our mental engrossment is on the cared-for, not on ourselves. Our reasons for acting, then, have to do both with the other's wants and desires and with the objective elements of his or her problematic situation.³³ While engrossment draws us into the particular world of the other, principled moral theories distance us from it. Rather than meeting others on their own terms, we subsume them under objectifying categories. "The other's reality becomes data, stuff to be analysed, studied and interpreted"³⁴ What is lost in these moral theories is connection with the other concrete person. One acts from principle rather than for persons in a manner that can be cold and calculating and sometimes downright evil as, for example, when the other is defined as foreign, men acting or in some sense deviant.³⁵ Care places the particular needs of individuals at the foreground of moral action so that attention to immediate human concerns takes priority over abstract principles and programs. Noddings's definition of care necessarily entails a particular and situational morality. She acknowledges that we may "care about" strangers in the sense of maintaining "an internal state of readiness to try to care for whoever crosses our path," but she distinguishes this perspective from "the caring-for to which we refer when we use the word 'caring'"³⁶

Caring itself requires personal contact and varies according to individuals and situations. Indeed, because of the particularity of care, Noddings is wary of passing judgment on the caring activities of others. What is good for one individual in one situation may not be good for another in another situation. "Since so much depends on the subjective experience of those involved in ethical encounters, conditions are rarely 'sufficiently similar' for me to declare that you must do what I must do."³⁷ Ethics of care does not then stipulate any substantive norms, but rather consists of an attitude of attending to others' wants and needs. Here the object of one's effort rests in trying to discern the kinds of things that are necessary in caring for others. Following directly from her definition of care, Noddings argues that caring cannot be taken as a model for general moral relations or an institutional political theory. Caring occurs in circles of intimates and friends who are engrossed in one another. These circles may be linked through chains of affection when members of one circle form relations with members of another. Individuals may also choose to extend care to other particular strangers because they recognize it as the moral thing to do. Noddings regards this as an ethical relationship of care and distinguishes it from the more direct natural caring. Nevertheless, she repudiates the idea of universal caring, that is, caring for everyone on the grounds that it is incredible to actualize and leads us to substitute theoretical problem solving and mere talk for authentic caring.³⁸

A person can only care for so many particular others and since each of these individuals must be treated particularly without general rules or principles, we must suspend our readiness to care for those whom we do not yet know. For similar reasons, Noddings cast off the possibility of translating care ethics into an institutional political theory. She observes that the commitment to caring:

Invokes a duty to promote skepticism and non-institutional affiliation. In a deep sense, no institution or nation can be ethical. It cannot meet the other as one-caring or as one trying to care. It can only capture in general terms what particular ones-caring would like to have done in well-described situations.³⁹

General legal rules and policies do violence to the particular and variable needs of individuals. At least in *Caring*, Noddings, therefore, advocates a form of philosophical anarchism, the caring individual should distance herself from the uncaring world of law and politics and attend primarily to those particular individuals within her circle of care.

³¹Ibid.,32.

³²Cf. Martin Buber, *I and Thou*, translated by Walter Kaufmann. (New York: Scribner, 1970).

Buber lived in 20th century, he is referred to as the father of philosophy of dialogue, he indicated that a real discovery of a true "I" lies in the encounter with "You", and "I" does not exist without a relation with "You".

³³Noddings, *Caring*, 24.

³⁴Ibid.,36.

³⁵Cf. Nel Noddings, *Women and Evil* (Berkeley: University of California Press, 1989).

³⁶Noddings, *Caring*, 18.

³⁷Ibid., 5.

³⁸Ibid.,13-83.

³⁹Noddings, *Caring*, 103.

II. THE ETHICS OF CARE AND HUMAN WELFARE PERSPECTIVE

Our argument aims at providing an account of moral obligation to explain why we should respect and foster the basic goods of others particularly care for the elderly. Human beings must illustrate some concern for the well-being of others and a willingness to coordinate their actions with them if there is to be any community among them. In friendship, one knows the particular needs and goals of others and hence can discriminately provide for them. In society, however, the particular needs and goals of others are often unknown. Finnis, therefore, suggests that sociability toward others in general requires respect for and attention to all those conditions that will promote the particular good of every person within the community and maintain a relationship among them.⁴⁰ Since there are a variety of basic goods among human beings and individuals might choose to rank them differently, this denotes respecting and fostering the whole extend of the basic human goods. Care theorists have noted that human beings depend first and foremost for their development and well-being not upon some abstract notion of community, but rather upon the concrete care of particular individuals. For instance, without the attention and responsiveness of parents or guardians, children would never develop any of the capabilities described by Nussbaum, "...Most infants have from birth the basic capability for practical reason and imagination, though they cannot exercise such functions without a lot more development and education."⁴¹ This is what fosters their growth into recognizable human and also contributes to their long survival.⁴²

