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ARTICLE

The Abstract Other: Exploring the Care Ethical Potential of Contextualized Abstraction

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Abstract

This article redefines the role of abstraction in care ethics, overturning the notion that abstraction is inherently an impersonal and distancing mechanism. By situating abstraction within the context of caring relationships it reveals how abstraction can cultivate human connection when grounded in moral motivation and contextual sensitivity. The article's primary contribution is the introduction of two concepts: conceptual abstraction, which captures the shift from detailed specificity to broader generalizations, and contextual abstraction, which examines how abstraction either fosters closeness or creates distance in relationships. While the discussion initially focuses on the level of deliberation, the article concludes by exploring if and how abstraction can also be meaningfully employed at the level of justification.

1. Introduction

Care ethicists have since the theory's emergence in the 1980s maintained a strained relationship to abstraction. Abstractions have been viewed as mechanisms that create distance, detaching people from one another, from lived experiences, and from the realities of life itself. Deontologists' focus on universal principles and consequentialists' reliance on calculations of outcomes have for these reasons been sharply criticized by care ethicists (Held 2018; Noddings 2013; Tronto 1995; Baier 1985). Rules and principles for action, they argue, often fail to sufficiently consider the nuanced realities of human lives. When people are reduced to numbers and statistics they are stripped of the authenticity and concreteness essential for morality. Hence, abstractions diminish the significance of context and the interpersonal relationships that constitute human existence. In contrast, care ethics grounds itself in the primacy of particularities. Morality according to this perspective can only be understood through the specific situation and the relationships that either stand to be strengthened or are at stake.

In this article, I challenge the critique of abstraction commonly advanced by care ethicists and show how abstraction can be used as a relational resource within a care

ethical framework. My approach remains grounded within the framework of care ethics. By situating abstraction within caring relationships, I aim to demonstrate that abstractions can function not only as mechanisms of detachment but also to foster human interconnectedness. Hence, I constructively investigate how abstraction can align with care ethicists' emphasis on context and interpersonal relationships. The objective is to expand the care ethical understanding of abstraction by examining how it can be interpreted from within, rather than outside, of the care ethical framework.

I will briefly outline some key care ethical concepts, focusing on the significance of relationships and context. My analysis will primarily draw on the work of moral philosopher Nel Noddings and her understanding of the relationship between a caregiver (the one-caring) and care recipient (the cared-for), as well as her insights into the role of context in moral issues. Following this, I will summarize some of the criticism care ethicists have directed at the use of abstractions in ethical reasoning and theory. The main section of the article will present my first contribution to this debate through the introduction of two concepts: *conceptual* and *contextual abstraction*. I will argue that abstraction from a care ethical perspective can be understood in these two dimensions. The first, conceptual abstraction, involves a detachment from the richness of detail. While the second, contextual abstraction, reflects a movement within the interpersonal relationship. Finally, I will address the role of abstraction at the level of justification and argue that abstract principles can be compatible with an ethics of care, provided they are justified by contextual reasons.

2. Care ethics and the strained relationship to abstraction

The origins of care ethics are often traced back to the 1980s and Carol Gilligan's then controversial critique of Lawrence Kohlberg's theory of moral development (Reiter 1996). Kohlberg's stage theory, which Gilligan challenged, posits that moral development progresses through a series of cognitively hierarchical stages, each representing a more sophisticated form of reasoning than the previous one. To assess this moral development Kohlberg conducted interviews with both adults and children (primarily boys), presenting them with various ethical dilemmas. Among these, the most famous—and one revisited by Gilligan—is the Heinz dilemma (Kohlberg 1981, 12).

In this dilemma Heinz's wife is critically ill and her life can only be saved by a medicine they cannot afford. Heinz appeals to the pharmacist who invented the drug, asking if he might have it for free. The pharmacist refuses, insisting on profiting from his innovation. The participants are then asked whether it is right that Heinz steal the medicine.

Kohlberg categorized the responses to this and similar dilemmas to demonstrate how moral reasoning evolves from childhood through adulthood. His normative understanding of morality is Kantian and rooted in principles of justice (Kohlberg 1981, 169–70). However, his model of moral development can also be understood as a model of abstraction. At the earliest stages children interpret justice through a personal lens with a focus on punishment or reward. As development progresses, reasoning expands to encompass interpersonal relationships, societal structures, and ultimately universal principles of justice.

A central critique posed by Gilligan (1982) was that women were frequently placed at the lower interpersonal levels of Kohlberg's moral development stages. Kohlberg defended this by suggesting that women, on the whole, likely did not have lives as morally demanding as men's and therefore lacked opportunities to advance in their

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moral development (Kohlberg and Kramer 1969). Gilligan opposed this and argued that women's reasoning prioritized context and relationships, seeking a level of detail that was absent in the abstract scenarios presented by Kohlberg.

