



CARE TO SURVIVE! CARE ETHICS IN DORIS LESSING'S *THE MEMOIRS OF A SURVIVOR*

SEDA ARIKAN*

ABSTRACT

Nobel Prize-winner English writer Doris Lessing's dystopian novel *The Memoirs of a Survivor* was published in 1974, a period in which both new concerns and new ideas were bushing out. The catastrophic setting of the novel which depicts the breakdown of modern society going parallel to food and water shortage, lack of electricity, perishing of natural and social order, and appearing an anarchy prescribe the probable disaster the world may attain in the future. Contrary to this circumstance of a possible atrocity in which people just struggle to survive, Doris Lessing proposes an alternative way of living and an ethical stance that is related to "care ethics", a moral theory appeared in the mid-1980s. Care ethics basically deals with the relationships in human life to develop "caring" both in social relations and the relation of humanity to non-human world. Contrasted with deontological and utilitarian ethics, it criticizes moral approaches based on the rights of male, liberal, and human beings. That's why, care ethics that asserts the significance of emotion, intuition, body and caring motivation for all beings is related to some ethical fields such as feminist ethics, environmental ethics, animal ethics, and bioethics all of which appear as moral and political theories based on caring for "the other". In this study, *The Memoirs of a Survivor* will be analyzed in terms of care ethics that Lessing proposes, in the background of the novel, as an alternative to andro-anthropocentric view that could result in a catastrophe for the whole world. In this respect, "caring" for others in the microcosm of the family and macrocosm of the universe will be depicted as an ethical and political action that is practiced by Lessing's two mystic protagonists, the unnamed narrator and the teenage girl Emily.

Keywords: Doris Lessing, *The Memoirs of a Survivor*, care ethics, interdependency, responsibility

* Firat University Department of Western Languages and Literatures, Elazığ, Turkey
bulutsedaarikan@gmail.com

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Despite all tragedies, the wars, collapsing of many countries, massacres in the world wars, and the continuing devastation of the world as a whole, the twentieth century witnessed so many promising approaches and our century follows its lead for the future of human being. Among those encouraging approaches, the centerpiece is still the field of ethics trying to develop a more hopeful, at the same time livable, circumstance for the inhabitants of the world. Ethics, penetrating into the fields of which literature is prominent, gives illuminating ideas to regulate human life in many aspects and a literary work is substantially able to be read as a work of ethics that presents an ethical stance. In this respect, the idea embedded in Doris Lessing's *Memoirs of a Survivor* (1974), which Lessing refers to "[her] imaginative biography" (Rousseau, 1985, 148), overlaps care ethics, a branch of ethics appeared in the mid-1980s primarily with the works of Nel Noddings and Carol Gilligan. Mainly contrary to both deontological and utilitarian ethics, care ethics criticizes harsh justice and liberal rights theories. Besides being contrasted to them, it is found similar to virtue ethics, Confucian ethics, and partially to feminist ethics. Though the initial theorization of care ethics was based on feminine concerns working with intrafamilial relations, today it has expanded to the domains of caring for animals, environment, and public functioning as a political theory and also social movement. Nel Noddings in her book *Starting at Home: Caring and Social Policy* (2002) proposed to enlarge caring for other humans away from us by accepting care as a motivation to establish both private and public welfare (Noddings, 2002, 22, 57, 123). Establishing a distinction between "caring-for" and "caring-about", she requires more attention to the latter as to her "caring-about is almost certainly the foundation for our sense of justice" and it "moves us from the face-to-face world into the wider public realm" (Noddings, 2002, 22). Beginning with Noddings and Gilligan, to establish a well-theorized ethics, care is bordered by the theorists of care ethics in some ways whose initial step is to define "care" as a concept.

Nel Noddings, who focuses on the activity of care, attaches importance to the feelings, needs, situational conditions, desires, and thoughts of those cared for. To her "when we care, we consider the other's point of view, his objective needs, and what he expects of us. Our attention, our mental engrossment is on the cared-for, not on ourselves" (Noddings, 2003, 24). Annette Baier writes that caring stand for "the importance of cultivating virtuous sentimental character traits, including gentleness, agreeability, compassion, sympathy, and good temperedness" (Baier, 1987, 42). Carol Gilligan, a developmental psychologist, in her book *In a Different Voice* developed a female ethics of care (Gilligan, 1982) and by meshing care and justice ethics she supported her idea of the relation between women and relational

care ethics (Gilligan, 1986). Diemut Bubeck defines caring for as "the meeting of the needs of one person by another person, where face-to-face interaction between carer and cared-for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself" (Bubeck, 1995, 129). Sara Ruddick, who accepts care as work but not limited to it, says "[a]s much as care is labor, it is also relationship. [...] The work is constituted in and through the relation of those who give and receive care" (Ruddick, 1998, 13-14). Similarly, Selma Sevenhuijsen writes that all phases of the care process have "relational dimensions" (Sevenhuijsen, 1998, 82). Joan Tronto relates care to four elements that are attentiveness, responsibility, responsiveness, and competence (Tronto, 1993, 126-136). To Maurice Hamington, "[c]are is committed to flourishing and growth of individuals, yet acknowledges our interconnectedness and interdependence" (Hamington, 2004, 3). As is seen, care is relocated in a really wide field. However, the general tendency to define care can be categorized under four main topics: care as natural tendency, virtue, value, and practice.

