

Autonomy, Relationality, and Feminist Ethics

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While care ethics has frequently been criticized for lacking an account of autonomy, this paper argues that care ethics' relational model of moral agency provides the basis for criticizing the philosophical tradition's model of autonomy and for rethinking autonomy in relational terms. Using Diana Meyers's account of autonomy competency as a basis, a dialogical model of autonomy is developed that can respond to internal and external critiques of care ethics.

Care ethics has frequently been criticized for failing to address how women's practice of care places women's autonomy in jeopardy. The question of the implications of care ethics for our conception of autonomy, however, has been asked less frequently.¹ This is the question that concerns me here. After first examining the general terrain of the "autonomy-care ethics debate," focusing on the difficulties that autonomy and care ethics pose for one another,² I turn to my central concern: laying the groundwork for a relational model of autonomy.

Although it is still unclear whether care ethics will survive as the feminist ethic of the future, it would appear that whatever shape feminist ethics ends up taking, it will incorporate a relational model of moral agency. That is, the insight that the moral agent is an "encumbered self," who is always already embedded in relations with flesh-and-blood others and is partly constituted by these relations, is here to stay. Thus, although my analysis addresses care ethics in particular, to the extent that other feminist approaches to ethics also rely on a relational model of moral agency, the issues raised here will, I hope, be relevant to feminist ethics more generally.³

THE DOUBLE-EDGED AUTONOMY CRITIQUE

This project of using care ethics as the point of departure to discuss autonomy might seem dubious from the very outset. Even a cursory look at the secondary literature reveals a tension between care and autonomy. One important strand in the feminist critique of care ethics comes from the observation that women's practice of care frequently undermines women's autonomy. A number of feminist theorists have pointed out, for example, that caring is inculcated in girls and women through socialization processes that curb their ambitions and abilities, make them excessively dependent on the approbation of others, and induce them to over-identify with the goals of others to the neglect of their own.⁴ The result has been a loss of women's autonomy, particularly women's personal autonomy. Furthermore, Sandra Bartky's critique of the "epistemic and ethical lean" associated with women's caregiving can be understood as a claim that care undermines women's moral autonomy by undermining women's ability to think for themselves (Bartky, 1990). (The phenomenon that concerns Bartky is woman's tendency, in heterosexual relationships, to "merge" with the man she loves and to adopt his view of the world as her own.) Because care ethics is derived from women's practice of care, critics raise the concern that too ready an acceptance and promotion of an ethic of care will simply reinforce women's traditional caretaking roles, which, historically, have not highly valued women's autonomy.⁵ Hence the question of whether care ethics is a "familiar ghetto" or a "liberated space" (Walker 1992, 166). These critiques suggest that there is at least a perceived tension between care ethics, on the one hand, and feminism's longstanding commitment to promoting women's autonomy, on the other.

The suspicion that autonomy and care might not be compatible receives further support from care ethics itself. Gilligan's contrast between the care and justice perspectives juxtaposes the relational conception of the self to a view of the self as separate and autonomous, thereby reinforcing the perception that one sees oneself either as related or as autonomous, but not both (Gilligan 1986). Although this perception is partly alleviated by the further argument that care and justice are complementary perspectives, precisely how these perspectives are complementary has yet to be worked out. As a result, it is still unclear whether, and how, autonomy and care can be made compatible. Thus, whether we take the perspective of care ethics' critics or its proponents, there is an apparent tension between care ethics and autonomy. This tension runs both between autonomy and women's practices of care and between autonomy and the relational view of self.

On closer inspection, it becomes evident that the "autonomy critique" in care ethics is double-edged. At the same time that care ethics has been criticized for not sufficiently safeguarding women's autonomy, the relational model of moral agency found in care ethics has been used to criticize the

philosophical tradition for exalting an individualistic conception of autonomy that is attained at the cost of denying our relations with others.