To illustrate her point Gilligan contrasts two children cited as Amy and Jake. When faced with the Heinz dilemma Jake approaches it as an abstract problem to solve: a life is worth more than money, therefore Heinz should steal the medicine. In contrast Amy resists the premise of the dilemma itself when advocating for Heinz to negotiate with the pharmacist and find a relational solution. Her response is grounded in relationships and exemplifies what Gilligan describe as "a different voice," a care-oriented perspective that serves as an alternative to justice-based ethics (Gilligan 1982, 28).

This dualistic framing of care versus justice has faced significant criticism over the years, particularly from feminist scholars who argue that it risks perpetuating essentialist views of gender (Greeno and Maccoby 1986; Frazer and Nicholson 1988). Gilligan along with others has clarified that her work does not intend to describe differences between genders but rather to illustrate alternative ethical perspectives (Gilligan 1982, 2; Heyes 1997). Since these critiques were first articulated, care ethics has evolved from a descriptive model of moral psychological development into a relational and situated ethic. Nonetheless, Gilligan's critique of abstract reasoning and hypothetical dilemmas may continue to influence the persistent care ethical scepticism toward abstraction.

The moral psychological debate between Kohlberg and Gilligan can also be seen as one reason for care ethicists' caution around the use of abstract dilemmas in education (Noddings 1992, 22). Furthermore, care ethicists have underscored how justice-based principles risk marginalizing other moral values that hold significance in people's lives (Held 1990; Kittay 1999). From a moral philosophical standpoint, care ethicists including Nel Noddings instead argue that human relationships should be recognized as the foundation of ethics. They emphasize that care within these relationships is not only central to moral judgment, but also fundamental to the quality and existential meaning of being human.

Noddings's (2013) theory is based in the relationship between a caregiver and a care recipient, referred to as the one-caring and the cared-for. It is within this relationship that care emerges. A process of care can be understood as consisting of three stages and begins with the one-caring's engrossment in the reality of the cared-for. By becoming attuned to the other's experiences and needs, the one-caring develops a commitment to the well-being of the cared-for. This engrossment forms the foundation for the one-caring to act with the best interests of the cared-for in mind. The second stage focuses on the actions taken by the one-caring. In this stage, the specific context is crucial, which is why actions are neither categorized as moral or immoral, nor are they governed by universal principles. The specific situation and relation between the one-caring and the cared-for shape how care can and ought to be practiced. It does matter whether they are good friends or not, whether they are at home or at work, and how they feel about the particular situation at hand. This implies that moral judgments will be based on varying contextual reasons. For example, while care ethics does not primarily focus on consequences, there may be specific cases where the practical outcomes of actions are prioritized. Each situation will demand context-sensitive responses from the one-caring. That is why the underlying motivation to care for the other is fundamental to moral action. The third stage of caring emerges when the one-caring has acted out of their commitment to the cared-for. It is the cared-for who confirms whether the action is perceived as care or not. This confirmation may be expressed verbally or bodily and reflects the flourishing of the cared-for (Noddings 2013, 74). In this way, Noddings gives

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agency to both the one-caring and the cared-for. The one-caring (1) engrosses themselves in the reality of the cared-for and (2) acts with intentionality and compassion, while the cared-for (3) acknowledges and validates the care provided. Care is therefore not a unidirectional act but a relational phenomenon that is co-created through the relationship between the one-caring and the cared-for.

One strength of Noddings's approach with her focus on moral motivation is that neither actions nor thoughts are predetermined. This flexibility allows the one-caring to move between various modes of thinking and acting as long as their attention remains focused on the cared-for and their specific circumstances (Noddings 2013, 35). In one situation, the consequences of an action may hold particular importance; in another, the immediate emotional experience of the cared-for may take precedence; and in yet another, upholding a care ethical ideal might be the priority. This flexibility also enables an interplay between abstract and concrete thinking—a dynamic that is central to my later argument. Noddings does however underscore that abstraction should be a temporary mode of thinking and that care ultimately depends on returning to the concrete. In *Caring: A relational approach to ethics and moral education*, she writes:

> And we, in caring, must respond: we express ourselves, we make plans, we execute. But there, are, properly turning points. As we convert what we have received from the other into a problem, something to be solved, we move away from the other. We clean up his reality, stripe it of complex and bothersome qualities, in order to think it. The other's reality becomes data, stuff to be analyzed, studied, interpreted. All this is to be expected and entirely appropriate, provided that we see the essential turning points and move back to the concrete and the personal. Thus we keep our objective thinking tied to a relational stake at the heart of caring. When we fail to do this, we can climb into clouds of abstraction, and impersonal problems where we are free to impose structure as we will. If I do not turn away from my abstractions, I lose the one cared-for. Indeed, I lose myself as one-caring, for I now care about a problem instead of a person. As an ethical theory develops out of this analysis of caring, we shall consider a process of concretization that is inverse of abstraction ... (Noddings 2013, 36).

