

Care, Autonomy, and Justice

FEMINISM
AND THE
ETHIC OF CARE



Grace Clement

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Feminism and the Ethic of Care



Grace Clement

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For my parents,
Bea and Blanton Clement,
and my son, Benjamin

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Grace Clement

Introduction



Since the early 1980s, moral philosophers and social scientists, both feminist and non-feminist, have debated the basis, the normative merits, and the implications of the approach to morality called the ethic of care. The ethic of care emphasizes aspects of moral reasoning that are not generally emphasized by dominant Western moral theories, especially by Kantian ethics. Because these aspects of moral reasoning have been most important in women's traditional activities and experiences, the ethic of care has been of special interest to feminist ethicists. In this work I give an overview of the debate between the ethic of care and the predominant ethic of justice, defend a particular point of view on this debate, and show how this debate and the ethic of care are important for moral and feminist theory. In particular, I argue that the ethic of care is an often neglected but essential dimension of ethics, but that we must make distinctions between versions of the ethic based on their roles in challenging or contributing to women's oppression. Doing so requires that we challenge standard accounts of the relationship between care and justice.

The ethic of care and the ethic of justice are especially worthy of our attention because they are not merely two among many different approaches to ethics. They are more fundamental than other possible ethics because they thematize two basic dimensions of human relationships, dimensions that might be called vertical and horizontal. The ethic of justice focuses on questions of equality and inequality, while the ethic of care focuses on questions of attachment and detachment, and both sets of questions can arise in any context. As Carol Gilligan writes:

All human relationships, public and private, can be characterized *both* in terms of equality and in terms of attachment, and . . . both inequality and detachment constitute grounds for moral concern. Since everyone is vulnerable both to oppression and to abandonment, two moral visions—one of justice and one of care—recur in human experience. The moral injunctions, not to act unfairly toward others, and not to turn away from someone in need, capture these different concerns (Gilligan 1987, 20).



Traditionally, these two ethics have been kept separate from one another, such that each ethic has focused on one dimension of human relationships to the exclusion of the other. This has resulted in extreme forms of the two ethics, in uncaring forms of justice and unjust forms of care. The fact that these ethics have been gender-coded, reflecting and contributing to relations of dominance and subordination, might lead us to think that they are merely symptoms of these particular social conditions. However, these ethics are not merely reflections of gender, but of fundamental dimensions of human relationships, and thus their relationship to one another is of great importance for morality in general, as well as for questions of gender.

My approach differs from three approaches to the care/justice debate frequently taken: the celebration of the ethic of care as a feminine ethic, the assimilation of the ethic of care to a justice perspective, and the rejection of the ethic of care from a feminist perspective. Proponents of the "feminine" approach have as a general goal the recognition and celebration of women's distinctive activities and experiences. They regard the ethic of care as a creation of women which is usually ignored or devalued by male-defined moral theory. While advocates of this feminine approach do not necessarily believe that all or only women use this ethic, their interest in the ethic arises because (they believe) women especially use it. For instance, Carol Gilligan's work is based on psychological research which she believes demonstrates women's particular use of the ethic of care. Others, like Nel Noddings and Sara Ruddick, do not rely on empirical research, but explore the ethic implicit in and arising out of traditionally female practices like child-rearing.

This feminine approach examines the implications of women's distinctive approach to morality by moving the ethic of care from the periphery to the center of moral theory. Doing so is thought to reveal that the prevailing ethic of justice and its emphasis on autonomy are often dangerous and illusory. The individualism of standard male-defined approaches to morality is replaced by an emphasis on interdependence and the maintenance of relationships. This approach also challenges the traditional understanding of relations between relative strangers in the male-associated public realm as morally paradigmatic, instead focusing on relations between family members and friends in the female-associated personal realm. The abstract universalism of the ethic of justice is replaced by the contextualism of the ethic of care. In short, traditional approaches to ethics tend to dismiss women's distinctive moral orientation. This feminine approach concludes that it is important to give the ethic of care the credit it deserves, in part by showing how it reveals shortcomings in the prevailing ethic of justice.

An obvious question raised by the above approach is: Is the ethic of care really a women's ethic? If we are asked to celebrate the ethic of care because women use this ethic, then we should first be sure that women really use it. A number of critics have argued that no empirical correlation between women and the ethic of

care has been demonstrated. They suggest instead that Gilligan and her collaborators "heard" what confirmed the stereotypes of women that they already accepted. Moreover, insofar as Gilligan's "different voice" truly *reflects* anyone's moral orientation, critics argue that it is biased toward the values of the Western, white, well-educated women Gilligan's research has focused on.¹ Similarly, in Noddings's and Ruddick's work, mothers seem to represent all women. Barbara Houston writes:

The feminist standpoint adopted by Gilligan, Ruddick and Noddings . . . appears to assume a form of female essentialism. That is, despite disclaimers by each of them about the dangers of speaking for all women, there does appear to be the assumption that women's experience is similar enough for us to posit a women's ethics arising out of women's distinctive labor. (Houston 1987, 259)

Thus it seems that Gilligan and other advocates of a feminine ethic of care are guilty of the same error Lawrence Kohlberg committed, that of false universalism. While Kohlberg posited the moral experiences of men as *human* moral experience, those defending the ethic of care as a feminine ethic seem to posit the experiences of a specific, nonrepresentative group of women as *women's* moral experience.

