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Care As Moral Authority: Masculinity, Responsibility, and Everyday Ethical Presence in Moral Education

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Abstract

Discussions of moral authority in moral education have traditionally emphasized control, explicit instruction, and institutional position, reflecting assumptions closely associated with dominant constructions of masculinity that equate authority with dominance and emotional detachment. In contrast, care has often been regarded as a secondary, feminized disposition rather than a legitimate source of ethical authority. This conceptual paper aimed to broaden the theoretical understanding of moral authority by examining care as an ethical practice and exploring how masculine identities could be expressed through responsibility and relational attentiveness rather than control. Employing a conceptual-theoretical approach, the study critically synthesized four bodies of scholarship: moral education, ethics of care, the sociology of everyday practices, and masculinity studies. The analysis yielded four principal theoretical insights. First, moral authority could be reconceptualized as relational and practice-based rather than dependent solely on institutional position. Second, care could constitute a legitimate form of moral authority when consistently enacted through sustained ethical practices. Third, responsibility and restraint emerged as complementary mechanisms through which caring practices acquired moral authority. Fourth, care-based moral authority was understood as cumulative, embodied, temporal, and relational, developing through repeated ethical conduct that fostered trust and moral credibility over time. The paper concluded that care should not be understood merely as an alternative moral sentiment but as a sustained ethical practice through which moral authority itself was constituted, offering significant theoretical and practical implications for moral education.

INTRODUCTION

Discussions of moral authority in moral education and social theory have long been influenced by assumptions linking ethical influence to control, explicit instruction, and the enforcement of normative standards (Ernest, 2024; Janhonen, 2025; Kay, 2025). Moral authority has commonly been understood as the capacity to guide behavior through established rules, disciplinary interventions, or institutional positions. Within this framework, authority is frequently associated with visibility and command, whereby individuals who instruct, regulate,

and correct behavior are regarded as the primary moral agents in processes of moral development (Durkheim, 1925/1961; Kohlberg, 1981; MacIntyre, 1981). These assumptions have substantially influenced theoretical understandings of morality, approaches to moral education, and the recognition of ethical leadership within educational and social institutions.

These perspectives are closely associated with historically dominant constructions of masculinity. In many Western-influenced theoretical frameworks, masculinity has been linked to authority exercised through control, decisiveness, and emotional restraint, often interpreted as emotional distance or autonomy (Connell, 2005). Within this framework, moral legitimacy tends to be attributed to individuals who demonstrate authority, regulate behavior, and maintain social order. Conversely, care has frequently been positioned as subordinate to authority, associated with femininity, or understood as a supportive moral disposition rather than an independent source of ethical legitimacy (Gilligan, 1982; Noddings, 1984; Tronto, 1993).

Within moral education scholarship, these assumptions have also been reflected in theoretical approaches emphasizing explicit moral reasoning and articulated judgment as indicators of ethical development. Influential developmental theories have conceptualized moral competence primarily through the capacity to reason about ethical principles, justify moral decisions, and articulate normative commitments (Kohlberg, 1981). Although these frameworks have contributed significantly to understanding moral cognition, their emphasis on cognitive and discursive dimensions may limit the recognition of other forms of moral influence (Kristjánsson, 2015; Narváez & Lapsley, 2009; Nucci et al., 2014). Consequently, ethical authority expressed through embodied conduct, relational consistency, and everyday interactions may receive comparatively limited theoretical attention.

Sociological and anthropological perspectives on everyday ethics have challenged these assumptions by emphasizing that moral life extends beyond explicit instruction, deliberate ethical reasoning, and the enforcement of rules (Dewey, 1938; Zigon, 2007). Ethical orientations are also developed and sustained through routine interactions, embodied practices, and ongoing relational engagement (Bourdieu, 1977; Lambek, 2010). From this perspective, moral authority may emerge through consistency, reliability, and ethical presence rather than overt command. Moral influence is therefore exercised not only through verbal instruction or formal authority but also through actions that cultivate trust and ethical credibility over time (Pratt et al., 2013; Walker & Frimer, 2007).

This perspective encourages a reconsideration of the relationship between masculinity and moral authority. Rather than conceptualizing masculinity as a fixed collection of characteristics associated with dominance and control, contemporary gender scholarship emphasizes its socially constructed, relational, and context-dependent dimensions. Masculinities are enacted through everyday practices that vary across cultural and social settings (Connell, 2005; West & Zimmerman, 1987). These practices influence how individuals express responsibility, restraint, and care within their relationships. Nevertheless, alternative expressions of masculinity remain insufficiently theorized in moral education scholarship, particularly when they challenge conventional assumptions that associate masculine authority with dominance and behavioral control.

