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Abstract
Notwithstanding the fact that care ethics has received increased attention, it has also faced much criticism. One of the focal points of critics is the normativity of care. Only when the objective normative basis of care is sufficiently clarified can care practices be evaluated and optimized from an ethical point of view. We emphasize that two levels of normativity can be identified: the context level and the foundational anthropology level. The personalist approach to care ethics is normatively stronger, at least on one level, namely the foundational anthropology level. This personalist approach to care ethics indicates in which direction action must be taken so that human action may be considered ethically sound.

Keywords
anthropology, care ethics, human person, normativity, personalism

Introduction

During recent decades, care has become increasingly important for reflecting on our human self-understanding. Analogously, the concept of care has received increased attention in ethical theory.[1,2] This has resulted in care ethics, an ethical perspective that considers care to be of ethical value.[3–7] Since being developed in the fields of moral psychology[3] and political theory,[4] care ethics has been very influential in health care.[8]

Notwithstanding the fact that care ethics has received increased attention, it has also faced much criticism. As Per Nortvedt indicates, one of critics' focal points is the normativity of care.[9] What is the precise meaning of care as a normative concept? To what extent does care have an obligatory character? Can care ethics indicate in any way and in which direction action must be taken in clinical-ethical dilemmas in order for one to act ethically?

The question of normativity refers to the following questions: How can we evaluate people's behaviour ethically? What do we ought to do? What actions are right or obligatory? What exactly does it mean to do good? What character should I cultivate? Since these questions in themselves point to a relation – 'good according to whom or compared with what' – the normativity of care invokes a certain view of mankind that underlies care, that is, a specific anthropological framework.[10] Until now, however, not much fundamental reflection about the anthropological basis of care has occurred. For instance, the link between the relational and bodily dimensions of care and anthropology is rarely made explicit.[6,9,10] This partly explains the

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'normative vacuum' of care ethics. Only when the objective normative basis of care is sufficiently clarified can care practices be evaluated and optimized from an ethical point of view. To this end, the nature of the person performing care and the nature of the person receiving care should be sufficiently clear. Hence, in this article we intend to deepen the normative value of care in a more radical way by referring to its anthropological foundations.

First, we will outline the problems in relation to the normativity of care. We emphasize that two levels of normativity can be identified: the context level and the foundational anthropology level. Second, we set apart the viewpoints of the Louvain tradition of personalism and show that this view on the human person is in keeping with a few basic principles of care ethics. Next, we describe how a personalist approach to care ethics is normatively stronger, at least on one level, namely the foundational anthropology level. Third, we illustrate how a personalist approach to care ethics can indeed indicate in which direction action must be taken so that human action may be considered ethically sound.

Care and normativity

The ethical value of care

Care ethics is an ethical approach that offers an overall analysis of moral behaviour. It approaches this behaviour in the context of specific care relationships. This 'contextual and relational sensitivity', in particular, is characteristic of care ethics. This means that care ethics remains closely related to real care practices and closely examines the way(s) in which care responsibility take(s) shape: the contextual elements, the typical character of a situation, the way people collaborate and the emotions involved.[6]

By focusing on specific, contextual and relational elements there is a real risk that care ethics emphasizes process-related elements to the detriment of value-loaded content.[6] If care ethics does indeed limit itself to the pure reconstruction of an actual care situation (i.e. who takes responsibility for care and for whom and why) without referring to any values or norms in order to see whether this is good care, then the responsibility is missing a normative reference.

The value of care refers to a number of positive conditions, that is to say, for instance, to the attentiveness of a person's real needs, the responsibility taken to meet these needs, the competence by which one meets the needs, and the responsiveness of the care provider to check whether the needs of the care receiver have been met in practice.[4] The question is whether these conditions are in themselves sufficient to create a normative framework. Selma Sevenhuijsen refers to the naturalness with which care ethicists assume that positive care-related conditions are evoked in a moral subject through contact with a person who is in need of care.[11] She wonders whether something like a 'spontaneous' caring response really exists when one sees someone in need of care. In principle, care is good, but according to Sevenhuijsen it really depends on the relationships within which care is provided in order to guarantee that that care will be good for all persons involved. According to John Paley, whether you take care of someone, or express your positive care-related conditions, depends on your feelings for the other person; that is, whether you feel a grain of sympathy for this person.[12,13] Thus, people provide care only when they are already inclined to do so and for whom they are inclined to provide it. According to Paley, care can be an impulse, a whim or a caprice, springing from short-sightedness, bias or prejudice. In any case, care in and of itself is not very normative; care does not have an obligatory but rather a non-committal character. Paley writes:

> Either you feel sympathy, or you don't; and if you don't, how can the 'ethics of care' make any moral demand on you? What, indeed, is the point of an ethic that appeals only to people of a certain cast of mind and which, in any case, recommends what they are naturally inclined to do without prompting? How can a writer who would urge us

> to accept the ethics of care do so without suggesting that we ought to care, and that we ought to cultivate the appropriate sentiments if we have no natural tendency in that direction? (p.140)[12]

According to authors like Paley, precisely because of this non-committal character, care can hardly be the only point of departure of an ethical perspective and needs to be complemented with universal principles in order to possess the normativity that is characteristic of a full ethical perspective. This is also the viewpoint of Helga Kuhse in her standard work on nursing ethics.[14] She writes:

> Dispositional care is, I suggest, a necessary but not a sufficient condition for an ethics that will serve patients and nurses as well. An adequate ethics needs impartiality or justice as well as care (p.145).[14]

Like Paley, Kuhse remarks that care starts from a sentiment, which is required for one to act in an ethically responsible way. However, without the addition of principles that link this sentiment to a 'universal ethical standard' (such as justice) arbitrariness and favouritism will lurk. Care obtains an obligatory character only when universal principles are incorporated into care. Kuhse's proposal leans towards having care included in the so-called principle approach of Tom Beauchamp and James Childress, who take the rational verification and consideration of the principles of respect for autonomy, beneficence, non-maleficence and justice as a point of departure for health care ethics.[15] Interpreted as such, the question of the independence of care ethics is formulated.[2] Exactly because of the doubts cast on the value of care as the starting point of a normative ethical theory, certain care ethicists like Verkerk and Little no longer consider care ethics to be an independent ethical theory, but to be a 'moral perspective'.[1,16] From the care ethics viewpoint, situations are taken into consideration on the basis of interest, responsibility, etc. This turns care ethics into a 'way of looking at things', a 'moral perspective', rather than a fully-fledged normative ethical theory.

Two levels of normativity: context and foundational anthropology

Vorstenbosch indicates yet another way of providing normativity in care, a way that does not necessarily harm the notion of independence and particularity of the care ethics perspective.[17] The normativity of care relates to the relationships within which care takes place and is given meaning. Vorstenbosch writes:

> We can take care of the garden, the dog, our child, a sick person or our elderly mother ... In the end, it is the manifestation of reality that care is directed at – a thing, a plant, an animal, a child, an act, an adult – that determines what kind of care is adequate, and in the end also the meaning and the weight that is to be attributed to our care as general relation to the reality for each of these relationships. The explanation of this manifestation and the normative meaning of it determine the way to arrive at a care conception (p.85).[17]

Vorstenbosch suggests that the normativity of care is determined not by the form or style aspects of actions, or the actions themselves, but rather by the interconnectedness of the relationships within which these actions are set. It is also determined by the manifestation or 'the mode of being' of those to whom our care is directed. If we want to determine the normativity of care for human beings, we must see what it means to be a human person. With this, Vorstenbosch refers to the level of the context with which normativity can be given to care: care receives a certain kind of normativity, which is determined by the actual context of the care relationship. This premise endorses the vision of Sevenhuijsen, which states that the definition of 'good care' is determined by the relationships within which care is provided.[11]

According to van Heijst, it is also clear that care ethics should have a value-loaded content on the basis of which standards are used for the assessment of professional care results.[6] In her view, care ethics can not be reduced to the reconstruction of care practices and to the description of who is in conflict with who and why. Care ethics must also refer to norms and values to criticize the care practices and to improve these practices.

In her opinion, care ethics has always been a latent normative ethical theory, which can, however, make good use of a more explicit interpretation. She therefore aims at a more detailed outline of the value-loaded view on the human person. This view directs us towards a level of normativity that is different from the contextual one: the level of foundational anthropology.

van Heijst clarifies that every ethical reflection has its origin in the notion of personhood.[6] This is equally true for ethical reflection on care: the particular practice of caregiving always starts from the assumption of a certain view on the human person. When this view on the human person is made explicit, what is understood by 'good care' also becomes clear. From the Cartesian portrayal of humankind, for instance, which starts from the assumption that the mind and body constitute two completely different domains, the notion of good care consists of achieving as good a result as possible at the level of the body's health. However, if the basic assumption focuses on the self-inventing individual, good care will then be related to what the actual subject experiences as meaningful. Although the criterion of good care in the first case will be predominantly the body's function or dysfunction, the criterion of the latter case will mainly be the extent to which the care recipient can make individual choices.