We likewise all depend upon the care of others throughout our lives for the fulfilment of our basic needs and goods, particularly in times of sickness, disability and old age, but also more generally in our everyday relationships with family and friends.⁴³ Kittay argues that "Early childhood, illness, disability and frail old age" are not exceptional circumstances in human beings' lives but "inevitable dependencies" grounded in biology.⁴⁴ Since these dependencies are inevitable, so, too, is the care necessary for survival and flourishing throughout our lives. Even during times of relative health and vigour, most people depend upon the care of family and friends for their material and emotional well-being. This form of dependency is obviously more voluntary than illness or old age and yet individuals who choose to live entirely without family and friends almost always live impoverished material and or emotional lives.

Care, then, is indispensable for our development and continued welfare. Devoid of the attention and responsiveness of others, we would merely not be who we are, which is not to aver that we need these goods to be essentially human. Rather the claim is that we are who we are capable of using reason and language, making moral judgments and interacting peaceably with others for the reason that we have enjoyed and continue to enjoy the care and cooperation of others and being that we are, we cannot help but to regard the basic practices of caring as good. Caring is also necessary for the constitution and reproduction of society. Every society depends upon the care of parents or guardians usually women to raise children into competent adults capable of cooperating with others and contributing to society in positive ways. Baier observes that every social system "must take out a loan not only on the natural duty of parents to care for children . . . but on the natural virtue of parental love."⁴⁵ Lacking "good enough mothering," children will fail to develop a sense of personal identity and confidence requisite for successful cooperation with others.⁴⁶ As such, anyone who depends upon social cooperation to achieve their goals ultimately depends on caring, since the ability of individuals to engage in a cooperative social scheme itself depends upon the background condition of caring. Folbre makes this point with particular force in discussing the modern capitalist economy.⁴⁷ The invisible hand of the market, she argues, fundamentally depends on the visible heart of caring. Unless caregivers raise responsible individuals capable of generally fulfilling their contractual obligations, capitalist markets would cease to function smoothly.

⁴⁰ John Finnis, "the requirements of the common good," in homepage.westmont.edu/hoeckley/readings/Symposium/PDF/201_300/253.pdf (accessed 15:10:2018).

⁴¹ Martha C. Nussbaum, "Capabilities and Human Rights," in <http://ir.lawnet.fordham.edu/flr/vol66/iss2/2> (Accessed: 15:10:2018).

⁴² Lorraine Code, *Second Persons: Science, Morality and Feminist Theory*, (eds.,) Marsha Hanen and Kai Nielsen (Calgary: University of Calgary Press, 1987), 363.

⁴³ Cf. Annette Baier, *The Commons of the Mind* (Chicago: Open Court, 1997).

⁴⁴ Kittay, *Love's Labour*, 29.

⁴⁵ Baier, *The Commons of the Mind*, 6.

⁴⁶ Cf. Donald Winnicott, *The Maturation Process and the Facilitating Environment: Studies in the Theory of Emotional Development* (London: Hogarth Press, 1965).

⁴⁷ Cf. Nancy Folbre, *The Invincible Heart: Economics and Family Values* (New York: The New Press, 2001).

Even the most purely instrumental human relations, thus, depend at root upon the prior existence of care. A good case, too, can be made for the idea that some degree of caring is necessary to sustain peaceful and non-coercive relations among people. Benjamin argues that our earliest experiences of caring translate into a lifelong need for attention and responsiveness or what she calls "recognition," from others.⁴⁸ Individuals who are unable to achieve the recognition they desire from others often resort to coercive behaviours to extort attention and responsiveness from them.⁴⁹ Honneth has developed these insights into a general social theory. "Built into the structure of human interaction, there is a normative expectation that one will meet with the recognition of others or at least an implicit assumption that one will be given positive consideration in the plans of others."⁵⁰

When individuals feel their particular needs and opinions are not being recognized or their opportunity to exercise their basic capabilities is being denied, they experience humiliation and anger and often resort to covert or open acts of rebellion to demand recognition, or in other words, they counter unsociable treatment with more of the same. Based upon this analysis, we arrive at the conclusion that the basic good or necessity of caring provides an imminent justification for respecting and fostering the basic goods of others. We all require communion with others for our development and wellbeing; our ability to engage in community with others as well as the very existence of community depends upon the practices of caring and the practices of caring demand that we respect and foster the basic goods of others.