The quotation emphasizes the range of opportunities given to the one-caring as long as their commitment to the well-being of the cared-for remains genuine and intact. For Noddings, this commitment to care is tied to a return to the cared-for through the process of concretization. It is in the particularities of a situation that the critical details necessary for forming and sustaining caring relationships are founded. This emphasis on the particularities is central to Noddings's rejection of universalizable principles. Universalizability operates on the premise of general applicability—the assumption that individuals in similar circumstances share the same obligations and rights. However, Noddings contends that human circumstances are far from uniform. While universal principles may serve a purpose in abstract moral reasoning, they fail to capture the complexities of real life. She argues that people have "different factual histories, different projects and aspirations, and different ideals" (Noddings 2013, 84–85).

This recognition of human diversity makes the specific context indispensable for morality and for the practice of care. When the details of a situation are abstracted away, it is no longer the same situation. Thus, care must be practiced in the immediacy of concrete encounters and particular relationships between individuals. To truly care, the

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one-caring must perceive the cared-for as a concrete, unique, and specific human being. This is why a care ethicist often expresses scepticism toward abstractions.

Ornaith O'Dowd (2012) has critically examined and challenged some common care ethical critiques of abstraction, particularly those related to universal principles. While I do not agree with the conclusion that "we need principles to give us reason to act" (416), O'Dowd offers a compelling analysis that highlights some of the challenges care ethicists face when taking an overly rigid stance against abstraction. For example, O'Dowd points out that terms such as abstraction, rules, and universal principles are rarely defined, often used interchangeably, and tend to form a somewhat generic critique of Kantians. However, O'Dowd also acknowledges that Kantian moral principles are, in fact, both universal and abstract. The discussion culminates in the conclusion: "Thus, it is hard to distinguish critiques of abstraction and of principles in ethics" (2012, 409).

While I agree that there is a degree of conceptual confusion in the debate, I also believe that in most cases the intended meaning is reasonably clear. For the purposes of the forthcoming analysis it is crucial to clarify one difference between abstractions and principles that is both simple and significant; although principles are inherently abstract, not all forms of abstraction qualify as principles. This distinction carries implications for the integration of abstractions into a care ethical framework. To avoid reducing abstractions to universal principles, I will specify that I use the term "abstraction" in a broader sense and will provide a more elaborated discussion of its meaning later.

A common care ethical critique of principles that O'Dowd also (2012, 411) opposes is the idea that universal principles are not sensitive to context. This critique is particularly relevant to the forthcoming analysis, as it applies not only to universal principles but also to abstraction more broadly. The critique stems from a fundamental tension between abstraction and context. By its very nature, abstraction shifts focus away from the particularities of a situation and the persons affected and introduces a sense of detachment that can enable the avoidance of moral responsibility. Universal principles, therefore, capture only a fragment of the whole.

Care ethicists maintain that reality is not reducible. It is rich in detail. The risk of acting based on principles is that these principles constrain how one understands a situation and then chooses to act (Hamington 2015b, 277). If principles are to be understood in relation to context, it follows that different principles may conflict with one another. However, O'Dowd argues that the issue of prioritization and the conflict between principles presents similar challenges within care ethics itself.

> Many versions of care ethics face a corresponding difficulty: "the context" of a situation may consist of an infinite number of facts, and the moral agent will have to find a way to determine which of those facts are morally relevant if she is to make a decision about what to do. How this can be done without abstracting from some particulars and appealing to some principle is unclear. (O'Dowd 2012, 412)

In my view this is a compelling argument. It is hard to imagine anyone fully understanding all the details of another person's situation without some degree of abstraction from the concrete reality. It seems unrealistic, if not impossible, to take *everything* into account. However, this does not necessarily imply that one must appeal to principles. Abstract thinking or acting in a specific situation does not inherently require being guided by prescriptive principles. Instead, I will propose that abstractions can be derived from and justified by the caring relationship.

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That abstractions may serve as a means to foster human interconnectedness, is a notion previously illustrated by care ethicists. Sarah Clark Miller (2020) has for example shown how the care ethical concepts—needs, vulnerability, dependency, and precariousness—are simultaneously universal and particular. These concepts are "constitutive of human existence," yet as Miller notes, "the contexts in which the shared features of our humanity play out can mitigate or heighten various aspects of finitude, resulting in the very real and very basic realization that some of our lives are more need-filled, vulnerable, dependent, and precarious than others" (Miller 2020, 648). This entanglement between the shared realities of human being and the particular, embodied realities (Hamington 2015a) makes it especially compelling to explore abstractions within a context-sensitive ethical framework, such as care ethics.

