A visualisation of care in ethical consumption

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Abstract

In this paper we argue that greater attention must be given to peoples' expression of “care” in relation to consumption. We suggest that “caring about” does not necessarily lead to “care-giving”, as conceptualising an attitude-behaviour gap might imply, but that a closer examination of the intensity, morality, and articulation of care can lead to a greater understanding of consumer narratives and, thus, behaviour. To examine this proposition, a purposive sample of self-identified ethical consumers were interviewed. Care is expressed by the study’s participants in a variety of ways and linked to behaviour through diverse patterns that includes consumption and abstention. We find significant correspondence between the academic literature on the ‘ethics of care’ and our participants’ articulation of their ethical consumption behaviours. We suggest therefore that a close understanding of an ethics of care among consumers is important both in providing insight into the attitude-behaviour gap challenge evident in the literature and to the continued development of an ethical consumption discourse.

Introduction

Much of the academic research in the area of ethical consumption has been concerned with seeking to provide insights into an attitude-behaviour gap, where the ‘gap’ refers to discrepancies between stated attitudes and actual behaviour. Davies, et al. (2012) suggests that the gap may be categorised into two broad perspectives: those that focus on the empirical issues associated with apprehending ‘the gap’, and those centring on a range of cognitive factors. In terms of the former, some researchers have sought to associate this with biased survey effects (see e.g., Auger and Devinney, 2007). Cognitive factors may include, rational choice trading-off between self-interest and regard for others, and conflicts between an individual’s ‘deontological’ and ‘teleological’ evaluations. Davies, et al. (2012: 39) describe deontological evaluations as formed through “culture and personal experience” and, therefore, as slow adjusting, and teleological evaluations as based on individual reflection, implying greater sensitivity depending on the extent of reflection.

We wish to contribute to a broadening and deepening of this analysis by emphasising the notion of care in the context of ethical consumption. We aim to augment existing work by stressing the care dimension. In doing so we recognise that notions of care are acknowledged in various parts of the literature, but are seldom described, defined or analysed beyond noting the existence of care and, in some instances, equating care with the willingness-to-pay for a product. We find these latter references overly ‘economistic’ and, therefore, they do not furnish an adequate analysis of care.
Care theory, in our view, has much to offer the analysis of the attitude-behaviour gap in ethical consumption. Drawing from the work of Joan Tronto (1993: 103; 2013), for example, care may be defined in terms of activities that reproduce, enhance and maintain “our world” in order for us to live in it as well as possible (see also, Boykin and Schoenhofer, 1993). Yet as leading contributors to the care literature recognise (e.g., Blustein, 1991; Fisher and Tronto, 1990; Engster, 2005; Mol, 2006; Noddings, 2002; Tronto, 1993, 1998; Watson, 2008) care possesses a dual set of meanings. It may refer to mental dispositions of interest, concern and commitment, as well as practices arising from such interest, concern, and commitment. Nonetheless, for effective ethical consumption, mental dispositions (or benevolence) need to translate into practice (beneficence). There may be limitations on how an individual may practise caring – through combinations of resource constraints, power relations, and/or social rules – there may be conflict as to which aspects of caring needs to be addressed, there may be issues of commitment, and so forth. To us these constraints resonate with the attitude-behaviour gap in the ethical consumption literature where, for example, issues of conflict and resource constraints are prominent (e.g., Papaoikonomou, et al. 2011; Szmigin, et al. 2009); yet care remains under-explored in this literature. We interrogate this further by drawing on Jeffrey Blustein’s (1991) descriptions of care, and his argument that there can be care without commitment, but there cannot be commitment without care. We use this theoretical insight to apprehend the nature of care and commitment in self-identified ethical consumers. In doing so, we emphasise that our approach is exploratory rather than definitive, and that it seeks to augment the existing literature.

The remainder of the paper is structured as follows: the following section identifies the resonance of ethical consumption with care theory, in doing so we explore the complex nature of care. Then the empirical analysis of our study is set out, and findings presented. Tentative and brief conclusions follow.