Since care ethics was first based on feminist ethics by the theorists, the natural tendency to care by female individuals was mostly focused on. Contrary to male dominated, individual and independent ethics based on abstract rules, care ethics offers to take advantage of female capacity to care. In this sense, "morality from a female perspective focuses on caring for others. Whereas men are typically more rule-following with morality and emphasize abstract moral duties, women typically focus on particular relationships and the need for caring within those relationships" (Pojman, 2012, 174). Many care ethicists revalue feminine traits and activities. To Held, "[t]he ethics of care envisions caring not as practiced under male domination, but as it should be practiced in postpatriarchal society, of which we do not yet have traditions or wide experience" (Held, 2006, 19). Held accepts "the capacity to give birth to a child" as an element of the capacity to care. Although the capacity to care is mostly accepted as a female tendency, it does not limited to female experience. As Held mentions, "[t]here can be a natural impulse to care for others, but to sustain this, persons need to make a moral commitment to the ideal of caring" (Held, 2006, 33). So, the natural capacity of caring that is "innate to human beings" (Noddings, 2003, 83) with a matter of degree can be developed to attain "the ideal of caring" by both females and males. Rooted in the idea of natural tendency of females to care, today's care ethics has expanded to a wider scope including humanity.

The second tendency to define care ethics is related to position it under virtue ethics. As virtue ethics mostly criticizes deontological theories that require right action, rationalist and universal norms, and abstract principles, care ethics is also found similar to virtue ethics

in this sense. “Leading virtue theorist Michael Slote argues extensively for the position that caring is the primary virtue” (Held, 2003, 19). Similarly, Raja Halwani assumes that care ethics should be considered under virtue ethics in which care is an important virtue (Halwani, 2003). As, in Aristotelian terms, a virtue would not simply be a natural impulse but an ethical stance harnessed by reason, care becomes a virtue as long as it is “at the right times, about the right things, toward the right people, for the right end and in the right way” (quoted in Halwani, 2003, 182). In this respect, although human being is accepted having the capacity to care, to develop this capacity is based on conscious exertion and training. To Halwani, “caring satisfies the *criterion* for being a virtue, namely, a trait one needs to flourish as a human being” and “[t]hus not only is it plausible to construe care as a virtue, but it is plausible to think of it as a primary one” (Halwani, 2003, 182). To Held, although there are similarities between care ethics and virtue ethics and “although to be caring is no doubt a virtue, the ethics of care is not simply a kind of virtue ethics” (Held, 2006, 19); as care ethics contains in itself some virtues such as concern, attention, empathy, and kindness, it cannot be reduced to virtue ethics.

The third topic to define care is in terms of its status as a “value”. Held, who defines care “probably the most deeply fundamental value” (Held, 2006, 17), relates it to other values of “trust, solidarity, mutual concern, and empathetic responsiveness” (Held, 2006, 15) with which the practices of care can be evaluated. Yoshimi Wada gives a similar statement by contrasting the values of care ethics and justice ethics: “In the ethics of justice, the values of equality, impartiality and fairness have priority; by contrast, in the ethics of care, the values of trust, mutual concern and responsiveness matter most” (Wada, 2014, 351). Paying attention to earlier pejorative status of trust, mutual concern, and responsiveness, care ethics brings a subversive point of view to ethics. Although, many theorists such as Held do not ignore the significance of justice and related values, they accept care “the most basic moral value”:

I now think that caring relations should form the wider moral framework into which justice should be fitted. [...]All human beings require a great deal of care in their early years, and most of us need and want caring relationships throughout our lives. As a value, care indicates what many practices ought to involve. (Held, 2006, 71)

Furthermore, not only as an individual value but also a political and social one, care is expanded to public area taking precedence over justice. Since without care, there would be no justice, “within a recognized framework of care we should see persons as having rights and as deserving of justice, most assuredly” (Held, 2006, 72).

The status of care as a value is related to its being a practice because without practice the value would not be valid. As “caring labor is intrinsically relational” (Ruddick, 1998, 14), forming relationships by care-giving is the primary practice. Held, accepting care both a practice and value, mentions that “[a]s a practice, it shows us how to respond to needs and why we should. It builds trust and mutual concern and connectedness between persons” (Held, 2006, 42). Namely, practices of care satisfy the need displaying sensitivity and establish the relationships. Since without care no life would survive and no relationship would improve to the end, life requires practices of care by which people, families and societies will develop. Peta Bowden examines different examples of caring practices such as mothering, friendship, nursing, and citizenship (Bowden, 1997). It means that to practice care as an individual in private relations, as a citizen of a nation and citizen of the world will establish the basic element in care ethics, namely caring relation.

While Nel Noddings establishes the concept of “ethical ideal”, she bases it on two sentiments that are natural and ethical caring (Noddings, 2003, 79). While natural caring is the natural sympathy felt for others such as in mother-child relationship, ethical caring appears “in response to a remembrance of the first” (Noddings, 2003, 79). Ethical caring takes the form of an ethical obligation that derives from a natural capacity and stated in “shoulds”. Originated from Noddings’ distinction between natural and ethical caring, a similar categorization that is based on private and public caring has been established by following theorists as mentioned above. As public caring is a follow-up of the private relations and domain, they are interconnected and should be evaluated in this sense. In Lessing’s *The Memoirs of a Survivor*¹, the idea of care is also observed both in private and public domain. Thus, this study will examine how care works or does not work in the novel in terms of private and public relations within family, society, and the world.

