

The Oxford Handbook of Ethical Theory

DAVID COPP

OXFORD UNIVERSITY PRESS

THE OXFORD HANDBOOK OF
ETHICAL THEORY

OXFORD HANDBOOKS IN PHILOSOPHY

PAUL K. MOSER, GENERAL EDITOR

Series Advisory Board

ROBERT AUDI

University of Nebraska

MARTHA NUSSBAUM

University of Chicago

ALVIN PLANTINGA

University of Notre Dame

ERNEST SOSA

Brown University

THE OXFORD HANDBOOK OF

ETHICAL THEORY

Edited by

DAVID COPP

OXFORD
UNIVERSITY PRESS

2006

OXFORD

UNIVERSITY PRESS

Oxford University Press, Inc., publishes works that further
Oxford University's objective of excellence
in research, scholarship, and education.

Oxford New York

Auckland Cape Town Dar es Salaam Hong Kong Karachi
Kuala Lumpur Madrid Melbourne Mexico City Nairobi
New Delhi Shanghai Taipei Toronto

With offices in

Argentina Austria Brazil Chile Czech Republic France Greece
Guatemala Hungary Italy Japan Poland Portugal Singapore
South Korea Switzerland Thailand Turkey Ukraine Vietnam

Copyright © 2006 by Oxford University Press, Inc.

Published by Oxford University Press, Inc.
198 Madison Avenue, New York, New York 10016

www.oup.com

Oxford is a registered trademark of Oxford University Press

All rights reserved. No part of this publication may be reproduced,
stored in a retrieval system, or transmitted, in any form or by any means,
electronic, mechanical, photocopying, recording, or otherwise,
without the prior permission of Oxford University Press.

Library of Congress Cataloging-in-Publication Data
Copp, David.

The Oxford handbook of ethical theory / David Copp.
p. cm.

Includes bibliographical references and index.

ISBN-13 978-0-19-514779-7

ISBN 0-19-514779-0

1. Ethics. I. Title.

BF1012.C675 2005

171—dc22 2004065411

2 4 6 8 9 7 5 3 1

Printed in the United States of America
on acid-free paper

CHAPTER 19

THE ETHICS OF CARE

VIRGINIA HELD

THE ethics of care is only a few decades old.¹ Some theorists do not like the term “care” to designate this approach to moral issues and have tried substituting “the ethic of love,” or “relational ethics,” but the discourse keeps returning to “care” as, so far, the more satisfactory of the terms considered, though dissatisfactions with it remain. “Care” has the advantage of not losing sight of the work involved in caring for people, and of not lending itself to the ideal-but-impractical interpretation of morality to which advocates of the ethics of care often object. Care is both value and practice.

By now, the ethics of care has moved far beyond its original formulations, and any attempt to evaluate it should consider much more than the one or two early works so frequently cited. It has been developed as a moral theory that is relevant not only to the so-called private realms of family and friendship but to medical practice, law, political life, the organization of society, war, and international relations.

The ethics of care is sometimes seen as a potential moral theory to be substituted for such dominant moral theories as Kantian ethics, utilitarianism, or Aristotelian virtue ethics. It is sometimes seen as a form of virtue ethics. It is almost always seen as emphasizing neglected moral considerations of at least as much importance as the considerations central to moralities of justice and rights, or of utility and preference satisfaction. And many who contribute to the development of the ethics of care seek to integrate the moral considerations, such as justice, that other moral theories have clarified, satisfactorily with those of care, though they often see the need to reconceptualize these considerations.

1. FEATURES OF THE ETHICS OF CARE

Some advocates of the ethics of care resist generalizing this approach into something that can be fitted into the form of a moral theory. They see it as a mosaic of insights, and value the way it is sensitive to contextual nuance and particular narratives rather than making the abstract and universal claims of more familiar moral theories (Baier, 1994, esp. ch. 1; Bowden, 1997; M. Walker, 1992). Still, I think one can discern among various versions of the ethics of care a number of major features.

First, its central focus is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility. Caring for her child, for instance, may well and defensibly be at the forefront of a person's moral concerns. The ethics of care recognizes that human beings are for many years of their lives dependent, that the moral claim of those dependent on us for the care they need is pressing, and that there are highly important moral aspects in developing the relations of caring that enable human beings to live and to progress. Every person needs care for at least her early years. Prospects for human progress and flourishing hinge fundamentally on the care that those needing it receive, and the ethics of care stresses the moral force of the responsibility to respond to the needs of the dependent. Most persons will become ill and dependent for some periods of their later lives, including in frail old age, and some who are permanently disabled will need care the whole of their lives. Moralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality it calls for. The ethics of care attends to this central concern of human life and delineates the moral values involved. It refuses to relegate care to a realm "outside morality." How caring for particular others should be reconciled with the claims of, for instance, universal justice, is an issue that needs to be addressed. But the ethics of care starts with the moral claims of particular others, for instance, of one's child, whose claims can be compelling regardless of universal principles.

Second, in the epistemological process of trying to understand what morality would recommend and what it would be morally best for us to do and to be, the ethics of care values emotion rather than rejects it. Not all emotion is valued, of course, but in contrast with the dominant rationalist approaches, such emotions as sympathy, empathy, sensitivity, and responsiveness are seen as the kind of moral emotions that need to be cultivated, not only to help in the implementation of the dictates of reason but also to better ascertain what morality recommends (see, e.g., Baier, 1994; Held, 1993; Meyers, 1994; M. Walker, 1998). Even anger may be a component of the moral indignation that should be felt when people are treated unjustly or inhumanely, and it may contribute to rather than interfere with an appropriate interpretation of the moral wrong. This is not to say that raw emotion

can be a guide to morality; feelings need to be reflected on and educated. But from the care perspective, moral inquiries that rely entirely on reason and rationalistic deductions or calculations are seen as deficient.

The emotions that are typically considered and rejected in rationalistic moral theories are the egoistic feelings that undermine universal moral norms, the favoritism that interferes with impartiality, and the aggressive and vengeful impulses for which morality is to provide restraints. The ethics of care, in contrast, typically appreciates the emotions and relational capabilities that enable morally concerned persons in actual interpersonal contexts to understand what would be best. Since even the helpful emotions can often become misguided or worse, as when excessive empathy with others leads to a wrongful degree of self-denial or when benevolent concern crosses over into controlling domination, we need an *ethics* of care, not just care itself. The various aspects and expressions of care and caring relations need to be subjected to moral scrutiny and *evaluated*, not just observed and described.

Third, the ethics of care rejects the view of the dominant moral theories that the more abstract the reasoning about a moral problem the better, since the more likely to avoid bias and arbitrariness, and the more nearly to achieve impartiality. The ethics of care respects rather than removes itself from the claims of particular others with whom we share actual relationships (see, e.g., Benhabib, 1992; Friedman, 1993; Held, 1993; Kittay, 1999). It calls into question the universalistic and abstract rules of the dominant theories. When the latter consider such actual relations as between a parent and child, if they say anything about them at all, they may see them as permitted, and cultivating them a preference a person may have. Or they may recognize a universal obligation for all parents to care for their children. But they do not permit actual relations ever to take priority over the requirements of impartiality. As Brian Barry expresses this view, there can be universal rules permitting people to favor their friends in certain contexts, such as deciding to whom to give holiday gifts, but the latter partiality is morally acceptable only because universal rules have already so judged it (see Barry, 1995; Bubeck, 1995, pp. 239–240; Held, 2001; Mendus, 2002). The ethics of care, in contrast, is skeptical of such abstraction and reliance on universal rules, and questions the priority given to them. To most advocates of the ethics of care, the compelling moral claim of the particular other may be valid even when it conflicts with the requirement usually made by moral theories that moral judgments be universalizable, and this is of fundamental moral importance.² Hence the potential conflict between care and justice, friendship and impartiality, loyalty and universality. To others, however, there need be no conflict if universal judgments come to incorporate appropriately the norms of care previously disregarded.

Annette Baier considers how a feminist approach to morality differs from a Kantian one, and Kant's claim that women are incapable of being fully moral because of their reliance on emotion rather than reason. She writes: "Where Kant

concludes ‘so much the worse for women,’ we can conclude ‘so much the worse for the male fixation on the special skill of drafting legislation, for the bureaucratic mentality of rule worship, and for the male exaggeration of the importance of independence over mutual interdependence’ ” (1994, p. 26).

Margaret Walker contrasts what she sees as feminist “moral understanding” with what has traditionally been thought of as moral “knowledge.” She sees the moral understanding she advocates as involving “attention, contextual and narrative appreciation, and communication in the event of moral deliberation.” This alternative moral epistemology holds that “the adequacy of moral understanding decreases as its form approaches generality through abstraction” (1989, pp. 19–20).

The ethics of care may seek to limit the applicability of universal rules to certain domains where they are more appropriate, like the domain of law, and resist their extension to other domains. Such rules may simply be inappropriate in, for instance, the contexts of family and friendship, yet relations in these domains should certainly be *evaluated*, not merely described, hence morality should not be limited to abstract rules. We should be able to give moral guidance concerning actual relations that are trusting, considerate, and caring and concerning those that are not.

