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### Care, everyday life and aesthetic values

*about the study of specificities*

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CARE,  
EVERYDAY LIFE,  
AND  
AESTHETIC  
VALUES  
ABOUT THE STUDY OF  
SPECIFICITIES



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There are various schools of thought that reflect on what constitutes a good life. The intellectual tradition of the study of “the good life” seems far away from present-day concerns about care, yet it can teach us about values in everyday life and ways of grasping the specificities therein. Ancient Greek practices and later humanist practices based on them took the philosophy of the good life not as a doctrine or general theory but as a way of living, a practice. The good life finds expression in what philosophers *do* rather than in what they preach. This tradition has disappeared in the present age, but it is interesting in the context of thinking about care, because the philosophical practices of the good life attended to values that were and are part of everyday life. Studying the philosophers of the good life helps to (re)construct a repertoire of words and practices that make everyday values available for reflection, in care practices and elsewhere. We all speak about what we find important in daily life, yet we do not have concepts for reflecting on the words and registers in which we do this. We have no analytical understanding of what I would suggest calling the *aesthetic values* of daily life. These can be roughly described as values that refer to things we find stylish, nice or beautiful and to norms for how to behave, such as rules of etiquette.<sup>1</sup> They are not universal principles but values that we use to qualify everyday events and relationships. Aesthetic values are hard to define, as the function of the specific situations in which they are used may change.<sup>2</sup> For instance, in longterm care for older people, “cleanliness” once denoted an aesthetic value referring to the pleasantness of fitting into the social order of the residential homes but was also used as a principle for organizing care: cleanliness was imperative and needed to be realized with iron discipline. And headscarves can be an aesthetic attribute for some people yet a matter of juridical concern for others.

I will analyze how aesthetic values are framed and made relevant in particular practices ranging from the scientific and the religious to the everyday. The relationship between the sensorial and the object sensed takes this search for aesthetic values to concrete situations in which something is appreciated – for instance, to care practices that are oriented towards doing something good, be it in aesthetic or moral terms.<sup>3</sup> That “something” may vary depending on the problem at hand and the strategies for tackling that problem – and so may the “good.” I want to create theoretical space to articulate the various “goods” as everyday aesthetic (and moral) values and learn what aesthetics may mean within these practices.

## concerns about care

My concern with the good life stems from a concern with care, and a worry that its practices have no specific and fitting scientific discipline to back them up. There is no coherent program that is concerned with systematically assembling knowledge about how care is and may be done. I approach care as a varied set of normative practices in health care, practices in which participants try to achieve some forms of the good. These practices impact on the lives of so many patients who do not get better but have to somehow live with their disease. The academic approach to care seems to be squeezed between scientific research that strives for generalizable outcomes on the one hand and medical ethics, which is concerned with universal values, on the other. This leaves little space for scattered patches of research about care practices.<sup>4</sup> There is practical professional education for nurses and other paramedics, which is, in the Netherlands, organized outside the universities. Doctors are trained in university hospitals, but strikingly, reflection on clinical practices is not part of *academic* practice in medicine. The translation of scientific findings to individual patients' cases is something clinicians and patients do on a daily basis, but how they do this is not systematically studied.

One of the obstacles to advancing care research is the self-understanding and methodological preferences of the social and medical sciences, which are geared to finding general trends. This makes it hard to deal with the *particularity* of clinical situations. It is possible to say that treatment X is effective in 80 percent of the cases suffering from Y, but it is not possible to say what treatment X will do for David with diabetes, or Jane with coronary heart disease. Most patients are different from the populations in clinical trials, and clinical practices are complex, with clinicians having to juggle many variables simultaneously. Modern-day quantitative scientific research practices need clearly defined variables that can be separated, and these are rarely present in complex clinical practices. There is no established methodological repertoire that relates well to the specificities of care practices and patients' everyday lives.