I. CARE IN THE PRIVATE DOMAIN

Doris Lessing’s *Memoirs*, published in 1974, “reinvents autobiography, interleaving an apocalyptic representation of the outer world with glimpses of the protagonist’s inner life” (Maslen, 1994, 30). The inner and outer worlds that are narrated by the unnamed, middle-aged woman protagonist, the survivor, mirror the apocalypse of her inner and outer selves. The

1 The novel will be referred to as *Memoirs* henceforward.

outer apocalyptic world has witnessed the “gradual collapse of all social systems” (Pickering, 1990, 136). In the wreckage of a city, masses of people live the nomadic life to survive. There is no electricity and gas anymore, people have to grow their own food because of food shortage –and later on water shortage appears– money becomes a legendary tool, barter takes its place and information replaces the value of money, theft and violence becomes ordinary way of surviving, and in this catastrophic world the narrator is left with a twelve-year-old girl whom she does not know. When a middle-aged man appears in the living room of the narrator with Emily, he just says, “This is the girl,” “She’s your responsibility,” “She is Emily Cartright. Look after her” (MS, 17) and then he leaves. “Reflecting that this incident is no more extraordinary [...] survivor accepts Emily with a marked degree of sympathy and identification” (Pickering, 1990, 137). Generally focusing on the necessity of parents to care for their children in her conversations –although it contains some “pain and sacrifice” (Torrents, 1980, 69) – Lessing creates a substitute parent, “a continuation, for her, of parents, or a parent, a guardian, foster-parents” (MS, 28). In a dystopic world in which people only try to survive, the narrator accepts to give Emily shelter that indicates “her social consciousness and acute sense of duty” (Myles, 1991, 13). The narrator knows that Emily, who accepts everybody “as a threat” (MS, 30) at the beginning, had “a passion of longing” but “For what?” (MS, 33) As the novel progresses, it appears that her longing is for love, care, and intimate relation she has not had since her babyhood. At this point, the imaginary world behind the walls of the narrator’s living room is opened both into the childhood memories of Emily and that of the narrator. That incident depicts the conflicts in mother-child relationship in general and proposes the significance of caring from babyhood to adult life. Thus, first of all, how the features of care ethics are reflected in private relationships in the novel will be examined to take the reader to an expanded understanding of care in public area.

Virginia Held describes the first and central focus of the ethics of care as “the compelling moral salience of attending to and **meeting the needs** of the particular others for whom we take **responsibility**” (Held, 2006, 10). It means, the moral aspect of caring includes taking responsibility, satisfying the needs of particular others such as one’s child, and developing relationships with them that will contribute to the progress of human being. In the novel, the narrator constructs her relationship with Emily by taking the responsibility of her and meeting her needs. Although at first “[s]he is in a dilemma –whether to choose freedom (existing beyond the wall), or to turn to duty (in the form of caring for Emily)” (Myles, 1991, 13), she quickly makes her choice and in a short time becomes “absorbed in Emily” (MS, 52): “I

longed simply to walk through the wall and never come back. But this would be irresponsible; it would mean turning my back on my responsibilities” (MS, 24-5).

A close attention and sensitivity to the needs of others identifying with her/his reality is significant in care ethics as given within its definitions above. What the narrator does is also to respond to Emily’s needs as a substitute parent. Held defines the needs “innumerable subtle emotional and psychological and cultural kinds, as well as of completely basic and simple kinds, such as for sufficient calories to stay alive” (Held, 2006, 39). Besides the basic needs of Emily such as food, shelter, and clothing, the narrator mostly responds to Emily’s emotional and psychological needs. When she recognizes that the bed of Emily is like “nest or womb of coiled blankets”, she does not reprove her for this; because she comprehends that “there was one place she felt was her own” (MS, 27). Similar to the untidy rooms behind the wall which “symbolize the neglect, discord and confusion inherent in the ‘Narrator’s’ own consciousness” (Myles, 1991, 34) and which are “crammed with objects, all needing attention” (MS, 26), Emily also needs attention. The narrator’s attempt to tidy the rooms and repair the furniture is a metaphor of her attempt to reconstruct mother-child relationship in Emily’s unconscious; it is “a metaphor, as a liberation” (Pickering, 1990, 138) of Emily and then her own self in this sense. “Emily, who figures as the epitome of the narrator’s responsibility in the outer world becomes the impetus to further exploration of the inner rooms” (Fahim, 1994, 98) and it will bring a collective liberation at the end.

The need to be cared for is at stake in care ethics which conceives motherhood as its starting point. Ruddick in “Maternal Thinking” (1990) discusses how the deeds of “maternal persons”, whether men or women, can develop the capacity to care with moral relevance (Ruddick, 1990). In this respect, while the narrator functions as a mother figure that takes responsibility for Emily’s life, the world behind the walls depicts Emily’s real mother and father as irresponsible. The family behind the wall includes a small girl of about four who is mostly ignored, a baby boy who is cared by his nurse and mother with affection, a soldier father and “immensely tall, large and powerful” (MS, 41) mother. The scenes from Emily’s early childhood reveal how her parents are insufficient to respond to Emily’s needs, both basic and emotional. While the nurse and mother joins “in a ceremony of loving” (MS, 41) when taking care of the baby boy, Emily just watches them with thirst for love. Emily’s “solitary four-year-old self” (MS, 43-4) is formed only with commands by her mother. Without “affectionate sensitivity, [attentiveness], and responsiveness” that are basic to care ethics (Held, 2006, 24), Emily is brought up by a mother “who could not cope with the demands” (MS, 79) and respond to the needs of Emily.

