

Ethics of Care: Analysis of a Moral Paradigm in Weil and Tronto

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Abstract

This work sets to demonstrate, within the perimeter of ethics, the conceptual connections internal to the notion of care by making reference to Christianity and feminist thought, paradigmatic here in Simone Weil and Joan Tronto. First, I aim to identify the constitutive features of an ethics of Christian care by dissecting the Weilian notion of attention as applied to the Gospel narrative of the Good Samaritan. For Weil, care takes the form of dilectio proximi, love of our neighbor, of which kenosis is the cornerstone — the act of emptying the self in order to make room for the need of the other and, necessarily, satisfy it. Second, I photograph the moral elements of the ethics of care as outlined by Tronto — attentiveness, responsibility, competence, responsiveness — and relate them to the ethics of Christian care, tentatively contextualizing them in the Good Samaritan parable. This way of proceeding in parallel unveils the underlying intention of my inquiry: to integrate the two paradigms of care.

Keywords: Ethics of care, Simone Weil, Joan Tronto, Attention

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1 A CHRISTIAN ETHICS OF CARE: THE NOTION OF CARE IN SIMONE WEIL

Attention is the crux of Weil's ethics, the legitimate foundation of all morality. Reflection around the theme, which reaches robust theoretical expression in 1942, is a conceptual thread that unites Weil's work and defines its exposition. Weil writes, "The key to a Christian conception of studies is the realization that prayer consists of attention. It is the orientation of all the attention of which the soul is capable toward God. The quality of the attention counts for much in the quality of the prayer. Warmth of heart cannot make up for it."¹ Weil makes a similar point in her notebooks (1941-1942), "Attention, taken to its highest degree, is the same thing as prayer. It presupposes faith and love".² The overlap of the two orientations finds confirmation in the ancient lexicon. Indeed, in Greek, 'attention,' *pros-oché* (προσοχή), is similar to 'prayer,' *pros-euché* (προσευχή). Weil takes up a motif from Greek patristics, which in the assonance *prosoché* - *proseuché* juxtaposes, symbolically, 'attention' and 'prayer' as categories of meaning, making them coincide. Attention evokes prayer; prayer evokes attention. This raises the question of how to exercise attention.

Weil describes attention as waiting *di'hupomonés* (δι' ὑπομονῆς),³ constant and enduring perseverance. This vigilance is not a state of active seeking; against the latter, in fact, the author warns: inquiry, motivated by the craving for resolution, fills the thought prematurely. The restless mind rushes hastily to the counterfeit, becoming prey to the projections of its own imagination; it thus turns away from the truth. This is because there is a depth that escapes the mind. Therefore, the mind must necessarily subtract itself to make room for reality. The mind must make an effort of attention, which is a negative effort; it must not expand its perception, but suspend it; it must not sublimate thought, friezing it with imagination, but humble it. Only then, "our thought is ready to receive, in its naked truth, the object that is to penetrate it."⁴ So, attention, in the Weilian sense, implies the progressive de-creation of the ego, the denial of its own affirmation, the renunciation of the self and the encroachment of its limited and consuming perspective.⁵ This posture of emptying the self leaves room for an emptiness (*kenós*), which is filled by the Absolute.

Emblematically, the emptying of the self is *imitatio Christi*, a reflection of Christ who "emptied himself".⁶ Indeed, Weil's *topos* of attention, the 'stripping'

¹S. WEIL, *Waiting for God*, HarperCollins Publishers, New York 1973, p. 105.

²EAD., *Gravity and Grace*, Routledge, London-New York 2003, p. 117.

³A. R. ROZELLE-STONE, B. P. DAVIS, *Simone Weil*, in *The Stanford Encyclopedia of Philosophy* (Summer 2023 edition), ed. by E. N. Zalta, U. Nodelman, <https://plato.stanford.edu/archives/sum2023/entries/simone-weil/>

⁴S. WEIL, *Waiting for God*, cit., p. 112.

