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Frontiers of Care

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree
in Political Science

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– Abstract –

Care ethics is a feminist normative theory that emphasizes the moral significance of our relational interdependency in the provision and receipt of care. On this view, ethical action is situated and evaluated as it emerges through caring relations. However, an oft-cited criticism of care ethics is that its normative frontiers cannot be extended to the wider concerns of justice that lie beyond our relational limits. In this dissertation, I outline and defend an interpretation of care ethics that shows how the values of care identified within our personal relations can be abstracted to show that we *do* have certain obligations not only to our contemporaries (near *and* far) but also to non-contemporaries – namely, future generations. In doing so, I develop outlines for conceiving care ethics as a cosmopolitan theory of distributive justice via an interest theory of human rights, and as a sufficientarian theory of intergenerational justice.

Key words:

Care ethics, feminist philosophy, future generations, human rights, partiality.

– Acknowledgements –

The ideas found in various chapters of this dissertation appear elsewhere: Chapters One and Two form “Values in Good Caring Relations” (*Feminist Philosophy Quarterly*); Chapter Three forms “Justifying Partiality in Care Ethics” (*Res Publica*); Chapter Four forms “A Care Ethical Justification for an Interest Theory of Human Rights (*Critical Review of International and Social Political Philosophy*); and Chapter Five forms “Care Ethics and Obligations to Future Generations” (*Hypatia*).

I owe primary thanks to my supervisors, Professors Richard Vernon and Charles Jones. Without their unremitting encouragement and engagement with my work, this dissertation would never have been completed. I cannot begin to express just how much their help has meant to me.

Perhaps the most important outcome of taking this degree has been the friendships I have been fortunate enough to have made, and the love that I have found. Caleb Althorpe, Tyler Girard (and Maia), Jane Kovarikova, Mike Nantau, and Jeremy Roberts have particularly been a source of support. It was also during my degree that I met my partner Elise Brown, whose fierce intelligence and wit pushed me to clarify important issues in care ethics (I am still yet to convince her!). I am half the scholar without her and could not be more grateful for her love and unceasing motivation.

I am also thankful to the various funding bodies that have financed my studies: the Government of Ontario, the F. M. Barnard Scholarship Trust, and Western’s Graduate Research Scholarship.

Last, the love I have received from my family and friends during this degree has been a constant source of light and inspiration. It is no surprise that these relationships fuel any value I attach to the importance of caring relations.

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– Introduction –

We find ourselves situated in a set of nested interdependencies of care.¹ At various points in our lives, we will be dependent on others for care as others will be dependent on us – often at the same time. This interdependency is therefore complex: caring relations are not merely realized between a carer and a cared-for, but through all parties involved meeting the needs and interests of each other in various ways.² Such care is a central part of any good life and society; it is “the work we will do that creates the relationships, families, and communities within which our lives are made pleasurable and connected to something larger than ourselves.”³ A significant part of what makes our lives go better or worse, then, depends on how the interdependent relations of care that we are embedded in, and their surrounding institutional context, are structured. As Virginia Held puts it, “prospects for human progress and flourishing hinge fundamentally on the care that those needing it receive.”⁴ Interdependent relations of care thereby generate an important normative concern: how ought such relations and their surrounding institutional context be structured to best enable individuals to survive and flourish?

This question lies at the heart of care ethics, a feminist normative theory that emphasizes the moral significance of our relational interdependency in the provision and receipt of care. Care ethics begins by examining the moral salience of attending to the needs of our particular others, whose claims to care are compelling to us. The practices, attitudes, and values identified

¹ Eva Feder Kittay, “Dependency, Equality, and Welfare,” *Feminist Studies* 24, no. 1 (1998): 37.

² Jonathan Herring, “Compassion, Ethics of Care and Legal Rights,” *International Journal of Law in Context* 13, no. 2 (2017): 160. This point on the complexity of interdependency is recent: it moves beyond early care theorists’ initial framing of caring relations as a dichotomy between carer and cared-for. For an example of this initial framing, see: Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1984). I discuss this issue further in Chapter One.

³ Robin West, “The Right to Care,” in *The Subject of Care: Feminist Perspectives on Dependency*, ed. Eva Feder Kittay (Lanham: Rowman and Littlefield, 2002), 89.

⁴ Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford: Oxford University Press, 2006), 10.

as central to the success of our personal caring relations are then abstracted to construct a surrounding normative framework that informs how political and global institutions ought to be structured to best support such relations. Daniel Engster summarizes this method: care ethics “starts at home, so to speak, by considering the requirements of good personal care and builds out a moral and political theory to support these requirements.”⁵ In this vein, care ethics is a relational ethic: care theorists situate and evaluate ethical action as it emerges through our interdependent relations of care.⁶

It might be tempting here to label care ethics as a theory of distributive justice, with the concerns of care at its heart. After all, if distributive justice is concerned with “the proper distribution of benefits and burdens among persons,”⁷ it would be wrong to say that care ethics has nothing to say on this matter. Care theorists are interested in investigating what a just set of institutions would look like such that benefits and burdens are distributed to best enable good caring relations to flourish. As Eva Feder Kittay writes, the “task for care theorists who want to take the guiding values, virtues, modes of ethical deliberation, and so on, into the public domain is to build a theory of justice for political institutions.”⁸ Kittay thus titles her recent work “a theory of justice as fair terms of social life given our inevitable dependency and our inextricable interdependency.”⁹ Engster also describes his care ethic as “a theory of justice based upon the practice of caring.”¹⁰ And Michael Slote argues for a theory of justice derived through a virtue-based account of caring.¹¹

⁵ Daniel Engster, *Justice, Care, and the Welfare State* (Oxford: Oxford University Press, 2015), 21. Cf. Nel Noddings, *Starting at Home: Caring and Social Policy* (Berkeley: University of California Press, 2002).

⁶ Maurice Hamington, “Care as Personal, Political, and Performative,” in *Moral Boundaries Redrawn: The Significance of Joan Tronto’s Argument for Political Theory, Professional Ethics, and Care as Practice*, ed. Gert Olthuis, Helen Kohlen, and Jorma Heier (Leuven: Peeters, 2014), 198.

⁷ Charles Jones, *Global Justice: Defending Cosmopolitanism* (Oxford: Oxford University Press, 1999), 3.

⁸ Eva Feder Kittay, “A Theory of Justice as Fair Terms of Social Life Given Our Inevitable Dependency and Our Inextricable Interdependency,” in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 53.

⁹ *Ibid.*, 51.

¹⁰ Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford: Oxford University Press, 2007), 4.

¹¹ Michael Slote, *The Ethics of Care and Empathy* (New York: Routledge, 2007).

However, other care theorists deny that care ethics should be labelled this way. This is because conceptualizing care ethics as a theory of justice departs from its initial *raison d'être*. As first outlined by Carol Gilligan and Nel Noddings in the early 1980s, care ethics was defined as a contrasting moral voice to theories of justice.¹² Whereas justice appealed “to rational and universalizable moral principles, applied impartially,”¹³ care ethics aimed to articulate “a mode of thinking that is contextual and narrative.”¹⁴ As Gilligan put it, care and justice are “two moral perspectives that organize thinking in different ways.”¹⁵ Some contemporary care theorists maintain this juxtaposition. Held writes that, “from the perspective of justice one looks for universal rules to apply impartially,”¹⁶ whereas the perspective of care “focuses on the particular characteristics of the unique person in one’s care.”¹⁷ Fiona Robinson similarly distinguishes justice as a framework of “universal rules or principles,” and care ethics as a morality concerned with “responsibilities to particular others.”¹⁸ There are, then, internal inconsistencies with how care ethics ought to be interpreted against theories of justice – or, as Tove Pettersen more accurately puts it, interpreted against the “traditional [Western] moral point of view – the view that universalizability, impartiality, and impersonality are the formal criteria for what counts as moral” within *liberal* conceptions of justice.¹⁹

Alongside these internal disagreements, care theorists have also had to contend with various external criticisms. In the early 1990s, Tom Regan and Brian Barry criticized care ethics for not making clear how it could extend its normative frontiers from beyond our relation limits

¹² See especially: Carol Gilligan, *In a Different Voice* (Cambridge: Harvard University Press, 1982); Nel Noddings, *Caring*; and Carol Gilligan, “Moral Orientation and Moral Development,” in *Women and Moral Theory*, ed. Eva Feder Kittay and Diane T. Meyers (Totowa: Rowman and Littlefield, 1987), 19–33.

¹³ Alison Jaggar, “Caring as a Feminist Practice of Moral Reason,” in *Justice and Care*, ed. Virginia Held (Boulder: Westview Press, 1995), 180.

¹⁴ Gilligan, *In a Different Voice*, 19.

¹⁵ Gilligan, “Moral Orientation and Moral Development,” 20.

¹⁶ Virginia Held, “Care and Justice, Still,” in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 21.

¹⁷ *Ibid.*, 20.

¹⁸ Fiona Robinson, *The Ethics of Care: A Feminist Approach to Human Security* (Philadelphia: Temple University Press, 2011), 4.

¹⁹ Tove Pettersen, *Comprehending Care* (Lanham: Lexington Books, 2008), 67.

to the wider concerns of justice. As Regan asked, if the concerns of morality first emerge through personal relations of care, “What are the resources within the ethic of care that can move people to consider the ethics of their dealings with individuals who stand outside the existing circle or their valued interpersonal relationships?”²⁰ Barry thus argued that, unless care theorists can answer this question, care ethics risked being able to only justify narrow familial or group morality.²¹

Despite the work care theorists have since done to show care ethics does have the conceptual resources to engage with the wider concerns of justice,²² some recent authors remain unconvinced. Robert Garner writes that, “if we adopt a theory that grounds moral duties, in this case of care, in the relationships we forge, it is difficult to see how moral duties can be applied to those with whom we do not forge a relationship.”²³ Moreover, even if this problem could be overcome, Susan Mendus states that, “it is not clear that the care which arises in individual, face-to-face relationships can (psychologically) be extended to unknown others, or to humanity as a whole.”²⁴

In this dissertation, I address these internal and external problems care theorists face. I offer an interpretation of care ethics that shows how the values of care identified within our personal relations can be abstracted to show that we *do* have certain obligations not only to our contemporaries (near *and* far) but also to non-contemporaries – namely, future generations. As such, my primary purpose is to demonstrate that the normative frontiers of care ethics can be legitimately stretched beyond what its critics claim, and to do so in novel ways that have yet to

²⁰ Tom Regan, *The Generation: Reflections on the Coming Revolution* (Philadelphia: Temple University Press, 1991), 95.

²¹ Brian Barry, *Justice as Impartiality* (Oxford: Oxford University Press, 1995), 252–255.

²² For an influential work in this regard, see: Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethics of Care* (New York: Routledge, 1993).

²³ Robert Garner, *A Theory of Justice for Animals: Animal Rights in a Nonideal World* (Oxford: Oxford University Press, 2013), 55.

²⁴ Susan Mendus, “Care and Human Rights: A Reply to Virginia Held,” in *Philosophical Foundations of Human Rights*, ed. Rowan Cruft, Liao S. Matthew, and Renzo Massim (Oxford: Oxford University Press, 2015), 651.

be explored within the care literature (detailed in the chapter outlines below). Along the way, my secondary purpose will be to recommend that it does not necessarily matter if care ethics is labelled as a theory of justice (a theory that finds its justification grounded in the values of care, derived through good caring relations at the personal level). To best encourage and maintain good caring relations is to be inevitably concerned with how these relations' surrounding institutional context is structured, and thereby what a just distribution of benefits and burdens should look like. It is hard to envision care ethics as anything other than a theory of justice from this perspective. If I am right, it would be more accurate moving forward to analyze the so-called *justice/care debate* in terms of how care ethics (as a type of justice theory) contrasts with, and is preferable to, other theories of justice in certain contexts, especially with regards to liberal theories of justice (care theorists' primary interlocutor). Though I do not develop a full theory of justice derived through care ethics in this dissertation, I will give suggestions, circumstances, and avenues for where care theorists could do so. I especially pursue care ethics as a cosmopolitan and intergenerational theory of distributive justice in Chapters Four and Five, respectively.

The outline of this dissertation is as follows. Chapters One and Two make sense of care ethics' emphasis on the moral significance of our relational interdependency in the provision and receipt of care. Chapter One first clarifies the concept of *relational interdependency*, before beginning an outline and defence of a specific interpretation of *care*: Held's interpretation of care as both a practice and a value. Whereas Chapter Two will examine care as a value, Chapter One examines care as a practice. After an analysis of what early interpretations of care as a practice were offered during care ethics' formulation (particularly by Gilligan and Noddings), Chapter One explores how contemporary interpretations have since improved upon, and ultimately superseded, them. Of these contemporary interpretations, I defend Held's as a persuasive middle

ground between broader notions of care (as offered by Berenice Fisher and Joan C. Tronto together) and narrower notions of care (as offered by Diemut Bubeck and Engster separately).

Chapter Two then examines care as a value. I first classify what a caring value is, before providing an analysis of what specific caring values fulfil normative criteria for evaluating the moral worth of relations. Of fourteen potential values identified across the care literature, I argue that only four are genuine caring values – the other ten are either subsumed into the four genuine caring values, or are rejected as values altogether. The four values I conclude are: attentiveness, mutual concern, responsiveness, and trustworthiness. These values form the normative criteria that guide good caring relations, which in turn generates a normative baseline that applies to all relations: to avoid and prevent relations that are dominating, exploitative, hostile, mistrustful, and negligent.

These four values and the normative baseline are fundamental in my argument for demonstrating how care ethics' normative frontiers are extended. Chapter Three begins this task by examining care ethics' central focus on the moral salience of attending to the needs of our particular others. Specifically, how do care theorists justify such partiality, and is such a justification consistent with the wider concerns of justice? I identify two major, but contrasting, justifications for partiality presently in the care literature. The first grounds partiality in the facts and values of the relation itself. The second is a distributive argument that takes the form of a modified version of Robert Goodin's assigned responsibility model of moral obligation; this argument states that partiality is justified insofar as it enables efficient distribution of general duties to care. I argue that the first of these two justifications is preferable, but in a specific way: partiality is justified when grounded in the values of care that are exemplified in good caring relations, consistent with the normative baseline. Above this baseline, the stronger caring values

are exemplified in a good caring relation, the stronger the reasons individuals in that relation have to prioritize attending to each other vis-à-vis upholding such values. Given caring values manifest most strongly in good caring relations with our particular others, we have stronger reasons to prioritize attending to those relations.

Chapter Four develops the normative baseline in the context of global justice. I argue in favour of care ethics as a cosmopolitan theory of distributive justice through outlining a novel care ethical justification for an interest theory of human rights. This interest theory of human rights is justified insofar as it ensures the conditions for maintaining the moral minimum that the normative baseline sets. It follows that the demands of global justice include various positive actions that aim toward ensuring the conditions for good caring relations to flourish, which in turn protect and promote the vital interests of all persons. The rationale for pursuing this particular conception of care ethics as a cosmopolitan theory is to concurrently advance the sparse work on human rights currently within the care literature.

Chapter Five argues that care ethics also has the conceptual resources to show that we have obligations beyond contemporaries – namely, to future generations. Although the care literature has been largely silent on intergenerational ethics, I begin filling that gap by offering the blueprints for what a future care ethic should look like as an intergenerational theory of justice. The main questions I respond to are: Is it possible to have interdependent relations of care with non-existent future persons? If so, what obligations are generated through such relations? I answer that contemporaries can have *imaginal* relations with future generations that are normatively *real enough* to generate a sufficientarian threshold of care. In other words, as a demand of intergenerational justice, contemporaries ought to ensure the conditions needed to sustain and encourage a world that allows good caring relations to flourish.

In this dissertation, I do not devote a chapter to care theorists' contributions toward a political care ethic, an ethic that focuses on the structure of institutions at the national level. This is because much of the care literature since the mid-1990s has focused on deriving a political care ethic. I have instead sought to focus on other topics less discussed in this literature – namely, on international institutions (such as human rights) and intergenerational issues of distributive justice. In doing so, I aim to more readily advance the care literature.

Moreover, though I stop my argument at intergenerational ethics, I do not say that care ethics' normative frontiers cannot be further extended. The conceptual resources and foundations outlined in this dissertation may also be applied to non-human animals and perhaps even the broader environment. The possibility of an environmental care ethic has not been explored in sustained detail; I hope this dissertation forms a springboard to begin exploring that possibility.

A final comment on the title of this dissertation. *Frontiers of Care* was suggested by Charles Jones, and owes inspiration to Martha Nussbaum's *Frontiers of Justice*. In that work, Nussbaum examines how far John Rawls' theory of justice could be extended to deal with issues of disability, nationality, and non-human animals.²⁵ Nussbaum's project reflects my aim in this dissertation: to examine how far care ethics' framework can be extended to show what obligations we have to each other (near and far) and to future generations.

²⁵ Martha Nussbaum, *Frontiers of Justice* (Cambridge: Harvard University Press, 2006).

Chapter One

— Care —

Care ethics emphasizes the moral significance of our relational interdependency in the provision and receipt of care. To make sense of this emphasis, two concepts need clarifying: *relational interdependency* and *care*. In this chapter, I first elucidate how care theorists understand relational interdependency. I then begin an outline and defence of a specific interpretation of care: Virginia Held's interpretation of care as both a practice and a value.¹ For Held, caring, as a practical activity, has intertwined values that offer normative criteria for evaluating the moral worth of our relations.² This allows for an *ethics* of care rather than mere naturalized care. Held argues that these values (once identified) can be abstracted and extended to evaluate all relations beyond the personal, offering not just a political argument of care but a cosmopolitan account too.³ Whereas Chapter Two examines care as a value, this chapter examines care as a practice. (Henceforth in this chapter, *care* refers to *care as a practice* unless otherwise stated.) After an analysis of what early interpretations of care were offered during care ethics' formulation (particularly by Carol Gilligan and Nel Noddings), I explore how contemporary interpretations have since improved upon, and ultimately superseded, them. Of these contemporary interpretations, I defend Held's as a persuasive middle ground between broader notions of care (as offered by Berenice Fisher and Joan C. Tronto together) and narrower notions of care (as offered by Diemut Bubeck and Daniel Engster separately).

¹ Of particular focus is Virginia Held's interpretation in: *The Ethics of Care: Personal, Political, and Global* (Oxford: Oxford University Press, 2006).

² Held also calls these values "moral considerations associated with care." Ibid., 158.

³ Ibid., 42.

1. Clarifying Relational Interdependency

In this section, I offer a working definition of the concept *relational interdependency*. This is only a working definition because I expand upon this concept in Chapters Four (on global interdependent relations of care) and Five (on intergenerational interdependent relations of care).

An appropriate starting point is understanding how care theorists conceptualize the self. Care theorists conceptualize persons as relational beings: we are “always embedded in relations with flesh-and-blood others and [are] partly constituted by these relations.”⁴ On this view, relations at base take the shape of metaphysical threads that link persons together, binding us to various social contexts.⁵ Relations form through various factors: proximity; awareness of the other; or a mode or mechanism that connects persons over distance (such as communication technology). Furthermore, relations are not ontologically distinct from the persons they tie to. Our subjective experiences and temperaments, cultivated through our development and associations with others, reciprocally entwine into a composite narrative of the self.⁶ Relations are mutually constitutive with our identity, each person uniquely coloured through an intermix of “race, class, gender, ethnicity, and ties of family and community.”⁷ Relations do not just tie us together: they weave into our very being.

⁴ Jean Keller, “Autonomy, Relationality, and Feminist Ethics,” *Hypatia* 12, no. 2 (1997): 152. The idea of the “relational self” is shared with communitarian political theory. However, there are important differences between communitarianism and feminist philosophy (and care ethics specifically). For a discussion of these differences, see: Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford: Oxford University Press, 2007), pp. 10–11; and Fiona Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations* (Boulder: Westview Press, 1999), 71–76.

⁵ See, for example: Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1984), 3; Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993), 101; Eva Feder Kittay, “Human Dependency and Rawlsian Equality,” in *Feminists Rethink the Self*, ed. Diana T. Meyers (Boulder: Westview Press, 1997), 234; Fiona Robinson, *Globalizing Care*, 39; and Engster, *The Heart of Justice*, 1.

⁶ See, for example: Marilyn Friedman, “Autonomy, Social Disruption, and Women,” in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, ed. Catriona Mackenzie and Natalie Stoljar (Oxford: Oxford University Press, 2000), 40–41; and Diana T. Meyers, “Narrative and Moral Life,” in *Setting the Moral Compass: Essays by Women Philosophers*, ed. Cheshire Calhoun (Oxford: Oxford University Press, 2004), 299.

⁷ Held, *The Ethics of Care*, 48.

This may give the impression that we, as individuals, are passive products of relational connections and circumstance (especially with relations we do not choose) and thereby lack the autonomy to be active moral agents in the shaping of our environment.⁸ However, just as the self is relational, our autonomy is also relational. Diana T. Meyers writes that the autonomous person will have a “repertory of skills through which self-discovery, self-definition, and self-direction are achieved.”⁹ Yet, as Meyers continues, persons should not be conceived as independent beings that can reach full autonomy by themselves. It is the multitude of relations that we are embedded in that enables (or hinders) our autonomy to be enriched at all – through our learning, engagement, and experience with others.¹⁰ Our relations provide meaning and guidance for critically reflecting upon our lives’ present state, our lives’ future directions, and the ways our lives are bound up with others. Held puts it this way: “we are both enmeshed in and capable of shaping such relations.”¹¹ Care theorists thus emphasize two important normative features of humans in their complex entanglement: that we are self-determining but vulnerable beings. These features will be explored further in Chapter Two, particularly with regards to responsiveness as a value.

An upshot of Meyer’s view is that the capacity for shaping our relations is not symmetrical between all persons. Depending on circumstance and capability, some persons will have more power over others in establishing how such relations are shaped. For care theorists, this point is significant with regards to a person’s capacity to provide and receive care. At the heart of care ethics is the recognition that persons are dependent throughout their lives, through

⁸ This criticism can be found in: Jean Keller, “Autonomy, Relationality, and Feminist Ethics.”

⁹ Diana T. Meyers, “Intersectionality Identity and the Authentic Self: Opposites Attract!” in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, ed. Catriona Mackenzie and Natalie Stoljar (Oxford: Oxford University Press, 2000), 174.

¹⁰ Ibid. See also: Diana T. Meyers, *Self, Society, and Personal Choice* (New York: Columbia University Press, 1989); and Susan J. Brison, “Relational Autonomy and Freedom of Expression,” in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, ed. Catriona Mackenzie and Natalie Stoljar (Oxford: Oxford University Press, 2000), 283.

¹¹ Held, *The Ethics of Care*, 48.

infancy, illness, and old age. We are both dependent on others for care as others will be dependent on us. We are interdependent beings who both give and receive care to survive and flourish within the nested interdependencies that we are situated.¹² In our interdependence of providing and receiving care, we become inherently tied to relational asymmetries of power; some persons will have more control over how the relational threads that tie them to other persons are constituted. The condition of dependency leaves the cared-for vulnerable to the influence and authority of those impacting upon their wellbeing. Sometimes relations will remain permanently asymmetrical, given that persons with mental or physical impairments may require ongoing care. Such asymmetry is not intrinsically a bad thing; without a parent's guidance, an infant would quickly perish. However, asymmetrical relations still require moral evaluation to ensure good care is given.

It is here that care theorists make their fundamental normative claim, centred on our relational interdependence: while we all need care, this by itself is not enough – we need an *ethics* of care, one that continually presses for the moral evaluation of care provision and receipt to avoid and prevent asymmetrical relations becoming “dominating, exploitative, hostile, mistrustful, or negligent.”¹³ In turn, this normative claim guides us toward identifying what moral values are intertwined in the activity of good caring and what responsibilities emerge (individually and collectively) through these values to ensure our needs are appropriately understood, respected, and allowed to flourish.¹⁴ So central is this normative claim, Stephanie

¹² On this point, see: Eva Feder Kittay, *Love's Labor: Essays on Women, Equality and Dependency* (New York: Routledge, 1999).

¹³ Held, *The Ethics of Care*, 37.

¹⁴ See, for example: Grace Clement, *Care, Autonomy, and Justice: Feminism and the Ethics of Care* (Boulder: Westview Press, 1996); Kittay, *Love's Labor*; Engster, *The Heart of Justice*; Maxine Eichner, “The Supportive State: Government, Dependency, and Responsibility for Caretaking,” in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 87–107; and Eva Feder Kittay, “A Theory of Justice as Fair Terms of Social Life Given Our Inevitable Dependency and Our Inextricable Interdependency,” in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 51–71.

Collins has argued that care ethics' slogan ought to be: "Dependency relationships generate responsibilities."¹⁵

An important qualifier of this normative claim is care theorists' emphasis on partiality, recognizing the "moral salience of attending to and meeting the needs of the particular others for whom we take responsibility."¹⁶ In providing good care, personal relations may call for special goods that could only be provided by the particular persons in those relations – persons not interchangeable with other persons outside of those relations. For instance, a genuine scenario of a child being lovingly cared for by their parents cannot be sufficiently replicated "by the natural world, by machines, or by mass distributors of goods and services"¹⁷ – or, indeed, by any other person. This indicates that some interdependent relations of care may generate special kinds of responsibilities to care for particular others that take priority over other responsibilities we may have to others. I pursue this idea in Chapter Three.

For care theorists, then, relations are the primary unit of moral analysis in their normative framework. This is not to say that care theorists pay no attention to individuals' dispositions or virtues. It is necessary for individuals to develop certain traits to allow caring relations to flourish, including being attentive and responsive to others.¹⁸ However, focusing only on an individual's traits does not fully capture what the care theorist thinks is normatively at stake with our relations. Chapter Two explores this discussion in further detail, but an initial example can be given here. Consider Nancy Potter's conceptualization of trustworthiness as a virtue. For Potter, the trustworthy person is "one who can be counted on, as a matter of the sort of person he or she is, to take care of those things that others entrust to one and [...] whose ways of caring are

¹⁵ Stephanie Collins, *The Core of Care Ethics* (Basingstoke: Palgrave Macmillan, 2015), 169.

¹⁶ Held, *The Ethics of Care*, 10.

¹⁷ Anca Gheaus, "How Much of What Matters Can We Redistribute? Love, Justice, Luck," *Hypatia* 24, no. 4 (2009): 64.

¹⁸ See: Held, *The Ethics of Care*, Ch. 3; and Michael Slote, *The Ethics of Care and Empathy* (New York: Routledge, 2007).

neither excessive nor deficient.”¹⁹ The issue with Potter’s view is this: without a relational context, we would not know that being trustworthy is a good trait to develop. Trustworthiness as a *value*, in guiding individuals toward successful caring practices, is only revealed through the relational context in which such care is given or received. In this respect, care ethics contrasts with virtue ethics: the former focuses on the values exemplified in good caring relations, while the latter focuses on perfecting individuals’ traits and dispositions.

To summarize: relational interdependency refers to the recognition that we are relational beings who are dependent on others for care as others will be dependent on us.

2. Early Interpretations of Care

The concept of *care* is broad. This has caused internal disagreements within the care literature about how to properly interpret it. Before I outline and defend my preferred interpretation of care, this section traces and examines the historical context of how care was first interpreted during care ethics’ formulation.

Care ethics’ explicit inception is found in Gilligan’s *In a Different Voice*,²⁰ though work done two years earlier by Sara Ruddick shared similar themes.²¹ In *In a Different Voice*, Gilligan sought to critique emerging moral psychological development theories whose understanding of moral maturity aligned with what Gilligan labelled an *ethic of justice* – an idea of morality as fairness, which “ties moral development to the understanding of rights and rules.”²² Specifically, Gilligan focused on Lawrence Kohlberg’s research. Kohlberg had argued that since women were

¹⁹ Nancy Potter, *How Can I be Trusted? A Virtue Theory of Trustworthiness* (Lanham: Rowman and Littlefield, 2002), 16.

²⁰ Carol Gilligan, *In a Different Voice* (Cambridge: Harvard University Press, 1982).

²¹ Sara Ruddick, “Maternal Thinking,” *Feminist Studies* 6 (1980): 342–367.

²² Gilligan, *In A Different Voice*, 19.

mostly unable to progress to the final stage of his six-stage moral development theory compared to men, women were generally inferior with regards to cognitive and moral cultivation. The highest stage of moral maturity was considered by Kohlberg to be a Rawlsian liberal understanding of justice; the stage that most women could not progress past was stage three, which encompassed the idea of maintaining social cohesion and strong personal relationships.²³

Gilligan, from her own studies on how participants morally deliberated about abortion, concluded that this ethic of justice should not represent the full scope of moral maturity. Instead, Gilligan argued that women “impose a distinctive construction on moral problems,” one that presents an entirely different, alternative source of normative concern – not simply a mode of moral deliberation that emerges along the way toward full moral maturity.²⁴ Gilligan continued that moral problems arise for women from “conflicting responsibilities rather than from competing rights”; as such, appropriately addressing these moral problems required “a mode of thinking that is contextual and narrative rather than formal and abstract.”²⁵ Gilligan concluded that this other source of normative concern, one that took its roots in the unique experiences of women, was an *ethic of care*: “an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection so that no one is left alone.”²⁶ Ultimately, the “logic underlying an ethic of care is a psychological logic of relationships, which contrasts with the formal logic of fairness that informs the justice approach.”²⁷ Kohlberg’s model was thus androcentric for demarcating this “different” moral voice (women’s “care for and sensitivity to the needs of others”) as what marks women deficient in moral development.²⁸

²³ Lawrence Kohlberg, “The Claim to Moral Adequacy of a Highest Stage of Moral Judgment,” *Journal of Philosophy* 70 (1973): 630–646.

²⁴ Gilligan, *In A Different Voice*, 105.

²⁵ *Ibid.*, 19.

²⁶ *Ibid.*, 62.

²⁷ *Ibid.*, 73.

²⁸ *Ibid.*, 18.

Following Gilligan, the concepts of particularism and context became inherent to the formulation of care ethics, in contrast to the abstract, universal understanding of morality found in the justice perspective.

However, I note a qualifier here. Though other authors also agreed that Kohlberg's model was flawed, their criticisms did not follow Gilligan's reasoning. Instead, these other criticisms centred on Kohlberg's misunderstanding of Rawlsian liberalism. Specifically, as Brian Barry writes, Kohlberg misinterpreted how Rawls understood the concept of impartiality: "Rawlsian impartiality operates at the second-order level and gives rise to institutions that prescribe specific obligations to people as citizens of a particular country, members of a particular family, and so on."²⁹ Rather than interpret impartiality at the second-order level (for instance, "everyone should care for their particular others"), Kohlberg interpreted impartiality at the first-order level (for instance, "everyone should equally care for others, regardless of who it is"). No serious theory of justice defends impartiality at the first-order level; as Susan Mendus writes, "any moral theory which delivers the conclusion that it is reprehensible to prefer one's friends and family over strangers is fatally flawed."³⁰ The question that arises, then, is whether Gilligan developed care ethics in contrast to a misinterpretation of justice, and therefore confused what is really at stake between these two moral voices. Indeed, Gilligan's work did not observe the intricacy of what constitutes various theories of justice.

Tove Pettersen has responded that this issue is not actually that problematic for Gilligan. The point of Gilligan's claim "is not to give a detailed presentation of different theories of justice, but to draw our attention to certain basic and shared structures between them."³¹

²⁹ Brian Barry, *Justice as Impartiality* (Oxford: Oxford University Press, 1995), 235.

³⁰ Susan Mendus, *Impartiality in Moral and Political Philosophy* (Oxford: Oxford University Press, 2002), 50.

³¹ Tove Pettersen, *Comprehending Care* (Lanham: Lexington Books, 2008), 66.

Specifically, Gilligan disputes the dominant Western moral point of view adopted by liberal theories of justice – the view that “universalizability, impartiality, and impersonality are the formal criteria for what counts as moral.”³² Indeed, some contemporary care theorists have argued that even second-order principles of impartiality fail to properly accommodate the moral voice of care (discussed in Chapter Three).³³ So, what are we to think about care and justice? Are they complementary normative frameworks or irreconcilable? Gilligan has implied in other work that care and justice are complementary: “two moral perspectives that organize thinking in different ways.”³⁴ However, Gilligan did not give a sustained defence of this position. This *justice/care debate* will be further explored in later chapters.

Gilligan, as a psychologist, did not provide any initial philosophical foundations for her ethic of care. These foundations were provided two years later by Noddings. Building upon Gilligan’s assertion that care ethics was rooted in the unique experiences of women, Noddings argued that care ethics was a feminine morality: “It is feminine in the deep classical sense – rooted in receptivity, relatedness, and responsiveness.”³⁵ It is here where we find the first key foundation of care ethics: the relational self is “taken as ontologically basic,” in which relations of interdependent care are taken as “ethically basic” – for without care, the self would struggle to survive, let alone flourish.³⁶ Furthermore, good care “requires the engrossment and motivational displacement of the one-caring, and it requires the recognition and spontaneous response of the cared-for.”³⁷ Being aware of the feelings, needs, and desires of those cared-for is central to good caring; however, the carer must also care for themselves too, since without their own sustenance

³² Ibid., 67.

³³ See, for instance: Held, *The Ethics of Care*, 78–80.

³⁴ Carol Gilligan, “Moral Orientation and Moral Development,” in *Women and Moral Theory*, ed. Eva Feder Kittay and Diane T. Meyers (Totowa: Rowman and Littlefield, 1987), 20.

³⁵ Noddings, *Caring*, 2.

³⁶ Ibid., 3.

³⁷ Ibid., 78.

the engagement of caring breaks down.³⁸ In this claim, the experience of the one-caring and the cared-for is understood as universal, given all humans experience engagement with caring as a practice, regardless of how small.

For Noddings, caring is a practice that initially arises naturally. There is nothing intrinsically moral in taking care of one's child: "the impulse to act on behalf of the present other is itself innate. It lies latent in each of us, awaiting gradual development in a succession of caring relations."³⁹ There are times, though, when this natural urge does not arise for a particular other. In those situations, we are obliged to fetch our urge to care "out of recalcitrant slumber when it fails to awake spontaneously. The source of my obligation is the value I place on the relatedness of caring."⁴⁰ Thus, Noddings makes the distinction between ethical care (attending to someone out of an obligation generated through the relatedness of caring) and what ethical care arises from: our practice of natural care. Of course, there is nothing that is really stopping us from rejecting this obligation to care that Noddings identifies. Yet, as Noddings responds, "I enslave myself to a particularly unhappy task when I make this choice. As I chop away at the chains that bind me to loved others, asserting my freedom, I move into a wilderness of strangers and loneliness."⁴¹

Despite Noddings' outline of this obligation to care, this obligation only seems relevant for those persons closest to us. Indeed, perhaps the most interesting result of Noddings' interpretation of caring is the rejection of "the notion of universal caring," which is put into concrete terms like so: "I am not obliged to care for starving children in Africa, because there is no way for this caring to be completed in the other unless I abandon the caring to which I am

³⁸ Ibid., 14–19.

³⁹ Nel Noddings, *Philosophy of Education* (Boulder: Westview Press, 1995), 13.

⁴⁰ Ibid.

⁴¹ Noddings, *Caring*, 51.

obligated.”⁴² Caring-for requires a person-to-person relationship. Though Noddings thinks capable persons ought to extend help to distant others through various international institutions (like charities), these actions fall outside the normative domain of her care ethic: such actions would not count as care per se, but rather as actions that support “the conditions under which [actual face-to-face] caring relations can prosper.”⁴³ While this could be interpreted as “caring-about” others, there lacks the face-to-face “caring-for” that Noddings emphasizes: “Caring-about [is] a poor second-cousin to caring.”⁴⁴

Gilligan’s and Noddings’ interpretations of care inspired the very possibility of there being an *ethics* of care. However, care ethics faced an initial backlash during the 1990s. The Introduction of this dissertation outlined some of this backlash, specifically the criticisms levelled by Barry and Tom Regan. Here, we can expand on the extent of this backlash, homing in on a more poignant criticism care theorists confronted – that from the feminist literature. Of particular concern was Gilligan’s association of women with caring and Noddings’ portrayal of care ethics as a feminine ethic. The worry was that both thinkers inadvertently continued to reinforce patriarchal conditions, making care ethics antithetical to feminism. As Pettersen defines it, “A feminine ethic is one that focuses, expresses and defends virtues and moral ideals that are culturally identified with women. A feminist ethic is an ethic that focuses on suppression and dominance, and often pursues political aims.”⁴⁵ Given women have culturally been identified with the private sphere (at least, in the Western context), care ethics seemed to bolster the idea that women belonged in the home as natural carers.