To Held, the second basic feature of care ethics is that it values emotion contrary to deontological and rationalist deductions that accept emotion in ethics as deficient and reject it (Held, 2006, 10). Care ethicists take advantage of emotional maternal perspective to expand care to a wider moral and political theory. Caring of women for their children “has hardly entered into the thinking of moral theorists developing the dominant outlooks” (Held, 2006, 61). However, caring experience should be valued to establish an ethics functioning not only by duty but also emotion and affection. While autonomy, duty and independence are valid in masculine liberal justice ethics, according to care ethicists the carer’s attitude should be “receptive-intuitive rather than objective-analytic, and understanding the needs of those cared for depends more on feeling with them than on rational cognition” (Held, 2006, 33). Emotion and feeling in relation to empathy and involvement are significant components of care ethics. In the same manner, *Memoirs* subscribes to the idea of appreciating all faculties, not only intellect but also emotions and feelings. According to Lessing, “balancing of all available faculties [...] human beings can free themselves from mere predetermined repetition and so evade catastrophe” (Fahim, 1994, 85). Especially, “to establish an equilibrium between the intellect and the inner faculties” (Fahim, 1994, 111) such as intuition and the faculty of feeling, will bring salvation for human. While these features are observed in the relationship between the narrator and Emily, no trace of them appears in the relation of Emily and her own mother. In her story “Not a very Nice Story”, Lessing writes “We feel, therefore we are”. Lessing, who mentions the significance of “emotion and intuition” frequently (Biggsby, 1981, 78) creates a mother figure behaving her daughter out of duty not emotion. However, a valuable relationship should not be maintained out of obligation but of emotion. When Emily is sick and wants her mother to cuddle her staying nearby, just duty makes her mother stay, “[n]ot love but duty” (MS, 84). Even though the mother who is running after duties holds her, it lacks feeling and emotion: “[B]etween her and the mother’s regularly breathing, calm body [...] was a blankness, an unawareness; there was no contact, no mutual comfort” (MS, 84). Emotion between two partners can be developed with a mutual relationship in care ethics. By fostering “trust and mutuality in place of benevolent domination” (Held, 2006, 56), a strong relationship can be established. However, the relation between Emily and her mother is based on “exclamations of disgust” (MS, 129) not love and emotion.

The lack of emotion and feeling in mother-daughter relationship is taken back to the relation of the earlier generation, the relationship between Emily’s mother and her own careless mother. In a scene behind the walls, a girl because of irrepressible hunger is eating

her own excrement and the mother “in disgust and in fright” reacts with “a loud angry voice, slaps, heavy breathing” (MS, 129). The girl just crying has “the miserable lost sound of incomprehension” (MS, 129) accompanied with the mother’s accusations: “Emily, you are a dirty, *naughty*, oh *disgusting*, you are a filthy dirty dirty girl” (MS, 130). When the narrator realizes that the “disliked, repudiated” (MS, 131) girl crying behind the walls is the childhood of Emily’s mother, she recognizes how her obdurate mother “who had set her own needs and her relation with her baby according to some timetable alien to them both” (MS, 135) has created the careless mother of the future. The carelessness constructs a chain of “the moral failure of ignorance –or, worse, indifference” (O’Dowd, 2012, 419) passing from the mother to the child. It becomes clear that not only Emily had been educated in that way, but also her mother” and so, “the rejected mother has produced a bereft and rejected daughter” (Fahim, 1994, 102-3).

In an interview Lessing states: “We use our parents like recurring dreams, to be entered into when needed; they are always there for love or for hate” (Lessing, 1975, 83). Passing through the walls like a dream functions similarly as the narrator later realizes that not only Emily but also her and Emily’s mother have been brought up with irresponsible upbringing. In a way, the idea that none of the parents “because of their own upbringing, can be held responsible for the damage they do their children” (Pickering, 1990, 138) is given. The child brought up with “the codes imprinted on her by her parents as ‘You’re a good girl’... ‘You’re a bad girl’ ” (Fahim, 1994, 102) passes down the carelessness, lack of emotion and feeling to the other generation. Contrarily, the ethics of care attempts to build “care and concern and mutual responsiveness on both the personal and wider social levels” (Held, 2006, 43). If not, a chain of careless and insensitive relations will be inevitable as in *Memoirs*.

The third basic feature of care ethics is related to partiality which stands against the concerns of impartiality in moral theories supporting the idea that “the more abstract the reasoning about a moral problem the better because the more likely to avoid bias and arbitrariness, the more nearly to achieve impartiality” (Held, 2006, 11). Contrary to that, care ethics “respects rather than removes itself from the claims of particular others with whom we share actual relationships” (Held, 2006, 11). That is the main point in *Memoirs*, in which the narrator establishes particular relationship with Emily. Furthermore, there is an implicit criticizing of impartiality that has brought catastrophe to the world. While deontological and utilitarian ethics look for entirely impartial doctrines rejecting partiality and emotion, the world is in need of them. Fiona Robinson criticizes that there is a “systematic devaluing

of notions of interdependence, relatedness, and positive involvement” in dominant moral theories (Robinson, 1999, 7) and those notions should be revalued with the help of care ethics. The dominant moral theories that value rights, independence, autonomy, and impartiality “do not represent the moral experiences of women caring for children or aged parents, or of minority service workers providing care for minimal wages. And they do not deal with the judgments of groups who must rely on communal solidarity for survival” (Held, 2006, 26). That attitude is also criticized in the world of *Memoirs* where masses of people are left to their destiny without being cared by the master powers. As the superior minds are incapable of conceiving the significance of interdependency that will be supplied by partial relations, from the core of the family to the society as a whole, partiality is ignored. Thus, the relations of family, friendship, and society collapse as pictured in *Memoirs*.

“[C]are ethicists, particularly those who believe in care with gradations, have to deal with people in such close relationships as parent-child, husband-wife, friends and neighbors” (Li, 2002, 134). Partiality in care ethics does not mean to ignore justice and rights; besides “our attention to our loved ones [does not] conflict with the demands of impartiality” (Halwani, 2003, 176). Attentiveness to people close to us aims to expand the attentiveness and care to a wider domain. Originating from the partial, care will construct a chain of family, friends, neighbors, and society. The narrator in the novel demonstrates this kind of caring process. Starting from the one closest to her, Emily, the narrator opens the doors of a new world to Gerald and his clan. Lessing, “always primarily concerned with social change”, reflects the protagonist’s efforts to ‘set the house in order’ so that, by the end of the novel, she can redeem herself, her predecessors, and the society of children, leading them through the wall” (Maslen, 1994, 32). So, the partial care in behalf of Emily and her “dog-like cat, or cat-like dog” (MS, 45), Hugo, turns into an impartial care for the others, consequently for humanity. *Memoirs* accepted as being “engaged in the Sufi task of transcending humanity’s ordinary limitations in the interests of evolutionary development” presents a “teleological” view designating its goal “the rediscovery of the root of one’s being, the reintegration with the whole” (Pickering, 1990, 125). Establishing the possibility of a connection between the personal and impersonal, the particular and general, partial and impartial, *Memoirs* proposes an expanded care stemming from the family bonds and infusing into the society.