In his book, Jos Welie proves that views on the human person influence the perception of reality.[18] For example, it matters a great deal whether a doctor acts on the basis of a view in which care receivers are considered to be autonomous consumers and contractual equals, or whether the doctor acts on the basis of a view in which care receivers are people who depend on others and who need to express their demands. The first kind of contact calls for procedure ethics, which approximately stipulates the conditions under which the caregiving relationship takes shape in a contract. Thus, views on the human person are neither free of engagement nor arbitrary; rather, they do influence the way in which people in the care sector address and treat each other.[6]

The anthropology on which care ethics is based is mainly dominated by intersubjectivity: the dynamics between the care provider and the care receiver is bi-directional, not one way. This requires an intersubjective care vision in which compassion and empathy matter, besides being touched and answering the call of one in need. The foundational view on the human person is value-loaded and has normative content. However, van Heijst is right in arguing that the anthropological impulse within care ethics is more narrow than broad; it is more weak anthropology instead of strong anthropology.[6] According to van Heijst, the value-loaded view on the human person within care ethics should be better outlined to turn care ethics into a more normative ethical theory. We back this opinion and in the present article we intend to make an explicit connection between care and the relational view on the human person, specified according to a particular school of thought. Louvain personalism's view on the human person could serve as a possible reference. We speak of 'possible' because we are well aware that there are yet other notions of personhood that determine the normative character of care.[19,20] The anthropology of Louvain personalism as a criterion for 'good care' is therefore a choice that is inspired mainly by the fact that this tradition constitutes the 'home base' of our ethical reflection.[21–23] Considering 'good care' from the perspective of personalism pre-eminently gives us the opportunity to map the philosophical and theological-ethical aspects of care.

The Louvain tradition of personalism

Louis Janssens and the dimensions of the human person

Crucial to the Louvain tradition of personalism is the contribution of the moral theologian Louis Janssens (1908–2001). The focus of Janssens' thinking is 'the human person adequately considered'. The person's being is defined as a totality, namely as the ontological principle that unifies as a whole all actions the person undertakes in a time-space dimension and all dimensions of a human person.[24] A person's being refers to

being human in an all-encompassing and all-containing dimension. Although they cannot be separated one from the other, Janssens distinguishes eight fundamental dimensions of the human person:[21,25]

The human person is a subject. The basis of each morality is the human being as a subject, as somebody who is capable of acting consciously and freely, and therefore is to act responsibly. The characterizing quality of the human being is the self-conscious experience of freedom from which the question of responsibility arises. Experiencing oneself as a knowing and thinking essence enables a person to possess a personal identity and to distance himself or herself from reality (the 'self' as opposed to 'the other'). It is precisely in this distancing that people discover their freedom. Freedom appears here as the capability to detach oneself from self-interested pursuits (or from 'instinctive behaviour') and to choose for oneself the direction of one's pursuits. Inevitably, there is a direct correlation between freedom and responsibility. As subjects, persons are essentially moral subjects, namely, human beings that must justify their free actions to their conscience.[25]

The person is a subject in corporeality. According to the personalist perspective, the person does not only have a body, he or she *is* a body. The body is fully part of the person's being a subject. [25] The person is an 'incarnate spirit' (*esprit incarn*é). This means that the human body is more than an 'objective body' that belongs to the material world, one that is subject to physical laws. First and foremost it is a 'subjective body' that incarnates the subject and that, as an experienced body, is marked by the meaning-giving dynamics of the subject. Furthermore, the body of a person is the indispensable means of mediation in relationship to other persons, or, as Janssens puts it, 'the only bridge over which our love can truly reach the other'.

Our body forms a part of the material world. Persons are corporeal, therefore they have a need for the things of the world.[25] As an incarnate spirit the body shares in being a person, but, precisely because it is corporeal, it remains part of the world at all times, subject to the physical laws that govern matter. The development of the person is established only within and through the openness towards and the active contact with the things of the world.

