When We Cannot Care for Ourselves:
Ethics, Interdependence, and the Moral Danger of the Self-Care Message

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Practicing self-care seems to be touted as the answer for everything these days. Feelings of burnout, struggles with wellness, and general malaise are all attributed to lack of self-care. When we or the people around us express these vulnerabilities, our friends, family, counselors, and the media are quick to prescribe the full self-care package: a day to yourself, spending time on a hobby, making a healthy meal, going to the gym, watching a movie, getting more sleep, practicing yoga or meditation. Self-care can include more urgent and necessary acts of personal care than these examples, but it has two qualities: it is an action the individual alone can take for themselves, and it usually requires significant resource investment from the individual–namely the resources of time, energy, physical capability, and money. What if the message of self-care is doing more harm than good by making people feel inadequate if they are unable to engage in self-care to the extent that it is encouraged? We need to carefully consider the privilege that self-care assumes and the people who are systematically alienated by this pervasive societal message. Care ethics is a more ethically sound vision of and approach to well-being through its emphasis on our interdependence and its recognition of our shared responsibility to care for those who cannot care adequately for themselves—which is most of us.

I believe that we need to move away from individualism and self-sufficiency as the dominant ideals of our time and embrace the ethics of care, in which care is "both value and practice" (Held 9). Emerging in the 1980s as an offshoot or arguably even a form of feminist ethics, care ethics places "human vulnerability and interdependence at the center of our moral life" (Collins). When our dependence on each other becomes more important to us than preserving our independence, self-care can take a secondary role to other forms of sustainable, realistic care which have been variously termed other-care, community-care, or care networks.

The problem of well-being is still at the forefront, but the narrative around how that problem is most holistically addressed becomes more sensitive to unique human needs and dependencies than the self-care, "do it yourself" narrative. In other words, it is a more ethical, inclusive path to individual well-being because it widens our definition of who can experience well-being to everyone, regardless of life situation or access to resources. Different resource expenditures are involved in different acts of self-care, and we do not all have access to the same resources in the same quantities. Some of us might have ample financial resources, but extremely constrained time. Others of us might be lacking emotional energy. Our levels of physical ability to meet our basic needs and engage in healthy activities vary widely. An ethic of *self*-care is not very ethical at all if we stop to consider the real people for whom it is far from sufficient or realistic due to their unique resource constraints.

Popular culture is pushing self-care like never before. Self-care is a form of self-help, and the self-help book category has doubled in size since 2013 (NPD). Likewise, online searches for "self-care" in the United States have been growing steadily over the past decade, with searches peaking in the past couple years (Google). The global wellness market, which encompasses goods and services related to physical and mental health, appearance, fitness, nutrition, mindfulness, and sleep, is estimated by McKinsey to be worth 1.5 trillion dollars and growing 5-10% every year (McKinsey). This market pressure is not neutral or judgment-free; it sends the message that if an individual wants to feel or do better, it is on them to figure out how to accomplish that through their own initiative and resources. The prevalence of self-help books and articles implies that if people only devoted themselves to self-care, their mental, physical, and emotional health could improve. While this may be true on one level, it is not the full story when it comes to well-being. The full story is often beyond the individual and includes family

connections, the strength of social networks, and the support of physical and mental health care providers. Care ethics is concerned with how we can together be a part of creating the kinds of care networks we all need to thrive, not how we can help people access the right self-help books and articles so they can finally start practicing self-care on their own.

Why are we so attracted to the idea of self-care and why is it the focus of so much of the content we consume? Ada Calhoun describes "the great turning-inward" that our society has experienced over the past few decades: "Where once there were small neighborhoods of extended families, now there are small families living far from relatives, with few confidantes" and decreasing community affiliation (Calhoun). It makes sense that in a society in which people are isolated from traditional forms of community, the most compelling answer to the problem of well-being seems to be the individual using their personal resources to secure greater well-being on their own. This is also the answer that fits into our deeply held American belief in self-determination and limitless personal agency with the least amount of friction. She continues, "Self-care also contains an implicit message: I have to take care of myself because no one else will. My government isn't going to give me health care. My employer isn't going to have my back if I get sick. It's on my shoulders to care for myself" (Calhoun). I would continue this line of thinking to other implicit messages, such as: *My family isn't going to care for me if I become dependent on them. My friends aren't going to be there for me if I need extra support. My community isn't going to step in to help. No one is willing to help me meet my needs, so I have to find a way to meet them on my own.* The individualistic, isolated ethos of our time cannot offer us true community-care, so self-care is the best remedy our society is equipped to propose.