Care, caring and commitment

For us, emphasising the significance of care augments existing explanations of the attitude-behaviour gap and contributes a further dimension to the ethical consumption literature. Pertinently, there is explicit recognition in the care literature that a caring disposition may not translate into caring acts or activities (Mol, 2006; Morse, et al, 1990; Tronto, 1993, 2013; Watson, 2008). Tronto (2013), for instance, identifies “phases” of care, defining “caring about” as recognition of the need for caring (perhaps in another); “caring for” as an individual “assuming” responsibility for addressing the need, and “caregiving” as the ‘material meeting’ of this need. In her work, Tronto acknowledges that the phases may be interrupted or fail to follow. Care, she argues, “is fraught with conflict” as there are more needs than caring capabilities. Indeed, choices of which needs to meet are intrinsic to caring. This has obvious echoes of standard economic analysis of scarcity and choice, but Tronto’s argument goes beyond this in articulating an “ethic of care” or the “virtues of caring” (see also, Baier, 1982; Engster, 2005; Morse, et al, 1990; Noddings, 2002; Watson, 2008), and a recognition that there may be a duty of care (Baier, 1997) that may inform the distribution of “caring duties” (Boykin and Schoenhofer, 1993; Engster, 2005), which we explore further in the following section. Smith (1998: 16) further contrasts the distinctions between benevolence as, “the desire to do good or charitable feeling” (emphasis added), and beneficence as the, “doing good or showing active kindness” (emphases added). The distinction between ‘desire’ and ‘act’ seems to be at the centre of the ethical consumption attitude-behaviour gap. Noddings (2003) also refers to an impasse between intention and act, but frames this in terms of insufficient sympathy. Blustein (1991) emphasises the pivotal role of commitment in care and caring. He argues that commitment may be described in terms of a dedication to something or someone. Following this line of reasoning, if a commitment is superficial or perfunctory then dispositions may not be readily translated into particular caring actions.
Smith’s (1998) analysis of care with its emphasis on the tensions between beneficence and benevolence, and spatiality and human similarity, also further resonates with the attitude-behaviour gap. Smith historically situates the issue of spatial differentiation in caring intensity, noting that interdependence and ease of communication are very recent phenomena in human history. Prior to this the prevalence of small-scale societies restricted the treatment of strangers to certain short-term “codes of hospitality” (Smith, 1998: 17).

Blustein’s (1991) analysis of care, we venture, affords a further dimension in apprehending the attitude-behaviour gap. He identifies four overlapping forms of care, which we reproduce in Table 1, below:

Table 1 Blustein’s (1991) forms of care

<table>
<thead>
<tr>
<th>Form of care</th>
<th>Description and properties</th>
<th>Types of relations and acts</th>
</tr>
</thead>
<tbody>
<tr>
<td>“To care for”</td>
<td>Affection or love for specific others</td>
<td>Intimate, lovers, family, friends, kin. Expectation of attention and sensitivity to caring needs.</td>
</tr>
<tr>
<td>“To have care of”</td>
<td>Responsibility or duty of providing for or attending to the needs of another. This may be frequently instrumental or functional acts of caring, such as washing.</td>
<td>Social position – legitimate acts of caring associated with that position, such as teacher, parent, guardian, physician, etc.</td>
</tr>
<tr>
<td>“To care about”</td>
<td>Some commitment of interest – a disposition to act in certain ways to enhance or maintain the state of the entity of interest. Some valuation is involved.</td>
<td>Providing medical attention, parenting, providing advice, listening attentively, treating with respect; even the outcomes of events.</td>
</tr>
<tr>
<td>“To care that”</td>
<td>Concern perhaps in the form of benevolence – no specific caring act(s), e.g. concern may be expressed over conflicts in distant parts of the World.</td>
<td>Not focussed on a particular individual; more abstract and less concrete.</td>
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</table>