According to Held, the fourth characteristic of the ethics of care is that “like much feminist thought in many areas, it reconceptualizes traditional notions about the public and the private” (Held, 2006, 13). The private sphere of women with their relation to children

has been mostly ignored by patriarchal power and its moral theories have ignored the ethical value of private domains such as family and friendship in which females show great capacity to care. The masculine theories excluding female experience and knowledge and ignoring female experience of caring are criticized by care ethicists. According to them, “[i]t is the lived experience of feeling as well as thinking, of performing actions as well as receiving impressions, and of being aware of our connections with other persons as well as of our own sensations” (Held, 2006, 23). Similarly, Lessing mentioning the significance of experience says in an interview: “I don’t believe in the generation gap. It is only experience or the lack of experience which separates people. Accordingly, in *Memoirs of a Survivor*, it is the adolescent who doesn’t understand the older woman, because the adolescent is separated by lack of experience” (Rousseau, 1985, 147). The value of the experience of the narrator gives the precious value to their relationship.

In *Memoirs*, the appreciation of private and personal is apparent in the experience of the narrator. When she talks about two distinct worlds that are personal and impersonal, she emphasizes that the realm of personal “was lightness, a freedom, a feeling of possibility” (MS, 40). The personal “was instantly to be recognized by the air that was its prison, by the emotions that were its creatures” while “the impersonal scenes might bring discouragement or problems that had to be solved, like the rehabilitation of walls or furniture cleaning, putting order into chaos” (MS, 40). The narrator solves the problems by the help of the personal or private domain that depicts itself behind the walls. Deciphering “emanated strong waves of painful emotion” (MS, 65), namely the private emotions, first of Emily, then Emily’s mother and her own childhood, the narrator realizes the basic lack that is the lack of care in their life. “Survivor, working on both her own and her mother’s past, has recuperated her transcendence by freeing her childhood self from an unconscious prison” (Pickering, 1990, 140) that will bring a collective emancipation.

Like feminist moral theorists who emphasize “the important and useful role of emotions such as caring and empathy in the moral life and moral understanding of human beings” (Held, 2006, 60), Lessing “has an intuitive organic sensibility [that is] moulded by her profound emotional reaction to the melancholy conditions of life around her” (Myles, 1991, 3). As a solution, sensibility, attentiveness and care first in private relations then in public area are proposed in *Memoirs*. Emily, who is cared by the narrator, begins to give care to masses of children who try to get “self-recognition” (MS, 34) and want to survive. The inner and private care that expands to the outer and public one is also the concern of care ethics. While the

earlier formulations of care ethics were limited to family and feminine domain, today it has been developed to public and even to global scene. Similarly, *Memoirs* deals with the problems not only in private but also in public sphere and it attributes caring capacity also to males like Gerald who tries to keep the children alive.

Although Lessing supports “the Sufi belief that human beings must first search within themselves”, to her “[i]t is fruitless to grope in darkness of the external societal pattern when there is confusion within” (Myles, 1991, 67). In this sense, she proposes a solution stemming from the reconstruction of first the self and then the other. Thus, when the narrator realizes that the girl behind the walls is not only Emily but also her own childhood stigmatized with ignorance, “the *exiled* inhabitant” (*MS*, 16), she notices care should be given to everyone by everybody. When the walls dissolve at the end of the novel, “‘She’ - the mediator of equilibrium - finally comes to the forefront and figures as a leader [...] As the narrator is reconciled to the ‘She’, the younger generation accept her leadership and the novel closes with her leading the way ‘ahead’ ” (Fahim, 1994, 120). Starting from the private, the narrator achieves a public welfare passing through the walls with Emily, Gerald, Hugo, and “children of violence” together, not as a separate entity.

The fifth characteristic of care ethics is the substantial feature that forms its spirit. Care ethics accepts persons as “relational” and “interdependent” rather than “the self-sufficient independent individuals of the dominant moral theories” (Held, 2006, 13). In contrast to liberal individualist perspective claiming people are totally independent and autonomous beings, care ethics assumes that the familial, social, and historical bonds and relations are crucial. “[I]t is precisely these particular relations, not the abstract universal principles that generate our ethics. This is called moral particularism; it states that morality always involves particular relations with particular people, not lifeless abstractions” (Pojman, 2012, 177). In *Memoirs*, “relation” is always in question both in familial and social domains. While the familial relations are criticized in terms of love and care shortage, in social domain the danger of unilateral care is challenged. Nel Noddings gives priority to the private sphere and states that “[r]elations, not individuals, are ontologically basic, and I use ‘caring’ to describe a certain kind of relation or encounter” (Noddings, 2003, xiii). This kind of encounter observed in the relationship of the narrator and Emily is absent in Emily’s, her mother’s, and the narrator’s early childhoods. However, especially since the narrator realizes the trauma of Emily and her mother when she was a child, which is the lack of attention, care, and respect, she cultivates better caring relations with Emily. When the narrator witnesses childhood scenes of Emily

and her mother, she constructs her own relationship with Emily on empathy. Barnes argues that “not only does care reflect the relational ontology of human life, and not only is it provided through relationships, it can generate dialogic processes that develop relational capacities among both care givers and care receivers” (Barnes, 2012, 25). By constructing an empathetic dialogue, they also develop a relational capacity.