This “care ethic critique of autonomy” has focused primarily on the kind of self that is associated with autonomy in the philosophical and popular imagination. Seyla Benhabib (1992), for example, criticizes as “disembedded and disembodied” the autonomous self as depicted in the social contract tradition from Hobbes through Rawls. She describes Hobbes’s methodological depiction of men springing out of the earth like mushrooms as the “ultimate picture of autonomy” in a tradition in which autonomy has been conceived individualistically, as the preserve of rational, adult (male) actors unfettered by affectional ties with concrete others. Seen from the perspective of women, who have historically been engaged in emotional work (that is, the work of “taking care of others, creating domestic harmony, and caring about how others fare morally” [Calhoun 1992, 118]), a model of autonomy that conceives the self as free and independent, bound only by those rules one has given oneself, obligated only by those relationships one has freely entered into, is abstract, empty, and unrealizable.⁶

Insofar as care ethics criticizes impartialist moral theory as being inappropriate for resolving certain kinds of moral problems, it also suggests that the related conception of moral autonomy is not always appropriate. Care ethics argues that in the sphere of interpersonal relations, it is desirable that an agent be swayed in her thinking by her partiality, her particular feelings of care and concern, toward the other. Care ethics therefore claims that impartiality, following rules, and the use of reason to the exclusion of affect are all inappropriate for making moral decisions in the sphere of interpersonal relations. Yet these are the constituent elements of, for instance, Kant’s conception of autonomy. The implication of the care ethic critique, then, is that (contra Kant) it is not always appropriate to exercise Kantian autonomy. Whereas the first autonomy critique centered on the individualistic depiction of the autonomous agent, the critique raised here centers on a model of autonomy that is “individualistic” in that it does not seem to be readily applicable to our interpersonal relations.

Finally, in addition to criticizing this individualistic conception of autonomy (and a premise of this paper is that autonomy need not be understood individualistically), care ethics also criticizes the status the Western tradition has granted to autonomy. Autonomy has been thought of as the pinnacle of human achievement, the source of human dignity, *the* mark of moral maturity. Yet the capacity to form and maintain relationships, which has received little attention in the Western philosophical tradition, is arguably just as much of an achievement as autonomy, and just as important for moral maturity. Autonomy is one human good, and the ability to make and sustain connections with others is another; both are necessary for a full and rich human life. This third critique suggests that overcoming Hobbesian individualism is not enough to

satisfy care ethics; autonomy needs to learn to share the philosophical spotlight.

Thus, while care ethics has been criticized for failing to incorporate autonomy into its moral theory, care ethicists and their sympathizers have criticized the conception of autonomy dominant in the philosophical tradition. This double-edged autonomy critique implies that while care ethics would benefit if it could be reworked to incorporate a conception of autonomy, that conception of autonomy would have to be reconcilable with an understanding of the self as relational, feasible within the sphere of interpersonal relations, and compatible with a more differentiated conception of moral life.

A few words are needed to clarify what is at stake here. In much of the philosophical literature, autonomy has been thought to be possible to the extent that we are able to overcome our socialization and social context and act in accordance with what our "authentic selves" (asocially conceived) "really want." Some feminist theorists have echoed this philosophical view, maintaining that autonomy is possible for women to the extent that we overcome the pernicious effects of feminine socialization, discovering deep inside ourselves our (likewise asocial) authentic, nonpatriarchal selves.⁷ This asocial understanding of autonomy becomes problematic once we take as our starting point the care ethic conception of the self as immersed in and constituted by its relations with others. This understanding of the self leaves us with two options: either we need to abandon the possibility of achieving autonomy as illusory, or we need to reconceive autonomy such that it can take into account its social conditions. In this paper I pursue the second option.

THREE ASPECTS OF THE PROBLEM

The discussion thus far suggests that to do justice to the topic of autonomy and care ethics, three distinct but interrelated aspects of the problem need to be addressed. First, the concerns raised by the external critique of care ethics should be addressed. Such concerns include examining how women's practice of care and, by extension, the ethic of care, may conspire to maintain women's subordinate status and may serve to undermine women's personal and moral autonomy, due to the (patriarchal) social context in which care is carried out. Second, an internal critique of care ethics should be conducted to look for shortcomings internal to the ethic that could be redressed by including an account of autonomy. This critique should consider how care ethics might be revised so that it better accommodates the autonomy of the care-giver. It should also examine how, and try to correct for, the ways care may endanger the autonomy of the care recipient.⁸ Third, at the conceptual level, an account of "autonomy in relation" should be developed that satisfies the three key criteria outlined earlier. This account should be reconcilable with an under-

standing of the self as relational; feasible in the sphere of interpersonal relations (even drawing attention to the interplay between our relationships and the development of autonomy); and compatible with a conception of the moral life in which relationship-oriented values are deemed important.