⁴² Noddings, *Philosophy of Education*, 15.

⁴³ Nel Noddings, “Care Ethics and ‘Caring’ Organizations,” in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 83.

⁴⁴ Noddings, *Caring*, 97.

⁴⁵ Pettersen, *Comprehending Care*, 24.

For instance, Susan Moller Okin argued that, to the extent Gilligan's findings about women's moral development are interpreted to mean that women are less able to be impartial or to universalize in their moral thinking, "they seem not only to misread the data but to reinforce the negative stereotyping of women that has been employed to exclude them from political rights and positions of public authority."⁴⁶ Onora O'Neill similarly wrote, "A stress on caring and relationships to the exclusion of abstract justice may endorse relegation to the nursery and the kitchen, to purdah and to poverty."⁴⁷ And Tronto argued that "a feminine approach to caring bears the burden of accepting traditional gender divisions in a society that devalues what women do."⁴⁸ As such, care ethics risked reinforcing a patriarchal ideology that perceived women as the natural carers of the family, separate from the public, masculine realm of morality, deliberation, and reason.⁴⁹ Gilligan and Noddings were thus accused of an "implicit essentialism" by failing to distinguish between what is naturally feminine and what is "a socially constructed account of gender roles and characteristics."⁵⁰

Gilligan's response to her critics emphasized that the association of justice with men and care with women was not absolute, and was only presented that way "to highlight a distinction between two modes of thought and to focus on a problem of interpretation rather than to represent a generalization about either sex."⁵¹ Indeed, subsequent psychological literature commenting on the parallels between the care and justice frameworks have reached the opposite

⁴⁶ Susan Moller Okin, "Reason and Feeling in Thinking About Justice," *Ethics* 99, no. 2 (1989): 248n36.

⁴⁷ Onora O'Neill, "Justice, Gender, and International Boundaries," in *International Justice and the Third World*, ed. Robin Attfield and Barry Wilkins (London: Routledge, 1992), 55.

⁴⁸ Joan C. Tronto, "Women and Caring: What Can Feminists Learn About Morality from Caring?" in *Justice and Care*, ed. Virginia Held (Boulder: Westview Press, 1995), 112.

⁴⁹ On this point, see: Virginia Held, "Feminist Transformations of Moral Theory," *Philosophy and Phenomenological Research* 50 (1990): 321–344; and Alison Jaggar, "Caring as a Feminist Practice of Moral Reason," in *Justice and Care*, ed. Virginia Held, 179–202 (Boulder: Westview Press, 1995).

⁵⁰ Robinson, *Globalizing Care*, 21.

⁵¹ Carol Gilligan, "Reply to Critics," in *An Ethic of Care: Feminist and Interdisciplinary Perspectives*, ed. Mary Jeanne Larrabee (Cambridge: Harvard University Press, 1993), 209.

conclusion that Kohlberg did.⁵² Moreover, even throughout the history of male-dominated Western philosophy, there are examples of work that anticipate the normative themes found in care ethics. This particularly concerns the sentimentalist moral philosophy developed during the Scottish Enlightenment. Annette Baier has argued David Hume's moral thought is compatible with Gilligan's care ethics,⁵³ and Michael Slote's interpretation of care ethics utilizes the concept *empathy* that was developed by Adam Smith and Francis Hutcheson (though Smith and Hutcheson did not specifically name this concept – the word *empathy* was established 150 years after Smith and Hutcheson).⁵⁴ Given these points, how can care be interpreted as a feminist ethic?

3. Contemporary Interpretations of Care

This section begins an outline and defence of the specific interpretation of care I adopt in this dissertation. Throughout, my emphasis will be on showing how care ought to be interpreted as a feminist ethic, acknowledging the work contemporary care theorists have done to this end. However, of the contemporary interpretations offered, I defend Held's interpretation of care as a persuasive middle ground between broader interpretations of care (as offered by Fisher and Tronto together) and narrower interpretations of care (as offered by Bubeck and Engster separately).

Fisher and Tronto have perhaps offered the most influential broad interpretation of care. Their purpose in doing so was to reinterpret care as a concept that moved beyond personal

⁵² See, for example: S. Jaffee and J.S. Hyde, "Gender Differences in Moral Orientation: A Meta-Analysis," *Psychological Bulletin* 126 (2000): 703–726; and Robert White, "Care and Justice," *Ethical Perspectives* 16 (2009): 459–483.

⁵³ Annette Baier, "Hume's Account of Social Artifice – Its Origin and Originality," *Ethics* 98, no. 4 (1987): 757–778.

⁵⁴ Michael Slote, *The Ethics of Care and Empathy* (New York: Routledge, 2007).

relations and into a basis for a political theory. Their important move was this: for care to be successfully implemented at the personal level, there must be an analysis of how our social and political institutions prioritize the distribution of certain resources – through healthcare, education, social welfare, and so on. Indeed, as Marilyn Friedman wrote, part of the problem with Noddings’ care ethic was that it treated “relationships too individualistically [by] abstracting from the wider context of governmental, economic and familial institutions and practices of which they are a part.”⁵⁵ By acknowledging the embeddedness of caring relations within broader social relations, understanding issues of care at the personal level inevitably spills into the political realm and blurs the lines between the public and private spheres. Fisher and Tronto thus sought an interpretation of care that revealed this public/private binary largely for what it was: a false dichotomy.⁵⁶

Fisher and Tronto’s interpretation of care is this: “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible.”⁵⁷ An advantage of Fisher and Tronto’s interpretation is that it eschews a dualistic understanding of care. If care ethics is to apply to the political realm, care must not be understood as merely referring to a personal relation (especially the archetypical view of mother and child). By defining care broadly as the continual processes of work committed by a wide-range of society to maintain, continue, and repair the world (nurses, teachers, social workers, and so on), care ethics is in a better position to critically evaluate the surrounding social and political institutions that impact how successful this labour is.

⁵⁵ Marilyn Friedman, *What Are Friends For? Feminist Perspectives on Personal Relationships and Moral Theory* (Ithaca: Cornell University Press, 1993), 154.

⁵⁶ I emphasize *largely* to reflect the branch of feminist literature that has sought to retain some meaningful understanding of privacy that is not political. See, for example: Nira Yuval-Davis, “Women, Citizenship and Difference,” *Feminist Review* 57, no. 1 (1997): 4–27; and Anita Allen, *Why Privacy isn’t Everything: Feminist Reflections on Personal Accountability* (Lanham: Rowman and Littlefield, 2003).

⁵⁷ Berenice Fisher and Joan C. Tronto, “Toward a Feminist Theory of Care,” in *Circles of Care: Work and Identity in Women’s Lives*, ed. Emily Abel and Margaret Nelson (Albany: State University of New York Press, 1990), 40.

However, a common criticism of Fisher and Tronto's interpretation is that it is *too* broad to guide care ethics' framework. Both Engster⁵⁸ and Held⁵⁹ have argued that almost too much of society's labourious aspects are included in this interpretation. For if much of our daily life consists in maintaining, continuing, and repairing the world, caring becomes indistinguishable from any given kind of practice. Held specifically argues that almost any amount of economic activity could be included in this interpretation, such as "retail sales, house construction, and commercial cleaning."⁶⁰ Consequently, the distinctive normative features of caring could be lost.

Though this criticism has been influential,⁶¹ more could be said to enhance its effectiveness. For instance, the above examples of economic activity Held provides could still be interpreted in a way that reveals something about the normative features of care. Customer service in retail, house construction, and commercial cleaning require the maintenance of caring relations between customer, employee, and employer: there should be no exploitation in this labour, nor hostility, mistrust, or negligence. To show why Fisher and Tronto's interpretation is problematic, what should be highlighted are those activities that are not relevant toward the normative considerations of care, yet would still fit into this broad interpretation. For instance, a person might maintain, continue, and repair their world through sustaining a garden of a thousand blades of grass, which this person religiously counts and keeps updated. This would seem to count as an activity of care under this broad understanding (perhaps caring for the environment), but there are no real means of discerning what values or moral priorities of care can be derived from this activity alone that are relevant toward care ethics' framework.⁶²

⁵⁸ Engster, *The Heart of Justice*, 24.

⁵⁹ Held, *The Ethics of Care*, 32.

⁶⁰ *Ibid.*

⁶¹ Joseph Walsh has most recently reiterated this criticism, in: "Commitment and Partialism in the Ethics of Care," *Hypatia* 32, no. 4 (2017): 817–832.

⁶² The "grass-counter" example is inspired by: John Rawls, *A Theory of Justice*, revised ed. (Cambridge: Harvard University Press, 1999), 432.

Tronto has recently defended the broadness of this interpretation of care. This interpretation only intends to work “at the most general level” as an umbrella term, from which narrower interpretations of care can be derived and applied in different contexts. These narrower notions of care would be “nested” in the broader understanding.⁶³ Unfortunately, the problem again is that care ethics is concerned with the normative relevance of care as it emerges through interdependent relations of care. Care theorists need not deny that the concept of care can be used elsewhere in different ways, and, indeed, that the normatively relevant aspects of care they want to focus on can fit under Fisher and Tronto’s umbrella term. However, this does not go the other way; for the purposes of care ethics alone, Fisher and Tronto’s broad interpretation cannot fit.

Perhaps, then, we should go the other way and look for a narrow, well-bounded interpretation of care. Bubeck and Engster have separately offered interpretations of care to this end. For Bubeck, care is interpreted as, “the meeting of needs of one person by another person, where face-to-face interaction between carer and cared-for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself.”⁶⁴ This interpretation echoes Noddings’ focus on the need for face-to-face engrossment in a relation, but Bubeck goes further: distinguishing *caring* from providing a *service*. While caring is a mother cooking a meal for their incapable child, providing a service is a wife cooking a meal for their capable husband. Indeed, this distinction is what makes Bubeck’s care ethic critical: identifying where a relation could be symptomatic of wider oppressive systems.

⁶³ Joan C. Tronto, *Caring Democracy: Markets, Equality, and Justice* (New York: New York University Press, 2013), 19.

⁶⁴ Diemut Bubeck, *Care, Gender, Justice* (Oxford: Oxford University Press, 1995), 129.

However, a consequence of Bubeck's interpretation is that it is not necessary for a caring relation to exemplify an emotional connection. Caring only seems to consist in meeting the objective needs of others, leaving out the requirement of a certain caring attitude or motivation. Bubeck argues that this is not a weakness: it is the basis for generalizing the principle of meeting needs, and therefore to show how care ethics can recommend just political and social institutions for fulfilling a dependent's interests (such as face-to-face interaction through subsidized home-visit healthcare). Yet it does seem that good care must also involve some sort of caring attitude. As Held writes, Bubeck's interpretation of care is open to the following objection: "someone going through the motions of caring for a child while wishing the child dead is engaged in care of as much moral worth as that of a carer who intentionally and with affection seeks what is best for the child."⁶⁵ This is clearly not an outcome that care theorists would want to support. The motivations of care seem to be a necessary requirement of any decent interpretation of care.

Engster's narrow interpretation fares better than Bubeck's. Though Engster's interpretation follows Bubeck's focus on the needs of individuals, it is slightly broader through its inclusion of caring attitudes. Engster's interpretation takes three forms. First, "caring practices may be said to encompass everything we do directly to help individuals to satisfy their vital biological needs." Second, care aids "individuals to develop and sustain their basic or innate capabilities, including the abilities for sensation, movement, emotion, imagination, reason, speech, affiliation, and in most societies today, the ability to read, write, and perform basic math." In turn, Engster emphasizes that his care ethic does not prescribe any ideal of the good life; it merely outlines the minimum standards we need to survive, develop, and function to pursue a perceived good. Third, caring is "helping individuals to avoid harm and relieve

⁶⁵ Held, *The Ethics of Care*, 32.

unnecessary or unwanted suffering.”⁶⁶ These three forms of care are guided through adherence to three virtues of caring: attentiveness, responsiveness, and respect.⁶⁷

Though Engster helpfully provides a specified threshold for good care (intended as universal), there is a problem with it: this narrow interpretation risks undermining care ethics as a feminist ethic. A feminist ethic ought to have the tools necessary to ensure it can critically evaluate and challenge social and political conditions of subjugation. Engster’s interpretation risks being indifferent to many sorts of issues that are affected by oppressive systems – issues that a feminist care ethic should be sensitive to. For instance, consider Engster’s comments on same-sex marriage. Engster is aware that a symbolic public gesture of legalizing same-sex marriage would legitimize this practice as normal in the realm of acceptable options open to society. However, Engster’s narrow interpretation of care cannot capture this symbolic recognition. Engster states that the arguments for and against symbolic recognition “fall outside the scope” of his care ethic, due to his theory’s resistance to prescribing ideas about the good.⁶⁸ Consider another example of multicultural importance: Muslim women publicly wearing a veil. Again, Engster’s interpretation prevents his care ethic from having something of substance to say: “Care theory is neutral on other issues of multicultural justice that do not directly affect the ability of individuals to give or receive care.”⁶⁹ Engster admits his reformulation of care ethics removes it “somewhat from the feminist context in which it has developed.”⁷⁰ However, if care ethics wants to analyze the moral worth of relations, it must be able to say something noteworthy about the broader context in which these relations are embedded.

⁶⁶ Engster, *The Heart of Justice*, 25–28.

⁶⁷ *Ibid.*, 30–31.

⁶⁸ *Ibid.*, 108.

⁶⁹ *Ibid.*, 107.

⁷⁰ *Ibid.*, vii.

Required is an interpretation that offers ways to critique the social and political institutions that impact the level of care given in society while retaining focus on the minimum threshold of care that Engster identifies. I argue that Held provides this interpretation. For Held, care is both “a practice and a value.”⁷¹ Care as a practice is concerned with cultivating and sustaining morally worthy relations over time, with individuals having the ability to be attentive and responsive to contextual needs, to build trust and mutual concern, and work to continually scrutinize and improve one’s care through the lived experience of caring itself. Held understands *needs* broadly, as “innumerable subtle emotional and psychological and *cultural kinds*, as well as of completely basic and simple kinds, such as for sufficient calories to stay alive.”⁷² Here, it is possible to read into Held’s interpretation the same minimum threshold of care that Engster identified. Where Held importantly differs is her mention of cultural needs. This inclusion will inevitably require care theorists to engage with different cultural perceptions of the good, engaging with the social and political context that surrounds caring relations. How care ethics deals with various kinds of cultural needs (especially in cases of non-trivial toleration in pluralistic societies) remains unclear. While those issues cannot be dealt with here, this route is at least open.

Held consequently interprets care as a *reflective* practice, whereby the provision and receipt of care are continually scrutinized through iterated efforts and communication.⁷³ In this way, Held’s interpretation of care has a built-in critical component that ensures an *ethics* of care, not merely naturalized or traditional care: “the ethics of care does not accept and describe the practices of care as they have evolved under actual historical conditions of patriarchal and other

⁷¹ Held, *The Ethics of Care*, 42.

⁷² *Ibid.*, 39; emphasis added.

⁷³ *Ibid.*, 20.

domination.”⁷⁴ Not only should caring practices be appraised and altered if needed, their surrounding social and political context ought to be as well. Of course, this implies that there are normative criteria to guide such evaluative assessments.

The normative criteria Held offers for guiding relations toward being good and caring refers to the second part of her interpretation of care: care as a value. Whereas Chapter Two examines what these specific values are, the rest of this chapter will outline how caring values are derived. Held’s method for deriving caring values follows a process of reflective equilibrium, applied in the following way. Successful caring practices are those that ensure persons survive and flourish. Given the unique needs of different persons in different contexts, caring is a continual process of cultivation and learning. Caring practices deemed successful can be examined for the values intertwined with them. Those values persuasively considered essential to ensure a relation is good and caring can then be abstracted as normative criteria. Therefore, good caring relations are identified when they exemplify these values. To foreshadow Chapter Two, a brief indication of what these values could look like are “mutual concern, trustworthiness, attentiveness, [and] responsiveness.”⁷⁵ These are values usually identified through our personal relations first, given these values manifest most strongly there. Held’s argument, though, is that these identified values can be extended to evaluate the moral worth of all relations we hold beyond the personal. As Held puts it, “an adequate understanding of the ethics of care should recognize that it elaborates values as fundamental and as relevant to political institutions and how society is organized.”⁷⁶

⁷⁴ Ibid., 39.

⁷⁵ Ibid., 158.

⁷⁶ Ibid., 18.

A problem with the method Held uses to derive caring values might be raised here. The need to continually analyze our relations to ensure they are good and caring implies that any attempt to classify a selection of caring values is a non-starter. Given the potentiality for a state of flux in assessing which caring practices work, the sorts of values we may identify might also be in a state of flux.

My response to this problem is this: whereas caring practices may frequently change, the values that abstract from these practices do not. Instead, these values form a stable normative guideline that can be fulfilled in a multitude of ways, depending on the relational context and range of caring practices utilized. Consider an example: how we might care for a person's mental health. It is sometimes necessary to alter caring practices when attending to a person's mental health to determine the specific practice that will help that person. It is possible to abstract from this scenario some values that hold constant, capturing the purpose for which these practices are altered. For instance, there is a need for attentiveness (understanding the person's needs correctly) and responsiveness (determining which practices work better than others through examining the person's responses). Attentiveness and responsiveness, in this example, can then be useful normative criteria to help guide what caring practices are more effective than others – not only in helping a specific person's mental health but mental health issues universally. Such values, then, inevitably spill-over into broader social and political relations – perhaps, in this example, to suggest making institutional changes that provide more resources to mental health issues so that the values of attentiveness and responsiveness can be better exemplified. Relations and their surrounding institutional context can be criticized and called for modification when they become dominating, exploitative, hostile, mistrustful, or negligent, precisely because they

undermine caring values and therefore the possibility for good caring relations. Indeed, this latter point foreshadows the normative baseline delineated in Chapter Two.

I do not say here that there is a clear dichotomy between distinguishing a good caring relation from a bad relation. There is plenty of interpretative space for pinpointing how morally valuable a relation is. Given that caring is a continual process of cultivation and learning, the values of care stress “sensitivity to the multiple relevant considerations in particular contexts.”⁷⁷ This is to say that these values work to offer moral guidance rather than moral micro-management. In this vein, our ethical life is about improving the moral worth of our caring relations over time, cultivating them as best we are able – not a game of trying to derive the “right” answer from a situation that has been abstracted from the context it is embedded in.

Two final questions: Could a relation foster good caring practices (and therefore satisfy the threshold of care listed above) but lacks associative caring values? Could a relation foster caring values but inadvertently provides poor caring practices? Though these are reasonable questions, my response is that it is inappropriate to prise apart the caring practice from its intertwined values. This is because such values are exemplified through good caring practices in and of themselves. If the values of care are not exemplified in, or are limited from their fullest expression through, a caring practice, then this practice can be evaluated as lacking some relevant element to the specific process it is engaged with.

I conclude, then, that Held’s interpretation of care is a persuasive middle ground between broader and narrower notions of care.

4. Conclusion

⁷⁷ Ibid., 20.

I sought to clarify two things in this chapter: the concept of *relational interdependency* and the concept of *care*. The former concept was defined as: the recognition that we are relational beings who are dependent on others for care as others will be dependent on us. The latter concept follows Held's view that care is both a practice and a value. Whereas this chapter examined how we should interpret care as a practice, Chapter Two will now examine how we should interpret care as a value.

Chapter Two

– Value –

In Chapter One, I began outlining and defending a specific interpretation of care: Virginia Held's interpretation that care is both a practice and a value. Whereas Chapter One examined care as a practice, this chapter examines care as a value. First, I classify what a value of care is, before exploring what specific caring values provide valid normative criteria for evaluating the moral worth of relations. Fourteen potential caring values are identified across the care literature: attentiveness, cheerfulness, competence, empathy, forgiveness, gratitude, hope, mutual concern, sensitivity, solidarity, respect, responsiveness, taking responsibility, and trustworthiness. Of these fourteen, this chapter argues that only four are genuine caring values – the other ten are either subsumed under these four genuine values, or are rejected as caring values altogether. The four values I conclude are: attentiveness, mutual concern, responsiveness, and trustworthiness. These values will form normative criteria that guide *good caring relations*, which in turn generates a normative baseline that applies to all relations of care: to avoid and prevent relations that are dominating, exploitative, hostile, mistrustful, and negligent. At the end of this chapter, I explicate the nature of this normative baseline.

1. Classifying Caring Values

A good starting point for classifying caring values is to review a key contrast made between virtue ethics and care ethics in Chapter One. This contrast can be updated in light of the different ways Daniel Engster and Held were seen to conceptualize two moral considerations of care in

the latter part of that chapter: attentiveness and responsiveness. Held refers to these moral considerations of care as values and Engster refers to them as virtues. What explains this? My answer is that, whereas Engster focuses on the disposition of the individual in their giving care, Held's central unit of moral analysis is on the relation between individuals. Once again, this does not say that care theorists pay no attention to individuals' dispositions; Held argues that it is clearly necessary for individuals to develop certain traits to allow caring relations to flourish.¹ What Held emphasizes is that the moral *value* of attentiveness and responsiveness, in guiding individuals toward successful caring practices, is only revealed through the relational context in which such care is given or received. Care ethics' emphasis, then, is on the moral considerations of care as they emerge relationally. This does not intend to label Engster as a virtue ethicist; it only says that Engster does not do enough to separate care ethics from virtue ethics.

Caring values are therefore not reducible to individual virtue or sentiment – they are *relational* moral considerations of care that intrinsically guide a relation toward providing successful caring practices (those that ensure persons survive and flourish), and are exemplified in a relation when such practices are carried out and completed. As outlined in Chapter One, such values are first derived through a process of reflective equilibrium within our personal relations; those values persuasively considered essential to ensure a relation is good and caring can then be abstracted to form independent moral criteria for evaluating all relations of care. Following Held, these criteria are *independent* in that moral scrutiny of relations ought to be critical and not phenomenological – after all, the importance that some individual attaches to a relation may be misplaced if, for instance, that individual is being exploited for their obsequiousness or a relation exemplifies some structural injustice (such as household relations

¹ Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford: Oxford University Press, 2006), Ch. 3.

within patriarchies). Methods of discourse ethics ought to be employed by those internal and external to the relation to ensure some level of accuracy in the evaluation of that relation's moral worth.² Such methods of communication ought to be both verbal and non-verbal, the latter being particularly important to provide adequate caring for infants or persons incapable of speech.

Many potential values might be shortlisted from this initial classification. For parsimony in categorizing such values, it is useful to also posit a caring value as a standalone and independently recognizable moral consideration, whereby such a value refers to a distinct moral issue of a relation. Where a potential value can be understood as an instrumental component to another broader value, it ought to be subsumed under that value as a subtype.

A caring value, then, is: a distinct, relational moral consideration of care that intrinsically guides relations toward successful caring practices that allow the individuals involved to survive and flourish. This classification provides a basis to evaluate which of the fourteen potential values listed above are genuine caring values. Of course, in the following delineation of each value, I do not intend that each outline is complete – each value could fill the interest of a whole book.³ I examine these values to the extent that they show whether they ought to be considered genuine values in the care ethical framework.

A note on the order of this analysis: though I evaluate these values alphabetically to provide some logical structure, it is important to recognize that these values are closely intertwined. Therefore, a useful way of reading this analysis will not necessarily be to evaluate each value in any strict order, but to examine them holistically as a cluster. Such an approach might offer a better understanding as to why some potential values will be rejected but others

² Ibid., 20.

³ This is especially the case for trustworthiness. See, for example: Russell Hardin, *Trust and Trustworthiness* (New York: Russell Sage Foundation, 2002); and Nancy Potter, *How Can I be Trusted? A Virtue Theory of Trustworthiness* (Lanham: Rowman and Littlefield, 2002).

will not. For example, it is helpful to read the analyses of the following values together: attentiveness, empathy, and sensitivity; attentiveness, respect, and responsiveness; cheerfulness and responsiveness; competence and responsiveness; forgiveness, responsiveness, and trustworthiness; gratitude and responsiveness; hope and trustworthiness; and mutual concern and solidarity. This not a complete list of all the possible combinations, but a signposting of the most obvious ones.

2. Attentiveness

Joan C. Tronto offers the most straightforward definition of attentiveness in the care literature: attentiveness “requires the recognition of a need and *that there is a need to be cared about.*”⁴ While the non-italicized part of Tronto’s definition states the importance of recognizing the needs of others, this is not enough by itself to capture what is at stake with attentiveness. One could recognize a need without the normative pull to do anything about it. The italicized part of the definition completes this by emphasizing that the identified need requires active intervention to be cared for.

This is a good start, but Tronto’s definition can be improved. Peggy DesAutels writes that attentiveness requires more than basic recognition of a need; attentiveness must also embody a “nonpassive vigilance of thought where we attempt to counter known psychological tendencies and subtle social influences that prevent us from seeing and responding to the demands of care.”⁵ Effective attentiveness requires a critical component, given our basic recognition of other’s

⁴ Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethics of Care* (New York: Routledge, 1993), 127; original emphasis.

⁵ Peggy DesAutels, “Moral Mindfulness,” in *Moral Psychology: Feminist Ethics and Social Theory*, ed. Peggy DesAutels and Margaret Urban Walker (Lanham: Rowman and Littlefield, 2004), 72.

needs may be restricted or impeded in some way by potential biases in our subjective experiences. DesAutels' example concerns sexism: sexist influences may make us unaware of, or inattentive to, a particular moral demand for care.⁶ This has ramifications in both our personal relations and broader political society. Tronto observes that in modern industrial societies tasks of caring (such as nursing and social work) "continue to be disproportionately carried out by the lowest ranks of society: by women, the working class, and in most of the West, by people of colour."⁷ Social and political institutions can be evaluated by assessing how far they marginalize carers and their labour to the periphery of political life. Without attention to these issues, the interests and activities of the relatively powerless remain "omitted from the central concerns of society," which in turn damages the legitimacy of democratic systems.⁸

To counter these impediments, one must break out of one's subjective experiences to empathetically connect with the experiences of others in compassionate ways. This is not an easy task, though moral education of the kind advocated for by Engster,⁹ Nel Noddings,¹⁰ and Michael Slote¹¹ may help enrich our empathetic capacities to this end. For instance, the promotion of prosocial behaviour through young children's curricula featuring social-emotional learning programs has been shown to broaden young people's empathic capacities.¹² This could have significant consequences as these generations become politically active and demand greater support for institutions of healthcare, social care, education, and so on.¹³

⁶ Ibid.

⁷ Tronto, *Moral Boundaries*, 113.

⁸ Ibid., 20.

⁹ Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford: Oxford University Press, 2007), Ch. 5.

¹⁰ Nel Noddings, *Educating Moral People* (New York: Teachers College Press, 2002); and Nel Noddings, *Critical Lessons: What Our Schools Should Teach* (Cambridge: Cambridge University Press, 2006).

¹¹ Michael Slote, *The Ethics of Care and Empathy* (New York: Routledge, 2007), 29.

¹² Jonathan Cohen, ed., *Caring Classrooms/Intelligent Schools: The Social Emotional Education of Young Children* (New York: Teachers College Press, 2001).

¹³ Unfortunately, there is not the space here to explore the proper role of the state as interpreted through care ethics. For key texts in this area, see: Selma Sevenhuijsen, *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality and Politics* (New York: Routledge, 1998); Joan C. Tronto, *Caring Democracy: Markets, Equality, and Justice* (New York: New York University Press, 2013); and Daniel Engster, *Justice, Care, and the Welfare State* (Oxford: Oxford University Press, 2015).

Attentiveness is a value, then, for it encourages and maintains successful caring practices within a relation. If a relation does not exemplify attentiveness, no effective care is being given. If no needs are identified, no needs can be properly cared for. As such, a relation exhibiting negligence through inattentiveness damages the flourishing of the individuals involved. Deliberate inattentiveness is negligence in its clearest immoral form. Not only is care not being provided where it is needed, capable caregivers are deliberately avoiding providing this care. Unless a serious change occurs here, the relation will almost certainly break down – perhaps at the complete expense of the cared-for if they are particularly vulnerable. Yet given the complexity of our moral lives, degrees of immoral relations may begin emerging through the type of negligence that occurs. After all, not all negligence is deliberate. Providing poor but well-meaning care may be forgiven if there has been an honest mistake in its provision. Indeed, good caring practices result in part from making mistakes and learning through experience. Nonetheless, accidental provision of wrongful care is still indicative of a potentially poor caring relation, and better care ought to be provided in the future.¹⁴

What is harder to normatively pin down, as Tronto comments, is inattentiveness through ignorance.¹⁵ This refers to cases where a lack of knowledge leads to inevitable inattentiveness; we are not attentive because we do not even know there is something to be attentive about. DesAutels offered some guidance here: to overcome ignorance of a person's needs is to be critically aware of whether certain prejudices or obstacles are blinding us. But if we still do not realize that there is something blinding us, can moral blame still be attributed?

¹⁴ This discussion on attentiveness could move into questions on the justification of individual rights to protect from harmful interference in one's life. Such a discussion is postponed until Chapter Four.

¹⁵ Tronto, *Moral Boundaries*, 129–130.

A distinction between honest ignorance and affected ignorance may make sense of how moral blame could be applied. Honest ignorance can be absolved insofar as positive changes occur in the caring relation once this ignorance is realized. On the other hand, as Michele Moody-Adams writes, affected ignorance is “essentially a matter of choosing not to be informed of what we can and should know.”¹⁶ It entails a considered attempt to ignore the plight and suffering of others, and therefore to ignore one’s responsibilities to care if one is capable of mitigating some (or all) of that harm. Affected ignorance, then, is synonymous with deliberate inattentiveness, and consequently morally problematic because it actively seeks to undermine attentiveness as a value. For example, consider Darrel Moellendorf’s argument on historical injustice regarding climate change. Our ancestors of the industrial revolution had no idea about the impact their actions would have for polluting the planet. For that reason, Moellendorf argues that the locus of moral blame should not be on the decisions of our ancestors; it is instead with those people or industries that flout the evidence that their greenhouse gas emissions are shaping conditions for dangerous climate change.¹⁷ These actions are committed through affected ignorance and are therefore deserving of moral blame.

3. Cheerfulness

In *Caring Democracy*, Tronto considers Sara Ruddick’s notion of cheerfulness as a caring value.¹⁸ As noted in Chapter One, Ruddick’s paper “Maternal Thinking” was published two

¹⁶ Michele Moody-Adams, “Culture, Responsibility, and Affected Ignorance,” *Ethics* 104, no. 2 (1994): 301. Cf. Jan Willem Wieland, “Willful Ignorance,” *Ethical Theory and Moral Practice* 20, no. 1: 105–119.

¹⁷ Darrel Moellendorf, *The Moral Challenge of Dangerous Climate Change: Values, Poverty, and Policy* (Cambridge: Cambridge University Press, 2014), 165.

¹⁸ Tronto, *Caring Democracy*, 35.

years before care ethics' explicit inception, yet it contained important care ethical themes.¹⁹ Held locates the implicit beginnings of care ethics in Ruddick's work for this reason.²⁰ Ruddick sought to extract from the caring practice of mothering a distinctive moral outlook, one that explores about the mother "the intellectual capacities she develops, the judgments she makes, the metaphysical attitudes she assumes, [and] the values she affirms" through the parent/child relation.²¹ Ruddick's later book *Maternal Thinking* then sought to apply these conclusions to evaluate issues in peace politics, including warfare and the military.²² One of the moral considerations of care that Ruddick examines is cheerfulness.

For Ruddick, to be cheerful in the context of parenting "means to respect chance, limit, and imperfections and still act as if it is possible to keep children safe."²³ It is a way of being that, in the face potential circumstances of personal or social disasters that warrant despair, parents still move to create for their children "beautiful artifacts, rituals of play, and small ceremonies of loving."²⁴ It is ultimately to remain hopeful for one's children and their future, prompting action to move forward despite future uncertainty. Such cheerfulness, Ruddick writes, is just as necessary for children as it is for their parents: "for children, hope is as important as breathing, certainly more important than sleep."²⁵ Children must see hope, for otherwise parents risk them becoming resentful – not just to the parents, but to wider society that created such hopelessness within them.

Though Ruddick limits analysis of cheerfulness to the parent/child relation, one can see how such a moral consideration could be extended. One sometimes needs to be equally cheerful

¹⁹ Sara Ruddick, "Maternal Thinking," *Feminist Studies* 6 (1980): 342–367.

²⁰ Held, *The Ethics of Care*, 26.

²¹ Ruddick, "Maternal Thinking," 347.

²² Sara Ruddick, *Maternal Thinking: Toward a Politics of Peace* (Boston: Beacon Press, 1989).

²³ *Ibid.*, 74.

²⁴ *Ibid.*

²⁵ *Ibid.*, 74–75.

toward one's friends, loved ones, and even fellow citizens – especially politicians running for office, who need to present a vision of the future to be cheerful about. However, I argue that cheerfulness cannot be considered a caring value. One reason is that Ruddick explicitly identifies cheerfulness as a virtue.²⁶ Yet one could still make an argument that cheerfulness can be more than a virtue. Cheerfulness could still be said to emerge relationally, exemplified by the hope shared by the individuals involved through their mutuality. However, understood this way, cheerfulness might better fit under another value: responsiveness. As seen below, responsiveness has two principal components, the more relevant of which here regards how successfully one has responded to a person's needs. Cheerfulness, in some contexts, could play an important role for attending to certain needs – perhaps through using humour in a dark time. For example, one study has found that humour can help keep men positive while being treated for penile cancer.²⁷ Keeping cheerful in the face of an uncertain future (especially a bleak or short one), can help with providing good care through our responses to the cared-for. As such, cheerfulness is best understood as a tool in the responsiveness toolkit, rather than as a distinct value.

4. Competence

Tronto lists competence as a moral consideration of care for the following reason: failing to provide good care “means that in the end the need for care is not met.”²⁸ Competence arises as a caring value, then, in the practical provision of care. It is concerned with the consequence of whether successful caring practices have been effectively delivered, not necessarily the motive

²⁶ Ibid., 74.

²⁷ Peter Branny, Karl Witty, Debbie Braybrook, Kate Bullen, and Alan White, et al., “Masculinities, Humour and Care for Penile Cancer: A Qualitative Study,” *Journal of Advanced Nursing* 70, no. 9 (2014): 2051–2060.

²⁸ Tronto, *Moral Boundaries*, 133.

behind the care. Tronto argues that if a knowingly incompetent person attempts to deliver a certain caring practice, good care becomes “impossible” in that context.²⁹ However, again, our moral lives are more complicated than this suggests. It is not always true that the locus of moral blame should be placed on an incompetent carer. Incompetent caring may point to broader structural issues that have prevented individuals from being able to provide good care. Tronto gives the example of an overworked teacher in a poorly funded educational system; the teacher is doing the best they can with the poor resources at their disposal.³⁰ However, if a better-qualified teacher is readily available, and the overworked teacher refuses help (or an administrator refuses such help), then perhaps moral blame can be justifiably attributed.

Regardless of these intricacies, I argue that the moral considerations of competence are not enough to ensure it can be considered a distinct value. This is for two reasons. First, there is nothing in competence itself that indicates a normative pull toward caring. Competence is necessary for good care, but competence is also necessary for efficiently carrying out a practice of torture. As such, competence cannot be viewed as an intrinsic caring value. Second, it is difficult to see how competence could be a distinct value when contextualized with responsiveness. As seen with cheerfulness, responsiveness in part concerns how successfully one has attended to a cared-for’s needs. If competence refers to the abilities of the carer in responding to needs, then competence should be considered an instrumental component for exemplifying responsiveness. Therefore, competence is subsumed within responsiveness.