Dominant moral theories tend to interpret moral problems as if they were conflicts between egoistic individual interests on the one hand and universal moral principles on the other. The extremes of “selfish individual” and “humanity” are recognized, but what lies between these is often lost sight of. The ethics of care, in contrast, focuses especially on the area between these extremes. Those who conscientiously care for others are not seeking primarily to further their own *individual* interests; their interests are intertwined with the persons they care for. Neither are they acting for the sake of *all others* or *humanity in general*; they seek instead to preserve or promote an actual human relation between themselves and *particular others*. Persons in caring relations are acting for self-and-other-together. Their characteristic stance is neither egoistic nor altruistic; these are the options in a conflictual situation, but the well-being of a caring relation involves the cooperative well-being of those in the relation, and the well-being of the relation itself.

In trying to overcome the attitudes and problems of tribalism and religious intolerance, dominant moralities have tended to assimilate the domains of family and friendship to the tribal, or to a source of the unfair favoring of one’s own. Or they have seen the attachments people have in these areas as among the nonmoral private preferences people are permitted to pursue if restrained by impartial moral norms. The ethics of care recognizes the *moral* value and importance of relations of family and friendship, and the need for *moral* guidance in these domains to understand how existing relations should often be changed and

new ones developed. Having grasped the value of caring relations in such contexts as these more personal ones, the ethics of care then often examines social and political arrangements in the light of these values. In its more developed forms, the ethics of care as a feminist ethic offers suggestions for the radical transformation of society. It demands not just equality for women in existing structures of society, but equal consideration for the experience that reveals the values, importance, and moral significance, of caring.

A fourth characteristic of the ethics of care is that, like much feminist thought in many areas, it reconceptualizes traditional notions about the public and the private. The traditional view, built into the dominant moral theories, is that the household is a private sphere beyond politics into which government, based on consent, should not intrude. Feminists have shown how the greater social, political, economic, and cultural power of men has structured this "private" sphere to the disadvantage of women and children, rendering them vulnerable to domestic violence without outside interference, leaving women economically dependent on men and subject to a highly inequitable division of labor in the family. The law has not hesitated to intervene into women's "private" decisions concerning reproduction but has been highly reluctant to intrude on men's exercise of coercive power within the "castles" of their homes.

Dominant moral theories have seen "public" life as relevant to morality, while missing the moral significance of the "private" domains of family and friendship. Thus the dominant theories have assumed that morality should be sought for unrelated, independent, and mutually indifferent individuals assumed to be equal. They have posited an abstract, fully rational "agent as such" from which to construct morality (good examples are Darwall, 1983; Gauthier, 1986), while missing the moral issues that arise between interconnected persons in the contexts of family, friendship, and social groups. In the context of the family, it is typical for relations to be between persons with highly unequal power who did not choose the ties and obligations in which they find themselves enmeshed. For instance, no child can choose his parents, yet he may well have obligations to care for them. Relations of this kind are standardly noncontractual, and conceptualizing them as contractual would often undermine or at least obscure the trust on which their worth depends. The ethics of care addresses rather than neglects moral issues arising in relations among the unequal and dependent, relations that are often emotion-laden and involuntary, and then notices how often these attributes apply not only in the household but in the wider society as well. For instance, persons do not choose which gender, racial, class, ethnic, religious, national, or cultural groups to be brought up in, yet these sorts of ties may be important aspects of who they are and how their experience can contribute to moral understanding.

A fifth characteristic of the ethics of care is the conception of persons with which it begins. This will be dealt with in the next section.

2. THE CRITIQUE OF LIBERAL INDIVIDUALISM

The ethics of care usually works with a conception of persons as relational, rather than as the self-sufficient, independent individuals of the dominant moral theories. The dominant theories can be interpreted as importing into moral theory a concept of the person developed primarily for liberal political theory, seeing the person as a rational, autonomous agent, or a self-interested individual. On this view, society is made up of “independent, autonomous units who cooperate only when the terms of cooperation are such as to make it further the ends of each of the parties,” in Brian Barry’s words (1973, p. 166). Or, if they are Kantians, they refrain from actions that they could not will to be universal laws to which all fully rational and autonomous individual agents could agree. What such views hold, in Michael Sandel’s critique of them, is that “what separates us is in some important sense prior to what connects us—epistemologically prior as well as morally prior. We are distinct individuals first and *then* we form relationships” (1982, p. 133; other examples of the communitarian critique that ran parallel to the feminist one are MacIntyre, 1981, 1988; Taylor, 1979; Unger, 1975). In Martha Nussbaum’s liberal feminist morality, “the flourishing of human beings taken one by one is both analytically and normatively prior to the flourishing” of any group (1999, p. 62).

The ethics of care, in contrast, characteristically sees persons as relational and interdependent, morally and epistemologically. Every person starts out as a child dependent on those providing care to this child, and we remain interdependent with others in thoroughly fundamental ways throughout our lives. That we can think and act as if we were independent depends on a network of social relations making it possible for us to do so. And our relations are part of what constitute our identity. This is not to say that we cannot become autonomous; feminists have done much interesting work developing an alternative conception of autonomy in place of the liberal individualist one (see, e.g., Clement, 1996; MacKenzie and Stoljar, 2000; Meyers, 1989, 1997; see also Oshana, 1998). And feminists have much experience rejecting or reconstituting relational ties that are oppressive. But it means that from the perspective of an ethics of care, to construct morality *as if* we were Robinson Crusoes, or, to use Hobbes’s image, mushrooms sprung from nowhere, is misleading. (This image is in Hobbes, 1972, p. 205; for a contrasting view see Schwarzenbach, 1996.)

As Eva Kittay writes, the liberal individualist conception fosters the illusion that society is composed of free, equal, and independent individuals who can choose to associate with one another or not. It obscures the very real facts of dependency, for everyone when young, for most people at various periods in their

lives when they are ill or old and infirm, for some who are disabled, and for those engaged in unpaid "dependency work" (Kittay, 1999).

Not only does the liberal individualist conception of the person foster a false picture of society and the persons in it but also it is, from the perspective of the ethics of care, impoverished also as an ideal. The ethics of care values the ties we have with particular other persons and the actual relationships that partly constitute our identity. Although persons often may and should reshape their relations with others, distancing themselves from some persons and groups and developing or strengthening ties with others, the autonomy sought within the ethics of care is a capacity to reshape and cultivate new relations, not to ever more closely resemble the unencumbered abstract rational self of liberal political and moral theories. Those motivated by the ethics of care would seek to become more admirable relational persons in better caring relations.

Even if the liberal ideal is meant only to instruct us on what would be rational in the terms of its ideal model, thinking of persons as the model presents them has effects that should not be welcomed. As Annette Baier writes: "Liberal morality, if unsupplemented, may *unfit* people to be anything other than what its justifying theories suppose them to be, ones who have no interest in each others' interests" (1994, p. 29). And there is strong empirical evidence on how adopting a theoretical model can lead to behavior that mirrors it. Various studies show that studying economics, with its "repeated and intensive exposure to a model whose unequivocal prediction" is that people will decide what to do on the basis of self-interest, leads economics students to be less cooperative and more inclined to free ride than other students (Frank, Gilovich, and Regan, 1993; Marwell and Ames, 1981).

The conception of the person adopted by the dominant moral theories provides moralities at best suitable for legal, political, and economic interactions between relative strangers, once adequate trust exists for them to form a political entity (Held, 1984, ch. 5). The ethics of care is, instead, hospitable to the relatedness of persons. It sees many of our responsibilities as not freely entered into but presented to us by the accidents of our embeddedness in familial and social and historical contexts. It often calls on us to *take* responsibility, while liberal individualist morality focuses on how we should leave each other alone.

This view of persons seems fundamental to much feminist thinking about morality and especially to the ethics of care. As Jean Keller writes, whatever shape feminist ethics takes, "the insight that the moral agent is an 'encumbered self,' who is always embedded in relations with flesh and blood others and is partly constituted by these relations, is here to stay" (1997, p. 152).

3. WHAT IS CARE?

As with many exploratory inquiries, definitions have often been less than precise, or have been rather hastily assumed, or postponed, in the growing discourse of the ethics of care. Some have attempted clarity, with mixed results, while others have proceeded with the tacit understanding that of course we know what we are talking about when we speak of taking care of a child, or providing care for the ill.

There has been some agreement that care at least refers to an activity, as in taking care of someone. That it involves work and the expenditure of energy on the part of the person doing the caring has usually not been lost sight of. That engaging in care is not merely caring *about* something or someone has been acknowledged. But there are many forms of care, and there have been different emphases.

Noddings focuses especially on caring as an attitude that typically accompanies the activity. Central to caring are close attention to the feelings, needs, desires, and thoughts of those cared for, and a skill in understanding a situation from that person's point of view (Noddings, 1986, esp. pp. 14–19). Carers act in behalf of others' interests, but they also care for themselves. The cognitive aspect of the carer's attitude is 'receptive-intuitive' rather than 'objective-analytic', and understanding the needs of those cared for is, in Noddings's view, more a matter of feeling with them than of rational cognition. Abstract rules are of limited use in caring. Sometimes persons have a natural impulse to care for others, but sustaining this calls for a moral commitment to the ideal of caring (pp. 42, 80). Care is for Noddings an attitude and an ideal manifest in activities of care in concrete situations.

