A Critical Reconstruction of Care-in-Action

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Recommended APA Citation

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Abstract

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Keywords

Care, Jaggar, Noddings, Critical Ethnography, Justification, and Critique

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A Critical Reconstruction of Care-in-Action

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*This paper uses the findings of a critical ethnography studying the interactions of adult colleagues (Korth, 1998) to propose a critical approach to care theory and research. The argument proceeds from Jaggar's (1995) critique of the scholarship on care. Her criticism voices concerns regarding the lack of attention to the justificatory potential of care research/theory and the over-dependence on particularities. This paper provides one set of responses capable of addressing these concerns and of reformulating the concerns into a more complex conceptualization of care. The resulting analysis implies a theory of care as a pragmatic-communicative construct—one that is more precise, but compatible with the interpersonal rationality to which Noddings (1991) attributes caring. Care emerges as a communicative act with a complex but definitive horizon structure. Care did not reconstruct from on-going interactions as a simple intention, nor a feeling, nor anything extra-rational or non-rational. This approach to understanding caring locates Jaggar's concerns within the interpretive life of interactants. The paper's specific contributions include exemplifying a refined analysis of care-in-action, articulating a metatheory useful for the theory and study of care, introducing a typology of caring acts, demonstrating the critical potential of care research, and illustrating the connection between critique and justification. **Key words:** Care, Jaggar, Noddings, Critical Ethnography, Justification, and Critique*

A Contribution to Care Theory and Research

I spent a year involved in an ethnographic study of a group of colleagues associated with a Local University. The purpose of that study was to understand and describe ways in which members of a long-standing adult collegial friendship group negotiated and coordinated their individuation within the context of group-constructed identities. For example, I was interested in the fluid, negotiated and/or static nature of individual identities in relation to group dynamics and identities. It became clear, early on, that caring interactions were importantly connected to the negotiation and coordination of individuation and group solidarity. Thus, the findings generated through the original purpose of the study drew me toward a new interest in naturalistically-occurring acts of care—the way people in the group cared for one another through their interactions.

I used a critical methodology (Carspecken, 1996) to conduct this qualitative study of an intact group of adult university colleagues. I collected data through multiple observations of typical group get-togethers and subsequent group interviews and

individual interviews. I dialogued with the group and presented them with findings and analyses. I obtained their feedback and engaged in interactions with them regarding the findings. The group I studied was initially established through their involvement with a Local University (LU). At the time of the study, this group of people (all given pseudonyms) had been LU companions for about ten years. I had been peripherally involved with them for nearly seven years. The friendship group consisted of one married couple (Jan and Jim), a widow and her son (Helen and Stan), and two other adult males (Grant and Peter). At the time of the study, Helen, Jim, Grant, and Peter were professors at LU. I was also teaching there. Jan and I had been graduate students together at the University in previous years. Stan was presently a student there.

Using that ethnography, the purpose of this paper is to provide an initial description of a critical approach to the theory and study of care in order to illustrate the potential contribution such an approach offers to care theory and research, assuming that there is a dialogic relationship between theory and research. My findings, while interesting, are intended here to exemplify the potential of a critical approach which in turn contributes to relevant theory of care and human interaction. I have not developed the paper in such a way as to suggest you should apply the particular findings of how this group cared for one another to other groups. Rather, I am hoping that the analysis and corresponding structures of care can indicate the merits of this approach to the study of care in a variety of different contexts and groups.

As I analyzed the data, very familiar patterns of caring caught my attention; patterns that included the kind of interactions Peter described during an interview on group dynamics.

> Well, if a joke doesn't come. You know, you start working on a joke or you start working on a line that you think is going to be clever and, and it just falls flat. And the good graces of the people, that's interesting to watch. [Spoken as if this just occurred to him.] They usually will come in with some other comment or build on what you've said. There'll be a pause or something for me and, like I've lost my line or something and, and then, they'll just move on to another discussion. They won't let you sit there and twist in the wind for too long. (Peter)

Peter is explaining how friends who joke together will take care of him when he can't come up with a line within the tacitly understood time allowed or within the content parameters of the interaction, also tacitly understood. Such kinds of care allowed Peter not to forfeit a witty identity and not to feel uncomfortable through a weak joking performance. This was one of several ways these friends took care of one another. I found that their caring activities depended on recognizing meaning within the interactive contexts. The link between caring and meaning was intersubjective in nature and provided an empirical-theoretical explanation for the coordination of some social acts.

In most of the academic discourse on care, the relationship between meaning and caring has emerged only implicitly. (Jaggar's, 1995 critique is an exception to this.) Care has not been satisfactorily examined as a meaning-imparting, coordinating feature of typical social interactions. Present conceptualizations of care would miss acts like the one Peter talked about.

The published discourse on care (Gilligan, 1977; Tronto, 1987; for examples) was developed within the hegemony of reason (with care being pitted against reason) and within the hegemony of gender (with care being cast as feminine and reason being cast as masculine). The genderization of reason and care took a new form during the past two decades when it manifested as a distinction between justice and care; justice being a concept embedded within the conflation of masculinity and rationality, care being a concept embedded within the conflation of femininity and nurturance (Sochting, Skoe, & Marcia, 1994; Wood 1992; Beauboeuf, 1999). Various recapitulations of a set of analogously related dichotomies can still be found running through modern approaches to the study and theory of *care.* The set forms a core structure through which fundamental issues in the study of *care* have emerged. The core structure includes, but is not limited to, the following: female versus male forms of morality and rationality; private versus public domains; contextual versus abstract thinking; and particularism versus universalism.

Some of these dichotomies have prematurely taken on nearly-ontological status in many recent studies—producing a priori foreclosure with respect to the core structure. The result has been a significant limitation in the capacity to conceptualize *care* in ways that might transcend this set of dichotomously-related terms. Even though Gilligan's and Noddings' works (1977, 1982 and 1991, 1992, 2000 respectively) were specifically aimed at critiquing the hegemony in western theorizing, reiterations of that hegemony have persisted because most of the arguments have been organized through the same orienting structures. It is possible to understand *care* in ways that burst through the hegemony in the discourse without ignoring the complexities pointed toward by those dichotomies (Tronto, 1987; Vogt, 2002) and without silencing any relevant inequalities.

What I outlined in the paragraphs above is the basic relationship that has ensued between theory and studies on care. There are several people trying to work out theoretical problems associated with conceptualizing care and understanding (and explaining) care as social phenomena (Benhabib, 1992; Blum, 1994; Hey, 1997; Walker, 1995). Most of these theorists of the last decades are writing in the domain of moral theory or ethics with some extension into political theory. Some of these theories have been individual-focused (as in theories of human development or moral perception) and others have been society-focused (as in theories of political subjugation). Often times, studies have been conducted that are in the first place linked to a particular conceptualization of care, thus producing the kind of a priori foreclosure I mentioned above. Another tendency in the studies is to focus on domains of "caring" work (Hatton & Noddings, 2002; Noddings, 1989). For example, there are a number of studies conducted in education (Collinson, Killeavy, & Stephenson, 1999; Goldstein, 1998; Kropoewnicki & Shapiro, 2001; Noddings, 1995). From these studies, particular professional practices have developed. In education, there is now a set of practices known as "caring pedagogies" (Eaker-Rich & Galen, 1996; Goldstein, 1998; Jones, Pang, Rodriguez, 2001; Noddings, 1995; Noddings, 1992; Ryden, 2001). Most of the research aimed at studying care takes up the conceptual dichotomies previously mentioned and locates them within the realm of a specific domain of social life.

