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Journal Title: *Feminist interventions in ethics and politics: feminist ethics and social theory*

Volume: Issue:
Month/Year: 2005 **Pages:** 111-127

Article Author:

Article Title: A feminist ethic of care?

Imprint: Lanham, Md. : Rowman & Littlefield
Publishers, 2005.

ILL Number: 202531850



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Feminist Interventions in Ethics and Politics

Feminist Ethics and Social Theory

Edited by Barbara S. Andrew, Jean Keller,
and Lisa H. Schwartzman



BOWMAN & LITTLEFIELD PUBLISHERS, INC.

Published in the United States of America
by Bowman & Littlefield Publishers, Inc.
A wholly owned subsidiary of The Bowman & Littlefield Publishing Group, Inc.
1091 Forbes Boulevard, Suite 200, Lanham, Maryland 20706
www.bowmanlittlefield.com

PO Box 347
Oxford
OX1 1BQ, UK

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British Library Cataloguing in Publication Information Available

Library of Congress Cataloging in Publication Data

Feminist interventions in ethics and politics / edited by
Barbara S. Andrew, Joan Kelly, and Lisa H. Schwartzman.
p. cm. — (Feminist constructions)
Includes index.
ISBN 0-7425-4269-8 (cloth : alk. paper) — ISBN 0-7425-4268-0 (pbk. : alk. paper)
1. Feminist ethics. 2. Feminist theory—Political aspects. 3. Women—Social
conditions. 4. Feminist jurisprudence. I. Andrew, Barbara S., 1965– II. Kelly, Joan,
1965– III. Schwartzman, Lisa H., 1969– IV. Series.

BF695.F445 2005
170 .62—dc22

2004025110

Printed in the United States of America

The paper used in this publication meets the minimum requirements of
American National Standard for Information Sciences—Permanence of Paper
for Printed Library Materials, ANSI Z39.48-1992.

of the suffering, it seems that this is generally done in order to identify that one is suffering. That is, less explication of the onlooker's objective judgment of harm magnitude is not necessary for comparison regardless of Nussbaum admitting that onlookers often simply take the word of the sufferer.

4. The credit for this example goes to Barbara Andrew.

5. Those who have used such terminology include Owen Flanagan, Kathryn Jackson, Anna M. Sapienza, Margaret Walker, and others. Seyla Benhabib uses the terms of "virtuous" versus "generalized" rather to convey the same type of idea.

6. Or, possibly the agent was understanding in the hearing case.

7. However, I maintain that this notion of rationality seems to be a stretch from the idea that rationality involves a multi-step reasoning process, and since my view of compassion involves just one belief, it seems odd to judge the apprehension or misapprehension of a single fact as rational or irrational.

REFERENCES

- Annas, 1984. *The Complete Works of Aristotle: The Revised Oxford Translation*, ed. Jonathan Barnes, Princeton, NJ: Princeton University Press.
- Benhabib, Seyla. 1997. "The Generalized and the Concrete Other: The Kohlberg-Gilligan Controversy and Moral Theory." In *Feminist Social Thought*, ed. Dana Dutton Meyers, New York: Routledge, 70-96.
- Flanagan, Owen, and Kathryn Jackson. 1987. "Justice, Care and Gender: The Kohlberg-Gilligan Debate Revisited." *Ethics* 97, no. 3 (April): 623-57.
- French, Peter A. 1992. *Responsibility Matters*. Lawrence, Kansas: University Press of Kansas.
- Hindman, Martha. 1997. "Beyond Care: The De-Masculinization of Gender." In *Feminist Social Thought*, ed. Dana Dutton Meyers, New York: Routledge, 665-79.
- Nussbaum, Martha. 1996. "Compassion: The Basic Social Emotion." *Social Philosophy and Policy* 13, no. 1 (Winter): 27-58.
- . 2001. *Upheavals of Thought*. Cambridge: Cambridge University Press.
- Rorty, John. 1971. *A Theory of Justice*. Cambridge, Mass.: Harvard University Press.
- Staley, Sharon. 1992. *Moral Responsibility and the Boundaries of Community: Power and Accountability from a Pragmatic Point of View*. Chicago: University of Chicago Press.
- Sapienza, Anna. 1998. "Feminist Ethics: Debating the Why-Be-Moral Skeptic." *Journal of Social Philosophy* 23 (Fall): 55-85.
- Walker, Margaret Urban. 1998. "Ineluctable Feelings and Word Recognition." *Midwest Studies in Philosophy* 22, ed. Peter A. French and Howard K. Wettstein, Notre Dame: University of Notre Dame Press: 62-81.
- . 2001. *Moral Convictions*. Lanham, Md.: Rowman & Littlefield.