There are researchers (including myself) who *do* study care as a practice. Practices are not just made up of particulars that are completely different from one day to the next. They are held together by routines, instruments, buildings, schedules and values. Yet they do differ from one another in ways that are more or less obvious. This makes quantitative comparisons of specific variables hazardous. To study care practices and to learn from one to benefit another calls for a different approach, one that is able to take specificities into account.

HERBARIUM VIVUM

Liliaceae

*Fritillaria meleagris*

Lily family

*Frittilary*

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In this essay I will take you on a (de)tour well away from hospitals, clinics, and patients in order to revisit several historical notions and practices of the good life. I want to show that more can be learned about the values within care practices and patients' daily lives once we regain a notion of aesthetic values as the values that are prominent there. Recognizing aesthetic values and finding out what they do allows us to pay attention to the particularities, contingencies and complexities of everyday practices. We are familiar with aesthetic values through the arts, as ways to describe the beauty of a painting or sculpture. In art, aesthetic values denote exceptional appreciations rather than everyday ones. But long before aesthetic appreciation became strictly related to art, they were part of discourses on daily life. I will revisit these discourses to see what we can learn from them about the role and function of aesthetic values in daily life, and hence about values that are pertinent to thinking about care and its specificities, contingencies and complexities.

### **the values of everyday life**

If one is interested in *values* in care, medical ethics is the first place to look. In this field, ethical problems are discussed, and institutionalized ethics committees judge whether research proposals provide adequate protection of subjects. What is striking is that medical ethics is often concerned with making decisions: what is the right thing to do in this situation? No more than four principles need be considered to answer this question: patient autonomy, doing good, not doing harm, and justice.

Yet within everyday practices many more values are active. These are not restricted to matters of decisionmaking or judgment. They may express the comfort of warm blankets, gratitude for kind nurses, the relief of stable blood pressure, the satisfaction of going for a walk each day, or the ugliness of a scar that the doctor declares a beautifully healed wound. These more "everyday values" are the ones that are crucial in care. Of course, the traditional Big Ethical Problems are important, but in the everyday practice of care, encounters with the "smaller" values take up most time and effort. These values are not universal and may differ for different people. For example, for some, a loss of independence can be experienced as utterly undignified, whereas others adapt to it with grace. Aesthetic values are ubiquitous in everyday language. There is the nice neighbor, a friendly conversa-

tion, a good death, a great party, a beautiful goal. What we lack is a framework for reflecting on these aesthetic values.

### *Good lives*

The repertoires of words and activities for discussing values in daily life included philosophical practices pertaining to reflecting on and practicing “the good life.” The philosophers of the good life discussed topics such as friendship, love, disease and so on. The practices were first developed in ancient Greece, to be later revoked in humanist traditions. Rather than medical ethics, this work mainly influenced Aristotelian virtue ethics.<sup>5</sup> Today, the philosophical genre consisting of discussing and living the good life has disappeared. At present, evocations of the good life are often commercialized and individualized, formed by the wellness and happiness industry. They also can be found in the “human interest” sections of periodicals, but they are not a topic for academic reflection.

The disappearance of the good life as the subject of a serious genre is perhaps not so strange considering how strongly the ancient Greek philosophers linked ideas about it to actually *practicing* it. Historically, good lives were *exemplary* lives, lived on behalf of the less enlightened by a few wise people who pointed the way to how this should be done. Apart from learning what the good life might entail, the aim of this practice was to teach others about what was worth striving for or occupying oneself with. Michel Foucault, in the lectures he gave just months before he died, elaborated on this topic.<sup>6</sup>

One set of exemplary lives Foucault explored in these lectures was those of the cynics. The cynics engaged in living good lives by testing out ideas they thought might be true. They tried, for instance, to refrain as much as possible from doing things they found unnecessary. For them, this meant not having luxury and material goods or doing things on the basis of opinion or habit. Anything not prescribed by nature or one’s natural needs could be discarded, and discarding it would bring life closer to the truth of what one actually needed. For instance, Diogenes proved he could do without a house when he tried living in a barrel and showed that it could be done. The ways of the cynics annoyed their rich fellow citizens, who cherished luxury, honor, physical beauty and wealth. The cynics scandalized their audience by living up to what they preached. In this way, they demonstrated to their fellow citizens how they should live and what was of value by doing what they called “taking care of themselves.”