For our purposes the most significant form of care described by Blustein is “to care about” relating to commitment to action. Indeed, he identifies this as the most complex. The notion of “interest” is critical in clarifying “to care about” (Blustein, 1991). There is a "stake" for the individual in caring about something – as with Tronto (1993; 2013) there is valuation in caring. In Blustein’s analysis this may be positive or negative. With a positive disposition the individual may gain if the nature or condition of ‘x’ is enhanced; the reverse applies to a negative perspective. Thus, with a positive disposition if the condition of ‘x’ is diminished then the individual will experience some degree of distress. It is also conceivable, however, that an individual may gain satisfaction from the diminution of the condition of ‘x’, such as the state of someone or something in which an individual has a “negative interest”. This also implies the possibility that “caring about” may benefit the recipient without benefiting the provider. In this case “caring about” is described as “disinterested” by Frankfurt (1982), and can be manifest in such behaviours and inclinations as, loyalty, benevolence, and unselfishness (Blustein, 1991).
Different manifestations of care and caring acts reveal incongruities. Indeed, there is some recognition of this in Folbre’s (1995) discussion of the scenario of an ill-humoured nurse providing better medical care than a loving parent. In such circumstances, the nurse’s actions may exhibit the binding qualities of the membership of her group – in terms of medical norms, as a network of beliefs, encapsulated by the Hippocratic ethos – in that the motivation of care is manifest as “caring about” and “having care of”, but her or his individual predilections do not lend themselves to “caring for” the child. For some, notably Noddings (2003), such examples may represent an absence of care due to the lack of sympathy: it infringes care in a caring fashion. Noddings uses the example of the Western aid programme following a devastating earthquake in Afghanistan in the 1990s in which food and clothing were donated, but building materials were required, yet not donated. For us, Noddings demonstrates the possibility of a lack of responsiveness to care needs and, therefore, an absence of caring virtue. Noddings makes an appealing case. According to Baier (1982) a measure of an individual’s intensity of caring can be determined by the “intolerance of ignorance” concerning the state of what is cared about. This reveals further nuances – care may become peripheral, by Baier’s test where an individual will tolerate ignorance of the state of $x$. It also signals the potential for an overly intensive, or invasive, approach to caring, where the imposition of care leads to the loss of autonomy, and unmet needs – as in Noddings’ (2003) reference to the Afghan earthquake. This has implications for ethical consumption as often, for example, we have no means of consulting distant producers, thus, having potentially significant implications on decisions to boycott or support specific products and companies.

As noted, “to care that” is not focussed on a particular person; it is more abstract and less concrete and has some situation as its object. For instance, it is possible for us to “care that” people are working in poor factory conditions to produce our clothing. While this indicates that an individual is interested, or “invested” in Blustein’s terminology, there is benevolence, but no action, or beneficence to affect a process or outcome. There may be limitations to the ability or disposition to act. There is an obvious correspondence here with Tronto’s (1993; 2013) allusions to conflicts in care, distance, and lack of caring resources, and moreover, a lack of shared intentionality.

For Blustein, commitments have two distinct elements: they presuppose a belief, or beliefs, in something, and involve a dedication to actions implied by that belief or beliefs. As Blustein (1991: 11) observes, “Though there cannot be commitment without care, there can be care without commitment”. In effect, an ethic demonstrating an overtly caring orientation is more likely to engender a shared intention among group members that encourages a dedication, or motivation and habit, to “care about”, to be attentive, than a group or institution where this ethic is absent or attenuated. The attrition of such an orientation could entail a further erosion of the system of beliefs or norms and, hence, a dilution of motivations and commitments to care, which may change care as an activity; for instance, where “caring about” becomes “caring that”. Under such conditions the intensity of care can also be considered to be diluted.

From Blustein’s analysis, self-identified ethical consumers, then, by virtue of their ethical inclination may be presumed to demonstrate both commitment and care without necessarily perceiving benevolence. There may be a sense of obligation and responsibility that follows from this commitment to a particular set of values. Blustein’s (1991) reference to the properties of “care about” and the potential to “care about” without “caring for” describes this aptly. The deontology of an individual’s social position need not imply benevolence on the part of the individual.

In his analysis of obligation to care, Daniel Engster (2005: 57) argues, “there is no obligation to care for others in cases where they can easily meet their needs on their own”. Engster explicitly invokes dependency theory in his advocacy – a duty of care should be predicated
on mutual dependency. On this, Engster’s line of reasoning invites an obligation to commit to “caring about” and providing care when an individual has the ability and means to do so. The attitude-behaviour gap, thus, not only possesses an ethical echo, but also a pragmatic distributional one. For Engster the “primary duty of care” is to the self, as this frees caring resources for others in greater need, and precedes and sustains one’s ability to care about and for others. Moreover, care is “best practiced” (Engster, 2005; Tronto, 2013) in personal relationships where the care-giver may be caring about the recipient’s needs, in being attentive, responsive and respectful. A clear hierarchy is thus established where caring for the self is followed by caring for immediate others and then caring about less intimate others (see also, Churchland’s, 2011, neurobiological extension of the self). Nonetheless, Engster does stress that there is a “basic morality” obligating all who are capable of providing care to do so with due consideration of their circumstances and other virtues. In this obligation, in the context of ethical consumption, is a clear invocation of caring, but an acknowledgement that this may be circumscribed by an individual’s capabilities. Commitment, per se, arises from the moral obligation – to what is right and virtuous, which is similar to Blustein’s reference to the basis of commitment. However, in Blustein’s analysis commitment arises from shared beliefs and not necessarily a duty. Accordingly, in Engster’s analysis the ethical consumer faces a Tronto-style conflict in terms of allocating caring capabilities across competing needs; the attitude-behaviour gap may, thus, be partly driven by this conflict. This is consistent with Blustein, but his work also invites reflection of an individual’s commitment and, hence, intensity of caring. From Blustein’s (1991) categorisation we can consider ethical consumers as “caring about”, but the issue of the extent of commitment arises (as does benevolence). What is the intensity of caring, as well as the type of care? Does caring at a distance imply “care that”? We investigate the foregoing in our empirical study, following.

