

The Will to Care: Performance, Expectation, and Imagination

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This article addresses the world's contemporary crisis of care, despite the abundance of information about distant others, by exploring motivations for caring and the role of imagination. The ethical significance of caring is found in performance. Applying Victor Vroom's expectancy theory, caring performances are viewed as extensions of rational expectations regarding the efficacy of actions. The imagination creates these positive or negative expectations regarding the ability to effectively care. William James's notion of the will to believe offers a unique twist on rational expectations in that he regards humans as having the capacity to work within uncertainty to take decisive action. Applying this idea to caring performance is, this article argues that people can have the will to care, beyond strict rational calculations or limits of social norms. Historically, caring has been associated with the imagination's ability to empathize, but the will to care offers another role for the imagination in envisioning effective action. Given the significance of the imagination for ethical behavior, this article explores the implications for cultivating care in terms of what educating for care might look like. The work of feminist care ethicists, particularly Nel Noddings, is discussed, and contemporary case examples of caring performances are investigated.

In the climactic scene of *Revenge: A Story of Hope*, award-winning *Washington Post* journalist Laura Blumenfeld finds herself in an Israeli court passionately arguing for the release of a young Palestinian, Omar Khatib, who had shot her father (not fatally) in an unprovoked act of terrorism (Blumenfeld 2002). What caused a successful American Jewish woman to travel halfway around the world to support a Palestinian man who had brought such tragedy to her family? Empathy played a major role as Blumenfeld made an extraordinary effort to understand the life and circumstances of the man who shot her father. She spent one year anonymously befriending the family of the imprisoned Khatib

with whom she corresponded by letter. Blumenfeld originally thought that her subterfuge would assist her in exacting revenge. For Blumenfeld, that year transformed the gunman's family from a hated stereotype and the object of her revenge to flesh and blood individuals with whom she found much personal connection. Ultimately, she came to care for the Khatib family enough to act on their behalf. However, empathy¹ alone is not sufficient to explain Blumenfeld's ultimate actions on behalf of Khatib. Resources and experiences, combined with her growing empathetic understanding, provided the foundation for her to imaginatively perceive she could make a difference. Blumenfeld not only cared, but she felt that she had the personal power and agency to effectively act. Her agency was actualized through a specific performance of care in her courtroom testimony. Blumenfeld's ethical response foreshadows the claim of this article: Caring actions or performances are the result of the workings of a moral imagination that both empathizes and favorably anticipates making a difference. Empathy participates in the moral imagination and is a catalyst for caring action, but it is not the sufficient condition of it.

One of the vexing issues for care ethicists² is the development of a persuasive account of how one cares for those outside the familiar social spheres of family, friends, and acquaintances. As Virginia Held correctly describes, "the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility" (Held 2006, 10). Human social relations demand particularism on behalf of intimates, but as an ethical theory this approach would seem to foster subjectivity that can lead to moral inconsistency. Nel Noddings writes that the individual prepared to care more widely for others "dreads the proximate stranger, for she cannot easily reject the claim he has on her" (Noddings 1984, 47). How do we decide about the strangers toward whom we should take caring actions? Knowledge certainly plays a role. The more understanding we have or gain of the stranger, the more potential there is to imagine empathizing and caring.³ Elsewhere, for example, I have suggested that one's position on same-sex marriage is influenced by the direct and indirect knowledge one has of individuals desiring this arrangement (Hamington 2004a). Such knowledge provides the basis for empathy, but does not single-handedly motivate caring action. If it did, modernity would be inundated by an abundance of caring. Imagination provides empathetic connection but also envisions the potential for effective action.

At no time in the history of civilization has widespread access to the images and stories of distant others been so available. The shrinking of the world has brought otherwise unknown others closer. Opportunities for care, defined as the knowledge of the plight of others, are unprecedented, and yet there is no evidence of a widespread movement toward valuing and socializing greater caring. In this article, I suggest that insight into the contemporary lack of care

given the available information about others can be found in the imaginative implications offered by a theory of behavior developed by Victor Vroom in 1964 known as “expectancy theory.” Simply stated, expectancy theory claims that the strength of certain perceptions about abilities, actions, and outcomes determines whether people will act or exert effort. Accordingly, in addition to empathy, caring actions on behalf of distant others are influenced by expectations about one’s perceived ability to effectively care. These relational expectations supplement knowledge and empathetic motivations to ground care as an activity of both the mind and the heart. Such expectations are the product of the imagination’s machinations regarding personal memory and experience as applied to new circumstances. Knowledge and empathy are the foundation for caring actions, but without the workings of the imagination to provide the connective leap of efficacy, actions are unlikely to take place. Furthermore, William James’s notion of the will to believe provides a mechanism for personal agency within a structure of rational expectations. Before addressing the role of imaginative expectations, I will establish caring within a performative framework to emphasize the centrality of action to care ethics and to distinguish caring actions from empathy.

