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“I Believe in Taking Care of People”: Pushing Back against Rationalized Institutions with a Logic of Care

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ABSTRACT

A founding sociological metanarrative describes modernization as an ongoing process in which complex and bureaucratic institutions increasingly regulate social life, privileging instrumental-rational logics of action and the authority of scientific, legal, and technical elites. This makes it increasingly difficult to sustain substantive rationality, or moral action rooted in substantive values. Drawing on data from 48 focus groups in which ordinary U.S. citizens discuss contemporary social controversies, we find that substantive rationality is common, and commonly rooted in a *logic of care*. Individuals in our focus groups often invoked a logic of care to make moral claims that justified the consideration of context and complexity, encouraged empathy, and centered individual well-being. We find that invoking a logic of care is sometimes an automatic response and sometimes arrived at after deliberation, and that a logic of care is used across different social locations within our sample, including by both men and women and across different racial and religious groups. And we find that a logic of care is often used to “push back” against or negotiate with more rational logics of action like law, science, and efficiency. We argue that our focus on a logic of care helps render substantive rationality more visible and legible for analysis, providing a corrective to metanarratives of disenchantment and fostering a richer understanding of the processes through which people make moral claims in interaction.

1. Introduction

In modern societies, people are embedded in rationalized institutions that regulate social life and individual behavior. According to Weber (1978), modernity breaks down the protective framework of small communities and religious traditions, replacing them with the rationalized and impersonal institutions of law, science, the market, and the bureaucratic state. Law and the state enshrine formal rationality and promote universalism, applying the same rules to everyone with little regard for circumstance. Science elaborates classificatory schemes and prioritizes the analysis of cause and effect, increasing mastery and idealizing value-free neutrality. And states, markets, and science emphasize efficiency, practical rationality, and the moral neutrality of means. Substantive rationality

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rooted in cultural and religious traditions is argued to be attenuated, unable to provide meaningful *ends* of action or to adjudicate the morality of *means*. Modern institutions have been found to either bracket out moral considerations or enshrine one moral imperative – justice, upheld by law and the state, and conceived of as the fair application of the same rules to all (Haidt and Joseph, 2007). In this context, individuals have to navigate institutions that are not empathetic and that fail to account for individual well-being and circumstances.

Rather than simply accepting these rationalized institutional logics, however, modern individuals often “push back” against the demands of modern institutions and cultivate moral claims rooted in substantive rationality. One of the most widely recognized strategies for doing so is to invoke a moral logic of “care.” Feminist scholars were the first to identify and theorize this type of substantive rationality, explaining that a logic of care is grounded in a moral obligation to promote individual well-being and reduce harm, requiring that attention be paid to the particularity of context in judging the morality of actions and outcomes (Gilligan 1982; Tronto 1987). They found that women were more likely to rely on caring-oriented logics while men were more likely to rely on justice-oriented logics, not because women are inherently more caring, but rather because they are socialized to embrace caretaking in feminized arenas such as the family and religious institutions (Collins 2000; Gerson 2002).

Today, caring is widely recognized as a foundational moral logic that modern individuals use to make decisions and define moral actions. Social psychologists have identified caring as one of a limited number of moral imperatives that have a broad influence on how both women *and* men think about public issues and that may be particularly associated with political liberalism (Haidt and Joseph, 2007; Haidt 2012). However, while caring logics have been found outside of feminized spaces and gender roles have evolved in ways that hold men more accountable for caring than they once were (Gerson 2002), it is still the case that women take on a majority of the care work in modern society (Collins 2000; Ehrenreich and Hochschild 2003; Glenn 2010). Thus, it is important to continue to investigate *who* is drawing on caring logics in discussions about contemporary social issues and *how* those logics are used to negotiate with the rationalized logics of modern institutions.

We draw on data from 48 focus groups in which ordinary Americans talk about contemporary social controversies to investigate whether and how people draw on a logic of care as an alternative to rationalized logics rooted in legal institutions, scientific practices, bureaucratic rules, or market efficiencies. Participants were asked to discuss vignettes in which competing scientific, legal, and religious logics were presented. Much like in-depth interviews (Pugh 2013), focus group discussions shed light on the ways that people signal (usually honorable) motives and moral identities, draw on cultural schemas for sense-making, and display and make sense of their emotions (McDonnell 2014). But focus groups are also “social events” (Cyr 2015), interactions that unfold in a specific context, providing the opportunity to examine how people reason together about complicated ideas and concepts as they explore shared and divergent meanings and imagine different possible relationships and moral obligations (Hull and Edgell 2021). Drawing on focus group data allows us to analyze who is more likely to draw on a logic of care, how caring logics are invoked in the context of specific interactions as participants respond to one another’s claims and build on one another’s stories (Edgell et al. 2016), and whether caring logics resonate with or convince others in deliberations about social issues.

Our research also builds on a body of work that engages critically with the founding sociological meta-narrative of rationalization and modernization. Modernization is uneven and takes various forms (e.g. Eisenstadt 2002), and modern societies are complex fields of competing, plural, and hybrid moral logics in which individual actors creatively combine and contest moral claims and institutional ideologies (Haidt and Joseph, 2007; Longest, Hitlin, and Vaisey 2013). Not only do individuals strategically draw on a variety of logics to frame problems, envision possible courses of action, and make decisions (e.g. McDonnell, Bail, and Tavory 2017), talk itself is a form of action that links thinking and doing (Haidt and Kesebir 2010) and provides rationales for action (Edgell et al. 2016; Winchester and Green 2019). Thus, focus groups can shed light on both the automatic cognition and deliberate cognition involved in such sense-making (Vaisey 2009). Our focus groups allow us to identify when and for whom a caring logic is the initial “gut” response to the situation described in the vignette (Cyr 2015), as well as when caring is invoked during group deliberations to argue against claims rooted in more rationalized logics. We also analyze how talk about caring evolves as part of an interactive process that “toggles” between automatic and deliberate modes, as people offer an initial view but then engage with others in ways that can refine or even change their initial reaction to the vignettes.