This charge of false universalism has linked the debates surrounding the ethic of care to recent feminist debates about the importance of recognizing the differences between women, and about whether despite their differences in race, class, culture, etc., all women share what Marilyn Frye calls "a ghetto of sorts" (Frye 1983, 9). Here, however, I will avoid these debates. I will not be concerned with social-scientific questions about whether women use the ethic of care, and I will not defend the ethic of care on the grounds that women use it. Instead I will focus on questions about the adequacy of the ethic of care as a moral theory. I will ask whether the ethic of care is a satisfactory approach to morality, regardless of who uses it. This does not mean that gender is irrelevant to my study of the ethic of care. Even if many women do not use the ethic of care, this ethic undeniably captures a widely-held view of what women are and ought to be. The ethic of care is socially coded as a *feminine* ethic, while the ethic of justice is socially coded as a *masculine* ethic. We need not make any false generalizations about women to recognize that women's traditional activities and experiences are especially relevant to a study of the ethic of care.

This brings me to the second general approach to the ethic of care that I discuss: The assimilation of the ethic of care to a justice perspective (e.g. Hill 1987, Sher 1987). Moral philosophers who take this approach emphasize the distinction between gender and ethics. They point out that while most historical philosophers have had deplorable things to say about women, this sexism can and should be distinguished from what they have had to say about morality. By restricting our attention to moral questions, they argue, it becomes clear that the debates between "the ethic of care" and "the ethic of justice" are merely

contemporary versions of familiar moral debates, such as the Kant/Hume debate over the roles of reason and sentiment in morality. Moreover, even if most moral philosophers have had little to say about care issues, their moral theories generally allow for the ethic of care. Even an ethic of justice, like Kant's, which does not focus on care themes can nevertheless encompass them. In fact, a moral theory can be evaluated by the extent to which it can accommodate the ethic of care and/or the moral views of women. As Susan Moller Okin writes:

The best theorizing about justice has integral to it the notions of care and empathy. . . . The best theorizing about justice is not good enough if it does not, or cannot readily be adapted to, include women and their points of view as fully as men and their points of view. (Okin 1989, 15)

According to this approach, those who champion the ethic of care tend to caricature the theories they label ethics of justice, assuming, for instance, that universal principles preclude rather than require a close attention to context. Rather than shifting our focus to a new approach, then, we need to examine ethics of justice more carefully to see whether and how they can accommodate care concerns. According to Kant's moral theory, for instance, autonomy is a fundamental value, but it need not be understood individualistically, or threaten our sense of community. Justice and care should not be understood as alternative approaches to morality, but rather as complementary approaches. This approach argues that justice is the proper ethic for our public interactions, while care is the proper ethic for our interactions with family and friends. In short, according to this "justice" approach, the ethic of care need not be rejected, but neither is it an important development in moral theory. Not only have care themes been emphasized in various historical moral theories, such as those of Aristotle and Hume, but the ethic of care can be assimilated by so-called ethics of justice, such as Kant's moral philosophy.

First, I will briefly respond to the charge that the ethic of care is not significantly different from Aristotelian or Humean ethics. Supporting this charge is the fact that the recent interest in the ethic of care has coincided with a renewed interest in virtue ethics. The fundamental difference between the recent attention to the ethic of care and these other traditions is that study of the ethic of care, at least at its best, has brought critical attention to the gender-coding of our moral concepts. It has clarified and challenged the sexual division of moral labor. Aristotle and Hume also made reference to the gender-coding of moral concepts, but they sought to reinforce rather than challenge the sexual division of moral labor. Contemporary ethicists studying virtue ethics do not do this, but they have for the most part ignored gender issues. At least insofar as the ethic of care has been studied from a feminist perspective, it is a significant departure from Aristotelian, Humean, and contemporary virtue ethics.

The relationship between the ethic of care and the ethic of justice depends on one's characterizations of the two approaches. Some versions of the ethic of care

are clearly incompatible with almost any version of the ethic of justice, while other versions of the ethic of care seem compatible with a standard version of the ethic of justice in one way or another. Depending on the precise nature of the two ethics, this complementarity might mean merely that the ethics have distinct spheres of application, or it might mean that the two ethics can be combined into one comprehensive ethic. In this book, I will begin with versions of the ethic of care and the ethic of justice that I will call ideal types. I will focus on three features of the two ethics which are typically emphasized and which serve to define the ethics in opposition to one another. These are the ethics' relative abstractness or concreteness, their priorities, and their conceptions of the self. In particular, I will develop a definition of the ethic of care based on its contextual decisionmaking, its priority of maintaining relationships, and its social conception of the self. In contrast, I will define the ethic of justice in terms of its abstract decision making, its priority of equality, and its individualistic conception of the self. Although I have chosen features that are typical in and which I believe capture the essence of each ethic, my definitions are archetypes that no thinker necessarily holds in the precise forms I have presented. While I will work with versions of the two ethics that are defined in clear opposition to one another, I show that these versions of the ethics are not morally ideal. Instead I will show how the interactions between the ethics can help us sort out better and worse versions of each ethic.

