An Ethic of Care: Reconnecting the Private and the Public
Leah Tomkins and Peter Simpson

Questions for Readers

- Can we draw on our private lives, rather than text-book models and methodologies, for leadership development?
- Can we challenge the assumption that so-called "soft" skills of care have no role to play in business and leadership?
- What do caring relationships and leader-follower relationships have in common? What might we learn from these commonalities?

Our Perspective

This chapter draws on the authors' own personal and professional experiences more than most conventional leadership text-books. We interweave ideas about familial care and organisational leadership based on our own first-hand experiences of both. We are amongst the growing number of people who juggle full-time professional careers with extensive duties of care for a family member. We have an intimate understanding of how difficult it can be when a relative's needs take our attention away from work abruptly and unpredictably, and of the stigma of unreliability in the workplace that accompanies this. Whenever we talk to students, colleagues and friends who similarly juggle work and care, we are struck by the way that carers' anxieties are moulded by a powerful sense that work and life are two separate domains, whose boundaries must be managed to avoid the unreliability of domestic care spilling over into the reliable world of work. This chapter is therefore born from a desire to expose and critique this binary thinking, because it stops us seeing the similarities and complementarities between relationships of care and relationships of leadership. In our own lives, we are discovering that reflecting on our relationships of care can help us to understand the dynamics of our relationships with colleagues and subordinates; and vice versa, that reflecting on how we interact with others in the workplace can shed light on our instincts and interactions within the family. Since one of the most notoriously difficult challenges for leaders is to build and sustain effective interpersonal relationships, we believe that experiences of care can be an invaluable source of insight for leadership.

Common Sense Understandings of Care

What images are conjured up when we hear that someone is caring? We tend to associate care with kindness, gentleness and compassion. Perhaps we also think that caring involves putting another person's concerns ahead of our own, at least for the period in which care is most acutely needed, such as during a crisis. We probably relate care to feelings and emotions, too. A caring person is assumed to be in touch with, but able to control, his or her own emotions, and to have enough empathy to connect with the emotions of the person for whom he or she is caring. In this way, care invokes notions of protection and nurturing of others less able or experienced to care for themselves.

In contemporary society, care has strong, often unconscious, associations with gender. Feminist scholars have elaborated an ethic of care to differentiate between feminine moral development, which is grounded in relational attachments, and masculine moral development, which draws on rules-based, abstract justice.[1] Psychoanalytic scholars have highlighted the ways in which care evokes the archetype of the mother, and thereby speaks to our fantasies of maternal love and our primeval need for comfort, security and unconditional acceptance.[2] Through these filters, we see that care has deep associations with relationship - both in a positive sense of empathy and connection and in a potentially more negative sense of dependency and neediness.[3]

Care and the Work-life Boundary

The enduring popularity of the notion of work-life balance sustains the idea that our lives are divided into two spheres - the public and the private. The public is the space for social identity, performance and achievement, whereas the private is the space for personal identity, relationship and belonging. We invest considerable energy in preserving our sense of a work-life boundary, because we recognise the risks of letting work encroach too much on our private time. We can probably all think of examples of people who routinely allow work to spill over onto the life side of the boundary, enabled by increasingly sophisticated technology, and often at tremendous cost to their health and well-being. But we want to highlight the way the boundary seems stronger when approached from the opposite direction, i.e., that we go to

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[1] For classic scholarship on an ethic of care as the feminine counterpoint to a masculine ethic of justice, see Gilligan (1982), Tronto (1993) and Noddings (2003).
[2] Gabriel (2015) discusses fantasies of maternal care in relation to leadership.
[3] For problematic associations between care and dependency, see Fine and Glendinning (2005).

even greater lengths to stop life spilling over into work.[4] Despite knowing that our leaders, colleagues and subordinates are as human as we are, and that they, too, will have things happening in their private lives which variously enhance and compromise their workplace performance, we try to prevent the messiness of our private lives from encroaching into our work-spaces. Perhaps we worry that talking about the challenges of our private lives will trigger associations of unprofessionalism or unreliability.