The human person is essentially directed towards other persons. The person is fundamentally related to and is always in relation to other persons. Referring to Martin Buber's philosophy, Janssens argues that a human being becomes human only through contact with other persons.[25] It is in this substantial way that being human always involves being a fellow human being. A person is always in dialogue with – in the full sense of the word – other persons. Next to him or her self is the *alter ego*, the immediate other, somebody who also thinks, feels and is free and open to the reality of values. It is in the inevitable interpersonal dialogue that the person learns that the other is a subject and must therefore be treated as an equal fellow human being. This realization implies a demand for reciprocity; the other is not a means or an object but an original and irreplaceable subject that must be approached as such.

The human person is part of a larger social world. Just as a person is fundamentally reliant on other persons, each person is reliant on a group or community of persons. The human being depends on a community for the development of certain typically human qualities and characteristics (for example, language). Without this dependence and the relationship to a 'we', a person can never develop as a person.[25] This not only concerns smaller social wholes like nuclear and extended families but also larger structures and institutions such as forms of government, political organizations, administration of justice, education, health care, and so on. By growing up in a specific human environment, the person is influenced by a larger social world from the outset and, in order to maintain oneself as a person, a human being cannot do without a social world.

The human person is in relation to God. The fundamental relatedness of the human person is not limited to its orientation to other persons and to social groups: at the same time, it also relates to openness towards God.[25] In Janssens explicit Christian-religious use of language, the person is created in God's image. In the Christian point of view, God is a trinity – one God in three persons – and therefore relational in essence: God *is* Father, Son and Holy Spirit. If the human being is in God's image, this signifies that the human person is also a relational being. Being the image of God, however, also and especially implies a task and a mission: in order to achieve a personal resemblance to God, the human being is dependent on relationships with others.

The human person is a historical being. The active development of the person to the 'image of God' is always marked by time. Human life is a succession of several phases, and every phase is characterized by specific possibilities. Referring to the developmental psychology of Erik Erikson, Janssens argues that it is the task of every person throughout his or her existence to seize these possibilities and to develop them towards integrity and wisdom.[25] The course of life serves to realize his or her being a person.

All human persons are fundamentally equal, but at the same time each is an originality. Persons are fundamentally equal: all persons share in the same human condition (*condition humaine*); all have a dignity that does not come from what they accomplish but what they are as persons. At the same time, each person is an originality, a unique subject. Again, Janssens refers to the developmental psychology that shows that each person has his or her own individual temperament (way of acting and reacting), talents or capacities (the instruments for acting), and drives (the dynamic source of behaviour), and that each person, through interaction with the sociocultural environment, develops into a unique, original personality with an individual character.[25]

Selling's recalibration of Janssens' personalism

Reordering of the eight dimensions of the human person. There exists no strict hierarchy among Janssens' eight dimensions of the human person. Without losing sight of the mutual interconnectedness of the different dimensions, certain points can nonetheless be made. For example, another manner of ordering can put specific emphasis on certain components. This is exactly what the Louvain moral theologian Joseph Selling does in his interpretation of Janssens' personalism. In order to counterbalance the individualistic representation of the human person that, to this day, remains dominant, Selling emphasizes the 'relational' dimensions of the human person.[26,27] He writes:

> Janssens refers to eight 'continuous dimensions' of the human person, beginning with the description of the person as subject, a conscious interiority. In my own 'restatement' of these dimensions, I change the order of presentation so that subjectivity appears only in the sixth position. I have done this in order to counteract the Western philosophical prejudice toward the subject (p.60).[27]

With this 'reformulation', Selling clarifies that the core of what it means to be human lies in relationality. Differing from Janssens, Selling begins his presentation of the components of the human person with all dimensions relating to relationality: 'The human person stands in relation to everything, to the whole of reality, to the material world, and to (groups of) other persons.' Only then does he consider the dimensions that emphasize the individuality: 'The human person becomes a conscious interiority (a subject), the human person is a corporeal subject, the human person is unique.' He stresses:

> I have constructed this pattern in a way that I hope will correct the Western bias toward exalting subjectivity as the 'most important' aspect of what it means to be human (p.99).[26]

The fact that Selling qualifies the human person in the first place as 'relational' also has to do with the proper nature of personalism. As an ethical theory personalism is fundamentally phenomenological by nature; it is based on the results of observation of and participation towards the reality.[27] In a personalist perspective, one does not look *at* the world nor does one speak *about* reality as if things were separate from us. It is precisely this phenomenological point of view that leads Selling to the conclusion that the human person is first of all relational by nature:

> From an explicitly phenomenological point of view, we observe that an adequate and integral understanding of the human person recognizes that person is always person-in-relation. The human person stands in relation to everything, one could even say to the 'totality of reality'. In one sense, this observation might be said to constitute the core meaning of personhood, for it indicates the engagement of every facet of our experience. We stand in relation to reality, not merely physically but intellectually, emotionally, socially and spiritually as well (p.101).[26]

Consistent with this reformulation of Janssens' personalism in the direction of a 'relationality first', Selling gives a different position and importance to the component, 'the human person adequately considered as a conscious interiority or subject'. He writes:

> According to some, our conscious interiority, the fact that the human person, adequately considered, is a subject, may be said to be the primary focal point for defining the human person itself. At the same time, it is difficult to conceive of human subjectivity without the experience that comes through growth toward maturity. One does not develop a 'self' in a vacuum, for each self is cultural, historical, situated in terms of its relation with other selves, with the world at large and with the transcendent ... Thus we situate the conscious interiority of the person in its proper relation with all the other dimensions of the human person, adequately considered (p.105).[26]

With his reformulation of Janssens' personalism, Selling solidifies the relational foundation of the personalist approach. Therefore, we can speak of a 'radicalization' of the Louvain tradition of personalism.

Louvain personalism and care ethics

Thanks to the new 'zest' that Selling provides to Louvain personalism, it becomes possible to see a connection to care ethics. What is characteristic of care ethics is that it always starts from a relational view on the human person. Indeed, care ethics starts from the idea that care is a basic given in human existence, a very human way to hold one's own in life, and moreover, a way that fundamentally 'weaves' people into a network of relationships.[4] People are not what they are before they enter into care relationships with each other. They become who they are by being in relation to others who take care of them. In this way, Ruth Groenhout summarizes the point of departure well when she writes:

> All of us received extensive care as infants; many of us continue to need physical care as we grow, mature and age; most of us will need various types of physical and social care as we approach the end of our lives. Further, without the caring relationships that mark, for example, good teaching, we would have been unlikely to reach any sort of intellectual or professional growth ... Human life does not go well in the absence of relationships of care. These relationships are essential for our very existence, and they are also essential for living a life that could possibly be described as flourishing (p.4–5).[10]

The way in which the human being appears in this care ethics point of departure displays a connection to the relational image we find in the personalist approach. Personalism emphasizes that human beings from birth onwards are part of a relational network of people and further expand this network as they develop. The beginning and the end of human life are marked by a thorough passivity that links persons fundamentally to

others and weaves them into a network of relationships with others. Care ethics emphasizes that, within this network, care relationships not only constitute the strongest but also the most fundamental relationships

The resonance of the personalist view on the human person, as recalibrated by Selling in the view on the human person we see in the care ethics approach, offers advantages mainly to the latter. Reflecting on Janssens' personalism, Selling emphasizes the fundamental relational character of the human person and puts these dimensions first. In so doing, a possible opening to care ethics is made. In addition, the anthropology of care ethics considers the human being primarily as a fundamentally relational being that must always be approached in connection with others.

In his reformulation of Louvain personalism, Selling also stresses the social component of the human person. It prompts him to declare the so-called 'individualistic ethic' in which the social component or the community element is insufficiently discounted as 'inadequate'. In this respect too, Selling in fact makes an opening to care ethics. However, it is mainly the political scientist Joan Tronto[4] who has further reflected on care as a social and political concept. She not only states that care is a basic activity in human life but also emphasizes that care always refers to power relations, often in a political context. She stresses that ethical thinking on care is useful only when it also takes into account the sociopolitical dimension. Selling's restatement also offers a possibility of giving this insight (namely the sociopolitical dimension of care) an ethical foundation by rooting it in the personalist anthropology in which the socio-relational dimension of the person comes first.

A personalist approach to care ethics

In this section, we direct our consideration of care to personalist anthropology. We can find a possible normative foundation of care in this anthropology. In this way, we not only look at the content of the care concept but also at its possible value, and at the importance of this value in relation to other values. First, we interpret the contextual development of 'the human person adequately considered' as the aim of care. With this, we enter into the normative level of the context. Second, we illustrate how the personalist view on the human person can form a normative foundation for care ethics on the level of foundational anthropology by looking at human dignity as the normative foundation of care. Third, we illustrate this again by proving that the commandment 'thou shalt not kill' should be considered as the normative lower limit of care.