⁵A. R. ROZELLE-STONE, B. P. DAVIS, *Simone Weil*, cit.

⁶*Philippians*, 2:5-7.

of the self (*dépouillement*) follows the theological concept of *kenosis*, which expresses the emptying of the divine *Logos* in the incarnation. Weil writes, “He emptied himself of his divinity by becoming man, then of his humanity by becoming corpse (bread and wine), matter.”⁷ The divine humbled itself, in the etymological sense, it lowered itself to the earth until it merged with it. In this way, “heaven coming down to earth raised earth to heaven.”⁸ That is, in the conscious acceptance of death, the divine Word, who became man in Jesus Christ, redeemed humanity. Weil points out, in *Gravity and Grace* (1947), that *conditio sine qua non* of ascent is descent.⁹ Thus, by emphasizing its Christological connotation, Weil frames Christianity as a religion of necessity, of obedience to reality as a metaphysical (‘which is and cannot be otherwise’) and moral principle (i.e., necessity as obligation). It follows that care is the response to the necessity that reality poses, to which a caring moral agent is called to respond. This is not because mechanical necessity imposes itself on the agent’s freedom, but rather because the agent, by exercising attentiveness, agrees to make room for [T]ruth. Since [T]ruth is Christ, an attentive moral agent is, necessarily, an agent of love.

1.1 *The Good Samaritan*

This last point is exemplified in the parable of the Good Samaritan (Luke 10:25-37 NIV). Weil herself identifies the paradigm of attention in the Gospel story,¹⁰ which becomes a device for interpreting and constructing the element peculiar to her ethics. I reproduce the parable as follows in order to analyze its significant expressions and contextualize them in Weilian thought:

[...] But he wanted to justify himself, so he asked Jesus, “And who is my neighbor?”

In reply Jesus said: “A man was going down from Jerusalem to Jericho, when he was attacked by robbers. They stripped him of his clothes, beat him and went away, leaving him half dead. A priest happened to be going down the same road, and when he saw the man, he passed by on the other side. So too, a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan, as he traveled, came where the man was; and when he saw him, he took pity on him. He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, brought him to an inn and took care of him. The next day he took out two denarii and gave them to the innkeeper. ‘Look after him,’ he said, ‘and when I return, I will reimburse you for any extra expense you may have.’

“Which of these three do you think was a neighbor to the man who fell into the hands of robbers?”

The expert in the law replied, “The one who had mercy on him.”

⁷S. WEIL, *Quaderni*, II, cit., p. 197.

⁸EAD., *Gravity and Grace*, Routledge, cit., p. 92.

⁹*Ibidem*.

¹⁰EAD., *Waiting for God*, cit., p. 149.

Jesus told him, “Go and do likewise.”

The parable does not provide preconceived answers, but multiplies the questions of a doctor of the law who questions Jesus, “Who is my neighbor?” In the story, the priest “sees and passes over”; the same does the Levite. Neither one nor the other is neighbor. By contrast, the Samaritan sets his gaze on the man and is moved to compassion. Thus, he makes himself near. He takes care of him. He is a neighbor, in his etymon, the Samaritan who, despite being an enemy, provides medical care to the afflicted. Contextually to the parable, at least at first, *caring* is *curing*. However, the dimension of caring does not end in the physicality of the body. Caring goes beyond healing in the strict sense. In fact, the Samaritan takes responsibility for his neighbor: he recognizes his own limitations and entrusts care to the one person who, at that moment, can provide it better than he can, namely the host.¹¹ The Samaritan leaves the afflicted, but does not neglect him, promising to return in due time. He turns away, but remains close.