A Kantian Ethic of Care?

Susan Clark Miller

When we encounter needy others, must we respond to them? Is there a moral obligation to care for them in their need? Must we also guarantee their well-being? Is indifference to need ever morally acceptable? In short, must we care?

This last question should matter deeply to care ethicists. Through their own inquiries, they have wondered if women are inherently predisposed to care, how it is best to care, and whether it is good and fair that women have been expected to care. Although these concerns are vital ones to many, there is, oddly, a fundamental question that care ethicists have not often posed out that may be necessary to answer in order to have an ethic of care at all. This question is, "When I care? And if I care, why must I care?"

In beginning from the predisposition to care (be it innate or socially conditioned), care ethicists build their project on a rather large assumption that humans will care for one another by responding to present needs. But human reactions of indifference to need are widespread. The level of willingness and ability to care for others inevitably differs from human to human. Care ethicists would therefore be well-served to establish an obligation to care for one another—that is, a *duty to care*. If a person must care for care, it is his or her duty to do so; then care ethicists, instead of beginning from the empirical observation that many (often female) humans do care, can rest on the foundation of a universal moral obligation to care. In light of the *duty to care*, the fact that women perform the lion's share of caring labor no longer remains a mere sociocultural fact; instead, it becomes a matter of moral interest.

In this essay, I develop the *duty to care*. I argue that certain needs do require a moral response. Under the *duty to care*, moral individuals must act

so as to better and safeguard the agency of those in need. Substantively, the duty to care honors the quality. It endorses a wide variety of forms of care. It does not demand that caretakers feel certain emotions for their charges. It places limits on the extent of self-sacrifice involved in meeting others' needs. It is action oriented. Finally, it is nonpartisan.

I take a unique approach to develop the duty to care, bringing Kantian ethics and feminist care ethics into conversation with one another in order to highlight the exciting contributions that both have to offer this account. I propose that building on the Kantian duty of beneficence, one can articulate a duty that explains why we are obligated to respond to certain needs found in others. Although the Kantian duty of beneficence provides some resources to use in developing this explanation, I also employ a care ethics perspective to offer an important angle of critique through which one can see both moments when Kant's account fails (which I consider in a series of four objections) and why care ethics must be incorporated into any worthwhile discussion of meeting needs. Thus the duty to care, while drawing upon the duty of beneficence for its foundation, moves beyond it. Demarcated through the duty to care's responsiveness to pervasive objections that care ethicists might raise, the duty to care emerges as a distinctive duty in its own right, one sensitive to the moral concerns of agency, need, and care.

WHY A DUTY TO CARE?

More than any other philosophical orientation, feminist ethics has emphasized the inevitability of human need, viewing this fact for its moral significance and related responsibilities.¹ Care ethicists, in particular, have taken human need and interdependence as their characteristic starting points, offering theories acutely aware of and sensitive to the realities of neediness, both public and private.² But care ethicists may balk at the suggestion of a duty to care, citing the typical ways in which they take this concept to run counter to the fundamental methodological orientations of an ethics of care. Thus, before presenting the content of the duty to care, it seems wise to address a crucial, initial question: Why even consider a duty to care?

I grant that, at first blush, the notion of a duty to care may seem illogical. Caring responses, especially as characterized by feminist ethicists, stem from our relational attachment and emotional attachment to other people. We respond to those in need not because we are obligated to do so but because we are predisposed to care and, equally significantly, because of our attachment to those in need. To some minds, caring itself is its own reward, inasmuch as it can be a deeply fulfilling activity. Care ethicists maintain that we care for others' needs because we care about the individuals with the needs, not because we understand ourselves as bound by duty to act in certain ways

toward them. Furthermore, an ethic of care maintains a general degree of suspicion with regard to the moral tradition of obligation and duty, and rightly so, given that it is a tradition largely indebted to culturally masculine forms of philosophy. Why, then, discuss response to needs in terms of a duty to care? Why would such a duty even be necessary?