The boundary between private and public has a particular relevance for care and leadership. Care has such powerful associations with gender and domesticity that it is usually associated with the private rather than the public sphere. Care does not fit easily into our everyday understandings of work because, in the corporate world especially, work is where we showcase our tough, rational, independent selves; where we get things done; where we deploy our technical skills of managing, prioritising, monitoring, and so on. The so-called softer skills of relationship can often be ignored in favour of business strategy and performance; or if not ignored, they are outsourced to the people functions such as Human Resources rather than seen as core to business, management or leadership. Because it concerns relationships and emotions, care easily gets denigrated as something "pink and fluffy" or "touchy feely", and therefore irrelevant or even inimical to leadership.

If business leadership is associated with masculine performance, and care is associated with feminine relationships, this creates a considerable challenge for those who advocate an ethic of care as a guiding principle in organisational life. It is so easy to relegate care to the domain of the private - the stuff of intimate, trusting relationships rather than successful leadership of strategy or change. And yet, if we return to the notion that care involves putting other people's interests and concerns ahead of our own, and perhaps "going the extra mile" for one's supporters and subordinates, then think how many of our most commonly invoked exemplars of leadership seem to be specifically *caring* leaders. As Yiannis Gabriel suggests, care lies at the heart of many of our archetypes of good leadership, such as Nelson Mandela, Jesus Christ or the Dalai Lama:

> "I would go as far as to say that caring outweighs any other consideration regarding the moral obligations of leaders in the eyes of their followers - a leader may be strong, may be legitimate, may be competent but, if she is seen as 'not caring', she is likely to be viewed as a failing leader." [5]

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[4] Frone et al. (1992) is a classic paper on the idea that the work-life boundary is 'asymmetrically permeable', i.e., harder to breach from one direction than the other.
[5] Gabriel (2015, p.322)

We find this view of the moral obligations of leadership a persuasive argument for the importance of *leaders who care* - and for notions of care to therefore make it over the 'work-life boundary' to inform our understanding and practices of leadership. In this chapter, we build on this argument by looking at a group of people whose experiences of care involve a particularly complex negotiation between private and public. These are the growing numbers who combine paid work with some form of unpaid care, usually - but, of course, not always - for an elderly relative. In the UK, people in this position are known as "working carers", although we do not always choose this label for ourselves.[6]

Our approach is unusual in leadership studies, because it values personal experience as primary data for our understandings of organisational life. We are arguing that what happens on the life side of any work-life boundary we construct is more valuable for our work performances than has traditionally been assumed. We are not suggesting that there should be *no* separation between the private and the public; our image of people on holiday incapable of switching off is enough to remind us why some separation between domains might be healthy. But we are suggesting that we might look to our private experiences of care to understand and enhance our public experiences of leadership.

The Intertwining of Care and Leadership

In arguing that experiences of care offer valuable insight into the challenges of leadership, we go beyond the suggestion that juggling work and care makes us better at multi-tasking, planning and prioritising. This is probably true but almost too obvious. We also go beyond the argument that, with the demographic time-bomb of an ageing population, we are simply going to have to find better ways of accommodating the increasing numbers of working carers at all levels of our organisations. Instead, we hope to show how, despite initial impressions of being on opposite sides of the boundary, the experiences of the relationships of both care and leadership are intimately interrelated.

Emotional Undercurrents and Projections

Care is fundamentally concerned with relationships of inequality - whether of skill, capability, stature or experience. As such, care relationships are a blueprint for the relationships between leaders and followers, which are similarly - and some would argue, inherently -

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[6] For the fear of being exposed or "outed" as a carer, see Tomkins and Eatough (2014).

grounded in inequality or asymmetry of skill, capability, stature or experience. Thus, the things we experience as care-givers to an elderly parent, say, challenge us in a very similar way to the things we experience as leaders.