1.2 Compassion

The driving force behind this disposition of mind is compassion. At its root, *cum-patior*, compassion, is participation in the suffering of another. In this view, compassion takes the form of an intimate sharing of a misfortune that does not originate as one’s own, but is taken upon oneself by the Samaritan, who turns his attentive gaze to the afflicted. The latter is not simply suffering, but is reduced to the state of an “inert and passive thing”,¹² concretely obliterated in his human person. Therefore, when the Samaritan “stops and looks [and] gives his attention all the same to this absent humanity”,¹³ the line of his gaze is not horizontal, but vertical: his is the sympathy of the strong towards the weak. As in a system of levers, in Weil’s geometry events have descending motion. “The attention is creative. But at the moment when it is engaged it is a renunciation.”¹⁴ The Samaritan accepts to diminish himself by conferring existence on another being, independent of him: by denying himself he affirms the other, transferring himself into him by sympathy.¹⁵ This means “to have a share in the state of inert matter which is his”,¹⁶ i.e., affliction. *Sympathy* (συν-πάθος ; *syn-pathos*) is salvific not merely because in affliction we recognize one another, comprehending one an-

¹¹P. SALVATORE, *Il paradigma della cura. Una riflessione politico-simbolica*, «Heliopolis», 16/2 (2018), p. 192.

¹²S. WEIL, *Waiting for God*, cit., p. 146.

¹³*Ibidem*, p. 149.

¹⁴*Ibidem*, p. 147.

¹⁵*Ibidem*.

¹⁶*Ibidem*.

other. Rather, the sharing of affliction is, in truth, an exchange, the subtraction of one's existence for the benefit of the other; a zero-sum game.

A tension peeks out: for Weil, if "the sympathy of the weak for the strong is natural"¹⁷, "the sympathy of the strong for the weak, being in the opposite direction, is against nature."¹⁸ The weak, in fact, by transferring into the strong, "acquires an imaginary strength"¹⁹; by contrast, the strong, by transferring into the weak, consents to his own destruction. Clearly, from a finistic perspective, attention, as well as the acts that follow it, is a counter-intuitive orientation. Salvatore (2018) notes that, when it comes to care, "calculating quantitatively [...] results in a balance sheet that is always at a loss."²⁰ In light of this, why does the Samaritan care for his neighbor? Having identified the decisive point, the solution is to be found outside logical mechanisms: only by admitting the supernatural, in fact, can the objection be legitimately taken.

In true love, "it is not we who love the afflicted in God; it is God in us who loves them."²¹ God, like a camera obscura, projects Himself through human attention. According to Christ's words, "[...] you did for me" (Matthew 25: 40 NIV). That is, Christ is in the afflicted who is hungry and naked as He is in the Samaritan who directs his attention toward him;²² He is present at the point of convergence, where their gazes metaphysically cross. Christ is the point of departure and that of arrival, the anterior and posterior doctrine. For this reason, in charity it is not the Samaritan who gives himself to the afflicted, but Christ who gives Himself to Himself, the divine transferring into Himself. The love of our neighbor (*dilectio proximi*) does not tell us about God's love; it is God's love. The love of neighbor is, for all intents and purposes, an implicit form of God's love.

On the lintel of attention holds the Weilian architecture: on the one hand, the mystical pillar; on the other, the ethical pillar.²³ In the mystical experience, the progressive de-creation of the ego gives way to a void, soon filled by the Absolute. Weil's lived experience is oriented on this coordinate: in her last years, mysticism operated the destruction of her own self-affirmation. Reducing herself to starvation, Weil denied herself, until, at the age of thirty-four, in a sanatorium in the English hinterland, she abandoned herself, passing away. In the moral sphere, the posture of attention illustrated here gives way to an ethics that is both "imper-

¹⁷*Ibidem*, p. 148.

¹⁸*Ibidem*.

¹⁹*Ibidem*.

²⁰P. SALVATORE, cit., p. 197.

²¹S. WEIL, *Waiting for God*, cit., p. 151.

²²*Ibidem*, p. 151.