The focus of this essay is on the third aspect, laying the groundwork for an understanding of autonomy that is compatible with the relational view of agency found in care ethics. At the end of this discussion, I will briefly address how this alternative understanding of autonomy can help us think about the other two aspects.

AUTONOMY IN RELATION

The critiques of care ethics by Bartky and others suggest what aspects of autonomy feminist theorists see as helpful and wish to retain. These critiques implicitly refer to a conception of autonomy as self-governance, the ability to exercise control over one's life through the choices one makes. To be self-governing, a person must first develop the capacity to reflect critically on one's reasons for action; that is, to question why one is acting in a particular manner and to assess whether it is really in accordance with one's actual beliefs, values, or desires. Then one must be able to act in accordance with the outcome of one's deliberations.

Diana Meyers shares this general understanding of autonomy. Since her procedural model of autonomy more fully articulates what this "critical reflection" entails and is consistent with an understanding of the self as socially constituted, it will be used here to elaborate this core notion of autonomy.⁹

AUTONOMY AS A COMPETENCY

Meyers proposes that we think of autonomy as a competency, which, following ordinary usage, she defines as a "repertory of coordinated skills that enables a person to perform a specified task" (1987b, 148). The various skills that make up autonomy competency are used in concert in order to carry out a procedure which allows one to monitor (or reflect critically on) one's conduct and determine whether or not it is in accordance with one's "true self." Meyers does not think of this "true self" in ontological terms, as a deep, given, asocial core that is "discovered" by stripping back the layers of socialization. Instead, in her account, the true self is dynamic; it is an "evolving collocation of traits" that emerges through the use of autonomy competency (1989, 76).

The procedure that autonomous care agents use to monitor their conduct, Meyers claims, does not require that they, in good Kantian fashion, formulate and systematize rules for their behavior. Rather, Meyers suggests that care

ethics utilizes an alternate procedure for evaluating conduct that does not require these Kantian theoretical commitments: the procedure of asking oneself whether one can “take responsibility for this or that action while retaining one’s self-respect” (1987b, 150). In reflecting on her conduct, the moral agent is concerned with questions of integrity; she asks herself what choices are compatible with or reinforce desirable aspects of her personal identity. According to Meyers, she asks such questions as “What would it be like to have done that?” and “Could I bear to be the sort of person who can do that?” To answer these questions, a person needs the following skills:

The individual must be able to *envisage* a variety of solutions, must be able to *examine* these solutions open-mindedly, must be able to *imagine* the likely results of carrying out these options, must be *attuned* to self-referential responses like shame and pride, must be able to *critically examine* these responses, and must be able to *compare* various possibilities systematically along sundry dimensions. Each of these abilities represents a complex skill, and, together, these skills equip the individual to make a choice by consulting her self. (1987b, 151; emphasis added)

Of the models of autonomy that have been reviewed, Meyers’s is the most plausible.¹⁰ She provides a workable procedure for monitoring self-conduct that incorporates a convincing account of the kinds of cognitive, imaginative, and affective abilities necessary to evaluate possible courses of action. Her model, moreover, does not entail the individualistic presuppositions that were shown to be so problematic. For these reasons, I will accept Meyers’s model of autonomy here and explore how it might illuminate some of the questions raised in the course of this essay.

Meyers’s account of autonomy corrects for the individualistic bias prevalent in philosophical conceptions of autonomy in two ways. First, it is compatible with an understanding of the self as “relational” in the sense of “being socially constituted.” Instead of defining autonomy in opposition to social relations, in Meyers’s account, autonomy is made possible by our social relations. For example, her rejection of the idea that there is an asocial core that is the “true self” implies that those values, commitments, and beliefs with which a person comes to identify as she exercises her autonomy were originally learned through interaction with others. This aspect of Meyers’s account of autonomy already draws attention to the social conditions that underlie and support the development of autonomy competency. Meyers also argues that the skills necessary to exercise autonomy competency are learned from others. This underscores the point that to become autonomous, an individual must receive the appropriate kind of social training.

Meyers's account of autonomy is also compatible with an understanding of the self as "relational" in the sense of "being relationship-oriented." This second sense of the term "relational" is important for applying Meyers's account to care ethics in particular. The care agent is thought to be relational not only in the general "socially constituted" sense—which all of us, even the most disconnected and relationship-shy, share. Rather, the care agent is "relational" in the additional sense that one of the fundamental ways she conceives of herself and thinks about the world around her is in terms of the relationships in which she is involved. In Meyers's account, this relationship orientation, and any partiality toward others that it may entail, does not exclude the possibility that a care agent can be autonomous—as long as she utilizes her autonomy competency to reflect on her conduct and determines that her conduct would not violate her self-respect.