A foundation for natural law⁵¹ exists in the basic practices of care. We should care for others by respecting and fostering their basic capabilities because, as Baier writes, "free riding on the generative scheme" of care is "at best churlish, at worst manifestly unjust"⁵² and similarly because, as Benjamin and Honneth suggest, the attention and responsiveness of caring underlie social cooperation and peace. One certainly might choose to ignore or thwart the practices of caring as many individuals choose to do every day without fearing the imminent collapse of society. Hitherto, insofar as one desires to behave morally toward others and contribute his or her fair share to the maintenance and reproduction of society, one ought to embrace these practices. Care is a hypothetical imperative for anyone who seeks to live in a moral community with others as their end. We should therefore foster the life, health, imagination, aesthetic experience and other basic goods of human beings not because these goods are essential to what it means to be a human being, but simply because these are the goods that human beings almost always articulate they desire.⁵³

III. CARE FOR THE ELDERLY IN THE PERSPECTIVE OF JUSTICE

Mutuality and justice is an important concern as it regards the fundamental nature of the perspective of justice in caring for the elderly. The ethics-of-care literature recognizes that relationality and human sociality are foundational to the notion of care. Nel Noddings urges us to take relation as a basic concept in ethics of care.⁵⁴ However, it is relevant to caution against a tendency in discussions of care relationships to slip into almost an exclusive language and analysis consisting of two parts, that is, the one caring and the one cared for. This may be particularly likely to happen when discussing care for the frail elderly, for in many of our societies at this time, there is often one caretaker who assumes primary responsibility.⁵⁵

As soon as we openly recognize that we are or should be, talking about spreading burdens throughout a web of relationships, then it seems that the dimension of justice in distributing responsibilities for care becomes flawless. Many frail elderly are situated in a network of family members and friends who could distribute the burdens of care giving more equitably throughout the network. All elderly persons are involved in various institutional relationships and are members of a larger society. The burdens associated with providing quality care for disabled elders could be more equitably distributed given proper promotion of justice in our public policies as well as in economic and social structures.

Social expectations that women will extend themselves "naturally" to care for their loved ones may lead to greater burdens on women than men, even when both are involved in caretaking for dependent adults.

⁴⁸Cf. Jessica Benjamin, *The Bonds of Love: Psychoanalysis, Feminism and the Problem of Domination* (New York: Pantheon, 1988).

⁴⁹Ibid., 51-84.

⁵⁰Axel Honneth, *The Struggle for Recognition: The Moral Grammar of Social Conflict*, trans. Joel Anderson (Cambridge: Massachusetts Institute of Technology, 1996), 44.

⁵¹ Thomas Aquinas said, "Natural Law is nothing else than the rational creature's participation in the eternal law" (I-II, Q. Xciv). It is characterized by its Universality, Un-changeability and Knowability.

⁵²Baier, *The Commons of the Mind*, 30.

⁵³Nussbaum, *Women and Human Development*, 148-141.

⁵⁴Noddings, *Caring*, 3.

⁵⁵Pratt, "Ethical Concerns of Family Caregivers," 633.

Currently, we are avoiding increasingly urgent questions of social justice⁵⁶ associated with care for the frail elderly by relying on the moral generosity of women who have been socialized to put the needs of vulnerable family members first. We are also relying on the moral decency of home health aides who give reliable and warm care despite low salaries, few fringe benefits and uncertain employment prospects.

In order to avoid exploitation of these women-facilitated, ironically, by their commitment to the genuine value of care, we must clarify the relationship between justice and care. We need to examine the conflicts that inevitably arise when relationships of care are lived out under conditions of constrained financial, emotional and physical resources. Justice becomes relevant as soon as we honestly recognize that the demands of caring for a disabled elderly person frequently set the interests of various parties in conflict. That care to a loved one is provided willingly or that caring labour is satisfying to the caregiver still does not settle certain questions of justice if inordinate burdens and harm are thrust upon the caregiver in the process.⁵⁷

Gilligan asserts that it is her intention to describe "a critical ethical perspective that calls into question the traditional equation of female care with self-sacrifice."⁵⁸ It is urgent to maintain this countercultural edge for an ethic of care in the face of the continuing differential socialization of women and men. However, precisely in order to maintain this countercultural edge, the ethicists who champion issues familiar to the traits and behaviour of women need a more adequate construing of the relationship between care and justice than Gilligan provides. She tends to lapse into an oppositional dualism between masculine justice reasoning and feminine care reasoning, despite her occasional assertions that the two modes of ethical reasoning are "complementary rather than sequential or opposed."⁵⁹ Gilligan defines justice as a mode of abstract ethical reasoning that relies on detachment and stresses a hierarchical ordering of rights, particularly rights of non-interference. This abstract justice allows us to determine impartially the morally appropriate balance between competing human claims.