My study is of an adult mixed-gender, collegial friendship group that gathered through participants' association with the Local University (LU). It is not a study of professional practice, but does involve professional friendships. I did not begin with a theory of care already in place, but rather with a theory of human meaningful action. I did not assume the set of core dichotomies which has tended to serve as starting points for

others' research. In my own work, I described care as both a pragmatic canopy for coordinating interactions and as acts themselves (Korth, 1998). This approach resulted in understanding care as it was meaningfully constructed through the everyday activities of the participants, hence the phrase care-in-action free of a priori assumptions embedded in the core dichotomous structure outlined above.

By reconstructing care as it was enacted among a group of university colleagues, I was able to articulate a typology of caring activities and probe more deeply into the structures of care-in-action. The resulting analysis implies a theory of care as a pragmatic-communicative construct—one that is more precise, but compatible with the interpersonal rationality to which Noddings attributes caring (1991). Care emerges as a communicative act with a complex but definitive horizon structure. Care did not reconstruct from on-going interactions as a simple intention, nor a feeling, nor anything extra-rational or non-rational and therefore did not easily presuppose one side of analogous terms in the core structure of dichotomies. Thus, part of the critical potential of this study rested in its capacity to provide a worthy contribution to the existing discourse on care theory.

Alison Jaggar (1995) recently reviewed the voices and perspectives on care and she identified two important weaknesses in the present conceptualizations of care thinking. The first weakness she considered is that the theories lack justificatory attention. Jaggar described "justificatory" in terms of *being able to* justify the appropriate identification of needs one addresses through caring acts. The scant attention given questions of justification minimally suggests that the extent to which the one being cared-for can help to validate the identification of needs and the delivery of care-services has been ignored. Likewise, Walker (1995) argued that the identification of needs and the evaluation of the effects be validated through dialogue with the one being cared-for. This would, at least, entail examining how the caring is interpreted and experienced by the one(s) for whom the caring is focused.

According to Jaggar, the lack of attention to justificatory issues results in insufficient conceptualizing. On example of a conceptual limitation is thinking of occurrences of care as a bounded dyad. She wrote, "These examples [codependency was one] demonstrate clearly that so long as care thinking focuses exclusively on the carer/cared-for dyad [reference to Noddings' analysis of caring encounters], it cannot reliably access the adequacy and appropriateness of responses that claim to be caring" (1995, p. 192). Jaggar pointed the way out of this weakness when she wrote, "I suggest that claims to care, like other perceptual and moral claims, can be justified only by widening the circle of intersubjective validation" (1995, p. 193). According to Habermas (1984, 1987), intersubjective validation has justification located internal to meaningful action.

This specific weakness, as articulated by Jaggar, can be adequately addressed through Habermas's Theory of Communicative Action (1984, 1987). He outlined the inherent connection between understanding, intersubjectivity, and validity. Justification is the always-possible articulation of what people understand when an act makes sense to them. Justification, then, is implicit in the connection between understanding, intersubjectivity, and validity.

My empirical work provides one example of an opportunity to apply Habermas and respond to Jaggar's concern (for another example see Graham & Pajares, 1997). I

reconstructed naturalistically occurring acts of care in pragmatic-communicative terms – terms that can articulate how actors' caring was intersubjectively valid (and meaningful) for them. Moreover, doing this was one way to burst through the gendered distinction between justice and care. This is because the refined, differentiated form of articulation available through analysis of meaning does not insist on a separation between care and justice and rather digs underneath the meaning of caring acts to find multiple valid strands of meaning, more complex than simple dichotomies can adequately capture.

Jaggar identified a second weakness of care thinking as it has been recently developed: the overdependence on the specificities of particular caring situations to the unfortunate exclusion of the simultaneously-evidenced general features of care. She wrote that interest in the highly particular "diverted" attention away from the "social institutions and groupings that give them [those particular encounters with caring] their structure and much of their meaning" (1995, p. 194). Jaggar compared the social structure in care theory to the frame of a picture: "one must be aware if it in some sense but pays little direct attention to it" (1995, p. 195). She counts it as a weakness of care theory that more attention is not give to the "frame," although she assumes that one cannot focus on both the "picture" and the "frame" simultaneously.

Studies of care and the development of related theories that employ reconstructive horizon analysis need not be limited to the most explicit of meaningful content in particular caring encounters. To use Jaggar's metaphor, the frame would be entailed in understanding both the picture and that this IS a picture. Both the frame and picture are holistically grasped and reconstructively accessible as part of the constitution of meaning as it is shared among interactants. A critical, qualitative approach to care is capable of articulating both the particularistic and the more general features of care-in-action precisely because the approach is about meaning and meaning often entails grasping, at least tacitly, both the particularistic and the general features of meaningful acts. Meaningful acts are always reconstructively understood from within their sociocultural milieu and not in isolation from that context. My paper illustrates how very particular findings simultaneously instantiate structures that extend more generally beyond those same particularities to implicate their social constitution.

Jaggar's point also compels one to examine institutions, power and money, and those social effects of caring that extend beyond the face-to-face experience. Critical methods and metatheory can provide tools for examining *care* as it is operationally employed in welfare policy, educational institutions, legal policies (e.g. family law), and so forth. My study did not extend to institutions because of time and energy constraints, not because of metatheoretical or methodological constraints.

Recent reviews of care theories can be found in many places (Jaggar, 1995; Korth, 1999; Vogt, 2002), but Jaggar's critique is most relevant to core dilemmas in care theory and so I use it as my starting point in this paper. Her critique reveals an opening in care theory within which a critical approach can fit. Following this introduction, the paper has two main sections: (1) Care-in-Action: Metatheory and Method, and (2) Care-in-Action: Findings. After these sections I conclude by noting relevant contributions to care theory and research. The bulk of the paper is dedicated to the second of the two main subsections. This section exemplifies a new approach to the study and conceptualization of care – a typology of care-in-action. The reformulation demonstrates one possible set of responses to Jaggar's concerns.

Care-in-Action: Metatheory and Method

I relied on a host of insights articulated in Habermas's Theory of Communicative Action (1984, 1987) and Carspecken's Pragmatic Horizon Theory (1993, 1996, 1999) as metatheory. I singled out three to include here: intersubjectivity, rationality, and typification. These insights were crucial to my analysis of care as it was pragmatic-communicatively structured through the everyday interactions of the group.

Intersubjectivity and Rationality

Both Habermas (1984, 1987) and Carspecken (especially 1999) used Mead (1934) to derive a working concept of intersubjectivity. Intersubjectivity involves root position-taking with respect to symbols. That is, intersubjectivity is, by its nature, a shared grasp of various internally-possible positions (first, second, third, singular, plural) with respect to symbols – symbols being words, nonverbal gestures, images, and embodied responses. Carspecken described it like this, "By *intersubjectivity* I am referring to the prereflective structures that (1) take the existence of other subjects as a given, and (2) constitute experience through the process of position-taking with other subjects at various levels that begin with a primordial form of position-taking always already completed" (1999, p. 123).