We see this study’s contributions as both empirical and theoretical. Feminist scholars have written extensively on care ethics (see Collins 2015; Gilligan 1982; Tronto 1987) and moral psychologists have established caring as a foundation for moral reasoning and identified factors that influence responses to moral claims rooted in care (Haidt and Joseph, 2007, Haidt 2012). Empirically, we shed new light on how moral claims rooted in a caring logic unfold in interactions, including how people invoke a logic of care as an initial response to social dilemmas, how caring emerges as people deliberate together, and how aspects of social location like gender influence this process. Theoretically, we center our account in the plurality and complexity of modern social forms and decenter the modernization meta-narrative, developing a more complex account of moral thought and action that makes space for feminist insights about the importance of caring by focusing on how logics of care unfold as people reason together about contemporary social controversies.

2. Modern Institutions and Logics of Action

Weber (1978) identified four logics of social action that he believed were universal – affectual, traditional, value rational, and instrumental (means-ends) rational. However, he argued that as society modernizes, various forms of instrumental rationality come to dominate the public sphere, while logics of action grounded in religious values, community traditions, and affectual ties become increasingly marginalized and relegated to private life. He identified four dominant rationalities governing the way modern institutions function. The first three are varieties of instrumental-rational action: a *practical* rationality based in expediency and

pragmatism, a *theoretical* rationality that privileges classification of the world through empirical investigation and the formulation of scientific hypotheses, and a *formal* rationality that privileges universally applied rules and regulations. The fourth is a *substantive* rationality that prioritizes values that are ends in and of themselves for aesthetic, ethical, or religious reasons (see also [Kalberg 1980](#)). Values rooted in tradition, affectual ties, or local context must be translated into a logic of substantive rationality and be cast in universal terms, Weber argues, to be a legitimate basis for action within modern institutions (cf. [Habermas 1984](#)). And he predicts that such substantive rationalities will decline as law, science, the bureaucratic state, and the market flourish.

Weber thought that rationalization effectively limits the moral considerations of modern institutional actors, reducing their accountability to ordinary citizens who want institutions to respond meaningfully to the moral frameworks through which they orient their lives. Modern institutions operate “without regard for persons” and individuals become trapped in systems of “teleological efficiency, rational calculation, and control” ([Weber 1930](#)). Weber’s arguments about rationalization help us understand how modern institutions either support or suppress certain forms of moral action by shaping the shared standards of authority, rights, and fairness that people draw on when making decisions in their everyday lives ([Vaisey and Miles 2014](#)). This institutional power has led to concerns about the colonization of the lifeworld ([Habermas 1984](#)), the rise of “existential isolation” ([Giddens 1991](#)), and a lack of accountability for individual well-being ([Brint 1994](#)). By defining a limited set of appropriate moral concerns and undermining the legitimacy of action rooted in affectual ties and substantive values, modern institutions can both make it harder to conceptualize moral courses of action and harder to execute them once conceived.

3. A Logic of Care

Feminist scholars laid the initial groundwork for understanding how caring logics operate in modern contexts. Carol Gilligan’s (1982) work was influential in identifying gendered influences on moral development, showing that while men think of ethics in terms of rights, fairness, and justice, women tend to solve an ethical dilemma by prioritizing interpersonal relationships and trying not to hurt anyone. She called this an *ethic of care* and argued that it arises out of the specific social conditions that women navigate in society, not out of any innate mental or moral differences from men. Gilligan’s theoretical contribution was to show how the moral “feminine voice” was not being captured by the masculinized concepts dominant in academic psychology at the time, which prioritized principles of fairness, conformity to universal rules, and equal rights (see [Kohlberg 1969](#)). This is similar to a critique later elaborated in sociology by feminist ethnographer Dorothy [Smith \(1990\)](#), who argued that modern institutions are masculinized arenas that operate based on the rationalized logics outlined by Weber, centering moral imperatives that reflect men’s socialization and experiences.

However, institutions are not static, and both gender roles and social theory have changed markedly since the 1980s. While women still take on a majority of the care work despite these changing gender roles ([Collins 2000](#); [Ehrenreich and Hochschild 2003](#); [Gerson 2002](#)), women have gained far greater representation in the professions, business, and politics, and gender egalitarianism has increased dramatically ([Meagher and Shu 2019](#)). Contemporary moral psychologists now recognize justice *and* care as important and they have developed a typology of the “innate mental systems” that guide human behavior, including care/harm, fairness/cheating, loyalty/betrayal, authority/subversion, sanctity/degradation, and liberty/oppression ([Haidt and Joseph, 2007](#); [Haidt 2012](#); [Miles and Upenieks 2018](#)). And individuals and cultures rate and rank these heterarchically organized moral logics in different ways ([Longest et al. 2013](#)).

Sociologists have built from these insights, finding cultural and historical variations in what gets classified as moral and who is understood as morally worthy (e.g. [Hitlin and Vaisey 2013](#); [Longest et al. 2013](#); [Vaisey and Miles 2014](#)), showing how social location influences the appeal of specific moral justifications in different contexts ([Longest et al. 2013](#); [Haidt and Graham 2007](#)). For example, in a study of conflict in local religious communities, [Becker \(1997\)](#) found that both male and female congregants drew upon a moral logic of justice *and* a moral logic of care, using caring-based arguments to resist religious authority. [Hull and Edgell \(2021\)](#) suggest an intersectional lens may be useful and that claims about caring may resonate more when people see those needing care as similar to themselves in racial or gender identity. And [Haidt \(2012\)](#) argues that liberals find care-based arguments more persuasive than do conservatives, who prefer moral claims rooted in rules, authority, or loyalty.