Care offers an important theoretical perspective for reconsidering moral authority. Traditionally associated with nurturance, emotional labor, and relational sensitivity, care has frequently been recognized as morally significant while receiving comparatively limited

epistemological recognition within certain philosophical traditions (Gilligan, 1982; Noddings, 1984; Tronto, 1993). This marginalization reflects broader gendered hierarchies in moral theory, in which rational judgment and rule enforcement have often been prioritized over relational responsibility and attentiveness to others' well-being. However, scholars working within the ethics of care have emphasized that care extends beyond emotional concern and constitutes a demanding ethical practice involving attentiveness, responsibility, competence, and responsiveness (Tronto, 1993; Walker, 2007).

When conceptualized as an ethical practice rather than an emotional disposition, care requires sustained moral commitment and discipline (Noddings, 2002). Caring practices involve attentiveness to others' needs, consistent responsiveness, the regulation of personal impulses, and the prioritization of relational responsibilities over immediate self-interest. These practices require restraint, consistency, and accountability, which are fundamental dimensions of ethical conduct but are not always recognized as sources of moral authority. When enacted through everyday responsibilities, care does more than support existing moral relationships; it contributes to the ethical conditions through which these relationships are established and maintained.

This paper argues that care constitutes a form of moral authority when consistently enacted through responsibility, restraint, and everyday ethical presence. Within this conceptualization, moral authority derives not primarily from control or explicit instruction but from ethical credibility developed through sustained practices. Masculinity, when expressed through care-oriented responsibility, can therefore become a source of moral influence exercised through consistent and attentive conduct. Such authority is fundamentally relational rather than coercive, relying on trust, accountability, and ethical consistency rather than hierarchical dominance.

The central conceptual problem addressed in this paper concerns the limited recognition of care-based ethical influence within conventional understandings of moral authority. When moral authority is defined primarily through control, instruction, and institutional position, ethical influence arising from care, responsibility, and everyday relational engagement may remain theoretically overlooked. Accordingly, this paper aims to broaden the conceptual understanding of moral authority by examining care as an ethical practice and exploring how masculine identities can be expressed through responsibility and relational attentiveness rather than dominance.

The study adopts a conceptual-theoretical approach informed by sociological and anthropological perspectives on everyday ethics, embodied practices, and relational authority (Bourdieu, 1977; Lambek, 2010). Rather than presenting empirical findings from specific family or educational settings, the paper develops an analytical framework for understanding how care-based moral authority operates within masculine roles and identities. Particular attention is given to everyday ethical presence and the ways moral influence emerges through consistency, reliability, restraint, and attentiveness in ordinary social interactions.

The conceptual analysis develops four interrelated theoretical insights. First, care is identified as a potentially legitimate source of moral authority rather than merely a supportive ethical disposition. Second, care-based authority is conceptualized as relational and grounded in ethical credibility rather than automatically derived from institutional position, gender identity, or formal status. Third, responsibility and restraint are identified as central

mechanisms through which care-based moral authority is enacted and sustained. Fourth, moral influence is conceptualized as cumulative and embodied, emerging through repeated ethical practices that progressively establish trust and credibility within relationships.

The remainder of the paper elaborates on these theoretical insights and examines their implications for moral education. The analysis begins by outlining the study's methodological and conceptual orientation, followed by three interconnected areas of discussion: the transition from control-oriented to care-based moral authority, the reconceptualization of care as an ethical practice, and the roles of responsibility, restraint, and everyday ethical presence in establishing moral credibility. The subsequent discussion considers the implications of these perspectives for moral education and the recognition of ethical authority, while the conclusion synthesizes the study's principal conceptual contributions.Discussions of moral authority in moral education and social theory have long been shaped by assumptions that link ethical influence to control, explicit instruction, and the capacity to impose norms. Moral authority is commonly understood as the ability to direct behavior through articulated rules, disciplinary intervention, or institutional position. Within this orientation, authority is frequently equated with visibility and command: those who speak, regulate, and correct are presumed to be the primary moral agents in processes of moral formation (Durkheim, 1925/1961; Kohlberg, 1981; MacIntyre, 1981). Such assumptions have significantly influenced how morality is theorized, how ethical education is organized, and how moral leadership is recognized within educational and social institutions.

These understandings are closely entangled with historically dominant constructions of masculinity. In many Western-informed frameworks, masculinity has been associated with authority exercised through control, decisiveness, and emotional restraint interpreted as distance or autonomy (Connell, 2005). Within this model, moral legitimacy tends to be attributed to figures who demonstrate command, regulate behavior, and maintain social order. Care, by contrast, has often been positioned as secondary to authority, frequently feminized or interpreted as a supportive moral disposition rather than a source of ethical legitimacy in its own right (Gilligan, 1982; Noddings, 1984; Tronto, 1993).