The significance of context serves as a foundational premise for the theory (see, e.g., Engster 2007; Held 2006; Tronto 2013). This emphasis positions care ethics as both a situated and relational ethical framework. Building on these premises, I will examine the potential for an altered understanding of abstraction. By embedding abstraction within the caring relationship between the one-caring and the cared-for, I aim to demonstrate that abstraction can both diminish and foster interconnectedness when understood within a specific context. From this follows that intention and moral motivation are meaningful aspects of abstraction. To support these arguments, I will begin by exploring the concept of abstraction itself and introducing the distinctions between conceptual and contextual abstraction.

3. Conceptual and contextual abstraction

Another important distinction to briefly consider first is the one between "abstract" as a categorization of nouns and "abstract" as a verb. In the former objects are divided into abstract or concrete categories based on properties of the objects. The aim is to differentiate abstract entities, such as dreams, time, and emotions, from concrete ones, such as dreamcatchers, clocks, and love letters. This separation highlights the contrast between things that exist only as concepts and those that can be physically touched and recalled. However, it is the latter—the verb form—that I am particularly interested in and will continue to refer to throughout this article.

Abstract as a verb entails a process of detachment. It represents a movement away from the particularities of concrete instances, towards categories that encompass a broader range of phenomena. For instance, consider the abstraction from the specific entity of a dog to the broader category of mammal, which includes not only dogs but also cats, rats, horses, and lions. This transition can be described as a conceptual shift, broadening the range of animals included within the category of mammals.

When more entities are included within a broader concept, differences are overlooked and similarity is constructed. The shared characteristics of mammals are emphasized, while those that distinguish dogs from cats are excluded. Abstraction therefore functions as a form of generalization, a process that simplifies reality. By excluding certain properties, more entities can be encompassed within the concept. This process necessitates an evaluation of which characteristics are relevant and which can be disregarded—for example, the consideration of the defining traits of a mammal. Which properties are deemed primary or subordinate in deciding whether a dog qualifies as a mammal rather than a reptile? By narrowing down the set of characteristics considered essential for mammals a more inclusive category emerges. This transition moves

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upward, reducing specificity while expanding range, shifting from the concrete toward the abstract.

One evident consequence of abstraction is the challenge it poses to visualization. Following the abstraction from a concrete entity to a more inclusive category, such as from a specific dog breed to the general category of mammals, there is a notable diminishment in the ease with which one can mentally conjure a picture of that category. Indeed, it becomes increasingly difficult to visualize a mammal compared to a dog, and even more so when compared to a particular dog, such as a golden retriever. This difficulty arises from the inherent ambiguity introduced by more inclusive categories. Determining the most suitable prototype becomes a more complex task. Hence, abstraction serves as a catalyst for detachment and generalization, facilitating the transition from the particulars of concrete instances toward broader concepts. This process entails the loss of detail and introduces complexities in visualizing specific entities. So far, the examples have involved concepts with relatively concrete referents (as nouns). However, the process of abstraction is just as relevant and perhaps even more revealing when applied to concepts that are themselves abstract, such as values, principles, or emotional states.

Consider for example the concept of "justice." At its most abstract level, justice encompasses a broad array of principles, values, and ideals that guide societal norms and moral judgments. When we abstract from concrete instances of justice, such as specific legal cases or individual acts of fairness, we move toward this overarching concept. For instance, imagine a specific court case involving a dispute over property rights. In this concrete scenario the focus is on the details of the particular case—the persons involved, the specific laws applied, and other circumstances surrounding the dispute. However, as we abstract from this concrete instance, we shift our attention away from these specificities toward the broader category of justice. In this process of abstraction, we detach ourselves from the nuances of the individual case and instead consider principles that apply more generally to notions of fairness, equity, and moral rightness. We broaden our perspective to encompass not just this particular dispute, but the entire spectrum of human interactions where questions of justice arise.

This movement from the concrete to the abstract allows us to discern patterns, identify underlying principles, and formulate generalizations that transcend specific contexts. However, it also entails a loss of detail. The rich complexities of the original case are necessarily simplified and generalized in order to fit within the broader framework of justice. Thus, through abstraction, we navigate between the particular and the universal, moving from the specific details, toward more encompassing categories.