These inequalities of skill or capacity are difficult, because being aware of one's need for help often triggers feelings of resentment on the part of the care-recipient. It is, therefore, not uncommon as a carer to find oneself on the receiving end of emotional projections, which can be hostile, painful and unreasonable. Carers can often feel a bit of a scapegoat or whipping boy for the emotional outbursts directed their way, and one of the core skills of care is thus an ability to self-care, that is, to protect oneself from taking such emotional scapegoating too much to heart.

Being on the receiving end of unreasonable emotional projections is also a core feature of the leadership experience. If care triggers archetypal associations with maternal love, and leadership echoes these early childhood fantasies, then leaders need to expect to be the targets of primitive emotions amongst their followers. These are often flattering, such as when a subordinate is hero-worshipping us. But they can also be more hostile, such as when leaders are blamed for organisational failures that could not possibly be their fault. Either way, the exaggerated reactions towards leaders are grounded in fantasy more than reality. A core leadership capability must surely therefore be to acknowledge this and learn to cope with it. Otherwise, if we remain in the domain of fantasy, we may start to believe in our own hype, and take excessive risks; or we might collapse under the weight of projection and unrealistic expectation. In this way, our discussion of care intersects with contemporary debates in leadership ethics, and the argument that leaders should be given neither all the credit for organisational success nor all the blame for organisational failure.[7]

Care - with its primitive expectations, fears and hopes - evokes powerful feelings and emotions. So, being able and willing to deal with the experiences and implications of care must surely help us in our efforts at leadership, or indeed, any of our organisational or institutional relationships which involve difference in status or power. Psychotherapists know they need to contain the often hostile feelings experienced by their clients in the dynamics of transference and counter-transference. Teachers and educators know that they are sometimes the recipient of projections from students, both flattering crushes and less flattering instances of blame and displaced anger. And people in caring relationships need to cope with the complex and often hostile emotional torrents experienced by and between care givers and

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[7] See Tourish (2013) and Gabriel (2013).

care receivers. But the theory and rhetoric of leadership have been relatively slow to acknowledge that leaders, too, have a role to play in both triggering and containing the emotional undercurrents of organisational life. The experiences of care - with their inherent relational asymmetry - give us invaluable resources with which to tackle this challenge.

The Politics of Engagement

One of the things that carers understand very well is the need for sensitivity and tact when deciding whether and how to intervene on behalf of the person for whom we are caring. Because care is a relationship of inequality and asymmetry, there will be many occasions when a carer is better qualified or more capable of carrying out a task than the person in their care. Indeed, difference in capability or capacity is arguably central to a definition of a relationship as one of care rather than, say, love or friendship.

For instance, when your elderly father struggles with a simple task, do you step in to do it for him, or do you muster the patience to try to encourage him to do it for himself? If you do it yourself, the task will be done quickly and properly, but you risk infantilising him, making him feel even more useless and helpless than before. If you stand back and try to encourage him to do it for himself, you risk it not getting done at all, or getting done in some crazy, shambolic way, and your father might feel unsupported and frightened. These are difficult decisions to make in a caring relationship, not least because it can be so disconcerting to have to watch a once proud and capable parent now struggle and fail to accomplish things for himself.

Vignette: Learning to wait for a fall

The following is an excerpt from the transcript of a leadership workshop that Peter facilitated. The excerpt is taken from part-way through a conversation, and one of the participants has just made a point about the frustration of working for a leader who was not very proactive, describing him as someone who 'made waiting an art form'. This was followed by some discussion about whether such apparent passivity could constitute good leadership. This triggered a memory for Steven.

Steven: "You saying that reminds me of my previous training [in Social Work]. Often you would see a situation in a private home where they clearly needed to move on to a residential nursing home or a mental health hospital, but they weren't ready to do that. I won't say it was always easy, but on the whole it was easy to walk back to Social Services and just write on

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the file, 'Waiting for this person to fall'. Whether it was emotional or physical, because eventually that happened. 98% of the time it happened and then you would get a 'phone call either from them or from a relative to say, 'actually I need to do it'. Whereas if I had gone in and said you need to do this, that and the other it probably would have failed. Sometimes that can take 18 months, but it happened eventually."