Another, much later example of how to live a good life can be found in the practices of the Renaissance humanists. The Renaissance philosophers drew on an-

cient Greek ideas about what a good life was. Philosopher Nancy Struever points out that these humanists' work on the good life should not be seen as adding to a *theory* of the good life.<sup>7</sup> Their lack of theoretical work has long puzzled the Renaissance philosophers' interpreters. Why did they not bring new doctrines to philosophy? It seems that they were instead focusing on rehearsing Greek good life practices. In her book, Struever argues that the novelty and originality of the Renaissance humanists is in fact to be found in their innovative *practices*. To be a philosopher of the good life means actually *living* one.

Struever describes the life and work of Petrarch in making this argument. Petrarch objected to the academic philosophy of his era, the late Middle Ages. He found it much too esoteric, grandiose and ultimately irrelevant. What he wanted was a philosophy that would address everyday concerns. He and other Renaissance humanists broke with the academy to establish new practices by which they could live and teach, and hence give expression to their ideas of the good life. In their practice, the important forms were the dialogue and the letter, as opposed to the large, opaque volumes of their academic colleagues. The dialogue and the letter were relational, modest forms that were accessible to most. These modes of conversation engaged people by discussing topics that were relevant to them. The letters were addressed to individuals (fictitious or real), but through publication they reached many readers. They were therefore semiprivate, semipublic writings. The letters were collected in what were effectively coffee-table books that adorned the houses of the rich and literate.

An interesting aspect of the Renaissance humanist practice of the good life is that women were part of this public sphere. Literate women were important participants in the conversation. This is clear in images from the era, in which we often see Petrarch in dialogue with a woman. She might have been Petrarch's beloved Laura, a mysterious character for whom he wrote more than 100 sonnets. Women were not allowed to enter academia, but they did take part in practices concerned with the good life. Feminist practices well *avant la lettre*!

What Petrarch had in common with the cynics is that both engaged in *living* a good life rather than developing theories about it. Their practices were *aesthetic* ones in the sense that a good life is meaningless if it is not actually lived. Also, both sought new forms of philosophy that would put daily life on the agenda as well as asking others to think about its truth. Both practices developed an understanding of the good life by putting it to the test in order to learn more about that truth. Hence, both practices were also *ethical* practices: they were explicitly aimed at teaching others.

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## the good, the true and the beautiful

But let's go back to Foucault's lectures. In his explorations of the ancient Greeks – and the patient work he undertook in the lectures – he showed the intricate relationship between what is good, what is true and what is beautiful. In the good life, the good, the true and the beautiful are attributes of the same thing: everyday life (in Greek: *bios*). The good life had a particular relationship to truth, and for the cynics as well as for, e.g., Socrates, living a true life meant one should *test* the truth, live according to it, and transmit it to others by practicing *parrhesia*. Parrhesia is a mode of frankly speaking the truth about the concerns of daily life. Socrates is an exemplary figure here, interrogating the citizens about their habits and convictions and unmasking the flaws in them.

Foucault stresses that practicing parrhesia was risky, as it could – and did – get people angry and scandalized. Flattery was a common rhetorical strategy of the day for speaking to those in power, and rejecting it could put parrhesiasts in a situation where they might fear for their lives. The cynics were particularly provocative with their doctrine that stated that a true life was true to nature, and that nature was good and beautiful. By “nature” they meant physical needs. They would relieve themselves in the open, and Diogenes' public masturbation has been much discussed. Had the cynics been alive today, they would certainly have been jailed for vagrancy and offending the (aesthetic!) morals of our time. Remember too that Socrates, who lived a far more conventional life than the cynics, was sentenced to death for “spoiling the young.” Yet all these philosophers faced the scandals they provoked in the earnest conviction that it was their mission and duty to test the truth and teach that what was true was also good – and beautiful, according to their specific understanding of the word.