PERFORMANCES OF CARE

The notion of performativity, although seldom explicitly applied to care, helps to clarify the distinction between feelings and actions. This is particularly important for care ethics, given that the pervasive use of the term *care* in common conversation tends to elide caring feelings with caring action. To state, “I care about homelessness” is an expressed disposition, but it cannot be equated with a robust notion of care ethics if the disposition, albeit praiseworthy, does not translate into action. One might refer to this as unrealized empathy. If I only feel “pangs” for others but never act on their behalf, my reaction can be called empathetic, but it cannot be described as caring in an active sense. Accordingly, Noddings claims that “care theory is consequentialist (but not utilitarian). It asks after the effects on recipients of our care. It demands to know whether relations of care have in fact been established, maintained, or enhanced, and by extension it counsels us to consider effects on the whole web or network of care” (Noddings 2002, 30). She suggests that our actions and their impact reveal how caring we are. Even Kant, who expressed the highest moral praise for a good will, viewed ethics as studying “the intrinsic quality of actions” (Kant 1963, 71). The empathetic feelings I have in my heart find an ethical dimension when translated into action.

In various ways, care ethicists have emphasized caring as an active practice. For example, Joan Tronto suggests that describing care as a practice mitigates some of the ambiguity surrounding care: “it is an alternative to conceiving of

care as a principle or as an emotion. To call care a practice implies that it involves both thought and action, that thought and action are interrelated, and that they are directed toward some end" (Tronto 1993, 108). Evelyn Nakano Glenn identifies three advantageous aspects of describing care as practice. First, caring practice is something that everyone needs, not merely the vulnerable in society. Second, care is always practiced in relationship, and although relationships have varying power differentials, the one cared for is never entirely powerless, thus he or she contributes to the relationship. Finally, caring practice can occur in diverse ways and is not limited to specific configurations. Glenn develops her understanding of caring practices as a basis for describing what a society that values care might entail (Glenn 2000). What these theorists emphasize is that caring is more than a disposition, sentiment, or emotion; it entails action. A practice or performance of care integrates disposition and action to gain ethical content.

An intriguing approach to care ethics as performative action rather than sentiment can be extrapolated from the work of Judith Butler on sexual identity. Butler claims that one's sexual identity arises out of iterations of performance in response to social and political forces: "That the gendered body is performative suggests that it has no ontological status apart from the various acts which constitute its reality" (Butler 1999, 173). Accordingly, femininity and masculinity are not biologically determined but are the result of numerous acts—appearance choices, bodily comportments, vocalizations—that both fit and reinforce (or alternatively, as in the performance of drag, resist) existing notions of sexuality. Similarly, caring can be described as a performance of actions on behalf of others.

Iterations of caring actions instantiate care as aspects of individual identity. In this manner, moral identity can be said to be a performance grounded in iterations of ethical actions that fit or resist social norms. The empathizing with others required for caring performance is also an identity-building activity given the social nature of identity formation. As Karsten Stueber describes, "Empathy not only allows me to solve the basic problem of other minds; that is, it not only allows me to recognize another person as being minded. It also enables me to develop myself more fully as a reflective and self-critical individual, since it enables me to recognize the opinions of others about myself" (Stueber 2006, 9). In this manner, the imaginative and physical performances of caring contribute to moral identity. Of course, this identity exists in and responds to society.

There are standards of caring behavior established by community culture. To fall short of those caring behaviors is to be open to criticism. For example, not responding when someone asks what time it is can be interpreted negatively. However, one is also criticized or socially disciplined for caring actions that exceed the norm. Asking the name and circumstances of someone who

requests spare change on a downtown street with the intention of acting on their behalf is likely to be met with resistance not only from the supplicant but from peers as well. The norm for caring behavior is established in a social context, and violations are met with suspicion. Again, Butler's notion of performativity is informative. For Butler, sexual identity is not static: "Gender ought not to be construed as a stable identity or locus of agency from which various acts follow; rather, gender is an identity tenuously constituted in time, instituted in an exterior space through *stylized repetition of acts*" (Butler 1999, 191). Analogously, one can choose to subvert standards of caring behavior through iterations of caring acts. Repeating caring actions can establish individual caring standards or behaviors that go beyond or challenge social convention, creating a subversive or radical practice of care. Such habits of care not only make further caring easier, they, in concert with the imagination, open up the possibility for care to be applied to new circumstances and individuals.

Caring, in an ethically meaningful sense, is not merely a sentiment, but describes a collection of actions tied to disposition and linked to identity. Caring is actualized through performance. Caregivers must "do" something for others. Caring may have empathy as its imaginative basis, but it is realized in individual acts. To summarize, caring integrates a disposition of openness and positive intentions with a performance of actions that leads to the flourishing of the one cared for. Positive iterations of care, although making further caring actions easier, do not make them automatic. Expectations of our effectively being able to care still play a role in our decisions, which is the subject of the next section.⁴

Before moving on, I would like to offer a note on evaluating care. Performances take place in a social world and are observed. Although through experience and practice performers often have a good idea if their performance was good, they may not always be the best judges. Similarly, the audience may not have the experience and observational skills to recognize a good performance. Understanding the performance of care requires a negotiation between individual empathy and intent and reflections on what constitutes quality care. When defining the elements of care in the 1990s, Tronto included "competence" as an element because "intending to provide care, even accepting responsibility for it, but then failing to provide good care, means that in the end the need for it is not met" (Tronto 1993, 133). A person who earnestly believes he or she is caring may be paternalistic, or stifling, or simply ineffective. In this context, the community can provide resources for reflection. A deliberative element to social morality is inherent in the classic American philosophy of John Dewey and William James. In an often-quoted statement, James valorizes the individual/community dialectic: "The community stagnates without the impulse of the individual. The impulse dies away without the sympathy of