Within moral education scholarship, these assumptions have also been reinforced by theories that privilege explicit moral reasoning and articulated judgment as indicators of ethical maturity. Influential developmental frameworks have conceptualized moral competence primarily in terms of the ability to reason about principles, justify moral decisions, and articulate normative commitments (Kohlberg, 1981). While such models have contributed significantly to understanding moral cognition, they also risk narrowing the conceptualization of moral authority by privileging discursive and cognitive expressions of ethics. Forms of moral influence that operate through embodied conduct, relational consistency, and everyday interaction may therefore remain analytically marginal.

Recent sociological and anthropological perspectives on everyday ethics challenge these assumptions by emphasizing that moral life is not confined to moments of explicit instruction, deliberation, or rule enforcement. Instead, ethical orientations are cultivated through routine interaction, embodied practice, and sustained relational engagement (Bourdieu, 1977; Lambek, 2010). From this perspective, moral authority may operate quietly through consistency, reliability, and presence rather than through overt command. Ethical influence is exercised not

only by those who speak or instruct, but also by those whose actions establish trust and moral credibility over time.

This shift in perspective invites a reconsideration of both masculinity and moral authority. Rather than treating masculinity as a fixed set of traits aligned with dominance or control, contemporary gender scholarship increasingly emphasizes its relational and performative character. Masculinity is enacted through everyday practices that vary across cultural and social contexts (Connell, 2005). These practices shape how responsibility, restraint, and care are expressed in lived experience. Yet within moral education debates, such alternative enactments of masculinity remain under-theorized, particularly when they do not conform to dominant models of authoritative control.

Care provides a critical lens through which moral authority can be reconsidered. Often associated with nurturance, emotional labor, or relational sensitivity, care has historically been treated as morally significant but epistemically secondary within many philosophical traditions (Gilligan, 1982; Noddings, 1984; Tronto, 1993). This positioning reflects broader gendered hierarchies within moral theory, where rational judgment and rule enforcement are often privileged over relational responsibility and attentiveness to others' well-being. Yet scholars of care ethics have increasingly emphasized that care is not merely an affective orientation but a demanding ethical practice involving attentiveness, responsibility, competence, and responsiveness (Tronto, 1993; Walker, 2007).

When understood as practice rather than sentiment, care involves substantial moral discipline. To care is to remain attentive, to sustain responsiveness across time, to regulate one's impulses, and to prioritize relational continuity over immediate self-interest. These practices require restraint, consistency, and accountability, qualities that are central to ethical life but are rarely recognized as sources of moral authority. When enacted through everyday responsibility, care does not merely support moral order; it actively constitutes the conditions under which ethical relationships are sustained.

This paper argues that care functions as a form of moral authority when enacted through responsibility, restraint, and everyday ethical presence. Moral authority, in this account, does not depend primarily on control or explicit instruction, but on ethical credibility established through lived practice. Masculinity, when expressed through care-oriented responsibility, becomes a site of moral influence that operates quietly yet persistently. Such authority is relational rather than hierarchical, sustained through trust rather than coercion.

The paper therefore addresses a conceptual problem: if moral authority is defined primarily through control, instruction, and institutional position, forms of ethical influence generated through care, responsibility, and everyday presence may remain invisible. The purpose of this paper is to broaden the analytical understanding of moral authority by examining care as an ethical practice and by considering how masculine identities may be enacted through responsibility and relational attentiveness rather than dominance.

The analysis adopts a conceptual and theoretical approach, drawing on sociological and anthropological perspectives on everyday ethics, embodied practice, and relational authority (Bourdieu, 1977; Lambek, 2010). Rather than offering an empirical account of specific family practices, the paper develops an analytical framework for understanding how care-based moral authority operates within masculine roles and identities. Particular attention is given to

everyday ethical presence and the ways in which moral influence is exercised through consistency, reliability, restraint, and attentiveness across ordinary situations.

The paper makes four related conceptual findings. First, it identifies care as a potentially legitimate source of moral authority rather than merely a supportive moral disposition. Second, it shows that such authority is relational and earned through ethical credibility rather than automatically conferred by formal position, gender, or institutional status. Third, it identifies responsibility and restraint as concrete mechanisms through which care-based authority is enacted. Fourth, it demonstrates conceptually that moral influence is cumulative and embodied, developing through repeated everyday practices that establish trust over time.

The remainder of the paper develops these findings and considers their implications for moral education. The analysis first clarifies the methodological and analytical orientation of the study. It then presents three interconnected sections of analytical findings: the movement from control-oriented authority toward care-based authority; the reconceptualization of care as ethical practice; and the mechanisms of responsibility, restraint, and everyday ethical presence. The subsequent section discusses implications for moral education and the recognition of ethical authority, followed by a conclusion that synthesizes the conceptual contribution.