The true life hence showed a clear ethical relationship to others. It was *addressed* to others, who were meant to learn from it. Living a good life was motivated by a *mission* or calling to teach others to take care of themselves, as Foucault shows in a fascinating aside in the lectures. It reports on Foucault's tête-à-tête with a scholar of the ancient Greek language about the root of “taking care of the self” (*epimeleia, melei moi*). They agree that it could be *melos*, which means *melody*. In French, “ça me chante” means “it appeals to me.” It is not a call of duty but of freedom and pleasure. “I do it because it appeals to me.” It is a musical or aesthetic ethics, a duty that appeals. The good life is pursued not because one wants to follow specific (or universal) rules and standards but because one is *motivated* to do so.

The good life of the ancient Greeks put aesthetic values in a prominent position, as Foucault shows. Yet these were very different from their fellow citizens' ideas about beauty. The true life was a work of art, or more precisely, it could be judged by a set of criteria that would otherwise be used for artworks. For example, for the cynics the true life was guided by four principles: it was unconcealed, independent, straight and sovereign. Unconcealedness, for example, could refer to truth: living in a barrel, unhidden from the eyes and norms of the citizens, was a way of proving this act possible, and showing that a big house was not essential to living a good/true life. Truth showed itself for all to see. Unconcealedness was also an ethical imperative, as it directly confronted other citizens with a life that was better than their own lives, which were based on mere convention. The cynics did not practice sweet talk; they stated or demonstrated the principles of truth and goodness that others needed to learn. The good life, then, related to beauty because lack of concealment was an aesthetic characteristic of a life that showed itself, was open. Openness made this life attractive. It was driven by the cynics' motivation (*melos*) to care for others through caring for themselves. Each principle shows that what is true is also good and beautiful. The specificities differ between different schools, but this interrelatedness is at the basis of how to understand and live the good life. There are no separate spheres for dealing with matters of truth, goodness and beauty.

### **the trivialization of aesthetic values**

So the tradition of the good life shows how aesthetic values were part and parcel of daily life and were explicitly conceptualized. It is clear that the aesthetics of the cynics was in no way frivolous or superficial to them. Its interrelatedness to truth and goodness made aesthetics a serious concern. In the present day, aesthetic values are only taken seriously in art. One could argue, with Foucault, that aesthetic values have been pushed into the artistic sphere and that art has become a domain that is separate from those of the true and the good, with each following its own rules, assumptions and values. The sciences have obtained a monopoly on truth, and when it comes to how to behave well in daily life, the church and religion today provide the proper institutions and instructions. Foucault's work shows how biomedicine and psychiatry have taken over part of these tasks, claiming a different relation to truth.

Making a great leap through time, I will show how in modernity the connections between truth, goodness and beauty were cut and beauty became suspect. I cannot undertake to give a full history of aesthetic values here, but I will present two historical snapshots of situations that demonstrate how they came to be viewed with suspicion – first, by the citizens preaching equality and transparency and rejecting the show of privileged grandeur in the Ancien Régime, and second, by the liberalist treatment of aesthetic values as private rather than public matters.

The first historical snapshot comes from the French Revolution, when aesthetic practices gained the pejorative label of “artificial,” in contrast to the language of transparency that was a core value for the revolting citizens.<sup>8</sup> Joan Landes describes how the French Revolution was much occupied with good and bad modes of representation. Hence, the semipublic sphere of the salons, one in which women reigned, became suspect and eventually disappeared. The reason for this was that play, masquerade and disguise – preferred forms of entertainment and representation in salon life – were associated with the modes of representation of the Ancien Régime; think of the wigs and elaborate dress of the nobility. Court was a place where grandeur and power were displayed and performed for the people. Access to this public sphere was gained not through votes or equal opportunity but through good connections and creation of the fashions of the day. The salons were much more porous than court. Distinctive literary abilities on the part of an aspiring person could grant him or her access to the salons; nobility was not a precondition for becoming part of this social sphere. Young artists could become part of salon life if the salonières were interested in their art, talents or conversation. Rather than rational, transparent criteria granting equal opportunity and fair procedures, the likes and dislikes of the powerful determined who could and could not participate. The new citizens’ suspicion and hatred of the Ancien Régime, which included an objection to “undemocratic,” aestheticized and “effeminate” practices, challenged the goodness of the salons and the values prominent in them. Artificiality and play had to be eradicated to pave the way for freedom of movement and equal opportunity of access to parliament.<sup>9</sup> Frills and dresses had no place amid the sober suits worn there, and the experiments with gender and literature disappeared under the demand for transparency.