With meticulous attention to detail, Carspecken (1999) extended and rectified Mead's theory on the development of the significant symbol in order to more fully describe intersubjectivity as it is constituted and as it might be born through a significant symbol. For our purposes, a couple of clarifications are useful. First of all, intersubjectivity does not require identical interpretation of a shared symbol. Rather, intersubjectivity requires that "an interaction" constituted of multiple positions within a bounded range of possibilities is plausible. In other words, the concept of intersubjectivity has to do with the way meaning presupposes inherently-related social positions and not with a sense of transparency through which meaning might be identically mirrored across subjects. Secondly, the concept of intersubjectivity does not mean that the other in my interactions can be wholly reduced to my interpretation of her. I do not have complete access to the other. Instead, intersubjectivity is the capacity to presuppose another's position as related to all other possible positions in a possible interaction. Given a bounded range of interpretive possibilities, I can situate my understanding of the other and of myself and of the world within a negotiable, fallible interpretation – one responsive to the actual presence of the other and at least tacitly indicative of a relation between myself and the other.

Habermas (1984, 1987) argued that meaning inheres ***in intersubjectivity***—in understanding what must, at least implicitly, be grasped when social others interpret the act as sensible. Reasons which could be used to explain the sense of one's acts and the criteria for scrutinizing (and justifying) the validity of those always-already-possible reasons (validity claims) are simultaneously carried, at least implicitly, with every social act. In other words, the claims assumed through the act (which must be in place if any given act is to be taken as meaningful) are always already embedded in the act itself. "There is then a *fundamental connection between understanding communicative acts and constructing rational interpretations*" (Habermas, 1984, p. 114, emphasis added). In what Habermas

calls "rationalized" societies; reasons and claims can be differentiated according to which presupposed ontological worlds they are oriented towards: the objective, subjective, and/or shared-social (normatively-regulated) worlds. This insight has extended our understanding of rationality beyond the boundaries of functionality and objectivity.

Habermas asserted that acts oriented toward a presupposed objective world work through the principle of multiple access. These acts carry rational claims about "what is" and "what works." These kinds of claims have dominated the scientific discourse and much of the discourse on rationality. Objective claims are constituted of a third-person position. Habermas also suggested that meaning presupposes a normative world; a world comprised of social actors who inhabit roles and who take up normatively-regulated interactions. Following Carspecken (1996), we will extend Habermas's normative claims to include evaluative meanings. Thus, normative-evaluative claims reflect what the social group recognizes as worthy of being considered appropriate OR as good/bad and as right/wrong. Normative-evaluative claims are constituted of a second person position. Habermas also included a realm of privileged access in his definition of rationality. He suggested that participants' meaningful acts entail claims of presupposed subjective worlds; his or her internal world of feelings, desires, modes of being, and hopes. Because subjective claims work off the principle of privileged access, they must submit to questions of honesty and sincerity. Subjective claims are constituted of a first person position. Carspecken (1999) extended the categories of validity claims to include those constructed about one's identity or "identity claims." These claims represent a fusion of normative and subjective claims not sufficiently captured through those independent categories. An identity claim looks like this: "I am a trustworthy friend".

Typifications and Pragmatic Horizon Theory

Carspecken (1993a, 1996, and 1999) proposed a theory of pragmatic horizons that articulates naturalistic, intuitive processes of understanding through face-to-face interactions and is useful for a critical methodology. His insights regarding typifications and meaning horizons are especially important to my task of constructing a pragmatic approach to the study of care. These are summarized below.

Various possibilities for action, interpretation, and expectation comprise *typifications*. More precisely, **typifications** are **recognized social situations** (for example, walking into a coffee shop where you have planned to meet a friend), which are, at first, **holistically and intuitively grasped.** Typifications are in place "the moment an interactive context becomes meaningful to us (Carspecken, 1993a, p. 212)." One typification may even be fused or nested with other typifications. Actors assume that typifications are tacitly shared with others in their social group. So within the context of "walking into a coffee shop to meet a friend," there are a host of tacitly shared expectations and pre-understandings about the possibilities which might unfold as meaningful. These can shift as new or refined typifications come into play. Maybe, my friend has planned a surprise party for me and I walk into the coffee shop to find that a host of co-workers and friends have convened to celebrate my birthday. A new typification is immediately at play.

Using the concept typification gives us a way of talking about the intersubjective grasp of particular social situations. It will be helpful to work through an example. During a

group interview, Peter recalled some interactions that can be used to exemplify the concept *typification*. He said

> There are times when I have felt that the argument was growing kind of testy with Grant [an older member of the group with tender health]. And a feeling that O.K., we're friends here, and it may be that we've run out of argument or we've exhausted the subject or it may be that there's a sense of, well, we don't want to antagonize. I, I remember one night [Grant's] getting a little upset, at least I sensed that in him, I think it was a discussion between Jim and him, I'm not sure. And then I got the decided impression from Jim that he was gonna low-ball-it from now on. That that I'm intuiting.

An analysis of this statement reveals that one possible umbrella typification assumed by actors could be named "Friends engaged in an intellectual argument." Implicated in Peter's recollection is a moment when two nested typifications became differentiated: (1) "We're all friends interacting intellectually" and (2) "We're intellectual equals engaged in an argument." Acts deriving of these typifications could have carried forth as pre-explicitly fused typifications, compatible on some unchallenged level or ambiguously and simultaneously reflective of each other. Peter identified several possible interpretations of Jim's act (possible because of their sensibility given various plausible typifications), settling at last on one he claims to have intuited. This interpretation (Jim was going to "low-ball-it" from then on) makes sense through the typification "We're all friends interacting intellectually" prioritizing the "We're friends" portion over "interacting intellectually" and simultaneously suspending the "We're intellectual equals engaged in an argument" typification. Peter was aware both of various possible ways Jim could have acted and of various interpretations for the particular action Jim took because he had intuitively grasped these typifications.

Implicitly-related elements, such as roles and validity claims, are embedded within any particular typification and become differentiated through action. (Carspecken, 1993) That is, typifications are holistically and tacitly grasped, but their elements take articulated shape through participants' acts. It is analytically possible to pull out these more tacit features. Pragmatic elements include objective, subjective and normative-evaluative claims, identity claims, roles and rhythms. According to Carspecken, "Such implicit elements include one's body feelings, one's motivational states, and one's expectations; related to a grasp of possible subjective states experienced by other actors recognized within the typification, related in turn to objective features of context" (1993, p. 135). Typifications are constituted of part-to-whole relations. These part-to-whole relations employ structures within which the contingencies of the specific experience are simultaneously understood as *not-just-this*.

These elements are constituents of the pragmatic horizon. Carspecken (1993) extended the term "horizon" (a metaphor made philosophically useful by phenomenologists) to pragmatics. Phenomenologists emphasized perception in their theories of consciousness and meaning: Ideas and sense objects appear to consciousness in background/foreground relations. Carspecken followed Habermas (1984, 1987) and Mead (1934) to emphasize position-taking, or intersubjectivity, rather than perception, in his theory of meaning. The horizon metaphor is still useful but rendered as a "pragmatic

horizon" of structures that actors assume to be shared with others. A "horizon" backgrounds every meaningful idea, making the particular idea intelligible.

Like its phenomenological counterpart, a pragmatic horizon can never be fully articulated, but is always present as a background making the foreground intelligible. "It is a pragmatic horizon in which one orients one's self toward communicative action. . . . Well before any 'object' becomes a discrete item of awareness, an entire situation is grasped, within which many diverse objects, feelings, intentions, states, and expectations *could* be made discrete through our action, thought, or talk" (Carspecken, 1995, p. 139).