5. Empathy

²⁹ Ibid.

³⁰ Ibid., 134.

Michael Slote, drawing on the thought of Francis Hutcheson, David Hume, and Adam Smith, has offered the most sustained work on how empathy ought to be understood in the care ethical framework. To be empathic is to have “the feelings of another (involuntarily) aroused in ourselves, as when we see another person in pain. It is as if their pain invades us.”³¹ This is different from having sympathy for a person, which only entails “feeling *for* someone who is in pain.”³² Though empathy is a fundamental component of engaging in good care, I do not think that empathy by itself can be considered a distinct value. This is for four reasons: two that are specific to Slote’s understanding of empathy, and two that are general.

For Slote, empathy is classified under two categories: a personal empathic concern and a wider humanitarian concern. Slote argues that our personal empathic concern is much stronger than our wider humanitarian concern. This is for three reasons: “perceptual and/or temporal immediacy, through family connection, and through the kinds of sharing that occurs between friends and life-partners.”³³ Slote notes that our moral obligations to others feel far stronger when all three of these aspects are present. For if a person’s unattended need is not within our immediate perception (or is in the distant future), and this person does not share with us familial solidarity or friendship, then there is only a weak feeling of moral obligation that would move us to attend to this person’s need. However, it is the case that people do still feel some humanitarian concern (no matter how weak) for other people outside of these personal relations. We come to hold this humanitarian concern “indirectly or by description,” whereby, through our own experiences of care, we imaginatively form some understanding of what it must be like to live the sort of life persons outside of our personal relations have.³⁴

³¹ Slote, *The Ethics of Care and Empathy*, 13.

³² *Ibid.*

³³ *Ibid.*, 28.

³⁴ *Ibid.*

What these different forms of empathy we experience do to our moral compass, Slote writes, is that they inform how strong our moral obligations are to other persons within and outside of our personal relations. The greater empathic experience we have of a person, the stronger our moral obligation to help them if they require it. From this, Slote concludes that the extent of our moral obligations to others is tied to the strength of our empathic capacities. Consequently, our moral obligations to our personal relations are much stronger than our obligations to distant others – there is no universal moral obligation that holds for all persons equally: “our obligations to people we merely know about are less strong than those we have to friends and family and to people we actually see.”³⁵ This being the case, Slote believes that the greater the empathic capacities we develop are, the stronger our moral obligations become to others outside of our personal relations: “the (more) fully developed empathic concern for others would lead to greater personal sacrifices than most of us now make.”³⁶ Our empathic capacities can be developed in various ways. One method is to expose “children to literature, films, or television programs that make the troubles and tragedies of distant or otherwise unknown (groups of) people vivid to them.”³⁷ Another method is to “provide for more international student exchanges than now exist” to develop an understanding of distant other’s livelihoods.³⁸

However, I argue that there are at least two reasons why Slote’s care ethic based on empathy is unconvincing. First, Slote does not justify *why* we ought to develop and strengthen our empathic capacities to distant others, or at least those beyond our immediate relations.

Without this normative push, there is nothing inherent in his argument that suggests we have a

³⁵ Ibid., 33.

³⁶ Ibid.

³⁷ Ibid., 29.

³⁸ Ibid.

duty to develop our empathic capacities, and therefore nothing that would strengthen our moral obligations to distant others.

Second, the psychological literature that Slote draws upon to support his care ethic produces some unfortunate normative consequences for it. This especially regards the extent to which one's empathic strength depends on arbitrary biological features, such as sex. For instance, one example that Slote gives regards the difference in empathic capacities of men and women: "A good deal of the evidence concerning the greater empathic tendencies of girls and women derives from studies indicating that having, at various stages, higher levels of testosterone makes boys and men more aggressive and less socially perceptive and empathic than girls and women."³⁹ What this means is that "any sufficiently empathic male/man would feel regret or even guilt about these effects of male testosterone, and if he does, then at that point he seems to have no basis or motive for resisting or resenting the idea that men are morally inferior."⁴⁰ By contrast, women can "take pride in the thought that, because of their greater empathic capacities and lesser aggressive tendencies, they [are] morally superior to men."⁴¹ Slote concludes that, "I therefore think that an ethics of care that centers around empathy needn't feel so uncomfortable with the idea that women are now, and are likely to remain, morally superior to men."⁴²

Of the various objections that could be raised here, perhaps the most serious is that Slote's focus on empathy naturalizes care ethics. By emphasizing women as natural carers (due to their higher empathic levels), this once again risks reinforcing a patriarchal ideology that sees women remaining within the home to look after their family, while men (who are more

³⁹ Ibid., 72.

⁴⁰ Ibid., 73.

⁴¹ Ibid.

⁴² Ibid.

aggressive) are better suited operating in a zero-sum workplace environment. Therefore, Slote is open to the same criticisms that Carol Gilligan and Nel Noddings also faced from the feminist backlash against care ethics in the 1990s, as outlined in Chapter One. As such, care theorists should resist Slote's position.

There are two other general reasons why empathy should not be considered a value. First, empathy lacks a normative pull toward the provision of good care. Paul Bloom writes that empathy is necessary "for anyone who wishes to be a good person – but it is morally neutral."⁴³ Empathy is morally neutral because, just as with competence, it could be manipulated to learn how to be a better torturer.

Second, empathy is straightforwardly subsumed under both attentiveness and responsiveness. As seen with attentiveness, empathy is required to understand the cared-for's own subjective experience, identifying certain needs in others that we ourselves may not have. With responsiveness, empathy is necessary to determine how successful the provision of care has been. Unless one tries to understand how well a caring practice is being received by the cared-for, such practices may end up doing more harm than good – or, at least, any success would be haphazard. Furthermore, why attentiveness and responsiveness are values and empathy is not is because the former two intrinsically seek to guide good caring relations, stating: not only must we be empathic toward people's needs, *we also ought to care for those needs and respond appropriately*. Empathy, taken by itself, does not guarantee this conclusion. Therefore, empathy is better understood as a necessary component of attentiveness and responsiveness.

6. Forgiveness

⁴³ Paul Bloom, *Against Empathy: The Case for Rational Compassion* (New York: Ecco, 2013), 57.

Forgiveness, as a moral value, is at least “a change of heart and/or forswearing of resentment” that releases a wrongdoer from the fullness of their blameworthiness.⁴⁴ It is a form of deliberation and action that decides punishing reactions are no longer acceptable responses to the wrongdoer – even if one cannot extinguish the harm that wrongdoer has caused. This latter point is important: as Margaret Urban Walker puts it, forgiving “without some residual feelings of grief and sorrow, if not of resentment, might seem too close to condoning, with the threat of dishonoring or cheapening something, or someone, with profound value.”⁴⁵ The point of forgiveness, though, is to begin the moral repair of a relation: it is an attempt to keep or reestablish “a steady hold on the conditions of moral relationship that have been shaken or damaged by wrongdoing.”⁴⁶ It is a process of recommitment, of reviewing one’s relation with a person or group in a new light. How forgiveness (or even “unforgivability”) will take shape within a relation depends on the circumstances and on those whose option it is to forgive.⁴⁷

Walker goes on to emphasize that a more fundamental part of forgiveness is the strength of reciprocal trust within a relation, and the hope that sustains such trust. Without the belief that an act of forgiveness was not done in vain, and without the expectation that the wrongdoer will respond in kind to that act, such forgiveness will be meaningless.⁴⁸ The affected relation will consequently break down beyond repair. However, the relational context of forgiveness is often more complicated than this suggests. Some persons may not be able to forgive if they lack meaningful reciprocation in a poisoned relation – perhaps such persons are helplessly

⁴⁴ Kathryn Norlock, *Forgiveness from a Feminist Perspective* (Lanham: Lexington Books, 2009), 2.

⁴⁵ Margaret Urban Walker, *Moral Repair: Reconstructing Moral Relations After Wrongdoing* (Cambridge: Cambridge University Press, 2006), 159.

⁴⁶ *Ibid.*, 169.

⁴⁷ *Ibid.*, 181.

⁴⁸ *Ibid.*, 162.

submissive. Moreover, some persons may be disproportionately impacted by the effects of a broken relation that suffered from failed forgiveness. As such, Kathryn Norlock adds forgiveness also requires “considerations of power between relata” for the forgiving act to be of moral worth.⁴⁹

Given these considerations, though, I do not think that forgiveness can be a distinct value. It is clear forgiveness is a morally significant act in response to a broken relation. However, such an act is subsumed into responsiveness – that is, forgiveness is an important tool regarding how individuals respond to the needs of each other within a certain context to repair a relation. Furthermore, forgiveness can also be subsumed under trustworthiness. Trustworthiness, as seen below, is the expectation that persons in a relation will uphold certain normative expectations and not pursue deceitful or hostile actions toward each other. Without the normative background of trustworthiness, there is no possibility for meaningful forgiveness.

7. Gratitude

Amy Mullin has noted that a significant moral component of caring that care theorists have often overlooked is gratitude of the cared-for to the carer. This is because while attention has been paid to the autonomy of both parties, “the autonomy of recipients has been investigated mainly in terms of care-recipients’ determination of their own needs” and not their appropriate responses to the carer.⁵⁰ Mullin argues that in certain contexts the cared-for has a responsibility to express gratitude to the carer; that is, the cared-for ought to express goodwill toward their beneficiary, manifesting their appreciation and respect of the carer and their work. Even if it is tempting for

⁴⁹ Norlock, *Forgiveness from a Feminist Perspective*, 2.

⁵⁰ Amy Mullin, “Gratitude and Caring Labor,” *Ethics and Social Welfare* 5, no. 2 (2011): 111.

the cared-for to take out their resentment or shame of dependency on their carers, “this is unfair to the caregiver and expresses alienation from the care-receiver’s vulnerability, rather than asserting the consonance of dignity and vulnerability.”⁵¹ Mullin continues, “It would be easier to gain social recognition of this consonance if we focused not only on the needs but also the capacities of recipients of care.”⁵² This underscores an important normative aspect of care for all involved in the caring process: gratitude reinforces successful caring practices by the cared-for acknowledging when they receive appropriate care, which simultaneously recognizes the efforts of the carer. In turn, this reinforces the carer’s self-respect as a *person* delivering care rather than being depersonalized as merely an instrument of care – especially if the carer is performing paid caregiving labour. As Kirstein Rummery notes, paid caregivers are often from lower socioeconomic classes and disadvantaged ethnic groups, and are often caught up in a similar struggle for autonomy in their own lives as their cared-fors’.⁵³

Gratitude is appropriately called for when two conditions are met. First, “gratitude requires that a benefit is received, and the benefit is seen as given out of benevolence.”⁵⁴ When we are unintentionally benefitted from a person’s actions, we might be grateful *that* their actions have created positive unintended consequences for us, but this does not appropriately call for gratitude *to* that person – after all, that person’s actions might have stemmed from a malevolent ulterior purpose that happened to backfire. Second, the benevolence of the carer must be accompanied with respect for the cared-for’s dignity. Gratitude would seem to be misplaced if the carer was patronizing to the cared-for, despite delivering good caring practices. The overall result of these two conditions is that gratitude should not be confused with indebtedness: “When

⁵¹ Ibid., 117.

⁵² Ibid.

⁵³ Kirstein Rummery, “Caring, Citizenship and New Labour: Dilemmas and Contradictions for Disabled and Older Women,” in *Women and New Labour: Engendering Politics and Policy?*, ed. Claire Annesley, Francesca Gains, and Kirstein Rummery (Bristol: Policy Press, 2007).

⁵⁴ Mullin, “Gratitude and Caring Labor,” 112.

we are grateful, we impute motives of goodwill and caring on the part of the benefactor and not expectations of equivalent payback.”⁵⁵

I agree with Mullin that emphasizing gratitude reveals an important normative aspect of the caring process: what responsibilities the cared-for has to the carer. However, I do not think that gratitude is a distinct caring value. This is because gratitude instead forms an important component of responsiveness as the broader value – namely, how the cared-for should respond to the care that they receive. While the success of the response that is given by the carer to a person’s needs is usually emphasized, a significant part of measuring this success may be by how much gratitude the cared-for gives in return. Indeed, if the carer delivers good care with benevolence and respect, the cared-for enables the exemplification of responsiveness as a value to a greater degree through their expression of gratitude.

8. Hope

A potential value that was briefly mentioned in the above discussion of forgiveness was hope. Walker offers the clearest delineation of hope, connected with her work on forgiveness. Hope is a belief or perception that is oriented toward something in the future, something presently uncertain. Moreover, this belief or perception is normatively charged: the object hoped for is “welcomed, sought, or desired.”⁵⁶ Some hopes are intense, while others are “slight and ordinary as they thread through the weave of our lives.”⁵⁷ There is, then, the expectation of a real possibility (even if the probabilities are small) that what is hoped for will manifest, at least in the

⁵⁵ Ibid.

⁵⁶ Walker, *Moral Repair*, 45.

⁵⁷ Ibid.

estimate of the one who hopes. More than this, though: because of that possibility, such hope is an important motivator for creating the conditions that promote what is hoped for. St. Thomas Aquinas writes in this regard: “Hope adds to desire a certain drive, a buoyancy of spirit about winning the arduous good.”⁵⁸

In the context of repairing relations, Walker identifies hope as intertwined with trustworthiness. If repairing relations requires trustworthiness, as with the case of forgiveness, “that trust needs hope to stabilize or recreate it.”⁵⁹ Without hope to reignite the relation through forgiveness, there is nothing to drive the process of reestablishing reciprocal trust. Trustworthiness by itself is therefore not enough: we need hopeful trust. “Hopeful trust,” Walker writes, “permits human beings a degree of buoyancy or resiliency in their moral outlook on others [...] even in the face of uncertainty.”⁶⁰ This has an important implication: hopeful trust entails perceiving all those capable of establishing trust as being subject to morality’s demands, “and as fair game for resentment, rebuke, penalty, and reparative demands.”⁶¹

Therefore, hope appears to be a necessary condition for trustworthiness to fully manifest itself. If trustworthiness refers to the expectation that others will uphold certain normative expectations and not commit betrayal, then these expectations are lifted through the hope that this will come to pass in an uncertain future. However, I argue that, while hope is significant for trustworthiness, hope itself is not a value. Hope is instead “an emotion.”⁶² It expresses the individual’s longing and motivation for a particular outcome. Trustworthiness differs in that it

⁵⁸ Thomas Aquinas, *Summa Theologiae, Volume 19, The Emotions: 1a2ae, 22–30*, trans. Eric D’arcy (Cambridge: Cambridge University Press, 2006), 25, I.

⁵⁹ Walker, *Moral Repair*, 44.

⁶⁰ *Ibid.*, 70.

⁶¹ *Ibid.*

⁶² *Ibid.*, 62.

emerges through the relation itself by way of how the individuals involved interact with one another. As such, the emotion of hope helps sustain trustworthiness as the broader value of care.

9. Mutual Concern

Mutual concern generally refers to a common interest shared and pursued by two or more persons. However, Held interprets mutual concern in a specific way. For Held, mutual concern as a caring value is expressed in relations when there exists a shared interest to make possible the cooperation required to develop and sustain association for the benefit of all involved. In other words, care ethics sees the interests of individuals as “importantly intertwined rather than as simply competing.”⁶³ Therefore, mutual concern ought not be understood as merely when one person’s self-interest happens to align with another’s self-interest, or when persons are “competitors for benefits.”⁶⁴ Mutual concern is not altruism either: caring practices should not be interpreted as zero-sum games where one person benefits at another’s expense, and the surrounding institutional context of such practices ought to ensure that. Given that mutual concern contributes to the success of caring practices through the intertwined interests of those individuals involved in the relation, I argue that mutual concern can be interpreted as a caring value.

Held defends her interpretation of mutual concern by critiquing the liberal contractual model of social relations. Writers in the contractual tradition have generally sought to derive principles to design fair, legitimate institutions that are “acceptable to us as free, equal, rational,

⁶³ Held, *The Ethics of Care*, 15.

⁶⁴ *Ibid.*, 34.

and fully impartial persons.”⁶⁵ In this context, persons are conceptualized as seeking to further their self-interest; relations between these persons are contractual to this end. Held makes several influential arguments against this contractual model of social relations,⁶⁶ though one pertinent argument can be singled out: mutual concern cannot only refer to contractual relations between self-interested strangers because this would degrade many types of relations that have shared interests beyond the individual – relations that are often the most meaningful to us. Friendships are one example: although some aspects of friendship are beneficial to each individually, “if self-interest is all that motivates them” to continue their association, this friendship would be “superficial at best.”⁶⁷ Mutual concern in friendships (and other intimate relations) is instead focused on the amalgamated interests that result through persons coming together in association – interests that are held by all the individuals involved. An important difference between care ethics and liberal contractual theories of justice, then, is how social relations ought to be interpreted when deriving a normative framework that intends to guide the construction of just institutions.

Mutual concern as a value is undermined when shared interests are severed. This is straightforwardly seen in cases of domination and exploitation. On domination, Eva Feder Kittay offers a useful distinction between the inequality of power in a relation and the exertion of domination in a relation of inequality. As outlined in Chapter One, caring relations are usually representative of asymmetrical relations of power, but the fact of such relational inequality is not necessarily indicative of a moral wrong. What is indicative of that is when such inequalities amount to domination, which “involves the exercise of power over another against her best

⁶⁵ Ibid., 81.

⁶⁶ See: Ibid., 80–81.

⁶⁷ Ibid., 81.

interests and for purposes that have no moral legitimacy.”⁶⁸ Relations of domination are characterized by a dominator treating the dominated as if they were “an object of property.”⁶⁹ The dominated is not allowed to express or fulfil their best interests, undermining the possibility for mutual concern to be exemplified.

Ruth Sample defines exploitation as “interacting with another being for the sake of advantage in a way that degrades or fails to respect” that being.⁷⁰ This definition is useful because Sample allows for a value pluralist interpretation of it. Thus, in the context of care ethics, exploitation undermines mutual concern because such actions fail to be attentive or properly responsive to a person’s interest to not be degraded or demeaned through whichever caring practice is being used. This is further examined in the section on respect.

Yet, again, our moral lives are more complicated than this overview suggests. For instance, if mutual concern is undermined due to cases of paternalism, how far can a relation be immoral? Paternalism occurs when we interfere in another person’s life because we believe our interference will make their life better, even if it is against that person’s will. There is no prima facie mutual concern here, but the destruction of a relation may not immediately follow (such as a parent stopping their reluctant child from eating more sweets). Relations are complex and are usually not built upon a single issue – a paternalistic act may not lead to the relation’s end. Perhaps mutual concern as a value may simply recognize the potential for paternalism to produce immoral relations and consequently require greater communicative effort to improve the way caring practices are delivered.

⁶⁸ Eva Feder Kittay, *Love’s Labor: Essays on Women, Equality, and Dependency* (New York: Routledge, 1999), 34.

⁶⁹ Sara Ruddick, “Injustice in Families: Assault and Domination,” in *Justice and Care: Essential Readings in Feminist Ethics*, ed. Virginia Held (Boulder: Westview Press, 1995), 213.

⁷⁰ Ruth Sample, *Exploitation: What it is and why it’s Wrong* (Lanham: Rowman and Littlefield, 2003), 60.

Of course, sometimes communication does not go well, or circumstance prevents communication happening. In serious cases of domination, the relation could cause severe harm to the individuals involved. Care theorists do not tolerate domineering relations of this kind, and when options to repair the relation fail, the relation ought to be ended to the extent possible (although sometimes this is only a limited extent: we will never stop “being the sibling of our siblings, or the ex-friend or ex-spouse of the friends or spouse with whom we have broken a relation”⁷¹). Ultimately, in this rich ethical milieu, an appeal to care ethics’ moral epistemology is necessary. To effectively analyze each scenario of domination and justified paternalism (and the grey space between these concepts), “sensitivity to the multiple relevant considerations in particular contexts” is required.⁷² Without a fuller picture of the milieu surrounding a paternalistic or dominating act, offering a universal right answer here would be a dubious promise. However, my general point is this: if there are no clear intertwined interests between two or more parties, but one side pushes to keep the relation going in its present state, we ought to be morally suspicious of this relation and evaluate it accordingly.

10. Respect

Respect is listed as one of Engster’s three virtues for guiding care. By respect, Engster does not mean anything as strong as “equal recognition of others,” but simply the recognition that “others are worthy of our attention and responsiveness, are presumed capable of understanding and expressing their needs, and are not lesser beings just because they have needs they cannot meet

⁷¹ Ibid., 96.

⁷² Ibid., 20.

on their own.”⁷³ Respect as a virtue is practised through treating others in ways that do not “degrade them in their own eyes or the eyes of others.”⁷⁴ Mullin takes a similar view in her interlinking of respect with benevolence as necessary for gratitude: we are treated with respect “only if we are treated as particular people whose well-being matters, whose needs must be discovered rather than assumed, and whose perspective needs to be acknowledged and taken into account.”⁷⁵ This is a good start for clarifying respect as a concept, but I do not think that respect is best understood as a virtue in the context of care. This is because respect is object-generated rather than subject-generated. That is, respect involves “a deontic experience” – we respect something because the object of attention demands our attention, not merely because we want to give it.⁷⁶ As John Rawls writes, respect is the recognition of something “as directly determining our will without reference to what is wanted by our inclinations.”⁷⁷ Consequently, it would be better to say that respect is a relational moral consideration that emerges through our interactions with others.

However, though respect can be interpreted as a relational moral consideration, I argue that it is not a distinct caring value. Instead, respect is subsumed within attentiveness and responsiveness. On respect being subsumed within attentiveness, the following argument can be made. Respect entails a deontic experience, whereby the individuals involved in a caring relation have a need to not be demeaned or degraded in their own eyes or the eyes of others. Attentiveness is the recognition of another’s needs and that these needs require caring for. If we are not attentive to the need for not being degraded or demeaned through caring practices, then the value of attentiveness is undermined. Therefore, if the value of attentiveness requires the

⁷³ Engster, *The Heart of Justice*, 31.

⁷⁴ *Ibid.*

⁷⁵ Mullin, “Gratitude and Caring Labor,” 116.

⁷⁶ Thomas H. Birch, “Moral Considerability and Universal Consideration,” *Environmental Ethics* 15, no. 4 (1993): 315.

⁷⁷ John Rawls, *Lectures on the History of Moral Philosophy* (Cambridge: Harvard University Press, 2000), 153.

need for not being degraded or demeaned to be recognized, respect forms an important component of attentiveness.

A similar argument can be made for why respect is subsumed within responsiveness. Responsiveness as a value is exemplified if a person's needs are successfully cared for. Part of responding successfully to those needs is not degrading or demeaning that person in their eyes or the eyes of others. If that person does not respond positively to care given to them because they have been degraded or demeaned, then the value of responsiveness would be undermined. Therefore, respect also forms an important component of responsiveness.

11. Responsiveness

Whereas attentiveness refers to the successful recognition of needs that require caring for, responsiveness indicates how successful attending to those needs has been. Responsiveness has three major features. The first feature involves the ability to respond to a person's needs. Here, cheerfulness and competence can be useful components of providing good care. The second feature is how sensitive the carer is to the response given by the cared-for to determine if the care provided was well-received. This second feature deserves emphasis: when we are inattentive to how well-received care is, good care could degenerate if we do not know the care provided is appropriate. Therefore, this feature of responsiveness "requires that we remain alert to the possibilities for abuse that arise with vulnerability."⁷⁸ It is one thing to respond to a person's needs; it is another whether this response was appropriate. The third feature follows the above discussion of gratitude, and is closely interlinked with the first and second features: following

⁷⁸ Tronto, *Moral Boundaries*, 135.

Mullin, the cared-for has a responsibility to express gratitude to the carer if a benefit is received, and the benefit is given out of benevolence that is accompanied with respect to the cared-for.⁷⁹ Given this normative pull toward promoting successful caring practices that emerges through relations, I argue that responsiveness is a value.

Responsiveness illuminates two key normative features of humans: our capacity for self-determination and our vulnerability. In Chapter One, I noted that care theorists understand autonomy relationally – that is, our capacity for self-determination is embedded in, and mutually constitutive with, the relations in which we are embedded. Our autonomy can be nurtured or hindered, contingent on our relational context. This is, in part, because we are vulnerable beings who have interests and needs that can be thwarted. Responsiveness is exemplified when a carer tends to our thwarted interests and needs in a way that respects our self-determination.⁸⁰ Indeed, as highlighted above with respect, demeaning a cared-for does not recognize their interest in avoiding situations that degrade their person, leading to poor caring practices. As seen in Chapter Four, this issue is accentuated in the domain of global justice, especially when responding to environmentally displaced persons. It is one thing to respond to these person's needs; it is another to respond in a way that recognizes, and acts in light of, their autonomy.

A further implication of responsiveness is how responsive the carer is to their own wellbeing. There is a need “to keep a balance between the needs of care-givers and care-receivers.”⁸¹ Unless the carer also receives suitable amounts of rest and other resources to pursue opportunities and projects that give meaning to their life, two undesirable outcomes result. First, the care given will become less effective as the carer burns out. Second, and perhaps most

⁷⁹ Mullin, “Gratitude and Caring Labor,” 112.

⁸⁰ Sarah Clark Miller, “Cosmopolitan Care,” in *Care Ethics: New Theories and Applications*, ed. Christine M. Koggel and Joan Orme (New York: Routledge, 2013), 44.

⁸¹ *Ibid.*

important, there is a risk the carer becomes conceptualized as merely a tool of care provision. A prominent criticism of Noddings' interpretation of care ethics was just this: Sarah Hoagland argued that Noddings' carer seems to be a "martyr, servant or slave."⁸² The danger is that the carer's sense of self could be lost if the only reason they rest is for providing better care. Therefore, to be responsive to oneself is to acknowledge that the reasons for rest are not merely to improve one's care but also to develop and reinforce self-respect.

While Hoagland raises an important point, I think it is still possible to provide some defence to Noddings. Though the reasons for being responsive to our wellbeing do not entirely encompass being better carers, it is the case that upholding our caring responsibilities is also a source of meaning and reinforcement of self-respect, too. Caring practices include a wide range of activities from attending to biological needs to serving cultural needs (as defended in Chapter One). The successful iterations of these relational activities can grant confidence in one's abilities and a positive outlook of the self. Moreover, as discussed above, when a person's caring practice is met with gratitude from the cared-for, this also serves to reinforce that self-respect. Consequently, it does not necessarily follow that resting to partake better in caring practices entails the denigration of the self into a tool of care. However, when caring practices within a relation become a negative burden upon the carer and do impact upon a carer's self-respect, this relation ought to be treated with moral suspicion and evaluated accordingly.

12. Sensitivity

⁸² Sarah Lucia Hoagland, "Some Thoughts about Caring," in *Feminist Ethics*, ed. Claudia Card (Lawrence: University of Kansas Press, 1991), 255.

Held understands sensitivity as the capacity for being considerate of a person's complex needs. Though mistaken interpretations of needs "are usually frequent on both sides," steady progress moves us toward learning how to respond best and avoid the frustrating of these needs.⁸³ Here, sensitivity is not empathy. Sensitivity only requires us to become more attentive to a person's needs, to better understand them. This does not require an empathic connection, given this might be impossible in some cases. Instead, sensitivity is closer to sympathy – feeling *for* someone through the better recognition of their needs. Moreover, sensitivity is not quite attentiveness. While sensitivity reflects the first part of attentiveness (the recognition of a need), there is no inherent normative pull in sensitivity that requires us to do anything about that need.

This latter point is important for establishing whether sensitivity is a value. For as Held continues, sensitivity "is not always an admirable capacity: It can be used to inflict pain more effectively."⁸⁴ Held's criticism parallels one of the criticisms I levelled at empathy: it is possible to manipulate sensitivity for improving non-caring practices, such as the torture of another person. Consequently, sensitivity is not a caring value. However, sensitivity does play an important role in two other values: attentiveness and responsiveness. While sensitivity embodies the first part of attentiveness, it is also important for the second part of responsiveness: knowing whether one's caring was positively received. Unless we are sensitive to this facet of caring, responsiveness will be undermined as a value.

13. Solidarity

⁸³ Held, *The Ethics of Care*, 53.

⁸⁴ *Ibid.*, 54.

In *Caring Democracy*, Tronto, inspired by Selma Sevenhuijsen, considers solidarity as a moral consideration of care.⁸⁵ Solidarity, if it is a value, is a political value. It manifests as a “sense of common purpose” between citizens to commit to caring for those who are vulnerable and dependent.⁸⁶ Given our relational interdependency, Sevenhuijsen writes, we must be able to count on others for help: “we need each other’s disinterested support at expected and unexpected moments.”⁸⁷ Without caring solidarity, the labour of care is pushed to the periphery of political life, privatized and devalued through poor funding and public sector shrinkage. As has happened especially in the United States and United Kingdom, caring services have been squeezed to make them cost-effective. In turn, this squeeze has reduced the quality of care services available and lowered wages for care workers in real terms.⁸⁸ The fact of our relational interdependency, and the caring labour required to account for that fact, is confined to the private sphere, as a matter of “personal responsibility” instead of a collective responsibility.⁸⁹

Solidarity is an important moral consideration to consider because it makes clear the need to centre care at the heart of political society, equitably distributing the burdens of care amongst all citizens democratically.⁹⁰ Justice is thus understood by Tronto to be the “ongoing process of assigning and reassigning caring and other responsibilities in a framework of non-dominated inclusion.”⁹¹ Asymmetrical social relations of power could potentially undermine justice: if some members of society get “free passes” (because historically oppressed groups have been forced

⁸⁵ Tronto, *Caring Democracy*, 35.

⁸⁶ *Ibid.*, 157.

⁸⁷ Sevenhuijsen, *Citizenship and the Ethics of Care*, 151.

⁸⁸ Shahra Razavi, *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options. Gender and Development Programme Paper Number 3* (Geneva: United Nations Research Institute for Social Development, 2007).

⁸⁹ Tronto, *Caring Democracy*, Chs. 3–5.

⁹⁰ *Ibid.*, 108. See also: Elizabeth Anderson, “What is the Point of Equality?” *Ethics* 109, no. 2 (1999): 287–337; and Iris Marion Young, *Inclusion and Democracy* (Oxford: Oxford University Press, 2000).

⁹¹ Tronto, *Caring Democracy*, 169.

out of the democratic process through being disproportionately assigned responsibilities of care), a political care ethic must be able to account for this.⁹²

Despite this, I do not think that solidarity is a distinct caring value. This is because its normative focus is captured within a broader value: mutual concern. Solidarity is a type of mutual concern that captures the political importance of shared, intertwined interests between all citizens toward the moral significance of our relational interdependency of care. In this light, care ethics has the radical potential of calling for a reshuffle of our society's priorities toward a fair process of distributing caring responsibilities. Clearly, then, care ethics is concerned with issues of justice, and how society's institutions ought to be structured to fairly distribute resources that promote all citizen's caring responsibilities to be fulfilled and good caring relations to flourish. As such, to say care ethics stands in contrast to justice is misleading – instead, care ethics could offer its own distinct type of justice, asking: how should caring responsibilities be justly distributed across society? How the process of a democratic distribution of caring responsibilities at the political level would occur goes beyond this dissertation.⁹³ This dissertation only seeks to explore how far care ethics' normative frontiers can be extended.

14. Taking Responsibility

Responsibility is a difficult concept to define, as Tronto writes: “responsibility is among the handful of concepts that require constant evaluation.”⁹⁴ This is because of the ambiguity that undergirds who has what responsibility of care to fulfil: responsibility “has different meanings

⁹² Ibid., 108.

⁹³ For some ideas about what this process could look like, see: Ibid., Chs. 6–7.

⁹⁴ Tronto, *Moral Boundaries*, 131.

depending upon one's perceived gender roles, and issues that arise out of class, family status, and culture, including cultural differences based on racial groupings."⁹⁵ However, a general classification within the care ethical framework can be given: to take responsibility is to be made accountable for the successful fulfilment of a caring practice. What this specific responsibility will consist of depends on one's context.

Yet, when understood this way, I do not think that taking responsibility is a value per se, but rather the activity of fulfilling the responsibilities generated through the values of care. For instance, we might have responsibilities in a caring relation to respect shared interests, to maintain trustworthiness, to be attentive to other's needs, and to be responsive to those needs (including our own). Taking on these responsibilities is how such values are consequently exemplified in that caring relation. To avoid one's responsibility would be to ignore these caring values and risk harming one's relations. I address the question of how such caring responsibilities are generated through the values of care later in this chapter, in my discussion of the normative baseline.

15. Trustworthiness

Trustworthiness characterizes the expectation that persons in a relation will maintain certain normative expectations and not pursue deceitful or hostile actions toward each other. Through successful iterated caring practices, trustworthiness in a relation is exemplified to a stronger degree; this enables greater intricate engagement between the individuals involved. As Annette Baier has argued, these activities of trust-building are mutually reinforcing, creating a "climate

⁹⁵ Ibid., 133.

of trust” in which relations become increasingly meaningful over time.⁹⁶ When this climate of trust is undermined through betrayal, the harmed relation can be accordingly evaluated on its poor moral worth. Should there be a desire to reconstitute this damaged relation, rebuilding the climate of trust is fundamental to its success. As seen earlier with Walker’s discussion of hope, the process of relational repair requires “restoring or creating trust and hope in a shared sense of value and responsibility.”⁹⁷ If there is no expectation a person will be able to continue rebuilding such trust, forgiveness and restoration of the relation dissipates. Given the importance of trustworthiness to begin, maintain, and strengthen caring relations, this moral consideration is a value of care.

There are different accounts of trustworthiness that can emerge here, which Karen Jones labels “risk-assessment” and “will-based.”⁹⁸ A “risk-assessment” account of trustworthiness underpins non-intimate relations and is especially found in social contract theories. This view describes a minimal climate of trust in which people expect others to act in a certain way because it is in these people’s self-interest to act in that way. However, as seen earlier with Held’s critique of the contractual model of social relations, care theorists do not subscribe to this view of relations. Instead, care theorists are more amenable to the “will-based” account of trustworthiness, which follows Baier’s interpretation given above. This account asserts that trustworthiness emerges through a trustee motivated by goodwill to another person – that the trustee actually cares for the trustor’s wellbeing. Whereas the risk-assessment account does not assume persons to care for each other intimately, the will-based account does assume the possibility of such intimacy.

⁹⁶ Annette Baier, “Demoralization, Trust, and the Virtues,” in *Setting the Moral Compass*, ed. Cheshire Calhoun (Oxford: Oxford University Press, 2004), 177.

⁹⁷ Walker, *Moral Repair*, 28.

⁹⁸ Karen Jones, “Second-Hand Moral Knowledge,” *Journal of Philosophy* 96, no. 2 (1999): 68.

This difference between the risk-assessment and will-based accounts is important for care theorists. As Baier writes, by making care central to trustworthiness allows us to distinguish between trust and mere reliance. The former can be betrayed because it is an appropriate response to someone on whom one relied to act out of good will. However, self-interest as a motive is also compatible with ill will and selfishness – being let down by someone if one was merely relying on self-interest falls under disappointment rather than betrayal because, under the will-based account, the trustee is being counted on for reasons that they care about the wellbeing of the trustee.⁹⁹ Ignoring, refusing aid to, or worsening the plight of others poisons the climate of trust between these persons, and thereby the possibility for good care.

16. The Four Values of Care Summarized

Following the above analyses of the fourteen potential values of care, I conclude that only four are genuine values within the care ethical framework: attentiveness, mutual concern, responsiveness, and trustworthiness. These values can be given the following condensed classifications:

Attentiveness: at base is the recognition of a need that requires attending to, and at most is a critical awareness about what psychological and social biases could be preventing the recognition of certain needs.

⁹⁹ Annette Baier, “Trust and Antitrust,” *Ethics* 96, no. 2 (1986): 234–5.