### *The liberal politics of transparency*

Remaining in the sphere of budding democracy and the emerging postfeudalist economy for a bit, it is instructive to look at the fate of aesthetic values in political theory through a second historical snapshot. In liberal political theory, matters of

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Lily family

*Fritillary*



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taste were crucial for helping a nation flourish. As everyone strove for what he or she wanted, whatever the nature of the particular object of desire, he or she would simultaneously be striving for the wealth of the nation.<sup>10</sup> If everyone strove for personal wealth, the total wealth of the nation would increase.

In one sense, this made aesthetic values important: they were drivers of the common wealth. Yet in another way it trivialized them: *which* particular pleasures and objects to pursue were of interest only to private individuals and families. Everyone was at liberty to choose. The differences between desires became even less visible when they were translated into one common form of value: money. It made particular tastes and fancies interchangeable. One affection could be equated with another if it had the same price (in a clear resonance with the marketization of the Dutch cultural sector!).

A clever unity was hence imagined to channel the diversity and specificity of passions. If everyone financed his or her own happiness and desired “goods,” this would make money flow and the economy blossom. This vision at once made tastes very important – they drove individuals to create the wealth of nations – but, through translating them into calculable units of money, also rationalized and tamed them. As Albert Hirschmann argues, the capricious passions were turned into *interests*, where rational calculations about what would deliver most value for money in the long run replaced individual cravings for immediate gratification.<sup>11</sup> The citizens became calculating citizens. Clever investments could increase gains in the long run. Passions were ruled by rational calculations.

Hence, in this economy, taste became crucial and trivial at the same time. There still was an idea of intrinsic values in the high arts (see, for instance, Immanuel Kant’s praise of the sublime as an objective attribute of a beautiful thing), but more everyday things like sports, fairs and real estate had only specific value to their private owners or buyers and gained general value only through their equivalents in cash. These political ideas are still influential in the idea that care for the arts is not a task of the state as a signification of culture that exceeds individual tastes but should depend on what individual citizens want to pay for. Aesthetic values are individualized and subjected to mechanisms of the market.

### **revitalizing aesthetic values**

In the liberal economy, it is the task of the state to protect individual passions and interests. What people like and how they want to live their version of the good

life is not a concern of the state; these are private matters. When aesthetic values are read as legal principles, conflicts arise. Common examples relate to cultural differences, like the wearing of headscarves and ritual slaughter. It makes a lot of difference whether such issues are seen as matters of fashion and taste, like a particular choice of clothing or a religious ritual of cleanliness, or are framed as matters of morality and law, like the wearing of religious symbols in public or the maltreatment of animals. Religious symbols and animal abuse may be regulated or banned in public life by establishing laws. Fashion and cleanliness, as aesthetic practices, cannot be handled in this way, as that would imply a harmful restriction of the freedom of individual citizens. Aesthetic values, as privately motivated acts with no effect on others but mere dislike, cannot be regulated by the state.