Up to a certain point, such an abstract notion of justice as a method for establishing a fair balance among human claims is helpful. It allows Gilligan to respond to a special difficulty entailed in a feminine moral method of reasoning concerning care. In the words of one of her subjects, care appears, at least initially to require "the determination of where 'the greater responsibility lies,' a determination based on ... a relative estimate of who will be hurt more."⁶⁰ The one caring seems to have an almost limitless responsibility to the frail elder since the elder's special vulnerability to neglect and harm. Gene Outka, describing positions on love of others, offered a useful insight into the function of justice in such situations. Justice may have a limiting effect on radical regard of the other for our purposes, on care. Justice may not only rule out the familiar move to the side of one's own interests. It may also rule out the less familiar move too far to the side of another's interests. Both involve a claim to unpredictable privilege and a failure to count each individual as one and no more than one.⁶¹

According to Gilligan, a major moral developmental task for women is to go beyond a culturally induced feminine ideal that makes legitimate female self-regard seem like morally problematic selfishness. She asserts that recognizing the self as one whose needs count ethically as much as those of others represent moral growth for women. We should appreciate Gilligan's recognition that one place where an ethic of care and an ethic of procedural justice may helpfully intersect is at the point where we acknowledge the relevance of incorporating in the network of care not only the other but also the self.⁶²

However, the justice that we need to connect with care goes beyond an impartial consideration of the interests of the caretaker alongside the interests of the elderly person within a private relationship. We need to turn to the question of social justice and to the obligation of the good society to provide support for the adequate care of the frail elderly devoid of demanding harmful self-sacrifice by family members, lovers, friends or home health aides. Ignoring such social justice questions may be a moral snare to which an ethic of care is especially vulnerable. Noddings admits that "one under the guidance of an ethic of caring is tempted to retreat to a manageable world. Her public life is limited by her insistence upon meeting the other as one-caring."⁶³ The care

⁵⁶ Cf. *Catechism of the Catholic Church*.... "Society ensures social justice when it provides the conditions that allow associations or individuals to obtain what is their due, according to their nature and their vocation..."(CCC. 1928).

⁵⁷ Pamela Doty, "Family Care of the Elderly: The Role of Public Policy," *The Milbank Quarterly* 64 (1986): 51.

⁵⁸ Gilligan, *In a Different Voice*, 327.

⁵⁹ *Ibid.*, 33.

⁶⁰ *Ibid.*, 142.

⁶¹ Gene Outka, *Agape: An Ethical Analysis* (New Haven: Yale University Press, 1972), p. 301. The position that Outka is describing here is similar to Gilligan's ethic of rights/ justice. For a contemporary statement of Outka's own constructive position on agape see his contribution to *The Love Commandments: Essays in Christian Ethics and Moral Philosophy*, ed. Edmund Santurri and William Werpehowski. (Washington, D.C.: George town University Press, 1992).

⁶² Gilligan, *In a Different Voice*, 173.

⁶³ Noddings, *Caring*, 89.

method of moral reasoning has as both strength and a limitation, its tendency "to take the near and banal quite seriously."⁶⁴

It remains to be seen whether the concrete reasoning style emphasized in the care literature can be turned to complex social and economic structures shorn of loss of explanatory power. We need to be particularly on guard against rhetoric of care, associated with family values, that serves the political agenda of those who want to minimize government spending on social welfare services, they base their claim on the fact that there has been a significant increase of number of older persons.⁶⁵ As Barbara MacDonald bluntly warns "we see a return to 'family values', meaning the free services of middle-aged daughters and daughters-in-law and the old woman's loss of autonomy as the panacea to the 'problem of aging.'⁶⁶ This conservative political strategy perpetuates injustice toward many women in part by refusing to perceive that women's caring relationships have a public dimension that appropriately comes under the rules of justice.

Moreover, as Elaine Brody warns, "When a 'family policy' means cheering the family on to increase its efforts without providing needed socially funded support services, the effect is to undermine the very family the rhetoric purports to save."⁶⁷ Greater attention to social justice is necessary in order to promote the long-term viability of a variety of caring relationships, including the so-called non-traditional relationships as well as family ties. Noddings' and Gilligan's work is challenged by theorists interested primarily in personal moral choices; they pay limited attention to social justice questions. In particular, their work does not examine the constraints on care imposed by current socio-economic arrangements. In contrast, Beverly Harrison emphasizes that we must always position our reflections on seemingly private moral choices within a larger socio-economic, public framework.