Although I believe that the ethic of justice and the ethic of care are in many ways compatible, I challenge the attempt to assimilate the ethic of care into the ethic of justice. Doing so does not give the ethic of care equal status to the ethic of justice. Instead, it maintains the traditional hierarchy according to which that which is coded as masculine is regarded as more important than that which is coded as feminine. Assimilating care into the ethic of justice *cannot* be done in a way that gives care equal status to justice. It can only be done by interpreting care through the perspective of justice, thereby devaluing and marginalizing it. By maintaining the standard focal points of the ethic of justice, we lose the benefits offered by the focal points of the ethic of care and by the interaction between the ethics' different focal points. Even though the ethic of justice's emphasis on general principles does not preclude attention to context, it creates the impression that general principles are both distinct from and more important than contextual detail. Likewise, while the ethic of justice's individualism does not logically imply that social connections are unimportant, it does have that nonlogical implication (Calhoun 1988, 452).

Thus the care perspective is the central focus of this book. I do not claim that all moral theorists should treat the ethic of care as central. My purpose is to assess the moral value of the ethic of care, and doing so requires that I consider the ethic on its own terms, rather than from the perspective of another approach. While I will work toward integrating the two ethics into a complete account of moral reasoning, I will also remain aware of the real danger that the ethic of care might be assimilated and thus devalued by the ethic of justice.

This brings me to the approach to the ethic of care often taken by feminists. While they acknowledge that the ethic of care is a good ethic in the sense that the world would be a better place if everyone used it, feminists often insist that the important questions do not concern the ethic's intrinsic value, but its social context. In fact, they argue, the ethic of care amounts to a resuscitation of traditional stereotypes of women, stereotypes which are used to rationalize the subordination of women. Joan Williams writes:

Gender stereotypes were designed to marginalize women. These stereotypes no doubt articulated some values shunted aside by Western culture. But the circumstances of their birth mean they presented a challenge to predominant Western values that was designed to fail, and to marginalize women in the process. (Williams 1991, 97)

According to these critics, the ethic of care is less a creation of women than an unjust demand upon women, as it requires women to take care of men and men's interests at the expense of themselves and their own interests. In other words, the ethic of care compromises the autonomy of the caregiver, and is therefore inconsistent with feminist goals. Moreover, the ethic's restriction to personal contexts means that it is unable to address any large-scale social issues, and thus provides no political resources for challenging women's oppression. In short, according to this approach, the ethic of care is inseparable from women's oppression, and while its celebration may make women feel better about their assigned roles, it still reinforces their subordinate status. As Katha Pollitt writes, "It's a rationale for the status quo, which is why men like it, and a burst of grateful applause, which is why women like it. Men keep the power, but since power is bad, so much the worse for them" (Pollitt 1992, 804).

I think it is important to draw attention to the social context of the ethic of care. But just as it is a mistake to ignore care's social context, it is also a mistake to *reduce* the ethic of care to the distorted ways it is often practiced. We can look for the moral and political possibilities implicit in the ethic of care while actively addressing its dangers. Like those taking the above approach, one of my guiding questions will be: Is the ethic of care helpful or harmful to women? But rather than simply accepting or rejecting the ethic of care, I distinguish between better and worse versions of it. This general approach is not unique to me. Others have asserted that a feminist ethic of care is possible. About the "relational turn" of which the recent interest in the ethic of care is a part, Martha Minow writes:

Unlike relational thought uninformed by feminist perspectives, feminist work tends to focus also on conflict, power, domination, and oppression as features of relationships. The relational turn thus represents not a denial of or lack of interest in conflict and disunity but a focus on the interpersonal and social contexts in which these and all other human relations occur. (Minow 1991, 198)

Others have also identified necessary conditions for a feminist ethic of care. For instance, Barbara Houston asserts that "If anything is to be declared good, right, or just, it had better be demonstrably good, right, or just for women" (Houston 1987, 261).

My approach expands on such suggestions by focusing on two particular features of the ethic of care. These features are ones which feminists cite as problematic *and* which advocates of the ethic of care consider essential. Because of this conflict, these features serve as fundamental dilemmas for any attempt to develop a feminist ethic of care. The first contested feature is autonomy. As I noted above, feminine advocates of the ethic of care argue that autonomy is an individualistic value that the ethic of care rejects in favor of relational virtues. However, its feminist critics argue that because the ethic of care compromises a caregiver's autonomy, it fails by feminist standards. The second contested feature is the ethic of care's status as a personal ethic, appropriate for our relations with family, friends, or those otherwise close to us, such as students. Again, for its feminine advocates, the ethic's scope gives personal relations the moral attention they deserve, correcting the ethic of justice's view of personal relations as morally insignificant in comparison to public relations. Conversely, its critics argue that a feminist ethic must not be limited to personal relations, and must include a concern for social justice.

I argue that the ethic of care reveals important problems with the concept of autonomy, but that these problems are not present in all versions of autonomy. Likewise, critics are correct to insist on the importance of autonomy, but not all versions of the ethic of care conflict with autonomy. I also argue that advocates of the ethic of care are correct to emphasize the moral centrality of personal relations, but that expanding the boundaries of the ethic of care does not amount to trivializing personal relations. Indeed, it does just the opposite, taking the norms of personal relations as a paradigm for all moral relations. I agree with feminist critics that the ethic of care's personal scope is inadequate, but I argue that the ethic can be expanded beyond this scope in a way that enriches rather than threatens the ethic of justice. In general, then, I argue that the conflicts between care and justice orientations need not lead us to accept one at the expense of the other; indeed, these conflicts can help us distinguish between better and worse versions of each ethic. Most importantly, they allow us to construct a genuinely feminist ethic of care.