the community” (James 1897/1956b, 232). Similar to Hume’s notion of a general point of view that balances sentiments, sometimes society provides standards for evaluating care (Hume 1739/1978, 582). Although Jehovah’s Witness policy on blood transfusions has evolved over time, their biblical interpretation of the prohibition against them has not met society’s standard of care. Parents in a Jehovah’s Witness family may believe they are caring for their child (particularly his or her soul) when withholding a blood transfusion, but society through its legal system has determined that this is not an adequate standard of care and therefore chooses to intervene (Louderback-Wood 2005). Caring intentions alone can be vapid or misguided without a reflective element. Although I return to the topic of what motivates caring action, which includes a notion of perceived efficacy, I recognize that the issue of what constitutes “good” care and “bad” care remains a subject of discussion analogous to the idea that just because someone is “principled” does not necessitate that the principles adhered to are good ones.

EXPECTANCY THEORY

Victor Vroom’s expectancy theory describes human motivation to act as based in perceptions about the strength of causal relationships (Vroom 1964). The theory has been most often applied in the field of organizational behavior to analyze worker performance and its connection to rewards. However, if we view care as actuated through performative acts, expectancy theory provides a useful framework for understanding the lack of caring in a world where so many opportunities exist. Accordingly, the absence of caring is in part a failure of moral imagination.

Expectancy theory proposes that motivation to act rests on three causal linkages that exist in a perceptual chain between making an effort and achieving satisfaction. For someone to be motivated to act, all three linkages must be perceived to have a high degree of potential.

Effort → Performance → Outcomes → Satisfaction

The arrows above represent the perceptual linkages. The first linkage involves what Vroom described as *expectancy* and characterizes the perceived correlation between effort and performance: the individual must believe that his or her effort will lead to a desired performance. “Can I do it?” For example, as an aging, nonathletic academic, if someone offered me U.S.\$1,000,000 to run a three-minute mile, although I value the money, I will not be motivated to make an effort because I doubt any amount of training can lead to this performance. To be motivated to act, it is necessary for one to imagine that one’s effort can lead to the designated performance. The second linkage addresses *instrumentality* and reflects the relationship between performance

and outcomes: the individual must believe that if he or she achieves a certain performance, it will trigger certain outcomes. For example, if my dean tells me that if I write a book I will be awarded promotion to full professor, I may or may not believe the statement. If I have complete trust in the dean, then perhaps I will be motivated to write that book. If I know that several people have written books and have not received a promotion, perhaps I will be reluctant to make the effort, even though I know that I can write a book (linkage 1), because I do not perceive a causal link to the outcome. Finally, there is a link between outcomes and satisfaction or what Vroom termed *valence*. Even if I know that I can achieve the performance and the outcome, I will not be motivated to act if I fail to view the outcome as valuable. In the aforementioned example, if I believe I can write a book and I believe the dean's statement that I will be promoted as a result, my effort still hinges on my perception of ultimate satisfaction. If I am indifferent about promotion to full professor, because of the added pressure or increased committee responsibilities, I will not endeavor to write the book. According to Vroom's theory of motivation, actions depend upon the individual perceiving all three causal relationships as positive. These are imagined connections or perceptions: I will make the effort as long as I imaginatively envision that it will lead to the desired outcome. In terms of my actions, the reality of achieving the desired outcome is not as significant as my perceptions.

Expectancy theory can be applied to any human endeavor, including caring. If I imagine that my caring actions will make a difference, or in Vroom's terms, the expectancy, instrumentality, and valence are present, then I am likely to try. Noddings categorizes care as either natural or ethical. Natural caring includes actions taken with little decision making, which thus appear spontaneous. Parental care for a small child is one example of natural caring. Noddings's use of the term *natural* can be misleading as she indicates that caring still requires cultivation. Whether to care is always a choice, but it is sometimes an easy choice to make. Ethical caring, according to Noddings, covers those instances when we must make a reflective choice whether to care. Care is expected within the intimacy of family and friends, and when it fails to occur, we look for mitigating circumstances—depression, substance abuse, trauma.⁵ Care is generally less expected when it involves unknown others, and it is this circumstance with which this article is most concerned.

Every day, newspapers, television, radio, and the Internet inform us, if we care to hear, about circumstances around the globe where people could benefit from our caring actions. Those actions could take numerous forms, including sending donations, making phone calls of advocacy to officials, sending letters of support, organizing events, or even traveling to visit and help affected individuals. Most of us have been moved to act on behalf of some and insufficiently motivated to act on behalf of others. Perceptions regarding the efficacy of our caring actions are factors in our decisions. Applying Vroom's model, the first

causal linkage is between effort and performance. Am I capable of sending U.S.\$100 to a relief fund? Am I capable of writing a letter or making a phone call? If I identify a means of caring for a distant other, the first concern is my ability to carry out the necessary action. Next is the linkage between performance and reward. If I am capable of sending a donation, will it have the caring result I intend? Will the money fall into the wrong hands? Will my letter be thrown in a wastebasket? Finally, if I am capable of taking a caring action, and I believe that it will have an impact, I must perceive the impact as valuable. I might, for example, be so moved by the homelessness problem that I decide to take caring action. Because I am capable of driving, I decide to drive to a homeless shelter and meet the homeless face to face and try to help them. I take a day off from work to do this. Although I make an important caring gesture, I must assess the value of my effort.