For Joan Tronto, care is much more explicitly labor. She and Berenice Fisher define it as activity that includes everything we do to maintain, continue, and repair our world so that we may live in it as well as possible (Fisher and Tronto, 1990, p. 40). This definition is so broad that most economic activity would be included, losing sight of the distinctive features of caring labor, including what Noddings calls the needed "engrossment" with the other. Alternatively, if one accepts Marx's distinction between productive and reproductive labor, and thinks of caring as reproductive labor, one misses the way that caring, especially for children, can be transformative. It is not only production that transforms human life, while elsewhere biology repeats itself. Care includes the creative nurturing that occurs in the household and in child care, and in education generally, and care has the potential to shape new and ever-changing *persons*. Care can impart and express increasingly more advanced levels of meaning and culture and society. The idea that what is new and creative and distinctively human must occur outside the realm of care is a familiar but biased misconception.

Diemut Bubeck offers a precise but problematic definition of care. She suggests that “[c]aring for is the meeting of the 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” (1995, p. 129). She distinguishes caring for someone from providing a service, so that a wife who cooks for her husband when he could perfectly well cook for himself is not engaging in care but providing a service to him, whereas cooking a meal for a small child would be care. Care, she asserts, is “a response to a particular subset of basic human needs, i.e. those which make us dependent on others” (p. 133). To Bubeck, care does not require any particular emotional bond between carer and cared-for, and it is important to her general view that it can and often should be publicly provided, as in public health care. Care for her is constituted almost entirely by the objective fact of needs being met, rather than by the attitude or ideal with which the carer is acting. This opens her conception to the criticism that, as long as the objective outcome for the child is the same, providing care with the least admirable of motives would have as much moral worth as taking care of a child out of affection and because one sought what is best for the child. This would miss how care can express morally valuable social relations.

For Bubeck, as for Noddings in her early work, the face-to-face aspect of care is central, making it questionable whether we can think of our concern for more distant others in terms of caring. But Bubeck does not see her view as implying that care is then limited to the context of the relatively personal, for Bubeck includes the activities of the welfare state in the purview of the ethics of care. She thinks that in child-care centers and facilities for the elderly, care will be face-to-face, but that it should receive generous and widely supported public funding. And in her later work, Noddings agrees (Noddings, 2002).

In his elaboration of caring as a virtue, Michael Slote thinks it entirely suitable that our benevolent feelings for distant others be conceptualized as caring. He thinks “an ethic of caring can take the well-being of all humanity into consideration”; to him, caring is a “motivational attitude” (2001, pp. ix, 30). And several contributors to the volume *Feminists Doing Ethics* also see care as a virtue (DesAutels and Waugh, 2001). But some feminists would object, I think, to seeing care entirely as a motive, since this may lose sight of it as work, and encouragement should not be given to the tendency to overlook the question of who does most of this work.

My own view is that care should be thought of as both a practice and a value (Held, 2004). Care is a practice of responding to needs—material, psychological, cultural—but it is not a series of unrelated actions, it is a practice that develops, that has attributes and standards, and that should be continually improved. Care should be carried out with the appropriate attitudes; motives, and what we express in our caring activities, are important, along with outcomes. Adequate care can

come progressively closer to being good care, able to express the caring relations that hold persons together and that can transform children into increasingly more morally admirable human beings.

Care is also a value. We value caring persons and caring attitudes, and can organize many evaluations of how persons are interrelated around a constellation of moral considerations associated with care or its absence. We can ask of a relation, for instance, whether it is trusting and mutually considerate, or hostile and vindictive. Care is not, I think, the same as benevolence, because care is more the characterization of a social relation than the description of an individual disposition, such as the disposition of a benevolent person. What caring societies ought to cultivate are caring relations, often reciprocal over time, if not at given times. It is caring relations, rather than persons as individuals, that especially exemplify the values of caring. Caring relations form the small societies of family and friendship on which larger societies depend. Weaker but still-evident caring relations between more distant persons allow them to trust one another enough to live in peace, to respect each others' rights, and to care together for the well-being of their members and of their environment.

4. JUSTICE AND CARE

Some conceptions of the ethics of care see it as contrasting with an ethic of justice in ways that suggest one must choose between them. Carol Gilligan's suggestion of alternative perspectives in interpreting and organizing the elements of a moral problem lent itself to this implication; she herself used the metaphor of the ambiguous figure of the vase and the faces, from psychological research on perception, to illustrate how one could see a problem as either a problem of justice or a problem of care but not as both simultaneously (Gilligan, 1982, 1987).

An ethic of justice focuses on questions of fairness, equality, individual rights, abstract principles, and the consistent application of them. An ethic of care focuses on attentiveness, trust, responsiveness to need, narrative nuance, and cultivating caring relations. Whereas an ethic of justice seeks a fair solution between competing individual interests and rights, an ethic of care sees the interests of carers and cared-for as importantly intertwined rather than as simply competing. Whereas justice protects equality and freedom, care fosters social bonds and co-operation.

These are very different emphases in what morality should consider. Yet both deal with what seems of great moral importance. This has led many to explore how they might be combined in a satisfactory morality. One can persuasively

argue, for instance, that justice is needed in such contexts of care as the family, to protect against violence and the unfair division of labor or treatment of children. And one can persuasively argue that care is needed in such contexts of justice as the streets and the courts, where persons should be treated humanely. Both care and justice are needed in the way education and health and welfare should be dealt with as social responsibilities. The implication may be that justice and care should not be separated into different “ethics”—that, in Sara Ruddick’s proposed approach, “justice [should] always [be] seen in tandem with care” (1995, p. 217).

Few would hold that considerations of justice have no place at all in care. One would not be caring well for two children, for instance, if one persistently favored one of them in a way that could not be justified on the basis of some such factor as greater need. The issues are rather what constellation of values have priority, and which predominate in the practices of the ethics of care and the ethics of justice. And it is quite possible to delineate significant differences between them. In the dominant moral theories of the ethics of justice, the values of equality, impartiality, fair distribution, and noninterference have priority; in practices of justice, individual rights are protected, impartial judgments are arrived at, punishments are deserved, and equal treatment is sought. In contrast, in the ethics of care, the values of trust, solidarity, mutual concern, and empathetic responsiveness have priority; in practices of care, relationships are cultivated, needs are responded to, and sensitivity is demonstrated.

An extended effort to integrate care and justice is offered by Bubeck. She makes clear that she “endorse[s] the ethic of care as a system of concepts, values, and ideas, arising from the practice of care as an organic part of this practice and responding to its material requirements, notably the meeting of needs” (1995, p. 11). Yet her primary interest is in understanding the exploitation of women, which she sees as tied to the way women do most of the unpaid work of caring. She argues that such principles as the minimization of harm, and of equality in care, are tacitly if not explicitly embedded in the practice of care, as carers whose capacities and time for engaging in caring labor are limited must decide how to respond to various others in need of being cared for. She writes that “far from being extraneous impositions . . . considerations of justice arise from within the practice of care itself and therefore are an important part of the ethic of care, properly understood” (p. 206). The ethics of care must thus also concern itself with the justice, or lack of it, of the ways the tasks of caring are distributed in society. Traditionally, women have been expected to do most of the caring work that needs to be done; the sexual division of labor exploits women by extracting unpaid care labor from them, making women less able than men to engage in paid work. “Femininity” constructs women as carers, contributing to the constraints by which women are pressed into accepting the sexual division of labor. An ethic of care that extols caring but fails to be concerned with how the burdens

of caring are distributed contributes to the exploitation of women, and of the minority groups whose members perform much of the paid but ill-paid work of caring in affluent households, daycare centers, hospitals, nursing homes, and the like.

The question remains, however, whether justice should be thought to be incorporated into any ethic of care that will be adequate, or whether we should keep the notions of justice and care and their associated ethics conceptually distinct. I think there is much to be said for recognizing how the ethics of care values interrelatedness and responsiveness to the needs of particular others, and how the ethics of justice values fairness and rights, and how these are different emphases.³ Too much integration will lose sight of these valid differences. I am more inclined to say that an adequate, comprehensive moral theory will have to include the insights of both the ethics of care and the ethics of justice, among other insights, rather than that either of these can be incorporated into the other in the sense of supposing that it can provide the grounds for the judgments characteristically found in the other. Equitable caring is not necessarily better *caring*, it is fairer caring. And humane justice is not necessarily better *justice*, it is more caring justice.

Almost no advocates of the ethics of care are willing to see it as a moral outlook less valuable than the dominant ethics of justice (see Clement, 1996). To imagine that the concerns of care can merely be added on to the dominant theories, as, for instance, Stephen Darwall suggests (1998, ch. 19), is seen as unsatisfactory. Confining the ethics of care to the private sphere while holding it unsuitable for public life is also to be rejected. But how care and justice are to be meshed without losing sight of their differing priorities is a task still being worked on.

My own suggestions for integrating care and justice are to keep these concepts conceptually distinct, and to delineate the domains in which they should have priority (Held, 1984). In the realm of law, for instance, justice and the assurance of rights should have priority, though the humane considerations of care should not be absent. In the realm of the family and among friends, priority should be given to expansive care, though the basic requirements of justice surely should also be met. But these are the clearest cases; others will combine moral urgencies.