It is increasingly recognized that aesthetic values have great social influence, even if not through mechanisms of state governance. Anthropologists have linked aesthetic values to the social, and to culture and habits or “aesthetic genres.”<sup>12</sup> They have shown how people organize themselves around particular values. These may be hobbies, religious rites or other practices in which taste or aesthetics are prominent. Aesthetic values connect people who may be disconnected in other ways. You may share with your neighbor a love for orderly hedges but differ from him or her through your interest in literary prose. A good friend may like a painting you deem horrible. Aesthetic values connect people but also run through classic sociological groups, such as classes, religions and so on.<sup>13</sup>

A clear example of how aesthetic values may have an impact on society is provided by the hippie counterculture of the 1960s and 1970s. The hippies proclaimed values that were very different to what was widely considered beautiful and proper at the time. Their long hair and colorful clothing were markers of a subversive understanding of how people should live together. Free sexual relationships and horizontal organizations were trademarks of hippie culture. The hippies’ colorful way of addressing issues of power and convention by changing the codes still resonates today. Their impact on democratization processes in institutions is still part of Dutch cultural heritage. Punk is another clear subculture or aesthetic practice, which includes ideas on how to dress, what music to listen to and how to dance to it, and how to relate to power structures (in this case, through anarchism).<sup>14</sup>

What made these aesthetic values subversive was that they were not, or not only, argued for through good arguments or decided on through democratic choice. Some things may just seem more interesting, nicer or prettier than other things – so let’s do it this way, without further ado. The philosopher Kwame Anthony Appiah argues that slavery, the Chinese binding of women’s feet, and dueling were

not abandoned for rational or ethical reasons. The arguments against each of these practices were already well known. Instead, Appiah attributes their abandonment to the emergence of a specific *code of honor*, which I interpret as an aesthetic sensitivity.<sup>15</sup> When dueling, slavery and deformed feet are no longer seen as beautiful or acceptable but as humiliating, ugly and inappropriate, they will be abandoned. The “image” and reputation of each of these practices have been destroyed.

These examples show how aesthetic values are – or should be – part of the study of everyday social life. They matter in care practices as well. I have written elsewhere about the impact of hair loss caused by chemotherapy on the lives of women suffering from cancer and undergoing treatment.<sup>16</sup> The analysis showed that the way the women looked impacted heavily on their everyday social lives. Cultural imaginaries of bald women projected scary images of death, dehumanization and concentration camps, which became part of how they were regarded. The women had to develop strategies to hide or camouflage their bald heads. Even though cancer and bald women are increasingly common phenomena, these women could not go against aesthetic norms of how women should look, even if they were not worried about those norms themselves. Good looks – and its others – are important in everyday life and in care practices.

### **discussion: generating care concerns**

Aesthetic values are abundant in everyday life and care practices, but we lack a vocabulary to study and reflect on them. This is a problem, because a better understanding of aesthetic values can help us to address concerns in daily life and care practices. Because they relate to *specific* situations, these values are difficult to address using the scientific and ethical tools of today. Yet the study of aesthetic values holds promise, because they provide avenues for studying daily life and care. Framing their workings is a way to address the specificities of these everyday practices.

The historical tour took us to faraway places where daily life and its values were explicitly addressed. How might these practices shed light on present-day concerns about care? Obviously, the concerns of the philosophers of the good life were very different from those of today’s patients and caregivers. It would be absurd to try to “copy” a cynic’s way of life in the present. Also, the normativity of an *exemplary life* would be too specific and out of place for people suffering from chronic disease. There are role models like Stephen Hawkins, Kay Toombs and

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Jacqueline Kool, whose lives certainly provide important inspiration to many. Yet there may be different forms besides exemplary lives to consider.

Living with a disease or disability implies living with something about which one feels bad or ambivalent. A concern with everyday values points to a practical wish to change things rather than to a mere theoretical interest. Paying attention to specificities enables one to learn from different practices through foregrounding those specificities rather than attempting to overcome them. If, say, a patient with COPD discovers that not drying off with a towel after a shower but instead sitting down to dry in a bathrobe saves a lot of energy and prevents breathlessness, this option can be tried by others. They may or may not find it helpful, or they may find that their situation is different so the trick does not work. The exchange of “good solutions” and “modest suggestions” is a formula that has been tried and tested by self-help groups and can be developed further. It acknowledges that people living with chronic disease strive to live good lives, notwithstanding the difficulty of doing so, without the dream of those lives being exemplary. It is a more modest form of moral character than living an exemplary life, providing suggestions rather than answers or calculations of probable effects.