The contextual development of the human person as the aim of care

By looking at the relational view on the human person, it becomes clear how care is key to the development of the person in question. The personalist view shows us that persons discover themselves in their relationships with other people. People are social at the beginning of their existence and become subjects in social alliances,[25–27] within which care plays a specific role: It is aimed at the capacities and powers of individuals and their development. Thus, it is clear that care does not conflict with vitality, growth, development, or autonomy. On the contrary, it extends the growth and autonomy of the other human person. The purpose of care is that the other person 'is a person' or more precisely 'becomes a person'. Eva Kittay refers to the necessity of care dependency to develop as a 'person':

> ... we only become moral practical reasoners when we emerge from a period of dependency – one in which we require others to tend to our needs and to bring us to the point when such capacities can be developed (p.111).[28]

Human life is characterized as a vulnerable kind of life. People, as clearly underlined in personalism, are actually bodies and marked by vulnerability, therefore the 'becoming a person' of people is physical and material.[25–27] Care is crucial for this development, so it is first and foremost aimed at physical needs, which is typical at the beginning and end of human life. Nevertheless, during all stages of life, care should primarily

be aimed at fighting the influences that jeopardize the development of human beings and at creating the positive conditions in which they can grow into self-conscious persons. However, just because of this primary orientation, care will be different in each relation and one will never be able to model it on one particular 'care model'.[17] It is obvious that caring for older people has to be interpreted in a completely different way to caring for children. Furthermore, caring for a particular older person in a specific care relationship will be different, and will be interpreted in a different way to caring for another older person in another care relationship.

It is the proper nature and origin of relations, the specific character of the values on which they have been based, and the actual, historical and particular way people will interpret them and give them meaning that will be the dynamics and content of care. This refers to the normativity of care that is situated on the level of the context wherein care manifests itself. After all, our 'being a person' is always actualized in a time-space dimension, as is emphasized by personalism.[25–27] Care is therefore essentially aimed at the other person's 'being'; it is not a static event. Good care typically takes notice of the individual character and the contextualized way of development of capacities and powers of the person to whom the care is aimed. Good care should be susceptible to the unique stratification, complexity, and dynamics of this developmental process. In this way, care starts from the appeal to be susceptible to the lot of the other person in an actual, responsible and concerned way.[17]

Based on the personalist approach, it is clear that the ethical standard to evaluate care practices is as follows. Good care is care that is aimed at the capacities and powers of individuals and their development. However, the question arises of whether care is sufficiently normatively founded in this way. How should we think of care for people in whom there is no chance of developing capacities and powers (e.g. mentally disabled persons and those with dementia)? Additionally, what is the care reference for people who do not even have a noticeable level of self-awareness? These questions cannot be sufficiently answered on the basis of the normative level of the context.

The incarnated dignity of the human person as the normative foundation of care

According to the anthropological approach of Louvain personalism, a person is more than just the sum of rational capacities (like the capacity to think) and powers (such as the power for verbal communication). Even a person without self-awareness is a person and this 'person's being' seems to be ultimately based on their corporality. After all, according to the tradition of personalism, the body fundamentally takes part in the person's being a subject. By referring to the person as incarnate spirit (*esprit incarné*), Janssens states that the person's being a subject manifests itself in what is the most unique, but in a sense, also the most vulnerable aspect of our being, that is to say our corporality. Precisely in the vulnerability of our corporality we can find a common element: people can lose their mental and physical health.

van Heijst refers to the theologian Paul Valadier, who touches on the physical vulnerability of the human person as the basis of care: respect and care for the distorted human nature is aroused by the undignified state in which sick or injured persons find themselves.[6,29] Even more than vulnerability as the potential possibility of disease, being ill is at the centre. Care originates where the person lacks rational and physical capacities and powers. Valadier refers to the parable of the Good Samaritan (Luke 10: vv.25–37) to illustrate this: the confrontation with the desperate person and the very physical injuries (the wounds) of the robbed traveller provoke respect and care in the Samaritan.[29] In the interpersonal contact with the injured body, the body of the injured fellow man appears to be more than 'just a body' (a combination of organs, muscles etc.): the body reveals itself as worthy of respect.[30] Here Valadier immediately discloses the purpose of the caring interaction between the one suffering and the one who provides care, that is, creating 'dignity'. In the care process, the Samaritan acknowledges the person of the other and he lets himself be identified as a person: in the care process, dignity is created by the one who provides it as well as by the one who receives it.[29] van Heijst

emphasizes that we should not only look at the injured traveller whose dignity is secured by the Samaritan, but also consider the dignity of the Samaritan himself.[6] She points out that Valadier considers both forms of dignity as being interrelated: persons honour themselves if they honour the person of the other.