We have established that the message of self-care is both pervasive and alluring due to the way it neatly fits into our current societal paradigm, but why is emphasizing self-care *morally*

problematic? Meghan O'Rourke writes, "We are so addicted to the concept of individual responsibility that we have a fragmented health-care system, a weak social safety net, and a culture of averting our eyes from other people's physical vulnerability" (O'Rourke). In a society in which independence is prized and dependence is to be avoided at all costs, self-care seems to be the only reasonable path to well-being, but it is also exclusive. Middle-aged Americans have been dubbed the "sandwich generation," the burden falling on them to care for both aging parents and young children (Pew Research Center). Family caregiving responsibilities are projected to increase in the next two years, with "17.2% of middle–aged and older adults who are not currently caregivers expect[ing] to provide care or assistance in the next two years to a friend or family member with a health problem or a disability" (CDC). To tell burned out and overburdened people that they need to provide for their well-being by taking more time and energy for themselves seems not only insensitive but even rather ludicrous. When people do not have the capacity to meet basic needs, we cannot tell them that in order to improve their lives, they need to increase their commitment to self-care.

Many of the activities we associate with self-care are not fully possible for people struggling with homelessness or poverty, people with disabilities, the elderly, those with severe or chronic illness, and people with mental health or substance use challenges, to name a few. This is where the moral issue lies. The popular messaging around self-care from writers, influencers, journalists, bloggers, and other content creators claims that even small acts of self-care are possible for anyone. They share "free" activities like moving your body, drinking water, or reading a book that, for some, can be far from free or accessible. We have a moral responsibility to examine the privileged assumptions of these seemingly positive and benign self-care messages. In *The Ethics of Care,* Virginia Held writes, "Many persons will become ill and

dependent for some periods of their later lives, including in frail old age, and some who are permanently disabled will need care the whole of their lives. Moralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls" (Held 10). Ruth Groenhout echoes the same concern in her book, *Connected Lives:* "In developing an ethical theory we cannot automatically assume that all humans are able-bodied, middle-aged adults, capable of self-direction and largely able to support themselves. Instead, we need a picture of ethical life that incorporates a respect for the varying ages and abilities of the many stages and types of life we find" (Groenhout 31). The message of self-care reinforces the exclusion of all who do not fit a certain profile of status and ability from our consideration while allowing us to disconnect from any moral responsibility to care for others or any expectation that others will care for us. If care is the domain of the self, our moral frameworks do not have to make room for interdependence.

The distinction between the promotion of self-care and the practice of self-care is worth discussing. The individual practice of self-care is beneficial insofar as it has the power to increase well-being, but that does not mean that its promotion and commoditization are always beneficial. It is challenging to fully disentangle the promotion and practice of self-care, though, and both are rooted in the values of individualism and self-sufficiency. My aim is to contrast these values with the central values of care ethics which include inclusivity, community, and respect. If everyone had the same resources to engage in self-care to the same extent, there would be no ethical issue with either the practice or the promotion of self-care. The inadequacy and moral complication of promoting self-care as a primarily individual responsibility becomes clear, though, when we encounter resource inequities and realize that by promoting self-care we are not offering a path to well-being that mitigates or resolves those inequities.

Care ethics helps us begin to address resource inequities with real human connection and action rather than by marketing unrealistic ideals about how much time, money, energy each person should be able to devote to their personal well-being. Philosophy professor Stephanie Collins describes the two questions that care ethics prompts us to ask whenever we interact with another person: "Does this person depend on me?" and "How can I fulfill the needs of this person?" (Collins). She notes that such an application of care ethics requires attunement, as the framework does not provide a set list of principles or rules to apply in every situation. Following care ethics means that we are sensitive to our relationships and to the particular needs we observe in the context of those relationships. The definition of "care" is intentionally vague as both the needs we may encounter and our capacity to meet those needs are unique. In *Starting at Home,* Nel Noddings highlights two guiding ethical questions: "How can we avoid harming ourselves and one another? How can we care better for one another?" (Noddings 11). I believe that the latter is a more ethical question than asking how we can care better for ourselves. Ethical questions are meant to help us consider the impact of the individual on society as a whole and thus must be firmly grounded in the pursuit, not of greater individualism, but of mutually beneficial relationships.