We define a logic of care as a style of moral reasoning that prioritizes the enhancement of individual well-being or reduction of individual harm, is rooted in empathy, and accounts for context and individual circumstances (see also [Collins 2015](#); [Gilligan 1995](#); [Tronto 1987](#)). A caring logic can be motivated by a liberal commitment to individual rights ([Haidt and Graham 2007](#)), a communal commitment to taking care of the dependent and the vulnerable ([Gilligan 1982](#)), or an imaginative extrapolation of one’s own experiences and commitments to loved ones onto the public arena ([Hull and Edgell 2021](#)), but in all cases it demands that experts and officials be accountable for how decisions affect individual well-being. In this sense, invoking a logic of care typically constitutes a “pushing back” against the rationalized imperatives of modern institutions that prioritize efficiency, value neutrality, and universal rules. Focus group research allows us to examine when and how people discursively perform a logic of care in social situations and to see how they work together to imagine moral courses of action rooted in caring.

4. Data and Method

Our data are from the Talking About Social Controversies project, which consists of 48 focus groups conducted across three major U.S. metro areas in 2011 and 2017. In each group, participants were asked to read and discuss a fictional vignette that dramatized one of four controversial social issues: faith-based prison ministries, pre-implantation genetic diagnosis (PGD) of human embryos, sanctuary church practices, and parental denial of medical care for a minor child based on religious grounds (see Supplementary Materials for full vignette texts). Participants were asked to evaluate the situation and make a recommendation for action, leading to complex

conversations that included consideration of both expert opinions and people's own experiences. Should a faith-based prison ministry be allowed, and should the state fund it? Should PGD be regulated and, if so, how? Should local communities support churches that offer sanctuary to undocumented immigrants? Should a court order medical treatment for a child, and even take the child out of the home, if the parents do not comply with doctors' recommendations? These are all questions requiring moral judgement.

Focus groups are useful for getting at the interpretive frameworks and the taken-for-granted normative assumptions that people draw on to reach judgments, as well as the interactional processes through which meanings are collectively constructed (Bloor et al. 2001; Pollock and Adorno 2011; Vaisey and Miles 2014) and the emotional and honorable aspects of talk-in-interaction (Pugh 2013; Winchester and Green 2019). Cyr (2015) argues that focus groups can yield information about individuals' initial "gut" responses to prompts presented by the facilitator and to statements by other group members, as well as "important insights from specific interactions that take place between participants as the conversation unfolds" that "complicate gut responses to particular questions" (235). Sociologists have used focus groups to examine processes of resonance stemming from automatic cognition ("aha" moments during interaction, McDonnell 2104), to examine deliberative processes of hashing things out as people evaluate their own and others' responses (cf. Leschziner and Brett 2019; Thompson 2009), and to examine processes of "toggling" between gut reactions and deliberative reasoning as interaction unfolds (Cerulo 2018; Cunningham et al. 2007). Lizardo (2017) argues that individuals have "more culture than they can use" and points to these types of interactions as an important context for evoking individual non-declarative *and* declarative forms of culture and linking both to "public culture," or readily available symbols and discourses (cf. Hollander 2004).

The focus groups analyzed in this study were designed to gather data on people's initial reactions to the presented vignettes and to assess whether and how individuals changed their views after interaction with others or after being presented with additional evidence from the facilitator. Participants shared their reactions immediately after reading the vignettes – before interacting with the group – allowing us to capture "snap judgements" because they were asked to make a decision quickly, or what some call "gut reactions" (Cyr 2015) or Type I cognition (Vaisey 2009). These initial responses were likely shaped by features of the focus group context (Hollander 2004), including what respondents perceived was the "honorable" response and a desire to appear moral in front of the other focus group members (Pugh 2013). However, social desirability bias is also present in the ways people respond to surveys and interviews (Krumpal 2011) and social context shapes all social interactions (Hollander 2004). We also observed how individuals either reaffirmed or changed their initial response as the group interaction unfolded, a process of stepping back and assessing that evokes deliberative or Type II cognition (Vaisey 2009; Lizardo 2017). The study design does not give us a deep understanding of individual subjectivity, or all of the meanings that individuals may have ascribed to the vignette, or all aspects of their personal non-declarative culture. However, it does enable us to analyze people's initial reactions to specific prompts by the facilitator as well as how the deliberation process led people to reaffirm or change their initial responses.

4.1. Research Design

Talking About Social Controversies is a two-stage project, with 36 initial focus groups conducted in the summer/fall of 2011 and an additional 12 focus groups conducted in the summer of 2017 (see Figure 1). In 2011, 12 groups each were conducted in Houston, TX, Boston, MA, and Minneapolis, MN. The prison ministry, PGD implantation, and parental refusal vignettes were distributed equally across the groups, and a final sample of 281 individuals participated. In 2017, an additional 12 groups were conducted in Minnesota, and a vignette detailing a fictionalized sanctuary church scenario was developed to replace the PGD vignette in light of the political context after the 2016 U.S. presidential election. The total sample for the 2017 groups was 84 participants. Across all 48 groups, there were 365 individual participants, averaging 7-8 participants per group.

The primary goal of the overarching project was to understand how ordinary citizens talk about social controversies and how they respond to the claims of elites and experts. Participants were chosen to vary on religion, gender, and social class because of prior work that identified these dimensions as particularly relevant in shaping these legitimacy judgments (Brint 1994; Haidt 2012; Tronto 1995). Some groups were made up of only religious conservatives, religious liberals, or nonreligious individuals (i.e. atheists, agnostics, humanists), whereas other groups had mixed religious and nonreligious identifications represented. Within these religious identification categories, some groups were conducted with primarily middle- or working-class participants, while other groups had a mix of social class backgrounds.