Universal human rights, including the social and economic ones as well as the political and civil, should certainly be respected, but promoting care across continents may be a more promising way to achieve this than mere rational recognition. When needs are desperate, justice may be a lessened requirement on shared responsibility for meeting needs, though this rarely excuses violations of rights. At the level of what constitutes a society in the first place, a domain within which rights are to be assured and care provided, appeal must be made to something like the often weak but not negligible caring relations among persons that enable them to recognize each other as members of the same society. Such rec-

ognition must eventually be global; in the meantime, the civil society without which the liberal institutions of justice cannot function presumes a background of some degree of caring relations rather than of merely competing individuals (Held, 2000). Further, considerations of care provide a more fruitful basis than considerations of justice for deciding much about how society should be structured, for instance how extensive or how restricted markets should be (Held, 2002). And in the course of protecting the rights that ought to be recognized, such as those to basic necessities, policies that express the caring of the community for all its members will be better policies than those that grudgingly, though fairly, issue an allotment to those deemed unfit.

Care is probably the most deeply fundamental value. There can be care without justice: there has historically been little justice in the family, but care and life have gone on without it. There can be no justice without care, however, for without care no child would survive, and there would be no persons to respect.

Care may thus provide the wider and deeper ethics within which justice should be sought, as when persons in caring relations may sometimes compete and in doing so should treat each other fairly, or, at the level of society, within caring relations of the thinner kind, we can agree to treat each other for limited purposes as if we were the abstract individuals of liberal theory. But though care may be the more fundamental value, it may well be that the ethics of care does not itself provide adequate theoretical resources for dealing with issues of justice. Within its appropriate sphere and for its relevant questions, the ethics of justice may be best for what we seek. What should be resisted is the traditional inclination to expand the reach of justice in such a way that it is mistakenly imagined to be able to give us a comprehensive morality suitable for all moral questions.

5. IMPLICATIONS FOR SOCIETY

Many advocates of the ethics of care argue for its relevance in social and political and economic life. Sara Ruddick shows its implications for efforts to achieve peace (Ruddick, 1989). I argue that as we see the deficiencies of the contractual model of human relations within the household, we can see them also in the world beyond, and begin to think about how society should be reorganized to be hospitable to care, rather than continuing to marginalize it. We can see how not only does every domain of society need transformation in light of the values of care, but so would the relations between such domains, if we took care seriously, as care would move to the center of our attention and become a primary concern of society. Instead of a society dominated by conflict restrained by law, and pre-

occupied with economic gain, we might have a society that saw as its most important task the flourishing of children and the development of caring relations, not only in personal contexts but among citizens, and using governmental institutions. And we would see that instead of abandoning culture to the dictates of the marketplace, we should make it possible for culture to develop in ways best able to enlighten and enrich human life (Held, 1993).

Joan Tronto argues for the political implications of the ethics of care, seeing care as a political as well as moral ideal advocating the meeting of needs for care as “the highest social goal” (1993, p. 175). She shows how unacceptable current arrangements are for providing care: “[C]aring activities are devalued, underpaid, and disproportionately occupied by the relatively powerless in society” (p. 113). Nancy Fraser showed that how needs are defined are public and contested issues (Fraser, 1987). Diemut Bubeck, Eva Kittay, and many others argue forcefully that care must be seen as a public concern, not relegated to the private responsibility of women, the inadequacy and arbitrariness of private charities, or the vagaries and distortions of the market (Bubeck, 1995; Folbre, 2001; Harrington, 1999; Kittay, 1999). In her recent book *Starting At Home*, Nel Noddings explores what a caring society would be like (2002).

When we concern ourselves with caring relations between more distant others, this care should not be thought to reduce to the mere “caring about” that has little to do with the face-to-face interactions of caring labor and can easily become paternalistic or patronizing. The same characteristics of attentiveness, responsiveness to needs, and understanding situations from the points of view of others should characterize caring when the participants are more distant. This also requires the work of understanding and of expending varieties of effort (see, e.g., Lugones, 1991).

Given how care is a value with the widest possible social implications, it is unfortunate that many who look at the ethics of care continue to suppose it is a “family ethics,” confined to the “private” sphere. Although some of its earliest formulations suggested this, and some of its related values are to be seen most clearly in personal contexts, an adequate understanding of the ethics of care should recognize that it elaborates values as fundamental and as relevant to political institutions and to how society is organized as those of justice. Perhaps its values are even more fundamental and more relevant to life in society than those traditionally relied on.

Instead of seeing the corporate sector, and military strength, and government and law as the most important segments of society deserving the highest levels of wealth and power, a caring society might see the tasks of bringing up children, educating its members, meeting the needs of all, achieving peace and treasuring the environment, and doing these in the best ways possible to be those to which the greatest social efforts of all should be devoted. One can recognize that something comparable to legal constraints and police enforcement, including at a global

level, may always be necessary for special cases but also that caring societies could greatly decrease the need for them. The social changes a focus on care would require would be as profound as can be imagined.

The ethics of care as it has developed is most certainly not limited to the “private” sphere of family and personal relations. When its social and political implications are understood, it is a radical ethic calling for a profound restructuring of society.

6. THE ETHICS OF CARE AND VIRTUE ETHICS

To some philosophers, the ethics of care is a form of virtue ethics. Several of the contributors to the volume *Feminists Doing Ethics* adopt this view (see Andrew, 2001; McLaren, 2001; Potter, 2001; Tessman, 2001). The important virtue theorist Michael Slote argues extensively for the position that caring is the primary virtue and that a morality based on the motive of caring can offer a general account of right and wrong action and political justice (Slote, 2001).

In my view, although there are similarities between them, and although to be caring is no doubt a virtue, the ethics of care is not simply a kind of virtue ethics. Virtue ethics focuses especially on the states of character of individuals, whereas the ethics of care concerns itself especially with caring *relations*. It is caring relations that have primary value.

If virtue ethics is interpreted, as with Slote, as primarily a matter of motives, it may neglect unduly the labor and objective results of caring, as Bubeck’s emphasis on actually meeting needs well highlights. Caring is not only a question of motive or attitude or virtue. On the other hand, Bubeck’s account is unduly close to a utilitarian interpretation of meeting needs, neglecting that care *also* has an aspect of motive and virtue. If virtue ethics is interpreted as less restricted to motives, and if it takes adequate account of the results of the virtuous person’s activities for the persons cared for, it may better include the concerns of the ethic of care. It would still, however, focus on the dispositions of individuals, whereas the ethics of care focuses on social relations, and the social practices and values that sustain them. The traditional Man of Virtue may be almost as haunted by his patriarchal past as The Man of Reason. The work of care has certainly not been among the virtuous activities to which he has adequately attended.

The ethics of care, in my view, is a distinctive ethical outlook, distinct even from virtue ethics. Certainly it has precursors, and such virtue theorists as Aris-

total, Hume, and the moral sentimentalists can contribute importantly to it. As a feminist ethic, the ethics of care is certainly not a mere description or generalization of women's attitudes and activities as developed under patriarchal conditions. To be acceptable, it must be a *feminist* ethic, open to both women and men to adopt. But in being feminist, it is different from the ethics of its precursors, and different, as well, from virtue ethics.

The ethics of care is sometimes thought inadequate because of its inability to provide definite answers in cases of conflicting moral demands. Virtue theory has similarly been criticized for offering no more than what detractors call a "bag of virtues," with no clear indication of how to prioritize the virtues, or apply their requirements, especially when they seem to conflict. Defenders of the ethics of care respond that the adequacy of the definite answers provided by, for instance, utilitarian and Kantian moral theories is illusory. Cost-benefit analysis is a good example of a form of utilitarian calculation that purports to provide clear answers to questions about what we ought to do, but from the point of view of moral understanding, its answers are notoriously dubious. So too, often, are casuistic reasonings about deontological rules. To advocates of the ethics of care, its alternative moral epistemology seems better. It stresses sensitivity to the multiple relevant considerations in particular contexts, cultivating the traits of character and of relationship that sustain caring, and promoting the dialogue that corrects and enriches the perspective of any one individual (for another view, see Campbell, 1998). The ethics of care is hospitable to the methods of discourse ethics, though with an emphasis on actual dialogue that empowers its participants to express themselves rather than on discourse so ideal that actual differences of viewpoint fall away (see Benhabib, 1992; Habermas, 1995; Young, 1990).

7. CARE, CULTURE, AND RELIGION

Questions that may be raised are whether the ethics of care resembles other kinds of ethical theory that are not feminist, and whether there can be nonfeminist forms of the ethics of care. Some think the ethics of care is close to Hume's ethics (see especially Baier, 1994). Others have debated whether the ethics of care resembles Confucian ethics. Chenyang Li argues that it does. He holds that the concept of care is similar to the concept of *jen* or *ren* that is central to Confucian ethics, and that although the Confucian tradition did maintain that women were inferior to men, this is not a necessary feature of Confucian thought (Li, 1994, 2002). Daniel Star thinks that Confucian ethics is a kind of virtue ethics, always interested in role-based categories of relationships, such as father/son and ruler/subject, and

that because of this it will not be able to prioritize *particular* relationships, such as that between a particular parent and a particular child, as does the ethics of care (Star, 2002).