METHOD

This paper employed a conceptual-theoretical approach to reconceptualize moral authority through a critical synthesis of four areas of scholarship: moral education, ethics of care, the sociology of everyday practices, and masculinity studies. The analysis integrated perspectives on moral instruction and normative authority with relational ethics (Gilligan, Noddings, Tronto), everyday moral practices (Bourdieu, Lambek), and socially constructed masculinities (Connell).

The analysis was conducted in three stages. First, tensions between control-oriented and relational conceptions of moral authority were identified. Second, care ethics was integrated with theories of everyday practices to examine responsibility, restraint, and sustained responsiveness as dimensions of ethical conduct. Third, these insights were synthesized with masculinity studies to explore how men could exercise moral authority through care-oriented practices without treating care as inherently masculine. This synthesis produced a relational model of moral authority in which care was expressed through responsibility, sustained through everyday ethical practices, and recognized through trust and relational credibility.

RESULTS

Analytical Findings I: From Control-Oriented Authority to Care-Based Authority

The Control-Oriented Construction of Moral Authority

Moral authority has frequently been theorized through models that associate ethical legitimacy with control, regulation, and the capacity to impose norms. Within many dominant traditions of moral education and social theory, authority is understood as something exercised visibly, often through command, correction, or formal position. Moral influence, in this sense, is assumed to operate most effectively when it is explicit and directive. These assumptions have profoundly shaped how masculinity is conceptualized in relation to ethics, positioning men as moral agents primarily through their capacity to discipline, instruct, or enforce order.

This control-oriented conception of moral authority is closely aligned with historically dominant models of masculinity. Masculinity has often been associated with traits such as decisiveness, autonomy, emotional restraint, and authority exercised through command rather than care. Within this framework, moral authority is secured through dominance and distance, while relational responsiveness is treated as secondary or peripheral. Ethical legitimacy becomes linked to the ability to stand above others rather than to remain ethically present with them.

Recent scholarship on masculinities has increasingly emphasized the plurality and contextuality of masculine identities. Rather than representing a singular or stable model of authority, masculinities are produced through socially situated practices that are continually negotiated across relationships and institutions (Bridges & Pascoe, 2014; Connell & Messerschmidt, 2005). These perspectives highlight how dominant ideals of masculine authority, often associated with control, autonomy, and emotional distance, are historically contingent rather than universally normative.

Recognizing the multiplicity of masculinities therefore opens conceptual space for alternative ethical enactments, including forms of masculinity expressed through care, relational responsibility, and ethical attentiveness in everyday life.Such constructions are not merely cultural stereotypes; they are embedded in influential theoretical frameworks. In moral development theory, for example, ethical maturity has frequently been framed as the capacity for abstract reasoning and principled judgment, privileging cognitive deliberation over relational engagement. Lawrence Kohlberg's stage-based model of moral development, while foundational within moral education, exemplifies this orientation by locating moral progress in increasingly formal and universal modes of reasoning (Kohlberg, 1981). Within such frameworks, moral competence is primarily associated with the ability to articulate and justify ethical principles.

From a sociological perspective, these associations reflect broader power dynamics in which authority is understood hierarchically. Moral authority is treated as something possessed by individuals or institutions and exercised over others, rather than as something generated relationally through practice. Masculinity, in this context, functions as a symbolic resource that legitimizes certain forms of authority while marginalizing others. Care, attentiveness, and emotional responsiveness are often excluded from this domain, not because they lack moral significance, but because they do not conform to dominant images of authoritative masculinity.

Critical scholarship on masculinity has challenged these assumptions by emphasizing that masculinities are neither singular nor static. Rather than representing a universal model, masculinity is enacted through practices that vary across historical, cultural, and social contexts. As scholars of gender have argued, masculinities are relational and performative, shaped through everyday interaction rather than fixed traits. This insight destabilizes the equation between masculinity and control-oriented moral authority, opening analytical space for alternative forms of ethical influence.

The Relational Reconfiguration of Authority

Despite advances in masculinity scholarship, moral education discourse has been slower to integrate such insights. Discussions of moral authority often continue to rely on implicit models in which authority is exercised through instruction, rule-setting, and enforcement.

Fathers, teachers, and leaders are evaluated in terms of their capacity to regulate behavior and articulate norms, while quieter forms of ethical influence remain under-theorized.

This interpretive bias has significant consequences. When moral authority is defined narrowly in terms of control and explicit guidance, forms of ethical work grounded in care and responsibility are rendered invisible. Men who enact moral commitment through reliability, restraint, and attentiveness may be perceived as lacking authority precisely because their influence does not take recognizable authoritative forms. Moral authority, in such cases, may be misrecognized not due to its absence, but due to the limits of prevailing conceptual frameworks.