Several recruitment methods were utilized. For the nonreligious groups in the urban/suburban areas, we contacted secular, atheist, and humanist organizations, and posted Craigslist ads asking for nonreligious participants. To recruit for the religiously liberal and religiously conservative groups, we primarily relied on contacting churches and asking for volunteers, but also posted Craigslist ads looking for religious participants. In rural Minnesota we primarily recruited through churches, but also posted fliers in high-traffic areas. Our sample is not representative of the U.S. population, and a large number of our participants are white and college educated. However, we did achieve diversity along many key dimensions, including political ideology, religious belief, gender, age, and household income.² At the start of each group, participants filled out a demographic questionnaire and then received a half-page vignette detailing one of the five social controversies developed for the study. In each group, participants were asked to take a stance on the issues presented and explain their position.

² Full demographics from the project are available upon request.

<u>2011</u> (Stage 1)	<u>2017</u> (Stage 2)
<u>Number of participants</u> 281	<u>Number of participants</u> 84
<u>Location of Groups</u> 12 groups in Minneapolis, MN 12 groups in Boston, MA 12 groups in Houston, TX	<u>Location of Groups</u> 9 groups in Minneapolis, MN 3 groups in rural Minnesotan town
<u>Vignettes</u> Faith-based Prison Ministries Parental Refusal of Medical Treatment Pre-implantation Genetic Diagnosis (PGD)	<u>Vignettes</u> Faith-based Prison Ministries Parental Refusal of Medical Treatment Sanctuary Church Practices

Figure 1. Talking About Social Controversies Research Design

5. Findings

We inductively coded all 48 focus groups for every instance in which participants discuss the “right thing to do.” The resulting coding scheme captured five dominant logics of action that show the continued relevance of Weber’s ideal types for understanding how people make moral claims in rationalized modern settings. We found an *efficiency logic* that calculates the most expedient solution, promotes self-interest, or saves resources, a *scientific logic* that prioritizes logical solutions grounded in evidence about cause and effect and the formulation of testable hypotheses, and a *legalistic logic* that prioritizes universally applied rules and regulations. We also found a range of *values-based logics*, capturing what Weber understood as substantive rationality and exhibited in statements about things understood as good or valuable for their own sake (for example, statements about the importance of protecting families from state intrusion or upholding foundational American ideals). Within this category, we focused on statements in which individuals prioritized reducing harm or enhancing individual well-being as exhibiting a *caring logic*.

Across all 48 groups, we found 922 statements that conformed to one or more of these logics (see Table 1). It is important to note that these logics are not mutually exclusive, and participants often drew on multiple logics at once to reason through the controversy presented to them. For the analysis below, we pooled the data from all 48 focus groups because we did not find meaningful differences between groups conducted in different years or different locations.³ We found that values logics comprised almost half (48%) of the logics used; just over a third of these value-logical statements (and 17% of the total statements) were rooted in a caring logic. The second most used logic was a legalistic logic, followed by a scientific logic, then an efficiency logic.

Importantly, we did not find values logics to be marginalized. On the contrary, calls for institutional leaders and elites to be responsive to moral claims rooted in substantive values were common. A full exploration of the variety and richness of the value-logical claims we discovered is beyond the scope of this paper, but it merits further analysis. Of interest for this analysis is that talking about caring as a moral imperative was common, even when interacting with relative strangers for an academic study, which is not a setting imbued with familial or religious meanings where caring logics are typically found (see Tronto 1987). We also did not find evidence of caring logics being a “weapon of the weak.” Men in our groups were just as likely to draw on a caring logic as were women, and those most likely to use a caring logic were those with a college degree (see Haidt and Graham 2007). Our analysis, below, starts to flesh out the complex ways that individuals deployed caring logics in conversation with others.

6. Pushing Back Against Legalistic Logics

In this first set of examples, we illustrate how respondents in our groups deployed caring logics in relation to legalistic logics. An illustrative example comes from one of the 2017 groups held in a rural town in Minnesota. This was a group of white, college-educated, liberal Protestants and they were asked to discuss the vignette about sanctuary churches. The sanctuary church vignette details a fictionalized controversy about an undocumented woman from Mexico named Camilla who is seeking sanctuary in a Methodist church. The group was asked to discuss whether they, acting as members of a neighborhood association in which the church resides, would support a statement of solidarity with the pastor offering Camilla sanctuary.

³ Rates and rankings of logics by year are available upon request.

Table 1
Logics of Action Ranked by Frequency of Use (N=922)

Efficiency Logic	92 (10%)
Scientific Logic	149 (16%)
Legalistic Logic	237 (26%)
Values Logic	444 (48%)
Caring Logic	159 (17% of all logics, 34% of values logics)

A woman in her 60s named Sandra kicked off the discussion by drawing on both a legalistic logic and a caring logic to justify her initial support for the statement of solidarity. She believed that as long as undocumented immigrants were working and “not doing drugs, not doing anything, you know, illegal, but trying to make a better life,” that they should be able to live without fear of deportation. She continued, “I would definitely be in favor of the statement of solidarity for the church, because I feel, you know, that we should be taking care of one another and, you know, being good people.” Sandra evokes a legalistic logic (undocumented immigrants should not do anything illegal), but she bases her decision to support the statement of solidarity on her belief that we should prioritize “taking care” of each other over and above abstract laws that do not take individual outcomes into consideration. In contrast, the second person to speak was Jim, a male in his 60s, who said, “I would not be in favor at all. I guess that comes from a lot of years in the military where I feel that, if you’re gonna live in this country, you have to do it legally. If you do not, then I will not welcome you as my neighbor.”

This tension between following the law and caring for people dominated this group’s discussion, with the rest of the participants expressing that they could see Jim’s point that people needed to follow the law, but they also wanted the law to consider Camilla’s specific circumstance and avoid hurting Camilla and her family. For example, Dave, the third person to offer their initial reaction, said he had “mixed feelings” because Camilla was indeed breaking the law, but that he was leaning toward supporting the church for caring reasons. He said, “You know, I believe in taking care of people and I don’t like the thought of separating the family, separating the mother from her children. I would probably have a tendency to be supportive of the church.” Next, participant Karen said she was “sitting on the fence” because “as a Christian” she was called to help people, but she agreed with Jim that it was problematic that Camilla was breaking the law.