**Empirical study: method**

Given the lack of empirical research that has examined care in the context of ethical consumption, a qualitative approach was adopted based on phenomenological interviews which explore the meaning underlying consumer decisions affected by care. Denzin and Lincoln (1998) are among those who argue that phenomenology is most appropriate when research is concerned with interrogating the meaning of a phenomenon (see also Schutz, 1967). Such an approach provides insights into the experiences and feelings of consumers concerning how care impacts their consumption practices. This provides a rich understanding of care and its relationship to consumer experiences and consumption practices.

A series of interviews were conducted with ten volunteer participants, who identified themselves as ethical consumers. The interviews adopted the initial stage of the Zaltman Metaphor Elicitation Technique (ZMET) by asking participants prior to the interview to collect 8-12 images (from magazines, newspapers, the internet, pieces of artwork, photographs or other sources) that represented their thoughts and feelings about their expression of care in relation to consumer choices. ZMET is a method that uses visual imagery to uncover and stimulate thought processes during a personal face-to-face interview (Zaltman and Coulter, 1995). Thus, as the images were selected by the participants, they benefitted from being directed by their agenda rather than that of the researcher. The images facilitated a dialogue, and in an open-ended approach, the researcher encouraged the participants to describe actual experiences related to their general perceptions. The interviews were characterised by a conversational quality and as with the process of image elicitation the participant generally set the dialogue. The resulting exchange was circular rather than linear as the researcher questions flowed from the course of the conversation rather than from a predetermined route (Connolly and Prothero, 2003). The researcher sought to create a setting where participants felt at ease and comfortable in discussing their experiences and
practices. The interviews were approximately one hour in duration with the longest being two hours. The sample size is in keeping with previous research using ZMET technique (e.g., Freestone and McGoldrick, 2007) and approaches that emphasise in-depth analysis of a relatively small number of participants (e.g., Thompson, 1997; Connolly and Prothero, 2003; Cherrier 2005). Connolly and Prothero (2003) note a continuing tradition in consumer research which favours in-depth interviewing of a small number of participants. Their own study had six participant interviews ranging from 40 to 80 minutes in duration and they cite Denzin and Lincoln (1998) as support for this along with examples of others including McCracken (1998), Thompson et al. (1990) and Mick and Buhl (1992).

The nature of the research focus necessitated the use of an accentuated population likely to be engaged with ethical concerns. A purposive sample of consumers was obtained from an invitation placed in three wholefood outlets in a major UK city, from that a snowballing approach was also adopted. Participants consisted of eight females and two males and varied in age by a factor of approximately thirty years. All interviews were audio-recorded and transcribed. All participants were assured of anonymity.

This research is intended to examine how ethical consumers discuss care in relation to their consumption choices. In exploring the application of existing theoretical constructs of care there is a deductive aspect to the analysis of the data. However, the phenomenological approach adopted allows participants to describe stories, examples and scenarios that illuminated the nature of their understandings of care within a consumption context (Patton, 1990; Mason, 1996; Chatzidakis et al., 2007). This fully informed our process of analysis. Through this approach the data analysis supported the framing of codes reflective of the theoretical constructs of care, outlined earlier. Thus, the coding themes deductively relate to existing theory but are inductive in their elaboration and deliberations of these themes.