Finally, I will briefly outline the book. In Chapter 1, I describe the ideal types of the ethic of care and the ethic of justice in terms of their contextuality, distinctive priorities, and conceptions of the self. That is, I begin by treating care and justice as modes of moral reasoning rather than as modes of practice. Of course, properly understood, morality is a matter of practice as well as of theory, and I will go on in later chapters to focus on aspects of moral practice at issue in discussions of care and justice. In the first chapter, however, I will show how the contrasts between

the ideal types of justice and care reasoning give rise to further standard contrasts, according to which the ethic of justice prioritizes autonomy while the ethic of care rejects autonomy as a moral ideal, and according to which the ethic of justice applies to the public sphere and the ethic of care applies to the private sphere.

In the following two chapters, I examine the relationship between care and autonomy and make the argument that a feminist ethic of care must allow for its adherents' autonomy. I begin Chapter 2 by developing an account of autonomy as a moral competence that has both personal and social dimensions. I show that the commonly held view that care and autonomy are mutually exclusive arises because of the excessively individualistic and excessively social conceptions of the self that accompany the ideal types of justice and care. In fact, I show that care and autonomy are not mutually exclusive, but are in many ways interdependent.

Despite their theoretical compatibility, care and autonomy do conflict in practice, and I devote Chapter 3 to exploring the symbolic and institutional structures that construct care and autonomy in opposition to each other in our society. I trace the practical conflicts between care and autonomy to the broader symbolic system that dichotomizes public and private, masculinity and femininity, work and love, and instrumentality and expressivity. I go on to examine two forms of care work, housework and nursing, and show the institutional obstacles to care workers' autonomy. Finally, I suggest that overcoming these obstacles will require challenging the public/private boundaries of the ethic of justice and the ethic of care.

In the following two chapters, I examine the standard public/private boundaries between the ethic of care and the ethic of justice, and I argue that a feminist ethic of care must not be confined to the sphere of personal relations. In Chapter 4, I challenge the dichotomy between public and private spheres, and I show that the ethic of care has moral implications beyond the sphere of personal relations. I also show that the standard distinctions between the two ethics used to support the conventional boundaries are often exaggerated and/or misinterpreted.

In Chapter 5 I explore some of the moral issues that arise in attempts to apply the ethic of care in public contexts. One issue concerns what counts as a public ethic of care. One common suggestion is pacifism. I distinguish between versions of pacifism which reflect the conventional level of the ethic of care and which reflect the highest level of the ethic of care. I also examine debates surrounding the public funding of elder-care. I challenge critics of the welfare state who argue that such public versions of the ethic of care weaken the private ethic of care. In fact, I argue, such programs support healthy family values.

Finally, in Chapter 6, I discuss the significance of the ethic of care and of the care/justice debate for moral philosophy more generally. I show that a feminist

ethic of care depends upon its interaction with the ethic of justice and the resulting departure from its ideal type. I examine several accounts of the relationships between care and justice, and argue that the ethic of justice and the ethic of care are distinct and interdependent ethics which must be integrated in a complete account of moral reasoning.

Notes

1. Patricia Hill Collins does, however, refer to care as Afrocentric (Collins 1990, 215–17).



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The Ideal Types of Care and Justice



The recent and ongoing care/justice debate has focused on questions about the relationship between predominant approaches to ethics, especially Kantian ethics, labeled the ethic of justice, and the newly articulated ethic of care. The answers to these questions have depended on what I will call the ideal types of the ethic of care and the ethic of justice. These ideal types are rarely defended in the extreme forms I present. My purpose is not to claim that any individual has defended these accounts of care or justice but to clarify the ideal types that underlie and motivate much of the recent discussion of care and justice. In the rest of the book I examine and challenge both these assumptions and the resulting conclusions. Although I maintain that justice and care are different ethics, I also show that they are not always different in the ways indicated by their ideal types.

The most important feature of the ideal types of care and justice is that the two ethics are defined as alternatives to one another. They are understood as conflicting ethics, each with its own ontology, method, and priorities, committed to mutually exclusive values and best suited to different kinds of situations. The two ethics are generally distinguished in three ways: (1) the ethic of justice takes an abstract approach, while the ethic of care takes a contextual approach; (2) the ethic of justice begins with an assumption of human separateness, while the ethic of care begins with an assumption of human connectedness; and (3) the ethic of justice has some form of equality as a priority, while the ethic of care has the maintenance of relationships as a priority. These features in turn are generally taken to result in conflicting evaluations of autonomy and a division of labor between the two ethics along public/private lines.

I will illustrate these standard differences between the ethic of justice and the ethic of care by referring to the Heinz dilemma:

In Europe, a woman was near death from cancer. One drug might save her, a rare form of radium that a druggist in the same town had discovered. The druggist was charging \$2000, ten times what the drug cost him to make. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only



get together about half of what it cost. He told the druggist that his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said, "No." The husband got desperate and broke into the man's store to steal the drug for his wife. Should the husband have done that? Why? (Kohlberg 1969, 379)

Both Lawrence Kohlberg and Carol Gilligan used this hypothetical situation to elicit individuals' styles and levels of moral reasoning. Gilligan discerned in subjects' responses to this dilemma features of the ethic of care and the ethic of justice that have become the bases of the ideal types of the two ethics.