Sociological theories of embodied practice offer important resources for rethinking this problem. Moral authority does not operate solely through articulated norms or formal power; it is also generated through patterns of conduct that establish ethical credibility over time. Pierre Bourdieu's concept of habitus highlights how dispositions formed through everyday practice guide perception and action without conscious deliberation (Bourdieu, 1977). Authority, from this perspective, emerges not simply from declaration but from recognition grounded in consistent alignment between action and expectation.

Within everyday social life, authority is often relational rather than hierarchical. Individuals are granted moral legitimacy not because they command obedience, but because they demonstrate reliability, fairness, and responsiveness. This form of authority is continually negotiated and contingent upon practice. It can be withdrawn when trust is broken and reinforced when ethical consistency is maintained. Such dynamics challenge models that treat moral authority as a stable attribute attached to role or identity.

Anthropological accounts of ethics further complicate control-oriented models of moral authority. Rather than locating ethical life primarily in moments of judgment or enforcement, scholars have emphasized the ordinariness of moral action. Michael Lambek's work on everyday ethics demonstrates how moral judgments are enacted through routine practices that sustain social relationships without explicit moral discourse (Lambek, 2010). Authority, in this register, is exercised through presence and responsiveness rather than command.

These perspectives suggest that the problem is not necessarily the absence of moral authority within care-oriented masculinity, but the inadequacy of theoretical models used to recognize it. When authority is equated with control, moral influence exercised through care becomes difficult to recognize. Masculinity enacted through restraint, responsibility, and attentiveness may therefore be excluded from dominant moral narratives despite its potential role in sustaining ethical life.

Analytical Finding 1

The first analytical finding is that moral authority can be reconceptualized from a positional and control-oriented phenomenon into a relational and practice-based form of ethical legitimacy. Authority does not necessarily require command, institutional position, or overt disciplinary action. It may emerge when repeated conduct generates recognition, trust, and moral credibility.

This finding provides the conceptual foundation for the subsequent analysis of care. If authority can be generated relationally, then care can be examined not simply as a supportive moral disposition but as a potential source of authority in its own right.

Analytical Findings II: Care as Ethical Practice Beyond Gendered Assumptions

From Disposition to Ethical Practice

Reconceptualizing care as a source of moral authority requires a decisive shift away from its conventional treatment as a secondary or supportive moral orientation. Within much moral theory, care has been acknowledged as ethically relevant, yet it has rarely been granted the status of moral authority. Instead, care is often framed as an affective disposition that complements "real" moral work, which is assumed to reside in judgment, rule enforcement, or principled reasoning.

The ethics of care tradition has played a crucial role in challenging these hierarchies by foregrounding relationality, responsiveness, and interdependence as central to moral life (Gilligan, 1982; Held, 2006; Noddings, 1984; Tronto, 1993). Early formulations emphasized how moral reasoning grounded in care differs from justice-based approaches that prioritize abstraction and universality. Gilligan's influential critique of dominant moral development theories demonstrated how relational and care-oriented moral reasoning had been systematically devalued, particularly when associated with women.

Subsequent scholars expanded this framework to argue that care is not merely a different moral voice, but a distinct moral logic grounded in attentiveness to concrete others and ongoing relationships. Tronto (1993), for example, emphasizes the practical dimensions of care and the responsibilities involved in attending to others, taking responsibility, exercising competence, and responding appropriately.

Yet even within care ethics, authority has remained an underdeveloped theme. Care is often treated as morally important but politically or epistemically weak, valued for its nurturing qualities but rarely recognized as a basis for ethical legitimacy. This is particularly evident when care is contrasted with authority: authority is associated with decision-making power and norm-setting, while care is associated with support and maintenance. Such dichotomies obscure the extent to which care itself involves moral judgment, discipline, and responsibility.

Care, when understood as ethical practice rather than emotional inclination, entails sustained moral labor. To care is to commit oneself to the well-being of others across time, to remain responsive despite fatigue or frustration, and to regulate one's own impulses in order to preserve relational continuity. These practices require judgment about priorities, boundaries, and obligations. They also involve forms of self-restraint that are ethically demanding, particularly in contexts where immediate self-interest or expressive authority might offer easier alternatives.

Care, Responsibility, and Recognition

From this perspective, care is inseparable from responsibility. Responsibility here does not refer merely to formal obligation, but to a lived commitment to being answerable for the effects of one's actions on others. This form of responsibility is enacted not through episodic intervention but through everyday presence.

Ethical influence emerges through reliability, being there consistently, responding predictably, and honoring commitments even when they are not externally enforced. Such reliability generates trust, and trust is a key condition for moral authority.

Importantly, this form of authority does not operate through command. It does not require others to comply because of fear, hierarchy, or institutional backing. Instead, it operates through recognition. Moral authority grounded in care is granted by others who come to rely

on an individual's ethical consistency.This authority is fragile and contingent. It must be continually sustained through practice, and it can be withdrawn when care is neglected or responsibility is abandoned. Its legitimacy is therefore ethical rather than positional.