Yet aesthetic values in care practices index social understandings rather than liberal conceptions of taste. People with chronic disease *share* certain desires, such as not being hindered too much in their daily lives. These concerns may be addressed collectively without assuming that every solution is valid for everyone. So our historical tour helps to reframe everyday life and care in terms of the kinds of relationships to truth, goodness and beauty that need to be explored. What would it mean to build relationships between people with chronic disease and those caring for them and living around them in order to achieve a (social) life that is as good as possible?

Attempts to achieve a good life could be supported by knowledge that attends to everyday practices of living with disease. More attention should be paid to the ways and styles of knowing that people use to live with chronic disease on a daily basis.<sup>17</sup> These are not simply formal or propositional forms of knowledge (“knowledge about facts”); rather, what is important here is more practical, tacit *ways* of knowing that propel activities, such as embodied skills and embedded knowhow. This practical knowledge can be used to interpret doctors’ advice, medical knowledge, and wisdom from a neighbor, and it supports the coordination of different aims in life. It enables tips, techniques, insights and suggestions from experienced people to be shared. Ethnographies of lives and the “goods” embedded in them may be helpful – for example, by showing the effects of particular techniques and

technologies on possible ways of life. Research in this area could attend to what kinds of problems people encounter, how they may be solved, and which values are hence brought into being.

Developing such knowledge and making it transportable raises particular ethical concerns. The most prominent of these is the need to pay careful attention to specificities. If one life is never the same as another, then differences need to be attended to. Words need to be found to articulate and discuss these differences. Rather than *generalization*, the metaphor of *transportation* might be useful here. How can insights be transported into different lives and practices without assuming these other lives and practices to be the same? This raises the question of how to acknowledge the particularity of care practices and how to build an understanding of specificity into the style of getting to know these practices, in order to scrutinize and learn from differences rather than ignore them.

If care is always oriented towards achieving something good, the nature and form of these “goods” may be considered through analyzing the effects of the values on care practices and comparing them to alternative values and effects. The organization of research practices and relationships is important here. How may such knowledge be generated? How are patients involved? Is participating in research a matter of filling out grueling questionnaires that never use quite the right words but force people to enter answers anyway, for the researcher to take away and use? Or could there be other practices and relationships, ones in which values could be negotiated and forms could be established more interactively, using storytelling, observations, dialogues, photographs, letters? How might such research be organised as good research practices, with good relationships between researchers and subjects, and with useful results? What goods would these be?

This is also an aesthetic question about how to do good research. How do research practices contribute to the shaping of their objects of study? Remember Petrarch’s dismissal of the academy and the new practices and forms of speaking and writing he used to address the concerns he found important. Form and content are closely interwoven. Attending to concepts, methods and practices is a way of attending to the shaping and framing of one’s object of research. This shaping and framing signify the creative aspect in scientific research. In contrast to metaphors of “discovery” and “mirroring,” in which the object of research waits “out there” to be discovered, it draws attention to the practical ways of shaping that object.<sup>18</sup>

There are many disciplinary rules in academia, and the norm is to value generality, ignoring concerns about particularity inherent in clinical practice and everyday life even if they affect many. This raises the question of whether it is

possible to make daily life a topic of discussion within academia. Or should researchers move out of a world focused on international publications, research money and h-indexes and write for newspapers or start wellness resorts?

These questions form a generative agenda for the issues that care research faces. Such research may describe how people manage their everyday life and care, the technologies they use and the relationships they create to different effects. It may enable us to learn more about how these practices are oriented towards achieving something good, ethical and aesthetic. Care studies needs new ways of bringing the true, the good and the beautiful together. Care research is generative research in that it helps to make sense of problems that concern society. It invites creativity in finding methods and concepts that articulate situations and problems in meaningful ways, while addressing the more everyday forms of what is true, good and beautiful.