Mutual concern: expressed between related beings when there exists a shared, intertwined interest to make possible the cooperation required to develop and sustain association for the benefit of all involved.

Responsiveness: refers to the ability of the carer to respond to the cared-for's needs, how attentive the carer is to the response given by the cared-for to determine if the care provided was well-received, the attitude of the cared-for in response to the care provided, and how responsive the carer is to their own wellbeing.

Trustworthiness: where persons in a relation uphold certain normative expectations and do not pursue deceitful or hostile actions toward each other.

These values form normative criteria from which to evaluate the moral worth of caring relations, best conceived as moral guides. Given the uniqueness, dynamism, and complexity of each relation, offering specific principles for how to care would not be particularly helpful. Instead, these normative criteria call for individuals to maintain awareness and critical scrutiny of their caring practices to ensure that they exemplify the four values of care in their caring relations. Such scrutiny is not an activity that individuals carry out alone, though introspection is important. Open and frequent communication with those also involved in the relation is vital, matched by improving one's capacities to be increasingly attentive to this person's needs. Where communication is not possible, conversing with others who may hold more expertise in promoting caring relations for certain people (such as with children or persons who have mental illnesses) offers some help to prevent caring values being subverted (inadvertently or otherwise).

It is not expected that we uphold caring values in each of our relations to the same extent. Sometimes relations naturally and cordially unravel through no fault of the individuals involved. Some individuals have, or come to have, different interests and temperaments, or have external circumstances impact the extent of their mutual concern. Such individuals may decide to stop continuing the closeness of their relation. Some relations form through the context of formal care (such as in healthcare) and the exemplification of caring values in those relations are appropriately limited to the purpose of that care. As explicated below, the key point is that we are, at the very least, morally required to adhere to the normative baseline throughout all our relations. Above this baseline, how caring values are upheld, strengthened, and exemplified, depends on the uniqueness of each relation: the limitations of individuals' intertwined interests and temperaments, relational history, proximity of the individuals involved, and the context of caring, all factor in here. Chapter Three will explore what ramifications this has on care ethics' central claim about the moral worth of partiality. For now, I turn to the nature of this normative baseline.

17. The Normative Baseline

The concept of the normative baseline can be introduced through asking the question: what obligates us to take on the responsibilities that are generated through the values of care? My answer is to consider what happens if any four of these values are undermined within a caring relation. Unsurprisingly, it would be to the relation's detriment: if the relation does not exemplify attentiveness, no needs that require caring for are recognized; if the relation does not represent intertwined interests to make possible the cooperation required to develop and sustain association

for the benefit of all involved, it is domineering or exploitative; if the relation does not exemplify responsiveness, caring practices are not being delivered successfully; and if the relation lacks trustworthiness, it is deceitful and paranoid, preventing better and more intricate care. Given our relational interdependency, such outcomes would make our lives worse. A normative baseline for upholding caring values is therefore expected: avoid and prevent relations that are dominating, exploitative, hostile, mistrustful, and negligent, as best we can. In other words, this normative baseline forms the moral minimum for ethical action in relations of care.

The normative baseline may appear as a set of negative obligations – obligations to refrain *from* doing something. In practice, though, this is not the case. Upholding each caring value requires positive actions. For instance, to ensure relations are not negligent, upholding attentiveness requires us to actively recognize a person’s need for care. Of course, one could purposefully try and avoid all relations so that no needs are recognized, and therefore have no obligation to act. Yet to pursue this action is to embody deliberate inattentiveness and thereby negligence – an intentional attempt to shirk one’s responsibilities, which consequently falls beneath the normative baseline. As such, upholding the normative baseline is not limited to mere parochialism. There is no good reason that cuts off caring values from spilling into and being exemplified in our much broader social, political, and global relations. Intentionally ignoring or worsening the plight of another person or group outside of one’s personal domain directly undermines the essence of these caring values. Consequently, the normative baseline applies to all relations where they exist.

To understand this claim in more detail (that the normative baseline applies to all relations), it is worth contextualizing the normative baseline in an important debate within the global justice literature: the relationist/nonrelationist debate. Nonrelationist views of justice deny

that the truth about justice depends on the type of relations we have. Instead, “principles of justice depend on features shared by all members of the global population, independent of whatever relations they happen to be in.”¹⁰⁰ The argument in favour of nonrelationists is that they seek to avoid the arbitrariness of restricting justice to certain forms of relations; instead, justice always applies. By contrast, the relationist view argues that the demands of justice differ depending on the type of relation that a moral duty emerges from. Where does the normative baseline fit in this debate? This question is relevant because the nonrelationist view is promulgated by Tom Regan, Brian Barry, and others in their criticisms of care ethics that I listed in the Introduction and Chapter One: can care ethics’ normative frontiers be extended to encompass the wider concerns of justice outside of our personal relations?

First, it is possible to interpret care ethics as siding with a nonrelationist position. This position is that persons are vulnerable beings whose lives can be bettered or worsened, and it is a matter of justice (regardless of relation type) to ensure care is provided to mitigate such vulnerability. Engster has most recently emphasized the normative importance of vulnerability in care ethics, where vulnerability is defined as “susceptibility or exposure to harm, needs, loss, coercion, domination, and other unwanted conditions or events.”¹⁰¹ Such vulnerability can be from both human and non-human sources. What Engster’s reemphasis does to care ethics is establish vulnerability as the broader normative concept of which dependency relations are only a part. If the wider concerns of justice include mitigating such vulnerability (as they do for Engster), then care ethics’ normative frontiers can be extended and applied universally.

However, where I think Engster’s argument goes wrong is in its move away from dependency relations (as care ethics’ primary normative domain) to vulnerability more broadly.

¹⁰⁰ Mathias Risse, “Responsibility and Global Justice,” *Ratio Juris* 30, no. 1 (2017): 43.

¹⁰¹ Daniel Engster, “Care Ethics, Dependency, and Vulnerability,” *Ethics and Social Welfare* DOI: 10.1080/17496535.2018.1533029 (2018): 7.

This is because moral analyses of vulnerability in care ethics cannot escape the context of dependency relations. For instance, a person can be vulnerable to conditions of poverty that have emerged from a non-human source, which Engster would claim is an issue of justice – so, following Engster for the sake of this example, we have a moral duty to mitigate such conditions if we are able. But the very fact of this moral duty presupposes a relation exists: someone makes a claim for care that falls to another person to meet. Outside relations, any potential claims fall latent; these claims are only morally triggered when a relation is established. Furthermore, such relations are inherently dependency relations: when a person makes a claim for care, they are dependent on others for meeting that claim. No duties can be met if there are no relations for these duties to emerge from. It is precisely this dependency that care theorists seek to morally evaluate.

This helps clarify the context in which the normative baseline is situated. The normative baseline depends on a particular feature shared by all members of the global population, independent of whatever relations they happen to be in: human vulnerability. However, our relations and interactions with one another play a significant role in establishing whether such vulnerability can be mitigated. This is the context in which the normative baseline applies: universally to all relations of care, regardless of the relation's type, to ensure the moral minimum of upholding caring values is met. The normative baseline thus appears to fit a nonrelationist position. What matters, then, is how far we can legitimately conceive our relations stretching so that the normative baseline can be definitively shown to address the wider concerns of justice. As I will argue in Chapters Four and Five, our relations of care extend more broadly than care ethics' critics have assumed.

Of course, for many care theorists (including Held) a central focus of care ethics is on the moral significance of attending to our personal relations. Such relations can generate special responsibilities that only apply to those relations; these responsibilities could generate stronger reasons for those individuals involved to prioritize attending to that relation over others. How can this be made consistent with the normative baseline if this baseline forms as nonrelationist normative criteria? As defended in Chapter Three, the interpretation of care ethics I am defending will not be purely nonrelationist. I will argue that a relationist interpretation of care ethics can apply only in a certain context: once the normative baseline has been met. In other words, so long as the relation exemplifies the moral minimum that the normative baseline sets, prioritizing attending to certain relations over others can be justified.

For now, how should we generally interpret the demands of the obligations that the normative baseline generates? After all, some individuals may recognize a person's needs but be unable to do anything to respond at that present time. Perhaps they lack the personal resources or face conflicting demands from another relation. Is this person to be morally blamed? Prima facie, no – to put such an obligation on an incapable person would be unjustifiably demanding. Recall that the normative baseline expects to us to uphold it *as best we can*. Indeed, rather than put all the weight of moral expectation on the individual, care ethics calls for a collective response to evaluate the institutional context that surrounds our relations. As discussed earlier in this chapter on solidarity, care ethics is concerned with producing a fair process of distributing resources and caring responsibilities to support and maintain good caring relations. Such a distribution process would aim to ensure that certain individuals or groups of societies are not unfairly burdened with

more caring labour than others. Once more, though, the specificities of this fair process go beyond this dissertation.¹⁰²

Finally, then, my classification of *good caring relations*: those relations that exemplify the values of care in the fulfilment of successful caring practices, consistent with the normative baseline.

18. Conclusion

In Chapters One and Two, I have sought to outline the foundations from which my dissertation's overall argument will follow. I have argued thus far that we are relational beings who are dependent on others for care as others will be dependent on us. Following Held, care is interpreted as both a practice and a value. There are four principal values of care, identified through our personal caring relations via a method of reflective equilibrium. These values are: attentiveness, mutual concern, responsiveness, and trustworthiness. We are morally required to uphold these values throughout all our relations, taking on the responsibilities they create. In turn, a normative baseline is generated: avoid and prevent relations that are dominating, exploitative, hostile, mistrustful, and negligent. Therefore, good caring relations are those relations that exemplify the values of care in the fulfilment of successful caring practices, consistent with the normative baseline.

¹⁰² Once more, I highlight some key texts in the care literature that offer some indication of what this fair process could look like: Tronto, *Caring Democracy*, Chs. 6–7; and Engster, *Justice, Care, and the Welfare State*.

Chapter Three

– Partiality –

Partiality refers to “the inclination to give priority to the needs of certain others [...] in virtue of the special bond we have with them.”¹ We saw in Chapter One that care theorists argue partiality is a significant source of normative consideration, given that a central focus of care ethics is on the compelling moral salience of attending to the needs of our particular others. In this chapter, I apply my argument thus far to examine how partiality can be appropriately justified in care ethics.

There is no consensus within the care literature about how partiality ought to be justified. However, two major but contrasting justificatory arguments can be demarcated. The first grounds partiality in the facts and values of the relation itself.² The second is a distributive argument, taking the form of a modified version of Robert Goodin’s assigned responsibility model of moral obligation;³ this argument states that partiality is justified insofar as it enables efficient distribution of general duties to care.⁴ Which argument is preferable for justifying partiality in care ethics?

I argue that care theorists should prefer the first argument, that partiality is grounded in the facts and values of the relation itself. Specifically, partiality is justified when grounded in the four values of care that are exemplified in good caring relations. Hence, I term this justification the *argument from good caring relations*. To show the promise of this justification, this chapter

¹ Anca Gheaus, “Care and Justice: Why they Cannot Go Together All the Way” (Ph.D. Dissertation, Central European University, 2005), 72.

² Found in: Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford: Oxford University Press, 2006).

³ This model is outlined in: Robert Goodin, “What is So Special About Our Fellow-Countrymen?” *Ethics* 98, no. 4 (1988): 663–686.

⁴ Explicitly found in: Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford: Oxford University Press 2007); and Stephanie Collins, *The Core of Care Ethics* (Basingstoke: Palgrave Macmillan, 2015).

moves in three steps. First, I outline the argument from good caring relations, illustrating the context in which this justification functions. Second, to develop and demonstrate the various strengths of this justification, I contrast the argument from good caring relations with other justifications offered in the broader partiality literature. In particular, I show how the argument from good caring relations can enhance what Simon Keller has termed “the relationships view.”⁵ The relationships view and the argument from good caring relations share common ground – both see the relation as the source of justification for partiality. However, Keller lists several criticisms of the relationships view.⁶ I argue that the argument from good caring relations can respond to those criticisms. Third, I defend the argument from good caring relations against the distributive argument for justifying partiality in care ethics. Indeed, I argue that where the distributive argument fails, the argument from good caring relations succeeds.

1. The Argument from Good Caring Relations

A central component in the development of care ethics was that caring for our particular others is a significant source of normative consideration. Carol Gilligan initially described care as “an activity of relationship, of seeing and responding to need”⁷ requiring “a mode of thinking that is contextual and narrative.”⁸ However, partiality does not necessarily follow from these premises; as Will Kymlicka writes, even the most impartial moral agent needs to be sensitive to context to know how to act appropriately.⁹ Instead, it was Nel Noddings who concretized the normative importance of partiality in care ethics, arguing that our responsibilities to attend to other’s needs

⁵ Simon Keller, *Partiality* (Princeton: Princeton University Press, 2013).

⁶ *Ibid.*, 38–51.

⁷ Carol Gilligan, *In A Different Voice* (Cambridge: Harvard University Press, 1982), 62.

⁸ *Ibid.*, 19.

⁹ Will Kymlicka, *Contemporary Political Philosophy*, 2nd ed. (Oxford: Oxford University Press, 2002), 401.

are “limited and delimited by relation.”¹⁰ For Noddings, care necessitates the “engrossment and motivational displacement of the one-caring, and it requires the recognition and spontaneous response of the cared-for.”¹¹ Such care cannot be adequately extended beyond our personal relations. Therefore, our responsibilities to provide good care are limited to our nearest and dearest.

As seen in Chapter One, subsequent care theorists have reinterpreted and refined Noddings’ care ethic to extend care ethics’ normative frontiers beyond personal relations. Nonetheless, the general appeal to partiality has endured and is found throughout the contemporary care literature. For example, Virginia Held states that, “the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility.”¹² Fiona Robinson similarly writes that care ethics “regards morality as existing [...] in the practices of care through which we fulfill our responsibilities to particular others.”¹³ Michael Slote posits that a care ethic based on empathy accounts for the intuition that we have stronger obligations toward our nearest and dearest.¹⁴ Joseph Walsh argues care ethics necessarily entails partiality due to commitment through caring.¹⁵ Raja Halwani,¹⁶ Daniel Engster,¹⁷ and Stephanie Collins¹⁸ also make analogous statements on the normative significance of partiality in care ethics.

The above appeals to partiality are usually understood in the context of informal care, as opposed to formal care. Whereas formal care involves a commitment to the promotion of

¹⁰ Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1984), 86.

¹¹ *Ibid.*, 78.

¹² Held, *The Ethics of Care*, 10.

¹³ Fiona Robinson, *The Ethics of Care: A Feminist Approach to Human Security* (Philadelphia: Temple University Press, 2011), 4.

¹⁴ Michael Slote, *The Ethics of Care and Empathy* (New York: Routledge, 2007).

¹⁵ Joseph Walsh, “Commitment and Partialism in the Ethics of Care,” *Hypatia* 32, no. 4 (2017): 817–832.

¹⁶ Raja Halwani, “Care Ethics and Virtue Ethics,” *Hypatia* 18, no. 3 (2003): 161–192.

¹⁷ Engster, *The Heart of Justice*.

¹⁸ Collins, *The Core of Care Ethics*.

wellbeing generally in professional contexts (such as in healthcare), informal care focuses on the individual welfare of particular cared-for in personal relations.¹⁹ There are plenty of interesting arguments about the role of partiality in the context of formal care; for instance, Per Nortvedt, Marit Helene Hem, and Helge Skirbekk discuss what circumstances allow for healthcare workers to give priority to one patient over another.²⁰ However, these discussions of partiality in formal care move beyond the scope of this chapter. As with the other care theorists listed above, I am primarily focused on the moral salience of attending to our particular others in the context of informal care.

Despite care theorists' appeal to partiality, it is hard to find a consistent argument in the care literature for when it is justified. What is clear is that care theorists do not support crude partiality. Marilyn Friedman writes that the "quality of a particular relationship is profoundly important in determining the moral worth of any partiality."²¹ Held interprets Friedman in this way: when relations exemplify domination, exploitation, hostility, mistrust, and negligence, we cannot justify partiality to them because such relations lack moral worth. "Partiality toward other white supremacists on the part of a white supremacist," Held concludes, "does not have moral worth."²² These comments raise important questions: which relations hold moral worth, and why are those relations therefore justified in their partiality?

These questions can be complicated further. Held also points to facts about the relation itself that give special reasons for partiality, facts that compel us to attend to our particular other's needs: our close relations embody "love, trust, and loyalty" that are "of irreplaceable

¹⁹ Walsh "Commitment and Partialism in the Ethics of Care," 822.

²⁰ Per Nortvedt, Marit Helene Hem, and Helge Skirbekk, "The Ethics of Care: Role Obligations and Moderate Partiality in Health Care," *Nursing Ethics* 18, no. 2 (2011): 192–200.

²¹ Marilyn Friedman, *What Are Friends For? Feminist Perspectives on Personal Relationships and Moral Theory* (Ithaca: Cornell University Press, 1993), 40.

²² Held, *The Ethics of Care*, 95.

value.”²³ These facts give us special reasons for acting that otherwise would not have existed, implying such relations form a distinct normative source. Indeed, these reasons sometimes conflict with the dictates of another normative source: impartial, universal principles derived through liberal theories of justice. Moral dilemmas ensue, with persons often caught in a tension between friendship and impartiality, loyalty and universality – ultimately, care and justice.²⁴ As such, any justification of partiality offered in the care ethical framework must also make sense of this conflictual moral experience.

These latter comments parallel Samuel Scheffler’s work on partiality,²⁵ though Held does not reference it. (Then again, care ethics is not referenced by Scheffler.) Scheffler argues that valuing a relation non-instrumentally is to see that person’s “needs, interests, and desires as providing one [...] with reasons for action, reasons that one would not have had in the absence of the relationship.”²⁶ As with Held, partiality derives from these special reasons. I will explore the interconnections care ethics has with Scheffler’s view in more detail later in this chapter, hopefully spurring new engagements between care ethics and the broader partiality literature. For now, the following task is set: to investigate what facts about relations indicate that such relations hold moral worth, and why those relations are justified in their partiality in care ethics.

Though Held does not give a sustained justificatory argument for partiality in care ethics, other conceptual resources found in her work can be appropriated to provide such an argument here. Specifically, this argument can be derived from the values of care that are exemplified in good caring relations.

²³ Ibid., 99.

²⁴ Ibid., 17.

²⁵ See, for example: Samuel Scheffler, *Boundaries and Allegiances: Problems of Justice and Responsibility in Liberal Thought* (Oxford: Oxford University Press, 2002); and Samuel Scheffler, “Morality and Reasonable Partiality,” in *Partiality and Impartiality: Morality, Special Relationships, and the Wider World*, ed. Brian Feltham and John Cottingham, 98–130 (Oxford: Oxford University Press, 2010).

²⁶ Scheffler, “Morality and Reasonable Partiality,” 104.

Here is a basic outline of this justificatory argument:

1. We are obligated to support and maintain good caring relations.
 2. The stronger caring values are exemplified in a good caring relation, the stronger the reasons individuals in that relation have to justify prioritizing their attending to each other vis-à-vis upholding such values.
 3. Caring values manifest most strongly in good caring relations with our particular others.
- C. Therefore, we have stronger reasons to prioritize attending to good caring relations with our particular others vis-à-vis upholding caring values. Partiality is thus justified when grounded in the four values of care exemplified in good caring relations.

Each premise will now be outlined and defended. Premise One is rooted in the arguments made in Chapters One and Two. Recall that good caring relations are those that exemplify the four values of care in the fulfilment of successful caring practices, consistent with the normative baseline. We all have an obligation to uphold the normative baseline to avoid and prevent relations that are dominating, exploitative, hostile, mistrustful, and negligent. Upholding this baseline is not limited to mere parochialism: there is no good reason that cuts off caring values from spilling into and being exemplified in our much broader social, political, and global relations. Intentionally ignoring or worsening the plight of another person or group outside of one's personal domain directly undermines the essence of these caring values.

The consequence of Premise One is that if only good caring relations are justified in being supported and maintained in care ethics, partiality could only be justified if it occurred within good caring relations. We have here, then, the confines from which partiality could be

justified. Therefore, Premise One would not justify crude partiality in care ethics. If only good caring relations are justified as partial, this makes sense of Held's earlier point that partiality between white supremacists on the basis of white supremacy is not justified. This is because white supremacist relations are not consistent with the normative baseline – they facilitate domination and hostility through unjustified discrimination in the broader social relations that they are embedded in. In doing so, white supremacists undermine the values of care and fall beneath the normative baseline.

Premise Two explores what responsibilities individuals have to each other above the normative baseline for upholding caring values, arguing: the stronger caring values are exemplified in a good caring relation, the stronger the reasons individuals in that relation have to attend to each other vis-à-vis upholding such values. This is to say, the stronger caring values are exemplified in a good caring relation, the more that is normatively at stake should individuals involved not fulfil responsibilities that uphold or strengthen such values in that relation.

To see why, consider one caring value in detail: trustworthiness. As a value, trustworthiness refers to persons in a relation maintaining certain normative expectations of each other and to not pursue deceitful or hostile actions. This value manifests in different strengths depending on the type of relation, be it stranger, friend, or loved one. For instance, when we first meet a stranger in an everyday setting we rarely divulge personal details or let them engage in intimate acts with us. We have yet to build a “climate of trust.”²⁷ Perhaps our basic expectation is that a stranger obeys the law and does not engage in hostile or harmful encounters with others – in other words, they adhere to the normative baseline. However, as a relation develops through successful iterations of caring practices (keeping promises, attending to general needs, building

²⁷ Annette Baier, “Demoralization, Trust, and the Virtues,” in *Setting the Moral Compass*, ed. Cheshire Calhoun (Oxford: Oxford University Press, 2004), 177.

rapport), trustworthiness is strengthened and is exemplified in this relation more intensely. These facts about the relation (the events that have reinforced trustworthiness over the relation's history) generate higher expectations that the individuals in such a relation will not seek betrayal, personal gain, or domination. Given that we want to avoid relations of betrayal and deceit, our preference increases toward those relations that do not exhibit such acts.

This increasing preference generates a higher normative expectation for individuals to uphold the value of trustworthiness in that relation over others. A consequence of this higher normative expectation is that there is more at stake in not fulfilling such responsibilities (or, indeed, in deliberately avoiding such responsibilities) that uphold trustworthiness without good reasons for not doing so (such reasons are discussed below). In turn, the responsibilities in that relation become weightier, giving us stronger reasons to prioritize that relation over others vis-à-vis upholding the value of trustworthiness. For example, suppose we told an embarrassing personal secret to a stranger and a loved one. We would rather this secret is not publicized. Yet we later find out that the secret has been publicized by one of these sources. Who would we rather did not publicize the secret? The answer is likely to be our loved one – betrayal would be felt that much worse through our loved one than the stranger. This is in part because such betrayal undermines the time, energy, resources, and emotion that has been devoted to building trustworthiness with that loved one. Should that trustworthiness be undermined, the relation with the loved one would need moral repair at a consequence not shared with by the stranger. Of course, both the stranger and the loved one had a responsibility to not tell the secret, but the responsibility is weightier for the loved one not to do so, given the value of trustworthiness is greater exemplified in that close relation.

This same argument also applies to the other three caring values, which can be woven into this discussion. Mutual concern is exemplified in relations when there exists a shared, intertwined interest to make possible the cooperation required to develop and sustain association for the benefit of all involved. As a relation develops, the interests of the individuals involved amalgamate – an example of how relations are not ontologically distinct from the individuals involved. Some relations, such as a parent/child relation, form a close amalgamation between the individuals involved quicker than others. Mutual concern within other relations may take more time, depending on context and the temperaments of the individuals involved. In either case, as individuals' interests weave tighter and more complexly together (reinforced by trustworthiness) the relation becomes a significant source of meaning in their lives. Given increasing closeness, we become more aware of the other's intricate and intimate needs. Their moral claims to care become ever more compelling to us because their wellbeing becomes interwoven with our own. Over time, we learn how to suitably care for those needs; that is, our ability to successfully attend and respond to these individuals' needs improves. Doing so exemplifies the values of attentiveness and responsiveness in that relation more intensely.

As the four values of care intensify in a relation, a particular person's needs may only be met by those individuals involved in that relation. The specific caring experience we have when a loved one comforts us cannot be replicated by any other person (or, at least, not adequately). This is because of how strongly caring values exemplify from the deep relational history we share with that loved one: our mutual concern is tightly knitted, our attentiveness acute, our responsiveness efficacious, and our trustworthiness concrete. In this way, particular individuals can come to have exclusive responsibilities to each other, responsibilities that other persons cannot fulfil. A consequence of this is that there are higher normative stakes for not fulfilling

such responsibilities. The stronger caring values exemplify from a relation, the higher the normative expectation such values will be upheld. The higher these expectations, the worse the relational damage should these expectations be undercut through the subversion of caring values. As such, for individuals involved in relations that strongly exemplify caring values, the stronger the reason those individuals have to prioritize attending to that relation vis-à-vis upholding such values.

A final point on Premise Two. I have argued that those relations that exemplify caring values the strongest give stronger reasons for the individuals involved to prioritize that relation over others vis-à-vis upholding those caring values. This is because there is more normatively at stake with not fulfilling those responsibilities. But I also stated above, in passing, that such responsibilities could remain unfulfilled so long as there were good reasons for not doing so. This needs further explanation.

First, in conjunction with Premise One, I emphasize that prioritizing certain relations is justified only if they are good caring relations. This means that our prioritizing those relations is justified only if we are upholding the normative baseline as best we can in our much broader relations too. For instance, choosing to ignore the significant suffering of others above pursuing a hyper-luxurious lifestyle with one's children is morally tainted with affected ignorance and would not be justified partiality. Recall from the end of Chapter Two that the normative baseline applies to all relations, regardless of what that relation is. As such, where I say that certain responsibilities could remain unfulfilled in relation so long as there were good reasons for not doing so, this is what I mean: where the normative baseline will be undermined, we do not have good reason to be partial.

Though the normative baseline appears demanding in this context, it is important to remember that individual relations are not an abstract phenomenon. They take shape within a particular institutional context. It is not up to mere individuals to continually uphold the normative baseline, thereby leaving them no time for developing the closeness of their relations and being deprived of a significant source of meaning and identity. Instead, care ethics calls for a collective response to evaluate and produce a fair process of distributing resources and caring responsibilities to support and maintain the normative baseline, relieving the burdens of care that might disproportionately fall onto certain segments or persons of society. Developing close good caring relations is a significant part of what gives our lives meaning, and our institutional context ought to best allow such relations to flourish. This point is discussed further in the next section.

Premise Three makes explicit what is above implied: that caring values manifest most strongly in good caring relations with particular others. This point can be made with the following argument. As Premise Two stated, caring values are exemplified more intensely as the ties of the relation grow closer. Our closest relations form with particular others, typically being family, friends, or loved ones. This is due to various reasons: namely, our deep relational history, the meaning we gain through such relations, and our capabilities of attending and responding effectively to each other's needs – indeed, perhaps such capabilities form special responsibilities that no other individual could fulfil. Therefore, it is in our relations with particular others where we find caring values exemplified most strongly. As noted in Chapter One, Held argues it is for this reason that we first come to identify caring values through examining our close relations; through the lived experience of caring and being cared for in our personal relations, such

intertwined values manifest more apparently in the delivery of successful caring practices. Once such values are identified, their abstraction into general normative criteria becomes possible.²⁸

These three premises reach the conclusion of this argument: we have stronger reasons to prioritize attending to good caring relations with our particular others vis-à-vis upholding caring values. Partiality is thus justified when grounded in caring values exemplified in good caring relations. Hence, this justification is termed the argument from good caring relations.

2. Moral Dilemmas

One last point can be made about the overall nature of the argument from good caring relations. In the previous section, I noted that the normative frameworks of care and justice are often seen in contrast with one another: between friendship and impartiality, loyalty and universality. Any justification of partiality ought to acknowledge these common experiences of moral conflict. Indeed, Held has influentially defended care ethics against the two-tiered theory of impartiality on this issue. The two-tiered theory of impartiality states that first-order (or level one) considerations of partiality can be justified insofar as they are compatible with second-order (or level two) impartial principles of justice that operate at the level of institutions.²⁹ This theory does not say that second-order principles justify partiality itself; instead, it says partiality within the boundaries of second-order principles can be justified, whereby this justification can be derived independently of such principles. The advantage of this theory is that it offers a framework that can recognize the equal moral status of persons yet provides a rationale for partiality. In this, our motivations and sentiments for attending to particular others are not

²⁸ Held, *The Ethics of Care*, 158.

²⁹ Brian Barry, *Justice as Impartiality* (Oxford: Oxford University Press, 1995), 235.

distorted by impartial justification; all the two-tiered theory of impartiality does is allow such motivations and sentiments to play out within the boundaries of second-order principles.³⁰ As Barry puts it, care and justice could be made compatible with the care ethical framework slotting into an overarching justice framework.³¹

Held argues that the two-tiered theory of impartiality cannot in fact accommodate the care ethical framework. This is because Barry wrongly assumes second-order principles can account for *all* the moral claims of care at the first-order level: “Sometimes the points of view of care and justice provide different moral evaluations and recommendations on the same issues.”³² When this happens, we must choose between either care and justice – we cannot choose both in a reconciliatory manner. Indeed, if a second-order principle asserts its normative priority and forces its recommendation against that given by the care ethical framework at the first-order level, this undermines Barry’s claim for harmonious accommodation with the justice framework.³³ This clash is a moral dilemma: we are torn between two conflicting, but equally valid, sources of justified normative significance.

Can the argument from good caring relations make sense of this debate? I argue it can, but Held’s criticism needs further explication if we are to reach a suitable conclusion. For the moment, let us put to one side the argument for good caring relations (and its accompanying concepts) and focus on this debate as it presently stands.

Held gives an example to illustrate her criticism: the conflict a father feels between spending more time in their profession as a teacher (that specializes in helping troubled students) and spending more time with their young child.³⁴ Held weighs up the options of the conflicted

³⁰ Charles Jones, *Global Justice: Defending Cosmopolitanism* (Oxford: Oxford University Press, 1999), 122–124.

³¹ Barry, *Justice as Impartiality*, 234–255.

³² Held, *The Ethics of Care*, 79.

³³ *Ibid.*, 97.

³⁴ *Ibid.*, 97–99.

father, comparing considerations of care with Kantian thought (as a representative of the justice approach that emphasizes the importance of impartial moral deliberation). On the one hand, Held writes that a Kantian may conclude that, “with respect to the time [the father] spends fulfilling both [imperfect] duties, his duty to avoid neglecting his students outweighs his duty to avoid neglecting his child.”³⁵ On the other hand, the perspective of care disagrees: the father “thinks that out of concern for this particular relationship he should spend more time with his child,” given the relationship is of irreplaceable value.³⁶ Given this tension, Held argues that the care and justice frameworks are incompatible.

However, I think that there is more nuance to this debate than Held suggests. Indeed, there are three reasons why Held’s criticism fails. First, there is some confusion with Held’s response to Barry. Barry understands second-order principles of justice as *political* principles of distributive justice that operate at the level of institutions. Therefore, Barry refers to political impartiality. Yet Held’s argument seems to be directed only toward second-order *moral* principles, which refer to interpersonal interactions.³⁷ Held says as much: “a satisfactory feminist morality should not accept the view that universal, impartial, liberal *moral* principles of justice and right should always be accorded priority over the concerns of caring relationships.”³⁸ This does not appear to be a mistaken word choice: Held argues elsewhere in the same work that there are legitimate contexts for second-order political principles of justice to exist within an overarching care ethical framework.³⁹ This is especially the case if such principles were informed and shaped by recommendations given across the care literature.

³⁵ Ibid., 98.

³⁶ Ibid., 99.

³⁷ Susan Mendus, *Impartiality in Moral and Political Philosophy* (Oxford: Oxford University Press, 2002), 9.

³⁸ Held, *The Ethics of Care*, 97; emphasis added.

³⁹ Ibid., 17.

Let us assume, then, that Held's focus is on contrasting care with second-order principles of moral impartiality. It is in this context that we find the second reason for why Held's criticism fails: Held's comparison of care with Kantian moral thought is underdeveloped. Held assumes that the Kantian will argue that the father should fulfill an imperfect duty to his students over the imperfect duty of spending time with his child. Yet Held does not provide sufficient justification to show why the Kantian would conclude that. Indeed, Marcia Baron has argued that there is much indeterminacy over how imperfect duties ought to be prioritized; a Kantian might well suggest to the father the same recommendation that the care perspective would.⁴⁰ Baron serendipitously raises a similar example to Held's that illustrates this:

That I have young children to tend to will sometimes be an adequate reason for not embarking on some particular projects of helping others, but it is no excuse for a policy of turning my back on needy people other than my children (and me).⁴¹

Here, while a Kantian may say that the father is justified to spend more time with their young child, the Kantian would only emphasize that the father should not lose sight of their imperfect duty to their students. It is hard to see how the care perspective would substantially disagree with this conclusion.

Of course, Held could respond in the following way. Held admits that her example could be reinterpreted to avoid a conflict between impartial moral rules and the pull of the father's relationship with their child – but that case, Held writes, “would not be one I am considering.”⁴²

⁴⁰ Marcia Baron, *Kantian Ethics Almost Without Apology* (Ithaca: Cornell University Press, 1999), 97.

⁴¹ *Ibid.*, 94.

⁴² Held, *The Ethics of Care*, 98.

Held wants to emphasize that the case she is considering is one where impartial rules conflict with the considerations of care. Indeed, to add to Held's point, if moral theorists kept reinterpreting her example to reach similar conclusions to the care perspective, this amounts to question begging. However, I do not find Held's response convincing. As seen above, a Kantian can still side with the considerations of care without needing to reinterpret the example Held gives. Some example that demonstrates this conflict is still required to support such an assertion; it is not enough to merely assert a case of conflict exists between impartial rules and considerations of care. Yet, problematically, should Held keep reinterpreting moral dilemmas until such a conflict is found, this may also amount to question begging.

The third reason Held's argument is not successful is via her reference to the moral motives of the father. Held writes that perhaps the father reflects on his motives for choosing between the two options available to him. One motive to spend time with their child embodies the care perspective: "the relationship between us is no less important than universal rules." Should the Kantian deny this motive can be moral, or at least discount the moral worth of this motive, the father might question the legitimacy of making moral decisions through a Kantian framework.⁴³ This point is not intended to be a case of the father having "one thought too many."⁴⁴ Instead, Held seems to say that second-order principles of moral impartiality entail impartiality at the first-order level. If Kant is interpreted as arguing that actions are only morally worthy if they are carried out through a motive of duty to abide by the maxims justified in the categorical imperative, then Held is right: the father's motives of care would be distorted by a second-order moral principle. Here, a genuine case of conflict could emerge between care and justice on the authenticity of motivations to care for others.

⁴³ Ibid.

⁴⁴ Bernard Williams, *Moral Luck* (Cambridge: Cambridge University Press, 1981), 18.

However, this is not a good interpretation of Kant's moral thought. Christine Korsgaard has argued that Kant does not say what makes an action morally worthy is its being carried out by a motive of duty. What makes an action morally worthy is if it is justified through the categorical imperative. As such, one does not always need a motive of duty to ensure an action is justified; one can fulfil a duty that the categorical imperative demands without the duty itself being the only motivation for acting. Kant's point is that the motive of duty (acting out of respect for the moral law) is merely the incentive generated by the categorical imperative as a reason to act according to its maxims if a motive to act accordingly is otherwise lacking.⁴⁵ Consequently, the father is not necessarily torn between the right moral motives to act. If the categorical imperative states the father's imperfect duty is to spend more time with their child, then the incentive to fulfil that duty can still be the motive that embodies the care perspective. The motive of duty would only come into play if the father lacked motivation to fulfil this imperfect duty.

These three reasons suggest Held's argument needs strengthening, or, at least, that a better example of conflict is required – one where an incontrovertible duty clashes with the recommendation and motive of the care perspective. Yet if moral theorists can keep reinterpreting such moral dilemmas, it is not clear how fruitful this endeavour will be. Perhaps a sharper indicator for differentiating between care ethics and the justice approach should be sought.