It is important to note that care ethics is distinguished from virtue ethics by action. Noddings explains this well: "It is entirely possible for an individual, exercising a host of recognized virtues, to care sincerely (in the virtue sense) and yet not connect with the recipient of care" (Noddings 20). The virtue of caring by itself would not be an effective alternative to self-care. It is only when care is enacted in real relationships, neighborhoods, and communities that care ethics emerges as a true resolution to the inadequacy of self-care. Care is an active "commitment to the good of the other" (Groenhout 29). Merely having caring feelings toward a

neighbor who is going through cancer treatment is not practicing care ethics; offering to drive her to one of her treatments or bringing her a meal would be. Care must be enacted.

What would need to change about our society's values to make room for embodied care ethics? Our definitions of connection, friendship, community, and who is responsible for caregiving need to grow and become more inclusive if we are ever to bring care ethics to bear on our real lives and relationships. Mia Birdsong writes in *How We Show Up*, "The idea of asking for help makes us feel like a failure, makes us feel weak.... But that is toxic individualism talking! It's telling us that we should be able to do it on our own, that if we were strong enough, good enough, and capable enough, we wouldn't need help. So, we struggle mightily to do it alone, to prove ourselves to an unrealistic and unhealthy standard, when reaching out could make our lives not only easier, but better" (Birdsong 16). We need to normalize asking for and accepting help. We need to acknowledge that we all need support, no matter how capable we feel we are. By creating care networks of people who are willing to abandon preconceived notions about neediness and self-sufficiency, care ethics can create true well-being where self-care has failed to do so.

I work as a research assistant with the Attachment Theory Workshop, a product of the University of Maine Honors College Servant Heart Research Collaborative. The workshop comprises six modules and is designed to help caregivers learn to form healthy attachments with their children by cultivating knowledge and skills related to trauma-informed care, attunement, emotional regulation, and resilience. The workshop was first offered in Sierra Leone and we are currently working to bring it to Haiti, Uganda, and Liberia. Our model involves creating a supportive network of stakeholders and community partners who help us adapt the workshop to be culturally competent. I have grown to deeply appreciate the final module of the workshop,

"Caregiver Well-Being." It discusses the importance of self-care, but also the importance of building community-care networks. In one of the activities, caregivers write down positive memories and helpful messages to look at when they are having a difficult day, and one of the suggestions is to record a person they have helped. They are also encouraged to make a list of people they could turn to for support during hard times and keep this list close. These parents are caring for many biological, foster, and adopted children and they can understandably become overwhelmed. They do not need a list of self-care activities as much as they need a list of support people who could watch their children for an afternoon, share household responsibilities, and commiserate about the struggles of life and caregiving. Reaching out to support people is framed as a form of self-care, though community-care is probably a more descriptive term. Supportive friends and family members caring for the needs of caregivers and their children may even be the only way caregivers could have the time or resources to engage in other forms of self-care, which points to our ethical responsibility to make care a collective endeavor to ensure that everyone gets the support they need.

A fair objection is that applying care ethics involves individuals not only *being* cared for but investing personal resources in caring for others. Countering this objection, Laurie Santos discusses the opportunity cost of self-care activities, saying that only focusing on these self-serving activities "might mean you're not calling a really good friend that you haven't talked to in a while, or connecting with your parents, or doing other kinds of things that can feel challenging but ultimately are good" (Calhoun). These moments of connection with others seem to multiply the positive impact that results from the time and energy investment. Adopting a community-care and other-care approach to life and ethics serves *everyone's* well-being–both the

people giving and the people receiving care. It is about sharing the burden of care so needs are met in the context of relationships and community.