Abstraction begins with this conceptual shift. It is not merely a static state but an active process, a continuous upward movement within a conceptual landscape. This movement constitutes the first aspect of abstraction. It is important to emphasize that this initial step of abstraction does not inherently result in either distance or closeness between people. Instead, it represents a conceptual repositioning. *Conceptual abstraction*, understood as a mechanism of detachment, involves a process of generalization and an inevitable loss of detail: a detachment that enables movement between different levels of understanding. The way this process unfolds within a caring relationship, or any other kind of relationship, is what constitutes *contextual abstraction.*

Hence, the process of detachment is only the first aspect of abstraction. Moving beyond this initial step, I encourage a deeper exploration into the motivations driving abstraction and how it affects caring. Such an inquiry necessitates situating abstraction within specific contexts, recognizing that its functionality and implications are shaped

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by the circumstances in which it unfolds. While the initial phase involves a vertical detachment, marked by disengagement from the particulars of concrete instances, the subsequent stage requires a horizontal movement between the one-caring and the cared-for.

To elaborate further, let us examine following example. Consider two persons named Ama and Taylor, each facing distinct forms of discrimination. Ama has struggled to find a job and is often rejected because of the sound of her name. Taylor, on the other hand, is denied the chance to adopt a child because of her sexual orientation. Although the circumstances of Ama and Taylor are inherently different, they both share the common thread of experiencing discrimination. Now, imagine Ama sharing her story with Taylor, aiming to bridge the gap between their disparate experiences. Ama abstracts her situation by employing the term "discrimination" to encapsulate the broader phenomenon at play. By abstracting her individual experience to a more general concept, Ama seeks to make her narrative relatable to Taylor's own encounters with discrimination. This act of abstraction represents a movement toward each other, a convergence of their experiences within the shared conceptual framework of discrimination.

Through abstraction Ama stresses the commonality between their experiences. By situating their individual struggles within the broader framework of discrimination, they are able to recognize the interconnectedness of their experiences despite the differences in their specific circumstances.

This means that abstraction can play an important role in establishing and strengthening caring relationships. In everyday life these contextual abstractions often happen without us paying much attention to it. During a lunch break at work, a colleague might share an experience that another person can relate to. Through abstraction that connection can be visualized, demonstrating a mutual understanding of one another or something they experienced. I demonstrate my understanding by abstracting my own experience in a way that aligns more closely with yours. Hence, abstraction allows others to step into and connect with my reality. By presenting my perspective on an abstract level, I make it easier for others to see how my experiences and views might connect with their lives.

Nevertheless, a higher degree of abstraction does not always enhance caring relationships. In some situations, it is within the deeply concrete circumstances and realities that people need to connect. Ama might need to be understood not through perceived similarities with Taylor, but through the particular circumstances she is experiencing. Whether abstraction makes the caring bonds stronger or not will depend on the context in which the abstraction occurs and the nature of the relationship between Ama and Taylor. Contextual abstraction describes a movement either toward or away from and has so far been regarded as an action. However, one might also consider that abstractions can reveal something about the nature of the relationship itself.

4. Understanding relationships through different levels of abstraction

When relationships are described, understood, and lived, they vary in their level of concreteness. Within care ethics and relational ethics more broadly, there is a foundational belief that people should be understood as concrete others, the more concrete the better (Benhabib 1992; Noddings 2013). I ask if it is possible that some relationships might instead be strengthened through abstraction. For instance, could

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understanding another person become easier or more challenging depending on whether they are perceived in concrete or more abstract terms? This idea is more controversial from a care ethical perspective, so let me clarify by providing a few examples.

Consider a relationship where abstraction seems unnecessary, and concreteness feels natural. For example, the relationship between a parent and a child. It might seem odd for a parent to abstract their child into anything else than who they are: a specific, truly unique other, their child, experienced in their full richness of detail. The particularities form the foundation of their relationship.

Yet even within this bond there may be moments where abstraction proves helpful. Imagine a young child lying or acting aggressively, evoking feelings of shame or frustration in the parent. In such moments, the parent might instinctively withdraw rather than approach the child who needs their care. A friend of the parent might step in and explain that their child went through the same thing at that age, reassuring the parent that it's perfectly normal. By abstracting the child into the broader category of "3-year-olds," rather than focusing solely on Gilly's behaviour, the parent may find it easier to respond with understanding. The abstraction enables the parent to move past their immediate reaction, reconnect with their child, and return to the concrete relationship with Gilly. Now consider the opposite end of the spectrum: two bitter enemies locked in a prolonged conflict. The mere sight of each other triggers anger and resentment. In this case, abstraction might help them see each other not as adversaries but as human beings. Their relationship might benefit from moving away from the detail-rich narrative of their grievances which only deepens their hostility. While this abstraction would not resolve their conflict it might create a space for mutual respect grounded in their shared humanity, achieved through a different level of abstraction. In this case, the relationship may not benefit from a return to the concrete but rather from a sustained understanding of human value. These examples illustrate how abstraction, though often viewed sceptically in care ethics, can at times serve to strengthen relationships—either by helping to reestablish a concrete bond or by encouraging a new perspective of care that is grounded in a higher level of abstraction.