One promising indicator of genuine conflict between care ethics and the justice approach is one that Held only mentions a few times in passing, yet does not emphasize its importance: the choice of justification (or source of rightness) for acting. As noted in the previous section, Held points to facts about the relation itself that compel the father to choose to spend more time with

⁴⁵ For more on this interpretation of Kant, see: Christine M. Korsgaard, "Natural Motives and the Motive of Duty: Hume and Kant on Our Duties to Others," *Contemporary Readings in Law and Social Justice* 1, no. 2 (2009): 23–24.

their child: the father “experiences the relationship [to his child] as one of love, trust, and loyalty”, a relationship “of irreplaceable value.”⁴⁶ These comments ought to be highlighted because such facts about the relation may form reasons in themselves for why the father should spend more time with their child. Indeed, if Held is right that second-order principles of moral impartiality cannot accommodate the care ethical framework, a straightforward way to show this would be for care theorists to reject such principles as legitimate forms of justification in their framework. A clearer differentiation would then emerge: whereas care would locate justification for partiality in the relation itself, justice would externally locate justification in second-order principles.

Let us now see how the argument from good caring relations can illuminate this distinction. First, the argument from good caring relations justifies partiality through the values of care that are exemplified in good caring relations. These are values that are first identified through the relation itself, and represent the source of rightness for determining which relations are good and caring ones. The reason that the values of care are a notable source of rightness is because this source aligns with the reasons we inherently want to give for why we want to be partial to particular others: we want to attend to particular others simply because we *care* about them, not for reasons associated with second-order principles. The values of care recognize these reasons for what they are: genuine moral considerations of care. The significance of this point will be further explicated in my criticism of the distributive argument later in this chapter.

The difficulty is understanding how the normative baseline fits into this argument. This is because the normative baseline is formulated as a second-order principle of impartiality: avoid and prevent relations that are dominating, exploitative, hostile, mistrustful, and negligent. Much

⁴⁶ Held, *The Ethics of Care*, 99.

like Barry's argument, the normative baseline is intended to form the boundaries within which partiality can be justified, as defended in Premise One of the argument from good caring relations. We can prioritize attending to our personal relations over others vis-à-vis upholding caring values that are stronger in those relations, on the condition that the normative baseline is upheld in all our relations. So which is it: does the rightness of partiality stem from the values of care within a relation or the normative baseline?

The answer is that the rightness of partiality is grounded in the values of care exemplified in a relation, so long as such values are being exemplified within the boundaries set by the normative baseline. Parallel with Barry's argument, the boundaries of the normative baseline do not justify partiality itself, only the domain within which partiality can be justified.

Is the normative baseline a second-order principle of moral or political impartiality? The answer is complicated. On the one hand, the normative baseline is concerned with governing the moral interactions of persons in their relations of care. On the other, the normative baseline provides normative criteria for determining how successful institutions have been structured vis-à-vis whether they encourage and sustain good caring relations. Perhaps, then, the normative baseline is at base a second-order principle of moral impartiality, but a governing principle that can generate second-order political principles that structure institutions in a way to best ensure the baseline's moral demands can be upheld. It is difficult to see how Held would argue against this position. Even for Held, second-order principles of political impartiality are justified in certain normative contexts, especially if they are derived through the care ethical framework. Moreover, Held goes to great lengths to show how the values of care can and ought to be exemplified in our broader social and political relations.⁴⁷ The normative baseline fits these

⁴⁷ Ibid., Chs. 7–10.

criteria: it is derived precisely from the values of care that Held stresses are necessary for ensuring caring relations to flourish, and seeks to ensure these values are upheld throughout our broader relations through informing how institutions ought to be structured.

Of course, Held is surely right that we will still face difficulties with deciding how to resolve certain moral dilemmas, such as the father deciding whether to spend more time with his students or child. The father can still find himself torn between two equally justified sources of rightness: the values of care internal to a relation and external principles of justice. These are dilemmas that cannot be easily resolved for any moral theory (even with Kantian thought, seen above). However, following my comments on care ethics deriving its own theory of justice in Chapter Two, the following might be said. If the education system that the father teaches in had more adequate resources to improve pedagogical strategies and learning implementation, the father may not be faced with this issue. A political care ethic, whose focus is on structuring the surrounding institutional context to enable good caring relations to flourish, would target this father's dilemma by commenting on the lack of resources available for teachers and their students. A theory of justice derived from the normative baseline thus asks: how should resources be distributed such that education is more readily valued and available, given our relational interdependency? Therefore, this father's dilemma is potentially resolvable through care ethics as its own distinctive theory of justice. Though this political care ethic may not help the father in the short-term (given institutional changes take time), it may help prevent similar dilemmas occurring in the future. In the short-term, as Korsgaard writes on this issue, there may ultimately be no answer to dilemmas like the father's; it is simply a recurrent part of what makes

our moral lives so complicated, and any decision the father makes would seem to be a radical choice.⁴⁸

These issues need not be discussed further here. For now, it is enough to say that the argument from good caring relations is fuelled by the conceptual resources of the care ethical framework, independently justified from the justice approach. This maintains care ethics' identity as a distinct normative theory.

3. Enhancing the Relationships View

Earlier, this chapter briefly referenced Scheffler's work on justifying partiality, providing some context to begin developing the argument from good caring relations. There, it was mentioned that care ethics has barely engaged with the broader partiality literature, and vice versa. This lack of engagement is surprising, given that partiality forms a central component of care ethics' normative framework. As a dual opportunity to increase such engagement and outline some further intricacies of the argument from good caring relations, I explore in this section how the argument from good caring relations can enhance what Keller has termed the "relationships view."⁴⁹ The relationships view and the argument from good caring relations share common ground – both see the relation as the source of justification for partiality. However, Keller gives several criticisms of the relationships view. I argue that the argument from good caring relations can respond to these criticisms.

Keller demarcates two versions of the relationships view. One version is a value-based view: close relationships are valuable in and of themselves, which explains why we have special

⁴⁸ Christine Korsgaard, *Sources of Normativity* (Cambridge: Cambridge University Press, 1996), 128.

⁴⁹ Keller, *Partiality*, 38.

duties to particular others. Keller identifies Scheffler as a major proponent of the value-based view. As seen earlier in this chapter, Scheffler argues that close relations are non-instrumentally valuable. Non-instrumentally valuable relations are not merely of instrumental value to the persons involved. Valuing a relation non-instrumentally entails acknowledging the relation as a source of special duties. To ignore such duties, or to use the relation for personal gain, would undermine the worth of that relation.⁵⁰

The second version is a reason-based view: partiality is justified due to fundamental reasons that derive from facts about our relations. Keller identifies Diane Jeske as a prominent defender of this view. For Jeske, facts about special relations are reason enough to entail partiality, referred to as “the commonsense account of reasons of intimacy.”⁵¹ If a person asks why they helped one child instead of another, the reason “they are my child” is justification in and of itself and requires no further reference to other reasons: “it is our intimate relationships themselves [...] that ground those reasons.”⁵²

Keller gives three major criticisms of the value-based view and one major criticism of the reason-based view. I will respond to each of these criticisms in turn using the argument from good caring relations, beginning with the value-based view. Keller first asserts that there is a problem with this view’s normative focus. Reasons for partiality should not be centred on the relation itself, but squarely on the particular other. For example, the reasons a parent might have to spend more time with their child should not only be about the relation – the reasons should instead centre on the child. Otherwise, the child may feel the relation is of more importance than them as an individual.⁵³

⁵⁰ Scheffler, *Boundaries and Allegiances*, 110–111 and 121–122.

⁵¹ Diane Jeske, *Rationality and Moral Theory: How Intimacy Generates Reasons* (New York: Routledge, 2008), 14.

⁵² *Ibid.*, 45.

⁵³ Keller, *Partiality*, 63; cf. Errol Lord, “Justifying Partiality,” *Ethical Theory and Moral Practice* 19, no. 3 (2016): 573.

I argue that this criticism does not hold because Keller mistakenly separates the relation from the individuals involved. As seen in Chapter One, care theorists argue individuals are not ontologically distinct from their relations. If relations are threads that represent the intertwined interests of individuals – threads that weave into our very identity – then to talk of the value of a relation is inevitably to refer to the value of the individuals involved. Therefore, there need not be a focus problem for care ethics. A parent may ground their reasons for spending time with their child on the parent/child relation itself, given the relation stands for the mutual concern of the parent’s and child’s interests together.

However, Keller could respond to my objection. For Keller, the proper normative focus is on the individual. On this “individuals view,” the reason a parent wants to spend more time with their child is due to caring for the child in and of themselves. Therefore, reasons of partiality are grounded in the individual’s own value, separate from the value of a relation: “the value of an individual can incorporate the value of her welfare, her flourishing, and her autonomy.”⁵⁴ Keller claims that this focus is “truer to the phenomenology of partiality” than the relationships view: the reasons we want to give to justify our partiality are grounded in the facts and values of our particular other.⁵⁵ Keller goes further in this response: relations are valuable insofar as they *enable* facts about individuals to be known to others. That is, relations are mere gateways to connect with other individuals. Consequently, while relations are not reasons in themselves to be partial, they allow facts about individuals to become reasons for partiality.⁵⁶

However, I find Keller’s response unconvincing. If it is facts about individuals that give us reasons to be partial, this implies that we should always “trade up” when a better individual

⁵⁴ Keller, *Partiality*, 80.

⁵⁵ *Ibid.*, 61.

⁵⁶ *Ibid.*, 134–136.

who has similar facts comes along.⁵⁷ For instance, a parent might go to a football match because their child is playing in it. If the parent notices a better football player at their child's match, and it is facts about the child's football-playing that fuelled the parent's reasons to attend that match, the parent ought to be more partial to the better football player. However, this seems misplaced – we want to say the parent is watching the match because *their child* is playing, for otherwise the parent would not attend. Of course, by saying this we return to the relationships view: it is the parent/child relation that fuels the reasons for why the parent would watch the football match.

Keller also assumes that facts about individuals can exist separately from the relation. This is not true: there are facts about individuals that can only be derived through the relation itself. That the parent's child is *their child* is a fact about that individual that is only made possible by the parent/child relation. Moreover, these facts from relations typically play a large role in shaping our identity – not only who our parents are, but the society (with its traditions and culture) that we are born into. Once more, relations are not ontologically distinct from individuals – relations are mutually constitutive with individuals' identities. As I argued in the previous section, caring values exemplified in good caring *relations* justify partiality. Relations are therefore not just enablers for partiality; they are a source of justifying partiality.

The second criticism Keller levels at the value-based view is that there is no conceptual link between seeing a relation as valuable in and of itself and seeing it as a source of special duties. Simply because a relation is valuable does not mean special duties arise from it. Keller's example is this: a couple may value their relation purely because they see each other as attractive, whereby the relation holds aesthetic value. But no special duties necessarily emerge from this relation.⁵⁸

⁵⁷ Lord, "Justifying Partiality," 576.

⁵⁸ Keller, *Partiality*, 39.

The argument from good caring relations does not incur this criticism: responsibilities from and reasons for partiality are generated through the values of care exemplified in good caring relations. Values of care are so-named because they guide practices of care toward successful ones (practices that allow the individuals involved to survive and flourish). These are responsibilities, broadly conceived, as being attentive and responsive to needs, solidifying levels of trust, forming stronger bonds through mutual concern, and, at the very least, upholding the normative baseline. How these manifest in specific caring practices depends on the relational context. Indeed, as I outlined in the previous section, some relations may exemplify caring values so strongly that they generate special kinds of responsibilities that can only be met by the particular individuals involved.

The third criticism Keller makes about the value-based view is that there is no reason to think relations hold intrinsic value, “or at least not in any form that could ground our reasons of partiality.”⁵⁹ For Keller, any value of a relation is extrinsic to the individuals involved. As such, not all relations that hold value to individuals may justify partiality if the relation lacks moral worth. It is possible for an individual to attach value to an exploitative relation they are profiting from – yet this is a value that should not allow partiality of this kind to be justified.

While the relationships view does not show how to resolve this issue, I argue that the argument from good caring relations does: partiality is justified only in good caring relations that exemplify the values of care. It is conceivable that an individual might attach value to an exploitative relation they are profiting from – yet this undermines the normative baseline and therefore shows the relation to lack moral worth. Partiality in this relation would thereby not be justified. As stated in Chapter Two, the values of care are applied critically, not

⁵⁹ Ibid., 40.

phenomenologically. In this way, caring values form independent normative criteria, distinct from the relative value individuals place in a relation.

Finally, on the reason-based view, Keller criticizes the claim that there is nothing in statements like “they are my child” that implies justification of partiality itself. Instead, the reasons-based view is reliant on social context for a commonsense account of reasons of intimacy to be persuasive. The statement “they are my child” relies on the weight of attached emotional connotations that are left unsaid. As such, the strength of this justification is contingent upon the assumption that others will understand the emotional connotations involved in such a statement.⁶⁰

The argument from good caring relations would not necessarily claim Keller’s criticism is wrong here; instead, the argument from good caring relations offers some qualifiers to the reasons-based view, providing the conceptual resources needed to articulate what the commonsense account implicitly says. “They are my child” is a persuasive justification for partiality insofar as it is a shorthand for acknowledging the values of care that are exemplified in good caring parent/child relations. When interpreted this way, and given that the values of care are independent normative criteria, the reason “they are my child” would no longer be a relativistic reason. It follows that the reason “they are my child” becomes unpersuasive (and, most importantly, unjustified) if caring values are not upheld in that parent/child relation.

Given these above responses, I argue that the argument from good caring relations can enhance the relationships view. In turn, I hope this discussion spurs further engagement between care ethics and the broader partiality literature.

⁶⁰ Ibid., 52.

4. Rejecting the Distributive Argument

I have sought to outline and defend the argument from good caring relations. This argument has now progressed enough to take on the other major justification for partiality presently in the care literature: a distributive argument that takes the form of a modified version of Goodin's assigned responsibility model of moral obligation (hereafter, *the distributive argument*).⁶¹ In this section, I argue that where the distributive argument fails, the argument from good caring relations succeeds. In turn, care theorists should reject the distributive argument in favour of the argument from good caring relations.

Several care theorists have sought to justify partiality through this distributive argument, including Engster⁶² and Collins⁶³ explicitly, and Martha Fineman⁶⁴ and Eva Feder Kittay⁶⁵ implicitly. The basic argument is as follows. We have a general duty to provide good care. (Various reasons can be given for this duty: Engster's rational obligation to care,⁶⁶ Kittay's argument from inextricable dependency,⁶⁷ and so on. It is assumed that these reasons are valid for the present argument.) Good care is better realized with particular others for reasons of relational history, knowledge of the cared-for, motivation to care, and so on. Therefore, an optimal distribution of caring duties would see us have stronger responsibilities toward our

⁶¹ Goodin's model begins with the assumption that each of us has "general moral duties" to others. Moreover, we have "special duties" to particular others. Goodin accounts for these special duties as "distributed general duties," whereby general duties are distributed to particular persons in certain contexts. Given that there are many general duties, "it is simply the case that our general duties toward people are sometimes more effectively discharged by assigning special responsibility for that matter to some particular agents." As such, partiality is not justified due to special duties per se, but due to an optimal distribution of general duties. Therefore, an important qualifier is that distributed general duties do not imply that individuals only have duties to their particular others; we remain responsible for helping distant others when their assumed assigned protector fails in their duty to protect. Of course, there are broader elements of Goodin's argument, but this brief account provides enough information to see how care theorists have modified it. See, including for the above quotes: Goodin, "What is So Special About Our Fellow-Countrymen?" 680.

⁶² See: Engster, *The Heart of Justice*.

⁶³ See: Collins, *The Core of Care Ethics*.

⁶⁴ See: Martha Fineman, *The Autonomy Myth: A Theory of Dependency* (New York: The New Press, 2004).

⁶⁵ See: Eva Feder Kittay, "A Theory of Justice as Fair Terms of Social Life Given Our Inevitable Dependency and Our Inextricable Interdependency," in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington, 51–71 (Oxford: Oxford University Press, 2015).

⁶⁶ Engster, *The Heart of Justice*, 36–54.

⁶⁷ Kittay, "A Theory of Justice," 58.

particular others. Partiality is therefore justified. Of course, there are qualifications to this argument depending on the author.

Engster and Collins have given the fullest delineation of how Goodin's model could be modified to work within the care ethical framework. For Engster, all capable individuals have general duties to care through the principle of consistent dependency.⁶⁸ However, if fulfilling these duties can be ensured "by dividing up our general caring duties and assigning particular individuals primary responsibility for the care of particular others," partiality can be justified as a practical solution.⁶⁹ This is because we are usually motivated to provide our particular others with "more attentive, responsive, and respectful care than others are likely to provide."⁷⁰ However, as with Goodin's model, this does not remove our general duty to care for others in need: should distant others require aid and we can help, we ought to. Therefore, Engster argues partiality is justified insofar as it efficiently distributes resources for providing good care.

Collins' argument parallels Engster's. In *The Core of Care Ethics*, Collins aims to derive a unified principle of care ethics called the dependency principle. This principle has two components: a "well-placed" component and a "best-placed" component.⁷¹ According to the well-placed component: "agent A has a moderately strong dependency duty to take measure M when A's most efficacious measure for fulfilling an important interest is sufficiently likely to fulfil the interest and would realize positive expected value regarding agent and dependent."⁷² The best-placed component argues: "Agent A has a strong dependency duty when it is also true that A's most efficacious measure would realize no less expected value regarding agent and

⁶⁸ Engster, *The Heart of Justice*, 54–64.

⁶⁹ *Ibid.*, 55.

⁷⁰ *Ibid.*, 56.

⁷¹ Collins, *The Core of Care Ethics*, 119.

⁷² *Ibid.*, 123.

dependent than any other willing agent's most efficacious measure for fulfilling the interest."⁷³ These components are to be interpreted as versions of a "rescue", "assistance", or "capacity" principle, in reference to Goodin's model: we all have a universal obligation to care if we are well-placed to act, but better care is given by those best-placed to do so (such as those we are in personal relations with).

Other care theorists have implicitly emulated this justification of partiality. Fineman emphasizes the importance of "caretaking labour": this labour provides for "the citizens, the workers, the voters, the consumers, the students, and others who populate society and its institutions."⁷⁴ Each member of society has a duty to help pay the societal debt that caretaking labour creates; these costs ought to be spread out among all its beneficiaries. If these costs are best covered by our attending to particular others, partiality is justified. Kittay's recent restatement of her principle of *doulia* also follows the distributive argument. Kittay's principle, loosely stated, requires that we are obligated to give care to the extent we are well-positioned to do so and are owed care by those who are well-positioned to give it.⁷⁵ Better care is given by those well-positioned to give it, such as with our particular others. Partiality is again justified due to greater efficiencies of providing good care.

The advantage of the distributive argument is that it makes a justification of partiality compatible with our broader obligations to others. This furthers care ethics as a feminist ethic, capable of critically evaluating the broader institutions our relations are embedded in; such institutions ought to distribute resources such that good care can be provided efficiently. This advantage ought not be dismissed out of hand, given care ethics' embattled history of asserting

⁷³ Ibid.

⁷⁴ Fineman, *The Autonomy Myth*, 48.

⁷⁵ Kittay, "A Theory of Justice," 65.

itself as a feminist ethic against being perceived as an ethic that inadvertently reinforces patriarchal structures.

However, I argue that there is a good reason for why the distributive argument should be rejected as a justification for partiality in care ethics: it does not lend support to care ethics' central focus. Recall that care ethics' central focus is on the compelling moral salience of attending to the needs of our particular others; this moral salience generates special reasons to be partial toward our personal relations, forming an independent normative source that could conflict with other justified normative sources (namely, impartial, universal principles derived from liberal theories of justice). Moral dilemmas can ensue between these two normative sources; this is to say, then, that there is an intrinsic moral worth to these special reasons of partiality, which are independently compelling from impartial principles. Yet, for the distributive argument, partiality is only *instrumentally* valuable, justified as a means for optimally distributing general duties to care. On this view, the normative context that surrounds caring for our particular others is not conceived as an independent source of moral consideration; instead, partiality is merely a useful fact for efficiently fulfilling general caring duties. Consequently, the distributive argument loses (or, at most, does not recognize) a major component of why we want to be partial.

The result is that justifying partiality only as a means for efficiently distributing general duties distorts the special reasons that we want to give for caring for our particular others. This amounts to what Michael Stocker calls a "split between one's motives and one's reasons."⁷⁶ If a parent wants to justify attending to their child's needs, the rightness of this choice under the distributive argument is derived through a general duty – not the considerations of care that

⁷⁶ Michael Stocker, "The Schizophrenia of Modern Ethical Theories," *The Journal of Philosophy* 73, no. 14 (1976): 454.

embody the motive or the relation. As such, the parent may end up alienated between the motives for their actions and the reasons that justify them.

The argument from good caring relations does not suffer from these criticisms. As suggested earlier in this chapter, this is because the argument from good caring relations does not locate the justification of partiality in general duties to care, but in the values of care exemplified in the relation itself. This justification forms an independent source of normative consideration that is separate from efficiently distributing caring duties: the significance of partiality (grounded in the values of care) is recognized in the special reasons we have to care for our particular others and not as a means to some other end. As such, there is no alienation of one's motives for partiality from the reasons that justify them. Motives of partiality may include wanting to be attentive and responsive to our particular others, solidifying levels of trust, and forming stronger bonds through mutual concern. The values of care justify these motives for what they are: genuine considerations of care toward a particular other that form an independent normative source. Care ethics' central focus of attending to our particular others is thus defended for its intrinsic normative worth. In this way, where the distributive argument fails, the argument from good caring relations succeeds.

Of course, the advantage of the distributive argument was that, in tying partiality to our general obligations to care, it defended care ethics as a feminist ethic. Yet the argument from good caring relations is still capable of ensuring care ethics as a feminist ethic. Recall from Premise One of the argument from good caring relations that all persons are morally obligated to uphold the normative baseline. This ensures a moral minimum: that all persons should avoid and prevent relations from becoming dominating, exploitative, hostile, mistrustful, or negligent. Indeed, following the second-part of attentiveness as a value, we ought to maintain a critical

awareness of what psychological and social biases could be preventing the recognition of certain needs. To do so otherwise is to fall beneath the normative baseline. As such, a critical evaluation of our broader institutions to ensure our caring relations do not exemplify domination, exploitation, negligence, and so on, follows from upholding the normative baseline as best we can. As with the father's dilemma in Held's example discussed earlier, a political care ethic upholding the normative baseline ought to be concerned with how relations of dependency developed such that a just distribution of educational resources works to ensure dilemmas like the father's do not arise for other relations in the future.

How strong caring values are exemplified above this normative baseline depends on the context of the caring relation. However, rather than partiality being justified as an efficient way for distributing caring duties, partiality is justified through the values of care exemplified in the relation itself – regardless of efficient distribution. Indeed, if caring duties happened to be distributed better through individuals upholding caring values in their relations (because of relational history, motivation to care, or any of the other reasons proponents of the distributive argument state), this would merely be a by-product of the argument from good caring relations.

Overall, then, there are two reasons for why the argument from good caring relations should be preferred to the distributive argument. First, partiality is justified for its intrinsic moral worth, ensuring there is no alienation between the rightness and motive of a partial act. Second, the argument from good caring relations still warrants the major advantage of the distributive argument: maintaining care ethics as a feminist ethic. Therefore, the distributive argument ought to be rejected as justifying partiality in care ethics. Instead, care theorists ought to adopt the argument from good caring relations.

5. Conclusion

In this chapter, I outlined and defended a justificatory argument for partiality in care ethics: the argument from good caring relations. That is, we are justified to prioritize attending to good caring relations with our particular others vis-à-vis upholding caring values. I further argued that this argument is preferable to the other major option for justifying partiality presently in the care literature: the distributive argument. As seen above, where the modified model fails, the argument from good caring relations succeeds. Consequently, the argument from good caring relations ought to be adopted over the distributive argument.

Furthermore, I argue that the argument from good caring relations also has the potential to foster more concrete engagement between care ethics and the broader partiality literature. If the argument from good caring relations can enhance the relationships view, this could spur further interactions between these bodies of literature. Both approaches contain valuable insights into how partiality ought to be justified, and engagement between them could produce important work in the future.

Chapter Four

– Human Rights –

Whereas Chapter Three analyzed how partiality can be justified in care ethics, this chapter focuses on applying the normative baseline as broadly as possible amongst contemporaries. That is, I examine how the moral minimum that the normative baseline sets can be applied as a cosmopolitan ethic. As such, it is in this chapter where I make my first definitive statement on how care ethics' normative frontiers can be extended to encompass what responsibilities we have toward distant others. I do so by conceiving care ethics as a cosmopolitan theory of distributive justice that applies the normative baseline via an interest theory of human rights. This theory will show that the demands of global justice include various positive actions that aim toward ensuring the conditions for good caring relations to flourish, which in turn protect and promote the vital interests of all persons. My rationale for pursuing this particular conception of care ethics as a cosmopolitan ethic is to concurrently advance the sparse work on human rights within the care literature, systematizing the ideas of care theorists such as Daniel Engster,¹ Virginia Held,² and Fiona Robinson.³

Before beginning, I emphasize that the only purpose of this chapter is to outline my care ethical justification for an interest theory of human rights. The reader may deduce similarities or subtle differences between the theory of human rights I defend here and other theories in the

¹ See: Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford: Oxford University Press, 2007).

² See: Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford: Oxford University Press, 2006); and Virginia Held, "Care and Human Rights," in *Philosophical Foundations of Human Rights*, ed. Rowan Cruft, S. Matthew Liao, and Massimo Renzo, 624–641 (Oxford: Oxford University Press, 2015).

³ See: Fiona Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations* (Boulder: Westview Press, 1999); and Fiona Robinson, *The Ethics of Care: A Feminist Approach to Human Security* (Philadelphia: Temple University Press, 2011).

literature. Unfortunately, I do not have the space in this chapter to pursue this comparative exercise; however, such research would be a logical extension of this chapter.

1. Global Interdependent Relations of Care

Throughout this dissertation, I have referred to a common criticism of care ethics: that care ethics does not make clear how its normative framework can be extended to address the wider concerns of justice. For care theorists, “relations create and embody responsibility. All of those responsibilities, in their specific and far-reaching complexities, are the grounds of moral life.”⁴ The problem is how responsibilities are generated toward distant others if we do not have relations with them, even if we can address their poverty or suffering. Therefore, my argument to conceive care ethics as a cosmopolitan ethic hinges on being able to demonstrate how we have relations to distant others, however thin, that would still demand the moral minimum that the normative baseline expects.

Chapter One began classifying the concept of relational interdependency. In this section, I begin refining this classification to address how we have *global* interdependent relations of care, and how the normative baseline applies to these relations. A good starting point is a reminder of how I initially defined relations: at base, they take the shape of metaphysical threads that link persons together. Relations form through various factors: proximity; awareness of the other; or a mode or mechanism that connects persons over distance (such as communication technology, or through indirect connections via other persons that we have direct relations to). Furthermore, relations are not ontologically distinct from the persons they tie to. Our subjective

⁴ Joan C. Tronto, “Partiality Based on Relational Responsibilities: Another Approach to Global Ethics,” *Ethics and Social Welfare* 6, no. 3 (2012): 314.

experiences and temperaments, cultivated through our development and associations with others, reciprocally entwine into a composite narrative of the self. As I extend the different types of relations that we have beyond the personal, this definition will provide an anchor to ensure that we do not lose sight of what a relation is.

As just hinted, the most obvious relations that we are embedded in are personal relations with family, friends, and loved ones. These relations constitute deep connections and meaning in our lives – call them *thick* relations. As I argued in Chapter Three, such relations exemplify caring values the strongest, given that we can be better attuned and responsive to the particular needs our loved ones have. Trustworthiness, for instance, is better exemplified between two loved ones than two strangers because loved ones exhibit a relational history that generates an informed and sophisticated level of normative expectation for how each will act, which is not present between strangers. Indeed, some relations generate special responsibilities for those individuals involved, owing to their knowledge and capability of attending to special needs that no one else could provide.

However, it is the case that we also interact with strangers in our everyday lives. These broader social relations extend outward from our personal relations to other members of the communities that we are a part of. These broader relations are *thinner* than our personal ones, in that caring values are not exemplified as strongly; we do not know the intricacies about others' interests and needs, and so cannot respond as capably. We do not have the same relational history or rapport as we do with our personal relations. Yet such relations still generate a responsibility to uphold the normative baseline – perhaps merely by upholding the law to reinforce mutual concern and civic trust, or helping those whose vital interests are thwarted.

Grace Clement writes in this regard, “people beyond our private sphere are also vulnerable to our actions and choices, and thus we also have care obligations to them.”⁵

Our broader interconnections and vulnerabilities are emphasized by care theorists at the political level. The success of our caring practices within our personal relations is often set against an institutional background of resource distribution. Without certain resources directed toward healthcare, education, social welfare, and so on, successful caring practices become much harder to achieve. We are relationally interdependent with other members and societal groups to work toward achieving political goals that resemble a fair distribution process of resources and responsibilities for care. In this respect, as John Rawls puts it, society is a “social union of social unions.”⁶ The consequence is that issues of care and relational interdependence at the personal level inevitably spill into the political realm, blurring the lines between the public and private spheres.

These social and political relations are still relations in that they constitute metaphysical threads that weave throughout society, interconnecting all individuals. It is not to say that we are at the centre of this web and that we are interconnected to everybody directly; it is to say that we form just one part of a web of relations that extend outward to connect to persons both directly and indirectly within the boundaries of our community. Such relations are constitutive of our identity: these relations ultimately ask us what sort of community we want to build and maintain as a joint collective, and what it is to be a member of that particular community. These relations become thinner as they extend outward further from our personal relations, but they nonetheless still form the base components of what a relation is. As such, the normative baseline applies in our social and political context.

⁵ Grace Clement, *Care, Autonomy, and Justice: Feminism and the Ethics of Care* (Boulder: Westview Press, 1996), 73.

⁶ John Rawls, *A Theory of Justice*, revised ed. (Cambridge: Harvard University Press, 1999), 92.

Allusions to globalization over the past few decades work to show how our relations stretch beyond social relations into global ones. Robinson writes that most theories of globalization “begin from the observation that relations and connections – social, cultural, economic, and political – between actors across the globe are far ‘closer’, more ‘intense’, and more frequent today” than half a century ago.⁷ Indeed, as Anthony Giddens in part defines it, globalization is “the intensification of world-wide social relations which link distant localities in such a way that local happenings are shaped by events occurring many miles away and vice versa.”⁸ It is the process whereby the relations between local and distant are stretched as the modes of connection – communication, environmental issues, services, travel, trade, and so on – between different “contexts and regions” become networked across the globe.⁹ Social relations acquire relatively distanceless and borderless qualities, so that human lives are increasingly played out in the world as a single place.

These globally interconnected relations are also characterized by their interdependence of care. Nations and international institutions must interact and make decisions about how to distribute resources to mitigate transnational issues of poverty and dangerous climate change, and build the conditions for peace. Otherwise, crises of care “can translate into immediate or long-term threats to human security” that do not stop at the border.¹⁰ However, just as our personal relations can have asymmetrical power relations (such as between a parent and child), global interdependent relations of care are also asymmetrical in power. Such asymmetry has been importantly noted by post-colonial theorists, who have underscored how certain images of Western “care” risk exemplifying (and, indeed, have already exemplified) imperialist and

⁷ Robinson, *Globalizing Care*, 82.

⁸ Anthony Giddens, *The Consequences of Modernity* (Cambridge: Polity Press, 1990), 64.

⁹ Robinson, *Globalizing Care*, 83.

¹⁰ Robinson, *The Ethics of Care*, 2.

domineering attitudes, regardless of intention. As Lena Dominelli writes, when aid is distributed globally, international support bodies (such as nongovernment organizations based in the West) often do not realize the inadvertent preconceptions of traditional gender roles that they perpetuate overseas.¹¹ Care theorists are particularly attuned to this issue, as emphasized in the second-part of attentiveness as a caring value: to develop a critical awareness about what psychological and social biases could be preventing the recognition of certain needs, and how such needs should be appropriately responded to.

These global relations are still mutually constitutive of our identity. How we perceive ourselves with regards to globalization pertains to identities as significant as our nationality and relations to other countries, to whether we see ourselves as ethical consumers (do we drink fair trade coffee, ensure our clothes have not been made under conditions of exploitation, or reduce our carbon footprint travelling overseas?). Our local actions have ripple effects across borders, and we ought to be concerned with whether those effects harm or help distant others. Recognizing these effects has been made easier through advances in communication technologies, especially within Western countries. This is to the point where concerted efforts to ignore or overlook what impacts our local actions are having internationally are likely to be morally tainted with affected ignorance, and thereby undermine attentiveness as a value.

There are, then, global relations of interdependent care, though they are *thinner still* than the relations in our community. Indeed, identifying these thin global relations is made more complex as they are usually formed and sustained through the multifaceted and interdependent forms of domestic foreign policy, international institutions, non-governmental organizations, and

¹¹ Lena Dominelli, "Gendering Climate Change: Implications for Debates, Policies and Practices," in *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, ed. Margaret Alston and Kerri Whittenbury (New York: Springer, 2013), 85.

aggregated public collectives.¹² Global causal connections are increasingly tangled through various political and economic networks. This makes the levels of responsibility we have in upholding the normative baseline more difficult to differentiate. We might be aware of a suffering population in a different state, but this thin relation of awareness (the link that is formed through recognizing the existence of these persons and their plight) is not intrinsically helpful in telling us what our responsibilities are. However, as Iris Marion Young has written, trying to parse out who individually deserves blame – and thereby how responsibilities to correct injustice should be distributed – does not solve the problem of irresponsible action.¹³ There are instead structural injustices, in which, “though we can see an ongoing and continuing social injustice, the actions of particular others may not be traced through complex social institutions to clear causal paths.”¹⁴

How to best uphold the normative baseline in the face of structural injustices? One route taken in the care literature has sought to utilize the normative force of human rights, offering a critical account of how human rights can be best applied. Utilizing human rights in care ethics has been for two reasons: one pragmatic and one theoretical. Pragmatically, human rights have become “a hegemonic political discourse,”¹⁵ whereby charges of human rights violations “can notably cut reputations and influence, and actually affect actions and policies.”¹⁶ Human rights thus offer a useful language and vessel to articulate upholding the normative baseline. Of course, if there was no shared normative ground that could connect human rights with care ethics, this pragmatic point would not get very far. On the theoretical point, then, care theorists have pursued

¹² Held, “Care and Human Rights,” 625.

¹³ Iris Marion Young, “Responsibility and Global Justice: A Social Connection Model,” *Social Philosophy and Policy* 23, no. 1 (2006): 102–130.

¹⁴ Tronto, “Partiality Based on Relational Responsibilities,” 306.

¹⁵ Jack Donnelly, *Universal Human Rights in Theory and Practice*, 2nd ed. (Ithaca: Cornell University Press, 2003), 38.

¹⁶ Held, “Care and Human Rights,” 624.

various entry points for a care ethical justification of human rights. However, finding these theoretical entry points has been met with problems. I take on these problems in the next section.

2. Two Problems

Two major problems can be identified that initially prevent a harmonized care ethical interpretation of human rights. One is that care ethics was formulated in contrast to liberal theories of justice, theories from which human rights emerged. Such contrasts are still discussed in the contemporary care literature, raising the issue of how far human rights can be integrated with care ethics. Second, care theorists perceive a problem with the supposed individualist ontology of human rights, which does not square with care ethics' relational ontology. In this section, I aim to resolve these two apparent tensions.