At this juncture, a remark about paternalism is in order. Because the focus of this inquiry is perceptions of expectations, the caregiver has been the central figure. The danger in such an approach is for caring to be paternalistic—actions that the caregiver conceives as beneficial to the one cared for, which may or may not be perceived as such. This danger is particularly high for unknown or distant others of whom the caregiver has little knowledge. Paternalism can be mitigated by attention to, engrossment in, and listening to the one cared for (Noddings, 2002, 136–37). Of course, sometimes paternalism is what is morally called for, as in the care of a parent for a small child. However, in other cases, genuine, active listening and effort to understand helps clarify the needs and circumstances of the one cared for, thus reducing the likelihood of uninformed paternalism (Hamington 2004b, 108–12, 137–42).

Caring is like other human actions: we generally do not undertake those actions that we perceive to be futile. I do not have plans to try out for the Los Angeles Lakers this year, and I will not be asking my friends to nominate me for the Nobel Peace Prize. Similarly, we do not undertake caring actions that we do not imagine have a high probability of success, given correlation to our own efforts, performance, or the value of the caring activity. For example, many people have lost sight of the connection between taxation (at least at the state and local level) and caring for members of society. Political rhetoric and scandals combined with bureaucratic distance make it difficult to perceive how an additional tax dollar might feed, provide utilities for, or educate someone. Assuming that citizens empathized with the plight of others, if a strong correlation between taxes and caring services for society is perceived, they might not object to further taxation.

Contemporary psychological research on empathy appears to support the notion that perceived efficacy of intervention is a significant variable in determining whether empathy evolves into action. In a meta-study of research on empathy, Stephanie D. Preston and Frans B. M. de Waal claim, “The literature

suggests that empathy and helping are determined by the subject's ability to help. Human subjects are more likely to help when the level of need or potential benefit to the object [of empathy] is higher" (Preston and de Waal 2002, 6). Psychologist Albert Bandura goes even further by challenging the notion that human empathetic responses are reflexive, claiming that there are cognitive mediations developed as we mature to prevent us from debilitating emotional exhaustion (Bandura 2002). These "cognitive controls" temper our empathetic responses and thus our caring performances.⁶ One such control may be based on expectations regarding the efficacy of our caring actions.

Although expectancy theory does not provide specific moral content or add to moral theory, it does provide a method for understanding caring actions. Moral motivations are not trivial. If care is moral in its performance, then motivations to act are the pathway to ethical behavior. Noddings explains that "[n]either Kantianism nor utilitarianism is empty of insights, but they are both weak on moral motivation. We act morally because we are moved to do so and, in large part, this occurs because we have an ideal of caring that may be consulted" (Noddings 2002, 216). In its dissection of the thought processes that go into caring performances, expectancy theory reveals a crucial role for imagination beyond empathy.

MULTIPLE ROLES FOR MORAL IMAGINATION

Although imagination has been largely ignored in the history of Western moral thought, it has received some attention of late. Much of this work on imagination is focused on empathy. For example, Mark Johnson claims that "taking up the place of another" is "the most important imaginative exploration we can perform" (Johnson 1993, 200). In regard to care ethics, Michael Slote regards empathy as so central to the endeavor of caring that he renames the concept "empathetic caring." In *The Ethics of Care and Empathy*, Slote claims that "a fully developed ethics of care [is] nothing less than a total or systematic *human* morality, one that may be able to give us a better understanding of the whole range of moral issues that concern both men and women than anything to be found in traditional ethical theories" (Slote 2007, 3). To attain full development, according to Slote, care ethics requires a robust notion of empathy, and he describes empathy as the foundation of caring. I do not disagree with Slote's valorization of empathy. However, in the previous sections I have attempted to demonstrate not only that caring performances are necessary to describe care as morally significant, but also that empathy is not a sufficient condition of caring actions. These caring actions also require that individuals have positive expectations regarding their attempts at care—another imaginative function. It is one thing to empathize, and it is another to take action on that empathy. For example, if two individuals witness a drowning man, it is

conceivable that both may empathize with the plight of the individual—feeling connection and resonance with his or her desperation and impending doom. One individual is trained in water rescue and the other not. The person trained in water rescue can more easily imagine undertaking an effective act of care and is therefore more likely to do so. Empathy, then, is just one, albeit crucial, role that imagination plays in caring performances. Another role of the moral imagination is to speculate as to the efficacy of potential actions as described by expectancy theory, because unless there are special or compelling circumstances, few people will undertake futile endeavors. There are many variables that may promote or inhibit our perceived expectations, including social narratives, personal experience, and contextual factors. Each of these plays into the complex machinations of the imagination. At times, it appears that the power and potential to care is truncated by self-imposed limitations. This self-disciplining phenomenon is particularly foregrounded when we witness individuals taking caring actions under unlikely circumstances.

In 1998, first-grader Ryan Hreljac of Ontario, Canada heard from his teacher about the lack of available water in many African communities. Hreljac was moved by the description and wanted to do something to provide clean water for Africans. He began by raising money on his own by doing chores, but eventually he created Ryan's Well Foundation. Through worldwide publicity, the project has helped to build five hundred wells and claims to have provided one half million people with freshwater. Ultimately, his interest in the plight of Africans led Hreljac to visit Uganda and attend school there for a day. Hreljac disclaims any special status for his caring performance, "I'm just your regular average kid" (Hreljac 2009). How can we characterize Hreljac's actions? He demonstrated imaginative empathy for distant others, but he also took action. Caring for unknown others is so challenging because the farther we move from the familiar, the less control we have and the more risk of failure there is. In terms of expectancy theory, the more unknown the one cared for is, the more difficult it is for us to imaginatively perceive the linkages between our caring efforts and the one experiencing care.