In an ideal world, the amount of need present would equal the amount of care available to be given freely. Although this world may be one for which to hope and work, it is a world that does not currently exist. With human finitude comes a seemingly infinite weltering of needs. Even though we are clearly interdependent, the willingness of humans to aid in meeting each others' needs rarely equals the amount of need actually present. Rita Manning (1992) characterizes both a world of ideal caring and the discrepancy with our current situation:

In the ideal caring society with sufficient resources to meet needs and to provide for want out of friendship, each of us would spend roughly the same amount of time being cared for. We would experience this as children and adults. Hence, we would be surrounded by a network of caring. We would be persons who could be and were supported by a history of being cared for. We would be free, to some extent, to choose whom to care for because there would be others to provide for needs and for friendship. We would not be totally free, because social rules would consent us to some responsibilities to care. It is not clear that rules and rights would play a very big part in this world, but this is certainly not the world in which we live. The people in our world differ in their ability and their willingness to care for others. Some I see both a creature who can care and who needs care, I would, if I were committed to caring, be faced with someone in need for care while someone suffering from a lack of caring myself. (76)

Manning calls attention to one key difference between individuals. They do not all share the same ability or level of willingness to provide care for one another, but the burden of care should not be shouldered solely by those predisposed or socially required to give care, as such an arrangement exacts an unfair price in terms of limiting caregivers' own aspirations and life projects. If all individuals were both willing and able to give care, no duty to care would be necessary, as many different kinds of people would engage in caring practices, hence ensuring a fair distribution of the burdens of care. With the knowledge that not all individuals share such an impulse (be it "natural" or socially cultivated), one motivating reason behind the duty to care comes into focus. Caring obligations should be fairly distributed, rather than being the responsibility to care fall on those who have traditionally performed caring tasks, the duty to care understood as an obligation that all individuals have to care, including those located outside the traditional caring system of society.

The distinction between natural caring and ethical caring can also help make clear the necessity of a duty to care. Nel Noddings (2002) provides a useful discussion regarding the difference between natural and ethical caring. She explains, "The preferred way of relating to one another morally can be called *natural caring*. By 'natural' I mean a form of caring that arises more or less spontaneously out of affection or inclination. . . . Natural caring . . . does not require a special ethical effort, it arises directly in response to the needs of the cared-for. No mediating ethical logical deliberation is required" (25). Noddings contrasts the notion of natural caring with ethical caring, noting that

there are times, even in the closest human relations, when the feeling associated with natural caring—"I must"—does not arise spontaneously. Thus, if we take ourselves as carers, we sometimes ethical caring—a dutiful form of caring that resembles a Kantian ethical attitude. On such occasions we respond as carers because we want to uphold our ideal of ourselves as carers. (26–27)

Thus, Noddings underscores the notion that the duty to care is required not simply because we do not live in an ideal world of ideal carers. It is also required because even those engaged in intimate caring relations (in which their actions generally spring from affection or inclination) experience moments when they just cannot meeting the needs of others. When this happens, I believe (contra Noddings, who rejects moral principles?) that carers rely on an understanding of what it means to uphold a principle of care. And ultimately, I argue, they rely on a duty to care. In accordance with care ethics, all carers will at times identify which actions to take in accordance with a moral principle—namely, the principle of care.

THE DUTY TO CARE

A concern with human need runs at the core of care ethics' unique moral perspective. Care ethicists have often asserted that we do care for one another, beginning the moral story from our embeddedness in relationships involving response to need. Capturing this very sense in her characterization of the difference between the justice and care perspectives, Carol Gilligan (1987) explains:

From a justice perspective, the self as moral agent stands as the figure against a ground of social relationships, judging the conflicting claims of self and others against a standard of equality or equal respect. . . . From a care perspective, the relationship between the figure, defining self and others, within the context of relationship, the self as a moral agent perceives and responds to the perception of need. The shift in moral perspective is marked by a change in the moral question from "What is just?" to "How to respond?" (25)

At its core, an ethics of care replicates that ethical practice sometimes involves the meeting of needs. To this end, care ethicists concern themselves with others' needs and with determining the proper moral response thereto—that is, with good forms of caring. Care ethics reminds us that being vulnerable and dependent—be it as children, injured or sick adults, or often elderly persons—is inherent in being human. Moreover, caring must always be done inasmuch as there will always exist human needs to be met. Need, caring response, dependency, and vulnerability, though sometimes treated peripherally in modern moral discussions, have not featured prominently therein and therefore have not received adequate attention. Care ethics invites ethical theories to give serious consideration to the aspect of such issues, often by posing a series of non-hat questions (some of which are offered earlier).