²³Cf. R. FULCRO, *Soggettività e potere. Ontologia della vulnerabilità in Simone Weil*, Quodlibet Studio, Macerata 2020; see also Fulcro's book review: M. C. SALA, *Le nostre ferite: una lettura di Simone Weil*, «Segno», 46/419 (2020), pp 64-65.

sonal” and “intersubjective.”²⁴ Indeed, on the one hand, the normative subject (the moral subject) becomes such through recognition, the Christ recognizing the Christ; on the other hand, the actual subject of recognition is the relationship itself, “the exchange of compassion and gratitude which happens in a flash between two beings, one possessing and the other deprived of human personality.”²⁵ Ergo, the ethics of recognition is care, the functional side of attention.

2 JOAN TRONTO AND THE ETHICS OF CARE

2.1 *The Ethics of Care*

The ethics of care has innervated discussions on moral development since the publication of Carol Gilligan’s *In a Different Voice* in 1982. Through her analysis, Gilligan suggests a value reorientation of ethics, dominated by paradigms such as deontology and consequentialism, referring to a dimension of justice, to follow a different, traditionally neglected voice that invokes a relational dimension: the feminine voice. In this scenario, the activity of caring is emphasized, the altruistic direction of which — tending to the other and the satisfaction of their needs — becomes the coordinate of the new ethical paradigm. Joan Tronto fits into this framework with the publication, jointly with Berenice Fisher, of *Towards a Feminist Theory of Caring* (1990). Tronto partly departs from Gilligan: while she conceives care from a difference between the sexes, she extends her inquiry beyond it. In the words of Tronto and Fisher, care is “a kind of activity that includes everything we do to maintain, continue and repair our world so that we can live in it as well as possible.”²⁶ Thus, the ethics of care according to Tronto transcends gender: care is, in fact, “a species activity,”²⁷ a disposition equally distributed among individuals. However, the ethics of care does not prescind from gender: in fact, it is a feminist ethics insofar as it recognizes that care is not confined to the domestic, private space to which it is conventionally relegated, and calls into question a re-organization of it in the public sphere. The latter aims to subvert the unbalanced burden of care labor, traditionally assumed by women.

In order for the democratic project of care to be realized, according to Tronto, the boundaries of the public sphere must be redefined to include the values peculiar to care. In this regard, the boundary between politics and morality and the boundary between public and private life are two of the three boundaries identified by the author in *Moral Boundaries. A Political Argument for an Ethic of Care*

²⁴A. R. ROZELLE-STONE, B. P. DAVIS, *Simone Weil*, cit.

²⁵*Ibidem*, p. 146.

²⁶J. C. TRONTO, B. FISHER, *Toward a Feminist Theory of Care*, in J. C. Tronto, *Caring Democracy. Markets, Equality, and Justice*, New York University Press, New York-London 2013, p. 40.

²⁷*Ibidem*.

(1993). The third one, pertaining to the *moral point of view*, forms the focus of this second chapter, which invests a primarily ethical profile while premising the political application of Tronto's argument. According to Tronto, the prevailing perspective that morality is given by a "detached and autonomous"²⁸ agent, endowed with "depersonalized rational thought,"²⁹ is unsatisfactory. So, the aim of this section is to outline the constituent elements of Tronto's ethics of care, which is attentive, by definition, to the role of moral feelings, and to relate them to Weil's ethics of care. Crucially, Tronto binds herself to the paradigm elaborated by Weil while introducing, with respect to it, elements of novelty. Care, for Tronto, is composed of the following moral categories: *attentiveness*, *responsibility*, *competence*, and *responsiveness*. Each of these sets in motion a specific moment in the caring process: *caring about*, *taking care of*, *care-giving*, and *care-receiving*,³⁰ respectively.