Ian: "From what you are saying, that whole leadership thing is a fine line between abdicating and delegating. It's standing back and waiting for it to happen, and it will happen because other people will make it happen, and you are then abdicating that responsibility completely."

Patricia: "It's incredibly difficult to do if you are someone who is used to making things happen."

Our point with this vignette is that decisions about whether, when and how to intervene in caring relationships are not dissimilar to the decisions that leaders make in their relationships with followers. It can be incredibly difficult to rein oneself back - as a leader or a carer - if one is used to making things happen, as Patricia suggests. We are so used to being proactive in our lives that it can be uncomfortable to stand back and let things happen in their own time and their own way.

In short, the power dynamics of care interventions contain strong echoes of the power dynamics of leadership interventions. Indeed, it is striking how strongly the tension in care relations between intervening to *fix* things versus empowering others to work things out for themselves is mirrored in many of the most famous models of leadership, change management and organisational decision-making - not least the enduring distinction between "management" and "leadership".

Take, for instance, the well-known distinction between transactional and transformational leadership that appears in many of the core management texts. Without wanting to simplify to the point of distortion, the former fixes things, whilst the latter enables others to work on things for themselves. Transactional leadership emphasises direction, control and achieving pre-formulated objectives and results. Transformational leadership, in contrast, emphasises the importance of leaders empowering, inspiring and enabling their followers. And there are many other models of leadership and change in the management consulting world which invoke a similar dynamic, whether this is framed as supply versus demand, push versus pull, direction

versus enablement, hard versus soft.   In our view, these all reflect the core dynamic of the care experience, clothed in the language of leadership, OD and change management.[8]

This dynamic of care can also be traced in one of the catchiest ideas in our organisational conversations, the notion of tame versus wicked problems. Tame problems may be extremely complicated, difficult and time-consuming, but they are always fixable if we intervene with the right skills, resources and techniques. When we tame a situation, we are operating on the assumption that there is a best way of approaching it and a best solution, based on theory or data from past experience. Wicked problems, on the other hand, are essentially unique. Each situation requires a new diagnosis for which there is no rule-book or example from best practice. With wicked problems, fixing the situation may not be possible, and it may be that no solution is ever found. Sometimes the leadership role in wicked problems is about just being there; it involves presence, relationship, containment and understanding.[9]

We see the tame versus wicked dynamic as having its blueprint in our experiences of care, specifically in relation to decisions about styles of engagement. Making these connections is invaluable for leadership development, because discussions of tame and wicked problems emphasise that we *choose* how we interpret a situation as tame or wicked, i.e., whether we approach it as one requiring intervention or enablement - fixing or understanding. Our reading of the situation informs how, when, why and whether to intervene. It influences our approach to stakeholder communication and engagement, that is, whether to *tell* or to *sell*. And it will affect how we deal with ambiguity and complexity in our leadership roles, because tensions and inconsistencies are removed or resolved in tame problems; but they are an inextricable part of the experience of dealing with wicked ones.

From this perspective, our ethical challenge as leaders involves what we are calling the politics of engagement. Based both on theory and our own experiences, we see this question of engagement as central to the experience of both care and leadership. The way we respond to asymmetrical responsibilities, seniorities, capabilities and potentialities in our organisational lives takes up much of the time and space in leadership development programmes and management text-books. These asymmetries have their prototype in the engagements and interventions of care.

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[8] See Tomkins and Simpson (2015) for a philosophical version of our argument that the challenges of leadership revolve around this core question of intervention.
[9] Grint (2005) elaborates tame and wicked problems in leadership decision-making.

How to Rethink this Space? What Might It Mean to Act Differently?