Lijun Yuan argues that Confucian ethics is so inherently patriarchal that it cannot be acceptable to feminists (Yuan, 2002). But other interpretations are also being developed.⁴ One way the ethics of care does resemble Confucian ethics is in its rejection of the sharp split between public and private. The ethics of care rejects the model that became dominant in the West in the seventeenth and eighteenth centuries as democratic states replaced feudal society: a public sphere of mutually disinterested equals coexisting with a private sphere of female caring and male rule. The ethics of care advocates care as a value for society as well as household. In this there are some resemblances to the Confucian view of public morality as an extension of private morality.

It may be suggested that the ethics of care bears some resemblance to a Christian ethic of love, counseling us to love our neighbors and care for those in need. But when a morality depends on a given religion, it has little persuasiveness for those who do not share that religion. Moralities based on reason, in contrast, can succeed in gaining support around the world and across cultures. The growth of the human rights movement is strong evidence. One of the strengths of the dominant, rationalistic moral theories such as Kantian ethics and utilitarianism, in contrast with which the ethics of care developed, is their independence from religion. They aim to appeal only to universal reason (though in practice they may fall woefully short of doing so).

Virtue ethics is sometimes based on religion, but need not be. The universal appeal of virtue ethics, however, has been less than that of ethics based on reason, given the enormous amount of cultural variation in what have been thought of as the virtues, in comparison to such basic moral prohibitions based on reason as those against murder, theft, and assault, thought to be able to provide the basis for any acceptable legal system.

The ethics of care, it should be noted, has potential comparable to that of rationalistic moral theories. It appeals to the universal experience of caring. Every conscious human being has been cared for as a child and can see the value in the care that shaped her; every thinking person can recognize the moral worth of the caring relations that gave him a future. The ethics of care builds on experience that all persons share, though they have often been unaware of its embedded values and implications.

Various feminist critics hold that the ethics of care can be hostile to feminist objectives. A traditional Confucian ethic, if seen as an ethic of care, might be an example on an ethic of care unacceptable to feminists; traditional communitarian views that appreciate care but hold that women ought to confine themselves to caring for their families while leaving "public" concerns to men might be others. Liberal feminist critics of the ethics of care charge it with reinforcing the stereo-

typical image of women as selfless nurturers and with encouraging the unjust assignment of caring work to women. They think it lacks the prioritizing of equality that feminism must demand (see, e.g., Nussbaum, 1999; Okin, 1989). Other feminist critics find women's experience of mothering as it has occurred under patriarchal conditions suspect, or fear that an ethics of care will deflect attention from the oppressive social structures in which it takes place (see, e.g., Card, 1995; Houston, 1987; Jaggar, 1995; but see also Willett, 1995).

Feminist defenders of the ethics of care argue that it should be understood as a feminist ethic. It makes clear, in their view, why men as well as women should value caring relations, and should share equally in cultivating them. It does not take the practices of caring as developed under patriarchal conditions as satisfactory, but does explore the neglected values discernible through attention to and reflection on them. And it seeks to extend these values as appropriate throughout society, along with justice. If one wishes to count any view that prioritizes care as a version of the ethics of care, one must be careful to distinguish between acceptable and unacceptable versions.

My own view is that to include nonfeminist versions of valuing care among the moral approaches called "the ethics of care" is to unduly disregard the history of how this ethics has developed and come to be a candidate for serious consideration among contemporary moral theories. The history of the development of the contemporary ethics of care is the history of recent feminist progress.

8. THE FEMINIST BACKGROUND

The ethics of care has grown out of the constructive turmoil of the phase of feminist thought and the rethinking of almost all fields of inquiry that began in the United States and Europe in the late 1960s. At this time, the bias against women in society and in what was taken to be knowledge became a focus of attention.

Feminism is a revolutionary movement. It aims to overturn what many consider the most entrenched hierarchy there is: the hierarchy of gender. Its fundamental commitment is to the equality of women, though that may be interpreted in various ways. A most important achievement of feminism has been to establish that the experience of women is as important, relevant, and philosophically interesting as the experience of men. The feminism of the late twentieth century was built on women's experience.

Experience is central to feminist thought, but what is meant by experience is not mere empirical observation, as so much of the history of modern philosophy

and as analytic philosophy tend to construe it. Feminist experience is what art and literature as well as science deal with. It is the lived experience of feeling as well as thinking, of performing actions as well as receiving impressions, and of being aware of our connections with other persons as well as of our own sensations. And by now, for feminists, it is not the experience of what can be thought of as women as such, which would be an abstraction, but the experience of actual women in all their racial and cultural and other diversity (see, e.g., Collins, 1990; Hoagland, 1989; Narayan, 1997; Spelman, 1988; P. Williams, 1991).

The feminist validation of women's experience has had important consequences in ethics. It has led to a fundamental critique of the moral theories that were and to a large extent still are dominant, and to the development of alternative, feminist approaches to morality. For instance, in the long history of thinking about the human as Man, the public sphere from which women were excluded was seen as the source of the distinctively human and moral and creative. The Greek conception of the polis illustrated this view, later reflected strongly in social contract theories. As the realm of economic activity was added after industrialization to that of the political to compose what was seen as human, transformative, and progressive, the private sphere of the household continued to be thought of as natural, a realm where the species is reproduced, repetitively replenishing the biological basis of life.

The dominant moral theories when the feminism of the late twentieth century appeared on the scene were Kantian moral theory and utilitarianism. These were the theories that, along with their relevant metaethical questions, dominated the literature in moral philosophy and the courses taught to students.⁵ They were also the moral outlooks that continued to have a significant influence outside philosophy in the field of law, one of the few areas that had not banished moral questions in favor of purportedly value-free psychology and social science.

These dominant moral theories can be seen to be modeled on the experience of men in public life and in the marketplace. When women's experience is thought to be as relevant to morality as men's, a position whose denial would seem to be biased, these moralities can be seen to fit very inadequately the morally relevant experience of women in the household. Women's experience has typically included cultivating special relationships with family and friends rather than primarily dealing impartially with strangers, and providing large amounts of caring labor for children and often for ill or elderly family members. Affectionate sensitivity and responsiveness to need may seem to provide better moral guidance for what should be done in these contexts than do abstract rules or rational calculations of individual utilities.

At around the same time that feminists began questioning the adequacy of the dominant moral theories, other voices were doing so also, which increased the ability of the feminist critiques to gain a hearing. With the work of Alasdair MacIntyre and others, there began to be a revival of the virtue theory that had

been largely eclipsed.⁶ Larry Blum's work on how friendship had been neglected by the dominant theories and Bernard Williams's skepticism about how such theories could handle some of the most important questions human beings face contributed to the critical discourse (Blum, 1980; B. Williams, 1985). Arguments about how knowledge is historically situated, and about the plurality of values, further opened the way for feminist rethinking of moral theory (see, e.g., Anderson, 1993; Stocker, 1990; Taylor, 1985).

Within traditional moral philosophy, debates have been extensive and complex concerning the relative merits of deontological or Kantian moral theory, as compared with the merits of the various kinds of utilitarian or consequentialist theory, and of the contractualism that can take a more Kantian or a more utilitarian form. But from the newly asserted point of view of women's experience of moral issues, what may be most striking about all of these is their similarity. All are theories of right action. Both Kantian moralities of universal, abstract moral laws, and utilitarian versions of the ethics of Bentham and Mill advocating impartial calculations to determine what will produce the most happiness for the most people have been developed for interactions between relative strangers. Contractualism treats interactions between mutually disinterested individuals. All require impartiality and make no room at the foundational level for the partiality that connects us to those we care for and to those who care for us. Relations of family, friendship, and group identity have largely been missing from these theories, though recent attempts, which I believe to be unsuccessful, have been made to handle such relations within them.

Although their conceptions of reason differ significantly, with Kantian theory rejecting the morality of instrumental reasoning and utilitarian theory embracing it, both types of theory are rationalistic. Both rely on one very simple supreme and universal moral principle: the Kantian Categorical Imperative, or the utilitarian principle of utility, in accordance with which everyone ought always to act. Both ask us to be entirely impartial and to reject emotion in determining what we ought to do. Though Kantian ethics enlists emotion in carrying out the dictates of reason, and utilitarianism allows each of us to count ourselves as one among all whose pain or pleasure will be affected by an action, for both kinds of theory we are to disregard our emotions in the epistemological process of figuring out what we ought to do. These characterizations hold also of contractualism.

These theories generalize from the ideal contexts of the state and the market, addressing the moral decisions of judges, legislators, policy-makers, and citizens. But since they are *moral* theories rather than merely political or legal or economic theories, they extend their recommendations to what they take to be *all* moral decisions about how we ought to act in any context in which moral problems arise.

In Margaret Walker's assessment, these are idealized "theoretical-juridical"

accounts of actual moral practices. They invoke the image of “a fraternity of independent peers invoking laws to deliver verdicts with authority” (1998, p. 1). Fiona Robinson asserts that in dominant moral theories, values such as autonomy, independence, noninterference, self-determination, fairness, and rights are given priority, and there is a “systematic devaluing of notions of interdependence, relatedness, and positive involvement” in the lives of others (1999, p. 10). The theoretical-juridical accounts, Walker shows, are presented as appropriate for “the” moral agent, as recommendations for how “we” ought to act, but their canonical forms of moral judgment are the judgments of those who resemble “a judge, manager, bureaucrat, or gamesman” (1998, p. 21). They are abstract and idealized forms of the judgments made by persons who are dominant in an established social order. They do not represent the moral experiences of women caring for children or their aged parents, or of minority service workers providing care for minimal wages. And they do not deal with the judgments of groups who must rely on communal solidarity for survival.