Shifting between different levels of abstraction can then serve as a way to navigate the demands placed on caregivers. Tove Pettersen (2012) addresses this issue by distinguishing between "altruistic" and "mature" care. Altruistic care relies on the caregiver's self-sacrifice and a one-sided focus on the needs of the care recipient, whereas mature care is founded on a form of reciprocity between caregiver and recipient. This mature approach represents an intermediate state between self-sacrifice and egoism, drawing on insights from Gilligan's work. Pettersen argues that more reciprocal relationships based on dialogue and collaboration can avoid the oppressive mechanisms for which care ethics has historically been criticized (Okin 1979; Hoagland 1988). A key part of this involves recognizing how different relationships demand varying forms of care within asymmetrical relationships (Pettersen 2012, 381). For instance, the relationship between a teacher and a pupil requires a particular kind of care but also imposes limitations on it. The same goes for friends, colleagues, and families. One way to understand these differences is through the relationship's level of abstraction. This does not imply that more abstract relationships are always less demanding. Instead, it signifies a shift in the nature of the relationship. As the level of abstraction increases, more care recipients will be encompassed, but the care itself also becomes more generalized. By abstracting the relationship, the specific demands placed on caring are correspondingly reduced.

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There are for example more children that are perceived as a teacher's pupils than the specific children Timmy and Laura. Since the category "pupil" is generalized certain details about the children within it are lost and a constructed sense of similarity takes its place. This generalization allows the teacher to scale their care in accordance with the level of abstraction. That does not mean that they should treat all pupils the same. The relation between teachers and pupils may very well require that some of the details about every child (and the teacher) are considered essential to establish and sustain caring relationships. It does however also imply that a teacher cannot always experience all of her pupils in their most concrete existence. Understanding relationships in different levels of abstraction helps both caregivers and care recipients to communicate reasonable expectations of each other (and oneself). This shift facilitates a broader but more manageable form of care and allows for caregivers to balance the needs of many with their own capacity to provide care. It is particularly helpful to consider this relational shift through abstraction, as conceptual abstraction encompasses inclusion but simultaneously imposes certain restrictions.

This may also form the basis for different relational priorities. Steyl (2020) for instance, emphasizes that we should neither prohibit nor mandate self-sacrifice, as doing so would contradict our intuitions regarding moral exemplars such as civil rights activists. On this point, I agree. Steyl's claim that "it may be best for some but not for others to make such extreme sacrifices in service of others" (2021, 521) can be interpreted as a kind of relational permissiveness. Some individuals will dedicate their lives to caring for many others within highly abstract relationships, while others will direct their commitment and care towards a few close, concrete others. Individuals of exceptional capacity may indeed be able to sustain both, and in reality, most of us will shift our focus at different points in life. The level of abstraction in a given relationship may indicate something about the mutual expectations between caregivers and care recipients, rather than determining which relationships we ought always to prioritize.

It is important to note that this perspective is not prescriptive. There will always be situations in human life where the general description of a relationship does not align with the lived experiences. Therefore, the interplay between abstraction, interdependency, and moral obligation serves to provide a broader understanding of the possibilities and limitations for a caring ideal. It does not imply that everyone should live their life accordingly. Yet, with appropriate focus on contextual abstraction to recognize the influence on the caring relationship, abstractions could play a role in both nurturing and limiting care.

5. The ethics of caring abstraction

So far, I have demonstrated how different levels of abstraction can either foster or hinder the emergence of care or the conditions that make care possible. If the starting point for abstraction is a moral intention grounded in a commitment to care, then it becomes essential to understand abstraction as a situated and relational process. One must ask why a particular situation or relationship is being abstracted, and how that abstraction influences care. This perspective can illuminate instances where abstraction is misused, for example, when individuals are reduced to data points to expedite difficult decisions, or when generalized moral reasoning overlooks the needs of those we care about.

To illustrate this, let us consider an example where contextual abstraction creates distance between people. Imagine a pandemic like COVID-19 breaking out in a society. If the government administration relies only on statistics and projections during press

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conferences, those at home facing isolation and fear might feel unseen and misunderstood. Statistical metrics can further create a sense of detachment between decision-makers and the public, making it easier to take difficult decisions where lives are weighed against each other. In such abstraction lies the risk, as Noddings cautions, that the one-caring might "lose the one-cared-for" (Noddings 2013, 36). The same risk applies in interpersonal relationships. For instance, if a parent dismisses their child's needs by thinking "all children whine," abstraction becomes a tool for emotional disengagement. Therefore, it is necessary to examine abstraction through the lens of human interconnectedness.