Sociological perspectives on everyday life help clarify how such authority is generated. Authority in ordinary contexts is often relational, emerging from repeated interaction rather than formal designation. Individuals come to be seen as morally authoritative because their actions align with shared expectations over time. This alignment produces a form of ethical credibility that does not need to be asserted. Care, when enacted consistently, becomes a visible marker of such credibility, even if it remains tacit rather than articulated.

Anthropological accounts of moral life reinforce this view by emphasizing the ordinariness of ethical action. Much moral work occurs not in moments of explicit decision-making but in routine practices that sustain relationships. Ethical authority, in this register, is exercised through attentiveness, patience, and the capacity to absorb tension without escalating conflict. These practices rarely attract recognition as "authority" precisely because they do not resemble dominant models of command. Yet they may be central to the maintenance of moral order.

Care and Masculinity

Understanding care as ethical practice also requires disentangling it from essentialist associations with femininity. While care has historically been feminized, this association reflects social divisions of labor rather than intrinsic moral capacities. Care is not a gendered virtue; it is a mode of ethical engagement that can be enacted by anyone.

When men enact care through responsibility, restraint, and attentiveness, they challenge dominant scripts of masculinity that equate authority with control. However, such enactments may remain misrecognized because prevailing moral frameworks lack the conceptual resources to identify care as authoritative.

This misrecognition is particularly evident in evaluations of masculine moral presence. Men who refrain from overt control, who lead through example rather than instruction, or who prioritize relational stability over expressive dominance may be perceived as passive or morally disengaged. Yet these practices can involve significant ethical discipline.

Choosing not to assert authority, not to escalate conflict, or not to prioritize one's own voice can be morally demanding acts, especially in contexts where control-oriented masculinity is normative.

Care-based moral authority thus unsettles conventional oppositions between strength and vulnerability. It reveals that ethical strength may lie in the capacity to remain present without dominating, to sustain responsibility without spectacle, and to exercise restraint in the face of provocation.These qualities do not diminish moral authority; they provide an alternative basis for understanding it. Authority, from this perspective, is not primarily a matter of imposing order but of sustaining ethical relationships through practice.

Political theorists of care have emphasized that care is foundational to social life and therefore inseparable from questions of power and legitimacy. Tronto, for example, has argued that care involves attentiveness, responsibility, competence, and responsiveness, each of which entails moral judgment and accountability (Tronto, 1993, 2013). These dimensions illustrate that care is not passive or sentimental, but structured and evaluative.

Care Beyond Formal Authority

Reframing care as moral authority also clarifies why it is particularly significant in everyday contexts where formal authority is absent or limited. In families, communities, and informal social settings, ethical order is rarely maintained through explicit rules alone. It depends on individuals who are willing to assume responsibility without formal recognition, regulate themselves for the sake of others, and remain ethically present across time.

Care-based authority operates most clearly in these contexts precisely because it is not backed by institutional power.This understanding challenges moral education frameworks that equate authority with instruction. If moral authority can be generated through care, then ethical influence does not require explicit teaching or verbal guidance. It can be exercised through example, consistency, and relational engagement.

Analytical Finding 2

The second analytical finding is that care can constitute a legitimate form of moral authority when it is enacted as sustained ethical practice rather than treated merely as an emotional disposition or supportive behavior.

Care generates authority not simply because caring is morally desirable, but because consistent care can establish responsibility, reliability, trust, and relational credibility. This finding also demonstrates that care should not be treated as inherently feminine. Rather, care represents a mode of ethical enactment available across gender identities, including masculinities that are expressed through responsibility and relational attentiveness.

5. Analytical Findings III: Responsibility, Restraint, and Everyday Ethical Presence

Responsibility as a Mechanism of Moral Authority

If care is to be understood as a form of moral authority, it must be examined not as an abstract value but as a set of practices through which ethical influence is enacted and sustained. Central to this enactment are responsibility, restraint, and everyday presence.

Responsibility, in this context, refers not merely to formal obligation or role-based duty, but to a lived commitment to being answerable for one's impact on others. This form of responsibility is enacted through reliability: showing up consistently, honoring commitments even when they are inconvenient, and maintaining ethical coherence across situations.Such responsibility does not announce itself through moral rhetoric; it becomes visible through patterns of conduct that others come to depend upon.

This dependence is crucial. Moral authority grounded in care emerges when others orient their expectations around an individual's ethical presence. Over time, responsibility enacted consistently generates trust, and trust enables moral influence without coercion. Individuals follow, listen, or adjust their behavior not because they are compelled to do so, but because they recognize ethical credibility in the other's actions.

Authority, in this sense, is granted rather than claimed.