Engster succinctly outlines the first problem, noting that many care theorists are wary of adopting the language of rights.¹⁷ As pointed out at various stages in this dissertation, care ethics is often contrasted with the justice approach. The most relevant of these contrasts here is given by Held: “from the perspective of justice one looks for universal rules to apply impartially,”¹⁸ whereas the perspective of care “focuses on the particular characteristics of the unique person in one’s care.”¹⁹ Care theorists generally seek to avoid utilizing rights-talk, Engster therefore writes, “on the grounds that traditional liberal rights can be distancing and depersonalizing.”²⁰

However, most contemporary care theorists (including Held) acknowledge that, alongside focusing on important issues of personal care, the care ethical framework *is* capable of being

¹⁷ Engster, *The Heart of Justice*, 168.

¹⁸ Virginia Held, “Care and Justice, Still,” in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 21.

¹⁹ *Ibid.*, 20.

²⁰ Engster, *The Heart of Justice*, 168

depersonalized and applied to broader political and global issues. As I argued in Chapter Two, the values of care identified within our personal caring relations can be abstracted to evaluate the moral worth of our broader relations of care. Indeed, contrary to Engster's above assertion, care theorists do not deny the value of rights-talk; Robinson states quite clearly that the importance of "the language of rights is that it enables individuals and groups to demand attention from others for points of view that have been neglected."²¹ The key point is that care ethics can supposedly offer what human rights discourses cannot: a critical lens that can address the structural harms of globalization.²²

The second problem emerges from this latter point. One of the obstacles care theorists have faced with integrating theories of human rights into the care ethical framework is squaring their supposed contrasting ontologies. Care theorists interpret contemporary human rights as predominantly tied to, and largely growing out of, liberal-contractualist theories of justice that focus on individuals' sovereignty. Such rights are perceived to be "often based on an ontology of atomistic individualism that privileges the norm of self-sufficiency."²³ When specifically derived through Lockean and Kantian thought, human rights are additionally grounded in the individual's dignity as a rational, autonomous being.²⁴ Indeed, this thought is signified in the Universal Declaration of Human Rights' (UDHR) preamble, as well as several of its key articles. The problem, Robinson states, is that this individualist ontology suffers a severe limitation: it is unable to "see" the "structures of power and dependency which infuse relations in the global context."²⁵

²¹ Robinson, *Globalizing Care*, 64.

²² Kari Greenswag, "The Problem with 'Caring' Human Rights," *Hypatia* 32, no. 4 (2017): 803.

²³ Robinson, *The Ethics of Care*, 50.

²⁴ Robinson, *Globalizing Care*, 148.

²⁵ *Ibid.*, 64.

Indeed, human rights have historically not been as universal as their namesake suggests. Eileen Hunt Botting, in her genealogy of Western human rights, notes that Roman, Medieval theological, and Grotian thought tied any subjective rights women had to their relation to a man.²⁶ Unsurprisingly, throughout the 17th–18th century, the ideal of rights belonging to rational, autonomous individuals (even though conceived abstractly and ahistorically) were limited to “white, middle-class, tax-paying, property-owning male subjects who wished to enjoy the powers of self-governing republican citizens.”²⁷ It was not until influential figures such as Mary Wollstonecraft and John Stuart Mill challenged these power differentials that the idea of human rights for women was acknowledged. Yet even then, Wollstonecraft and Mill still retained Eurocentric biases as to which humans possessed such rights. The overall problem, then, is that having no critical awareness of the relational contexts of power that a person’s interests are embedded in risks distorting such interests or prevents us from recognizing those interests to begin with.

Care theorists have thus sought to emphasize reconceiving human rights through their relational ontology, whereby human rights are understood as arising through the relations and interconnections *between* individuals.²⁸ An individual’s interests are intertwined with those around them – with the wellbeing of their family, loved ones, friends, community, and so on. Emphasizing the individuality of interests overlook how persons’ “interests, needs, and capacities are mutually constitutive” with those other persons.²⁹ Responding effectively to a rights-claim requires understanding an individual’s basic interests as stretching beyond that

²⁶ Eileen Hunt Botting, *Wollstonecraft, Mill and Women’s Human Rights* (New Haven: Yale University Press, 2016), 37.

²⁷ *Ibid.*, 40.

²⁸ Jonathan Herring, “Compassion, Ethics of Care and Legal Rights,” *International Journal of Law in Context* 13, no. 2 (2017): 162.

²⁹ Jennifer Nedelsky, “Reconceiving Rights and Constitutionalism,” *Journal of Human Rights* 7, no. 2 (2008): 145.

individual's physical body, and as amalgamated with the interests of those individuals surrounding them via their relations.

Moreover, for rights-claims to be fulfilled as best they can, we ought to be aware of “the wider obstacles – oppressive and exploitative social and economic structures and cultural norms – that can prevent individuals from claiming their rights.”³⁰ In ideal theory, human rights are universally binding and all would take responsibility for their particular obligations. However, rights-claims become meaningless if there are no persons available to protect or promote that right – this is either literally, or if hegemonic nations refuse to listen to, answer the calls of, or distort perceptions (inadvertently or otherwise) of the need to protect or promote that right. Focusing rights-talk toward the nature of material and discursive power relations instead could be more efficacious for determining the nature and limits of ethical possibility for responding to rights-claims.³¹

This summarizes care theorists' general critique of human rights' individualist ontology. However, I am not convinced that this distinction care theorists make between individualist and relational ontologies of human rights holds. The basic point to be made here is that the logic of human rights, and rights generally, is inherently relational anyway. When a person claims a right (because their basic interests are thwarted), this generates a duty in other persons to protect or promote that right. This possibility emerges *through the relation* that exists between the person claiming a right and the person whose duty it is to fulfil that claim. As Charles Jones puts it, “We should understand human rights as the normative link between interests on the one hand and duties on the other.”³² This link (between a person's interests and another person's duties) forms

³⁰ Robinson, *The Ethics of Care*, 64.

³¹ *Ibid.*, 89.

³² Charles Jones, “The Human Right to Subsistence,” *Journal of Applied Philosophy* 30, no. 1 (2013): 58.

through the relation between these two persons, from which the possibility of human rights emerges and gains meaning. Rights only come to life if a person (who is making a claim) is situated and interconnected with other persons who can do something about that thwarted interest. Therefore, it does not seem difficult to incorporate this understanding of human rights into care ethics' claim that responsibilities emerge through relations. What human rights offer is a language and a tool to express these responsibilities.

Of course, the stronger point might be about what the purpose of human rights is. In this vein, Richard Herring writes that rights have been designed to protect individuals per se, rather than to uphold and maintain networks of caring relations.³³ However, I think that this is a distinction without a difference. If human rights are understood to protect an individuals' interests, and such interests are bound up in their relations with others, then it is not implausible to say that human rights should serve to protect the conditions for such relations to flourish. The real issue at stake, then, is how human rights are best implemented. The purpose of rights would not seek to protect individuals as separate, independent entities, but instead to promote and maintain networks of relations that support the interests of individuals embedded therein. As Christopher Groves puts it, "satisfying needs is not a matter of plugging generic 'lacks'. To satisfy a need is to seek singularly meaningful satisfiers that allow individuals to participate with others in the work of producing and reproducing their identity and self-efficacy."³⁴

Consequently, I argue that a natural extension for theories of human rights requires that their implementation be cognizant of the relational asymmetries of power that could prevent such rights being claimed successfully. Human rights theorists are not confined to reasoning about

³³ Herring, "Compassion, Ethics of Care and Legal Rights," 162.

³⁴ Christopher Groves, *Care, Uncertainty and Intergenerational Ethics* (New York: Routledge, 2014), 174.

individuals' interests abstractly, as Robinson suggests.³⁵ Indeed, perhaps the most concrete we can get is understanding the violated interests of individuals, how such interests are tied up with their wider social environment, and what structural issues are impacting such interests being fulfilled. All these factors are tied up with supporting individuals' human rights. This is not to say that theories of human rights have an already built-in critical component; as outlined above, care theorists are right to point out that this generally has not been the case. The point to be made is that critical perspectives are not incompatible with theories of human rights – they can and ought to form a fundamental part of such an approach to ensure human rights are effectively enforced. It is possible to have a critical theory of human rights that can “see” the asymmetrical relations of power that individuals are embedded in. Such a theory is explored in the next section.

Finally, the specific claim that *liberal* interpretations of human rights embody an individualist ontology can be examined. Liberal individualism, as understood by care theorists, seems to embody two ideals: that individuals possess a morally privileged status that ought to be enshrined in and protected by inviolable rights, and that such rights reflect self-ownership.³⁶ Yet an individualist ontology does not necessarily follow from these ideals. Instead, it is a question of emphasis. The liberal emphasis does not seem to be conceptualizing the self as an autonomous, independent being. (Indeed, such an emphasis seems to result from misinterpretations of contemporary liberalism, especially communitarian critiques of John Rawls.³⁷) Instead, the liberal emphasis focuses on protecting the individuals' wellbeing against external threats (such as from political and social tyranny, or economic deprivation) because the

³⁵ Robinson, *Globalizing Care*, 64.

³⁶ Colin Bird, *The Myth of Liberal Individualism* (Cambridge: Cambridge University Press, 2007), 182.

³⁷ *Ibid.*

individual is a vulnerable being in their relations with others. As Immanuel Kant puts it, the need for political society emerges from our interdependency of “living side by side,” whereby all our actions are potentially other-regarding.³⁸ The point for liberalism is to ensure the conditions that allow the possibility for individuals to be capable of self-determination to pursue their conception of the good (both individually and with others) without unjustified interference. If individuals were atomistic and self-sufficient, there would not be the need for rights to emerge. For when a person claims a right, they are far from atomistic or self-sufficient – a basic interest has been thwarted and they are at the mercy of other persons who can do something about it, either in protecting or promoting that interest.

Given these considerations, I do not think that there is the sharp contrast of ontologies between human rights discourse and care ethics that care theorists have emphasized. This is not to say liberalism and care ethics are harmonious, for other difficulties may emerge in areas not discussed here. It is to say that care theorists need not labour on the issue of criticizing individualist ontologies of human rights (if such ontologies exist in this context, given that human rights are inherently relational). Where efforts should be applied is to determine what kind of justification care theorists can give to support human rights.

3. Justifying an Interest Theory of Human Rights

There is only one sustained justification for a theory of human rights in the care literature, found in Engster’s *The Heart of Justice*.³⁹ In this section, I first examine the strengths of Engster’s justification, though I ultimately find his arguments unconvincing. I subsequently outline my

³⁸ Immanuel Kant, *The Metaphysics of Morals*, trans. Mary J. Gregor (Cambridge: Cambridge University Press, 1996), 96.

³⁹ Engster, *The Heart of Justice*, Ch. 4.

own justification, which I argue to be preferable to Engster's. The next section then offers an application of my approach to issues of global justice pertaining to environmentally displaced persons.

Engster specifically justifies an interest theory of human rights in the care ethical framework. For interest theorists, human rights are universal moral claims that serve to protect or promote "the basic or vital interests of individual human beings."⁴⁰ On this view, individuals are possessors of human rights "if they have a vital interest that is sufficiently important to justify putting others under a duty to protect or promote that interest."⁴¹ These interests include the minimum subsistence levels required for persons to survive and the opportunity to flourish: "unpolluted air, unpolluted water, adequate food, adequate clothing, adequate shelter, and minimal preventive public health care."⁴² However, Engster's concern is that interest theories rely too heavily on "intuitive reasons" for subsistence rights or "some vague regard for human dignity."⁴³ To resolve this issue, Engster offers a novel justification derived through the care ethical framework's resources.

Engster's justification grounds an interest theory of human rights in the "basic aims of care." There are three of these aims: "help others to meet their vital biological needs, develop or maintain their innate capabilities, and alleviate unnecessary pain and suffering."⁴⁴ For Engster, only those interests that fall under these aims justify human rights protection. As such, Engster emphasizes care ethics would not "support rights to nationality, cultural expression, and self-determination" because these issues fall outside of the minimum threshold of care that

⁴⁰ Jones, "The Human Right to Subsistence," 58.

⁴¹ *Ibid.*, 58–59.

⁴² Henry Shue, *Basic Rights: Subsistence, Affluence, and United States Foreign Policy*, 2nd ed. (Princeton: Princeton University Press, 1996), 23.

⁴³ Engster, *The Heart of Justice*, 166. I do not claim that Engster is correct in saying this. I only mean to set up the rationale Engster gives for offering a new justification of interest theories of human rights.

⁴⁴ *Ibid.*, 31.

individuals need to survive.⁴⁵ I do not quite understand why Engster emphasizes this qualification, for it does not seem to be consistent with his three aims of care: in particular, supporting self-determination can plausibly be seen to be a part of developing one's innate capabilities. However, this point is tangential to the overall justification that Engster provides.

The justification for Engster's interest theory of human rights is grounded in his principle of consistent dependency, described below. Engster's argument for this principle runs along the same lines as Alan Gewirth's principle of generic consistency:

1. All humans can be assumed to value their survival, the development and functioning of their basic capabilities, and the avoidance or alleviation of unwanted suffering.
2. All humans depend upon the care of others to survive, develop, and maintain their basic capabilities and avoid or alleviate unwanted suffering.
3. All humans implicitly value caring as a necessary goal and make claims on others for care when we need it. This means that we at least implicitly assert that others should help us to meet our basic needs, develop and maintain our basic capabilities, and avoid or alleviate pain when we cannot reasonably achieve these goods on our own.
4. In claiming care from others, we imply that capable humans ought to help individuals in need when they are able to do so consistent with their other caring obligations.⁴⁶

Given these four premises, Engster concludes his principle of consistent dependency:

⁴⁵ Ibid., 174.

⁴⁶ Ibid., 46–48.

- C. [W]e should consistently recognize as morally valid the claims that others make upon us for care when they need it, and should endeavour to provide care to them when we are capable of doing so without significant danger to ourselves, seriously compromising our long-term functioning, or undermining our ability to care for others.⁴⁷

This principle forms a rational obligation to care: simultaneously ignoring the claims for care of others, yet valuing and implicitly expecting to receive care when we need it, is a performative contradiction.

As all individuals can justify their claims for care by appealing to this general principle, “they can validate their claims for care against one another.”⁴⁸ As such, this principle articulates the basic moral responsibilities that all persons have to each other. Given that all humans must fulfil the basic aims of care to survive, and given that we have universal moral responsibilities to ensure persons receive such care through this principle, Engster argues that this principle forms an appropriate normative foundation for human rights. Indeed, Engster offers various human rights that follow from this principle. These notably include a right “to food, sanitary water, clothing, shelter, basic medical care, a clean environment, and rest at levels adequate to survive, develop, and function” and the right “to the personal and social care necessary to develop and sustain their basic capabilities for sensation, mobility, emotion, imagination, reason, communication, affiliation, literacy, and numeracy at levels adequate to function in society.”⁴⁹

Unfortunately, I argue, the problem with Engster’s justification is that it lacks a built-in critical component. Consequently, his interest theory of human rights faces the same criticisms

⁴⁷ Ibid., 49.

⁴⁸ Ibid., 168.

⁴⁹ Ibid., 169. For a full list, see: Ibid., 169–170.

that care theorists have levelled at other theories of human rights: it does not have the inner resources to identify how relational asymmetries of power impact how rights-claims emerge or are responded to. Kari Greenswag gives an extended critique of Engster on this issue: his principle of consistent dependency is based on the fact of dependence without a critical analysis as to how such dependence was structured by patterns of power. Fulfilling the basic aims of care without asking questions about how such interests came about, or the way such interests ought to be attended to, does not seriously investigate whether such dependence is oppressive, exploitative, or avoidable.⁵⁰

However, where I think Greenswag's critique is misplaced is in her resistance to the moral minimum of care ethics that Engster at least tries to set out in his list of human rights. Greenswag writes that focusing on an interest theory of human rights overlooks ethical issues that go beyond vital interests, issues that care theorists ought to be concerned with. This may include multicultural issues about dress or same-sex marriage.⁵¹ Yet I do not think that Greenswag's point is incompatible with supporting a moral minimum (articulated via an interest theory of human rights) that sets the basic standards upon which these other responsibilities are built. As Engster notes, human rights hold significant normative force in the international sphere and care theorists would do well to move such a force in their preferred direction through offering their own unique justification. Indeed, a critical care ethical justification of an interest theory of human rights is perhaps more far-reaching than the phrase "moral minimum" suggests.

What would such a justification look like? In Chapter Two, I outlined normative criteria that care theorists have derived to evaluate the moral worth of caring relations. Such criteria consisted of four caring values: attentiveness, mutual concern, responsiveness, and

⁵⁰ Greenswag, "The Problem with 'Caring' Human Rights," 808–810.

⁵¹ *Ibid.*, 814.

trustworthiness. To undermine these values is to the detriment of a relation; a normative baseline for upholding these values is therefore expected: avoid relations that are dominating, exploitative, hostile, mistrustful, and negligent. Good caring relations are those that exemplify these values of care consistent with the normative baseline. I argue that an interest theory of human rights can be grounded in these four values of care, with the moral minimum expected to create the conditions to maintain the normative baseline. The values of care offer a better justification than Engster's because such values provide a critical lens through which to evaluate the moral worth of relations; they move to ensure the application of human rights does not continue to perpetuate structural injustice or inadvertently reinforce patterns of power within interdependent relations of care. The next section will explore this latter point.

Before doing so, though, an initial objection could be raised here against the idea of a relational understanding of an interest theory of human rights. Some vital interests are not inherently relational – one could feasibly satisfy a vital interest in quenching thirst without being in a relational context. What is the value of taking such a relational approach? My answer: the necessity of the relational approach is that social determinants of health are crucial for a person's survival and flourishing. The active production and reproduction of social relationships and social practices are “structures that are symbolically and substantively constitutive of identity and agency.”⁵² Indeed, not being grounded in a social structure removes much of the meaning we attach to life, and thereby removes the point for fulfilling our interests of having food and shelter in the first place.⁵³ What this means is that it is not enough to merely address vital interests outside of the social fabric such interests are embedded in. Focusing on the values of care enables normative criteria to evaluate the moral worth of those relations that our vital interests

⁵² Groves, *Care, Uncertainty and Intergenerational Ethics*, 86.

⁵³ Peter Marris, *The Politics of Uncertainty: Attachment in Private and Public Life* (New York: Routledge, 1996), 45.

are embedded in. Consequently, a critical care ethical justification for an interest theory of human rights should establish that the basic demands of global justice include various positive actions to ensure *the conditions* for good caring relations to flourish, which in turn protects and promotes the vital interests of all persons. Should such rights be violated, this would indicate that the demands of care toward fulfilling basic interests have not been met.⁵⁴

Of course, while my conception of care ethics as a cosmopolitan theory of distributive justice follows Engster's move to base a theory of justice on the demands of care, my conception does not square with how Held and Robinson interpret care ethics. As seen in the previous section, Held and Robinson maintain distinctions between the care ethical framework and the justice framework – both frameworks are important, but ultimately separate in that they deal with different normative contexts. However, this distinction holds only if we interpret justice as representing liberal theories of justice. In line with Engster, I have argued throughout this dissertation that care ethics can produce its own theory of justice – that is, it can recommend what just distributions of benefits and burdens ought to be. That is how I understand care ethics as a cosmopolitan theory of distributive justice here: a theory that is concerned with how best to uphold the normative baseline in our global interdependent relations of care via an interest theory of human rights, such that the conditions for creating good caring relations are encouraged and maintained.

4. An Application

⁵⁴ Held, "Care and Human Rights," 634.

We can take each value of care and show how this justification of an interest theory of human rights can be applied. The application that I offer here will focus on the issue of environmentally displaced persons. Dangerous climate change will “increase the number of people suffering from death, disease and injury from heatwaves, floods, storms, fires and droughts,” particularly of poorer nations.⁵⁵ In this way, climate change threatens the basic interests of individuals. Given that such climatic changes are driven by “our collective failure to fulfil our duty to promote effective institutions for controlling greenhouse gas emissions,” we can collectively be held responsible for thwarting these basic interests. Given these are interests we recognize as sufficiently worth protecting, we have collectively violated the human rights of those affected.⁵⁶ Several human rights that are threatened by climate change include basic rights to life, health, and subsistence,⁵⁷ a stable environment,⁵⁸ fair share of ecological space,⁵⁹ and not to be forcibly evicted.⁶⁰ This latter right is notable because it highlights the impending displacement of millions of people due to climatic changes. The most frequently cited forecasts predict the number of environmentally displaced persons to total 200–250 million by 2050, especially populations in low-lying island nations.⁶¹ An interest theory of human rights, grounded in the values of care,

⁵⁵ Ulisses Confalonieri, Bettina Menne, Rais Akhtar, Kristie L. Ebi, Maria Hauengue, R. Sari Kovats, Boris Revich and Alistair Woodward, “Human Health,” in *Climate Change 2007: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*, ed. Martin Parry, Osvaldo Canziani, Jean Palutikof, Paul van der Linden and Clair Hanson (Cambridge: Cambridge University Press, 2007), 393.

⁵⁶ Derek Bell, “Does Anthropogenic Climate Change Violate Human Rights?” *Critical Review of International Social and Political Philosophy* 14, no. 2 (2011): 112.

⁵⁷ Simon Caney, “Human Rights, Responsibilities and Climate Change,” in *Global Basic Rights*, ed. Charles Beitz and Robert Goodin, 227–247 (Oxford: Oxford University Press, 2009).

⁵⁸ Steve Vanderheiden, *Atmospheric Justice: A Political Theory of Climate Change* (Oxford: Oxford University Press, 2008).

⁵⁹ Tim Haywood, “Human Rights Versus Emissions Rights: Climate Justice and the Equitable Distribution of Ecological Space,” *Ethics and International Affairs* 21, no. 4 (2007): 431–450.

⁶⁰ Simon Caney, “Climate Change, Human Rights and Moral Thresholds,” in *Human Rights and Climate Change*, ed. Stephen Humphreys, 69–90 (Cambridge: Cambridge University Press, 2010).

⁶¹ Norman Myers, “Environmental Refugees: A Growing Phenomenon of the 21st Century,” *Philosophical Transactions of the Royal Society of London, Series B: Biological Sciences* 357, no. 1420 (2002): 609–613; Nicholas Stern, *The Stern Review on the Economics of Climate Change* (Cambridge: Cambridge University Press, 2006); and Koko Warner, Charles Ehrhart, Alex de Sherbinin, Susana Adamo, and Tricia Chai-Onn, *In Search of Shelter: Mapping the Effects of Climate Change on Human Migration and Displacement* (New York: Cooperative for Assistance and Relief Everywhere, 2009).

offers an international language to both draw attention to the plight of these populations, and give voice to those who seek to claim such rights.

The first value that can be applied to evaluating the plight of environmentally displaced persons is attentiveness. Recall that attentiveness at base is the recognition of a need that requires attending to, and at most is a critical awareness about what psychological and social biases could be preventing the recognition of certain needs. Basic attentiveness is foundational for an interest theory of human rights: to articulate such rights requires the ability to first identify concrete basic interests that need protecting or promoting. But effective attentiveness requires a critical component, given our basic recognition of other's needs may be restricted or impeded in some way by potential biases in our subjective experiences. For human rights to be effectively implemented, they must be embedded within this critical attentiveness to recognize and understand the context in which rights-claims emerge.

For instance, consider being attentive to what specific needs environmentally displaced persons exhibit. Some authors have advocated for referring to these persons as “climate refugees” – the implication being that the term refugee “has strong moral connotations of societal protection in most world cultures and religions. By using this term, the protection of [environmentally displaced persons] will receive the legitimacy and urgency it deserves.”⁶² The protection climate refugees would receive is that defined by the United Nations High Commissioner for Refugees: to ensure “the basic human rights of uprooted or stateless people in their countries of asylum or habitual residence.”⁶³ This may go some way toward the

⁶² Frank Biermann and Ingrid Boas, “Preparing for a Warmer World: Towards a Global Governance System to Protect Climate Refugees,” *Global Environmental Politics* 10, no. 1 (2010): 67.

⁶³ “Protection,” United National High Commissioner for Refugees, accessed October 28, 2018, <http://www.unhcr.org/pages/49c3646cc8.html>.

international community to recognize with more urgency the needs these persons require attending to.

However, I argue that attentiveness as a caring value would find this kind of recognition unconvincing. If the term climate refugee is accepted as an adequate perception of such displaced persons, this acceptance in fact risks entrenching “vulnerable communities in inequitable power relations, redirecting their fate from their hands.”⁶⁴ Importantly, as Karen McNamara and Chris Gibson establish in their interviews with Pacific nation ambassadors, these populations are acutely cognizant of this perception problem. The ambassadors sought to “envision a future as self-determining nation-states, and thus, strongly resist media/policy discourses that legitimize their possible future displacement.”⁶⁵ Additionally, as former Kiribati President Anote Tong poignantly stated in an interview with Jane McAdam, “We don’t want to lose our dignity. We’re sacrificing much by being displaced, in any case. So we don’t want to lose that, whatever dignity is left. So the last thing we want to be called is ‘refugee’.”⁶⁶ Ironically, the moral connotations that are bound up with the concept of refugee are exactly what is being rejected by environmentally displaced persons – these populations are instead much more concerned with developing economic and social self-determination in the face of dangerous climate change. Here, then, effectively implementing human rights grounded in attentiveness would require creating the conditions that allow for (potentially) displaced persons to sufficiently fulfil their interests without being (and being perceived as) helpless populations. This is a good example of how far-reaching the moral minimum could be for an interest theory of human rights.

⁶⁴ Carol Farbotko and Heather Lazrus, “The First Climate Refugees? Contesting Global Narratives of Climate Change in Tuvalu,” *Global Environment Change* 22, no. 2 (2012): 382.

⁶⁵ Karen McNamara and Chris Gibson, “‘We Do Not Want to Leave our Land’: Pacific Ambassadors at the United Nations Resist the Category of ‘Climate Refugees,’” *Geoforum* 40, no. 3 (2009): 480.

⁶⁶ Quoted in: Jane McAdam, *Climate Change, Forced Migration, and International Law* (Oxford: Oxford University Press, 2012), 41.

The second value of care is mutual concern, which is expressed in relations when there exists a shared, intertwined interest to make possible the cooperation required to develop and sustain association for the benefit of all involved. For rights to be respected and listened to presupposes this “sense of social connectedness with those others whose rights are recognized.”⁶⁷ Without any sense of connectedness, and therefore without any mutual concern or shared basic interests, individuals have no reason to abide by human rights because there are no pre-existing relations for these rights to emerge from: “All must feel sufficiently connected to seek agreement among themselves and to be willing to respect each other’s rights.”⁶⁸ All humans require care (in infancy, sickness, and old age), and therefore at the very least rely or have relied on others in the receipt and provision of care. Without this basic caring experience, no society and its interconnections could manifest. Mutual concern is exemplified in our thinnest relations, then, by recognizing our vulnerabilities and interdependencies with each other.

This point especially emerges through dangerous climate change. Given “the atmosphere is a common and finite resource that all must share [...] the overuse of the atmospheric commons by one group necessarily entails harm to others” – this is whether some groups are forced to accept smaller shares of this resource because of its overuse, or if some groups suffer disproportionately without benefit from the consequence of such overuse (such as environmentally displaced persons).⁶⁹ Global mutual concern breaks down if those who have benefited from burning fossil fuels continue to do so without offering reparations to those who disproportionately suffer as a consequence. Indeed, the context of climate change is not merely about geographic location; it occurs against an already present background of historic and

⁶⁷ Held, *The Ethics of Care*, 125.

⁶⁸ *Ibid.*, 129.

⁶⁹ Vanderheiden, *Atmospheric Justice*, 46.

economic injustice, via “the history of colonialism [...] and the role of rich nations in structuring existing transnational institutions.”⁷⁰ It is generally poorer, former-colonized, lower-carbon emitting nations that will experience the brunt of dangerous climate change. Thus, there have been calls to rectify “rich people appropriating more than their share of a global public good and, as a result, harming poor people by causally contributing to extreme climatic events.”⁷¹

Implementing this distribution process via an interest theory of human rights must make possible the cooperation required to develop and sustain association for the benefit of all involved; otherwise, there is a danger such international relations will be poisoned. For instance, Darrel Moellendorf’s well-intended argument that the Global South has a rights-claim to knowledge of sustainable infrastructure assumes that there is a technoscientific epistemological consensus on how to adapt to climate change.⁷² However, this discounts the “rich knowledge of local climate history that rural agricultural people already possess.”⁷³ Given historical context, richer nations dictating to former colonies how they should or should not sustainably develop risks manifesting as “a form of imperialism this time wearing a green cloak.”⁷⁴ Without mutual concern moving forward on these issues, international relations will break down and the demands of justice will not be met.

This segues into the third value: responsiveness, which refers to the ability of the carer to respond to the cared-for’s needs, how attentive the carer is to the response given by the cared-for to determine if the care provided was well-received, the attitude of the cared-for in response to

⁷⁰ Stephen Gardiner, *A Perfect Moral Storm: The Ethical Tragedy of Climate Change* (Oxford: Oxford University Press, 2011), 119.

⁷¹ Dale Jamieson, *Reason in a Dark Time: Why the Struggle Against Climate Change Failed – and What it Means For our Future* (Oxford: Oxford University Press, 2014), 148.

⁷² Darrel Moellendorf, *The Moral Challenge of Dangerous Climate Change: Values, Poverty, and Policy* (Cambridge: Cambridge University Press, 2014), 143.

⁷³ Andrei Israel and Carolyn Sachs, “A Climate for Feminist Intervention: Feminist Science Studies and Climate Change,” in *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, ed. Margaret Alston and Kerri Whittenbury (New York: Springer, 2013), 47.

⁷⁴ Karen Bell, “Post-Conventional Approaches to Gender, Climate Change and Social Justice,” in *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, ed. Margaret Alston and Kerri Whittenbury (New York: Springer, 2013), 56.

the care provided, and how responsive the carer is to their own wellbeing. Abstracting responsiveness to the application of human rights regards how well responses to attend to basic interests have been implemented. Unless there exists critical awareness toward how well a person or group is receiving care, human rights cannot accurately articulate what particular interests are being thwarted and thereby how to appropriately attend to them.

For instance, one approach for implementing human rights toward environmentally displaced persons is found in a report published by the Earth Policy Institute (EPI). The report begins by emphasizing that “[Tuvalu] is seeking a home for 11,000 people, but what about the 311,000 who may be forced to leave the Maldives? Or the millions of others living in low-lying countries who may soon join the flow of climate refugees? Who will accept them? [...] Where will these climate refugees go?”⁷⁵ This report goes on to emphasize that this displacement is something that these populations “have little control” over.⁷⁶ Recommendations to resolve this issue include the developed world “saving” these displaced individuals through a so-called “climate-immigration quota system” – distributing these displaced persons amongst developed countries that will not be as affected by dangerous climate change.⁷⁷

However, the problem with the EPI’s report is that it does not engage in critical responsiveness. In fact, the report’s statements disregard the ability of displaced persons to exercise any autonomy in the decisions *they* are making for adapting to the changing climate. In contrast to the EPI report, the Intergovernmental Panel on Climate Change (IPCC) emphasizes promoting a population’s self-recognition of wanting to take charge of its own affairs: “a community that believes itself to be resilient and self-reliant is more likely to respond

⁷⁵ Lester Brown, *Rising Sea Level Forcing Evacuation of Island Country: Vol. 2* (Washington, D.C.: Earth Policy Institute, 2001), 2.

⁷⁶ *Ibid.*

⁷⁷ McNamara and Gibson, “‘We Do Not Want to Leave our Land’,” 478.

proactively, contrasted to a community that believes itself to be vulnerable.”⁷⁸ Therefore, the EPI’s rhetoric is potentially damaging to how a population perceives itself, and could inflict (whether inadvertently or not) a self-fulfilling prophecy if these displaced (and potentially displaced) populations accept the climate refugee narrative. Human rights grounded in responsiveness ensures a critical awareness that would support the IPCC’s judgment.

The final value is trustworthiness. Trustworthiness is exemplified when persons in a relation uphold certain normative expectations and do not pursue deceitful or hostile actions toward each other. It is relations that exemplify trustworthiness that undergird the basic expectations persons have within a society to cooperate. For peaceful coexistence to even be possible, antagonistic groups need to learn to trust each other enough so that violence does not ensue. A major component of how this happens is the need for societies to actively “cultivate trust between citizens and between citizens and governments; to achieve whatever improvements of which societies are capable, the cooperation that trust makes possible is needed.”⁷⁹ Trust, as with personal relations, plays an equally imperative role in the political context: through gradual, iterated successful cooperation, this allows for increasingly complex and intertwined civic associations and projects to unfold.

Human rights must be grounded in trustworthiness, otherwise these rights will not be listened to, adhered to, or even claimed to begin with. When a rights-claim is made, trustworthiness is required: the claimer is vulnerable to the person whose duty it is to respond. Here, there is a basic expectation that this rights-claim will be recognized and responded to competently. If this trustworthiness is undermined (perhaps the claimer is ignored or overlooked)

⁷⁸ Intergovernmental Panel on Climate Change, *Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of the Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change* (Cambridge: Cambridge University Press, 2014), 205.

⁷⁹ Held, *The Ethics of Care*, 42.

the value of that rights-claim loses meaning – at least, to the claimer. It does not get them anywhere, and their expectations of others effectively responding to rights-claims decline. The subversion of human rights would require a process of relational repair, “restoring or creating trust and hope in a shared sense of value and responsibility.”⁸⁰ If there is no expectation that such rebuilding can occur because of a lack of trustworthiness exemplified in the relation, forgiveness and restoration of the relation dissipates. Human rights will not emerge unless there is sufficient trust and support to enable and implement them.⁸¹

We can see this clearly in the context of climate change. Disproportionately impacted nations will be less inclined to appeal to developed nations via human rights-claims if their relations are tainted with mistrust, given colonial histories. For should such an appeal be made, the worry once again is that this would reinforce a perpetual form of neo-colonialism, undermining developing nations’ agency – especially if developed nations discount indigenous knowledges. Instead, as Bettina Koelle writes, “Strengthening local institutions and development and engaging in monitoring can create learning platforms, access to information and opportunities for collective critical reflection, that enable local communities to better anticipate climate variability and thus prepare for possible future change.”⁸² The empirical data supports this argument: from the Philippines⁸³ to Peru,⁸⁴ local knowledge is being championed and bolstering those communities. If responders to rights-claims overlook the importance of local

⁸⁰ Margaret Urban Walker, *Moral Repair: Reconstructing Moral Relations After Wrongdoing* (Cambridge: Cambridge University Press, 2006), 28.

⁸¹ Held, “Care and Human Rights,” 641.

⁸² Bettina Koelle, “Women Farmer Scientists in Participatory Action Research Processes for Adaptation,” in *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, ed. Margaret Alston and Kerri Whittenbury (New York: Springer, 2013), 234.

⁸³ Gerlie Tatlonghari and Thelma Paris, “Gendered Adaptations to Climate Change: A Case Study from the Philippines,” in *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, ed. Margaret Alston and Kerri Whittenbury, 237–250 (New York: Springer, 2013).

⁸⁴ Naomi Godden, “Gender and Declining Fisheries in Lobitos, Peru: Beyond Pescador and Ama de Casa,” in *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, ed. Margaret Alston and Kerri Whittenbury, 251–263 (New York: Springer, 2013).

knowledge and local agency, especially in the historical context of colonialism, these relations will become paranoid and mistrustful.

Overall, I hope to have shown two things in this section. First, an interest theory of human rights that outlines a moral minimum can be an important tool for care theorists who want to establish global good caring relations. This moral minimum is more far-reaching than simply satisfying basic interests: it calls for fundamental shifts in how we structure interdependent relations of care to ensure such basic interests are met – shifts that establish the foundation for good caring relations to flourish. Second, an interest theory of human rights grounded in the values of care offers the critical lens that care theorists emphasize as crucial to theorizing about international morality.