Diana Meyers's account of autonomy meets the three key criteria for developing a relational conception of autonomy. A person can be thoroughly socially constituted, can even be relationship-oriented, and yet still be deemed capable of acting autonomously. Meyers's conception of autonomy is compatible with the expression of partiality toward loved ones in the sphere of interpersonal relations. Finally, by focusing on autonomy skills that must be socially learned, Meyers's account of autonomy is compatible with a more differentiated conception of the moral life, in which caring relations are highly valued.

In Meyers's understanding of autonomy, the development of autonomy competency depends on someone's caring enough about the would-be autonomous agent to teach her the requisite autonomy skills. Although Meyers does not explicitly develop this particular point, her account of autonomy readily lends itself to an examination of caring relations and the ways they can undergird and reinforce autonomy skills.

Meyers's account of autonomy is fruitful not only for this theoretical task of developing a relational conception of autonomy, but also for addressing the other two tasks, responding to the internal and external critiques of care ethics.

AN INTERNAL CRITIQUE

Critics of care ethics contend that while care ethics may have made an important contribution to moral theory by drawing attention to the importance of care and relationships in people's lives, it has done so at the cost of jeopardizing caregivers' autonomy. The problem lies with the exclusive other-orientation of the values attributed to care ethics. By acknowledging no values that might impose constraints on such central care ethics' values as "maintain relation" and "respond to need," care ethics would seem to consider any and all failure to promote these two values as a moral failure. Care ethics jeopard-

dizes caregivers' autonomy, then, because it allows little or no room for the caregiver to exercise her moral judgment about whether or not to provide care. Indeed, it even seems to undermine the conditions necessary for exercising autonomy by reinforcing the tendency of at least some caregivers to engage in self-immolating care.¹¹

This "internal critique" finds fault with care ethics for lacking the internal resources necessary to value the autonomy of the caregiver. By arguing that integrity and self-respect are also important values for the care agent, and that these values provide the standard by which a care agent autonomously monitors her conduct, Meyers provides the conceptual tools for responding to this critique. Victoria Davion puts these tools to work in her article "Autonomy, Integrity, and Care" (1993).

Davion expands the list of values thought important to care ethics to include moral integrity, a value Davion assumes underlies any moral theory. For Davion, as for Meyers, the question "Could I bear to be the sort of person who can do that?" plays an important role in guiding the care agent's conduct. Davion argues that if a care agent is going to provide care and keep her moral integrity intact, she will need to exercise moral autonomy in deciding which ongoing, intimate relationships to become, or stay, involved in. Because caring for another person entails being supportive of the other's projects, Davion argues that it is important for caregivers not to engage in relationships with persons whose moral principles they find abhorrent. Otherwise, they risk damage to their own moral integrity by supporting conduct or projects they find morally abhorrent.¹²

By drawing attention to integrity as one of the values of care ethics, Davion can respond to the internal critique of care ethics using the framework Meyers originally laid out. Davion can demonstrate that care ethics and autonomy do not stand in opposition to one another. Instead, care ethics requires autonomy, because exercising the skills associated with autonomy allows a care agent to critically examine the care she provides, thereby ensuring that she engages in appropriate caring.¹³ Thus, Davion demonstrates that autonomy has value for care ethics itself and is not simply an external value imported into care ethics.

The question of how the care agent goes about exercising her autonomy, however, is not as straightforward as Davion's depiction would indicate. Davion's account of autonomy is well suited to describe autonomy's role in those relationships, such as friendships or romantic relationships, that one chooses to enter—and can choose to leave.¹⁴ It is less well suited to explain the exercise of autonomy in "discovered" relationships, such as familial relationships, that are not chosen and can never be fully left behind. It is this irrevocability of discovered relationships that makes them so painful when they go awry.

To accommodate autonomy in these relations, Davion's account needs to be modified. Granted, some relationships cannot be autonomously chosen or autonomously exited. Nevertheless, there is still wide latitude within a relationship for decisions about how actively to pursue it. It is in deciding how much and what kind of time and attention she should devote to a particular relationship that a caregiver can exercise her autonomy, even within the constraints of a discovered relationship. As Davion and Meyers both point out, the care agent makes this decision by asking herself what kind of caregiving will allow her to retain her integrity and self-respect.