However, the point that the narrator and Emily differ from each other in terms of caring relations is related to the concept of mutuality. Without doubt, Emily’s concern to care for her friends and the homeless children, who turn into *children of violence* later on, originates from her being cared by the narrator. By reflecting the received care to the ones who need it, Emily becomes a caring person for the ones who are close to her. In her relation to Hugo, her friend June, and the children she is totally a care-giver. However, the problem is that on the contrary to the narrator she cannot establish a mutual caring relationship. In care ethics, mutuality is a vital component of caring relations as without it caring can be transformed into over-commitment and self-sacrifice that are strictly protested especially by feminist care ethicists. “Relations between persons can be criticized when they become dominating, exploitative, mistrustful, or hostile” (Held, 2006, 37). Particularly if relations become self-sacrificing, the aim of care ethics collapses. The intention to care is necessary but not enough. As care is more than emotion and disposition, it should not destroy the mutuality of caring relation. Held reminds “how easily care or benevolence can go wrong as a public virtue when seen as a matter of motive rather than of relationship”; to her, “[c]harity is often not what those in need want, need, or deserve” (Held, 2006, 56) like in the relation of Emily to the gang of kids who need and want but does not deserve and respond to her unconditional commitment. Caring should be an interactive relation and should involve personal engagement in which each side accepts the other as a particular person.

As Held insistently mentions “[a] caring relationship requires mutuality and the cultivation of ways of achieving this in the various contexts of interdependence in human life. [...] A caring person will cultivate mutuality in the interdependencies of personal, political, economic, and global contexts” (Held, 2006, 53). While the narrator can establish a mutual relationship –because Emily is not ignorant towards the care she receives–, Emily is unable to establish mutual relationship with her friends and children of violence. The main reason of her failure is that her care for them turns into over-commitment and self-sacrifice instead of allowing for mutual autonomy and interdependence. To care ethicists, “the male exaggeration of the importance of independence over mutual interdependence” (Baier, 1994, 26) creates a

gap in the relations. By realizing the moral value of the relationships among family members and friends, care ethics recognizes the significance of “the need for moral guidance in these domains to understand how existing relations should often be changed and new ones developed” (Held, 2006, 12). In *Memoirs*, the narrator develops such an interdependent relationship with Emily and Emily tries to do the same with her friends. By constructing an actual relation that is attentive and caring, the survivor manages what Emily’s parents were unable to do. Emily, who is not as successful as the narrator, at first manages to be a part of a family. When Gerald, Emily’s adolescent boyfriend, begins to look after homeless children on the pavement, Emily attaches herself to this familial form: “Gerald had become a father or elder brother to the children” [...] and “[t]here it was: warmth, caring, a family. Emily believed herself to have acquired a ready-made family” (MS, 87). However, the problem in this form of family is the lack of mutuality and interdependence. Because Emily lacks caring for self, her care for her friends and other children whom she accepts as her family turns into over-commitment. Though she gives unconditional care for her friend June, she robs Emily’s house with other children. June has inherited this kind of disloyalty from her careless parents, the Rynas, who are described as “feckless and irresponsible, hopeless, futureless” (MS, 111). Friendship that requires mutual loyalty is also absent among the gang of kids who “had no loyalty to each other” (MS, 155). As “[t]here were no friendships among them, only minute-by-minute alliances” (MS, 155), their way of behaviour towards Emily is not more than one-sided care taking relationship. Lack of mutuality is also apparent in terms of trust which is a bond of relation only achieved by interrelated people. According to Held, “[t]rust requires cooperation, not the individual dispositions of altruism” (Held, 2006, 57). While the narrator and Emily have a trustworthy relationship, Emily cannot trust the “band of infant savages” (MS, 182); even if she trusts, she is betrayed by them. So, the lack of relational and interdependent care, trust, and responsibility is observed in Emily’s caring relations with the others.

Many care ethicists “favor reflective care over blind care” (Held, 2006, 94). Namely, care givers should care for themselves while they act for others’ interests, “since without the maintenance of their own capabilities, [people] will not be able to continue to engage in care” (Held, 2006, 33). Excluding the self from a relationship is not supported in care ethics as well as excluding the others. Caring should not mean projection of the self onto the other, the cared for, but it should not be to relinquish the self, either. Care for the self and others is the ideal attitude, but Emily cannot accomplish it. In this sense, although care ethics defines motherhood as an inspiration to care, it never romanticizes it. Similarly in *Memoirs*, over-

committed Emily, who plays the role of “a ‘tribal mother’ sustaining others” (Myles, 1991, 48) is not idealized but pictured insufficient. In the novel, not only Emily but also Gerald “surrenders inner selves to the experience of the collective” (Fahim, 1994, 93); however, it does not bring salvation. While Emily and Gerald behave “overburdened and over-responsible” (MS, 97) in a way that care ethics does not prove, the narrator is the ideal caring figure who does not sacrifice her “self” on behalf of the others and so opens the way for a salvation for all of them. The narrator is not “the stereotypical image of woman as selfless nurturer” (Held, 2006, 22), but Emily has the tendency to be one. It should not be forgotten that motherhood associated with self-sacrifice and over-commitment by the patriarchal ideology is a *symbol* of exploring the possibility of care as a gender neutral activity according to care ethics. That’s why, the criticisms of care ethics as a tool to strengthen female exploitation and normalization of self-sacrifice and unconditional altruism are not approved by the defenders of care ethics; neither by Lessing as reflected in *Memoirs*. To care does not mean being “the servile housewife” or “the martyr mother” (Held, 2006, 55). Instead of egoism and altruism, own needs and those of others should be in balance. Held states that the possibility of excessive empathy and self-denial may be in question and just for this reason we need an ethics of care: “Since even the helpful emotions can often become misguided or worse—as when excessive empathy with others leads to a wrongful degree of self-denial or when benevolent concern crosses over into controlling domination—we need an ethics of care, not just care itself” (Held, 2006, 11).