In 1980, Harrison faced the consequences of our economic system for the frail elderly. She predicted that:

since our society is organized to ensure that everything that can be done with monetary profit will be done by so-called private enterprise and everything that cannot be turned into profit will be funded by the state and underfunded for the reason that it is not profitable, it follows that the well-being of children and older people who are not rich will be increasingly the province of the state and will be underfunded.⁶⁸

True to Harrison's prediction, one journalist concluded at the end of the eighties, existing services for disabled elderly as well as for homebound are so inadequate, at least in part, since people cannot pay for them; most observers agree that when financing mechanisms are in place, services will follow.⁶⁹

Here, we can engender only limited suggestions about social and economic trends and practices that require greater consideration by feminist ethicists concerned with care, mutuality and justice. First, some financing systems put financial priority on high-tech, high-cost medical services for acute injury or illness. Additionally, a large and growing number of people are not covered by insurance or governmental programs even for acute care. There are few payment plans for long-term care for disabled persons if they are discharged from an acute care hospital to a private residence.⁷⁰ Yet, there are an enormous number of elderly people who need assistance with activities of daily life yet fall outside the officially recognized health care system.⁷¹ Many persons need new financing arrangements to facilitate their access to high quality home care.

Harrison has suggested that the elderly do not get appropriate social support because, in a society in which persons are valued on the basis of their productivity in the marketplace, the elderly are seen as less worthy of receiving social resources.⁷² This view of the elderly as "unproductive" is one source of ageism. Further, the majority of the elderly in most serious need of additional care are women, (empirical observations have shown that the girl child has some particular needs that are not common in a boy child, this too apply in old age, the elderly women have unique needs compared to elderly men. In addition, some studies have indicated

⁶⁴Ruddick, *Maternal Thinking*, 78.

⁶⁵National Council for Population and Development, Policy Brief No. 54 June 2016, "Increasing Number of Older Persons: Is Kenya prepared?", in www.ncpd.go.ke/wp-content/uploads/2016/11/policy-Brief-54-increase-in-number-of-older-persons-Is-Kenya-...(accessed 20:11:2018).

⁶⁶Barbara MacDonald with Cynthia Rich, *Look Me in the Eye: Old Women, Aging, and Ageism* (London: Women's Press, 1984), p. 62.

⁶⁷ Elaine Brody, "Parent Care as Normative Stress," 27; cf. Doty, "Family Care of Elderly," 51.

⁶⁸Ibid.

⁶⁹ Weinstein, "Help Wanted," 74-75.

⁷⁰Hooyman and Lustbader suggest that this is particularly unfortunate for gay and lesbian couples for whom home care alternatives provide some relief from homophobic hospital or nursing home practices and policies (p. 40).

⁷¹Seventy-five percent of disabled elderly people are cared for at home by family members or friends. Select Committee on Aging, *Sharing the Caring*, 2.

⁷²Harrison, "'The Older Person's Worth," 157-59

that there is increase in female life expectancy, again this is a contributing factor to the increased need for care of elderly women)⁷³ consequently, sexism and ageism combine to make the needs of old women a low social priority. Racism contributes additional strains; elderly African-American women, a disproportionate number of whom are poor, have more needs unmet by society than European-American women of a comparable age.⁷⁴

Since women's caring labour is often isolated in the private household, it is unseen and undervalued. A woman may face a reduction in her own social security benefits if she leaves paid employment to provide unpaid home care for an elder. Besides, when women's caring labour in the home is little recognized or esteemed, then home health care assistance as a form of paid work is also likely to be undervalued and undercompensated. Yet, we will not have high-quality, reliable home health care services starved of fair compensation, including benefits and social respect for the workers.

The social construction of womanhood as involving "natural" care giving leads to the expectation that those women will provide free or low-cost care. In order to transform such unjust gender assumptions, men must and should assume more direct responsibility for the care of the frail elderly. As one report notes, "in the absence of daughters, sons organize effectively to care for elders."⁷⁵ However, men should do their fair share, even if wives, sisters or daughters are also available to share the burdens of care. Men often have difficulty in providing care, because their employers assume that a man will give his full time and attention to the job, unencumbered by family duties. Although care-giving may be viewed by some people as feminine if we consider the element of affection, tenderness, sensitivity and intuition; men are also instrumental and we cannot afford to overlook their participation in care-giving. For example, respecting the integrity of the person in need of care, men assume several social responsibilities like contributing money for the support of care centres, some men work in care homes for the elderly. In brief men help provide what counts for good life of the elderly in need.⁷⁶

IV. TOWARDS DEVELOPING A WILL TO CARE

The issue of care analysis is faced with numerous opportunities to care for others every day. These choices are fraught with unknown outcomes particularly as they involve unfamiliar others who may respond in unpredictable modes. Caring involves an imaginative leap of faith; one must believe that one's efforts can lead to caring actions that make a difference. The existence of the will to care can bring about the fact of caring. James distinguished between the options one is faced with, describing some as "live" and some as "dead." Live options are those that have a resonance with one's experience and are perceived as real possibilities. Dead options have no such imaginative resonance.