Claims to all three presupposed worlds (objective, subjective and/or normative-evaluative) and to identity are embedded in the ***meaning horizons*** of interactions. As actors engage with one another some specific claims come to the foreground (in other words, are most saliently powerful for the explicit interpretation process) while other taken-for-granted claims remain backgrounded in the horizon of meaningful possibilities. A meaning horizon is not solely constituted by validity claims in foreground - background configurations. Many other constituting structures are at play in a horizon (Carspecken, 1996, chap. 6), but validity structures are the most precise constellations for articulating the meaning of any act. This is why Habermas (1987, chap. 5) stated that other elements of meaning – semantic units, phonetics, syntax and so forth – "help" to deliver the constellation of validity claims.

Summary

It is already possible to see how the metatheory is capable of delivering a study and theory of care that can be attentive to both of Jaggar's criticisms: justificatory concerns and universalizing features that extend beyond the particular episode. The justificatory nature of meaning is constitutory. That is, the reasons one might use to *explain* the sensibility of the caring are what social others grasp when they *understand* the sensibility of the caring (and not caring). The specific act or acts of caring are grasped within an horizon of meaning that situates the act as *not-just-this* because it is possible to understand how the sense of the act carries claims we would assent to that are not bound by the contingencies of the very particular act through which the caring is this time carried out. The reasons that might be used to justify the caring would involve what the social group takes to be the identification of conditions for caring, the intentions of caring, the appropriate way to care, recognition of the caring, and so forth. In other words, caring acts are sensible through the same kinds of pragmatic structures that would render other acts sensible.

In summary, this particular approach to the study of care is capable of (1) responding to the above concerns regarding care theory, (2) avoiding prior theoretical assumptions carried forth in many studies on caring, and (3) reconstructing the meaning entailed in acts of care as they occurred naturalistically (which was produced as a typology of caring activities). Critical ethnography allowed me to probe more deeply into the structures of care-in-action. The resulting analysis implies a theory of care as a pragmatic-communicative construct. The gendered distinction is deconstructed as *care* emerges as a communicative act (in the broad sense of the word) with a complex but definitive horizon structure. Care does not reconstruct from on-going interactions as a simple intention, nor a feeling, nor anything extra-rational or non-rational and therefore does not necessarily retain the problems associated with its study.

In the following section, I undertake an initial application of this metatheory to the study of care. This application is comprised of a description of care-in-action.

Care-in-Action: Findings

The findings presented here result from a cumulative, recursive, and lengthy analysis process. Reconstructive analysis, simply put, is the process of reconstructing plausible meanings of activities as participants themselves might, at least tacitly, grasp. This analysis would include articulating validity claims, for example. The first important interpretation of these findings is the relocation of the concept *care* given its interactive construction and emergent definition. As a pragmatic-communicative construct, care was understood as a broad term for various complex action-sequences. I use the phrase care-in-action as a reminder that care is meaningful action: Care is something the actors DO (and this would include language and thought).

Below I present the fruits of reconstructive analysis – a typology of care that evolved from the analysis. While many other findings emerged through the reconstructive analysis, I selected this to report on because it most concisely delivers one contribution to care theory. Other contributions can be built up from this one.

A Typology of Care: Explicit and Implicit Patterns of Care

Initially, I was analyzing the data for patterns of interactive power when I noticed that sometimes the actors were caring for each other in ways that could have been misinterpreted as effects of power. To look more closely at this phenomenon, I marked sequences of activity through which actors cared for each other. It was not long before I saw that there were several kinds of caring acts in which these friends regularly engaged. I subcoded these kinds of activities by assigning a descriptive label to each, such as "Problem-solving." In other words, problem-solving was one complex set of meaningful actions that embodied one class of caring activity. This subcoding produced a finite number of classes particular to the group studied: sympathizing, problem-solving, self-disclosing, stimulating positive thoughts and feelings, neutralizing negative feelings, providing a haven, releasing tension, rescuing, and deferring intellectually.

I examined each of the coded instances with increased refinement. I noticed some important patterns. At first, it seemed to me that the data suggested two distinct modes of care-giving, one explicit and one implicit, which I suspected would conceptually assume a continuous relation. The root pattern involved differentiating the extent to which caring activities themselves were/could be made explicit within the interactive context itself given the norms of the group. Some types of caring activities were always engaged in explicitly (problem-solving for others was an example of this), some other types were engaged in through either an explicit or an implicit pattern (such as constructing positive identities), and still other types were only engaged in through implicit patterns of acting (for example, deferring intellectually). Implicitly-constructed caring reflected the most complex forms of caring and was of two types. I developed this typology of caring:

- Overt-Explicit Care-in-Action
- Overt-Implicit Care-in-Action

- Covert-Implicit Care-in-Action

After identifying which caring acts adhered to which patterned type, I was able to note similarities and differences within and across types, while simultaneously considering constituting structures entailed in the actors' caring.

Overt-Explicit Care-in-Action

At times actors cared for each other through propositional content or foregrounded information: People articulated a topic of concern. Then, social others would coordinate their care-giving around that topic of concern. In my study, participants used five different classes of activities to construct this more explicit way of caring: sympathizing, problem-solving, self-disclosing, stimulating positive thoughts and feelings, and neutralizing negative feelings. In one conversation at lunch, the group talked about a mutual friend, Bob, at the University. Bob had recently resigned his position at LU under administrative pressure. His colleagues were concerned about him and wanted to generate ideas about how and to what extent they could help Bob – Bob was not participating in the actual interaction. Jim had recently interacted with Bob and felt some responsibility for Bob's well-being. The thematized topic of concern was "Bob's problems and what to do about them." Overt-Explicit acts of care were oriented around that topic and its implicated array of concerns, concerns such as how Bob might need emotional support, how Jim might need encouragement to support Bob, and so on.

With overt-explicit caring, the subjective references a person claimed through the acts were differentiated from her subjective experiences in such a way that they did not represent *immediately felt* subjective experiences. This explicit pattern of caring consistently foregrounded explicit claims which were relatively differentiated as either normative, objective, or objectified-subjective claims such as in problem statements or need statements where the subjective claim was not a congruent match (albeit a compatible one) with the nearly-present subjective experience. An example follows.

In the sequence below "uncertainty" was being addressed but not painfully suffered within the present event. Grant, one of the men in the group, had been recently hospitalized so Jim was teaching Grant's classes. Jim was also scheduled to deliver a paper at a conference out of town; Jim wasn't sure he should attend the conference. In the sequence, Jim articulated this uncertainty. The claim was not so much; "I am hurting in my uncertainty" as "I need to decide."

Jim:	. . . Well, see I'm s'posed to go to Central on the tenth of November although I'm not sure I'm goin' to be able to do that now. I'm gonna hafta--[pause]
Barb:	What are you going for?
Jim:	to give a paper. Peter and Helen look at Jim and nod.
Jim:	I'm gonna give a paper, but see I'm gonna hafta cancel a lot of classes now. I mean to do it and maybe it's not such a great time to do it. You know what I'm saying. (Looks at me.)
Helen:	mmuh-huh. (Nods.)