The first standard distinction drawn between the two moral orientations is their relative abstractness or concreteness. The primary focus of an ethic of justice is a set of abstract principles. In order to act justly in a particular situation we must abstract from the particular features of that situation to see how it comes under a general rule. For instance, we must abstract from individuals' distinguishing features. As Seyla Benhabib puts it, this requires taking the "standpoint of the generalized other," in which we "abstract from the individuality and concrete identity of the other," because "moral dignity is based on what we have in common, not in what differentiates us" (Benhabib 1987, 163–4). In contrast, the ethic of care has as its primary focus the unique and particular features of a situation. For example, rather than abstracting from a person's individuating features, using the ethic of care, we make moral decisions *on the basis of* these features. In Benhabib's language, we take the "standpoint of the concrete other"; "we view every individual as an individual with a concrete history, identity, and affective emotional constitution" (Benhabib 1987, 163–4).

This difference between these approaches can be seen in their responses to the Heinz dilemma. First, however, it is important to note that as it is written the dilemma already abstracts from most of the particular features of its characters, and in this way it is biased toward the ethic of justice. For instance, the dilemma does not reveal anything about the relationship between Heinz and his wife, or about the druggist's motivations in charging Heinz so much for the drug, or about Heinz's wife's wishes. From the justice perspective, it can be argued that these sorts of details are unnecessary: We can tell from the limited information presented that this dilemma represents a conflict between the right to life and the right to property. As one respondent in Gilligan's study put it, the situation can be understood as "a math problem with humans" (Gilligan 1982, 26). Those who approach this dilemma from the justice perspective reach differing conclusions about whether Heinz is justified in stealing the drug, but they are likely to accept the dilemma as presented and to resolve it by fitting the situation under a general rule.

In contrast, those who approach the Heinz dilemma using an ethic of care are generally frustrated by its lack of detail. They are likely to resist the dilemma's attempt to close off all options for getting the drug short of stealing it. Surely, they insist, Heinz could reason with the druggist about the situation. Or he could

find a way to borrow more money from friends and family. Or he could hold a bake sale to raise money. Those approaching the dilemma from a care perspective are also likely to worry about whether Heinz will be imprisoned for stealing the drug, thereby abandoning his wife when she needs him most, or whether the drug will really work, or whether Heinz's wife even wants to go on living. From a justice perspective, such questions would reveal an inability to identify the *real* moral issue in the Heinz dilemma but from a care perspective such questions are essential to understanding the situation, and thus to resolving it.

Allied to this abstract/concrete distinction is a distinction between reason and emotion. From the justice perspective, feelings are seen as threatening the universality demanded of moral judgment, and thus we should seek to abstract from our particular feelings and focus on universal principles to be properly moral. As its extreme, in Kant's ethics, an action motivated by feelings, however right it is, has no moral worth. In contrast, from a care perspective, feelings are regarded as morally central. As Emmett Barcalow writes, caring people "rely on their feelings, emotions, natural impulses rather than on rules and principles in deciding what is the right thing to do" (Barcalow 1994, 203). Thus an action motivated by principle, however right it is, has less moral worth than an action arising out of the appropriate feelings of care.

The second standard distinction between the ethic of justice and the ethic of care is based on their different conceptions of the self. The ethic of justice begins with an assumption of human separateness, so that in order to be obligated to others, we must in some sense consent to those obligations.¹ Thus the ethic of justice emphasizes notions of choice and will in understanding our moral obligations. In contrast, the ethic of care begins with an assumption of human connectedness, the result of which is that to a large extent we recognize rather than choose our obligations to others. In other words, the ethic of justice takes freedom as its starting point, while the ethic of care takes obligation as its starting point. This means that the general challenge of the ethic of justice is to show how one's obligations to others arise without violating one's individual autonomy, while the general challenge of the ethic of care is to show how one can achieve individual freedom without violating one's moral obligations to others.

An example might be helpful to show the plausibility of the idea that we have obligations to which we have not consented. Nancy Hirschmann illustrates and defends the view that our obligations are not necessarily grounded in consent by referring to the case of a couple who decide to have child. This voluntary decision would seem to ground the couple's obligations toward the child they create. But suppose the child is born with severe mental or physical disabilities. Assuming that the parents have some obligations toward their disabled child, Hirschmann argues that these obligations should not be understood in terms of consent, as the parents never consented to the situation in which they have found themselves. Rather, the parents *recognize* an obligation that they have not explicitly chosen (Hirschmann 1992, 235).

The different starting points of the two ethics are reflected in two different ways of constructing the problem in the Heinz dilemma. Those using the ethic of justice assume the important question is whether Heinz should steal the drug *as opposed to not stealing it*. Heinz and his wife are, first and foremost, separate individuals, and the question is whether Heinz has this particular obligation to his wife or not. In contrast, those using an ethic of care assume the important question is whether Heinz should steal the drug, *as opposed to getting the drug in some other way*. From this perspective, Heinz and his wife are understood as importantly connected to one another and thus responsible for one another. Thus it is assumed that Heinz has an obligation to help his wife; the question is not *whether* Heinz should help his wife but *how* he should do so. The proposed action of stealing the drug seems irresponsible from the care perspective because it involves severing more connections, when the problem arose in the first place because the druggist severed his connections to the Heinzes by refusing to help them. That is, according to the care perspective, severing connections tends to cause rather than solve moral problems.