9. FEMINIST ALTERNATIVES

In place of the dominant moral theories found inadequate, feminists have offered a variety of alternatives. There is not any single “feminist moral theory” but a number of approaches sharing a basic commitment to eliminate gender bias in moral theorizing as well as elsewhere (see esp. Jaggar, 1989).

Some feminists defend versions of Kantian moral theory (e.g. Baron, 1995; Herman, 1993) or utilitarianism (e.g. Purdy, 1996) or of such related theories as contractualism (e.g. Hampton, 1993; Okin, 1989) and liberal individualist moral theory (e.g., Nussbaum, 1999). But they respond to different concerns and interpret and apply these theories in ways that none or few of their leading nonfeminist defenders do. For instance, taking a liberal contractualist approach and focusing on justice, equality, and freedom, many argue that the principles of justice should be met in the division of labor and availability of opportunities within the family and not only in public life. Of course this will require an end to the domestic violence, marital rape, patriarchal dominance, and female disadvantage in opportunities for health, education, and occupational development that still afflict many millions of women around the world, as it will require that the burdens of child care and housework not fall disproportionately on women. Achieving such aims as these would produce very radical change at the global level.

The most influential nonfeminist advocates of dominant moral theories have

paid almost no attention to feminist critiques (see Okin, 1989), but when these theories are extended in the ways feminists suggest, they can be significantly improved as theories.

Other feminist theorists, at the same time, have gone much further in a distinctive direction. Rather than limiting themselves to extending traditional theories in nontraditional ways, they have developed a more distinctively different ethics: the ethics of care. Although most working within this approach share the goals of justice and equality for women that can be dealt with using traditional theories, they see the potential of a quite different set of values for a more adequate treatment of moral problems, not only within the family but in the wider society as well. The ethics of care is a deep challenge to other moral theories. It takes the experience of women in caring activities such as mothering as central, interprets and emphasizes the values inherent in caring practices, shows the inadequacies of other theories for dealing with the moral aspects of caring activity, and then considers generalizing the insights of caring to other questions of morality.

I will locate the beginnings of the ethics of care with a pioneering essay called "Maternal Thinking," by the philosopher Sara Ruddick, published in 1980. In it, Ruddick attended to the caring practice of mothering, the characteristic and distinctive thinking to which it gives rise, and the standards and values that can be discerned in this practice. Mothering aims to preserve the life and foster the growth of particular children and to have these children develop into acceptable persons. The actual feelings of mothers are highly ambivalent and often hostile toward the children for whom they care, but a commitment to the practice and goals of mothering provides standards to be heeded. Virtues such as humility and resilient good humor emerge as values in the practice of mothering; self-effacement and destructive self-denial can be seen as the "degenerative forms" of these virtues and should be avoided. Her essay showed how women's experience in an activity such as mothering could yield a distinctive moral outlook, and how the values that emerged from within it could be relevant beyond the practice itself, for instance, in promoting peace.

Ludicrous as it now seems in the twenty-first century, at the time this essay appeared, the practice of mothering had been virtually absent from all nonfeminist moral theorizing; there was no philosophical acknowledgment that mothers *think* or *reason* or encounter moral problems, or that one can find moral values in this practice. (For some early feminist theorizing about mothering, see Trebilcock, 1983.) Women were imagined to think or to face moral problems only when they ventured beyond the household into the world of men. The characteristic image was one of human mothers raising their young much as animal mothers raise theirs. Philosophical thinking about women or mothers had incorporated them into a natural biological or evolutionary framework. Or, if women were portrayed in a psychological or psychoanalytic framework, they might be seen as reacting emo-

tionally, but again, they were not associated with reasoning and thinking, and certainly not with the possibility that there might be distinctive and valid forms of moral thought to which they have privileged access through their extensive experience with caring.

Other caring activities such as caring for the sick or elderly were similarly dismissed as irrelevant for the construction of moral theory, though existing theory, for instance a Kantian respect for persons, might be applied to a problem in medical ethics such as whether a doctor should tell his patient that she is dying, or a Rawlsian view of justice might be used to evaluate how health care should be distributed.

Ruddick's essay showed that attending to the experience of women in a caring practice could change how we think about morality, and could change our view of the values appropriate for given activities. Though men can also engage in caring practices, if they do not, they may fail to understand the morality embedded in these practices.

In 1982, Carol Gilligan's book *In a Different Voice* provided impetus for the development of the ethics of care. Gilligan, a developmental psychologist, aimed for findings that would be empirical and descriptive of the psychological outlooks of girls as they become more mature in their thinking about morality. Gilligan was suspicious of the test results obtained by Lawrence Kohlberg, a psychologist with whom she worked, which seemed to show that girls progress more slowly than boys in acquiring moral maturity. She noted that all the children studied in the construction of the "stages" that were taken to indicate advancement in moral reasoning were boys; she decided to study how girls and women approach moral problems. To moral philosophers it was striking that the "highest stage" of Kohlberg's account of moral maturity closely resembled Kantian moral reasoning, presupposing such difficult questions as whether maturity in ethics really is primarily a matter of reasoning, and whether a Kantian morality really is superior to all others.

Gilligan thought from her inquiries that it is possible to discern a "different voice" in the way many girls and women interpret, reflect on, and speak about moral problems: They are more concerned with context and actual relationships between persons, and less inclined to rely on abstract rules and individual conscience. Gilligan asserted that although only some of the women studied adopted this different voice, almost no men did. As she put it in a later essay, this meant that "if women were eliminated from the research sample, care focus in moral reasoning would virtually disappear" (1987, p. 25).

Gilligan's findings, to the extent that they were claims about men and women as such, have been questioned on empirical grounds, since African men showed some of the same tendencies in interpreting moral problems as the women she studied, and when education and occupation were comparable, the differences between women and men were to some researchers unclear (see, e.g., Harding,

1987; J. Walker, 1984). But the importance of Gilligan's work for moral theory has not been what it showed about how men and women brought up under patriarchy in fact think about morality, whether social position is as or more important than gender in influencing such thinking, or whether women who advance occupationally learn to think like men. It has been its suggestion of alternative perspectives through which moral problems can be interpreted: a "justice perspective," which emphasizes universal moral principles and how they can be applied to particular cases and values rational argument about these; and a "care perspective," which pays more attention to people's needs, to how actual relations between people can be maintained or repaired, and values narrative and sensitivity to context in arriving at moral judgments. Gilligan herself thought that for a person to have an adequate morality, both perspectives are needed, as men overcome their difficulties with attachment and become more caring, and as women overcome their reluctance to be independent and become more concerned with justice. But she did not indicate how, within moral theory, care and justice are to be integrated.

Feminist philosophers reading Gilligan's work found that it resonated with many of their own dissatisfactions with dominant moral theories (see, e.g., Kittay and Meyers, 1987; Morgan, 1987). Whether or not women were in fact more likely to adopt the "care perspective," the history of philosophy had virtually excluded women's experiences. An "ethic of care" that could be contrasted with an "ethic of justice" might, many thought, better address their concerns as they understood how the contexts of mothering, of family responsibilities, of friendship, of caring in society, were in need of moral evaluation and guidance by moral theories more appropriate to them than the dominant theories seemed capable of being. Theories developed for the polis and the marketplace were ill suited, these feminists thought, for application to the contexts of experience they were no longer willing to disregard as morally insignificant.

Soon after, Nel Noddings's book *Caring* (1984) provided a more phenomenological account of what is involved in activities of care. It examined the virtues of close attention to the feelings and needs of others, and the identification with another's reality that is central to care. The collections *Women and Moral Theory* (1987), edited by Eva Kittay and Diana T. Meyers, and *Science, Morality and Feminist Theory* (1987), edited by Marsha Hanen and Kai Nielsen, contributed significantly to the further development of the ethics of care. Annette Baier's important work on trust, and her appreciation of Hume's ethics as a precursor of feminist ethics, added further strength to the new outlook on care.⁷ Many other articles and books contributed to this discourse, some criticizing the ethics of care and some defending and elaborating it. During and after the 1990s, the numbers expanded rapidly.⁸ The ethics of care now has a central, though not exclusive, place in feminist moral theorizing, and it has drawn increasing interest from moral philosophers of all kinds.

The ethics of care builds concern and mutual responsiveness to need on both the personal and wider social level. Within social relations in which we care enough about each other to form a social entity, we may agree for limited purposes to imagine each other as liberal individuals, and to adopt liberal policies to maximize individual benefits. But we should not lose sight of the restricted and artificial aspects of such conceptions. The ethics of care offers a view of both the more immediate and the more distant human relations on which satisfactory societies can be built. It provides new theory with which to develop new practices, and can perhaps offer greater potential for moral progress than is contained in the views of traditional moral theory.

NOTES

I am grateful to Elizabeth Anderson, Richmond Campbell, and David Copp for very helpful comments on earlier versions of this essay.

1. I use the term 'ethics' to suggest that there are multiple versions of this ethic, though they all have much in common, making it understandable that some prefer 'the ethic of care'. I use 'the ethics of care' as a collective and singular term. Some moral philosophers have tried to establish a definitional distinction between 'ethics' and 'morality'; I think such efforts fail, and I use the terms more or less interchangeably, though I certainly distinguish between the moral or ethical beliefs that groups of people in fact have and moral or ethical recommendations that are justifiable.