Later in the group discussion, the group members detailed their own experiences with undocumented workers. A few years prior to the focus group, ICE had conducted a raid on a meat packing plant in their town and deported numerous workers and their families, and the group members explained how there were “two sides to the thinking” at the time, one based in a legalistic logic and one based in a caring logic.

Karen: There was a picture in the paper, wasn’t there? Of the bus, and the kids, and the people getting on the bus? I remember that. There was a picture.

Leo: I don’t know if this is true or not, but there was a story that some of the men that got deported got back here quicker than the bus could get back!

Dave: I heard that, too, yeah. I think there were two sides to the thinking at the time. One was, “Good, let’s get rid of the ones that were here illegally and we’re glad they’re doin’ it.” And, the other side was, you know, concern about...

Karen: About caring.

Dave: Yeah, about caring for people and how it tore the families apart.

In this discussion, some participants drew on their Christian beliefs to justify caring for the vulnerable or stated that the law is too impersonal, but they also described how their personal experiences with undocumented immigrants had pushed them to be more caring. Leo, for example, teared up when retelling how he saw “the women and children crying” and how “it was the saddest thing you’ve ever seen,” which made him more hesitant to separate families than he might have been before that experience. Similarly, Sandra explained that her daughter recently married an immigrant from Peru, and when the Trump administration tried to ban immigrants from certain countries, she began to feel more strongly that “people should not be arbitrarily trampled on.”

Both Sandra’s and Dave’s initial response was to favor a caring logic over a legalistic logic, while Karen and Leo were initially on the fence about whether they would side with the church or the law. While Sandra, a woman, was the first to bring up a caring logic, male participants like Dave also invoked caring automatically as their initial reaction and also used caring logics deliberately to push back against legalistic logics throughout the discussion. And while invoking a logic of care did not ultimately convince the legalistically inclined Jim, it did influence many people who were on the fence to declare support for Camilla. For example, Leo concluded, “My feelings are less mixed than they were initially. I would probably lean more towards supporting the church than I did initially because of the conversation.” By the end of the discussion, every group member but Jim concluded that they would be in favor of the statement of support for the church.

Discussion of the prison ministry vignette also evoked negotiations over caring versus legalistic responses. In this vignette, participants were asked to imagine they are on a citizen advisory panel tasked with providing input to the Department of Corrections as to whether they should implement an evangelical Christian prison ministry in state-funded prisons. A 2011 group held in Houston provides another example of how invoking caring logics can be persuasive to people whose initial reactions were more rationalistic. In this group, many of the participants initially opposed the prison ministry program, citing either a legalistic logic that it was against laws regarding the separation of church and state or invoking the scientific logic of needing to see evidence that these programs are

effective before supporting them. For example, a white, nonreligious female in her 20s named Alison responded initially by saying, “I would want to know how effective they’ve been in the past and what’s the likelihood for recidivism.” And a Black Catholic male in his 20s named Emeka said,

The Founding Fathers decided that separation of the state and religion was important, and we need to recognize that even in this instance [where] these programs may actually be beneficial and they might be good. I just don’t see, on a larger scale, the Constitution and things like that, it just violates the Constitution and [it’s] illegal.

In response to Emeka, a 19-year-old male college student named Stephen was the first person to bring in a caring argument. Stephen said,

So, I’ve always been for, I guess helping, I mean if someone has a program that works and it helps someone, I’d say it’s great. It’s just the thing is, it’s always that little, “Oh but not everyone else gets that treatment, not everyone has a focus group, not everyone has ...” And I feel that it’s unfair that if there’s a program that’s available, to take it away because other people don’t have it ... I just feel that, I don’t know, there’s a lot of, in trying to keep things equal with everyone, it’s just kind of cutting everyone down.

Throughout the rest of the group discussion, Stephen drew on this logic of care, stating that if a program worked for even some people, he would support it. Despite identifying as nonreligious, Stephen was not concerned with legalistic logics surrounding separation of church and state that others brought up, or with the fact that a Christian program would not benefit everyone equally. Instead, his main goal was to make sure people got the help they needed.

Stephen got a lot of pushback from others in the group who felt he was incorrectly disregarding legalistic and scientific logics, but he also started to convince some people in the group to be more caring. A 24-year-old mixed-race graduate student named Christopher, whose initial reactions were more efficiency-based and centered around concerns about prisoners’ motivations for joining the program, started to lean toward supporting the prison ministry after discussions about the lack of other options for helping prisoners in the current U.S. system. He said that in the interest of helping prisoners get out “sooner and healthier,” he was starting to see the validity of “making do with what we have.” Immediately after Christopher made this comment, Stephen jumped in to reaffirm the logic of care, and combine it with Christopher’s logic of efficiency, saying “That’s what I was going to say, they have limited funding. I guess like Christopher said, if it’s a program that works...it’s like if we’re all sinking and we only have one lifeboat and we have to pick and choose who gets on it.” And right after this exchange between Christopher and Stephen, Alison, whose initial reaction was based in a scientific logic about the effectiveness of the program, also started to see the importance of caring logics. She responded saying, “Yeah, I was going to say this all makes me think that even though it might violate, it might discriminate [against] certain groups, the good outweighs the bad ... It might make one group favored but at the same time it could translate into lives being saved.”

Taken together, these examples reveal the ways that caring logics are deployed and the processes through which people use caring logics to push back against legalistic institutional imperatives. Women were by no means the only ones to deploy caring logics, and it was a male participant who eventually convinced others in the Houston group to be more caring. In addition, these group discussions reveal how caring logics can be both an initial, automatic response to a situation *and* a position that someone arrives at after deliberation (e.g. Cerulo 2018; Lizardo 2017).