One way to achieve this is by situating abstraction within Noddings's care process. The first step requires that abstraction emerge from the one-caring's engrossment with the cared-for. This means that abstraction must be grounded in the "motivation in caring [being] directed towards the welfare, protection, or enhancement of the cared-for" (Noddings 2013, 23). Following this commitment to care comes an act of caring. In some cases, the act of caring may consist, wholly or partially, of a process of abstraction. For this abstraction to be perceived as caring, it must at last be affirmed by the cared-for. As Noddings explains that caring, in this case as abstraction, becomes "meaningful or meaningless, in the attitude conveyed to the cared-for" (Noddings 2013, 61).

The critical point here is that abstraction must be situated within a relational context. It is not the starting point but rather a potential act within the broader caring process. Noddings's assertion that care requires a return to the concrete can be interpreted as the cared-for's confirmation of the abstraction as a form of care. It does not necessarily have to be the one-caring who returns to the specific details of the cared-for's situation, given that the cared-for experiences the abstraction as a form of care. By positioning abstraction within a relational framework and rooting it in moral motivation, care ethicists can incorporate abstraction as a meaningful way to (in some cases) care. Given that care ethicists begin from the realities of lived experience, this issue holds particular significance. Abstractions are, after all, an integral part of human life, used daily to create both closeness and distance in relationships.

In a more radical interpretation of human interaction one could argue that all forms of communication are, in essence, different forms of abstraction. The subjective experience of an individual is given meaning through abstraction. When a person feels something, their brain abstracts the biological reaction, enabling them to communicate that feeling to others. A smile, for instance, is an abstraction—a gesture that allows others to recognize the shared experience of joy. When the person explains what happened, their words become even more abstract expressions of the initial bodily experience. What is meant by "the concrete" in moral philosophical debates is therefore not as straightforward as it might initially seem. It would be odd to suggest that labelling a smile as joy creates distance between people. It seems equally counterintuitive to argue that the shift from the physical act of smiling to the abstract concept of joy damages the caring relationship. On the contrary, the progression from hormonal interactions within the body, to a smile, to the notion of joy appears to involve abstractions that move towards a point where humans are equipped to connect and form relationships with one another.

Thus, what is referred to as "the concrete" is not necessarily the most detailed description of a person's situation, but rather the level at which we perceive them most meaningfully. Different situations (or relationships) may require us to either move closer or step back to understand someone in a way that enables us to provide care. It is

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therefore reasonable to conclude that different relationships, depending on the context, foster care at different levels of abstraction.

One way to approach this is to perceive abstraction as a type of "seeing." As noted earlier, one of abstraction's challenges is that, as the level of abstraction rises, it becomes harder to visualize a specific entity. For example, if one is familiar with dog breeds, it is easy to picture a golden retriever. It is still relatively simple to imagine a dog, but harder to visualise a mammal, and quite difficult to envision a creature. What abstraction instead does, is to map connections between entities within a category. It sacrifices the clarity of individual visualization to enhance our understanding of relationships and patterns. In a relational ethic like care ethics this interplay has profound implications. Connections and relationships represent both risks and opportunities. Understanding things in relation to one another can enhance interconnectedness and empathy, but it can also create hierarchies and systems of oppression. Balancing these dynamics requires careful consideration of how abstraction is used and its effects on caring relationships.

For this reason, care ethicists should not dismiss abstraction outright but instead harness its potential within a care ethical framework. A care ethical framework enables an exploration of how intention and relation align with the abstraction employed in a given context. This approach allows care ethicists to utilize abstract tools while maintaining a focus on the moral motivation to care.

6. Abstraction on the level of justification

Up to this point, I have examined how abstraction, understood in Cynthia Stark's (2010) terms as operating at the level of deliberation, can serve as a form of care. That is, how abstraction can, in practice, strengthen caring relationships by helping individuals manage relational expectations and foster empathy. However, Stark (2010) argues that care ethicists often conflate this level with the level of justification in their critiques of abstraction and universal principles. She makes a compelling case that the presence of abstraction at the level of justification does not imply an abstract mode of deliberation, and vice versa. Accordingly, in the final section, I will briefly address how abstraction might be understood at the level of justification within care ethics.