2.2 *Attentiveness* (Caring About)

According to Tronto, caring begins when "someone or some group notices unmet needs [...]."³¹ So, caring presupposes that we care about someone, that we watch him attentively, so that we take an interest in him; that is, that we care for him and, consequently, give care to him. Crucially, attentiveness is the defining moral aspect of the first stage of caring. This approach recalls, glaringly, Weil's own conceptualization of care: the overlap is made clear by Tronto herself, who appeals to Weil as an authority on the subject. The author observes, in fact:

The ideal [of attention] described by Weil [...] is useful for representing the passivity, the absence of will, necessary for the first stage of care. It is necessary, in a sense, to suspend one's goals, ambitions, life plans and concerns in order to recognize and be attentive to others.³²

In Weil's ethics, affliction draws the Samaritan in, while love drives him to become a neighbor. In Tronto's framework, *interest* bridges attention and need, connecting the care-giver and care-receiver. Attention, in the Weilian sense, allows the care-giver to understand the other's needs by going beyond his own hypertrophic projections. If, for Tronto, the possibility of the "emptying of the self" is overestimated by Weil,³³ the asymptotic reduction of one's own ego is

²⁸J. C. TRONTO, *Moral Boundaries. A Political Argument for an Ethic of Care*, Routledge, New York-London 1993, p. 14.

²⁹*Ibidem*.

³⁰J. C. TRONTO, B. FISHER, *Toward a Feminist Theory of Care*, cit., p. 34-35.

³¹J. C. TRONTO, *Caring Democracy*, cit., p. 34.

³²EAD., *Moral Boundaries. A Political Argument for an Ethic of Care*, Routledge, New York-London 1993, p. 128.

³³*Ibidem*.

nonetheless necessary for the first stage of care. In fact, the failure to extrapolate from the self, the inability to extend from one's own field of knowledge to that of the other, results in the failure to recognize the needy. Therefore, in Tronto's words, inattentiveness, that is, "ignoring others, ignorance, is a form of moral evil", is a "moral failure";³⁴ by contrast, attention is "a moral achievement."³⁵ So, attentiveness is the *conditio sine qua non* of caring — it is possible to respond to others' needs only if we recognize them as such; that is, if we are attentive.

2.3 Responsibility (Caring For)

However, attentiveness is not a sufficient condition of caring; this is because the recognition of a need is not, necessarily, followed by its fulfillment. In fact, Tronto writes that "once caring needs have been identified, it is necessary for someone or some group to take responsibility for meeting them".³⁶ The etymon of 'responsibility,' the Latin *respondeo*, means 'to answer.' One can, in fact, answer to something or someone; answer *for* something or someone; answer *before* something or someone.³⁷ "Answering before something or someone" opens the doors of guilt via imputation: as legal subjects, in fact, we bear responsibility for an act, for which we answer before the law, a judge, or a court; analogously, as normative beings, we have moral responsibility for our actions, for which we answer in judgment of another kind, be it internal or supernatural.³⁸

Tronto argues that, to understand responsibility, one must look beyond formal or legal ties.³⁹ In this framework, the semantic coincidence of responsibility and guilt is a fallacy: we are guilty to the extent that we are responsible; that is, our action, for which we take responsibility, is the presupposition of guilt. However, we are responsible even if we are not guilty; that is, we are called into action, even if we are not called into judgment. This moves from a fundamental constitutive *datum*: our humanity. Responsibility stems from our interconnectedness and the recognition of both personal and collective vulnerability. In other words, we are called to care for each other. For this reason, according to Tronto, the notion of collective responsibility is best understood "if we broaden our moral boundaries to include a concept of care."⁴⁰ The ethics of responsibility is, then, an ethics of fragility: doing what is right beyond what is due.

³⁴*Ibidem*, p. 127.

³⁵*Ibidem*.

³⁶*Ibidem*.

³⁷F. TUROLDO, *Bioetica ed etica della responsabilità. Dai fondamenti teorici alle applicazioni pratiche*, Cittadella Editrice, Assisi 2009, p. 7. My translation.

³⁸*Ibidem*.

³⁹J. C. TRONTO, *Moral Boundaries*, cit., p. 132.

⁴⁰*Ibidem*, p. 59.