Applying James' distinction to caring, many choices are simply dead options. Taking in all the orphaned children of the world is discarded as a sentimental impracticality; caring for an injured person whom one encounters on a mountain hike is a live option. The clearly dead or live options for caring are not as interesting as the obscure ones between the extremes. What makes some caring options live for some and dead for others? Can the imaginative barriers to caring that make some choices dead be overcome? James adds other expressions to his understanding of viable options for taking action. In addition to living or dead choices, he claims that options can be described as "forced or avoidable" and "momentous or trivial."⁷⁷ Perceptibly, a forced choice is one that cannot be avoided, while an avoidable one does not capture the totality of the likelihoods.

The linkage among caring efforts, performance and experienced care is often unclear and intensified by self-doubt and lack of confidence in others and social institutions. Many times this skepticism is warranted, but inaction can result in death and suffering. Caring is too imperative to the sustenance of the world to wait for certainty. Gale describes James' construing of will as reflective in a manner that assists in the making of a choice but that also increases the odds that the alternative selected will be successful. Accordingly, the task of a society that wants to foster a caring culture is to develop the caring expectations of its members. If people take risks to care for others and, here, there ought not to be a suggestion of unreasonable risk, nevertheless, warrantable risk, positive caring performances are likely to come about in far great numbers.

Among the methods for developing a deep sense of caring are modelling, disciplinary induction, practice, engaged inquiry, diverse and rich encounters and experiences of art. Modelling is the most familiar and is usually associated with the private sphere of the home. Ideally, parents model caring behaviour that children

⁷³ "Elderly Women: Revealing their Experiences and Care Needs", in www.scielo.phd?pid=s0080-62342013000200019&script=sci_arttext (accessed: 25: 11: 2018).

⁷⁴ Rhonda Montgomery and Barbara Hirshorn, "Current and Future Family Help with the Long-Term Care Needs of the Elderly," *Research on Aging* 13 (June 1991): 199.

⁷⁵ Select Committee on Aging, *Sharing the Caring*, 7.

⁷⁶ Veronika Wallroth, "Men do Care!", in <https://liu.diva-portal.org/smash/get/diva2:922806/FULLTEXT02.pdf> (accessed: 29:11:2018).

⁷⁷ William James, *The Will to Believe*. In *The Will to Believe and Other Essays in Popular Philosophy* (New York: Dover Publications, 1956), 3.

subsequently acquire. Feminist theorists who first proposed care as an alternative approach to morality often drew from a parent-child metaphor. However, modelling care does not have to be limited to parents or families. As more of the responsibility for children's development is transferred to social institutions, modelling care falls to others such as teachers. Accordingly, Jane Roland Martin describes the responsibility of schools to teach about care, concern and connection.⁷⁸

Just as parents and other adults play a crucial role in modelling care for children, they are also responsible for what Martin L. Hoffman describes as "disciplinary induction." When a child harms someone, whether intentionally or not, the subsequent discipline is a key moment in moral development. If the person administering discipline can help the child attend to the impact of his or her actions, then disciplinary induction can take place. Hoffman explains, "When children process and understand an induction's message, this can produce in them an empathic response to the victim's distress, an awareness of their action's being the cause of that distress and a feeling of empathy-based transgression guilt."⁷⁹ Hoffman views successful disciplinary induction experiences as resulting in an internalization of a disposition to consider others.

In view of that, the will to care is internalized to various degrees, in part based on these experiences. Practice is also an essential element in cultivating the will to care, particularly given the definition of care as performance. Any high quality performance requires practice or the requisite restatements to develop habitual proficiency. Care is no exception. Caring habits are not habitual repetitions, but open-ended structures of responses to those encountered. The repetition of a process of care help develop habits that can be applied in innovative circumstances as no two opportunities to care present themselves in the same way.⁸⁰ Caring is challenging, but not abstract, nor does it require moral exceptionalism. The will to recognize our own vulnerability and to imagine our own power to assist others is what is needed

V. THE DISCHARGE OF CARE PERSPECTIVE

Most care giving for men or women is done by women.⁸¹ Of the many people in our families who spend significant time each week caring for a frail elderly person, seventy-five percent are women.⁸² A major report on aging describes the typical caregiver as "likely to be a woman in her mid-forties who is also employed outside the home in a white-collar profession."⁸³ There has been concern among social commentators such as Beverly Harrison and Barbara Hirshon among others that the increasing need for caregivers to assist the frail elderly is on a collision course with another major social trend: the steady increase in women's labour force participation and the growth in their long-term commitment to paid employment. Since women remain the primary caregivers in many "private" relationships, demands for caring labour from wage-earning women remain high. The average woman spends seventeen years caring for children and eighteen years caring for aged parents.⁸⁴