In addressing the largely unanswered question "What I care?" the duty to care establishes that individuals are obligated to respond to others' needs. Limited to a reasonable scope, this obligation does not cover each and every need-situation people encounter (though experienced happenstance is of which they have knowledge through their particular epistemological purview). Rather, through the duty to care, moral agents are obligated to act with regard to a limited set consisting of others' constitutive needs. In conjunction with the duty to care, constitutive needs require a moral response. Constitutive needs arise in situations or conditions in which the agency (or the potential for agency) of an individual is acutely endangered. They are constitutive in that such needs must be met for an individual to develop, maintain, or reestablish agency. The notion of agency at play in this account is a robust one, spanning beyond the traditional characteristics of agency as related to rationality and autonomy. Instead, the sense of agency I employ includes not only rationality and autonomy, but also emotionality and relationality. To be a full agent in the world, in the sense of being able to carry out action effectively and to determine and achieve ends, individuals will need more than capabilities provided by agency understood as rationality and autonomy. Some level of emotional attachment and relational ability will also be necessary.

To be clear, constitutive needs are needs the meeting of which is essential to an individual's ability to be self-determining, in short, to choose and carry out action in the world. Having constitutive needs cared for is not optional for the one in need. If such needs are not met, the needy individual will experience significant harm. Examples of constitutive needs include the need for a healthy environment and the need for education. With regard to the first, to become an agent and to maintain agency, one must be surrounded by an environment that is sustaining rather than injurious. A hygienic, robust environment is necessary. The second example of education includes various means and modes of education. Agents require some

means of gaining knowledge about the world and learning skills designed to help them function in the world.

The duty to care obliges others to respond to individuals' constitutive needs so that these individuals can once again determine and work their own subjective ends (an ability many regard as being characteristically human). In meeting their needs, the duty to care stipulates that moral agents are to take up and advance the self-determined ends of the one in need and to promote their happiness. Limited to those needs which the needy individual cannot herself meet, constitutive needs therefore require the aid of another. Constitutive needs frame an aspect of human existence involving dependency that is both inevitable and necessary. Human nature guarantees that moments will arise for all humans when others must respond to their needs if they are to continue to function as agents.

It is in light of humans' inevitable and necessary experience of dependency and need that one can understand why moral agents are obligated to meet the needs of others. The foundation of the duty to care becomes clear when examining a related but little noted feature of Kant's ethics. Although the moral importance of human interdependence does not serve as a main focus of the Kantian ethical program, contemporary interpreters have drawn attention to the significance of Kant's implicit treatment of this quality, as well as to the inevitability and inescapability of human need.⁵ As a necessarily interdependent being, humans require the help of one another in order to meet constitutive needs and therefore maintain agency. To elect a general policy through which one would avoid the burden of helping others in need by agreeing to never have other people meet one's own needs would amount to choosing one's own ruin.⁶ All humans experience constitutive needs and therefore require another person's attention and response in order to meet these needs (establishing or maintaining their agency in the process). Indifference to others' needs, while possible as a psychological state, is not viable as an ethical stance, unless one wishes to be grossly inconsistent.

FIVE FEATURES

The five central features of the duty to care, as articulated in consultation with the Kantian duty of beneficence, are as follows:⁷

1. The duty to care permits multiple varieties of caring, hence accommodating a reasonable gain of difference in forms of caring. Such accommodation becomes necessary in light of the reality that not all people care in the same way. Rather than holding up one kind as the widely legitimate, idealized form of caring, the duty to care makes room for

cultural values in caregiving practices. This is because it shares with the Kantian duty of beneficence the purpose of being a wide duty, therefore allowing for variations in the ways moral agents (who are differently situated) carry out the duty. Although under the duty to care a moral agent benevolence and follows a general policy of responding to the constitutive needs of others, the duty to care does not inform that agent which specific actions are required to fulfil the obligation. The lack of specificity, rather than being a weakness, encourages moral agents to judge which actions will embody a principle of care while exhibiting a high degree of sensitivity to the particularities of the one in need. One should note, however, that although the duty to care incorporates a significant degree of latitude with regard to caring practices that fulfill the duty, there are limits. Moral agents cannot respond to the needs of others in any way they see fit. Rather, they are limited in a manner of meeting needs that preserves the dignity and honours the agency of the one in need. This caveat is necessary in light of the realization that 'caring' responses to need can be abusive and degrading.⁷