One could say that it was merely moral luck that Hreljac was in the right place at the right time to actuate his caring feelings. He also lacked direct experience of the plight of Africans until after the project got going, so the foundation of his imaginative connection was indirect. In this respect, he was engaged in a form of charity work at first. As Sonia Kruks describes, such forms of imaginative world traveling must be careful not to objectify or deny the agency of the other (Kruks 2001, 158). Furthermore, one must question the "empathic accuracy" ("the ability to accurately infer the specific content of another person's thoughts and feelings" [Ickes 1997, 255–56]) of a six-year-old child with limited information. Yet no one is arguing that caring performances are infallible. Caring entails risk, including the chance of failure

or inappropriate action. If the performance is not undertaken, there is no chance of failure, but neither does any care take place. It is perhaps useful to think of Hreljac's actions in terms of Maria Lugones's notion of "playful world traveling." In most ways, Hreljac's initial efforts fail Lugones's description of world traveling given the superficial understanding Hreljac began with. Furthermore, advantageous circumstances played a role in Hreljac's actions. He was an outsider, coming from a position of privilege, who did not know or deeply identify with the people of Africa. Yet, he was "playful," and original, empathetic feelings led him to learn more about the people he was caring for.

When he was nine, Hreljac did travel to the northern Uganda town where the first well was built. While visiting, Hreljac consciously compared his life with that of those in the village and developed a level of identity. He met Jimmy Akana, with whom he developed a friendship and subsequent correspondence.⁷ Perhaps Hreljac's youthfulness contributed to an imaginative playfulness that Lugones describes as the loving foundation of world traveling (Lugones 2003, 93). As a child, Hreljac lacked the socially constructed barriers to imagining the possibility of an effective caring performance that adults often invoke. His "naiveté" about making a difference in the world allowed him to try and succeed where others, particularly older others, might have engaged in self-disciplining restraint resulting in no action. Hreljac took a risk but had the courage to care. Lugones describes the risk that accompanies playful world traveling: "The playfulness that gives meaning to our activity includes uncertainty, but in this case the uncertainty is an *openness to surprise*" (Lugones 2003, 95). In this respect, Lugones is describing playful world traveling in terms very similar to those that describe care ethics. She goes on to characterize playfulness as "a combination of not worrying about competence, not being self-important, not taking norms as sacred, and finding ambiguity and double edges a source of wisdom and delight" (96). Care also relies on humility, is comfortable with some ambiguity, and does not rely on rules. Applying expectancy theory, Hreljac perceived a positive relationship between effort, performance, and outcome that kept him going against what others might view as long odds. Naïve or not, Hreljac had the will to care and acted accordingly.

THE WILL TO CARE

Given the integration of psychology and philosophy in the discussion of caring performances and expectations, it is appropriate that I turn to William James for insight into the implication of expectancy theory for care ethics. In 1897, James, who made significant contributions to philosophy, psychology, and the study of religion, collected two decades of articles into *The Will to Believe and Other Essays in Popular Philosophy*. In the controversial essay "The Will to Believe," James ostensibly offers a religious apologetic. He describes the essay as

“a defence of our right to adopt a believing attitude in religious matters, in spite of the fact that our merely logical intellect may not have been coerced” (James 1897/1956a, 1–2). Why would a Western philosopher argue against logic? James recognized the power of the mind to influence reality. Today, we might refer to this as “self-fulfilling prophecy.” For example, even serious marathon runners face long odds in winning major races given the time, length, and competition involved in such races. Nevertheless, when the gun sounds these runners must believe that they can accomplish their task successfully without empirical evidence indicating the certainty of the outcome. For James, belief can, in some circumstances, help create truth: “There are, then, cases where a fact cannot come at all unless a preliminary faith exists in its coming. *And where faith in a fact can help create the fact*” (25). James admits that this is an “insane” logic by the standards of scientific inquiry, yet he also points out that such belief permeates our lives.

Although James offers the notion of the will to believe in regard to religion, he also suggests that it can be applied to other aspects of life. Furthermore, James intimates that society, despite contemporary cynicism, could not function if its members did not possess a foundational belief in one another: “A social organism of any sort whatever, large or small, is what it is because each member proceeds to his own duty with a trust that the other members will simultaneously do theirs. Wherever a desired result is achieved by the cooperation of many independent persons, its existence as a fact is a pure consequence of the precursive faith in one another of those immediately concerned” (24). In this spirit, I extend James’s analysis to caring. One is faced with numerous opportunities to care for others every day. These choices are fraught with unknown outcomes particularly as they involve unfamiliar others who may respond in unpredictable ways. Caring involves an imaginative leap of faith analogous to James’s will to believe. One must believe that one’s efforts can lead to caring actions that make a difference. The existence of the will to care can bring about the fact of caring.