Women are still doing most of the informal, that is, unpaid caring work in many of our societies while they have also assumed a larger presence in the formal labour market. In fact, a large and growing number of workers, both women and men have elderly relatives and loved ones who require some assistance. One human relations executive reports that "one-fourth to one-third of the work force is responsible for the care of an elder." A large number of wage-earning men have noteworthy responsibilities for a frail elderly person. Still the burden on wage-earning women is greater: "Women working full time are four times as likely to be primary caregivers to the elderly as working men."⁸⁵

⁷⁸Cf. Jane Roland Martin, *The Schoolhome: Rethinking Schools for Changing Families* (Cambridge, Mass.: Harvard University Press, 1992).

⁷⁹Martin L. Hoffman, *Empathy and Moral Development: Implications for Caring and Justice* (New York: Cambridge, 2000), p. 144.

⁸⁰Hamington, *Embodied Care*, 38-60.

⁸¹ Despite the heavy predominance of women as bodily caregivers, there are a significant number of elderly men who are primary caregivers for another elderly person, usually a wife. In one major study, 13 percent of all caregivers were husbands. Cf. Robyn Stone, "Caregivers of the Frail Elderly: a National Profile," *The Gerontologist* 27 (October 1987): 620. However, according to another study, when the husband is the primary care giver, he and his disabled wife get more support and care giving assistance from other relatives. Colleen Leahy Johnson, "Dyadic Family Relations and Social Support," *The Gerontologist* 23 (August 1983): 380-81. Sons also provide care. They are more likely to supply advice, transportation and financial assistance and less likely to give bodily care. Sons are among the bodily caregivers of last resort within many families.

⁸²Grace Weinstein, "Help Wanted-The Crisis of Elder Care," *Ms.* (October 1989): 74

⁸³Select Committee on Aging, *Sharing the Caring*, 61

⁸⁴Weinstein, "Help Wanted," 73. This statistic does not include the years that a woman is likely to spend caring for an aged spouse, some of those years, perhaps, prior to her own normal retirement date.

⁸⁵Select Committee on Aging, *Sharing the Caring*, 102.

The burdens on the primary caregiver for a frail elderly person can seriously undermine the caregiver's role in the workforce. In one survey, fourteen percent of husbands and eleven percent of wives had quit their jobs in order to care for an elderly spouse.⁸⁶ Nonetheless, there was less gender parity when offspring served as caregivers. Twelve percent of daughters and five percent of sons had quit work to provide care for a disabled elderly person. Women were more likely to modify their labour force activity in other modes. According to the same study, a significant number of wives who remained employed rearranged their work schedules to accommodate their care giving activities. Daughters were more likely than sons to have cut back on hours, rearranged schedules or taken time off without pay in order to assist an elder.⁸⁷ Interviewing one group of female caregivers, Elaine Brody found that twenty eight percent of the women studied had quit their jobs and a "similar proportion" were under serious pressure as caregivers. Some of them had cut the hours they worked and some were considering quitting their paid jobs.⁸⁸ A painful irony accompanies a woman's choice to interrupt her employment to provide full-time care for a disabled family member or life partner. She may well receive lower social security payments when she is elderly, as she will not be paying into the social insurance plan over a sufficient number of years.⁸⁹ Social security benefits are computed on the basis of a thirty-five-year work life with zeroes used as part of the base computation for any years less than thirty-five. The caregiver's contribution to a private pension plan, if she has one, will also be lowered, as will her immediate financial resources.

The Older Women's League, an advocacy organization for older women, warns that the financial penalties of care giving are an essential factor in the higher poverty rates among elderly women.⁹⁰ Thus, a middle-aged woman who devotes significant time to caring for a disabled husband or parent is more likely to face a financially pinched old age herself and will have fewer resources to pay for the assistance she may need then. Recent attention to middle-aged women in the so-called sandwich generation⁹¹ obscures another pattern that needs careful consideration from feminist ethicists. Many elderly women remain primary care givers. One national survey indicated over thirty three percent of caretakers for the frail elderly were sixty-five or older.⁹² Johnson and Catalano tell us that elderly caregivers "usually fulfil the role with little assistance from others even though they may suffer themselves from age-related physical, financial and social limitations."⁹³