2. It is often asserted that to count as moral a judgment must be universalizable: If we hold that it would be right (or wrong) for one person to do something, then we are committed to holding that it would be right (or wrong) for anyone similar in similar circumstances to do it. The subject-terms in moral judgments must thus be universally quantified variables and the predicates universal. "I ought to take care of Jane because she is my child" is not universal; "all parents ought to take care of their children" is. The former judgment could be universalizable if it were derived from the latter, but if, as many advocates of the ethics of care think, it is taken as a *starting* moral commitment, rather than as dependent on universal moral judgments, it might not be universalizable.

3. This is not to deny that justice includes responding to needs in the general sense. For instance, any decent list of human rights should include rights to basic necessities, despite the peculiar backwardness of the United States in recognizing this. Most of the world rightly accepts, at least in theory, that economic and social rights are real human rights along with civil and political rights. But justice and fairness require such rights because it is unfair as a matter of general principle for some to have more than they need of the means to live and to act, while others lack such means. See, e.g., Held, 1984; Henkin, 1990; Nickel, 1987; Shue, 1980. See also Copp, 1998. Care, in contrast, responds to the particular needs of particular persons regardless of general principles.

4. Chan Sin Yee, examining Confucian texts, finds the traditional neo-Confucian

denigration of women a misinterpretation. She acknowledges that even a reformed Confucian ethics might subscribe to a gender essentialism in which appropriate though not necessarily unequal roles based on gender would be promoted, but suggests how a return to early Confucianism could avoid this (Yee, 2003).

5. I share Stephen Darwall's view that normative ethics and metaethics are highly interrelated and cannot be clearly separated. See Darwall, 1998, esp. ch. 1.

6. See MacIntyre, 1981. A virtue theorist who was fairly widely read in the period before this was Foot, 1978. See also Rorty, 1980. Other work contributing to the revival of virtue ethics includes Slote, 1983, 1992. See also Flanagan and Rorty, 1992. Nussbaum's work (e.g., 1986) has contributed to virtue theory, but she is critical of the ethics of care.

7. Annette Baier's influential essay "Trust and Anti-Trust" appeared in 1986; it and other essays on trust and other matters are collected in Baier, 1994.

8. In addition to the titles mentioned in the text, others include: Addelson, 1991; Bell, 1993; Blustein, 1991; Card, 1991, 1999; Cole and McQuin, 1992; Hanigberg and Rudick, 1999; Hekman, 1995; Koehn, 1998; Larrabee, 1993; Manning, 1992; Meyers, 2002; Sevenhuijsen, 1998; Sherwin, 1992; Tong, 1993; M. Walker, 1999, 2003; White, 2000.

REFERENCES

- Addelson, Kathryn Pyne. 1991. *Impure Thoughts: Essays on Philosophy, Feminism, and Ethics*. Philadelphia: Temple University Press.
- Anderson, Elizabeth. 1993. *Value in Ethics and Economics*. Cambridge, Mass.: Harvard University Press.
- Andrew, Barbara S. 2001. "Angels, Rubbish Collectors, and Pursuers of Erotic Joy: The Image of the Ethical Woman." In DesAutels and Waugh, 2001, 119–133.
- Baier, Annette C. 1986. "Trust and Anti-Trust." *Ethics* 96: 231–260.
- . 1994. *Moral Prejudices: Essays on Ethics*. Cambridge, Mass.: Harvard University Press.
- Baron, Marcia. 1995. *Kantian Ethics Almost without Apology*. Ithaca, N.Y.: Cornell University Press.
- Barry, Brian. 1973. *The Liberal Theory of Justice*. London: Oxford University Press.
- . 1995. *Justice as Impartiality*. Oxford: Oxford University Press.
- Bell, Linda A. 1993. *Rethinking Ethics in the Midst of Violence: A Feminist Approach to Freedom*. Lanham, Md.: Rowman and Littlefield.
- Benhabib, Seyla. 1992. *Situating the Self: Gender, Community, and Postmodernism in Contemporary Ethics*. New York: Routledge.
- Blum, Lawrence A. 1980. *Friendship, Altruism and Morality*. London: Routledge, 1980.
- Blustein, Jeffrey. 1991. *Care and Commitment*. New York: Oxford University Press.
- Bowden, Peta. 1997. *Caring: Gender Sensitive Ethics*. London: Routledge.
- Bubeck, Diemut. 1995. *Care, Gender, and Justice*. Oxford: Oxford University Press.
- Campbell, Richmond. 1998. *Illusions of Paradox: A Feminist Epistemology Naturalized*. Lanham, Md.: Rowman and Littlefield.
- Card, Claudia. 1995. "Gender and Moral Luck." In Held, 1995, 79–98.

- . 1999. *On Feminist Ethics and Politics*. Lawrence: University Press of Kansas.
- , ed. *Feminist Ethics*. 1991. Lawrence: University Press of Kansas.
- Clement, Grace. 1996. *Care, Autonomy, and Justice*. Boulder, Colo.: Westview Press.
- Cole, Eve Browning, and Susan Coultrap McQuin, eds. 1992. *Explorations in Feminist Ethics: Theory and Practice*. Indianapolis: Indiana University Press.
- Collins, Patricia Hill. 1990. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Boston: Unwin Hyman.
- Copp, David. 1998. "Equality, Justice, and the Basic Needs." In *Necessary Goods*, ed. Gillian Brock, 113–133. Lanham, Md.: Rowman and Littlefield.
- Darwall, Stephen L. 1983. *Impartial Reason*. Ithaca, N.Y.: Cornell University Press.
- . 1998. *Philosophical Ethics*. Boulder, Colo.: Westview Press.
- DesAutels, Peggy, and Joanne Waugh, eds. 2001. *Feminists Doing Ethics*. Lanham, Md.: Rowman and Littlefield.
- Fisher, Berenice, and Joan Tronto. 1990. "Toward a Feminist Theory of Caring." In *Circles of Care*, ed. E. Abel and M. Nelson, 35–62. Albany: State University of New York Press.
- Flanagan, Owen, and Amelie Oksenberg Rorty, eds. 1992. *Identity, Character, and Morality: Essays in Moral Psychology*. Cambridge, Mass.: MIT Press.
- Folbre, Nancy. 2001. *The Invisible Heart: Economics and Family Values*. New York: New Press.
- Foot, Philippa. 1978. *Virtues and Vices*. Berkeley: University of California Press.
- Frank, Robert A., Thomas Gilovich, and Dennis T. Regan. 1993. "Does Studying Economics Inhibit Cooperation?" *Journal of Economic Perspectives* 7, 2: 159–171.
- Fraser, Nancy. 1987. "Women, Welfare and the Politics of Need Interpretation." *Hypatia* 2, 1: 103–121.
- Friedman, Marilyn. 1993. *What Are Friends For? Feminist Perspectives on Personal Relationships*. Ithaca, N.Y.: Cornell University Press.
- Gauthier, David. 1986. *Morals by Agreement*. Oxford: Oxford University Press.
- Gilligan, Carol. 1982. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, Mass.: Harvard University Press.
- . 1987. "Moral Orientation and Moral Development." In Kittay and Meyers, 1987, 19–33.
- Habermas, Jurgen. 1995. "Discourse Ethics." In *Moral Consciousness and Communicative Action*. Cambridge, Mass.: MIT Press.
- Hampton, Jean. 1993. "Feminist Contractarianism." In *A Mind of One's Own: Feminist Essays on Reason and Objectivity*, ed. Louise M. Antony and Charlotte Witt, 227–255. Boulder, Colo.: Westview Press.
- Hanen, Marsha, and Nielsen, Kai. 1987. *Science, Morality and Feminist Theory*. Calgary, Alberta: University of Calgary Press.
- Hanigsberg, Julia E., and Sara Ruddick, eds. 1999. *Mother Troubles: Rethinking Contemporary Maternal Dilemmas*. Boston: Beacon Press.
- Harding, Sandra. 1987. "The Curious Coincidence of Feminine and African Moralities." In Kittay and Meyers, 1987, 296–315.
- Harrington, Mona. 1999. *Care and Equality: Inventing a New Family Politics*. New York: Knopf.
- Hekman, Susan J. 1995. *Moral Voices, Moral Selves*. University Park: Pennsylvania State University Press.