AN EXTERNAL CRITIQUE

The obvious critique to make of the account of autonomy outlined thus far is that it depends on the care agent's having a sense of self-respect, of her own integrity. Without these, it is difficult to see how she will be able to achieve autonomy, for she will have no standard by which to monitor and evaluate her conduct. Yet feminine socialization tends not to promote these values in women. Thus, from the external perspective, one might argue that while care and autonomy might be reconcilable in theory, given the realities of women's subordinate social position, they currently are not reconcilable in practice. This brings us back to square one: the practice of care undermines women's autonomy—not because of shortcomings internal to the ethic, but because of sociopolitical factors external to the ethic.

This criticism points to the importance of changing feminine socialization. Yet above and beyond this obvious response, Meyers's account of autonomy suggests how this problem can be addressed.

As has been shown, Meyers argues that self-respect is necessary in order for a care agent to be morally autonomous, for self-respect provides the benchmark by which the care agent evaluates her proposed actions. Meyers also contends, in keeping with the Kantian moral tradition, that a person's self-respect stems from the knowledge that she is autonomous (1989, 224).¹⁵ That is, self-respect emerges from the moral agent's knowledge that she has reflectively chosen to act in a manner that she herself respects. Thus, autonomy and self-respect are reciprocal and mutually reinforcing; self-respect is necessary to exercise autonomy, and the exercise of autonomy increases an agent's self-respect. In addition, Meyers repeatedly emphasizes that the skills associated with autonomy competency can be honed more or less well and can be more or less well coordinated; the way a person sharpens these skills, becomes more autonomous, and increases her self-respect is by practicing autonomy competency. On this account, a person with minimal self-respect and minimal autonomy skills still has the potential to develop both over the course of her life. The question is: how is she brought to develop these skills?

Meyers does not directly address this question herself.¹⁶ Her account of autonomy, however, suggests a possible answer. The process she describes for reflecting on conduct can be engaged in dialogically. When faced with a moral dilemma or a major decision to make about the course of our lives, we frequently turn to a friend to help us *envisage* a variety of solutions to the problem at hand and to *imagine* the likely results of carrying them out, for we are aware of the limits of our own thinking. Engaging in these discussions helps to solidify the friendship; it can also help the agent make decisions that are more autonomous, for her friend might help her see, and weigh the relative merits of, options she might not have otherwise considered.¹⁷

Conceiving of autonomy as a dialogical process helps to distinguish which aspects of autonomy can be shared and which must be exercised by the autonomous person alone. Although a friend may help one make an autonomous decision by weighing various solutions, it is up to the agent alone to be attuned to self-referential responses such as shame and pride; to critically examine those responses; and to determine whether a particular course of action is or is not consonant with her self-respect. A friend who tries to answer these questions for the agent has overstepped her bounds. Rather than facilitating the agent's autonomy, at this point the friend precludes it by claiming to know and express the agent's values for her.

This dialogical understanding of autonomy is fruitful in several ways. It explains how a person can be very much connected to others and still be autonomous. It illustrates how friendship can enhance the autonomy competency, and thereby the self-respect, of someone who may be minimally autonomous to begin with. Finally, it issues one last challenge to the individualistic conception of autonomy by conceiving autonomy as an intersubjective activity.

CONCLUSION

Not only does the problem of autonomy require a rethinking of care ethics; care ethics requires that we rethink our received conception of autonomy. By relying on the theoretical framework developed by Meyers, I have developed, in a programmatic way, a model of autonomy that is compatible with the relational conception of self found in care ethics and that proffers strategies for responding to the internal and external critiques of care ethics for undermining caregivers' autonomy. Chief among these strategies is a dialogical account of autonomy, aimed at addressing how other persons can facilitate the development of autonomy competency in those who may have minimal competency skills to begin with. Because friends play such an important role in this account of autonomy, a consideration of friendship would be part of this discussion. Also to be pursued at a future time is a more comprehensive

account of how relationships both require and place constraints on the autonomy of the care agent.

NOTES

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1. While Blum (1993), Friedman (1993), and Tronto (1993) have each suggested that care ethics has implications for how autonomy is conceived, it is in the work of Meyers (1987b) and Davion (1991, 1993) that we see the first sustained efforts, within the care ethics literature, to develop these implications.