This brings me to the third standard distinction between the ethic of care and the ethic of justice, the distinction between their priorities. The ethic of care has two interrelated priorities: maintaining one's relationships and meeting the needs of those to whom one is connected. In contrast, the ethic of justice takes some form of equality as a priority. To be sure, equality is interpreted in different ways in different theories of justice; for example, a libertarian would argue for the equal right to use one's resources as one chooses; a socialist would argue for the equal right to have one's basic needs met; an Aristotelian would argue for returns in proportion to contributions. Libertarians focus on a set of negative rights, socialists on a set of positive rights, and Aristotelians not on rights but duties. Still, all derive these truths from some conception of equality.

These different priorities of care and justice are reflected in different responses to the Heinz dilemma. Those who approach the dilemma using an ethic of justice seek to promote equality as they understand it: some argue that Heinz's actions are wrong because they deprive the druggist of his equal right to use his property as he chooses, while others argue that Heinz's actions are justified because they are necessary to fulfill Heinz's wife's equal right to medical treatment. Conversely, those who interpret the dilemma using the ethic of care hold that Heinz should meet his wife's need for medical treatment but are wary of the solution of stealing the drug because doing so would sever Heinz's relationship to the druggist, and possibly his relationship to his wife as well, if he is caught and imprisoned for his action. Instead, those with a care perspective suggest ways that Heinz might meet his obligation to his wife by drawing upon rather than severing his relationships to others. As the dilemma was constructed, however, Heinz's relations to others would not allow him to provide his wife with the drug she needs, and thus the dilemma rules out the possibility of meeting the priorities of an ethic of care.

So far I have discussed three ways in which the ethic of justice and the ethic of care are usually distinguished. These three distinctions are generally thought to

justify two further differences between the ethics that are the source of much of the controversy surrounding the ethics. First, while the ethic of justice is understood to take the concept of autonomy as central, the ethic of care is understood to be opposed to the concept of autonomy on the grounds that it is excessively individualistic. Second, it is typically held that the ethic of justice applies to the public sphere of politics and civil society, while the ethic of care applies to the private sphere of family and friends. I will show how the above three features of the two ethics are thought to result in these characterizations.

First, I will focus on the role of autonomy in the ideal types of care and justice. I will offer an extensive account and defense of an unconventional concept of autonomy in Chapter 2, but here I will refer to a standard notion of autonomy that is typically at issue in the care/justice debate. A general and uncontroversial definition of autonomy is self-determination, or doing what one as an individual has decided to do. Thus an autonomous individual is self-defining, choosing projects and life plans without the interference of outside influences or other people. Autonomous actions are ones that can be said to be truly the agent's own.

Based on their differing assumptions about the role of social relations in constituting an individual's identity, the ethic of justice and the ethic of care reach differing conclusions about autonomy. According to Carol Gilligan, the different images of the self embedded in the two ethics result in different ways of organizing "the basic elements of moral judgment: self, others, and the relationship between them" (Gilligan 1987, 22). Gilligan characterizes these different ways of organizing experience as alternative gestalts, with shifting figures and grounds. From the justice perspective, individual selves are the figures, and moral judgments evaluate the ground—that is, the relationships between individuals—based on the moral ideal of equality. However, from the care perspective, the relationship becomes the figure, while self and other become the ground that is defined by the figure, and moral judgments call for individual response based on the moral ideal of attachment. Whereas the justice perspective takes inequality as its primary cause for moral concern, the care perspective takes detachment as its primary cause for moral concern. From the care perspective, one is able to avoid detachment, or sustain relationships, by recognizing and responding to individuals' needs. In general, then, whereas the justice orientation takes individual identities as fundamental and develops moral injunctions to protect those identities, the care orientation takes relationships as fundamental and develops moral injunctions to protect those relationships.

The ethic of justice's focus on individual identities translates into an emphasis on autonomy. As long as individuals do not interfere with the autonomy of others, they ought to be allowed to define themselves freely. However, the ethic of care's focus on relationships between individuals leads its advocates to be skeptical of the desirability and even the possibility of autonomy. For instance, Gilligan writes that "since the reality of interconnection as experienced by women is given rather than freely contracted, they arrive at an understanding of life that reflects the *limits*

of autonomy and control" (Gilligan 1982, 172). She also writes that the ethic of care has "a view of action as responsive and, therefore, as arising in relationship *rather than the view of action as emanating from within the self and, therefore, self-governed*" (Gilligan 1987, 24). That is, since one's identity is to a large degree socially constituted, it would be unrealistic to believe that one could freely define one's own identity.

Although Gilligan believes that the ethic of care does not allow for autonomy, she does not take this to be an indictment of the care orientation; on the contrary, she takes it to be an indictment of the concept of autonomy. For instance, she writes: "Illuminating life as a web rather than a succession of relationships, women portray autonomy rather than attachment as the illusory and dangerous quest" (Gilligan 1982, 48). From a care perspective, autonomy is dangerous because it is maximized through isolation from others, as others represent potential threats to our ability to define ourselves freely. But the more isolated we are, the less we are able to do what the ethic of care values, to create and maintain relationships with particular others. Thus, autonomy is a central value for an ethic of justice while it is generally regarded as illusory or as a negative value by advocates of the ethic of care.