This chapter has been largely theoretical. As such, practical issues regarding the implementation of rights, including who is responsible for responding to certain rights-claims, have not been discussed in detail (though some examples were mentioned in passing with environmentally displaced persons). However, I do not think that this is a problem: it is possible, as Joseph Raz has argued, that one “may know of the existence of a right and of the reasons for it without knowing who is bound by duties based on it or what precisely are these duties.”⁸⁵ Indeed, I hope to have offered something more lasting than the contingent “dynamic character” of rights-claims.⁸⁶

Still, something might be said in closing about how certain groups come to have certain responsibilities to care and, specifically, which relevant relata ought to be morally responsible vis-à-vis enforcing human rights for environmentally displaced persons. First, as shown earlier in this chapter, caring relations are not merely dyadic; they are embedded in much broader social

⁸⁵ Joseph Raz, *The Morality of Freedom* (Oxford: Clarendon, 1986), 184.

⁸⁶ Bell, “Does Anthropogenic Climate Change Violate Human Rights?”, 112.

and institutional structures. What this means, as Stephanie Collins writes, is that care ethics “requires accounts of collectives’ actions and duties” to care that move beyond dyadic relations.⁸⁷ A “collective” can be understood as a group of individuals that have come together to share in a joint decision-making procedure: “a process that takes in reasons and produces aims and instructions [that is] operationally distinct from the procedures held respectively by its members.”⁸⁸ The collective’s procedure is operationally distinct in that its reasons and beliefs may not be completely identical to the reasons and beliefs of any members. The value of individuals sharing in such a procedure is that the collective’s ability to act often transcends its individual members’ if all those members were to act independently of the collective framework. This is perhaps due to the collective having greater access to resources or being able to perform acts at a lower opportunity cost than its members would have faced independently. The formation of a collective, then, can give rise to that collective having particular responsibilities to care that its individual members would not have independently had.

What this means is that if a collective is well-placed or best-placed to better uphold the normative baseline than its members independently, then that collective has a responsibility to act. This collective responsibility is then distributed out to individuals “in the form of more specific individual duties to do what they can within their role for the collective to take that action.”⁸⁹

In the context of this article, then, the following argument might be made. We have a responsibility to attend to rights-claims, justified through the values of care. Collectives are often well- or best-placed to fulfil that claim, given a collective’s ability to act often surpasses its

⁸⁷ Stephanie Collins, *The Core of Care Ethics* (Basingstoke: Palgrave Macmillan, 2015), 125.

⁸⁸ *Ibid.*, 127.

⁸⁹ *Ibid.*, 131.

individual members if all those members were to act independently of the collective framework. In the context of environmentally displaced persons, which collectives are relevant? Any answer will be contingent on current events but, given the issue of environmentally displaced persons transcends state boundaries, it can be said that no one state is independently well- or best-placed to address this issue because of the requirement for international coordination. Instead, several states together can form a “supra-collective agent that is itself best-placed or well-placed.”⁹⁰

A few relevant supra-collective agents might emerge here: the Office of the United Nations High Commissioner for Human Rights; the United Nations Framework Convention on Climate Change, and; the UNHCR, specifically concerning their focus on the Nansen Principles. Whether these supra-collective agencies can resolve the issue of environmentally displaced persons cannot be answered in advance here; indeed, perhaps a better well- or best-placed supra-collective agent will emerge in the future. Moreover, perhaps some other collective that transcends state boundaries, such as a non-governmental organization, could prominently affect this issue. However, for the purposes of demonstrating the relevant relata for this chapter, the above suffices to give some general indications.

5. Conclusion

In this article, I intended to show how care ethics can justify an interest theory of human rights. I did so by grounding a such a theory in the values of care, which argued that the demands of global justice include various positive actions that aim toward ensuring the conditions for good caring relations to flourish, which in turn protect and promote the vital interests of all persons. I

⁹⁰ Ibid., 134. Here, I am adapting Collins’ arguments to the issue of environmentally displaced persons.

thus conclude that care ethics can outline what responsibilities we have to persons beyond our personal relations, especially toward distant others.

Chapter Five

– Future Generations –

The dominant area of inquiry within intergenerational ethics concerns how goods (and bads) ought to be justly distributed between non-contemporaries. Identifying what resources contemporaries should sustainably use is inherently intertwined in discussions about what sort of world they are obligated to bequeath to future generations. Contractualist theories of justice that have broached these discussions have often centred on the concepts of mutual advantage and (indirect) reciprocal cooperation between rational, self-interested beings.⁹¹ While such theories offer an important normative dimension for deriving and justifying what obligations contemporaries have to future generations, there are other significant dimensions that ought to be considered in tandem – if only to provide a more holistic view about the nature of such obligations. Indeed, another prominent reason for why many contemporaries feel that they have obligations towards future generations is not due to self-interested reciprocity, but because they *care* about what happens to them.

Care ethics promises to be conceptually well-suited for articulating this latter reason. This is because future generations are in a perpetual condition of dependency to contemporaries' actions. Contemporaries not only shape the world that future generations will inherit, but also which future persons will fill that world. As Stephen Gardiner writes, contemporaries “choice of

⁹¹ For key texts on mutual advantage and (indirect) reciprocity in intergenerational ethics, see: David Gauthier, *Morals by Agreement* (Oxford: Clarendon Press, 1986); and John Rawls, *Justice as Fairness: A Restatement* (Cambridge: Belknap Press, 2001). For key texts on reciprocity between self-interested individuals specifically, see: Hugh McCormick, “Intergenerational Justice and the Non-Reciprocity Problem,” *Political Studies* 57 (2009): 451–458; and Joseph Heath, “The Structure of Intergenerational Cooperation,” *Philosophy and Public Affairs* 41, no. 1 (2013): 31–66.

policy will make a difference to which individuals are born.”⁹² As such, this is precisely the kind of relational structure that care theorists should be interested in morally evaluating.

Unfortunately, the care literature has been largely silent on intergenerational ethics. In this chapter, I aim to advance this literature by offering an outline of what a care ethic concerning future generations – a “future care ethic”⁹³ – should look like. This future care ethic will take the form of a sufficientarian intergenerational theory of distributive justice: contemporaries ought to ensure goods (and bads) are distributed such that the conditions for good caring relations to flourish are encouraged and sustained.

1. Initial Problems

Before outlining my future care ethic, it is important to consider some initial problems that care theorists face when applying their normative framework to intergenerational ethics. These problems centre on how two central concepts within the care ethical framework – *care* and *relations* – have been interpreted so as to inadvertently restrict care theorists from meaningfully commenting on what obligations contemporaries have to future generations. This is not to say that care theorists have argued such obligations do not exist, nor that such problems cannot be responded to. It is to say that these problems need to be acknowledged and addressed for any future care ethic to be convincing.

Consider first how care theorists have understood the concept of relations. Recall from Chapter One that care theorists conceive the self as relational. As Jean Keller put it, persons are

⁹² Stephen Gardiner, *A Perfect Moral Storm: The Ethical Tragedy of Climate Change* (Oxford: Oxford University Press, 2011), 180. Cf. Derek Parfit, *Reasons and Persons* (Oxford: Clarendon Press, 1984).

⁹³ Ruth Makoff and Rupert Read, “Beyond Just Justice – Creating Space for a Future-Care Ethic,” *Philosophical Investigations* 40, no. 3 (2017): 223–256.

“always embedded in relations with flesh-and-blood others and [are] partly constituted by these relations.”⁹⁴ Specifically, we are relational selves whose lives can go better or worse depending on the structure and efficacy of the relational webs of caring that we are embedded in. Now, given the total dependency future generations have with contemporaries, this appears to be precisely the kind of relation that care theorists should be interested in morally evaluating. However, there is an obstacle here that potentially prevents care theorists from engaging with intergenerational ethics. Normatively relevant relations within the care ethical framework concern the ties that constitute concrete beings whose lives can be bettered or worsened depending on the care provided or received through such relations. That is, it is only through relations between “flesh-and-blood” individuals, as Keller tellingly put it above, that the normative concerns of care emerge.⁹⁵ But future generations are not yet flesh-and-blood individuals. They do not yet have lives that can go better or worse because they have no lives and no existent interests to speak of. This implies that the normative concerns of care cannot emerge between contemporaries and future generations.

This obstacle is mirrored in how care theorists have developed the concept of care. As seen in Chapter One, various understandings of care have been offered within the literature. However, a noticeable theme that runs through each is that normatively relevant caring practices can only occur between concrete individuals. Nel Noddings offers the earliest and clearest delineation of normatively relevant care as only occurring between concrete beings: caring for another person “requires the engrossment and motivational displacement of the one-caring, and it requires the recognition and spontaneous response of the cared-for.”⁹⁶ For Noddings, then, there

⁹⁴ Jean Keller, “Autonomy, Relationality, and Feminist Ethics,” *Hypatia* 12, no. 2 (1997): 152.

⁹⁵ See also: Maurice Hamington, “Care as Personal, Political, and Performative,” in *Moral Boundaries Redrawn: The Significance of Joan Tronto’s Argument for Political Theory, Professional Ethics, and Care as Practice*, ed. Gert Olthuis, Helen Kohlen, and Jorma Heier (Leuven: Peeters, 2014): 198–199.

⁹⁶ Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1984), 78.

is “necessarily a form of reciprocity in caring.”⁹⁷ This is not reciprocity as understood in contractualist theories of justice; on Noddings’ view, the reciprocity of care is completed through the carer receiving recognition from the cared-for that their caring practice has been successful. Though Noddings thinks capable persons ought to extend help to distant others through various international institutions (like charities), these actions fall outside the normative domain of her care ethic: such actions would not count as care per se, but rather as actions that support “the conditions under which [actual face-to-face] caring relations can prosper.”⁹⁸ While this could be interpreted as “caring-about” others, there lacks the face-to-face caring-for that Noddings emphasizes.

Following Noddings’ logic, given that contemporaries and future generations lack the sort of interaction identified as necessary for reciprocal care, contemporaries would not be obligated to care for future generations. Interestingly, though, Noddings implies that there still exists the possibility (that is, it is at least not impossible) for caring-about distant others to turn into face-to-face caring for distant others. Those who are able could visit and personally engage in reciprocal care with those distant others. Yet reciprocal care remains *impossible* between contemporaries and future generations. Even if contemporaries engage in caring-about behaviour (such as promoting sustainable development), they are still unable to receive the recognition and response of future generations – contemporaries will not live long enough to do so, leaving the caring process incomplete.

As such, care as a reciprocal process in the context of intergenerational ethics faces a similar problem that various contractualist theories of justice have also been charged with: the

⁹⁷ Ibid., 71.

⁹⁸ Nel Noddings, “Care Ethics and ‘Caring’ Organizations,” in *Care Ethics and Political Theory*, ed. Daniel Engster and Maurice Hamington (Oxford: Oxford University Press, 2015), 83.

“non-reciprocity problem.”⁹⁹ This problem states that if no ties of reciprocity bind different generations, then – according to reciprocity-based accounts of justice – “no duties of justice obtain between them.”¹⁰⁰ For Noddings, no normatively relevant forms of care can obtain between contemporaries and future generations because the care cannot be reciprocated, and thereby remains incomplete. Again, on this view, contemporaries would not be obligated to care for future generations.

However, a defence of care as a reciprocal process could be given for this context: that though the non-reciprocity problem holds if contemporaries and future generations were non-overlapping, it is the case that generations *do* overlap. Anca Gheaus offers an argument that could be applied here. Gheaus’ argument, in brief, is this: If each child has a right to adequate life prospects, and if adequate life prospects require enough resources to raise children justly, then adults (if they are adequate parents) have a right to rear with enough resources to justly raise their children. Given generations will continue overlapping indefinitely into the future, the argument simply repeats.¹⁰¹ This supports care as a reciprocal process in the following way. Potential parents engage in caring acts for their potential children by conserving enough resources for these children’s adequate development. Once these children are born, the parent can receive recognition that their caring act of conserving resources has been successful. Here, care is completed, albeit delayed until the parent receives recognition. This process of care repeats into the future.

However, there are two problems with this response. First, it limits contemporaries’ obligations to only would-be parents. On this argument, those persons who do not have children,

⁹⁹ Edward Page, “Fairness on the Day After Tomorrow: Justice, Reciprocity and Global Climate Change,” *Political Studies* 55, no. 1 (2007): 232.

¹⁰⁰ McCormick, “Intergenerational Justice and the Non-Reciprocity Problem,” 451.

¹⁰¹ Anca Gheaus, “The Right to Parent and Duties Concerning Future Generations,” *The Journal of Political Philosophy* 24, no. 4 (2016): 487–508.

or do not want children, would have no obligations to future generations. This seems mistaken – we want to say that all contemporaries have some obligations to future generations, regardless of whether they have children. Otherwise, there is no normative urge for non-parents to conserve resources for the future, which, in turn, could impact the success of would-be parents in their conservation of resources.

The second problem is that this argument only gives parents an obligation to conserve enough resources for their children. This obligation may not go far enough to conserve resources for non-overlapping generations. Parents may only conserve what they need for their children and consume the rest. As such, resources may diminish over time, to the point where the sixth generation may struggle to conserve resources for the seventh. Moreover, on this view, should a parent decide to conserve enough resources for their potential grandchildren, or if non-parents decide to conserve resources (even only small amounts) for future generations regardless of which future person is born, such actions would be supererogatory. This again seems like something we do not want to say.

There are issues, then, with understanding care as a reciprocal process in the context of intergenerational ethics. Of course, as noted in Chapter One, many care theorists have moved beyond Noddings' specific notion of care. Perhaps some contemporary interpretations of care may fare better in intergenerational ethics.

In Chapters One and Two, I endorsed Held's interpretation of care. Recall that, on Held's view, care as a practice is concerned with cultivating and sustaining morally worthy relations over time, with individuals having the ability to be attentive and responsive to contextual needs, to build trust and mutual concern, and work to continually scrutinize and improve one's care through the lived experience of caring itself. Held consequently identifies care as a *reflective*

practice, whereby the provision and receipt of care are continually scrutinized through iterated efforts and communication. In this way, Held's interpretation of care has a built-in critical component that ensures an *ethics* of care, not merely naturalized or traditional care. Not only should caring practices be appraised and altered if needed; their surrounding social and political context ought to be as well.¹⁰²

However, Held's understanding of care is still built on the assumption that successful caring relations between two or more individuals requires a form of reciprocity. Building trust and mutual concern – crucial components of how Held interprets care – is not a one-way affair. Both activities presume shared interests and expectations between persons, who engage and respond to one another to strengthen their caring relation. Given that future persons do not yet have existent interests, expectations, or needs, and cannot respond in kind to contemporaries' actions, Held's understanding of care also suffers from the non-reciprocity problem. Therefore, if I am to show care ethics' normative frontiers can be extended to future generations through Held's interpretation of care, this weakness needs to be addressed. I do so at the end of this chapter.

For the moment, it is clear that a non-reciprocal understanding of care is required for a future care ethic to be convincing. The closest the present care literature gets to fulfilling this condition is through Berenice Fisher and Joan C. Tronto's broad understanding of care. Recall from Chapter One that, for Fisher and Tronto, care is "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible."¹⁰³ On this view, caring moves beyond person-to-person interaction: it also includes

¹⁰² Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford: Oxford University Press, 2006), Chs. 2–4.

¹⁰³ Berenice Fisher and Joan C. Tronto, "Toward a Feminist Theory of Care," in *Circles of Care: Work and Identity in Women's Lives*, ed. Emily Abel and Margaret Nelson (Albany: State University of New York Press, 1990), 40.

concern “for objects and for the environment, as well as for others.”¹⁰⁴ As with Held, Fisher and Tronto address the surrounding social and political context in which caring relations are embedded. Yet Fisher and Tronto’s interpretation is broader still: if one can care for inanimate objects, as suggested above, then this assumes caring can be a one-way affair. This takes the concern of care beyond relations between humans, and implies reciprocity does not play an essential role in the process of care.

However, I argue that Fisher and Tronto’s understanding of care cannot be used for a future care ethic, for two reasons. First, as I noted in Chapter One, Fisher and Tronto’s interpretation is *too* broad to guide care ethics’ framework. Care ethics is concerned with the normative relevance of care as it emerges through interdependent relations of care. Care theorists need not deny that the concept of care can be used elsewhere in different ways, and, indeed, that the normatively relevant aspects of care that they want to focus on can fit under Fisher and Tronto’s umbrella term. The consequence, though, is that this does not go the other way; for the purposes of care ethics alone, Fisher and Tronto’s broad interpretation cannot fit.

The second reason why Fisher and Tronto’s understanding of care cannot be used, then, is ironic: it still does not stretch broadly enough to include future generations. Fisher and Tronto restrict their understanding of care to only being applicable within the boundaries of our “world”. Yet the “world” Fisher and Tronto speak of only encompasses “our bodies, our selves, and our environment.”¹⁰⁵ Future generations, as non-existent persons, fall outside of these boundaries. Indeed, Tronto confirms this implication by stating that care is “the concern of living, active humans engaged in the processes of everyday living.”¹⁰⁶ Of course, Fisher and Tronto could

¹⁰⁴ Tronto, *Moral Boundaries*, 103.

¹⁰⁵ Fisher and Tronto, “Toward a Feminist Theory of Care,” 40.

¹⁰⁶ Tronto, *Moral Boundaries*, 104.

expand their definition of what they mean by the “world” to include future generations. However, this would require a new argument defending how future generations fit into the “world”, despite their spatial and temporal absence from the activities of care that exist in the present.

This concludes the initial problems that care theorists may face should they want to engage with intergenerational ethics.

2. Groves’ Future Care Ethic

There is only one sustained argument for a future care ethic in the care literature: Groves’ care imaginary.¹⁰⁷ In this section, I examine how far Groves overcomes the initial problems outlined in the previous section. Even if Groves’ account is ultimately unsuccessful (as I will argue), it is useful to see if any promising areas of Groves’ argument can be built upon in the formulation of a stronger future care ethic.

Groves’ starting point is an analysis of the phenomenology of future uncertainty, interpreted through an Arendtian understanding of the human condition. Groves describes the human condition as one of perpetual fear of an unknown futurity, in part fueled by the unpredictable consequences of the plurality of human actions. How to overcome this fear of future uncertainty? Groves answers by drawing upon the psychological literature of *attachment*.¹⁰⁸ Attachments are connections an individual makes to particular objects in the world around them as a way to orientate and make sense of their place in it. Attachments are

¹⁰⁷ Found in: Christopher Groves, *Care, Uncertainty and Intergenerational Ethics* (New York: Routledge, 2014).

¹⁰⁸ It is not clear why Groves does not pursue Hannah Arendt’s solution to uncertainty (namely, the act of promising). This is speculative, but perhaps Groves chooses to engage with the literature of attachment theory because this literature is a verified psychological phenomenon and therefore a more reliable foundation on which to base his argument.

mutually constitutive: the self both shapes and is shaped by the attachment objects it engages with. Attachment objects can take many forms, ranging from other persons (including non-human living entities), “places, institutions, cultural objects of various kinds and ideals that represent dispositional and behavioural models around which the self can be integrated through its beliefs and actions.”¹⁰⁹ Collectively, these attachments form shared “social imaginaries” for individuals – repertoires of beliefs, images, and concepts that grant direction and consistency, serving “as the connective tissue of a web of meaningful relationships that enable human beings to make sense of, endure and flourish amidst the inherent uncertainty of the future.”¹¹⁰

Groves then amalgamates attachment theory with care ethics to explain contemporaries’ obligations to future generations. However, I think that Groves makes a contentious first move: for Groves, attachment, “across all its forms, is a type of relationship.”¹¹¹ This claim is contentious because it does not square with how care theorists have developed the concept of relations. It might be said that all relations are a form of attachment, but not all attachments are relations in the normatively relevant sense that care theorists emphasize. This issue parallels the criticism I levelled at Fisher and Tronto’s broad interpretation of care in the previous section. Though I flag this issue, let us put it to one side for the moment and continue with Groves’ argument to the end.

Groves identifies attachments as relations to outline a novel understanding of care: “Care for an other is active concern that aims to further the good of a particular kind of ‘object’ (which may also be a subject), namely an object whose own good is esteemed by the carer as being of inherent value.”¹¹² On this account, any attachment object that has a good that can flourish or be

¹⁰⁹ Groves, *Care, Uncertainty and Intergenerational Ethics*, 120.

¹¹⁰ *Ibid.*, 143.

¹¹¹ *Ibid.*, 127.

¹¹² *Ibid.*, 139.

thwarted is an object that can be cared about. In other words, relations (understood generally here as attachments) are caring if the objects involved in that relation have their good furthered. Yet, just as I think Groves' classification of relations is contentious, I also think his understanding of care is too – it is just as broad, if not broader, than Fisher and Tronto's. For while Tronto argues care does not concern creating a work of art,¹¹³ art creation could straightforwardly be classified as an attachment of care for artists. Again, though, I only flag this issue to be addressed later in this section.

Groves uses his understanding of relations and care – that is, the act of furthering the good of an attachment object – as the basis for formulating a future care ethic. This future care ethic is grounded in Groves' "obligation to care for the future."¹¹⁴ The justification for this obligation is as follows:

1. To care for an object of attachment is to further the good of that object into the future.
 2. To state that you do not care what happens to that object's good after you die is to not actually care for that object at all – even if you care for that object in the present.
 3. To do so would perform the contradiction of caring and not caring at the same time.
- C. Therefore, to disavow care for the future implies that we do not actually care for attachment objects at all.¹¹⁵

Groves intends this syllogism to follow the same logic as the justification Daniel Engster gives for his rational obligation to care, outlined in Chapter Four. Recall Engster's justification is that,

¹¹³ Tronto, *Moral Boundaries*, 104.

¹¹⁴ Groves, *Care, Uncertainty and Intergenerational Ethics*, 158.

¹¹⁵ *Ibid.*, 151.

given we implicitly value care given to us when we require it, it would be a performative contradiction to not also care for others when they need it and we can give it.¹¹⁶ Groves applies this reasoning to caring for attachment objects: to deny caring about the state of an attachment object's good after you die is to also deny that you care for that object in the present, even if you do care for it in the present. This denial "would perform the contradiction of caring and not caring at the same time."¹¹⁷ For if we genuinely cared about the good of an attachment object we would want to ensure that good is furthered into the future, even if we are not there to experience that good flourishing.

Groves continues this argument by asking: "If we happen to care about the future of a particular ideal, place, institution or something else, why should this either give us reason to care about the future more generally, or give others a reason to care for the same things we do?"¹¹⁸ In response to the first part of this question, Groves argues that the attachment goods we care about logically extend to an expanding "circle of what we care about."¹¹⁹ If the success of our caring for attachment goods is embedded in and dependent on a much broader range of support systems (such as social and biophysical support), the fact of our initial attachment generates other responsibilities for us to maintain these support systems over time. Indeed, if we are to properly care for an attachment object's good moving into the future beyond our deaths (such as an institution or ideal), the "charmed circle of developmentally significant attachments logically contains within it a demand to expand concern for futures far beyond it in space and time."¹²⁰ Groves concludes that this expanding circle of care generates in contemporaries an obligation to

¹¹⁶ Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (Oxford: Oxford University Press, 2007), 46–49.

¹¹⁷ Groves, *Care, Uncertainty and Intergenerational Ethics*, 151.

¹¹⁸ *Ibid.*, 161.

¹¹⁹ *Ibid.*, 180.

¹²⁰ *Ibid.*

care for future generations via furthering the goods of our attachment objects, continuing these objects along a sociohistorical narrative of care into the future.

The second part of Groves' above question addresses an important point. Not all individuals share the same attachment objects. Indeed, some objects might be incompatible: a person's attachment to an ideal of oil production is not compatible with an attachment to producing renewable energy. One of these is better for future generations but under what normative criteria? Groves answers that the kind of social imaginary we ought to further is a *eudaimonic* care imaginary: "the care imaginary looks for flourishing by examining the range of attachments available to an individual in a given society, their histories and potential futures, and the styles of dealing with attachment that are expressed therein."¹²¹ Those attachments that allow individuals to flourish are the attachments to be preferred. Individuals flourish when "subjects are able to participate in practices and institutions that support more solidaristic forms of attachment."¹²² That is, those attachments that form solidarity between individuals lessen the future uncertainty one has. Consequently, when someone chooses to withdraw from these types of attachments, they "undermine the dispositions that are necessary to proper care and for flourishing."¹²³ Therefore, producing renewable energy is a preferable ideal because it promotes long-term flourishing for future generations.

Overall, the idea behind Groves' future care ethic is that contemporaries have obligations to future generations vis-à-vis contemporaries' caring for (and thereby passing on) their attachment objects. An important advantage to Groves' argument is this: it does not suffer the non-reciprocity problem. Caring for an attachment object implies a non-reciprocal responsibility

¹²¹ Ibid., 179.

¹²² Ibid., 178.

¹²³ Ibid.

to maintain its existence beyond one's own life, by virtue of the constitutive role that object plays for an individual. Therefore, these attachments flow into the future without concern for reciprocation from future generations.¹²⁴

However, I argue that there are two reasons why Groves' argument is ultimately unconvincing. One of those reasons concerns the above-flagged issues on how Groves understands care and relations. The basic point to be made is that Groves' interpretations are too broad to fit into the care ethical framework. That is, to be consistent with earlier criticisms I levelled against Fisher and Tronto, Groves must also account for stretching these concepts beyond what the care ethical framework considers normatively relevant. It may well be that attachments are relations and caring involves furthering an attachment object's good into the future. Yet, not all relations and forms of care fall within the normative boundaries of the care ethical framework. As such, it is preferable to retain some specificity for how to define care and relations to ensure that these concepts retain some intuitive meaning and can be addressed within a well-bounded care ethical framework.

The more noteworthy point is that Groves' understanding of these two concepts could render his argument circular. As seen above, Groves argues that a "disavowal of care for future generations implies a simultaneous disavowal of the care that the subject does in fact practice here and now in the present."¹²⁵ This is because to genuinely care for an attachment object is to further its good into the future, even if we are not there to experience that good flourishing. Therefore, Groves believes that his obligation to care for the future is justified. However, this conclusion only works because it is already assumed in his understanding of care. If it is possible

¹²⁴ Ibid., 129.

¹²⁵ Ibid., 151.

to simultaneously care for an attachment object in the present while wishing its good to not be furthered into the future, then Groves' obligation to care for the future does not follow.

The second problem with Groves' argument concerns what care theorists want out of a future care ethic. If care theorists want a future care ethic that perceives future generations as being of direct moral relevance, then Groves does not offer that ethic. Instead, Groves' future care ethic considers future generations as relevant insofar as they come to relate to contemporaries' attachment goods. As I pursue in the next section, perhaps there is a stronger, alternative argument: rather than future generations being normatively relevant insofar as they relate to contemporaries' attachment objects, it is because contemporaries *already* directly care about future generations' wellbeing which is what embeds substantial meaning in various attachment objects in the first place. Indeed, attachment objects might lose their meaning if the prospect of future generations inheriting those objects disappeared.

3. Outline for a Future Care Ethic

The problem remains: how to establish normatively relevant relations with future generations within the care ethical framework? In this final section, I offer an answer to this question and, in doing so, present an outline for a future care ethic that is preferable to Groves'.

The argument defended in this section draws on a wide range of literature. To provide some focus, here is a brief outline of this argument:

1. Imaginal content is a fundamental element for the moral evaluation of our relations.
2. Contemporaries can form imaginal content with future generations.

3. Much of what contemporaries attach value to (for instance, their projects and communities) is due to the possibility of future generations inheriting them. Such value is generated through the imaginal content contemporaries form with future generations.
 4. Here lies an intergenerational relational interdependency: future generations are dependent on contemporaries as contemporaries are dependent on future generations' possibility.
- C1. These imaginal relations between contemporaries and future generations are *real enough* to be normatively relevant in the care ethical framework.
5. Care theorists' normative claim is to encourage and sustain good caring relations that allow the individuals involved to survive and flourish.
 6. Future generations are normatively relevant in the care ethical framework (following C1).
- C2. Therefore, a sufficientarian theory of obligation is generated: contemporaries ought to ensure the conditions that allow good caring relations to flourish for posterity.

I will now defend each premise, beginning with Premise One. As shown earlier, care theorists understand normatively relevant relations as the ties that constitute concrete beings whose lives can be bettered or worsened depending on the care provided or received through such relations. Any relations contemporaries have with future generations would be imaginary; that is, such relations would not be normatively relevant because they would not be metaphysically real. However, perhaps this framing of relations (as being either real or imaginary) is a false dichotomy. Instead, I argue that a middle route can be taken – that while relations between contemporaries and future generations will not be metaphysically real, they could still be *real enough* for them to count as normatively relevant within the care ethical

framework. Kathryn Norlock has pursued such a route with regards to contemporaries' relations to the dead.¹²⁶ Examining Norlock's argument first will offer some tools to begin establishing normatively relevant relations between contemporaries and future generations.

Norlock begins with an interesting claim: a fundamental element of the relations “between living entities include imaginal content that endows our relationships with moral import and meaningfulness,” and that this imaginal content can continue “even after one of the relata has died.”¹²⁷ The concept *imaginal* is of central importance here. It is derived from Mary Watkins, who argues *imaginal* is different from the words *imagined* and *imaginary*.¹²⁸ The difference, as Mary Gergen writes, is that whereas “the latter two words suggest something fictional or frivolous, *imaginal* suggests other, more consequential possibilities.”¹²⁹ While the *imagined* and *imaginary* have free-play within the mental content of a person's mind, *imaginal* content is constrained by the reality of our interactions with the world. For instance, how we think our close relations will react to shock, anger, or a fun surprise is channelled through our *imaginal* content of what our close relations are like. Watkins calls this reasoning process *imaginal dialogues*. That is, in developing self-awareness of our place in the world, we develop internal dialogues that help us interpret how we perceive and interact with others. This process is not antithetical to reason, but in service to it – “not imaginary, but developed imaginally on the basis of known actualities.”¹³⁰

Relations between contemporaries exist primarily in the *imaginal* contents of the mind. Though our relations form facts, experiences, and memories, we endow these relational

¹²⁶ Kathryn Norlock, “Real (and) Imaginal Relationships with the Dead,” *Journal of Value Inquiry* 51 (2016): 341–356.

¹²⁷ *Ibid.*, 343.

¹²⁸ Mary Watkins, *Invisible Guests: The Development of Imaginal Dialogues* (Hillsdale: The Analytic Press, Inc, 1986).

¹²⁹ Mary Gergen, *Feminist Reconstructions in Psychology: Narrative, Gender, and Performance* (Thousand Oaks: Sage, 2001), 144n3.

¹³⁰ Norlock, “Real (and) Imaginal Relationships with the Dead,” 346.

characteristics “with emotional and interpretive content.”¹³¹ This imaginal activity is an ongoing, mutually constitutive process. We do not just co-exist with other people, but develop and reflect upon accounts of what our relations are like. Some relations we perceive as caring, and we act accordingly within that context. Yet certain feedback may alter our interpretation of that relation (perhaps our care is rejected by the other), in turn altering how we interact with the world and see ourselves in it. In other words, our imaginal content helps us reason about the moral state of our relations, forming the basis for action. As Norlock puts it, “our dialogical thinking processes are not fictional creations so much as interpretive narratives based on experiences with real persons.”¹³²

There are significant implications of acknowledging the importance of imaginal content in care theorists’ understanding of relations. Imaginal content forms a fundamental element for how relations are structured, creating the very possibility for their moral evaluation. Explicitly centralizing the imaginal part of our relations opens a doorway for considering how future generations can be normatively relevant within the care ethical framework.

Before demonstrating how, it is worth acknowledging an initial objection to appropriating and applying imaginal content to relations between contemporaries and future generations. Norlock’s argument is focused on imaginal relations with the dead. There are some clear differences between having imaginal relations with the dead and future persons. While it may be possible to channel what a dead loved one might have said or done, this is only possible because such a relation did exist in the past. We have memories and emotional content of what that person was actually like. The same cannot be said for future generations given they have not yet

¹³¹ Ibid., 352.

¹³² Ibid., 347.

come into existence. Relations with future generations would seem to be more imaginary than imaginal.

However, I do not think that this objection holds, which leads into Premise Two of my argument: contemporaries can form imaginal content with future generations. Even though it is impossible to concretize what a future person will be like, we can make some important assumptions. For instance, so long as nothing radically happens to the homo sapiens gene pool, we expect future persons to have similar vital interests that will need caring for; that is, interests that pertain to the minimum subsistence levels required for persons to survive and have the opportunity to flourish. As outlined in Chapter Four, these vital interests include “unpolluted air, unpolluted water, adequate food, adequate clothing, adequate shelter, and minimal preventive public health care.”¹³³ Moreover, social determinants of health are crucial for a person’s survival and flourishing: the active production and reproduction of social relationships and social practices are “structures that are symbolically and substantively constitutive of identity and agency.”¹³⁴ Relations do not just exist so that our vital interests for food and shelter are met; instead, not being grounded in a social structure removes much of the meaning we attach to life, and thereby removes the point for fulfilling our interests of having food and shelter in the first place.¹³⁵ As such, it is plausible to say that being embedded within a set of good caring relations is a vital interest.

If these vital interests are taken as a benchmark for wellbeing, the non-identity problem need not be invoked. Stephen Gardiner writes that, in the context of dangerous climate change, “it is difficult to believe that the people of 2100 or 2200 will prefer climate instability to

¹³³ Henry Shue, *Basic Rights: Subsistence, Affluence, and United States Foreign Policy*, 2nd ed. (Princeton: Princeton University Press, 1996), 23.

¹³⁴ Groves, *Care, Uncertainty and Intergenerational Ethics*, 86.

¹³⁵ Peter Marris, *The Politics of Uncertainty: Attachment in Private and Public Life* (New York: Routledge, 1996), 45.

stability.”¹³⁶ Though choosing between sustainable policies over resource depletion policies will mean different future persons are born,¹³⁷ perhaps this is the wrong focus. Rather than be concerned with what specific identities will be born (an impossible task), we ought to be concerned with what sort of world we are bequeathing to whatever persons are born – something that is within contemporaries’ control.¹³⁸ We ought to choose those policies that stand the best chance of making sure the resultant population has at least their vital interests met. As Gardiner continues, we “do not seem to be swamped by uncertainties about future preferences.”¹³⁹ We are aware that future generations will have lives that can be bettered or worsened, and contemporaries play a significant role in establishing the milieu in which those future lives are played out.

Above this benchmark of wellbeing, different communities and cultures will formulate their own ideas about what ideals and goods they want future generations to inherit. Now, Groves argued that the reason such ideals and goods will be inherited by future generations is because contemporaries care about those ideals and goods – future generations are of indirect moral relevance in this analysis. However, as I suggested in response, Groves’ point might be mistaken: a stronger argument can be made that contemporaries *already* directly care about future generations’ wellbeing which is what embeds substantial meaning in various attachment objects in the first place. Indeed, attachment objects might lose their meaning if the prospect of future generations inheriting those objects disappeared. How contemporaries perceive their place in the world in part derives from their imaginal content of what will improve the lives of future generations – this, in turn, shapes contemporaries’ behaviour toward questions of what sort of

¹³⁶ Gardiner, *A Perfect Moral Storm*, 178.

¹³⁷ Parfit, *Reasons and Persons*, 361–364.

¹³⁸ On this point, see: Mark Sagoff, *The Economy of the Earth: Philosophy, Law, and the Environment* (Cambridge: Cambridge University Press, 1988).

¹³⁹ Gardiner, *A Perfect Moral Storm*, 178.

world they ought to bequeath. This brings us to Premise Three: much of what contemporaries attach value to (for instance, their projects and communities) is due to the possibility of future generations inheriting them. Such value is generated through the imaginal content contemporaries form of future generations.