The important point to note is that the subjective claims that constituted part of the meaning of his acts—claims like "I feel worried," "I feel disappointed" and/or "I feel uncertain"—did not seem to be simultaneously felt by Jim or others during this interaction. Rather, the actors primarily coordinated their care-giving for Jim around his need to make a decision, not around sharing secondary feelings of uncertainty, worry, or disappointment. Jim's act was taken as a bid for care through problem solving. The caring interaction was coordinated around the thematized topic ("Practical ramifications of Grant's illness" specifically "Making a decision about the conference") rather than about the immediate emotional sensations/experiences of Jim or the others. In this way actors cared for immediate others in the group by overtly attending to more explicit and objectified features of the interaction because the needs were understood in direct relation to the explicit care-in-action.

Overt-Implicit Care-in-Action

Overt-Implicit Care-in-Action prioritized the inferred, situated, collective and/or personalistic emotional needs of the participants while usually preserving group norms. These emotional and or personalistic claims were non-verbally (rather than propositionally) referenced. That is, an implicit reference became a symbol for a fuller, core expression. For example, "you're o.k." was sometimes expressed through a closed lip smile pulled higher toward the cheek on the left side coupled with a short nod to stimulate positive thoughts and feelings. In this way, a nonverbal gesture set in place of a propositional utterance came to represent a core expression. The claims COULD HAVE been enacted either explicitly or implicitly. The care was still overt in the sense that the caring itself was an overt factor in the coordination of understanding and interacting among the friends. Awareness of the needs was accomplished through implicit modes while the caring acts themselves were overt.

In other words, there were times when a need was understood and responded to implicitly although it *could have been* enacted through the explicit pattern. The history of shared experiences among group members made it possible for actors to "stimulate positive thoughts and feelings" or "neutralize negative feelings" without having to propositionalize the range of needs or connective responses. For example, one time Jim was rambling in a cynically humorous way about the overwhelming amount of work he was expected to do. The unspoken need was for some recognition or appreciation. His friends could have cared for him implicitly by contributing to the banter, thereby aligning themselves supportively with him. They also could have cared for him explicitly by saying something like, "The administration really does not appreciate all of the work you are doing. Much of your work really goes unnoticed by them. It would be better if they could see it the way we do." The care-in-action could have been explicit, but didn't have to be in order to be caring.

These long-time friends could tacitly recognize identity claims and subjective references (including felt-emotional experiences of participants) more holistically represented through body feelings, gestures and prosodic patterns. In these cases, subjective references and the presupposed subjective experiences were congruent in the meaning horizon of the interaction even when the references were not propositionally explicit. Analysis of these acts of care relied on reconstructing meaning primarily through

implicit features of acting typifications in just the same way that participants themselves might have recognized references, such as inferred body feelings.

For example, consider my notes taken from another observation:

Peter: Well, I'm goin' to look for hints (he wipes his brow with his hand) from you guys [pause] of how I can successfully negotiate my way through this next weekend. (He looks down toward the table. His facial expression is gloomy. Everyone looks at him. Everyone frowns as if to say they feel sorry for him.)

Helen: That should be interesting. (Spoken very quietly. She looked down towards her lap while she spoke and shook her head from side to side. Jim took off his glasses.)

Jim: I don't think there's a successful way to do it. (He looked initially and briefly at Peter and then away toward a tree)
                =spoken simultaneously with Peter below=

Peter: I'm going to be leaving here, **we're** (on this word he wrinkled his nose, swept his head from side to side. Though it is emphasized, it is spoken as if it is painful to say) going to be leaving here.

In this example, Peter was implicitly making the subjective claim that he feels gloomy. Even though this claim was implicit, it was still foregrounded rather than backgrounded in the meaning horizon. Peter's actions suggested that he was, as he was acting, feeling the gloominess that he was claiming. This implicates a meaningful congruence that is intersubjectively accessible: Peter's subjective claims were congruent with his presupposed subjective experience. Others in the group shared his feelings. The congruence between the subjective reference and the subjective experience was foregrounded. If the reference had been abstracted and was less congruent with the actor's immediately indicated subjective experience; these same words could have initiated a "problem-solving" interaction around the topic "How to have a successful weekend given these specific conditions." As it was, a caring sequence was enacted around inferred emotional needs rather than around the presented problem of how to get through the weekend.

In the example below, Jim propositionally expressed feeling sad. By the second repetition he seemed to *feel* the sadness in a way that was qualitatively different from the emotional sensations participants might have recognized in Jim's experience through the first expression. The sad feeling and Jim's expression of it became more congruent and more intense as if his very words were calling forth the corresponding feeling.

Jim: You know, I um, it's a funny thing, I um, I felt great when I woke up this morning. It's a beautiful day. And then I got to school and I'm just as sad (voice is low)

Peter: I could see you were, yeah

Jim: I'm sad, **sad.** (emphasized, spoken louder and slower)

Barb: I thought you looked sad too

Jim: I feel SAD. I don't know why. (pause) But it's just every damn day! (Head shakes back and forth; face drooped toward the ground. Eyes facing his own lap.)
Peter: Yeah
Barb: heavy sigh

Others in the group interpreted Jim's sad feelings as a bid to be cared-for. The subsequent interactive sequence was oriented toward the emotional experiences of the group rather than an explicitly thematized topic. The emotions were probably recognized as congruence between presupposed felt subjective experiences and the subjective references of the act. This intrapersonal congruence is inferred holistically and cannot be precisely and in every instant pinned to the repertoire of behaviors in foregrounded and backgrounded relations. Thus, the interpretive field carries some uncertainty. In spite of this potential for misunderstanding, Peter and I recognized that Jim was feeling sad, actually feeling the sadness. And for me, which might also have been the case for Peter, I began to feel sad. The sadness was symbolized for me as body posture, tone, sighs, pitch, and repetition of words. I recognized Jim's sadness, and then I engaged the sadness myself: I began to feel it in my own body and recognize it in my own meaning-making activities. It seems that the more congruent the subjective experience with the subjective reference, the more the bid was felt in the bodies of those acknowledging it.

In this group, actors constructed implicit patterns of caring through activities I subcoded as: providing a haven, stimulating positive thoughts and, and neutralizing negative feelings. Each of these activities required actors to become aware of and respond to the immediate emotional sensations of participants in the group implicitly expressed or maybe even tacitly (beyond the articulatable awareness of participants at the time of acting but nonetheless holistically entailed in the act) expressed and recognized. The point is that the references and acts through which the references are constructed do not have to be highly explicit in order to contribute to the meaning-imparting interactions of intimates. When Helen was asked to describe the group's interactions, she said,

Sometimes if it looks like a particular exchange is getting a tad too intense or uncomfortable, we [and she specifically meant the women in the group] step in and kind of diffuse it by, maybe just asking a stupid question.

She continued to describe how she generally became aware of the intensity or uncomfortableness,

Once again, by the tone of voice and just that feeling between your shoulder blades. This is getting a little too hot and heavy and everyone **needs** to step back a little bit. Come at it again from another angle.

Each of the members of the group articulated, without solicitation, some awareness of this feature of their interactions. They linked this feature to an interpretive field they assumed they shared with others. Consequently, in their own minds, their presupposed understanding of each other was connected to their capacity to care for each other through implicit feeling experiences.

Covert Implicit Care-in-Action.