James distinguished between the options one is faced with, describing some as “live” and some as “dead.” Live options are those that have a resonance with one’s experience and are perceived as real possibilities. Dead options have no such imaginative resonance. Applying James’s distinction to caring, many choices are simply dead options. Taking in all the orphaned children of the world is discarded as a sentimental impossibility; caring for an injured person whom one encounters on a mountain hike is a live option. The clearly dead or live options for caring are not as interesting as the ambiguous ones between the extremes. What makes some caring options live for some and dead for others? Can the imaginative barriers to caring that make some choices dead be overcome?

James adds other characteristics to his understanding of viable options for taking action. In addition to living or dead choices, he claims that options can

be described as “forced or avoidable” and “momentous or trivial” (James 1897/1956a, 3). Obviously, a forced choice is one that cannot be avoided, while an avoidable one does not capture the totality of the possibilities. A momentous choice has a great deal hinging on it whereas a trivial one does not. James suggests that a genuine option is forced, living, and momentous. Caring may be undervalued in contemporary society, but the decision to care can be described as living, forced, and momentous.

James famously suggested a means for moving beyond pragmatist deliberation to action. Pragmatism consciously advocates a method of inclusive knowledge acquisition that includes listening to widespread and diverse voices. However, instead of waiting for epistemic certainty, James indicates that at some point we take a leap of faith and act in accordance with the best available knowledge. We “believe” and act as if truth has been found even though we may amend this truth at a later time with further evidence. James’s insight is both psychological in regard to the workings of the mind’s reflections on truth claims and philosophical as to the nature of truth. As Charlene Haddock Seigfried describes, “James points out the relation of reality to our emotional and active life” (Seigfried 1978, 59).⁸ The same mechanisms can be applied to personal care claims, whereas the quest for absolute epistemic certainty can lead to inaction, so too can the quest for certainty of caring expectations. The linkage among caring efforts, performance, and experienced care is often unclear and intensified by self-doubt and lack of confidence in others and social institutions. Many times this skepticism is warranted, but inaction can result in death and suffering. Caring is too important to the sustenance of the world to wait for certainty.

Richard Gale highlights the imaginative aspect of James’s notion of will, referring to it as “aesthetic ideating.” Gale describes James’s understanding of will as reflective in a manner that assists in the making of a choice but that also increases the odds that the alternative selected will be successful. Gale offers the example of an actor choosing to play a role among the many scripts offered: “Getting ourselves eventually to accept one of the scripts over its serious competitors consists in vividly playing over one of the roles in our imagination until it dominates, this amounting to the that’s-me feeling and thereby the decision to play that role” (Gale 1999, 81). This is a reflective and imaginative process into which numerous variables are factored. Ultimately, one role is selected, not with any kind of absolute certainty that it is the best one, but with the force of will to make it work. This process is analogous to the will to care. At any juncture, one has choices about caring, but if the choice of taking the risk of care is made, then the force of will founded on the belief that caring performances can make a positive impact creates the possibility of success. Caring actions not attempted, of course, have no chance of success, and caring actions with little conviction have a meager chance of success.

James's notion of the will to believe turns expectancy theory on its head. Vroom's descriptive theory regarding motivation for action can inform a normative theory of caring performance through imaginative development if James's approach is applied. James suggests that after reflection, deliberation, and decision, we have the opportunity to create our own expectations. Erin Tarver finds great potential in applying James's limber epistemology to feminism: "Those of us of a Jamesian sentiment, then, ought not only to *hope* for the end of sexist oppression or the ultimate prevailing of a nonmisogynist Truth: we ought also, whenever possible, to look for ways of creating that truth, of realizing that demand" (Tarver 2007, 290). Accordingly, the task of a society that wants to foster a caring culture is to develop the caring expectations of its members.⁹ An overused term to describe the personal agency necessary to effectively care is "empowerment." Claims of limitation—"I can't do anything about world hunger or famine in northern Africa"—are to a certain extent self-imposed. We have developed a plethora of reasons for not taking caring actions. James warns that willful action "may be neutralized and made inoperative by the presence of the very faintest contradictory idea in the margin" (James 1899/1958, 119–20). If individuals both empathize with others and feel a strong sense of personal agency that transcends the ready-made excuses, the imaginative combination makes caring performances more likely. In 1971, philosopher Milton Mayeroff anticipated the challenge of caring actions by including "courage" among his list of the major ingredients of caring: "I have no guarantee where [caring actions] will all end or in what unfamiliar situations I will find myself. The security of familiar landmarks is gone and I cannot anticipate fully who or what the other will become or who I will become" (Mayeroff 1971, 27). The will to care may in fact bring about caring action in the face of challenges and even long odds.

An example, albeit a negative one, of the ability of the human imagination to transcend rational expectations is the purchase of lottery tickets. Applying expectancy theory, the link between effort and performance is strong for lottery gambling because tickets are inexpensive and widely available. Valence is also high as the jackpot is usually a very large sum of money that anyone would find attractive. However, the link between performance and outcome is almost nonexistent—except in people's minds. According to expectancy theory, no one should purchase a lottery ticket given this weak linkage, yet people still do so even when told that the odds of getting hit by lightning are higher than those of purchasing a winning ticket. Imaginative perceptions about winning blind people to rational choice. The media and the economy have contributed to fetishizing material wealth in the developed world in such a way that people ignore simple rational choice. Lotteries have clear statistical odds; caring actions do not. If people take risks to care for others, and, here, I am not suggesting unreasonable risk but warrantable risk, positive caring

performances are likely to occur in far greater numbers than purchasing winning lottery tickets.