Findings

Participants all used the term “care” when discussing their ethical consumption. Indeed, this was used when referring to environmental and people concerns, such as sweat-shop labour, and many images reflected this. These are all key themes in the context of ethical consumption (e.g., De Pelsmacker, et al., 2005; Harrison et al., 2005). In several cases interesting disassociations emerge. Initially, in discussing their images participants frequently referred to “we” in environmental allusions, such as to “destroying the planet”, indicating a shared responsibility redolent of the collective intentionality and an ethic of care, noted in the literature. Later, however, when employing the notion of “don’t care” participants refer to “they” – the ‘other’, clearly indicating a disassociation and an implication that “we”, or at least “I” do care. The inference we take from these participants is that caring about “money” is reductionist and the antithesis of a wider and deeper sense of care and caring.

Participants frequently drew on their images to highlight a responsibility of care for their own behaviour as consumers, and in some cases, to teach their children, to raise awareness among others and in addition notes the duty of “care of” in respect of the producer. Moreover, a collective responsibility was again evident in discussions of expectations of reciprocity from producers and companies to respond and act on consumer ethical concerns. Taking action on one’s responsibility of care is evident from most participants.

Taking a wider perspective on ethical consumption, two of the participants’ narrative of their selected images illustrated how their duty of ethical care is integrated with their duty to, and caring of their families. Such wider ethical concerns were viewed as critical and, thus, the needs of one’s family and children are aligned with these. However, this was by no means uniform, as one participant observed that their stance on this was less consistent, noting:
“sometimes maybe I’m guilty of prioritising how I can take care of my kids, or the way I look, above the bigger picture”. Indeed, the literature suggests that it is unwise to imagine that there is equal obligation among concerns and expects that those closest would take priority (Churchland, 2011; Engster, 2005; Smith, 1998; Tronto, 1993, 2013). It is clear, however, that some participants experienced conflict between ethical concerns within consumption and the needs of family. Moreover, such conflict was also experienced within the ethical issues for which they felt a responsibility of care; for instance:

“Well, like the workers might be paid very well, but they might still be cutting down rainforest to farm bananas or whatever. Likewise the rainforests alliance stuff might be taking great care of the surroundings but neglecting the needs of the workers. It is actually quite seldom that you see both of those on the same product. I would generally choose the fairtrade over the rainforests alliance. I guess that probably means that I would prioritise the need of the worker over the need of the forest, which I never thought about before, but there you go”.

These conflicts experienced highlight the challenges which can occur when translating duty or responsibility into action (see Tronto, 2013).

Drawing from Blustein (1991), we have argued that “caring about” is a commitment of interest, which involves some investment by the individual. Through such investment the issue of care forms part of one’s self identity (Davis and McMaster, 2007) and, thus, directs behaviour. The link between self-identity and ethical action (actual or intended) can be found in existing research (e.g., Bartels and Hoogendam, 2011; Fielding, et al, 2008; Ozcaglar-Toulouse, et al, 2006; Shaw and Shiu, 2003; Shaw and Shiu, 2002a; Shaw and Shiu, 2002b; Shaw, et al., 2006a). Thus, as noted, there cannot be commitment without care; commitment of care has longevity and consistency (Blustein, 1991). A participant emphasised this commitment through her purchasing behaviour, but she also acknowledged the challenges which can result in a seeming inconsistency of behaviour where care is clearly stated but action may not be forthcoming:

“But I think from the consumer about the ways we can express care about what we buy and how we buy it. And it is actually quite difficult to navigate that because it is okay to navigate the things. I think it is easier to navigate round what you are buying for food and to show that you actually care about those things now whether that is by buying from the independent shop or even whether it is the fair trade at Tesco, in some ways you are saying these things do matter to me as a consumer. I do care about those things. But I think when it comes to other things that we consume - clothes, I think it is just really, really difficult to actually make that statement with your money. Because where do you actually go to buy those things that have been produced in some kind of ethical way and there is just not enough information”.

These references to clothing products and information scarcities may highlight “care that”, however, in Smith’s (1998) terms there is benevolence that does not translate into beneficence. This participant seems to stress information as an impediment to translating “care that” into “care about”. Here, we find an articulation of concerns which are real but for which challenges to enacting those concerns result in an apparent inconsistency between statement and deeds. Again, this corresponds with Tronto’s argument of the conflicts in caring – there are more care needs than caring capabilities, and difficult choices confront the carer.