Earlier in the paper, I alluded to (and used partial examples of) covert care-in-action through which actors also seemed to coordinate their activities through an implicit pattern of caring. However, these caring acts were not explicitly accessible from within the discourse. This type of caring act must hide in the discourse in order to avoid undermining its own caring potential. Covert Care-in-Action works off the same pragmatic structures as Overt-Implicit Care-in-Action, but its caring interpretation is masked or left unsaid. This results in a kind of ambiguity that either fails to pin down the caring intention or fails to rule out other possible interpretations. In the group described here, intellectual arguments were an important part of the discourse practices. Winning those arguments was also important. Grant, an older fellow in the group, tended to win. However, sometimes his friends were caring for him by "deferring intellectually" – letting him win. During the group interview, which Grant was unable to attend, this issue came up. Peter said that he noticed Jim "deciding" to "low-ball-it" (lower his argumentative power) when engaged in an intellectual dispute with Grant. Jim confirmed this by first acknowledging and honoring Grant's readership and mind and then by acknowledging some concern for Grant. He said

> Well, partly, there's two reasons why I do that, I suppose. One is because **usually** [especially elongated] I've come to the conclusion in the past that Grant rides hobby horses from his recent reading and unless you've read it, you can't turn in that direction . . . That's one problem. And the other problem is that, um, in recent years anyway, despite everything else, **he's tired**. He's **very** tired. Sometimes he's just awful tired. [Spoken slower with great emphasis. Looks up at the group. Nods slightly.]

I coded this class of acts (where one intentionally lets an intellectual point or argument hold when one could push further on it) as "Deferring intellectually". Everyone in the group interpreted Jim's act of deference as an act of care, a covert kind of care that could not be made explicit without undermining the care itself.

For these colleagues, "deferring intellectually" and "rescuing" were the most prominent classes of Covert Care-in-Action. Once these caring acts are identified among interactants, it becomes possible to locate a critique of the group's culture. For this particular group, intellectual argumentation and the corresponding identities were so important that to suffer the loss of this identity could be devastating. Thus, identity in the culture was vulnerable on the point of intellect and academic skill. In an individual interview Peter said, "About the worst thing you can do in the group is say something stupid." Covert Care-in-Action covered this vulnerability – it was used by group members to hide "unwitty" or "unsmart" acts – to take care of people when their "interactive performance" was substandard for the group.

One night the group had a discussion about a postmodern academic essay on language. Stan was arguing one point against the "experts" (Grant and Jim, most specifically). The interaction had gone on for quite some time and it became clear that

Grant, Jim, and Peter were tired of it and were losing patience with Stan, who did not seem to get their points. Grant cracked a joke and this disrupted the mounting tension associated with the intellectual argument and with the frustration involving Stan. Stan (most likely) sensed that the joke indicated Grant's desire to change the topic—to tacitly pronounce the argument with Stan finished and possibly to indicate that the argument was not worth any more time. Stan responded to this interpretive possibility by jumping back into the conversation before the laughter had even ceased. It went like this.

Stan: Yea, yeah, yea, uh, uh, I apologize for being an antagonist also (his speech is slurred)

Peter: (Interrupting) Just don't apologize for being an asshole cuz that's what we love you as. Now (said as if in his next breath he is going to proceed onto a more interesting and important discussion topic) Silence. No one laughs. Stan gives Peter a very serious look. Helen makes a face and looks down toward her lap.

Peter: (continuing on without a break from above) the issue here we haven't discovered is what is the, we got the culture . . .

Toward the end of the argument and through the turn that ended in Peter's pronouncement that Stan was an asshole, Stan was not held in "high regard despite his performance" as a participant in the intellectual discussion. It would have taken an act of covert-implicit care to do this. One can see how the norms for caring were intimately coherent (even in examples of "failure to care") to other norms enacted by the group. In other words, norms for performance and for the presentation of self and so on cohered with the norms for caring.

Summary

The patterns of caring exemplify potential variations in (1) the explicitness of the differentiations among the objective, subjective, normative worlds and identity claims plus (2) the match (congruence) between what was being expressed as claims and what was felt, particularly in terms of intensity. The more congruent the subjective references of actors who were in need of care seemed to be with their actual *feelings* at the time of the acting, the more likely others were able to experience a related feeling (interpersonal congruence) within themselves as they recognized the typification. The feelings shared by speaker and hearer were analytically expressible (differentiated) as subjective references, but the feelings themselves were not typifications.

As the typifications unfolded through the acts of participants (as interactive sequences), interactants became aware of the extent to which specific features of the typifications were shared with social others as well as the range of variation in place for the particular situation. Through this, one could align oneself with various possible interpretations and background/foreground relations. Congruence was a kind of awareness that was most often tacit.

The term "implicit" is not synonymous with body language or non-verbal behavior although one could easily get that impression from this presentation. Implicitness stands in continual relation to explicitness and refers to the extent of

articulation. Thus implicit (less explicitly articulated) meaning was often (but not always) conveyed through non-verbal patterns of a language system. However, equating the two would have missed some forms of implicitness that were logico-linguistically constructed (for example, irony). Also, implicit meaning was, at times, highly immediate (most salient) to the interpretive process in the pragmatic horizon.

Some needs and intentions were objectified through overt-explicit patterns of caring, but those that *could not* be made explicit were brought into the interaction through the more implicit patterns. As I have argued in a different paper (Korth, 2002), Covert-Implicit Care-in-Action reveals actors' awareness of inequalities, silences, and distortions. This is important because it affords researchers a critical peer into the culture. In other words, to understand those instances when care would have been undermined if it were made explicit is to gain important critical insight about the culture itself. This became a tool for using care as a critical construct. Another tool was spotting any contradictions between the norms instantiated through caring and the norms instantiated through non-caring sequences, for example, among this group the norm of valuing expertise (of non-caring interactions) came in conflict with the norm of valuing dignity (of caring interactions). (More of these critical tools will be presented in the section to follow.) These critical tools of care theory are useful for uncovering inequalities and the potential for dehumanization in cultures. Further development of such ideas will also contribute to the refinement of care theory.

Relevant Contributions to Care Theory

After thorough review of the feminist discourse on care, Alison Jaggar (1995) identified two weaknesses she thought must be overcome in order to actualize the potential of care theory for moral discourse and for feminist interests. I would like to discuss the potential this critical approach might hold for strengthening the care theorizing in precisely the ways Jaggar called for. In my view, both of the weaknesses that Jaggar articulated are directly related to the critical possibilities of care research.

Concern for Justificatory Potential

Jaggar thinks that care theory has not yet realized its potential for justification. Remember, she wrote, "I suggest that claims to care, like other perceptual and moral claims, can be justified only by widening the circle of intersubjective validation" (1995, p.193). To my way of thinking this is an obvious advantage to using the Theory of Communicative Action (Habermas 1984, 1987) as metatheory. Care is conceived as intersubjective activity and its validation is internally connected to its meaning. Thus, exploiting care's justificatory possibilities would be further advanced through the kinds of analyses exemplified here. By critically reconstructing the meaning of acts, researchers can articulate the reasons one would use to justify the act – to make sense of the act. Then those reasons can be examined given, first, internal criteria and, second, external criteria. In this way, justification internal to the group is used as the primary justificatory test, but which, also, exceeds the narrower more common justificatory interests in intentionality or strategy or effects to include various first, second and third person positions. This

extensive kind of internal critique is precisely the form of justification articulated through my study.