DEVELOPING A WILL TO CARE

I have supported a series of claims about caring. First, the ethical significance of caring is found in its performance. Caring without action, like a good will, would be unknown and unrealized. Second, caring actions are usually undertaken if they are believed to have the potential for success. An imaginative assessment is made regarding positive expectations between effort and performance, performance and outcomes, and outcomes and satisfaction. Caring requires the workings of the moral imagination in both the creation of empathetic connections and perceptual expectations of efficacy. Third, given the significance of imagination for processes leading to caring actions, it may become necessary for individuals to overcome artificial or self-imposed perceptions regarding the inability to perform care. Sometimes taking a leap of faith, or having the will to care, in the face of uncertainty can actualize caring performances. What this article ultimately suggests is that the workings of the imagination, including how that imagination is fed, should garner significant attention in moral theory. I conclude with some implications of the caring imagination for moral education.

Just as lottery gambling has benefited from aggressive marketing and cultural support, caring performances can be imaginatively cultivated, thus facilitating the will to care. I will not attempt a comprehensive discussion of educating or cultivating care here, but among the methods for developing a deep sense of caring are modeling, disciplinary induction, practice, engaged inquiry, diverse and rich encounters, and experiences of art. Modeling is the most familiar and is usually associated with the private sphere of the home. Ideally (and perhaps romantically), parents model caring behavior that children subsequently acquire. Feminist theorists who first proposed care as an alternative approach to morality often drew from a parent-child metaphor. However, modeling care does not have to be limited to parents or families. As more of the responsibility for children's development is transferred to social institutions, modeling care falls to others such as teachers. Accordingly, Jane Roland Martin describes the responsibility of schools to teach the three C's of education: care, concern, and connection (Martin 1992).

Just as parents and other adults play a crucial role in modeling care for children, they are also responsible for what Martin L. Hoffman describes as "disciplinary induction." When a child harms someone, whether intentionally or not, the subsequent discipline is a key moment in moral development. If the person administering discipline can help the child attend to the impact of his or her actions, then disciplinary induction can take place. Hoffman explains,

“When children process and understand an induction’s message, this can produce in them an empathic response to the victim’s distress, an awareness of their action’s being the cause of that distress, and a feeling of empathy-based transgression guilt” (Hoffman 2000, 144). Hoffman views successful disciplinary induction experiences as resulting in an internalization of a disposition to consider others. Accordingly, the will to care is internalized to various degrees, in part based on these experiences.

Practice is also an essential element in cultivating the will to care, particularly given the definition of care as performance.¹⁰ Any high-quality performance requires practice or the requisite iterations to develop habitual proficiency. Care is no exception. Caring habits are not rote repetitions, but open-ended structures of responses to those encountered. Iterations of care help develop habits that can be applied in new circumstances, as no two opportunities to care present themselves in the same way (Hamington 2004b, 38–60).

What I refer to as engaged inquiry is the active study of caring individuals who acted to benefit society. This is a study not only of their guiding principles and philosophy but also of their life experience. How did Dolores Huerta go from being a child raised by a single mother who struggled financially to become the leading Chicana in the farm labor movement? How did Jane Addams go from being a middle-class white woman to a leading spokesperson for immigrant, African-American, and working-class rights of her era? Engaged inquiry presents important leaders and activists, not as extraordinary but in a recognizable life narrative with attention to the passion or affective dimension of their lives that demonstrated how deeply they could care.

Rich encounters with diverse others, associated with cosmopolitanism, are another opportunity to develop caring skills. As Kwame Anthony Appiah describes one of the themes of cosmopolitanism, “we take seriously the value not just of human life but of particular human lives, which means taking an interest in the practices and beliefs that lend them significance” (Appiah 2006, xv). To this end, caring requires engaging with diverse peoples to understand their specific circumstances and thus moving beyond distress over the unfamiliar to honoring difference and finding the commonalities that can give birth to connection.

Finally, art educates for caring performances. For example, through novels and dramatic performances, encounters are made with diverse fictional individuals. As Martha Nussbaum describes, novels “construct and speak to an implicit reader who shares with the characters certain hopes, fears, and general human concerns, and who for that reason is able to form bonds of identification and sympathy with them, but who is also situated elsewhere and needs to be informed about the concrete situation of the characters” (Nussbaum 1995, 7). Often, art can captivate individuals in sympathetic imaginative processes like no other medium.

Each of the methods for cultivating care described above provides the imagination with experiential material from which it can engage in flights of fancy, including the will to care. George Herbert Mead describes the connection between experience and imaginative potential:

The givenness of later events is then the extension of the structure of relations found in experience, in which the event can be defined only in its relational import, though we imaginatively anticipate with varying degrees of probability its qualitative character. The intelligibility of the world is found in this structure of relations which are there in experience, and in the possibility of following them on beyond the specious present into a future in so far as this future is determined. (Mead 1932/2002, 116)

Mead situates experience and imagination in an interactive loop or dance whereby each builds on or impacts the other. Mead presents the relationship of experience and imagination as an ordinary pattern that makes the world intelligible. Similarly, Vroom's expectancy theory and James's will to believe are descriptive understandings of human motivations and decisions. The "ordinariness" of these theories points to the accessibility of caring performances. Caring is challenging, but not abstract, nor does it require moral exceptionalism. The will to recognize our own vulnerability and to imagine our own power to assist others is what is needed.