7. Pushing Back Against Scientific Logics

Caring logics were also deployed by participants who sought to humanize statistical findings and question the impersonal solutions offered by social science and medical experts. An illustrative example comes from a 2017 group in Minneapolis made up of white, evangelical Christians who discussed the prison ministry vignette. The group had unanimously agreed that the prison ministry was a good idea, and many had told stories about how they had seen firsthand what Christian ministries can do for inmates. Sometimes their support was based in a desire to evangelize to people they felt had sinned by committing a crime, or in a belief that prison ministries were proven to be effective in reducing recidivism. But many participants also talked about what they saw as their religious calling to help the needy and marginalized, a form of caring. In this group, when the moderator asked if their views would change if they saw social scientific evidence showing that prison ministries did nothing to reduce recidivism, most concluded they would not continue to support the program. But Audrey, the youngest participant in the group at 22, drew on the group’s shared religious values to push others to consider a more caring approach.

Moderator: Would your opinion on this case change if social scientific evidence revealed that these ministries did not work or reduce recidivism?

Audrey: I think I would question what they meant by “didn’t work.” Because if it was like, 6 out of 10 inmates went back to prison, to me that’s like, well that’s 40% of people that it’s working for. So I think I would want to know exactly what they meant by “didn’t work.” I think for Christianity, I think our whole mindset is, if one person gets saved, then it’s worth it. If only one person in the service is listening, then it’s worth it. So, to me, I’m thinking, well if it works for one person, then financially it would be worth it for me.

Moderator: Okay, what do others think about that?

Lorraine: Well, for me, you’d have to look at, what’s the recidivism rate of people, just in general. And then, what is it for people that go through a faith-based program. And then what’s the difference.

Spencer: Yeah, for state funding.

Audrey: [Laughs] Unpopular opinion. ... I don't know about state funding, but I would personally pay for it.

Even in the face of scientific evidence that a costly ministry program only worked for a few people, Audrey argued that she would be willing to put her taxpayer dollars toward it because it might help one person. Others in the group invoked a caring logic by drawing on a religious imperative to help the marginalized (with the prisoner being a prime, biblically-based example), however, they wanted the program's helpfulness to be backed up by scientific evidence. Both arguments are rooted in a logic of care, but one embraces social scientific standards of evidence while another rejects an analysis based on *rates* of recidivism in favor of focusing on individual cases in which program participation helped someone even if it does not prove to be helpful at the level of statistical significance.

In several groups, *different* logics of care were invoked to support conflicting opinions, like in a 2011 group in Boston that discussed the medical refusal vignette. In this vignette, parents of a child named Jimmy were refusing to give him chemotherapy because it went against their (and his) Native American religious beliefs, and participants were asked to determine if a judge should force Jimmy to receive medical treatment and even remove Jimmy from his parents' care if they refused to comply. While some used legalistic logics to argue for parental rights and religious freedom, and others used scientific logics to argue for the proven efficacy of chemotherapy, many participants used a caring logic to argue that Jimmy's life mattered more than any of these scientific or legalistic considerations. However, some were convinced that forcing Jimmy to get chemo against his will was *uncaring* and that letting Jimmy die on his own terms was the truly caring thing to do.

At the start of the discussion in the 2011 Boston group, group members Ana, Alessa, and Christine, who are all white and politically liberal women, prioritized "doing what's best for Jimmy" and giving him the chemotherapy despite his objections. These women prioritized Jimmy's improved chances of survival over abstract legal principles involving parental rights or religious freedom. For example, Alessa said, "I just think that it should be what's best for Jimmy even though it's hard to make them do something that's against their religious beliefs. Like that would be hard for me. I would hate to do that, but I do think Jimmy's best interests should be at heart." These women combined a caring logic with a scientific logic, arguing that scientific evidence of the effectiveness of chemotherapy made over-riding religious beliefs and parental rights the caring thing to do. Christine said, "I agree that it is really, really, really difficult... [But] when it comes to actual life or death situations, I think that erring on the side of ensuring that people do what's scientifically deemed best at the time is pretty important."

However, a woman named Alice argued that forcing Jimmy to endure chemotherapy or taking him from his parents was potentially more harmful than dying from cancer. Her debate with Ana below illustrates the two sides of this argument.

Alice: I just question his quality of life after he does go with chemo and he lives, and he lived because of a choice that he wasn't able to choose, and it goes against what he believes. I feel like he might emotionally and psychologically suffer with that, and that might be almost worse.

Ana: Because he's alive?

Alice: No! Not because he's alive – because he's alive and he believes so strongly that he was physically assaulted by this and he wasn't able to choose his own freedom that way. I worry about his life condition after. If he lives, he gets displaced from his parents to somebody who will force him to go to chemo and he'll live and everything and maybe he'll be totally successful in life and go to a great school and get an awesome job and get married ... but I worry that he's going to be really damaged from this.

Ana: I don't care what Jimmy wants, I care what is best for him and if the parents can't figure that out then society needs to step in and override that. Alice, even with an 80-95% chance he'll live, do you really think that's worse for him than doing what he believed was right and dying?

Alice: I think of things where people sacrificed their lives for something that they believe in.

Alice and Ana are similar in many regards – both are white, politically liberal women in their 20s living in Boston. However, they use caring logics to argue for conflicting solutions to the medical refusal vignette. Whereas Ana, along with many others in their group, believed that saving an individual child's life trumped any legal concerns about religious freedoms or parental rights, Alice represents a common counterargument in which a logic of care is used to argue that forcing Jimmy to undergo chemo might be more harmful than letting the cancer take its course. Notably, all but one of the participants in this group were women. The one male participant, a 60-year-old white male named Fred, invoked a different caring logic, focusing on the need to know more about Jimmy himself and talk with Jimmy to get his perspective. He felt that the group should not stereotype Jimmy as "just another 13-year-old boy" unable to make decisions for himself, and he refused to come to any conclusions until he had heard from Jimmy himself. In this way, Fred was prioritizing Jimmy's dignity, autonomy, and the specificity of his circumstances.