Restraint as a Mechanism of Ethical Influence

Restraint constitutes a second significant mechanism of care-based moral authority. In dominant models of masculinity, restraint is often interpreted narrowly as emotional suppression or stoicism. Within a care-oriented ethical framework, however, restraint takes on a different meaning.

It refers to the capacity to regulate one's actions in consideration of others' well-being and relational continuity. This includes choosing not to escalate conflict, not to assert

dominance when doing so would undermine trust, and not to prioritize immediate self-interest over collective stability.

Such restraint is ethically demanding. It requires attentiveness to context, sensitivity to relational dynamics, and the willingness to absorb frustration without transferring it to others.In everyday life, restraint often goes unnoticed precisely because it prevents visible disruption. Yet its moral significance lies in this preventative function. By maintaining relational equilibrium, restraint sustains the conditions under which ethical life can continue.

Importantly, restraint should not be confused with passivity. Care-based restraint is active and deliberate. It involves judgment about when intervention is necessary and when withdrawal is ethically appropriate. Knowing when not to act can be as morally consequential as knowing when to act.

This discernment is cultivated through experience rather than instruction, emerging from sustained engagement with others rather than from abstract rule-following.

Everyday Ethical Presence

Everyday ethical presence integrates responsibility and restraint into a mode of moral influence that is continuous rather than episodic. Unlike authority exercised through discrete acts of instruction or discipline, ethical presence operates across time.

It is constituted through the accumulation of ordinary actions whose moral significance may become evident only in retrospect. This temporality distinguishes care-based moral authority from more visible, event-centered models of ethical intervention.Everyday presence also highlights the embodied nature of moral authority. Ethical influence is not transmitted solely through speech or decision-making; it is communicated through tone, timing, consistency, and responsiveness. Others learn what to expect not because rules are stated, but because patterns of conduct become familiar.

This familiarity fosters moral orientation by creating a stable ethical environment in which expectations are predictable and trust can develop.

From a sociological standpoint, this mode of authority aligns with understandings of moral order as sustained through routine interaction rather than formal enforcement. Moral norms are reproduced through practice, not merely through declaration. Individuals come to recognize moral authority in those whose actions reliably align with shared expectations.

Care-based authority thus operates within the logic of everyday life, where legitimacy is negotiated through interaction rather than imposed through hierarchy.

Responsibility and Restraint as a Relational Balance

The ethical significance of everyday presence becomes particularly apparent in contexts where formal authority is weak or absent. In families, informal communities, and peer groups, moral order cannot rely solely on rules or sanctions. It depends on individuals who assume responsibility without external enforcement, exercise restraint in moments of tension, and remain ethically present across time.

These individuals do not necessarily occupy formal leadership positions, yet they may exert moral influence.

Responsibility and restraint also interact in complex ways. Responsibility without restraint may become intrusive or controlling, while restraint without responsibility risks withdrawal or neglect. Care-based moral authority therefore depends on balancing these

dimensions: acting when action is necessary and refraining when restraint serves relational continuity.

This balance cannot be codified easily; it requires practical judgment attuned to specific contexts.

Such judgment is developed through participation in everyday life rather than through formal moral instruction. Individuals learn how to calibrate responsibility and restraint by observing their effects on relationships. Actions that sustain trust are reinforced, while those that generate resentment or disengagement are adjusted.

Moral learning thus occurs through feedback embedded in social interaction rather than solely through explicit evaluation.

The Cumulative and Temporal Character of Moral Authority

Everyday ethical presence also involves temporal endurance. Moral authority grounded in care is not established through singular acts of generosity or restraint, but through sustained commitment. Others come to recognize ethical reliability only when responsibility and restraint are demonstrated consistently across situations.

This endurance differentiates care-based authority from charismatic or episodic forms of influence, which may be intense but unstable.The relational character of this authority also means that it is inherently vulnerable. Trust can be damaged, and moral authority can erode when care is withdrawn or responsibility is abandoned. This vulnerability underscores the ethical stakes of care-based authority: it must be continually renewed through practice.

Unlike authority secured through position or coercion, it cannot be maintained in the absence of ethical presence.

Analytical Finding 3

The third analytical finding is that responsibility and restraint function as complementary mechanisms through which care becomes moral authority.

Responsibility establishes reliability and answerability, while restraint regulates the exercise of power and protects relational continuity. Together, they are integrated through everyday ethical presence. Their interaction produces a form of moral influence that does not require coercion or formal authority.

This finding is important because it moves the argument beyond the general proposition that “care matters.” It specifies how care becomes authoritative: through sustained responsibility, ethically informed restraint, and repeated relational presence.

Analytical Finding 4

The fourth analytical finding is that care-based moral authority is cumulative, embodied, temporal, and relational.Moral influence develops through repeated patterns of conduct rather than isolated interventions. Consistency generates predictability; predictability supports trust; trust establishes relational credibility; and credibility creates the conditions under which moral influence can operate without coercion.