When interviewed, Greg Mortenson describes himself as an ordinary person. In 1993, Mortenson attempted to climb K2 in Pakistan. Mortenson was unsuccessful, and in the process of the climb engaged in a life-saving effort on behalf of a fellow climber. Exhausted, Mortenson was unable to fully descend the mountain and came on the small subsistence farming village of Korphe. With the assistance of the villagers, Mortenson recuperated. During his recovery, he walked about and confronted the dire conditions of the community. To repay the villagers for their kindness, he promised to build them a school. After having trouble raising money for the project, he convinced Silicon Valley entrepreneur Jean Hoerni to found the Central Asia Institute (CAI), a nonprofit organization to promote education particularly for girls in remote mountain regions of Pakistan and Afghanistan. Mortenson was named the executive director of the organization. By 2008, CAI had built sixty schools and educated over 25,000 children. When addressing his motivation, Mortenson claims, "when I look into the eyes of the children in Pakistan and Afghanistan, I see the eyes of my own children full of wonder—and hope that we each do our part to leave them a legacy of peace instead of the perpetual cycle of violence, war, terrorism, racism, exploitation, and bigotry that we have yet to conquer" (Mortenson and Relin 2006, 335). Mortenson's work is morally praiseworthy.

His ongoing performance of care cannot be straightforwardly attributed to ethical rules, calculations of consequences, or even consistent virtues, although they all may have played a part in his efforts. Mortenson's actions can be understood as a developed will to care. His parents modeled care for him as missionaries in Africa where Mortenson grew up. Habits of caring had been instantiated in Mortenson's life from a young age. However, he allowed his imagination to empathize with the people of Korphe. Furthermore, he demonstrated a will to care in a deep and abiding way beyond the social norms for doing so. The odds of him making a difference were long, but his will actualized the performance. Mortenson is not an other: he is not a saint, or a god, or a superhero. He is a human who allowed himself to care. The implicit challenge for us is, do we have the will to care?

NOTES

1. This article primarily addresses empathy, commonly defined as feeling a parallel or similar emotion as someone else or "feeling an emotion *with* someone" (Snow 2000). Martin L. Hoffman describes empathy as "an affective response more appropriate to another's situation than one's own" (Hoffman 2000, 4). There are rich discussions about the difference between empathy and sympathy (see, e.g., Darwall 1998). Sympathy is commonly defined as feelings *for* someone. Although analytic discussions of the two concepts seek understanding by carefully delineating the two, I contend that the complexity of human imagination does not always carefully distinguish sympathy and empathy, and there are experiences of overlap with causal implications. I acknowledge this larger discussion, but for expediency focus on empathy.

2. Care ethics is an approach to morality that emphasizes relationships and concrete contextual experiences over abstract moral theories based on principles or consequences. Developed in the 1980s by feminist theorists, care ethics is a burgeoning area of moral exploration that now includes many "mainstream" ethicists.

3. Philosopher Karsten R. Stueber makes the complementary suggestion that empathy is a necessary component for epistemology. He claims, "Empathy must be regarded as the epistemically central, default method for understanding other agents within the folk-psychological framework" (Stueber 2006, 5).

4. Suppose, for example, that through iterations of care, I have established habits of care above what is considered society's norm when it comes to those on the street who request money from me. I engage them in conversation and sometimes buy them some food at a nearby convenience store. Despite this habit of care, if I witness an individual physically abusing another person on the street, I may not choose to engage my caring practices for the abusive person even if they request change from me, out of fear for my personal safety or because I do not think they deserve care. Habits of care do not eliminate decision making or agency in any given circumstance.

5. Historically, women have been disproportionately saddled with the burden of caring in familial relationships, and accusations of failing to care have been used as a disciplinary weapon to maintain power relations and roles.

6. It is perhaps the “cognitive controls” imposed to keep empathetic caring from running away with our emotions that is one location of imaginative negotiation. In other words, such controls are not universally fixed, and our imaginative capacity to empathetically care may in part be determined by how strong these are and whether they can be overcome. This can be another variable in addition to expectations that determines performances of care. I may choose to help a homeless person because I perceive the capacity to make a difference, but my action may also have come about because I have not established such a strong control or emotional barrier as not to empathetically engage this individual.

7. After a rebel group, the Lord’s Resistance Army, attacked Akana’s village and much of his family was killed, the Hreljac family feared for his life. Akana subsequently traveled to Canada and became a permanent member of the Hreljac family (Cook 2005).

8. In this study, Seigfried addresses the similarities between William James and David Hume on epistemology. Specifically, both share a relational approach to knowledge. Despite Hume’s association with British empiricism, its “atomistic nature of the world was rejected in favor of a continuous universe” (Seigfried 1978, 54). This epistemological association, combined with Annette Baier’s assessment that Hume’s work on sympathy prefigures care ethics, signals a potentially fruitful care genealogy that encompasses the work of Hume and James (Baier 1987, 41).

9. Some theorists perceive the contemporary United States as suffering from a crisis of care (see, e.g., Oliner and Oliner 1995).

10. Nel Noddings is both a care ethicist and an education theorist who devotes significant attention to the idea of teaching care (see, e.g., Noddings 2007, 226–35).

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