This is the case, likewise, with Christian ethics. According to this particular formulation, the Samaritan is responsible: he responds to the need of the afflicted even though he has not caused it; that is, even though he is not guilty. The encounter of misery and mercy is the synthesis of the Gospel message. In Paul's words, "But where sin increased, grace increased all the more," (Romans 5, 20 NIV). Crucially, the Samaritan's good is not the mirrored evil of the robbers: the Samaritan does more than his due diligence. In fact, he not only *cures* the afflicted man, dressing his wounds, but he *takes cares of* him: he takes him to an inn, where he entrusts him to the host, to whom he promises to repay the cost of the care treatment. In the parable, the Samaritan becomes the responsible one: he is accountable for his neighbor; he pledges for him and, in doing so, he abounds much more. Thus, the fragility of the afflicted is redeemed in the grace of the Samaritan.

2.4 Competence (Care-Giving)

The notion of care according to Tronto incorporates the dimension of competence. In this view, caring is not merely a benevolent disposition of mind that gives one cause to act, but a project whose success confirms (or disavows, in case of failure) the intentions of the giver. For example, whoever waters a cactus plant daily may appear diligent to the untrained eye. Certainly he cannot be said to be neglecting his plant. Yet, he is not even taking care of it. To the competent eye, in fact, it is clear that the person who has taken responsibility for the cactus is not taking into account the specific needs of the species: overwatering produces the death of the plant. Care is inherently good; 'bad care' is simply malpractice. While the opposite of care is negligence, overzealousness is a pathological degeneration of care, which is why it is not contemplated within the perimeter of its possibilities. Success, the *conditio sine qua non* of care, is conditional on making informed choices. That is, care is necessarily competent. The ability to direct one's attention to the other, then, is as important as the ability to orient oneself in a particular field. However, what Tronto emphasizes is not the ability to master specialized notions so much as the ability to identify those who have knowledge and skills that make him competent.

Christian ethics does not dismiss competence but assumes it implicitly. The Good Samaritan assesses the wounded man's condition, provides immediate aid, and then entrusts him to the innkeeper, who is more qualified to continue care. Weil argues that moral response is impersonal: like the result, correct, of a sum, it does not bear the mark of the personality of the person performing it.⁴¹ Consequently, the resolution of the caring equation is guaranteed by the Samari-

⁴¹S. WEIL, *Human personality*, ed. by S. Miles, in *Simone Weil. An Anthology*, Penguin Books, London 2005, p. 75.

tan's ability to remove himself from it to identify the unknown variable: the innkeeper's internal expertise. That is, paraphrased in Tronto's semantics, the successful outcome of care is contingent on the Samaritan's ability to be a 'competent outsider'.

2.5 *Reactivity (Care-Receiving)*

The fourth moral moment of care is responsiveness: the reaction of the receiver to the caring action of the giver. In this regard, Tronto comments that, "once the work of care is done, there will be a response from the person that has been cared for."⁴² Care is not a one-way current, but rather an exchange, a relationship. This is made especially evident in its last phase, when, by reversal of point of view, the characterizing moral aspect, responsiveness, is assumed by the care-receiver. The care-receiver's output is matched by a new input from the agent, who, according to Tronto, "observes that response and makes judgments about it (e.g., whether the care provided was sufficient, effective, or complete [...])."⁴³ Indeed, "the response often consists of noticing that new needs emerge as past ones are met, and so the process continues."⁴⁴

For the care-receiver to be affirmed, the care-giver must embody moral quality, but simply understanding the receiver's position is not enough. Care inherently involves imbalance, with the care-giver in the stronger position. To meet the needs of the care-receiver, the care-giver must lower himself and focus on the other. In this scenario, responsiveness from the care-receiver is crucial: it makes it possible to counterbalance the care relationship, eliminating or reducing the possibility of care-giver abuse, which arises from the care-receiver's vulnerability.⁴⁵

Tronto notes that "to be in a position of vulnerability is to be in a situation where one needs care."⁴⁶ The author gives a definition of vulnerability analogous to that of fragility. In fact, the two dimensions overlap: 'fragility', in accordance with the Latin *frangere* ("to break"), refers to the possibility of breaking; 'vulnerability', according to the etymon *vulnus* ("wound"), indicates the condition of someone who can be wounded. Like the afflicted in Luke's parable, whoever is wounded needs care. The afflicted is, therefore, in a position of vulnerability. At the same time, the afflicted is subject to breakage: he is fragile. For this reason, he must be handled with care. Nevertheless, fragility and vulnerability are not coincidental: in fact, fragility derives from finitude; that is, from an inherent,

⁴²J. C. TRONTO, *Caring Democracy*, cit., p. 35.