Valadier's interpretation of the parable of the Good Samaritan reveals that dignity is not a quality that is typical of the person in particular, but of the relationship: dignity manifests itself in the act that makes us focus on the other so that we consider him or her as a person, even if it assumes an appearance of not being human, or even being inhuman.[6,29] Kittay seems to confirm this perspective on dignity when she states:

> Our dignity ... is bound both to our capacity to care for another and in our being cared for by another who is herself worthy of care (p.111).[28]

In Kittay's view, care as a distinct moral power is inextricable from the fact of our inevitable human dependency and frailty.[28] This essential commitment to the vulnerable situation in which the other finds himself or herself is also typical of the Louvain tradition of personalism: people take an interest in each other and, in this interest, being a person is at the centre. To a certain extent, this interest can be interpreted from the idea of symmetry and reciprocity. This implies that people depend on each other for their being a person, because everyone knows that we all need each other. However, this is not enough to consider care to its full extent. After all, what about care for people who are care dependent in an asymmetrical way? In other words, what about care for people who have no chance of having normal care-independent health (e.g. mentally disabled persons and persons with severe dementia). Through the idea of *esprit incarn*é, personalism makes it clear that the interpersonal commitment to care cannot just be seen as being rational and symmetrical. Care needs to be defined within this essential commitment to the vulnerability of the other. In care for the body, dignity is being created.

Care is a way to acknowledge the 'being a person' of the other, understood as *esprit incarn*é. Care is not derived from rational considerations, but is based on respect for the dignity of the other and the fact that one considers the other to be a person, in spite of – actually thanks to – this person's undignified appearance. It is the situation of vulnerability of the other that prompts us to care for the other. Care is defined as a practice of responsibility in which the different persons involved take responsibility in a process of reacting to vulnerability.[31] It is exactly with persons whose rational capacities and powers are minimal and whose physical or corporal vulnerability are the greatest (such as mentally disabled persons and persons with severe dementia) that care appears to be the way in which an other connects to them as a person and treats them as a person. This treatment will sometimes be expressed in the very physical care for the body, as the parable of the Good Samaritan illustrates.

'Thou shalt not kill' as a normative minimum of care

'Thou shalt not kill' can be considered to be the minimum norm for care that is founded on respect for the other's dignity.[32] We may thus conclude that anyone who is unable to see the other as *esprit incarn*é or who is totally uninterested in the other's lot is guilty of violating human dignity.[30] In that case, this person evades the appeal that proceeds from the interpersonal meeting with the other, that is, the entreaty to take up care for the other, to show concern for the other's lot in a responsible manner. The prohibition also draws attention to the potential for violence in a care relationship, specifically when the other is no longer treated as a 'person adequately considered', but is reduced to whatever use he or she can be to the caregiver. In practice this could amount to reducing the other to his or her clinical picture. As the option to abandon the other to his or her lot, the extreme form of this attempt of reduction results in a denial of the other that finds its physical incarnation in murder.[32]

At the very moment the caregiver is tempted to abandon the other to his or her fate or to reduce this person to 'neutral information', the caregiver realizes that what he or she could do is really something this person

should not do.[32] The caregiver realizes that he or she would be guilty of violating the other's dignity and thus killing the cared for person. The prohibition 'thou shalt not kill' takes the 'other as a vulnerable human being' as its point of departure and leaves the caregiver with a timorous hesitation: the other must be respected as a person, that is, as possessing intrinsic and irreducible value. The prohibition calls on the caregiver to assume responsibility for the other. Initially, this responsibility covers an act that may not be performed. Reworded positively, it becomes a command to respect the other: 'Thou shalt respect life'. This respect becomes evident in our concern, expressed at the very least in elementary civility,: in our respect for the person's identity, corporality and privacy, especially when the person is barely, if at all, conscious.[32] The positive conditions that Tronto associates with care (attentiveness, responsibility, competency, and responsiveness) come into play here.[4] 'Not killing' or not using any type of violence is not necessarily the same as applying these positive conditions, but complying with the prohibition against killing is certainly a prerequisite. Care can be called ethical only when the norm 'thou shalt not kill' is respected as the lower limit.