The foregoing highlighted a commitment to care about ethical issues among participants; “care for” is an enactment of that care, as reflected in Smith’s (1998) beneficence as “doing good”. As well as implying action on issues of care, “care for”, as we have argued, is described as having some affection for another much like in a loving / intimate relationship.
(Blustein, 1991). One participant, however, illustrates that “care for” may transcend affection for relational others, is (geographically) broad and includes self care:

“So it’s care for personal self, care for the broader community. Care for the environment, care for how we construct cities because they are dominated by, you know cities being structured around the design of the motor car rather than really human design. So this then touches onto another whole range of concerns of mine”.

This view is supported in the earlier discussion where another participant’s ethical concerns are aligned with concerns for family rather than secondary too. This illustrates an expression of “care for” which goes beyond those of kin. We witness an expression of “care for” beyond partiality (Silk, 2000) generally among our participants to issues of the environment, people and animals. Support for ever widening circles of care has been noted above (e.g., Churchland, 2011; Smith, 1998; Tronto, 2013). Also, as stated above, there were numerous acknowledgments of the collective responsibility of the West for inequality in international trade (for example, Engster, 2005) that we have a particular obligation to act on care where others are vulnerable as a result of our actions. There is a moral obligation arising from an ethic of care. We find among our participants that “caring about” to some extent overlaps with “caring for”, thus, where possible action follows commitment to issues of care. One participant outlined his purchasing of organic products, support for local shops and use of a green electricity supplier. His commitment to action, however, was not without challenge. He noted that his purchasing of fair trade products was constrained by a lack of fair trade items across product sectors. Pertinent, however, is an expression of care for ethical issues as an extension of partial relationships.

**Some tentative conclusions**

Our study has been of a particular group of consumers who can conceive their engagement in consumption in terms of an ethic of care. We, therefore, tentatively suggest that these ten consumers could be seen as part of a wider tendency to place ethical consumption in a care context. We are concerned here with understanding how these participants view their consumption and to relate their perceptions to this wider debate in contributing to understanding the reported attitude-behaviour gap in ethical consumption.

Participants in the current research articulated their consumption in terms of care and further such care went beyond self-interest, and an extension of the self. Our findings support the view that care is an instinctive human trait that has an intrinsically moral imperative. While previous research has acknowledged a role for care in ethical consumption no consideration has been given to the articulation or intensity of care and its relation to consumption. The current research finds variations in conceptualisations of care, inter-linkages across conceptualisations and variation in intensity of care and impact on behaviour. We view such insights as an important extension of both the role of care in ethical consumption and the attitude-behaviour gap. Descriptions of care follow the concepts of care ‘for’, ‘of’ and ‘about’ discussed above. This reveals discrete nuances of care overlooked in previous research in ethical consumption. Such nuances uncover overarching concepts of care that guide individual expression and commitment of care in ethical consumption.

Although in the main guided by discrete conceptualisations of care we do note inherent interlinkages among these. We find a commitment to “care about” linked with a “care for” and resultant desire to act, motivated by a responsibility to enact “care of”. Such linkages are important as, for example, commitment to action cannot be assumed as a result of the existence of responsibilities of care.
The current research highlights the potential of care as analytically insightful in ethical consumption research. We find evidence for varying conceptualisations of care that guide expression of ethical concerns and behaviour. Care as a potentially broad concept facilitates the inclusion of attitudes and associated behaviours that are not entirely or solely consumption orientated. All participants seemed to offer an ethic of care, which in many instances could be described as ‘inconsistent’, thus, challenging any assertion of ubiquitous self-interest. As such, we regard our participants’ ethical concerns and, thus, issues of care as authentic but beset with challenges. This could suggest an inconsistency between attitude and behaviour where research does not allow an embedded understanding of ethical care concerns in a wider life context as facilitated in the current research. We suggest that future work in ethical consumption considers the influence of such wider identity issues as potential enablers or barriers to ethical (non)consumption behaviours. Such a collective context could provide valuable insights to augment the current research, into the pertinence of care beyond the context of the individual. This paper represents an initial exploration into the role and influence of care in ethical consumption, such theories of care are evolving and a larger scale study would be prudent in examining further our suggestions and in seeking to move towards a more comprehensive appreciation of care in ethical consumption.

References


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1 Tronto also recognises care receiving as a distinct phase, but this is of less relevance to the analysis we present here.