2. I see this as a subset of the larger “justice-care ethics” debate that has dominated the philosophical literature. By recasting the name of this debate, I hope to draw attention to an important current within this larger discussion.

3. See, e.g., Baier (1994), Benhabib (1992), Friedman (especially “The Social Self and the Partiality Debates”) (1993), Held’s discussion of “mothering persons” (1993), and Hoagland (1992).

4. See, e.g., Hoagland (1991). An extended analysis of how feminine socialization undermines women’s autonomy is found in Meyers 1989, part 3.

5. These critiques have been leveled primarily against the work of Carol Gilligan and Nel Noddings. See, e.g., the following critiques of Gilligan: Broughton 1993, 123-24; Luria 1993, 202-3; Scaltsas 1992, 19-22; and Code 1991, 106-09. See also the following critiques of Noddings: Hoagland 1992, chapter 2, 1991; Card 1990; Houston 1990; and Davion 1993. For Noddings’s response see Noddings 1990.

6. Held, e.g., makes such a critique of Darwall’s depiction of the autonomous agent (1993, 35-38).

7. I have in mind here Grimshaw’s critique of Mary Daly, Marilyn Frye, and Kate Millett (Grimshaw 1988).

8. The danger I see is that the caregiver will assume that she knows what course of action will be in the care recipient’s best interest and will act on this perception—but without consulting with the recipient of care to have this perception verified. Hoagland points out a second but related concern (1991, 254-56). She argues that it is sometimes better for the care recipient in the long term if her immediate needs are not always addressed, for this can facilitate her personal and moral growth. Unfortunately, I will not be able to take up this problem here.

9. It should be noted that I limit my discussion here to her account of *moral* autonomy. I cannot address the problem of care ethics and personal autonomy due to space constraints.

10. Although I find Meyers’s account plausible, it is not entirely unproblematic. For example, I am not convinced that Meyers’s model of autonomy circumvents appeal to rules. While she may be correct that the care agent does not explicitly formulate and test rules for her behavior, I suspect that any answer to the question “Could I bear to be the kind of person who can do that?” can be formulated in terms of a rule. If I am correct, Meyers’s account of autonomy does not circumvent appeal to rules; it just pushes their formulation back one step. Because this objection does not call into question Meyers’s

procedure per se but only one of the claims made on its behalf, I will not pursue this issue further.

11. Hoagland (1991) develops this critique, as does Davion (1993). For Noddings's reply to some of the more common criticisms of her work see her response to the review symposium on her book in *Hybatia*. (Noddings 1990)

12. Bartky provides an example that illustrates Davion's point well. Frau Stangl, a devout Catholic and anti-Nazi, tended the needs of her husband, the Kommandant of Treblinka, throughout the war, despite being appalled by what she knew of his activities (1990, 113). Stangl's uncritical provision of care compromised her moral integrity, resulting in moral damage. By failing to value her own moral integrity, I would argue, Stangl failed to care for herself as a moral agent, in addition to failing to care for the inmates of Treblinka.

13. In keeping with Davion's argument, the emphasis here has been on the importance of autonomy for deciding the question regarding for whom one should care. Other feminist ethicists (e.g., Hoagland, Scaltsas, and Tronto) have pointed out that a care agent needs to make choices regarding which of the other's needs should be met and how they should be met. By pointing to the importance of making such choices, these theorists open up another area in which autonomy has an important role to play within care ethics.

14. Davion's account of autonomy overlooks one of care ethics' central insights: many intimate relations differ from contractual relations in that they cannot be entered into or exited at will. I thank Davion for pointing out to me this shortcoming in her analysis.

15. Meyers diverges from the Kantian tradition in that she argues that both moral and personal autonomy are sources of self-respect.

16. Meyers restricts herself to the question of what kind of childrearing, educational, and socialization practices will encourage the development of autonomy competency (1989, 189-202). My question is somewhat different from hers. I am concerned with how it is that someone who has not been raised to be autonomous can, nevertheless, develop her autonomy competency.

17. This dialogical account of autonomy parallels Friedman's dialogical account of impartiality (1993, esp. 31-34). In both accounts, the other helps one see possibilities one otherwise might not have—thereby facilitating autonomy, in this case, and impartiality, for Friedman.

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