As we suggested earlier, our approach in this chapter is unusual in leadership studies, because it values personal experience as data for our understandings of organisational life. We really do believe that care can illuminate the challenges of leadership, and vice versa, that analysing what we do as leaders can sensitise us to our presence and behaviour as carers. The reason we can advocate for this "virtuous circle" is that we are drawing on our own experiences to make this claim. For both of us, thinking about the commonalities between our private experiences of care and our public experiences of leadership has helped to shed light on the challenges and choices in both domains.

Vignette: Leah's story

From my corporate career in management consulting, I was steeped in the concepts of transactional versus transformational leadership, and directive versus empowering change. Through years of performance management, I was aware of my tendencies towards some styles of leadership over others, specifically, my instinct to take responsibility for, i.e., tame, a situation rather than empowering others to work things out for themselves. In my leadership roles, I was known as a "safe pair of hands", and this was an important aspect of my professional persona. The downside of this was, of course, that sometimes I could leave my subordinates feeling a little disempowered, perhaps disenfranchised. In my more open and trusting discussions with mentors and colleagues, I became aware that the more I "led from the front", the more I risked making my subordinates feel they could not live up to the standards I set.

As I worked on the notion of an ethic of care in leadership, I also reflected on what this might mean for my relationship with my mother as she drew close to death, and needed increasingly heavy-duty (but open-ended) care from me. I found myself using the models I had developed and deployed professionally to frame the way I related to her. For instance, how often did I step in to do the talking and explaining *for* her, especially when we were dealing with the large number of medical professionals and social care staff who needed a quick summary of what was happening in her world? I knew that my version would be quicker and more to the point. The professionals needed the executive summary, not a long drawn out narrative, or so I thought in my construction of the situation as requiring taming and managing. But I also came to realise that letting my mother explain things in her own way and her own time served a purpose beyond the criterion of efficiency. It made the situation more wicked *for me* to bear,

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but it helped *her* to keep some semblance of dignity and control in an increasingly frightening world. So, if I could try to suspend my desire to tame things, I might be better able to provide the kind of care she truly needed... not always, but sometimes.

Vignette: Peter's story

I have also spent the last several years increasingly involved in caring for my aging mother. Since the death of my father six years ago, Mum has developed dementia. As she was living alone, my three siblings and I became concerned about Mum's erratic behaviour and found ourselves in what I will describe below as a challenging sense-making process. We also found ourselves in a complex political process of wicked problem solving.

We reluctantly, and unthinkingly, became a care team. But from the start we were split down the middle. Two factions, sibling pairs, formed with significantly differing views on what form of care was required. The eldest sibling and I, who both lived about two hours away and typically visited every month or so, felt that Mum was becoming a danger to herself and that we needed to intervene. The other siblings, who lived approximately ten minutes away and visited regularly, were convinced that Mum needed to be encouraged to maintain her independence. What was believed by the distant pair to be "serious mental and physical deterioration" was interpreted by those close at hand as "deliberate and manipulative behaviour" designed to get more attention. The proposed remedy for the former was increased levels of intervention; for the latter, challenging Mum to be less reliant on others and to take better care of herself. All of us "cared" - this really *mattered* - but the complexity of the situation, with such divergent interpretations, created a context where it seemed that others clearly did not care "enough" or "as much". Arguments erupted, voices raised, tears shed. Pairings became primary alliances. Conversations that excluded the other pair became prevalent.

Two difficult years later, negotiated solutions included the employment of in-home care-workers, cleaners, delivery of meals, increased frequency and duration of visits by the distant siblings and, finally, a move into a care home. After a period of illness leading to hospitalisation, Mum could no longer walk and had to be moved to a new care home for those with advanced dementia.

Four months after moving in, I was sitting with Mum when a care-worker I didn't recognise stopped to chat about their mutual love of cats. She asked Mum, "Do you want to take your

son to your room?" When I intervened and said that Mum wasn't able to walk, the carer said with a mischievous grin, "Oh, you'll walk with me, won't you Jean?!" Taking hold of the carer's hand, Mum promptly stood up and walked at speed out of the lounge and up the corridor. Following quickly behind, I looked on in surprise, as did several other members of staff.