⁴³*Ibidem*.

⁴⁴*Ibidem*.

⁴⁵*Ibidem*, p. 135.

⁴⁶*Ibidem*.

essentially constitutive fact. Fragility is, therefore, pre-supposed. By contrast, vulnerability is given by exposure to another;⁴⁷ that is, it is extrinsic, because it is rooted in relationality. In fact, it is the encounter with the robbers that makes the afflicted vulnerable, because it strips him, materially and spiritually, predisposing him to further injury. It follows that the Samaritan, like his neighbor, is fragile, because he tends, by nature, to break; he is not, however, vulnerable.

Thus, the caring relationship is configured: the neighbor is dependent on the Samaritan; however, the Samaritan is not dependent on his neighbor. Crucially, dependence illuminates a central issue in Tronto's ethics and in the ethics of care in general: the assumption that "care [...] is a challenge to the notion that individuals are fully autonomous and self-sufficient."⁴⁸ According to Tronto, that we are not fully autonomous is factual: this moves from the considerations on interdependence discussed above. Indeed, "in the course of our lives, we all go through varying degrees of dependence and independence, autonomy and vulnerability."⁴⁹ However, for the author, the dichotomy of autonomy and dependence preached by liberal theory is misplaced:⁵⁰ the two categories are not isolated from each other; conversely, one category implies the other.⁵¹ Emblematically, the Samaritan's care does not, simply, cement his neighbor's dependence, confining his autonomy; on the contrary, care is the foundation on which his neighbor's autonomy is built. For this reason, the two dimensions are not opposed, but complementary. In fact, Tronto argues, "one of the goals of care is to end dependence, not to make it a permanent state."⁵² In this framework, dependence is not the limitation of self-determination, but the pre-condition of it. That is, the 'you' is not the boundary of the 'I'; rather, the relationship of care is the space where the subject finds flourishing in the other.

The inherent inequality in the care relationship is problematic, but care itself aims to establish a relationship of equality between parts. So, the ethics of care is teleological, directed toward this goal, achieved through responsiveness. When the care-giver receives feedback from the care-receiver, they adopt the receiver's

⁴⁷M. VERGANI, *Note a proposito di un dibattito implicito su responsabilità, fragilità, e vulnerabilità (colpa a monte e responsività a valle)*, «Cosmopolis. Rivista di filosofia e teoria politica», 16/2 (2019). My translation.

⁴⁸J. C. TRONTO, *Moral Boundaries*, cit., p. 136.

⁴⁹*Ibidem*, p. 135.

⁵⁰*Ibidem*, pp. 162-163.

⁵¹Tronto cites, on the threat of dependency, Smith and Rousseau, with particular attention to the *Discourse on the Origin and Foundations of Inequality among Men* and *The Social Contract*. She writes: "Rousseau saw dependence as a threat to human authenticity. Adam Smith wrote in *Wealth of Nations* about the danger of dependence for citizenly virtues. Factory work dulled workers, Smith argued, and made them less willing to serve in citizen armies. Others argue that dependence allows the powerful to have undue influence over others." (*ibidem*, p. 215).

⁵²*Id.*, *Moral Boundaries*, cit., p. 163.

perspective, similar to Weil's concept of kenotic attention — the care-giver humbling himself to understand the other. This is the humiliation of the Samaritan who comes to comprehend his neighbor's point of view. For this reason, Tronto notes, reactivity implies attention.⁵³ Thus, attention not only pre-supposes care, enabling the process to begin, but permeates and even seals it. That is, in the ethics illustrated here, attention is the front and back end of the doctrine of care; the glue that connects the moral elements, comprising them into a whole. As a result, care is a cyclical process, repeating and renewing itself at regular intervals. Above all, in Tronto's words, "care is an integral process";⁵⁴ that is, unified and complete.