II. FROM THE PRIVATE TO THE PUBLIC

Care ethics stemming from the caring notion of motherhood but expanding to family relation, friendship, and caring for the society and the world aims to present an expanded caring idea. In this process, “a conception of the self as relational allows for the moral salience of ties to other persons and groups, but such a self becomes, as it develops, also a moral subject shaping her identity and life and actions” (Held, 2006, 48). The narrator in *Memoirs* is an example of that moral subject who shapes first her own life regulating her inner self and establishing a spiritual equilibrium and then illuminates others with moral awareness. Care ethics believe that caring relations will develop from microcosms of family and friendship to the macrocosms of larger societies. Held states:

Caring relations of a weaker but still evident kind between more distant persons allow them to trust one another enough to live in peace and respect each other's rights. For progress to be made, persons need to care together for the well-being of their members and their environment. (Held, 2006, 43)

In this respect, the catastrophe in *Memoirs* results from the lack of collective caring. The apocalypse, which is labelled as "It", is similar to the chaotic atmosphere of today's world in many ways. The formerly valuable soil is arid; the great buildings inhabited by rich people are invaded by clans of poor people. While no more than ten years have passed since everything was looking ordinary, now there is an atmosphere of "the combination of the bizarre, the hectic, the frightening, the threatening, an atmosphere of siege of war" (MS, 20). The criticism by Lessing that is towards the modern world is apparent as the apocalypse is pictured as the next step of today's misdeeds. In an interview, while the interviewer talks about "an Armageddon that is very close", she replies that "[w]e are already living it. [...] This is the apocalypse, here and now" (Torrents, 1980, 67). So, what Lessing does is to show it in a more effective way.

In *Memoirs*, the narrator says: "It', in short, is the word for helpless ignorance, or of helpless awareness. It is a word for man's inadequacy?" (MS, 136) The ignorance of not only human and non-human, but also environment has created an unlivable age. The social systems that do not care for humanity but only for their benefit have collapsed. The ruling classes named "Talked" sitting on councils and just making decisions do not have any real relation with real people but they have only abstract ideas. The narrator asks: "Could there be any real difference when this 'ruling class' used words like justice, fair play, equity, order, or even socialism?" (MS, 96) At the level of social domain, care ethics brings a similar criticism to the privileged classes who promise the sake of humanity. Care ethicists do not act only "for the sake of all others or humanity in general; they seek instead to preserve or promote an actual human relation between themselves and particular others that Lessing supports in an interview saying "[a]ll ideologies are deceptive and serve only a few, not people in general" (Schwarzkopf, 1994, 105). Care ethics "would recommend that economic activity be organized to actually do so, rather than satisfy primarily the lust for wealth of the self-interested who manipulate society and its arrangements through culture, advertising, and influence on governments" (Held, 2006, 65). In a similar vein, Lessing puts the blame on those manipulating powers that care only for themselves. Besides, persons in caring relations should act for self in the first stance and for the other later on. "Their characteristic stance is neither egoistic nor altruistic" (Held, 2006,

12). To them, the collective salvation can be achieved only when the microcosmic relations are well-constructed. After that, a politics of peace will be able to arrive. In this process, care ethics will reveal "how society should be reorganized to be hospitable to care, rather than continuing to marginalize it" (Held, 2006, 18).

Caring relations extending beyond family and friend circumstances can diffuse into social, political and even global arena in which caring person will transform into a caring citizen of the world. Joan Tronto accepts care both a moral and political ideal (Tronto, 1993, 175). Correspondingly Held states:

Political institutions that have the task of governing activities in which the value of care is more obviously relevant may also be greatly improved by considering their design from the perspective of mother/child relations rather than only from the perspective of the liberal rational contractor. (Held, 2006, 78)

Care, rooted in private domain, should expand to a public concern, like Noddings's "concentric circles of caring" (Noddings, 2003, 46), according to many care ethicists. Held states that "[w]hen its social and political implications are understood, it is a radical ethic calling for a profound restructuring of society. And it has the resources for dealing with power and violence" (Held, 2006, 19). Lessing, who is strongly familiar to politics, "rejects the categorical, divisive discourse of political and religious ideologies, and [...] challenges the rationalist, humanist values" of Western civilization (King, 1989, 92).

As Lessing does not confine herself to liberalist attitudes that appreciate individualism, she is closer to care ethicists who appreciate "attentiveness, trust, responsiveness to need, narrative nuance, cultivating caring relations [...], and social bonds and cooperation" (Held, 2006, 15). Lessing, "a novelist of cosmic concern and universal benevolence" (Myles, 1991, 18), designs a world constructed on relations which require care. Instead of autonomous, rational, liberal individuals, "the deeper reality of human interdependency and of the need for caring relations" (Held, 2006, 43) is proposed by Lessing like many care ethicists. The expanded social realm of care ethics is mostly handled with comparison to liberalism. Care ethics, a challenge to liberalism, assumes that the concept of fully ideal and impartial person of liberalist view "overlooks the social relations of an economy that makes its members (including heads of household) highly interdependent":

The liberal view overlooks the facts that citizens have all been helpless infants, totally dependent on others for years of affectionate care, and that those who have cared for them have often been dependent on still others for support while their labor was expended in such care. [...] To the extent that we are economically interdependent, we need and want public policies and arrangements that will enable us to provide care to those we care about (who need not be limited to our immediate "loved ones") and that will enable us to receive care when we need it. (Held, 2006, 81)

Thus, establishing a chain of care will produce "autonomous rational agents having been cared for and valued for their own sakes" (Held, 2006, 82) and those cared for will inevitably care for the following generations. Instead of indifference to the welfare of others, like the liberal model which is reflected in *Memoirs* as the reason of social collapse, interdependent caring and attention lay the foundations of the solution.