The analytical progression can therefore be summarized as:



Within this framework, masculinity is not positioned as a causal determinant of moral authority. Instead, masculinity represents one social context within which care, responsibility, restraint, and ethical presence may be enacted and interpreted.

CONCLUSION

This paper reconceptualized moral authority as grounded in care, responsibility, and everyday ethical presence rather than primarily in control, explicit instruction, or institutional power. The analysis demonstrated that dominant conceptions of moral authority have frequently emphasized visible, directive, and hierarchical forms of ethical influence, reinforcing constructions of masculinity associated with control, decisiveness, emotional detachment, and disciplinary authority. In response, the study examined care as an alternative foundation for moral authority, emphasizing its relational, practical, and ethical dimensions.

The conceptual analysis yielded four principal theoretical insights. First, moral authority was conceptualized as a relational and practice-based form of ethical legitimacy rather than solely an institutional or positional capacity. Second, care was identified as a potential source of moral authority when consistently enacted through sustained ethical practices rather than understood merely as an emotional or supportive disposition. Third, responsibility and restraint were recognized as complementary mechanisms through which caring practices acquired ethical legitimacy in everyday relationships. Fourth, care-based moral authority was conceptualized as cumulative, embodied, temporal, and relational, emerging through repeated ethical conduct that fostered trust and moral credibility over time.

Collectively, these insights established a conceptual progression from care as an ethical commitment to responsibility and restraint as mechanisms of ethical practice, followed by sustained everyday ethical presence, the development of trust and relational credibility, and the emergence of moral authority and influence. This framework constituted the study's principal theoretical contribution by demonstrating that care could be understood not merely as an alternative moral sentiment to justice, rules, or institutional authority but as an ethical practice through which moral authority itself was established and sustained.

The analysis also contributed to scholarship on masculinity by challenging assumptions that masculine moral authority necessarily depended on dominance, control, or disciplinary intervention. Instead, it proposed that masculinity could be enacted through responsibility, restraint, attentiveness, and sustained ethical engagement. These practices did not eliminate power from moral relationships but offered alternative ways of exercising and legitimizing it. Unlike authority derived primarily from institutional status or coercive power, care-based moral authority depended on ethical credibility established through consistent conduct. Trust developed through repeated interactions, reliability strengthened expectations of ethical behavior, restraint supported the responsible exercise of power, and accountability reinforced sustained ethical engagement.

Nevertheless, the analysis emphasized that care should not be idealized as inherently ethical or universally beneficial. Caring practices are context-dependent, potentially inconsistent, and influenced by social and institutional power structures. Care may be selectively exercised, unequally distributed, or constrained by structural inequalities. Accordingly, recognizing care as a potential source of moral authority requires critical attention to the conditions under which caring relationships are established, maintained, and legitimized.

The implications for moral education extend beyond formal instruction, prescribed curricula, and institutional programs. Although educational institutions remain essential settings for ethical reflection, dialogue, and moral development, moral formation also occurs through everyday relationships, routine interactions, and lived examples of ethical conduct. Educators, caregivers, parents, peers, and community members contribute to moral education not only through explicit instruction but also through their consistent demonstration of responsibility, attentiveness, restraint, and accountability. Consequently, the credibility of moral instruction may be strengthened when articulated ethical principles are reflected in everyday practices.

This perspective highlights the complementary relationship between explicit moral instruction and embodied ethical practice. Formal moral education remains important for developing critical reasoning, ethical reflection, and the capacity to evaluate moral dilemmas. However, these educational processes may become more meaningful when supported by consistent ethical conduct. Similarly, care-based practices benefit from critical reflection to ensure that habitual actions remain responsive to ethical responsibilities and changing relational circumstances.

The broader theoretical contribution of this study lies in expanding the understanding of moral authority and ethical knowledge beyond articulated principles, formal rules, and rational deliberation. Moral knowledge is also expressed through embodied practices, interpersonal relationships, habitual conduct, and sustained ethical engagement. From this perspective, moral authority may emerge through ordinary acts of responsibility, reliability, restraint, and attentiveness rather than exclusively through explicit normative instruction or institutional leadership. Everyday interactions therefore represent an important context in which moral credibility develops and ethical influence becomes recognizable.

In conclusion, this paper proposed care as an important yet comparatively underexplored foundation of moral authority. By integrating care, responsibility, restraint, everyday ethical presence, trust, and relational credibility, the study developed a conceptual framework for understanding moral influence beyond dominance, formal instruction, and

institutional power. Rather than replacing established theories of moral education and moral development, the framework extended their analytical scope by emphasizing relational and practice-based dimensions of ethical authority. Ultimately, the study highlighted that moral education involves not only the transmission and critical examination of ethical principles but also their consistent enactment through everyday relationships and embodied moral practices.

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