Another danger is that a significant number of old-old women will outlive all their caring relations, particularly family and will become dependent on the care and compassion of strangers. "Twenty-five percent of women seventy and over have no living children and over sixty percent of them are widowed, divorced or single. This group of women often has devoted considerable time to care giving; nevertheless, it has outlived those who might have cared for them."⁹⁴ Despite these statistics, we do not have a really clear picture of the extent of the care giving burdens borne by family members, lovers and friends or how these burdens are actually distributed.⁹⁵ Robyn Stone, an expert in gerontology, has cautioned against exaggerating the magnitude of caregiver burden in order to create interest in the problem.⁹⁶ We would benefit from more precise sociological analyses of the extent of unpaid care taking work. Nevertheless, it is lucid that there are solemn burdens associated with care for the frail elderly and that these burdens are likely to continue to increase.

⁸⁶ Ibid.

⁸⁷ Stone, "Caregivers of the Frail Elderly," 620.

⁸⁸ Elaine Brody, "Parent Care as a Normative Family Stress," *The Gerontologist* 25 (February 1985): 25.

⁸⁹ Tamar Lewin, "Change in Social Security for Women Is Urged," *New York Times*, 10 May 1990, A27

⁹⁰ Older Women's League, "Failing America's Caregivers," 107.

⁹¹ The sandwich generation is a term for women who are simultaneously caring for an aged relative and for a child under eighteen.

⁹² David Biegel, *Family Care giving in Chronic Illness* (Newbury Park, California: Sage Publications, 1991), 13.

⁹³ Colleen Leahy Johnson and Donald J. Catalano, "A Longitudinal Study of Family Support to Impaired Elderly," *The Gerontologist* 23 (December 1983): 612.

⁹⁴ Audrey Olsen Faulkner and Margaret Micchelli, "The Aging, the Aged, and the Very Old: Women the Policy Makers Forgot," *Women and Health* 14, no. 3/4 (1988): 9.

⁹⁵ Glenna Spitze and John Logan found that demands for help by parents experienced by a random sample of middle-aged persons dropped off after the caregiver's early fifties, because the parents died. They concluded that, at any one time, middle-aged persons actively involved in caregiving to parents are a small group whose actual burdens are not well documented. "More Evidence on Women (and Men) in the Middle," *Research on Aging* 12 (June 1990): 195.

⁹⁶ Stone warns, in particular, that the findings from various studies of caregiver burden are not strictly comparable, because of variations in caregiver samples and in the definitions of "caregiving" work. Robyn Stone, "Defining Family Caregivers of the Elderly: Implications for Research and Public Policy," *The Gerontologist* 31 (December 1991): 725

VI. CONCLUSION

In this study we have done an analysis of the concept of ethics of care for the elderly and its perspectives. It is of great importance to bring to mind that first and foremost, human beings are social beings; it is due to the primacy of socialization that we become human beings. When we extend our care to others as moral agents, we ought not to afford to forget that, amidst our care, the sanctity of human life and human dignity is essential. Anyone who is virtuous will find it practical to exercise a caring relationship in a manner that elevates the human dignity. Thus, it is important we realize that executing care to the others in the society demands a sense of fairness.

The aspect of care is a fundamental element in a caring relation as well as dependency in human life. A caring that is relevant to ethics of care must at least be able to refer to an activity, as in taking care of someone. We emphasize the fact that care involves work and expenditure of energy, especially on the part of the person doing the caring. Engaging in the work of taking care of someone is not the same as caring for them in the sense of having warm feelings for them. In the African traditional homes, taking care for the elderly is an obligatory social responsibility on part of the children as observed by Mbiti; "...When the parents become old and weak it is the duty of the children, especially the heirs or sons, to look after the parents and the affairs of the family."⁹⁷ By so doing the society aims at maintaining a social network sensitive to the promotion of human welfare. Normatively, care ethics is contextualised within the welfare of care-givers as well as care-receivers in a network of social relations.

A legitimate perspective of justice should aim at meeting the needs of care agents as well as the needs of those vulnerable and are dependent on others for their wellbeing. It is this consideration which makes ethics of care to attract the aspect of mutuality. On the theme of mutuality, in any given society, the aspect of inter-subjectivity ought to accompany care for each other; this manifests concern that should be guided by fairness for one another, without excluding respect for human dignity. The ability of our families to operate, sometimes dictate the mode in which certain aspects such as care within them are manifested. This implies that parenting is a core determinant in the deliberation of care within the society. It is through such avenues that the will to care is relevantly facilitated to develop. Guided by this background, other challenges to ethics of care such as, urbanization, globalization, dysfunctional families, negative mass media influence, and negligence of the elderly, scorn of the human dignity as well as psychological and emotional plight to the elderly might realize an enduring remedy.

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