Related to the expanded caring notion, the relation between human and human, human and non-human beings, and human and its environment is the basic necessity in *Memoirs*. Environmental concern is apparent from the beginning of the novel. The implications of today's exploiting of the environment establish the apocalyptic world of the novel full of vague illness and disease. The environmental crisis comes to its climax because of humanity's ignorance of environment at full steam. To care ethics, not only distant other but also environment should be cared for in an interdependent world. In a similar way, the relation between human and non-human beings is significant in care ethics. Rita Manning states the importance of paying attention to the creatures that are with us in an existing condition (Manning, 1992). Carol Adams and Josephine Donovan (2007) claims that a feminist care tradition proposes a better groundwork for animal ethics. Care ethics believes in moral obligations to animals by humans and it claims relational love and empathy should be given to animals as well. In human-animal connection, care ethicists support the idea that people have moral obligations to those animals that are in need of humans (Engster, 2006, 521). A similar criticizing appears in *Memoirs* as follows: "[P]eople need slaves and victims and appendages, and of course many of our 'pets' are that because they have been made into what we think they should be [...]" (MS, 75).

The human-animal connection in care ethics is observed in *Memoirs* with the example of Hugo, the cat-dog or dog-cat pet of Emily. Hugo is pictured as not only wise but also a sensitive animal: "Hugo, this botch of a creature, was in his relations with Emily as delicate as a faithful lover who is content with very little provided he is not banished from the beloved presence"

(MS, 75). When Emily begins to have new friends among the masses, "Hugo, who wants to be Emily's 'only friend and love', watches over her with dejected devotion. Just as the cannibal children are less than human, so is Hugo more than what is generally considered animal" (Pickering, 1990, 139). In a world full of cannibalistic children, Hugo is the representative of innocence and true relationship. It "figures as a pet which demands love and care in its own right" (Fahim, 1994, 125) and this demand is met by Emily and the narrator. Even when Hugo is in danger of being eaten, both Emily and the narrator do their best to save it from cannibal children taking over the governance. In this sense, Hugo "reminds readers of their relationship with animals and thus of humanity's place in nature" (Pickering, 1990, 139). Lessing attributing Hugo the characteristics of feeling and caring presents a "dream of the golden age in which animals and human beings will co-exist" (Myles, 1991, 71).

CONCLUSION

In terms of human's relationship with other humans, with animals and her/his environment, the novel which is accepted as a "parable of destruction and creation" gives the idea of "linkage" (Rowe, 1994, 70, 74) as vital. With a shared awareness and mutual care, people can contribute to the welfare of humanity like the narrator who "speaks for a 'we' not an 'I'" (Rowe, 1994, 73). Lessing argues in an interview: "We begin to get a concept of the world as a whole and that we're citizens of the world and not just our own country. That is a great new sensibility, which could save us all yet" (Upchurch, 1992, 217). Though Lessing loses her earlier belief in Marxism, which "is presented ideologically as something that sees Man as a whole" (Thorpe, 1982, 97), she has not left her belief in the possibility of being a global citizen, a concept comprising both human and non-human. However, this process should not include "romanticization of certain kinds of violence" (Lessing, 1992, 729) as occurred in earlier communist constructs. In this respect, she shares care ethicists' concern of care as not only a personal, but also a political practice being asserted by the citizens of the world. In *Memoirs*, the narrator, as a survivor, acts "as memoirist not just for herself but for the 'we' to whom constant appeal is made" (Rowe, 1994, 70). To develop the mutual welfare of humanity, she sends references to care for each other. Engster proposes two principles in caring capability: The first one is that human beings are dependent to each other to develop their caring capabilities, and the second one is that when they receive care, individuals become

pleased to care for others per se (Engster, 2007). The end of the novel in which the narrator opens the doors to emotional, spiritual, and mental evolution of children proposes Lessing's optimism to achieve the caring capability in this sense.

Doris Lessing's concern for the welfare of human expands to a macrocosmic welfare of humanity, non-human beings, and the environment with *Memoirs*. "Her fiction now moves from the individual to the collective and from the personal to the communal state of existence" (Myles, 1991, 13). The statement of "We are the company we keep" (*MS*, 52) comes true as wished at the end of the novel when Emily, Hugo, Gerard, Denis (the murderer kid) and later on the other children pass into the other world under the guidance of both the narrator, who is "not 'just' a woman, but a sibyl, a wise woman, a mutant matriarch" and a universal *She*, "a tutelary being (a cosmic mother) from the 'other' side (Sage, 1983, 11, 77), the *One* "who went ahead showing them the way out of this collapsed little world into another order of world altogether" (*MS*, 190). At the end, they continue to care even for cannibal children including Denis who has killed a man. Emily continues her "maternal gesture of protection" (*MS*, 171) and Gerald claims "they are just little kids. [...] I look after them" (*MS*, 178) because "[n]obody, knowing their history, could feel anything but compassion for them" (*MS*, 161).

Although Lessing pictures an apocalyptic world tableau accepting "the inadequacy of 'civilized values'", she "remains optimistic about our long-term future" (King, 1989, 107). She has "a consciousness of something ending" (*MS*, 136) thus she puts a new understanding of humanity that is based on care with attention, responsibility, interdependency, and relation in the place of ignorance and individuality. In this sense, the novel shares the concern of care ethics which "implies an understanding of needs that are found intersubjectively, rather than individually" (Wada, 2014, 353). In the last scenes of the novel, the hatching of the giant and black egg is a metaphor for new birth and maturity and mandalas refer to the cosmos in harmony. The "existential" proposal is "to realize that you are part of a continuous symbiotic chain, not a separate, managerial, inviolable 'I'" (Sage, 1983, 83). In the journey of life, "emancipation of the entire mankind" (Myles, 1991, 79), not only of the individual, should be aimed according to Lessing. As a consequence, she is optimistic about this aim as she states: "Since the history of man began, has there been anything else but disaster, plagues, miseries, wars? Yet something has survived of it" (Bigsby, 1981, 85). Lessing states with "optimism" that *we* survive, and we will survive with "perhaps even better" when we designate a proper ethical stance that care ethics promises hope in this sense.

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