In the end, the participants who initially argued for forcing Jimmy to undergo the treatment remained convinced that science supported their understanding of the caring way forward. However, some admitted that Alice's argument swayed their opinions a bit over the course of the discussion. Alessa said, "I think what hit me the most was what Alice was saying, wondering if it was worth it. If he was really damaged and stuff after. I want to say I'd rather him be alive, but I don't know. It feels weird saying I'd rather him be alive and damaged than not alive." Thus, while in some groups caring was not present at all or only one kind of caring logic was present, in other groups there were multiple caring logics used as the conversation unfolded and people imagined a moral path forward.

8. Pushing Back Against Efficiency Logics

Caring logics were also used to negotiate with and push back against efficiency and self-interest. An example of this type of negotiation comes out of another group from rural Minnesota in which participants were asked to talk about the sanctuary church

vignette. All participants in this group were white, Christian, and politically conservative, but they had real disagreements as to whether caring, legalistic, or efficiency logics should matter most. Like the other group we described that discussed this vignette, there were participants in this group who weighed the importance of following the law with the importance of helping people and keeping families together. For example, a 60-year-old white Republican named Marty initially responded to the vignette by acknowledging that there need to be laws to regulate immigration, but that he favors a logic of care more attuned to Camilla's individual circumstances. Marty said,

My first instinct would be to support the church. I struggle sometimes with the all the immigration stuff because I know that it needs to be controlled, but at the local level, dealing with things one on one, it's a whole different story for me a lot of times. In some of these cases, it becomes a bit grayer because we're called to help the poor and orphans and those. How that fits into immigration and all that? That becomes a bit more difficult. I don't know how to totally reconcile those things. I love and care for people, so I don't wanna see people hurt in the process ... I think we need to take things on a case-by-case basis sometimes. It's hard to regulate everything with one swoop of the pen. Ultimately, most of us want to take care of people. But, how we do that? There's just a lot of things that go into that.

With Marty, we see a clear contrast between a rationalized legalistic logic that applies impersonal laws to everyone uniformly, and an empathy-based, harm-reducing logic of care that prioritizes Camilla's lived experience and the potential emotional costs of separating her family.

However, participants like Hannah, a 30-year-old white Baptist, initially responded to the vignette by questioning whether or not Camilla was employed. She said, "My first question would be 'is she employed?' And actively bringing back to the society that wants to support her. Because, if we support her, then there's the drain on society. Or it's her children because someone has to take them in if she doesn't have family." There was also evidence that this logic of efficiency influenced the opinions of a few others in the group who were on the fence. A white woman in her 30s named Lindsey said, "I would probably support it. But I would have questions, like Hannah said, like does she have a job?"

Group participants like Marty and Dale, a white male in his 50s, pushed back against these efficiency logics throughout the group discussion. In response to Hannah's not so implicit assumptions that immigrants like Camilla are a drain on society, Dale attempted to draw on his own experience to argue that immigrants are in fact "hardworking" and deserve to be treated with more "grace." He said,

I agree that knowing a little bit more about her and her situation would help...But I think that there's a lot of people in our society here today in America who that's their default position, to abhor these people, to see them as a plague, as people who are just coming in to kind of leach and suck off of our system. I know from my interaction through the school district, working with those families who are here illegally with their kids, I just know that's not the case. From what I've seen, the majority of them are hard working people...I would much rather err on the side of grace than to be punitive.

Hannah's response to this was to say that she also had personal experiences in their local schools and believed immigrant children typically get more resources than non-immigrant children. She said, "I see our schools every day. This is gonna sound horrible, but the amount of services that go toward those children that don't speak English, and the amount of services that are taken away from my kids in the public school because they already speak English. It's a sore spot for me." In direct response to this, Marty described his own experiences with undocumented immigrants he has seen in his role as an eye doctor. He said that far from getting more services than non-immigrants, his experience is that immigrants have a much harder time getting the health services they need. He explained,

I had one patient who came in who, I'm pretty sure he was illegal, he was working for this agriculture place and he had fractional retinal detachments in both eyes, and we called around every place to try to get help for him and nobody would take him. I mean, he had blurred vision in one eye and losing it in the other, and I know it takes dollars and resources, but to see someone at an early age – he was pretty young – going to be blind because nobody would take him. That was hard for me to see.

By the end of the group, no group member had really changed their minds. People like Hannah and Lindsey were still on the fence until they knew whether or not Camilla had a job, and people like Marty and Dale were in support of the church because it was the more caring thing to do. However, Marty did explain that he had become *more* caring over time, and that he may have been less caring ten years ago. He said he used to consider himself "superior" because he was a Christian, but that over time he has become "a lot more caring, loving, and compassionate towards people." A 30-year-old white male named Micah echoed Marty's sentiment, saying that ten years ago he probably would have been "more black and white" about these kinds of issues but that today he would be more supportive of Camilla and see her as a person in need of help. Taken together, this group highlights the ways that people draw on caring logics to push back against efficiency logics, but also the ways that an individual's motivating logics can and do change over time.

9. Discussion and Conclusions

Motivated by Weber's insights about value rationality and by feminist work on gender and caring, we set out to investigate whether and how people draw on a logic of care to negotiate with the rationalized demands of modern institutions. We analyzed focus group discussions of vignettes that dramatized contemporary social controversies and introduced specificity and context. Our participants were asked to think about "the right thing to do" and to envision the possibility of changing how institutional actors – judges, legislatures, doctors – make decisions. We found that many participants valued scientific evidence, legal principles, and expediency, but that most did not want to base public decision-making solely on these logics; the most common response to the dilemmas outlined in our vignettes was to invoke value rationality, including moral arguments rooted in a logic of care.

Our participants articulated a desire to see scientists, doctors, courts, and the bureaucratic state make decisions that take into

account the moral imperative to care for others, to respond to individual needs and concerns with empathy, and to enhance well-being. This was true of men and women alike, of both religious and nonreligious people, and across racial and class backgrounds. Those with a college education and Democrats were most likely to draw on a caring logic (see [Haidt and Graham 2007](#)), but sometimes evangelicals and Republicans did as well – and sometimes Democrats and liberal Protestants rejected caring arguments in favor of efficiency or applying the law in the same way to all regardless of context.