We are sharing these stories because, for both of us, reflecting on the dynamics of projection and intervention has helped to re-frame our understandings of both care and leadership. It has enabled us to trace parallels between the things we instinctively do in our private relationships and the approaches we tend to deploy in leadership situations. We are not suggesting that this cross-fertilisation of ideas from normally separate domains has necessarily made us better carers, or a better son or daughter, or even better leaders. But it has sensitised us to the choices that are available to us in *all* our relationships, and to what might be at stake in the decisions we make.

Learning from these experiences, we both try to bring some of this thinking back into the workplace, that is, to create a kind of virtuous circle between our experiences with our mothers and our experiences with colleagues and subordinates. It is all too easy to speak for - or over - others in meetings and discussions, especially if one has more experience and/or expertise in the topic in question. We would both say that we do this with the best intentions, that is, we are trying to get to a good outcome as quickly and efficiently as possible. Surely, that is part of what leadership is all about?! However, sometimes it is more important to engage in the process of relationship and confidence-building than to race to the right outcome or output. The text-books have been telling us for decades that, as leaders, we should empower and enable at least as much as direct and steer. Being able to tap into what empowering and enabling look and feel like with our mothers - and why they are both so important and so difficult - helps to bring the text-books to life.

Concluding Thoughts

In this chapter, we have made a case for paying greater attention to care in our organisational lives. We do not want to down-play the challenges of either caring or leading, or to present some simplistic new leadership recipe. Rather, we have argued that there can be a mutually illuminating relationship between the things we do in our organisational encounters and the things we do in our domestic worlds. Based on our personal reflections as well as our engagement with theory, we believe the experiences of care - with their joys and rewards as well as their frustrations and compromises - are an important framing for many of the other relationships in our lives.

In summary, leadership which is grounded in the personal experiences of care involves:

- Reconnecting our experiences across the so-called work-life boundary.
- Challenging the notion that care is purely a domestic issue, or something "pink and fluffy".
- Acknowledging the emotional undercurrents of both workplace and private relationships.
- Acknowledging the complexities of decision-making, especially in relation to the question of intervention.
- Learning to value the evidence of our own experience, rather than always reaching for evidence in the shape of facts and figures.

Bibliography

Fine, M. & Glendinning, C. (2005). Dependence, independence or interdependence? Revisiting the concepts of 'care' and 'dependency'. *Ageing & Society, 25(4),* 601-621.

Frone, M.R., Russell, M. & Cooper, M.L. (1992). Prevalence of work-family conflict: are work and family boundaries asymmetrically permeable? *Journal of Organizational Behavior, 13(7),* 723-729.

Gabriel, Y. (2013). The Dark Side of Transformational Leadership: A Critical Perspective. *Organization Studies, 34(9),* 1407-1410.

Gabriel, Y. (2015). The caring leader. What followers expect of their leaders and why? *Leadership*, *11(3),* 316-334.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Grint, K. (2005). Problems, problems, problems: The social construction of 'leadership'. *Human Relations, 58(11),* 1467-1494.

Noddings, N. (2003). *Caring: A feminine approach to ethics and moral education.* Berkeley: University of California Press.

Tomkins, L. & Eatough, V. (2014). Stop 'helping' me! Identity, recognition and agency in the nexus of work and care. *Organization, 21(1)*, 3-21.

Tomkins, L. & Simpson, P. (2015). Caring Leadership: A Heideggerian Perspective. *Organization Studies, 36(8),* 1013-1031*.*

Tourish, D. (2013). *The Dark Side of Transformational Leadership: A Critical Perspective.* London: Routledge.

Tronto, J.C. (1993). *Moral boundaries: A political argument for an ethic of care*. New York: Routledge.