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Character, care, and conversation

A response to “Why should I care? Research ethics in the field of adult L2 literacy”

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The article by Shepperd and Dalderop (2025) addresses a significant and pressing issue in contemporary research ethics: the discrepancy between what is formally recognized as *good research* – that is, research approved by ethics committees – and what actually constitutes good research in practice.

I am in full agreement with Shepperd and Dalderop’s (2025) analysis. Indeed, I would argue that their point extends beyond the specific context of LESLLA research. It highlights a broader, systemic failure of institutional ethics committees to keep pace with major developments in ethical thought over the past decades. In what follows, I take this opportunity to offer some (admittedly brief) reflections on a few of these developments.

One of the authors’ central arguments is that informed consent, as typically required by institutional research guidelines, often fails to adequately safeguard participants’ autonomy. In the context of LESLLA learners, they demonstrate that highly formalized and bureaucratic consent procedures can, at times, undermine self-determination by disrupting the informal, trust-based relationships on which researchers frequently depend. Potential participants may withdraw from or decline to participate in research because the legalistic language and formal documentation involved heighten anxiety or suspicion. It is crucial to recognize that self-doubt and lack of confidence are antithetical to personal

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autonomy; thus, consent procedures that foster such attitudes are fundamentally at odds with the very value – autonomy – they are intended to protect.

Authors such as Mackenzie and Stoljar (2000) have conceptualized autonomy as a *relational* notion – that is, as a quality developed and sustained within, and through, appropriate social relationships. Their account builds on the work of Honneth (1996), who conceives of autonomy as a "healthy relation to self," encompassing self-trust, self-respect, and self-esteem. These reflexive attitudes are, of course, cultivated through our interactions with others who confer trust, respect, and esteem upon us, enabling us, in turn, to regard ourselves in a similar light.

Mackenzie (2008) illustrates her account with the case of Mrs. H., a woman who, after being diagnosed with cancer, was abandoned by her husband because he regarded her illness as "an embarrassment." Although her medical prognosis is relatively favorable, she refuses life-prolonging treatment because she feels worthless. Mackenzie (2008, p. 518) argues that honoring Mrs. H.'s wish to die would not amount to a genuine respect for her autonomy, as that wish stems from a profound absence of self-trust. Rather, Mackenzie maintains that we have a moral obligation to *promote* Mrs. H.'s autonomy:

> "[This] requires attending, and appropriately responding to, the ways in which her socio-relational status as oppressed and despised wife is relevant to an assessment of the normative authority of her request to cease treatment. In my view, Mrs. H.'s autonomy is compromised, and so acceding to her request – for the reasons she cites and at this point in her treatment – would not in fact be consistent with respecting Mrs. H.'s autonomy. The appropriate response on the part of her medical team is to try to shift Mrs. H.'s perspective on her situation. But this approach need be neither paternalistic nor coercive." (Mackenzie, 2008, p. 518-519)

I draw attention to this example because it resonates with Shepperd and Dalderop's (2025) argument that we must, at times, move beyond a simple "yes" or "no" on an informed consent form and instead attend to the social circumstances that shape such responses. Furthermore, the concept of *relational autonomy* helps us to see that this shift does not amount to a paternalistic act of "taking care of" others, but rather expresses a genuine concern for their self-determination.

More recently, in the context of sexual consent, scholars have argued that self-determination should not be reduced to a simple, documented "yes" that subsequently renders everything "alright." Instead, it should be understood as a conversation – an ongoing, diachronic process between equals (Garcia, 2022). Garcia, much like Shepperd and Dalderop (2025), emphasizes the importance of *attentiveness* in this regard.

I do not wish to suggest that these examples from medical and sexual ethics are perfectly analogous to cases in research ethics. Nevertheless, the recent reconceptualizations of *autonomy* and *informed consent* emerging from these fields are, I believe, highly relevant to research ethics more broadly. However valuable current institutional practices may be, we must recognize that they often obscure the complexity inherent in ethical decision-making when viewed solely through a legal–institutional lens.

Shepperd and Dalderop (2025) explicitly adopt a care-ethical framework to address the issues they identify. In the philosophical literature, there has been a long-standing – and at times rather tiresome – debate concerning the relationship between care ethics and virtue ethics (Benner, 1997; Thomas, 2011; Sander-Staudt, 2006). The revival of virtue ethics preceded the development of care ethics by Gilligan (1982) and Held (2006), yet both movements arose from a shared dissatisfaction with the dominant moral theories of the time: utilitarianism and (Kantian) deontology. These earlier paradigms remain influential today, particularly within ethical review procedures, where the focus continues to rest on wellbeing (as captured in harm–benefit analyses) and autonomy – the two central concepts of those theories.

Whether care ethics can be subsumed under virtue ethics or should instead be regarded as an independent alternative need not concern us here (Biokafi & Fazeli, 2023). What matters is that virtue ethics offers a response to the familiar charge that care ethics is "empty." Shepperd and Dalderop (2025) rightly emphasize the importance of *attentiveness*, yet the notion remains somewhat indeterminate: attentive to what, precisely – and under what circumstances? Can one be *too* attentive, or insufficiently so? From the perspective of virtue ethics, the answer to the question "What should we do?" is always mediated by the virtuous agent. We should act as the virtuous person – here, the virtuous researcher – would act. Ethics, on this view, is a practical discipline; it involves *practical knowledge* or *knowing how*, rather than *knowing that*. Just as we can recognize the brilliance of a skilled musician or soccer player, so too can we discern the virtuous conduct of a good researcher.

This insight, drawn from virtue ethics, supports Shepperd and Dalderop's (2025) emphasis on how care-ethical concerns should be implemented in research practice. Young researchers and students must habituate themselves to the norms and subtleties of research through guided experience, learning from exemplars – more senior researchers who have accumulated practical *savoir-faire* over time. This is necessary because "good research" cannot be fully captured in a checklist, flowchart, or formal protocol. It follows that if a care-ethical framework is indeed the way forward – as the authors suggest – that practical education and mentorship are the only means by which it can gain a lasting institutional foothold.

This brings me to a final point. Shepperd and Dalderop (2025) raise important concerns regarding the current functioning of ethical review committees, and I agree with their assessment. The LESLLA cases they discuss vividly illustrate the limitations and shortcomings of existing procedures. At the same time, it is important to recognize that these committees operate under increasing pressure. A growing awareness of the ethical dimensions of research has contributed to a substantial rise in their workload, while international regulations, such as the GDPR, have further intensified demands for oversight and scrutiny.

This increased workload can be seen as an encouraging indication that ethical considerations are being taken seriously within academia. However, it would be mistaken to regard these institutional bodies as the sole bearers of ethical responsibility – as if ethics were merely a "box to be checked," something that happens "elsewhere" or by "others." To accommodate the complexity of moral judgment and the need for flexibility, as Shepperd and Dalderop (2025) convincingly argue, researchers themselves must be prepared to assume responsibility when such flexibility is exercised. While there may be valid reasons to deviate from standard procedures, the ethical burden should remain with those conducting the research. In practice, this approach could relieve Ethics Committees of the pressure to "err on the safe side" by rigidly adhering to formal procedures, while simultaneously extending trust and responsibility to researchers.

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