Premise Three can be defended by considering Samuel Scheffler's work on this point.¹⁴⁰ Scheffler argues that much of what contemporaries find meaningful in their lives is contingent on there being an "afterlife" (in the sense that people will continue to exist after we die). Scheffler outlines a thought experiment to test this intuition. If we learnt that a fatal asteroid will hit Earth 30 days after we die, Scheffler contends that many of us will not act indifferently to this news. This suggests that something which will not happen until after our deaths can still matter to us, beyond our concerns for the present.¹⁴¹ Moreover, to use Groves' language, many of our attachment objects would lose the meaning we attach to them if we learned that there would be no more future generations. Of course, this does not support Groves' point that caring for *any* attachment object implies we want it to continue after we die. It just means that the ultimate success of *some* of our attachments is tied up with the hope that people will continue to derive and receive those objects' benefits into the indefinite future. Often these projects are the most meaningful to us, precisely because they are future-oriented. Artistic, musical, and literary endeavours, improving societal infrastructure, and scientific research are examples of such projects. Scheffler thus offers an "afterlife conjecture": people would lose confidence in the value of many sorts of projects, and would cease to see a reason to continue engaging in those projects, if we learnt that there would be no more future generations.¹⁴²

¹⁴⁰ Of particular focus is: Samuel Scheffler, *Death and the Afterlife*, ed. Niko Kolodny (Oxford: Oxford University Press, 2013).

¹⁴¹ *Ibid.*, 18–19.

¹⁴² *Ibid.*, 25.

An objection can be raised at this point. Scheffler is ultimately making a phenomenological argument, addressing like-minded thinkers who share his attitudes.¹⁴³ It is plausible to think that there are contemporaries for whom none of their projects take their meaning from the possibility of there being future generations. Their only concern is what their projects can contribute *now* in the present. I want to argue that all contemporaries have obligations to future generations. How can these persons be persuaded otherwise?

My response is to consider what future-oriented object all, or at least most, contemporaries share that derives value from its prospect of being inherited. Avner de-Shalit's communitarian argument for a transgenerational community can help in this regard.¹⁴⁴ de-Shalit argues that a "person is conceived as bound by social connections and relationships."¹⁴⁵ Care theorists share this assumption, following Aristotle's view that the person who lives outside the community is "either a beast or a god."¹⁴⁶ de-Shalit continues that all persons are a part of some community that extends into the past as it will the future (such as through national identity, religion, or local tradition). Such communities are not ahistorical but the product of a sociohistorical narrative, which holds value through its recognition of historical roots and, furthermore, its longevity into the future. Without the possibility of future generations, a significant part of what sustains a community dissipates.¹⁴⁷

Scheffler's argument can be imported at this point. A major reason that gives such communities meaning for contemporaries is because contemporaries envision future generations inheriting them. In turn, contemporaries form imaginal relations with future generations by virtue of their being part of a transgenerational community. That is, persons use their imaginal content

¹⁴³ Ibid., 17–18.

¹⁴⁴ Avner de-Shalit, *Why Posterity Matters: Environmental Policies and Future Generations* (New York: Routledge, 1995).

¹⁴⁵ Ibid., 15.

¹⁴⁶ Aristotle, *The Politics*, trans. C.D.C. Reeve (Indianapolis: Hackett, 1998), 1253a30.

¹⁴⁷ de-Shalit, *Why Posterity Matters*, 15ff.

to envision how their community will be inherited by, and make better the lives of, future generations. As such, Scheffler's argument can be extended beyond future-oriented projects (which may only belong to some contemporaries) to include communities too (which encompass all contemporaries – or at least enough that the remainder are minute). This extension follows naturally from Scheffler's argument: the meanings attached to future-oriented projects, after all, are often bound up in enhancing, sustaining, and continuing the communities from which they arise.

Contemporaries, then, are dependent on the possibility of future generations for their projects and communities to have value. Of course, the other side of this argument is that future generations are totally dependent on what sort of world contemporaries will bequeath them. Yet even though future generations have no existent voice, contemporaries are capable of channelling through their imaginal content what sort of broad wishes future generations would ask for. As seen earlier with Gardiner, it is not too difficult to give voice to future generations' need for sustainable behaviour so that their vital interests, at the very least, are cared for. What this all points to is an intergenerational relational interdependency, captured in Premise Four of my argument: future generations are dependent on contemporaries as contemporaries are dependent on future generations' possibility. Not only do contemporaries better or worsen the lives of future generations, but whether there are future generations to speak of also betters or worsens the lives of contemporaries. We rely on future persons for value in our own lives, as they rely on us for bequeathing a sustainable world to them.

Of course, this interdependency by no means balances the scales, but it is enough to demonstrate the first conclusion of my argument: imaginal relations between contemporaries and future generations are *real enough* to be normatively relevant in the care ethical framework.

They are *real enough* in that though such relations are not metaphysically real, they are not fiction either – such relations have a normatively significant role to play in the meaning contemporaries attach to how their societies ought to be structured. If care theorists seek to structure societal institutions to encourage and sustain good caring relations, this cannot be done without acknowledging the value contemporaries attach to this process vis-à-vis future generations inheriting those institutions.

We thus reach the final part of my argument. Premise Five reiterates that care theorists' normative claim is to encourage and sustain good caring relations that allow the individuals involved to survive and flourish. Indeed, this premise reinforces the point made in Premise Two: that the social determinants of health are crucial for a person's survival and flourishing. This forms a sufficiency threshold: that we must create the conditions for all persons to be embedded in good caring relations, upholding the normative baseline. Yet, as raised in Premise Six, if future generations are normatively relevant in the care ethical framework, how should future generations be appropriately accommodated? My answer is that if contemporaries are concerned with what sort of world they will bequeath to future generations, they will want to ensure that future generations (once they exist) have the resources they need to engage in good caring relations. Care ethics' normative claim can thus be applied in this way: contemporaries ought to ensure the conditions that allow good caring relations to flourish for posterity. The resultant future care ethic here generates a sufficientarian theory of obligation.

As Groves noted, different contemporaries will recommend different goods and ideals to bequeath future generations, to encourage and sustain good caring relations. By what normative criteria can we resolve conflicting goods and ideals? Groves' solution was to utilize a *eudaimonic* care imaginary: if an ideal does not exemplify solidarity with encouraging and

sustaining good caring relations for all, then it should not be bequeathed. However, I think that Groves' solution can be refined with the four values of care outlined in Chapter Two. As argued there, solidarity as a value is subsumed into the broader value of mutual concern. When combined with the other three values (attentiveness, responsiveness, and trustworthiness), the resultant normative criteria offer a more sophisticated base from which to morally evaluate relations of care. Ensuring the conditions that allow good caring relations to flourish requires that contemporaries do not bequeath a world that undermines the possibility of caring values being exemplified.

Earlier in this chapter, I criticized Held's interpretation of care. I said that at least two of the above caring values – mutual concern and trustworthiness – cannot properly emerge between contemporaries and future generations because both values imply some form of reciprocation between existent interests and expectations of persons. However, the argument that I have defended in this section generates a response to my initial criticism of Held. Contemporaries' imaginal relations to future generations do not have to directly exemplify the values of care. All that is required is that contemporaries bequeath a world that sustains and encourages good caring relations to flourish. That is, contemporaries should ensure they bequeath a world that encourages and sustains relations between future generations that can exemplify mutual concern and trustworthiness, alongside the other values of care.

The specific obligations that emerge from this outline will inevitably be contextual, requiring my future care ethic to be applied in case-by-case bases. However, a general theme emerges: to ensure the conditions that allow good caring relation to flourish, I argue that contemporaries must avoid passing on a world that engages in zero-sum games. That is, contemporaries ought not bequeath a world that moves to undermine the possibility of caring

values through envisioning non-contemporaries as competitors for benefits. As emphasized in the value of mutual concern, care theorists see the interests of individuals as “importantly intertwined rather than as simply competing.”¹⁴⁸ To overlook mutual concern is to fail to recognize our relational interdependency (temporally and spatially) as ontologically basic. This means, for instance, that contemporaries should stop what Gardiner calls “intergenerational buck-passing”: extracting the benefits of resource use for the present and passing on the costs to future generations without addressing issues of sustainability.¹⁴⁹ Passing on such costs subverts the ability future generations will have to best attend and respond to one another’s needs if they inherit a world without sufficient resources, or the appropriate institutions, to do so. Instead, we ought to promote the conditions that: allow the value of mutual concern to be exemplified; encourage and improve the efficacy of attentiveness and responsiveness to others’ needs; and strengthen the trustworthiness that holds communities together.

4. Conclusion

I have sought to outline a future care ethic that demonstrates how the normative frontiers of care ethics can extend to future generations. The resultant ethic took the form of a sufficientarian intergenerational theory of distributive justice: contemporaries ought to ensure goods (and bads) are distributed such that the conditions for good caring relations to flourish are encouraged and sustained. Though I did not spell out specificities of what policies ought to follow from this future care ethic, I hope this chapter forms the normative basis from which policy-makers can move forward.

¹⁴⁸ Held, *The Ethics of Care*, 15.

¹⁴⁹ Gardiner, *A Perfect Moral Storm*, 123.

– Conclusion –

In this dissertation, I outlined and defended an interpretation of care ethics that shows how the values of care identified within our personal relations can be abstracted to show that we *do* have certain obligations to not only our contemporaries (near *and* far) but also to non-contemporaries – namely, future generations. The overall argument, in brief, has been as follows:

We are relational beings who are dependent on others for care as others will be dependent on us. Following Virginia Held, care is interpreted as both a practice and a value. There are four principal values of care, identified through our personal caring relations via a method of reflective equilibrium. These values are: attentiveness, mutual concern, responsiveness, and trustworthiness. We are morally required to uphold these values throughout all our relations, taking on the responsibilities that they create. In turn, a normative baseline is generated: avoid and prevent relations that are dominating, exploitative, hostile, mistrustful, and negligent. Therefore, good caring relations are those relations that exemplify the values of care in the fulfilment of successful caring practices, consistent with the normative baseline. Care ethics' central focus on the moral salience of attending to our particular others can be justified within the confines of good caring relations: the stronger caring values are exemplified in a good caring relation (as with our particular others), the stronger the reasons individuals in that relation have to justify prioritizing their attending to each other vis-à-vis upholding such values.

However, our interdependent relations of care extend beyond the personal: we are embedded in social, political, and global relations too. The moral requirement of upholding the normative baseline applies to all interdependent relations of care. A useful way to uphold this requirement globally is to conceive care ethics as a cosmopolitan theory of distributive justice

that applies the normative baseline via an interest theory of human rights. This theory argues that the demands of global justice include various positive actions that aim toward ensuring the conditions for good caring relations to flourish, which in turn protect and promote the vital interests of all persons.

Beyond contemporaries, a relational interdependency can also be deduced between contemporaries and future generations through contemporaries' imaginal content. Contemporaries are dependent on the possibility of future generations for many of their future-oriented projects and communities to have meaning, while future generations are totally dependent on contemporaries for the kind of world bequeathed to them. Given our imaginal interdependent relations of care with future generations are real enough to be normatively relevant, a sufficientarian theory of obligation is generated through care ethics: we ought to encourage and sustain a world that ensures the conditions for good caring relations to flourish for posterity.

My overall argument had two aims. The primary purpose was to demonstrate that the normative frontiers of care ethics can be legitimately stretched beyond what its critics claim. I believe I have done this, deriving through care ethics a cosmopolitan theory of distributive justice via an interest theory of human rights, and a sufficientarian theory of obligation to future generations. I also believe I have done so in a way that still allows care ethics to retain its central focus on the moral significance of partiality.

The secondary purpose of my argument was to recommend that it does not necessarily matter if care ethics is labelled as a theory of justice (a theory that finds its justification grounded in the values of care, derived through good caring relations at the personal level). Should care theorists want to ensure a distribution of goods such that good caring relations flourish, I follow

Eva Feder Kittay in saying that care theorists ought to derive their own theory of justice to do so. In this vein, I derived the basic outlines of a cosmopolitan and intergenerational theory of distributive justice from care ethics that both seeks to encourage and sustain good caring relations. Though these theories are outlines, they are formed enough to establish my primary contention: that care ethics' normative frontiers can be extended to contemporaries (near and far) and to future generations.

– Bibliography –

Allen, Anita. *Why Privacy isn't Everything: Feminist Reflections on Personal Accountability*.

Lanham: Rowman and Littlefield, 2003.

Anderson, Elizabeth. "What is the Point of Equality?" *Ethics* 109, no. 2 (1999): 287–337.

Aquinas, Thomas. *Summa Theologiae, Volume 19, The Emotions: 1a2ae, 22–30*. Translated by

Eric D'arcy. Cambridge: Cambridge University Press, 2006.

Aristotle. *The Politics*. Translated by C.D.C Reeve. Indianapolis: Hackett, 1998.

Baier, Annette. "Trust and Antitrust." *Ethics* 96, no. 2 (1986): 231–260.

———. "Hume's Account of Social Artifice – Its Origin and Originality." *Ethics* 98, no. 4

(1987): 757–778.

———. "Demoralization, Trust, and the Virtues." In *Setting the Moral Compass*, edited by

Cheshire Calhoun, 176–188. Oxford: Oxford University Press, 2004.

Baron, Marcia. *Kantian Ethics Almost Without Apology*. Ithaca: Cornell University Press, 1999.

Barry, Brian. *Justice as Impartiality*. Oxford: Oxford University Press, 1995.

Bell, Derek. "Does Anthropogenic Climate Change Violate Human Rights?" *Critical Review of*

International Social and Political Philosophy 14, no. 2 (2011): 99–124.

Bell, Karen. "Post-Conventional Approaches to Gender, Climate Change and Social Justice." In

Research, Action and Policy: Addressing the Gendered Impacts of Climate Change,

edited by Margaret Alston and Kerri Whittenbury, 53–61. New York: Springer, 2013.

Biermann, Frank, and Ingrid Boas. "Preparing for a Warmer World: Towards a Global

Governance System to Protect Climate Refugees." *Global Environmental Politics* 10, no.

1 (2010): 60–88.

- Birch, Thomas H. "Moral Considerability and Universal Consideration." *Environmental Ethics* 15, no. 4 (1993): 313–332.
- Bird, Colin. *The Myth of Liberal Individualism*. Cambridge: Cambridge University Press, 2007.
- Bloom, Paul. *Against Empathy: The Case for Rational Compassion*. New York: Ecco, 2013.
- Botting, Eileen Hunt. *Wollstonecraft, Mill and Women's Human Rights*. New Haven: Yale University Press, 2016.
- Branny, Peter, Karl Witty, Debbie Braybrook, Kate Bullen, and Alan White, et al.
 "Masculinities, Humour and Care for Penile Cancer: A Qualitative Study." *Journal of Advanced Nursing* 70, no. 9 (2014): 2051–2060.
- Brisson, Susan J. "Relational Autonomy and Freedom of Expression." In *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar, 280–300. Oxford: Oxford University Press, 2000.
- Brown, Lester. *Rising Sea Level Forcing Evacuation of Island Country: Vol. 2*. Washington, D.C.: Earth Policy Institute, 2001.
- Bubeck, Diemut. *Care, Gender, Justice*. Oxford: Oxford University Press, 1995.
- Caney, Simon. "Human Rights, Responsibilities and Climate Change." In *Global Basic Rights*, edited by Charles Beitz and Robert Goodin, 227–247. Oxford: Oxford University Press, 2009.
- . "Climate Change, Human Rights and Moral Thresholds." In *Human Rights and Climate Change*, edited by Stephen Humphreys, 69–90. Cambridge: Cambridge University Press, 2010.
- Clement, Grace. *Care, Autonomy, and Justice: Feminism and the Ethics of Care*. Boulder: Westview Press, 1996.

- Cohen, Jonathan, ed. *Caring Classrooms/Intelligent Schools: The Social Emotional Education of Young Children*. New York: Teachers College Press, 2001.
- Collins, Stephanie. *The Core of Care Ethics*. Basingstoke: Palgrave Macmillan, 2015.
- Confalonieri, Ulisses, Bettina Menne, Rais Akhtar, Kristie L. Ebi, Maria Hauengue, R. Sari Kovats, Boris Revich and Alistair Woodward. "Human Health." In *Climate Change 2007: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*, edited by Martin Parry, Osvaldo Canziani, Jean Palutikof, Paul van der Linden and Clair Hanson, 391–431. Cambridge: Cambridge University Press, 2007.
- de-Shalit, Avner. *Why Posterity Matters: Environmental Policies and Future Generations*. New York: Routledge, 1995.
- DesAutels, Peggy. "Moral Mindfulness." In *Moral Psychology: Feminist Ethics and Social Theory*, edited by Peggy DesAutels and Margaret Urban Walker, 69–81. Lanham: Rowman and Littlefield, 2004.
- Dominelli, Lena. "Gendering Climate Change: Implications for Debates, Policies and Practices." In *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, edited by Margaret Alston and Kerri Whittenbury, 77–93. New York: Springer, 2013.
- Donnelly, Jack. *Universal Human Rights in Theory and Practice*. 2nd edition. Ithaca: Cornell University Press, 2003.
- Eichner, Maxine. "The Supportive State: Government, Dependency, and Responsibility for Caretaking." In *Care Ethics and Political Theory*, edited by Daniel Engster and Maurice Hamington, 87–107. Oxford: Oxford University Press, 2015.

- Engster, Daniel. *The Heart of Justice: Care Ethics and Political Theory*. Oxford: Oxford University Press, 2007.
- . *Justice, Care, and the Welfare State*. Oxford: Oxford University Press, 2015.
- . “Care Ethics, Dependency, and Vulnerability.” *Ethics and Social Welfare* DOI: 10.1080/17496535.2018.1533029 (2018). Pages: 15.
- Farbotko, Carol, and Heather Lazrus. “The First Climate Refugees? Contesting Global Narratives of Climate Change in Tuvalu.” *Global Environment Change* 22, no. 2 (2012): 382–390.
- Fineman, Martha. *The Autonomy Myth: A Theory of Dependency*. New York: The New Press, 2004.
- Fisher, Berenice, and Joan C. Tronto. “Toward a Feminist Theory of Care.” In *Circles of Care: Work and Identity in Women’s Lives*, edited by Emily Abel and Margaret Nelson, 35–62. Albany: State University of New York Press, 1990.
- Friedman, Marilyn. *What Are Friends For? Feminist Perspectives on Personal Relationships and Moral Theory*. Ithaca: Cornell University Press, 1993.
- . “Autonomy, Social Disruption, and Women.” In *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar, 35–51. Oxford: Oxford University Press, 2000.
- Gardiner, Stephen. *A Perfect Moral Storm: The Ethical Tragedy of Climate Change*. Oxford: Oxford University Press, 2011.
- Garner, Robert. *A Theory of Justice for Animals: Animal Rights in a Nonideal World*. Oxford: Oxford University Press, 2013.
- Gauthier, David. *Morals by Agreement*. Oxford: Clarendon Press, 1986.

- Gergen, Mary. *Feminist Reconstructions in Psychology: Narrative, Gender, and Performance*. Thousand Oaks: Sage, 2001.
- Gheaus, Anca. "Care and Justice: Why they Cannot Go Together All the Way." Ph.D. Dissertation, Central European University, 2005.
- . "How Much of What Matters Can We Redistribute? Love, Justice, Luck." *Hypatia* 24, no. 4 (2009): 63–83.
- . "The Right to Parent and Duties Concerning Future Generations." *The Journal of Political Philosophy* 24, no. 4 (2016): 487–508.
- Giddens, Anthony. *The Consequences of Modernity*. Cambridge: Polity Press, 1990.
- Gilligan, Carol. *In a Different Voice*. Cambridge: Harvard University Press, 1982.
- . "Moral Orientation and Moral Development." In *Women and Moral Theory*, edited by Eva Feder Kittay and Diane T. Meyers, 19–33. Totowa: Rowman and Littlefield, 1987.
- . "Reply to Critics." In *An Ethic of Care: Feminist and Interdisciplinary Perspectives*, edited by Mary Jeanne Larrabee, 207–214. Cambridge: Harvard University Press, 1993.
- Godden, Naomi. "Gender and Declining Fisheries in Lobitos, Peru: Beyond Pescador and Ama de Casa." In *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, edited by Margaret Alston and Kerri Whittenbury, 251–263. New York: Springer, 2013.
- Goodin, Robert. "What is So Special About Our Fellow-Countrymen?" *Ethics* 98, no. 4 (1988): 663–686.
- Greenswag, Kari. "The Problem with 'Caring' Human Rights." *Hypatia* 32, no. 4 (2017): 801–816.

Groves, Christopher. *Care, Uncertainty and Intergenerational Ethics*. New York: Routledge, 2014.

Halwani, Raja. "Care Ethics and Virtue Ethics." *Hypatia* 18, no. 3 (2003): 161–192.

Hamington, Maurice. "Care as Personal, Political, and Performative." In *Moral Boundaries Redrawn: The Significance of Joan Tronto's Argument for Political Theory, Professional Ethics, and Care as Practice*, edited by Gert Olthuis, Helen Kohlen, and Jorma Heier, 195–212. Leuven: Peeters, 2014.

Hardin, Russell. *Trust and Trustworthiness*. New York: Russell Sage Foundation, 2002.

Haywood, Tim. "Human Rights Versus Emissions Rights: Climate Justice and the Equitable Distribution of Ecological Space." *Ethics and International Affairs* 21, no. 4 (2007): 431–450.

Heath, Joseph. "The Structure of Intergenerational Cooperation." *Philosophy and Public Affairs* 41, no. 1 (2013): 31–66.

Held, Virginia. "Feminist Transformations of Moral Theory." *Philosophy and Phenomenological Research* 50 (1990): 321–344.

———. *The Ethics of Care: Personal, Political, and Global*. Oxford: Oxford University Press, 2006.

———. "Care and Human Rights." In *Philosophical Foundations of Human Rights*, edited by Rowan Cruft, S. Matthew Liao, and Massimo Renzo, 624–641. Oxford: Oxford University Press, 2015.

———. "Care and Justice, Still." In *Care Ethics and Political Theory*, edited by Daniel Engster and Maurice Hamington, 19–36. Oxford: Oxford University Press, 2015.

- Herring, Jonathan. "Compassion, Ethics of Care and Legal Rights." *International Journal of Law in Context* 13, no. 2 (2017): 158–171.
- Hoagland, Sarah Lucia. "Some Thoughts about Caring." In *Feminist Ethics*, edited by Claudia Card, 246–263. Lawrence: University of Kansas Press, 1991.
- Intergovernmental Panel on Climate Change. *Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of the Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*. Cambridge: Cambridge University Press, 2014.
- Israel, Andrei, and Carolyn Sachs. "A Climate for Feminist Intervention: Feminist Science Studies and Climate Change." In *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, edited by Margaret Alston and Kerri Whittenbury, 33–51. New York: Springer, 2013.
- Jaffee, S. and J.S. Hyde. "Gender Differences in Moral Orientation: A Meta-Analysis." *Psychological Bulletin*, 126 (2000): 703–726.
- Jaggar, Alison. "Caring as a Feminist Practice of Moral Reason." In *Justice and Care*, edited by Virginia Held, 179–202. Boulder: Westview Press, 1995.
- Jamieson, Dale. *Reason in a Dark Time: Why the Struggle Against Climate Change Failed – and What It Means For our Future*. Oxford: Oxford University Press, 2014.
- Jeske, Diane. *Rationality and Moral Theory: How Intimacy Generates Reasons*. New York: Routledge, 2008.
- Jones, Charles. *Global Justice: Defending Cosmopolitanism*. Oxford: Oxford University Press, 1999.

- . “The Human Right to Subsistence.” *Journal of Applied Philosophy* 30, no. 1 (2013): 57–72.
- Jones, Karen. “Second-Hand Moral Knowledge.” *Journal of Philosophy* 96, no. 2 (1999): 55–78.
- . “Trustworthiness.” *Ethics* 123, no. 1 (2012): 61–85.
- Kant, Immanuel. *The Metaphysics of Morals*. Translated by Mary J. Gregor. Cambridge: Cambridge University Press, 1996.
- Keller, Jean. “Autonomy, Relationality, and Feminist Ethics.” *Hypatia* 12, no. 2 (1997): 152–165.
- Keller, Simon. *Partiality*. Princeton: Princeton University Press, 2013.
- Kittay, Eva Feder. “Human Dependency and Rawlsian Equality.” In *Feminists Rethink the Self*, ed. Diana T. Meyers, 219–265. Boulder: Westview Press, 1997.
- . “Dependency, Equality, and Welfare.” *Feminist Studies* 24, no. 1 (1998): 32–43.
- . *Love’s Labor: Essays on Women, Equality and Dependency*. New York: Routledge, 1999.
- . “A Theory of Justice as Fair Terms of Social Life Given Our Inevitable Dependency and Our Inextricable Interdependency.” In *Care Ethics and Political Theory*, edited by Daniel Engster and Maurice Hamington, 51–71. Oxford: Oxford University Press, 2015.
- Koelle, Bettina. “Women Farmer Scientists in Participatory Action Research Processes for Adaptation.” In *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, edited by Margaret Alston and Kerri Whittenbury, 223–236. New York: Springer, 2013.
- Kohlberg, Lawrence. “The Claim to Moral Adequacy of a Highest Stage of Moral Judgment.” *Journal of Philosophy* 70 (1973): 630–646.

- Korsgaard, Christine. *Sources of Normativity*. Cambridge: Cambridge University Press, 1996.
- . “Natural Motives and the Motive of Duty: Hume and Kant on Our Duties to Others.” *Contemporary Readings in Law and Social Justice* 1, no. 2 (2009): 9–36.
- Kymlicka, Will. *Contemporary Political Philosophy*. 2nd ed. Oxford: Oxford University Press, 2002.
- Lord, Errol. “Justifying Partiality.” *Ethical Theory and Moral Practice* 19, no. 3 (2016): 569–590.
- Makoff, Ruth, and Rupert Read. “Beyond Just Justice – Creating Space for a Future-Care Ethic.” *Philosophical Investigations* 40, no. 3 (2017): 223–256.
- Marris, Peter. *The Politics of Uncertainty: Attachment in Private and Public Life*. New York: Routledge, 1996.
- McAdam, Jane. *Climate Change, Forced Migration, and International Law*. Oxford: Oxford University Press, 2012.
- McCormick, Hugh. “Intergenerational Justice and the Non-Reciprocity Problem.” *Political Studies* 57 (2009): 451–458.
- McLeod, Carolyn. *Self-Trust and Reproductive Autonomy*. Cambridge: MIT Press, 2002.
- McNamara, Karen, and Chris Gibson. “‘We Do Not Want to Leave our Land’: Pacific Ambassadors at the United Nations Resist the Category of ‘Climate Refugees’.” *Geoforum* 40, no. 3 (2009): 475–483.
- Mendus, Susan. *Impartiality in Moral and Political Philosophy*. Oxford: Oxford University Press, 2002.

- . “Care and Human Rights: A Reply to Virginia Held.” In *Philosophical Foundations of Human Rights*, edited by Rowan Cruft, Liao S. Matthew, and Renzo Massim, 642–652. Oxford: Oxford University Press, 2015.
- Meyers, Diana T. *Self, Society, and Personal Choice*. New York: Columbia University Press, 1989.
- . “Intersectionality, Identity and the Authentic Self: Opposites Attract!” In *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar, 151–180. Oxford: Oxford University Press, 2000.
- . “Narrative and Moral Life.” In *Setting the Moral Compass: Essays by Women Philosophers*, edited by Cheshire Calhoun, 288–307. Oxford: Oxford University Press, 2004.
- Miller, Sarah Clark. “Cosmopolitan Care.” In *Care Ethics: New Theories and Applications*, edited by Christine M. Koggel and Joan Orme, 38–50. New York: Routledge, 2013.
- Moellendorf, Darrel. *The Moral Challenge of Dangerous Climate Change: Values, Poverty, and Policy*. Cambridge: Cambridge University Press, 2014.
- Moody-Adams, Michele. “Culture, Responsibility, and Affected Ignorance.” *Ethics* 104, no. 2 (1994): 291–309.
- Mullin, Amy. “Gratitude and Caring Labor.” *Ethics and Social Welfare* 5, no. 2 (2011): 110–122.
- Myers, Norman. “Environmental Refugees: A Growing Phenomenon of the 21st Century.” *Philosophical Transactions of the Royal Society of London, Series B: Biological Sciences* 357, no. 1420 (2002): 609–613.

- Nedelsky, Jennifer. "Reconceiving Rights and Constitutionalism." *Journal of Human Rights* 7, no. 2 (2008): 139–173.
- Noddings, Nel. *Caring: A Feminine Approach to Ethics and Moral Education*. Berkeley: University of California Press, 1984.
- . *Philosophy of Education*. Boulder: Westview Press, 1995.
- . *Educating Moral People*. New York: Teachers College Press, 2002.
- . *Starting at Home: Caring and Social Policy*. Berkeley: University of California Press, 2002.
- . *Critical Lessons: What Our Schools Should Teach*. Cambridge: Cambridge University Press, 2006.
- . "Care Ethics and 'Caring' Organizations." In *Care Ethics and Political Theory*, edited by Daniel Engster and Maurice Hamington, 72–84. Oxford: Oxford University Press, 2015.
- Norlock, Kathryn. *Forgiveness from a Feminist Perspective*. Lanham: Lexington Books, 2009.
- . "Real (and) Imaginal Relationships with the Dead." *Journal of Value Inquiry* 51 (2016): 341–356.
- Nortvedt, Per, Marit Helene Hem, and Helge Skirbekk. "The Ethics of Care: Role Obligations and Moderate Partiality in Health Care." *Nursing Ethics* 18, no. 2 (2011): 192–200.
- Nussbaum, Martha. *Frontiers of Justice*. Cambridge: Harvard University Press, 2006.
- O'Neill, Onora. "Justice, Gender, and International Boundaries." In *International Justice and the Third World*, edited by Robin Attfield and Barry Wilkins, 47–72. London: Routledge, 1992.

- Okin, Susan Moller. "Reason and Feeling in Thinking About Justice." *Ethics* 99, no. 2 (1989): 229–249.
- Page, Edward. "Fairness on the Day After Tomorrow: Justice, Reciprocity and Global Climate Change." *Political Studies* 55, no. 1 (2007): 225–242.
- Parfit, Derek. *Reasons and Persons*. Oxford: Clarendon Press, 1984.
- Pettersen, Tove. *Comprehending Care*. Lanham: Lexington Books, 2008.
- Potter, Nancy. *How Can I be Trusted? A Virtue Theory of Trustworthiness*. Lanham: Rowman and Littlefield, 2002.
- Rawls, John. *A Theory of Justice*. Revised edition. Cambridge: Harvard University Press, 1999.
- . *Lectures on the History of Moral Philosophy*. Cambridge: Harvard University Press, 2000.
- . *Justice as Fairness: A Restatement*. Cambridge: Belknap Press, 2001.
- Raz, Joseph. *The Morality of Freedom*. Oxford: Clarendon, 1986.
- Razavi, Shahra. *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options. Gender and Development Programme Paper Number 3*. Geneva: United Nations Research Institute for Social Development, 2007.
- Regan, Tom. *Thee Generation: Reflections on the Coming Revolution*. Philadelphia: Temple University Press, 1991.
- Risse, Mathias. "Responsibility and Global Justice." *Ratio Juris* 30, no. 1 (2017): 41–58.
- Robinson, Fiona. *Globalizing Care: Ethics, Feminist Theory, and International Relations*. Boulder: Westview Press, 1999.

- . *The Ethics of Care: A Feminist Approach to Human Security*. Philadelphia: Temple University Press, 2011.
- Ruddick, Sara. “Maternal Thinking.” *Feminist Studies* 6 (1980): 342–367.
- . *Maternal Thinking: Toward a Politics of Peace*. Boston: Beacon Press, 1989.
- . “Injustice in Families: Assault and Domination.” In *Justice and Care: Essential Readings in Feminist Ethics*, edited by Virginia Held, 203–223. Boulder: Westview Press, 1995.
- Rummery, Kirstein. “Caring, Citizenship and New Labour: Dilemmas and Contradictions for Disabled and Older Women.” In *Women and New Labour: Engendering Politics and Policy?*, edited by Claire Annesley, Francesca Gains, and Kirstein Rummery, 175–192. Bristol: Policy Press, 2007.
- Sagoff, Mark. *The Economy of the Earth: Philosophy, Law, and the Environment*. Cambridge: Cambridge University Press, 1988.
- Sample, Ruth. *Exploitation: What it is and why it's Wrong*. Lanham: Rowman and Littlefield, 2003.
- Scheffler, Samuel. *Boundaries and Allegiances: Problems of Justice and Responsibility in Liberal Thought*. Oxford: Oxford University Press, 2002.
- . “Morality and Reasonable Partiality.” In *Partiality and Impartiality: Morality, Special Relationships, and the Wider World*, edited by Brian Feltham and John Cottingham, 98–130. Oxford: Oxford University Press, 2010.
- . *Death and the Afterlife*. Edited by Niko Kolodny. Oxford: Oxford University Press, 2013.

- Sevenhuijsen, Selma. *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality and Politics*. New York: Routledge, 1998.
- Shue, Henry. *Basic Rights: Subsistence, Affluence, and United States Foreign Policy*. 2nd edition. Princeton: Princeton University Press, 1996.
- Slote, Michael. *The Ethics of Care and Empathy*. New York: Routledge, 2007.
- Stern, Nicholas. *The Stern Review on the Economics of Climate Change*. Cambridge: Cambridge University Press, 2006.
- Stocker, Michael. "The Schizophrenia of Modern Ethical Theories." *The Journal of Philosophy* 73, no. 14 (1976): 453–466.
- Tatlonghari, Gerlie, and Thelma Paris. "Gendered Adaptations to Climate Change: A Case Study from the Philippines." In *Research, Action and Policy: Addressing the Gendered Impacts of Climate Change*, edited by Margaret Alston and Kerri Whittenbury, 237–250. New York: Springer, 2013.
- Tronto, Joan C. *Moral Boundaries: A Political Argument for an Ethics of Care*. New York: Routledge, 1993.
- . "Women and Caring: What Can Feminists Learn About Morality from Caring?" In *Justice and Care*, edited by Virginia Held, 101–115. Boulder: Westview Press, 1995.
- . "Partiality Based on Relational Responsibilities: Another Approach to Global Ethics." *Ethics and Social Welfare* 6, no. 3 (2012): 303–316.
- . *Caring Democracy: Markets, Equality, and Justice*. New York: New York University Press, 2013.
- United National High Commissioner for Refugees. "Protection." Accessed October 28, 2018. <http://www.unhcr.org/pages/49c3646cc8.html>.

- Vanderheiden, Steve. *Atmospheric Justice: A Political Theory of Climate Change*. Oxford: Oxford University Press, 2008.
- Walker, Margaret Urban. *Moral Repair: Reconstructing Moral Relations After Wrongdoing*. Cambridge: Cambridge University Press, 2006.
- Walsh, Joseph. "Commitment and Partialism in the Ethics of Care." *Hypatia* 32, no. 4 (2017): 817–832.
- Warner, Koko, Charles Ehrhart, Alex de Sherbinin, Susana Adamo, and Tricia Chai-Onn. *In Search of Shelter: Mapping the Effects of Climate Change on Human Migration and Displacement*. New York: Cooperative for Assistance and Relief Everywhere, 2009.
- Watkins, Mary. *Invisible Guests: The Development of Imaginal Dialogues*. Hillsdale: The Analytic Press, Inc, 1986.
- West, Robin. "The Right to Care." In *The Subject of Care: Feminist Perspectives on Dependency*, edited by Eva Feder Kittay, 89–103. Lanham: Rowman and Littlefield, 2002.
- White, Robert. "Care and Justice." *Ethical Perspectives* 16 (2009): 459–483.
- Wieland, Jan Willem. "Willful Ignorance." *Ethical Theory and Moral Practice* 20, no. 1 (2017): 105–119.
- Williams, Bernard. *Moral Luck*. Cambridge: Cambridge University Press, 1981.
- Young, Iris Marion. *Inclusion and Democracy*. Oxford: Oxford University Press, 2000.
- . "Responsibility and Global Justice: A Social Connection Model." *Social Philosophy and Policy* 23, no. 1 (2006): 102–130.
- Yuval-Davis, Nira. "Women, Citizenship and Difference." *Feminist Review* 57, no. 1 (1997): 4–27.

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- “Meat and the Crisis of Masculinity.” In *Routledge Handbook of Food Ethics*, edited by Mary C. Rawlinson and Caleb Ward, pp. 72–81. London: Routledge, 2016.
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