### *Acknowledgments*

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### **notes**

1. See Norbert Elias' magnum opus linking etiquette to larger social and political development.
2. Jeannette Pols, "Washing the patient: Dignity and aesthetic values in nursing care." *Nursing philosophy*, (2013) 14(3): 186–200.
3. This means there is care in other practices as well: any attempt to do something good can be analyzed as caring for something. See, for instance, the recent interest in care in the technosciences. I will stick to my focus on health care practices for reasons of clarity. But note that placing values in everyday events and daily life makes the distinctions between what is moral and what is aesthetic fluid and dependent on their situated use. See: Jeannette Pols, "Through the Looking Glass: Good Looks and Dignity in Care," *Medicine, Health Care & Philosophy*, 16(4) (2013): 953–66.
4. See the work that has been done in care studies, medical anthropology, medical anthropology, nursing studies and technology studies. Annemarie Mol, Ingunn Moser and Jeannette Pols, eds. *Care in Practice: On Tinkering in Clinics, Homes and Farms* (Bielefeld: Transcript Verlag, 2012) bring together some of this work. Christine Ceci, Jeannette Pols and Mary Ellen Purkis, "Privileging Practices: Manifesto for 'New Nursing Studies': Implications for Nursing Practices." In: *Critical Approaches in Nursing Theory and Nursing Research*, eds. Thomas Foth et al., (Osnabrück: V&R unipress/Universitätsverlag Osnabrück, 2017), 51–68, make a plea for adopting an approach that makes practice central within nursing studies.
5. A good example of how this work is used recently is Martha Nussbaum, *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy* (Cambridge: Cambridge University Press, 2001).
6. Michel Foucault, *The Courage of Truth: Lectures at the Collège de France 1983–1984* (London: Palgrave Macmillan, 2010).

7. Nancy S. Struever, *Theory as Practice: Ethical Inquiry in the Renaissance* (Chicago: University of Chicago Press, 1992).
8. Joan Landes, *Women and the Public Sphere in the Age of the French Revolution* (Ithaca: Cornell University Press, 1988).
9. Note that women and the poor had no access to parliament.
10. The reference is to Adam Smith is intentional. His writings are exemplary for their wrestling with concerns with good and bad passions and ways to tame them and make them fit for an economy that was based on vices like greed and selfishness.
11. Albert O. Hirschman, *The Passions and the Interests: Political Arguments for Capitalism before Its Triumph* (Princeton: Princeton University Press, 1973).
12. B. Meyer, ed., *Aesthetic Formations: Media, Religion and the Sciences* (London: Palgrave MacMillan, 2007); B. Meyer and J. Verrips, "Aesthetics," in *Keywords in Religion, Media and Culture*, ed. D. Morgan (New York: Routledge, 2008), 20–30.
13. In the liberal understanding, taste is a private, often individualized thing. There is also a social mode of erasing the importance of aesthetic values, through mobilizing big categories of class, race, gender and so on. Bourdieu provides a good example of how a taste for art can be reduced to class. What people value is not a passion for what they find beautiful but can be explained by their belonging to a certain class.
14. Thanks to Annekatrin Skeide, who pointed this out to me. Subcultures are social practices that emerge from reorganizing private relations, which are then not so private anymore.
15. Kwame A. Appiah, *The Honor Code: How Moral Revolutions Happen* (New York: Norton, 2010).
16. Jeannette Pols, "Through the looking glass: good looks and dignity in care," in *Medicine, Health Care & Philosophy* 16(4) (2013): 953–66.
17. Jeannette Pols, "Knowing Patients: Turning Patient Knowledge into Science," *Science, Technology, & Human Values* 39, 1 (2014), 73–97.
18. Richard Rorty, *Philosophy and the Mirror of Nature* (Princeton: Princeton University Press, 1979); Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2010).