The understanding of care that is based on the Louvain personalist tradition clearly contrasts with what Herman De Dijn calls a 'sentimental' view of care. In the latter case, the main purpose of care is to ensure that there is no chance of pain and suffering and that everyone feels fine.[30] The personalist view of care involves much more than simply being sentimentally and emotionally attuned to another person's feelings. Care is primarily founded on the dignity of the human person. At the deepest core of caregiving is an affirmation of respect for the other person's dignity. In the words of Kittay:

> Dignity is a feature that must be perceived in order to be. For dignity is a call upon another to recognise our intrinsic worth. That call requires a response, a witnessing, even if, as in cases of extreme oppression, the only witness is the internal witness that we have developed in ourselves as a consequence of the care we have had to have received in order to survive and thrive as best we might. In our relationships of care, we witness, recognise – and so confer – that dignity in another (p.113).[28]

In this perspective, the moral capacity to give care and to acknowledge the bonds forged through care to one are fundamental for human dignity:

> Giving and acknowledging care invoke a moral power through which we respond to the intrinsic value of each individual. It is the fountainhead of that worth (p.113).[28]

Respect for the other person's dignity is not dependent on any qualities, capacities or merits that the person may or may not have, or with any other personal characteristics that could be useful or interesting. The basis for the respect to which each person has a right lies in the vulnerable corporeality and the relationship we have with this person, even if the person does not experience this relationship in a conscious way.

Thus, care is not non-committal; it has an obligatory character. Care can be considered as an ethical task that can never quite be seen as a burden imposed from the outside, but rather as a call coming from the inside.[5] With care as an ethical task, people voice an ethical commitment: they commit themselves to paying attention to and becoming actively involved in the needs of others.

Conclusion

In this contribution, we have sought a personalist approach to care ethics. Through the Louvain personalists Janssens and Selling, we have interpreted 'being a person' as an intersubjective and bodily occurrence. We become fully a person in and through encounters with other persons. The human person is essentially relational. The person's 'being a subject' takes shape only in and through relationships with other persons. 'Becoming a person' is also to be considered as a bodily process. Within personalist anthropology, care appears as a confrontation with the vulnerable bodiliness of fellow human beings. As such, care is a call for

people to care for each other's fate in a responsible manner, involving a process of reacting to vulnerability. The dynamics and the content of care are determined by the proper nature and origin of the relationship between these persons, the vulnerability of the persons, and the context within which care takes shape.

The anthropology of personalism has brought us closer to the normative core of 'good care'. It has become clear that good care involves much more than only being affectionately and emotionally tuned to the feelings of the other. First, good care concerns the actual human being with personal material needs. Second, the dignity of another human being is the normative foundation of good care. This dignity is not connected to certain qualities this person may have, nor is it connected to his or her capacities, merits or specific person-related characteristics that may be useful or interesting. Dignity manifests itself in the caring meeting between the care receiver and the caregiver. Good care, then, expresses itself as respect for persons and their identity ('thou shalt not kill'), especially when these persons are not or are barely conscious. Furthermore, care also expresses itself as respect for the body of the other. From personalist anthropology, it has become clear that personal dignity ultimately refers to the human body.

By embedding care ethics in the Louvain personalism, we think we have answered the fundamental criticism of Paley and others who say that care lacks a normative character. In our view, care contains a moral obligation. This obligation is not external, but rather an internal one: we care because caring is a part of being a person and because not caring diminishes our own personhood and the personhood of the vulnerable other. To put this in a positive form: by caring for an other person we confirm the other and ourselves in our human dignity.

In conclusion, through the personalist approach we have been able to create a content-related criterion with which care needs to comply in order to be considered 'good care'. Good care is care that promotes the dignity of the human person in all its dimensions. In particular, intersubjective and corporal dimensions hold a prominent place here. According to some critics, by explicitly linking care to a form of anthropology that is developed in a philosophical way, we have been able to remove care ethics from the 'normative void' in which it dwells. Personalist anthropology gives us an instrument to evaluate and optimize care practices from an ethical point of view.

Conflict of interest statement

The authors declare that there is no conflict of interest.

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