3 CONCLUSION

I followed two different ethical formulations of care, highlighting the different traits that constitute them. Crucially, Weil and Tronto's paradigms integrate a feeling of affection and action. Indeed, to care is to have something to do with someone else; care not only takes an interest, but participates. Participation, in Weil, moves from metaphysical assumptions: care follows, necessarily, from the moment of attention that occurs between the Samaritan and the afflicted. Attention is the predisposition to grasp Truth: the latter does not need the subject to emerge; rather, he needs it to orient himself. He who looks attentively reduces his ego to make room for the other; that is, he loves the other. He who loves, necessarily, cares. Care is summed up, then, in *dilectio proximi*, which contains within itself attention to the need of the other, as well as the functional disposition to cope with it.

For Tronto, similarly, emotional participation sustains the caring relationship; however, this does not translate, necessarily, into action. Indeed, the recognition of the other's need, motivated by caring, is not followed, necessarily, by its fulfillment. Therefore, the author punctuates the process of caring into different moral qualities, associating each of them with a practical disposition, aimed at ensuring the success of the caring operation, with the ultimate goal, left unexplored here, of assuming these values in the public sphere. Care, for Tronto, is such only in the integration of its phases, which unfold between attentiveness, responsibility, competence, and responsiveness. These are, all things considered, different ways of understanding the Weilian kenotic posture. Each of Tronto's moral qualities is, in fact, reflected in the parable of the Good Samaritan (with the exception of responsiveness — in the parable, in fact, the reaction of the afflicted to the Samari-

⁵³*Ibidem.*

⁵⁴*Ibidem.*

tan's care is not contemplated. However, responsiveness implies, by Tronto's own admission, attention. We can, therefore, rightfully presume it in Weil's ethics).

There is a unified character of the inquiry, linking Weil and Tronto, beyond the formulation — undoubtedly rich in Weil — of attention: namely, the formulation of an alternative ethics to conventional paradigms such as deontology and consequentialism. In Weil's analytics, this is an intention detected and not made explicit (unless one wishes to attribute to the author a systematic spirit she does not possess); from Tronto's thought, on the other hand, there emerges a critical posture (peculiar to the ethics of care) toward more mainstream moral approaches, particularly in regard to deontology. This finds a place in my analysis insofar as care is framed as an essentially relational, particularistic, and sentimental ethics.

I have addressed some problems intrinsic to care according to Tronto, such as abusive situations that might originate from addiction and vulnerability. Crucially, precisely because the effectiveness of the caring relationship, for Weil, is guaranteed by the Good, the problem of abuse does not arise. In fact, the caregiver renounces the exercise of force the moment he lays eyes on the unfortunate, and maintains this posture of renunciation throughout the relationship. For Tronto, however, the success of the caring relationship is contingent on the moral quality of the agent, which is fallacious. Therefore, the caregiver is subject to self-monitoring mechanisms punctuated by the various stages of the caring process, culminating in the responsiveness of the recipient: the litmus test that certifies the success of the operation. Vulnerability is openness to possibility: it exposes, on the one hand, to the possibility of being ignored, or worse, hurt; it allows, on the other hand, to be recognized. In this scenario, the encounter with evil is the price to be paid for running the risk of exposure. However, the encounter with good repays the risk much more: in the caring relationship each of us finds our own flourishing.

The ethics of care takes the self as the starting point of ethics, seeking to go beyond it to the depths illuminated by Weil and Tronto. It is an ethic that looks outside of the self, that tends to the other, that finds, in the caring relationship, space and time to flourish. The ethics of care is, therefore, a subjective ethics, which starts from the negation of the self to arrive at the affirmation of the other, and which assumes, in interdependence, a social logic of co-responsibility through which each of us finds our own affirmation.



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