- Held, Virginia. 1984. *Rights and Goods: Justifying Social Action*. New York: Free Press.
- . 1993. *Feminist Morality: Transforming Culture, Society, and Politics*. Chicago: University of Chicago Press.
- . 2000. "Rights and the Presumption of Care." In *Rights and Reason: Essays in Honor of Carl Wellman*, ed. Marilyn Friedman, Larry May, Kate Parsons, and Jennifer Stiff, 65–78. Dordrecht: Kluwer.
- . 2001. "Caring Relations and Principles of Justice." In *Controversies in Feminism*, ed. James P. Sterba, 67–81. Lanham, Md.: Rowman and Littlefield.
- . 2002. "Care and the Extension of Markets." *Hypatia* 17, 2: 19–33.
- . 2004. "Taking Care: Care as Practice and Value." In *Setting The Moral Compass*, ed. Cheshire Calhoun, 59–71. New York: Oxford University Press.
- , ed. 1995. *Justice and Care: Essential Readings in Feminist Ethics*. Boulder, Colo.: Westview Press.
- Henkin, Louis. 1990. *The Age of Rights*. New York: Columbia University Press.
- Herman, Barbara. 1993. *The Practice of Moral Judgment*. Cambridge, Mass.: Harvard University Press.
- Hoagland, Sara Lucia. 1989. *Lesbian Ethics: Toward New Value*. Palo Alto, Calif.: Institute of Lesbian Studies.
- Hobbes, Thomas. 1972. *The Citizen: Philosophical Rudiments Concerning Government and Society*. Ed. B. Gert. Garden City, N.Y.: Doubleday.
- Houston, Barbara. 1987. "Rescuing Womanly Virtues: Some Dangers of Moral Reclamation." In Hanen and Nielsen, 1987, 237–262.
- Jaggar, Alison M. 1989. "Feminist Ethics: Some Issues for the Nineties." *Journal of Social Philosophy* 20: 91–107.
- . 1995. "Caring as a Feminist Practice of Moral Reason." In Held, 1995, 179–202.
- Keller, Jean. 1997. "Autonomy, Relationality, and Feminist Ethics." *Hypatia* 12, 2: 152–165.
- Kittay, Eva Feder. 1999. *Love's Labor: Essays on Women, Equality, and Dependency*. New York: Routledge.
- Kittay, Eva Feder, and Diana T. Meyers, eds. 1987. *Women and Moral Theory*. Lanham, Md.: Rowman and Littlefield.
- Koehn, Daryl. 1998. *Rethinking Feminist Ethics: Care, Trust and Empathy*. London: Routledge.
- Larrabee, Mary Jeanne, ed. 1993. *An Ethic of Care: Feminist and Interdisciplinary Perspectives*. New York: Routledge.
- Li, Chenyang. 1994. "The Confucian Concept of *Jen* and the Feminist Ethics of Care: A Comparative Study." *Hypatia* 9, 1: 70–89.
- . 2002. "Revisiting Confucian *Jen* Ethics and Feminist Care Ethics: A Reply to Daniel Star and Lijun Yuan." *Hypatia* 17, 1: 130–140.
- Lugones, Maria C. 1991. "On The Logic of Pluralist Feminism." In Card, 1991, 35–44. Lawrence: University Press of Kansas.
- MacIntyre, Alasdair. 1981. *After Virtue: A Study in Moral Theory*. Notre Dame, Ind.: University of Notre Dame Press.
- . 1988. *Whose Justice? Which Rationality?* Notre Dame, Ind.: University of Notre Dame Press.
- MacKenzie, Catriona, and Natalie Stoljar, eds. 2000. *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. New York: Oxford University Press.

- Manning, Rita. 1992. *Speaking From the Heart: A Feminist Perspective on Ethics*. Lanham, MD: Rowman and Littlefield.
- Marwell, Gerald, and Ruth Ames. 1981. "Economists Free Ride, Does Anyone Else? Experiments on the Provision of Public Goods." Pt. 4. *Journal of Public Economics* 15, 3: 295–310.
- McLaren, Margaret A. 2001. "Feminist Ethics: Care as a Virtue." In DesAutels and Waugh, 2001, 101–117.
- Mendus, Susan. 2002. *Impartiality in Moral and Political Philosophy*. Oxford: Oxford University Press.
- Meyers, Diana T. 1989. *Self, Society, and Personal Choice*. New York: Columbia University Press.
- . 1994. *Subjection and Subjectivity*. New York: Routledge.
- . 2002. *Gender in the Mirror: Cultural Imagery and Women's Agency*. New York: Oxford University Press.
- , ed. 1997. *Feminists Rethink the Self*. Boulder, Colo.: Westview Press.
- Morgan, Kathryn Pauly. 1987. "Women and Moral Madness." In Hanen and Nielsen, 1987, 201–226.
- Narayan, Uma. 1997. *Dislocating Cultures: Identities, Traditions and Third World Women*. New York: Routledge.
- Nickel, James W. 1987. *Making Sense of Human Rights*. Berkeley: University of California Press.
- Noddings, Nel. 1986. *Caring: A Feminine Approach to Ethics and Moral Education*. Berkeley: University of California Press.
- . 2002. *Starting at Home: Caring and Social Policy*. Berkeley: University of California Press.
- Nussbaum, Martha C. 1986. *The Fragility of Goodness*. Cambridge: Cambridge University Press.
- . 1999. *Sex and Social Justice*. New York: Oxford University Press.
- Okin, Susan Moller. 1989. *Justice, Gender, and the Family*. New York: Basic Books.
- Oshana, Marina. 1998. "Personal Autonomy and Society." *Journal of Social Philosophy* 24, 1: 81–102.
- Potter, Nancy. 2001. "Is Refusing to Forgive a Vice?" In DesAutels and Waugh, 135–150.
- Purdy, Laura M. 1996. *Reproducing Persons: Issues in Feminist Bioethics*. Ithaca, N.Y.: Cornell University Press.
- Robinson, Fiona. 1999. *Globalizing Care: Ethics, Feminist Theory, and International Affairs*. Boulder, Colo.: Westview Press.
- Rorty, Amelie, ed. 1980. *Essays on Aristotle's Ethics*. Berkeley: University of California Press.
- Ruddick, Sara. 1980. "Maternal Thinking." *Feminist Studies* 6: 342–367.
- . 1989. *Maternal Thinking: Toward a Politics of Peace*. Boston: Beacon Press.
- . 1995. "Injustice in Families: Assault and Domination." In Held, 1995, 203–223. Boulder, Colo.:
- Sandel, Michael. 1982. *Liberalism and the Limits of Justice*. Cambridge: Cambridge University Press.
- Schwarzenbach, Sibyl. 1996. "On Civic Friendship." *Ethics* 107, 1: 97–128.
- Sevenhuijsen, Selma. 1998. *Citizenship and the Ethics of Care*. London: Routledge.

- Sherwin, Susan. 1992. *No Longer Patient: Feminist Ethics and Health Care*. Philadelphia: Temple University Press.
- Shue, Henry. 1980. *Basic Rights*. Princeton, N.J.: Princeton University Press.
- Slote, Michael. 1983. *Goods and Virtues*. Oxford: Oxford University Press.
- . 1992. *From Morality to Virtue*. New York: Oxford University.
- . 2001. *Morals from Motives*. Oxford: Oxford University Press.
- Spelman, Elizabeth V. 1988. *Inessential Woman*. Boston: Beacon Press.
- Star, Daniel. 2002. "Do Confucians Really Care? A Defense of the Distinctiveness of Care Ethics: A Reply to Chenyang Li." *Hypatia* 17, 1: 77–106.
- Stocker, Michael. 1990. *Plural and Conflicting Values*. New York: Oxford University Press.
- Taylor, Charles. 1979. *Hegel and Modern Society*. Cambridge: Cambridge University Press.
- . 1985. *Philosophical Papers*. Cambridge: Cambridge University Press.
- Tessman, Lisa. 2001. "Critical Virtue Ethics: Understanding Oppression as Morally Damaging." In DesAutels and Waugh, 2001, 79–99.
- Tong, Rosemarie. 1993. *Feminine and Feminist Ethics*. Belmont, Calif.: Wadsworth.
- Trebilcock, Joyce, ed. 1983. *Mothering: Essays in Feminist Theory*. Totowa, N.J.: Rowman and Allanheld.
- Tronto, Joan C. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge.
- Unger, Roberto Mangabeire. 1975. *Knowledge and Politics*. New York: Free Press.
- Walker, Lawrence J. 1984. "Sex Differences in the Development of Moral Reasoning: A Critical Review." *Child Development* 55: 677–691.
- Walker, Margaret Urban. 1989. "Moral Understandings: Alternative 'Epistemology' for a Feminist Ethics." *Hypatia* 4: 15–28.
- . 1992. "Feminism, Ethics, and the Question of Theory." *Hypatia* 7: 23–38.
- . 1998. *Moral Understandings: A Feminist Study in Ethics*. New York: Routledge.
- . 2003. *Moral Contexts*. Lanham, Md.: Rowman and Littlefield.
- , ed. 1999. *Mother Time: Women, Aging, and Ethics*. Lanham, Md.: Rowman and Littlefield.
- White, Julie Anne. 2000. *Democracy, Justice, and The Welfare State: Reconstructing Public Care*. University Park: Pennsylvania State University Press.
- Willett, Cynthia. 1995. *Maternal Ethics and Other Slave Moralities*. New York: Routledge.
- Williams, Bernard. 1985. *Ethics and the Limits of Philosophy*. Cambridge, Mass.: Harvard University Press.
- Williams, Patricia J. 1991. *The Alchemy of Race and Rights*. Cambridge, Mass.: Harvard University Press.
- Yee, Chan Sin. 2003. "The Confucian Conception of Gender in the Twenty-First Century." In *Confucianism for the Modern World*, ed. Hahm Chaibong and Daniel A. Bell, 312–333. Cambridge: Cambridge University Press.
- Young, Iris Marion. 1990. *Justice and the Politics of Difference*. Princeton, N.J.: Princeton University Press.
- Yuan, Lijun. 2002. "Ethics of Care and Concept of *Jen*: A Reply to Chenyang Li." *Hypatia* 17, 1: 107–129.