My position is that care ethics only makes sense when grounded in a normative commitment to care. At its core, there must be an assumption that care is something morally good and something that ought to be cultivated. I find it difficult to see how such a position could be articulated without relying on some form of abstraction. That said, I take a somewhat more fluid approach to the abstract-concrete distinction (which, by now, may come as no surprise). Conceived as a spectrum, conceptual abstractions may always be seen as less concrete, and the concrete as less abstract. Regardless of where one locates a specific concept on this spectrum, a foundational commitment to care must however underlie care ethics. It is not unreasonable for such a commitment to take the form of a principle, akin to what Tronto (1995, 143) expresses when she writes: "Furthermore, the ethic of care entails a basic value: that proper care for others is a good, and that humans in society should strive to enhance the quality of care in their world 'so that we may live in it as well as possible'."

For now, let us refer to these sort of statements as principles of care. As Stark points out, such principles can be justified through either abstraction or contextualism. Consider, for example, a condensed care ethical principle such as "Care is morally binding" (while there are better formulations, this offers a workable example). An abstract justification for this principle might be: "Care is morally binding because

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human beings are vulnerable." In this view, it is the universal experience of human vulnerability that grounds the normative force of care. By contrast, a contextual justification might be: "Care is morally binding *when* we are situated in certain types of relationships or contexts." I find the latter more compelling, as it emphasizes what is distinctive about care ethics—its embeddedness in the situational and relational. Thus, I do not believe that care ethics must, or should, be free of abstraction or even principles. Rather, such principles ought to be justified by reference to the concrete. A case in point of contextual justification is Stephanie Collins, who writes that "obligations derive from relations between persons" (2015, 3). Similarly, Noddings (2013, 106) explains: "The source of my obligation is the value I place on the relatedness of caring. This value itself arises as a product of actual caring and being cared-for and my reflection on the goodness of these concrete caring situations." While neither Collins nor Noddings formulate principles *per se*, their accounts provide a contextual justification for the moral force of care, one that could, at least in theory, be articulated as a principle of care. On this view, principles are reflective rather than prescriptive. They describe moral realities we have already concretely encountered; they do not motivate caring acts.

As O'Dowd (2012) argues, it is virtually impossible to avoid being oriented by some form of abstraction, which may well take the form of general principles. What distinguishes care ethics from her reasoning, in my view, is not that it avoids abstraction entirely, but that its normative claims are grounded in concrete relationships. This reveals once again a movement between the abstract and the concrete. The general commitment to care is justified by and within the lived, situated relationships through which care becomes meaningful. It is in the encounter with the other that care emerges as a moral obligation. Hence, while care can certainly take a more abstract form as a reflection or description, it only becomes morally justified when situated in relation to others. This, I believe, marks a decisive difference between care ethics and deontology, which grounds its justification in abstraction. Of course, these questions invite further debate, and I do not intend here to offer a complete account of how care ethics differs from other normative theories. I would, however, like to briefly note one last related concern.

One of the main reasons care ethicists have traditionally opposed abstraction and moral principles is that this opposition, tracing back to Gilligan (1982), has played a key role in establishing care ethics as a distinct moral framework. If care ethicists were to acknowledge that they are, in fact, committed to a normative principle of care, this might raise the question of whether care ethics is simply a form of deontology (O'Dowd 2012). While this concern may seem reasonable at first, I believe it rests on a simplification. All normative ethics must begin with some foundational commitment, whether to maximizing happiness, realizing a particular ideal, or sustaining caring relationships. If holding any basic normative stance amounts to deontology, then not only care ethics, but also consequentialism, virtue ethics, and nearly all other moral theories would fall under that label. While such a conclusion may be theoretically possible to argue for, it undermines the important distinctions that exist between ethical frameworks—distinctions that are both conceptually and practically meaningful.

In the case of care ethics, I would argue, on the basis of Stark's distinction, that the theory is justified through contextual reasons. The issue, then, is not the presence of abstract principles *per se*, but whether those principles are justified by abstraction or through concrete relationships. This perspective also creates space for care ethical projects that explore different forms of justificatory reasoning, such as Steyl's (2020, 2021) work on the justification of action within a care ethical framework. These kinds of

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projects contribute meaningfully to articulating care ethics as a stand-alone ethical framework. To advance the theory on its own terms, care ethicists may need to soften their resistance to abstraction, while holding firm to the view that moral insight and justification remain grounded in particular relationships.

At the level of deliberation, I have distinguished between conceptual abstraction and contextual abstraction. The former refers to shifts in how concepts are framed, and the latter to how such conceptual abstractions affects caring relationships. At the level of justification, conceptual abstraction refers to the principles or moral commitments that care ethicists endorse. Contextual abstraction, in this case, refers to how those principles are justified within the contours of actual human relationships. Care does not stem from a principle, but from the recognition of concrete (and abstract) others. That does not entail one cannot commit to a principle of care.

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