Jaggar's main interest in the justificatory potential of care has to do with determining the effectiveness of the caring – that is whether or not the caring *really* brought about positive effects. Her example of co-dependency is a good one because caring in that situation might perpetuate inequalities and dehumanization and unhealthy activity. Jaggar might determine that when caring acts produce "co-dependency" they are inadequate and inappropriate even if they are intended and interpreted as caring by those involved in their enactment.

If we use the critical approach to caring exemplified in this paper, we would find more complex justificatory possibilities with which to wrestle with such problem cases as co-dependency. The complexity would be examined through two layers. One layer marks the extent to which care might be justified itself as adequate and appropriate (as a way of evaluating the effectiveness of the caring). This is the layer to which Jaggar has alluded. The other layer lodges its criticism on the level of culture by examining the cultural justification and necessity for caring. These different layers of criticism would be analytically differentiated using the typology of care-in-action introduced in this paper.

Tucked away inside these cultural patterns are a set of *criteria of justification.* These criteria are consistent with that which interactants applied when interpreting their own acts as caring. The criteria also implicate more universal claims that caring is recognizable as acts which liberate people from the following kinds of social experiences: harmful inequalities, dehumanization, distortions in truth, and limitations on one's potential to become "fully human". These criteria transcend the differentiation between Overt and Covert types of caring as well as the two justificatory layers.

Criticism of Care-in-Action

Remember that when Jaggar raised this point about justificatory needs she was thinking in terms of how one might reliably assess "the adequacy and appropriateness of responses that claim to be caring" (p.192). This is different, but not unrelated to the question of how the justificatory interests can inform a critique of the culture (which I will write more about in the following paragraphs). To get at the justification of care in terms of adequacy and appropriateness, one would initially want to articulate appropriateness and adequacy of care as it is internally constructed and thus as it is hermeneutically accessible to researchers and to participants. Examining the appropriateness and adequacy of the caring acts when care is pragmatically conceived would entail "understanding" the interpretive processes involved in bringing about the care, the extent to which talk about the caring activities is possible by those doing the caring (including any members who are the focus of care-giving). By articulating the various interpretive positions (with their greatest degree of specificity), one can grasp a range of possible meanings through which one can scrutinize the adequacy (effectiveness), authenticity, and appropriateness of the caring including conflicts in needs and so forth.

This criticism is directed at the care itself and not at the larger cultural structures through which the care is working. Jaggar's criteria assume the cultural potential for getting care "right." I think if we are going to carry this assumption forward, we need to

start our analyses (of appropriateness and adequacy) with Overt Care-in-Action because through these types of caring, actors were assuming they had cultural support for the caring (they did not need to mask the care within the culture). So we would look at cases like problem-solving and examine the care according to Jaggar's criteria and given group-based interpretations. This will help us locate problems with enacting care including unintended consequences, use of resources, and so on.

Other forms of critique available through this pragmatic approach (but not exemplified in this paper) include the following (as exemplified in Korth, 1998): One could (1) scrutinize the distribution patterns of care activities and the systematic reconstitution of unintended consequences to reveal distortions and inequalities in the access to caring practices among group members as constrained by their culture or the system, (2) examine the norms for caring in groups to see internal contradictions or in order to raise questions of those norms, and (3) look for patterns across failed bids for care. Each of these opportunities for critique is available through the internal perspective of the pragmatic-communicative approach. In this group I found such things as these: Males dominated the interactions including the caring interactions. Women were more involved in Covert-Implicit Care-in-Action than any other type of caring. Men, more than women, were the focus of caring. These findings indicated gender inequalities in the care-giving practices of the group. Examining the care provided a way to examine the culture, as in this example revealing gender inequalities in values and interaction patterns. When the care was complicated by unintended consequences, ineffective interactants (failed bids to care and so forth), or constraints then something could be said about the culture, the relationships, or the system within which the caring was enacted.

Several researchers (Graham & Pajares, 1997; Korth, 2002; Thayer-Bacon, 1993) suggested that caring needs to be coupled with critical awareness because they shared Jaggar's concern: How can we know that the caring is both effective and appropriate given some criteria for what caring should accomplish? Graham and Pajares (1997) found that teachers sacrificed "truth" while giving feedback to middle school students because they provided feedback aimed at helping the child feel good about her work despite the work's merits. This is not unlike the way my group of friends provided positive affirmations for each other despite performance quality. Graham and Pajares reported that the middle school students did not want their teachers to replace constructive criticism with this form of "feel good" caring. The crux of Graham and Pajares's findings was the disjuncture between what the students' themselves thought they needed and what the teachers' were providing through their care-actions.

Let's see how these findings might be explained given a critical approach. Graham and Pajares identified what we would call a Covert-Implicit type of Care-in-Action. The disjuncture they described would, through our critical reformulation of their findings, point toward a critique of the vulnerabilities in the culture and would not primarily constitute an identification of bad caring practice on the part of the teachers.

Rather than *only* suggest that the teachers' views on caring were not adequate to the instructional tasks or to the students' expectations or to the purposes of care, we would say that the teachers' covert-implicit caring produced a tacit critique of middle school classroom culture. Rather than propose that the teachers needed to couple their caring with "truth", we might suggest that the contrast between the "truth" and the caring acts revealed vulnerabilities in the culture. Changing the culture might be necessary

before teachers could expect "truth" about merit and caring to coincide (Korth, 2002), but changing the culture might also entail changing the way teachers avoid offering constructive criticism (as Graham and Pajares suggested). The critique begs us to consider how and under what situations the care can be justified – what justificatory principles were appropriate to understanding and explaining the cultural meaning and practices of caring. The key point is that this reformulation of Graham and Pajares' findings produces a cultural critique, not solely a pedagogical one.

The above reformulation of Graham and Pajares's findings is meant to illustrate why it is important to distinguish between justifications which focus on a critique of caring practices and justifications which use the caring practices to critique the local culture. The typological distinction between overt and covert types of care can provide us with opportunities for such a double-layered analysis.

Care-in-Action as Criticism of Cultural Practices

As just argued, when patterns of Covert-Implicit Care-in-Action can be analytically spotted and given close scrutiny through reconstructive horizon analysis, it becomes possible to notice vulnerabilities in the culture, for example, cultural practices through which positive identities are most at risk of being forbidden or dismantled, where oppression is most likely to be reproduced, and where power is systematically and uncritically reinstated. In this paper I reported that a certain "witty, smart" identity was highly valued among the group of friends who participated in my study. The witty, smart identities were protected through caring acts so that individuals did not have to suffer devaluation when they failed to act witty or smart. Also, the interactions involved in valuing such identities worked, quite simultaneously, to devalue and disequalize other human potentialities among group members. For these two reasons care was needed to sustain the identity construct. Jan, who rarely spoke up during intellectual arguments, said this during the group interview, "Yeah but I see a qualitative difference in our thinking right now, in what you all have, you know, and Grant, and then **me**. I guess it just seems like you're, I remember I used to think, even regular vocabulary words, regular words that I think I know the meaning of, when they are used in this group, they're used so differently and I **must** not understand it." Later on in the interview she was describing the way she experiences the group's intellectual bantering.

Jan:	My stomach gets a little knotted up, because I'm just not, I [pause] I don't, that's not my personality to be able to argue and =overlapped momentarily by Peter=
Peter:	That's an interesting thing –
Jan:	[continuing on] But, I like it [sounding confident]. I'm glad that people do that and survive and be, um, two weeks later come back.
Barbara:	Have you ever been part of one of those arguments?
Jan:	Probably not. No!