Jamil Zaki also addresses this objection when he writes, "Some people might bristle at the suggestion that they need to devote more time to others… Other-care has caused our burnout; how could it possibly be a cure? The surprising answer is that the very same act of helping can deplete or fulfill us, depending on how we think about it… People reported being more fulfilled on days they helped others, but only when they felt connected to why they were doing what they were doing, and to the person they were helping" (Zaki). This points to the necessity to both embrace the fundamental values inherent in care ethics and change our everyday behavior to incorporate other-care and connection-building. To successfully apply care ethics, we need to foster relationships with our coworkers, classmates, relatives, and neighbors so that when needs arise, stepping in to help feels natural and fulfilling rather than burdensome.

Another objection is that self-care is empowering for marginalized people, especially, because it pushes back against self-erasure and self-devaluation. Firstly, this objection prompts me to ask: is it really empowering to tell marginalized people that feelings of burnout are their own problem to solve, rather than showing them with our actions that those feelings are something we can and must collectively improve? Speaking about women with the dual responsibilities of a career and motherhood, Kate Washington writes, "being told we could be anything created pressure to *be* everything, without the kind of support that would make that possible" (Washington 19). True empowerment is support. To say that self-care is empowering misses the point; yes, well-being is absolutely empowering, but promoting self-care is not actually giving people more power, resources, or agency to secure well-being. The message of self-care assumes that the individual already has power, resources, and agency and is just

choosing not to use them, which is disrespectful, invalidating, and counterproductive. By telling people whose circumstances make even very basic self-care challenging that they are not doing enough to care for themselves, we reinforce the idea that they are responsible for their lack of well-being. What if we instead applied a care ethics approach and looked for ways to support each other better? It is unethical to push self-care like there is no other way for people to get the support they so desperately need.

We can all agree that personal well-being matters, as does care. How well-being is best achieved and who is responsible for ensuring personal well-being is the issue. Care should not and cannot be an individual endeavor, especially when our need to be cared for exceeds our individual capacity. In *The Age of Dignity,* Ai-jen Poo reminds us that our values need to shift if we are ever going to fully adopt the community-care practices that are encouraged by care ethics: "The more we recognize the value of seniors, people with disabilities, and others who build rich and satisfying lives through extended networks of personal assistance and care, the more skilled we will become at structuring interdependence into our everyday lives" (Poo). That is the life that care ethics moves us toward: one in which support, not shame or blame, is our response to those we encounter–including ourselves–who cannot do it all alone.

To say that the way self-care is currently promoted is unethical sounds harsh and excessive, but when we stop to examine the people who are excluded and the potential solutions that are overlooked when we let self-care become the all-encompassing solution to well-being, the moral issue starts to look very pressing. Our answer to the ethical question of how well-being should ideally be achieved really comes down to who we value. Do we value only those who can create their well-being through individualism and self-sufficiency (in other words, through self-care)? Or do we also value and validate those whose needs require more support? We must all

embrace the supported, interconnected life, whether or not we see ourselves as particularly needy or vulnerable. There will be seasons and situations for all of us in which self-care simply is not enough or our capacity to care for ourselves is extremely limited. Humans live within resource constraints (time, money, energy, and ability). Self-care does not necessarily reduce these constraints, but community-care has the potential to increase capacity for everyone because we can pool our resources, fill in the gaps, and pick up the slack for one another. Care ethics is about beginning with the people in our networks when we think about how we want to live. The central assertion of this framework is that if we start with the personal connections we have with others, what constitutes right, productive, and considerate behavior comes more clearly into focus than if we tried to base our ethical questions on what is good for us as individuals.

We have an ethical obligation to shift the focus away from self-care and humbly acknowledge our dependencies on all sources and forms of care. Instead of framing our interdependence as a weakness or a shameful reality that we must begrudgingly accept, we can make it our greatest asset. We can make personal well-being a community effort, each offering our unique strengths and resources to the people in our circles and being open to accepting other forms of support in return. Care ethics does not ask that we become uber-virtuous and self-sacrificing, but that we realize the ways in which our societal glorification of self-sufficiency disrespects and devalues people, that we reconnect to our most basic desire to meet the needs of the people closest to us, and that we be open to having our needs met by them, too. This is the give-and-take of real human relationships and must be at the center of our ethical lives. It is more than okay that we cannot take care of ourselves by ourselves, and it is time to change our words, values, and actions to reflect that.

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