The public/private boundaries of justice and care are more often taken for granted than explicitly defended. But all three standard distinctions between care and justice are understood as implying a division of labor between the two ethics along public/private lines. Those defending the conventional boundaries of justice and care argue that because of the features of the ethic of care, it would be impossible, immoral, or unhelpful to use the ethic in the public sphere.

First, the contextuality of care seems to limit it to situations about which we can know extensive details. We do not know the details of the lives of individuals on the other side of the world, so it would seem impossible for us to care for them. Nel Noddings argues that this is the case. She holds that the contextuality of care means that caring requires real encounters with and responses from individuals. Thus we cannot care for starving children in Africa (if we don't know them), and we cannot care for all humankind. "Caring itself is reduced to mere talk about caring when we attempt to do so" (Noddings 1984, 86). According to Noddings, real caring requires that we not just "care about" but "care for."

Caring is not simply a matter of feeling favorably disposed toward humankind in general, of being concerned about people with whom we have no concrete connections. There is a fundamental difference between the kind of care a mother has for her child and the kind of 'care' a well-fed American adult has for a starving Somali child s/he has never met. Real care requires actual encounters with specific individuals. (Tong 1993, 110)

According to Noddings, then, the essence of caring—its attention to the uniqueness of the individual cared for—is present only in personal relationships, so "caring" for distant peoples is care in name only.

If, as Noddings argues, we cannot care for people we do not know, it follows that *either* we have no moral obligations toward them *or* our moral obligations toward them are based on something other than care. Critics have argued that Noddings's account of care results in the conclusion that we have *no* obligations to distant peoples. This is because Noddings not only delimits caring to personal relations but defends caring as an alternative to, not merely a complement to justice. As Claudia Card writes, "Resting all of ethics on caring threatens to exclude as ethically insignificant our relationships with most people in the world, because we do not know them and never will" (Card 1990a, 102). Obviously, this is a morally unacceptable conclusion.

In responding to the criticisms of Card and others on this point, Noddings has insisted that she did not mean to suggest that we have no moral obligations to people we do not know. But she has seemed unsure of how to account for these obligations. At times she suggests that her account of caring might be somehow extended to include obligations toward distant people. She offers, for instance, that we might "construct ever-widening circles of care," such that I care for people I meet, who in turn care for people they meet, and so on, until, presumably, everyone is cared for (Noddings 1991, 97). Moreover, recognizing the importance of personal contact in caring, we might press those nearby the distant needy to care for them. In short, at times it looks like Noddings would like her account of caring to be comprehensive but not at the expense of diluting caring so that it does not require personal contact.

At other times, Noddings seems willing to acknowledge that justice is necessary for a comprehensive account of morality. For instance, she writes, "Reducing everything in moral theory to caring is indeed likely to be an error—as are most reductionist attempts—and I did not intend to do this. However, I am not ready to say exactly how justice and care should be combined" (Noddings 1990, 120). Noddings may not be willing to draw the obvious conclusion, but others are: If care is restricted to personal relationships, then all moral obligations beyond personal relations must be based on justice. John Broughton defends Kohlberg against advocates of the ethic of care in writing that justice is "intended as the abstract form that caring takes when respect is maintained and responsibility assumed for people whom one does not know personally and may never come to know" (Broughton 1983, 614).² Our moral obligations toward starving children in Africa must be based on abstract principles of justice, according to which, for example, all human beings have a right to have their basic subsistence needs met. The individuating details of these people's lives are both unavailable and irrelevant when we make this judgment: The point is, they are starving and should be fed.

Thus, it has been argued that the first feature of care I have emphasized—its contextuality—requires that care be a personal ethic. Again, this argument holds that because it is impossible to take a contextual perspective in nonpersonal contexts, we must take an abstract perspective. The second feature of care is also

thought to rule out the possibility of the ethic of care in non-personal contexts. The ethic of care presupposes the ontological view that the self is socially constituted or defined through its relationships to others. According to this view, *all* individuals, not just those who accept the ethic of care, are socially constituted. Those who accept the ethic of care tend to *experience* themselves as socially constituted and because of this experience, feel an obligation to care for those to whom they feel connected. Yet this experience of social connection is thought to have a limited scope. The recipients of one's care may be one's friends, one's family, or possibly even one's community or nation, but it is hard to imagine that one could experience oneself as connected to all human beings. As Owen Flanagan and Kathryn Jackson argue, citing Hume, it is part of our basic psychological makeup that we have great difficulty widening our "fellow feeling" indefinitely (Flanagan and Jackson 1987, 625). Thus the sense of social connection thought to underlie the ethic of care seems to limit the ethic's scope. According to this argument, since justice does not rely on this social sense,³ we must turn to rationally grounded theories of justice to ground our moral obligations to those distant and different from us.