Feminist scholars have documented the emergence and persistence of a logic of care in social arenas historically associated with women's lives and concerns, such as the family and religious institutions ([Gilligan 1982](#); [Becker 1997](#)). However, our findings support the argument that a caring logic has diffused beyond arenas historically associated with women and beyond the socially marginalized ([Haidt and Joseph, 2007](#)). In our focus groups, both men and women invoked moral arguments rooted in caring when asked by the moderator for their initial response to the vignette. This suggests caring logics can be a “gut reaction” or “snap judgment” and may emerge from automatic cognition for both men and women (e.g. [Cerulo 2018](#); [Lizardo 2017](#)). But both men and women also attempted to persuade others to embrace moral arguments rooted in a caring logic, and both men and women stated that they were persuaded by moral arguments rooted in a caring logic made by other group members. This suggests that for both men and women, caring logics can be seen as legitimate and persuasive. We also found that regardless of gender, when people made moral arguments rooted in a logic of care, they often referenced either their religious beliefs or their personal experiences, especially experiences with family members, but sometimes simply with people in a similar dilemma to those dramatized in the vignettes. Experiences with institutions that emphasize caretaking, or encounters that expand empathy can, it seems, influence people to be more attuned to moral claims rooted in caring logics and give people a critical perspective on dominant institutions and sensitivity to those marginalized by them ([Collins 2000](#); [Smith 1990](#)).

Our analytical focus on the interaction within focus groups did not reveal caring logics to be either “weapons of the weak” or to face a steeper, more uphill battle to be taken seriously as compared to logics rooted in efficiency or legal or scientific reasoning. Those who evoked caring as their initial, automatic response to the vignette were not generally persuaded by other group members to “be realistic” and give primacy to arguments rooted in evidence or efficiency or universal rules. Nor did people making a moral argument rooted in caring always find themselves fruitlessly attempting to petition those initially staking out a strong claim rooted in a more rationalized logic. Instead, we found a relatively even playing field for various kinds of moral arguments. In most cases, pushing back against the demands of rationalized institutions did not mean rejecting science, efficiency, or the law. Efficiency in using public funds, basing decisions on the best scientific knowledge, and having laws that ensure the equal treatment of all were understood by virtually all of our focus group members as legitimate and, in many cases, as leading to good outcomes.

Instead of an either/or approach, we found that people used a variety of tactics that did not involve explicitly rejecting the demands of science, the law, or the state to argue that institutions should be more caring. Sometimes this involved pointing to the ambiguity of how particular legal principles apply in a given case, like whether the prison ministry really was a violation of the separation of the church and state. Sometimes it involved a critique of an entire institutional arena (corrections) or area of the law (immigration) that was rooted in lessons learned from taking seriously the plight of individuals caught in the system (like undocumented immigrants or prisoners); such a critique is not a wholesale rejection, but it may imply a need for reform. Sometimes, science and efficiency were invoked in the service of identifying what is “actually caring” – taking the guess work out of what programs reduce recidivism or aiding in identifying what is best for helping a sick child. Only in a few cases did people simply reject legal or scientific claims in favor of a caring logic, but this did occur. There were those who felt that 13-year-old Jimmy should be allowed to reject chemotherapy even if it meant he would die, and who rooted this moral claim in the idea that violating his autonomy might cause more harm than his actual physical death. And some of those who rejected the idea that undocumented migrant Camilla had to have a job and pay taxes to be worthy of staying in the United States can be understood as arguing that the law – and the tax code – are too harsh and uncaring in how they identify what is valuable about a human life.

While the focus of our analysis was on one kind of values-based logic – a moral logic of care – we did find a number of other values-based logics that people used to make moral claims and envision moral courses of action. Some people responded to the vignettes by referring to their own religious values, to abstract “American” ideals like democracy and freedom, or to commitments to their values of hard-work and independence. A broader analysis of these values-based logics is beyond the scope of this paper, but it will inform future work using this data.

These findings may be useful for both researchers and policymakers, pointing to methods of generating conversations that do not devolve into polarized extremes but rather unearth common moral arguments that resonate across demographic and political lines. Of course, focus groups have some real limitations. Asking people to *imagine* serving on a citizen task force is not the same as studying the deliberations of a task force. But there are similarities between focus group discussions and the kinds of conversations that take place in schools and workplaces, in community groups and among friends. Focus groups can be structured to call into question taken-for-granted ways of thinking and talking, to invite people to assess and engage with the recommendations of institutional leaders and experts, and to envision ways in which citizens might hold institutions accountable. Because of their emphasis on context and specificity, it is not as easy for participants to simply rely on pre-packaged sets of moral or political claims formulated by elites. These distinctive features of the focus group context are good for sparking deliberative interaction that generates exploratory discussions of complex ideas and concepts ([Cyr 2015](#)), and for shedding light on the moral imaginaries created as people interact with others to consider practical problems of action, construct rationales for action, and attempt to persuade others (cf. [McDonnell, Bail, and Tavory 2017](#); [Winchester and Green 2019](#)).

What remains unclear is the degree to which the kinds of logics that our focus group members employed resonate with other audiences and, in particular, in contexts in which powerful institutional actors make decisions that have an effect on the distribution of resources and opportunities in our society. When does a logic of care actually influence the conduct of medical practice, or prison

reform efforts, or immigration law enforcement? Answering that question is beyond the scope of this analysis, but the question itself suggests the need for further research on the uses of care as a reasoning tool in both private decision-making and public deliberation. Such research would ideally involve analyses of interactions in real-world groups and communities as well as engage with institutional actors to identify conditions under which values-based claims can be effective in changing the way that decisions are made and resources are deployed in the public arena.

Supplementary materials

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