This emphasis on a very specific "witty, smart" identity represented one kind of distortion in the local culture that was instantiated and mediated through Covert-Implicit Care-in-Action. Analyzing care-in-action opened several such opportunities for critique.

If we returned to the Graham and Pajares example, we could reformulate their findings so as to examine a cultural practice which has teachers distinguishing between people's feelings and their capacities, but expects students not to do so (when, in fact, they are). Other cultural distortions were at work as well, but the point is that by failing to lodge one's criticism at the culture, researchers missed the chance to locate vulnerabilities, etc. and instead were only able to make claims about whether or not the care-in-action was adequate and appropriate (as if it could be given cultural resources, values, and norms).

To summarize, in this section I articulated a more complex, layered interpretation of Jaggar's concern for justificatory attention within the field of care theory and research. I illustrated how questions of adequacy and appropriateness assume cultural support for the caring and can be best addressed through an analysis of Overt Care-in-Action. However, we cannot stop there because underneath Jaggar's questions of adequacy and appropriateness are questions of inequality, dehumanization, distortion and so on which are indicative of cultural structures that caring acts might work to mediate or instantiate. We can use an analysis of Covert Care-in-Action to get at this phenomenon. Both layers are necessary in attending to the full justificatory potential of care theory and research. Both layers also assume a stable set of ethical positions on the recognition of human dignity and affirmation.

Concern for the General Features

The second weakness of care ethics that Jaggar (1995) identified was the overdependence on the specificities of particular caring situations to the unfortunate exclusion of the simultaneously-constructed general features of care. Jaggar seems to be calling for a theory and research methodology that can connect one particularistic encounter with other caring encounters. This has been done to some extent with Gilligan's and Noddings' works. For example, Noddings' structural ideas (dyadic encounters, role-related responsibilities, etc.) have certainly been applied by care theorists and researchers in generalizable ways. The structural features of the encounter are more general and the content of the encounters is more particularistic.

In a similar way, critical ethnography affords researchers a sustained look at on-going relationships in a way that, at the very least, can provide the kind of information about features of care that include types, syntax, norms, and so on. This particular critical, pragmatic-communicative approach provides access to underlying pragmatic structures of caring. These underlying pragmatic structures are closer to generalizable features of care than are analyses that stay on the level of episodic narrative. Moreover, this pragmatic-communicative construct does not do damage to an interest in the particular or the narrative. It is an extension that includes this. This is important because it suggests that we do not have to choose to do away with the very particularistic aspects of caring which bring it to life.

The particular classes of caring found in this study, the bids for caring, interpretations of caring, norms and so on were descriptive of this particular group's caring, *but not-just-this.* Thus, I am not precluded from also locating pre-reification systems that were in place through the face-to-face caring (gender inequalities, for

example) and structures that were underneath the meaning-making that went on in specific episodes.

For example, the typology of caring acts that located a pragmatic disjuncture between overt and covert acts of caring and thereby also located vulnerabilities in the particular culture suggests something that might extend beyond the single encounter to something more applicable to the study of care, in general. These features, however, could not have been grasped apart from understanding the very particular context within which they were sensible.

Examining the more general features of care does not mean that one theorizes a form of care that negates its personalistic characteristic or its partiality. That is, one need not devalue a culturally-constructed third person position (or first and second person positions) while locating a more universal third person position. Also, one need not make a split between content and structure. All so-called universal positions represent claims to universality that are fallible and always possess a culturally-contingent side (Carspecken, 1999). *Finding that which is simultaneously more general means finding more general audiences instantiated through the particular without doing away with the particular. It means understanding the part of the meaning which instantiates "not-just-this."*

It is through intersubjectivity that the more general features of care and the most particular features of caring are grasped. Both the tacit structures and the specific content are intersubjectively constituted. According to Carspecken (1993), meaning is holistically grasped and then subsequent acts bring about differentiation. The differentiation of various third person positions is especially important to understanding the connection between the very particular encounters and the more general features of caring.

If we return to Jaggar's metaphor of the picture in the frame, we can see that each time we locate a frame we are taking a new third person position with respect to the whole picture. I am reminded of the set of art pieces Magritte composed that play with this idea. In one piece, Magritte painted a pipe with words below it that say, "This is not a pipe." In another piece, he painted this first painting in a way that includes its frame and easel. He could easily have written the words "This is not a picture" on this second piece of art. Each act is understood with respect to both cultural contingencies and universal desires or expectations. Magritte's paintings bring about a shift in third person perspective and illustrate what claims to interpretation might have been taken for granted. These shifts in perspective are in relation to one another and are not fixed. This is why one can take successively extending third person positions (Carspecken, 1999). Taking new third person positions involves finding new audiences and grasping the sense of the act from their points of view. In a universalizing move, it involves recognizing that to which these new audiences could assent.

Reporting that some particular acts of Covert-Implicit Care mediate against inequalities is to suggest that the particular inequalities are, at least tacitly, considered wrong by participants in the culture and also to suggest that there are particular acts which are regularly engaged in this mediation. However, along with these very contingent evaluative claims are more universal claims such as inequalities hurt people, people can have positive and benign intentions towards others which are not bound up in their own strategic interests, and so on. As I listed those universal claims, you probably immediately imagined an audience who would not assent to those claims. Once those audiences are located, a new third person position has already been taken. The relation

between culturally-contingent and universal claims is a dynamic one (inherent in the intersubjective structures of understanding) capable of indicating a possible critique of the cultural contingencies involved in the practices.

There is another way to address this second concern about the imbalance of attention in care research on the highly specific – it would involve thinking about the systematization of caring acts. We could ask this question: How do caring acts become institutionalized through economic and political systems? Care theorists like Tronto (1994) and Noddings (2000) have pushed our thinking in this direction. Such explorations could build theory on the relationship between face-to-face culture and social systems with respect to caring. Though my study did not attempt this, critical ethnography (Carspecken, 1996) can provide a means for examining the system-level features of caring. Marilyn Reitz-Pustejovsky (2003) has attempted this with respect to societal caring for homeless persons. Using Habermas (1984, 1987) and Giddens (1990) one could construct a study that examines the systemness of caring and describes how caring is accomplished across space and time. Habermas and Giddens, both and in different ways, suggested a connection between face-to-face interactions and system-level phenomena. Following up on this, would contribute to dismantling theoretical overdependence on the particular caring encounter.

Conclusion

The development and refinement of care theories as legitimate explanation and examination of sociomoral human life has become a major project of feminist philosophers, educators, and theorists. Care theory has been gender marked in modern discourse and has taken up (reflectively in the last decade) central issues in interdisciplinary gender studies. The purpose of this paper has been to provide an initial illustration of a rational, critical approach to the theory and research of care. This approach seems like one plausible way to also respond to the concerns about care theory raised by Alison Jaggar. The paper should be seen as an addition to the dialogue carried out by Gilligan, Blum, Noddings, Walker, Tronto, Jaggar, Benhabib, and others who have labored to express the caring experience in academic discourse. I intend for this paper to continue the conversation by exemplifying and arguing the benefits of a critical approach to care research and theory. Its contributions include exemplifying a refined analysis of care-in-action, articulating a metatheory useful for the theory and study of care, introducing a typology of caring acts, demonstrating the critical potential of care research, and illustrating the connection between critique and justification.

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Author's Citation