Others have allowed that it may be *possible* to use an ethic of care in nonpersonal contexts but have argued that it is nevertheless *unjust* to do so. They have agreed with the above critics that the sense of social connection underlying the ethic of care is limited and have envisioned a public ethic of care based on that sense of social connection. Such an ethic of care would express partiality toward our friends and family members. As Friedman points out, "The infamous 'boss' of Chicago's old-time Democratic machine, Mayor Richard J. Daley, was legendary for his nepotism and political partisanship; he cared extravagantly for his relatives, friends, and political cronies" (Friedman 1987a, 103). Such critics argue that because the ethic of care involves favoritism toward those one is related to, it must be restricted to the sphere of personal relations, where such favoritism is appropriate. To use the Bernard Williams's famous example, a man is allowed (or even required) to save his drowning wife before he saves a drowning stranger (Williams 1981). But, at least in many businesses, it would be morally wrong for that man to *hire* his wife simply because she was his wife. In favoring those close to us, a public ethic of care would be unfair to those outside one's sphere of personal relations.

Others have argued that a political ethic of care would involve partiality toward those we do not know personally, but whom we experience as "like" ourselves in other senses. Joan Tronto writes: "We care more for those who are emotionally, physically, and even culturally closer to us. Thus an ethic of care could become a defense of caring only for one's own family, friends, group, nation. From this perspective, caring could become a justification for any set of conventional relationships" (Tronto 1987, 659). In other words, public versions of the ethic of care, based on a sense of social connection, would seem to endorse clear injustices such as racism or sexism. Therefore we must appeal to the ethic of jus-

tice, and its commitment to impartiality, to account for our moral obligations to those we understand as different from us. Rosemarie Tong makes the same point in terms of the abstract/concrete distinction between the two ethics:

Given the fact that so many social groups knowingly or negligently, willfully or unintentionally, fail to care about those whose sex, race, ethnicity, religion differ from our own, justice must be treasured. Justice often is correctly blind to particulars in order to prevent details of sex, race, and creed from determining whether we care for someone or not. (Tong 1993, 126)

The ethic of care's attention to individual particularities, including the particular relationship between the carer and the person cared for, seem to make it inappropriate as a moral theory for the public sphere. Only an ethic that abstracts from such particularities can avoid unjust favoritism in public decisionmaking.

Finally, some arguments for the restriction of the ethic of care to personal relations focus on the ethic's distinctive priorities: meeting individuals' needs and maintaining one's relationships to others. Critics have argued that such priorities would fail to meet the moral demands of the public sphere, specifically the resolution of conflicting claims, whereas the ethic of justice is specifically designed to address such conflicts. Kohlberg writes that the "ethic of care is, in and of itself, not well-adapted to resolve . . . problems which require principles to resolve conflicting claims among persons, all of whom in some sense should be cared about" (Kohlberg, 1984, 20–21). The ethic of care asks us to meet everyone's needs, but the fact of conflicts over the division of scarce resources, which are the conflicts characteristic of the public sphere, means that not everyone's needs *can* be met. A comprehensive moral theory must offer us fair ways to settle such conflicts, and the ethic of care, with its "warm, mushy and wholly impossible politics of universal love," cannot do so (Ferguson 1984, 172). Broughton also makes this argument: "A principle of help or care does not work in situations where helping one agent harms another. Even in the Heinz dilemma this is a problem; shouldn't Heinz 'care' for the druggist too?" (Broughton 1993, 123). According to Broughton, since it is impossible for Heinz to care for both his wife and the druggist, he must dispense with an ethic of care and make use of an ethic of justice that ranks his wife's right to life against the druggist's right to property.

To summarize, the commonly cited distinguishing features of the ethic of care—its concreteness, its social conception of the self, and its priorities—seem to characterize it as an ethic of personal relations. In some ways, it would be *impossible* to expand the ethic's application beyond personal relations; in other ways it would be *morally wrong* to do so; and in still other ways, it would be *morally unhelpful* to do so.

Although I will not focus on them, corresponding arguments can be made about the role of an ethic of justice in personal or familial contexts. That is, the defining features of the family seem to rule out features of the ethic of justice: the intimacy of family members makes an abstract approach inappropriate; the extent

to which our identities are defined by our families makes an individualistic conception of the self inappropriate; and the inherent hierarchy of the family makes the goal of equality inappropriate. The family, it is thought, is beyond justice, and any attempt to reduce the family to justice can only detract from the emotional ties and the common purposes that make the family morally important and unique.⁴

In this chapter I have presented the ideal types of the ethic of care and the ethic of justice. The fact that the two ethics are understood as mutually exclusive of one another has led commentators to focus on particular kinds of questions, such as *which* ethic is better, either in general, or in a particular situation such as the Heinz dilemma. However, as I will argue, it has discouraged commentators from addressing the most important questions surrounding the two ethics, such as how we can distinguish between better and worse versions of each ethic, and how the two ethics are related to one another. In the following chapters, I show some of the limitations and consequences of these ideal types, as well as how we might move beyond them.

Notes

1. Individual theorists who might be understood as defending an ethic of justice would not accept this view. For example, Kant's "will" is not choice, and "consent" is what any rational being *could* will; Kant agrees that we recognize rather than choose our obligations to others. Nevertheless, contractual thinking is an important element in many versions of the ethic of justice, including those of some neo-Kantians such as Rawls. See Held 1987b.

2. I will not examine the claim that this is Kohlberg's view but instead the claim that one *could* have such a theory of justice.

3. In Chapter 4, I will argue that it *does*. We apply principles of justice to humans but not usually to non-humans because we experience ourselves as more connected to humans than to nonhumans.

4. See Sandel 1982 for the view that justice is inappropriate in the family.

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