2. The *duty to care* involves a particular kind of love, namely, practical love, as distinguished from experiencing loving feelings for another person. It does not require moral agents to love their charges in the sense of having loving feelings for them. Following a very persuasive Kantian insight, the duty to care recognizes that emotion toward another cannot be commanded. A person cannot be required to feel a specific way toward another person. He or she can, however, be obligated to act in a certain manner. Practical love, under the duty to care, obligates agents to act such that they are not indifferent to the needs of other individuals and, furthermore, so that they respond to the constitutive needs of others by taking up and advancing the well-determined ends of those others. From a feminist standpoint, this second lesson is important for the way in which it guards against a culturally generated, traditional expectation for caregivers, to not require a certain affective stance toward others. The duty to care acknowledges that caregiving can be trying in ways that sometimes produce negative emotional responses. A mother, for example, may always love her children in the sense of wanting what's best for them (and so work to promote their happiness), but may not experience surges of pleasure as they exuberate during a day's fourth temper tantrum.
3. The *duty to care* places limits on the extent of self-sacrifice involved in meeting others' needs. As if moral agents acting in accordance with the duty to care are not required to meet every single need that they encounter or of which they have knowledge. Such a course of action would not, in any case, be possible for a finite being. With

the duty of beneficence comes a valuable stipulation that I develop further and include in the duty to care: Caretakers are not to care to such an extent that they seriously compromise their own well-being and experience (as need, Granted, in meeting others' needs, some sacrifice is inevitable, caretakers may come to experience some degree of need as they care for others. The point, however, is one of degree. And the reasoning behind this point is twofold. First, if caretakers were to sacrifice a great extent of their well-being in caring for others, they probably would not be able to sustain themselves as good caretakers of others. Second, in exclusively promoting the happiness and ends of other people, caretakers would no longer be able to pursue their own happiness and self-determined ends or life projects. In Kantian language, such a course of action reflects a duty to oneself: the duty to develop and increase one's natural perfection. This duty to oneself places limits on the duty to care. Kant requests that humans cultivate their own abilities and natural powers. Failure to do so demonstrates a lack of regard for one's own ends. Accordingly, the duty to care incorporates respect for an individual's personal development.

4. *The duty to care is action oriented in two respects, both as regards the caretaker and the one in need.* First, the duty to care calls for action on the part of the social agent, as is the nature of an obligation. The goal of the caretaker, when encountering another in need, is to act to restore the agency of the needy other: in that the duty to care involves the notion of obligation, action in response to need is morally required. Second, in conjunction with the duty to care, the needy individual's ability to act in the world such that he or she can advance his or her self-determined ends is cultivated, maintained, or restored. Thus the duty to care emphasizes the one in need's ability to act, that is, it emphasizes the individual's agency.
5. *The duty to care is nonpaternalistic.* In exercising the duty to care, moral agents are to promote the happiness of those in need by advancing the ends that they articulate as their own. The experience of being needy does not have to be accompanied by a further loss of agency and self-determination, as can sometimes happen when one has no choice but to accept the help of another. When it all possible, caretakers are to advance the happiness of those in need by learning about and heeding the ends that needy others determine for themselves, rather than imposing on them their own sense of what is best for the care receiver. (One should note that inevitably situations will arise in which those requiring care cannot determine or articulate their own ends. Such cases, though worthy of moral explanation, are not the topic of this current effort.)

LIMITATIONS AND OBJECTIONS

Various aspects of the duty to care are appealing for the reasons mentioned earlier. But care ethicists might identify a series of limitations of the duty to care, many stemming from its development in close conjunction with the Kantian account. In assessing the duty to care, a complete examination of each limitation is advisable. I group the objections—in some of them are closely related—into four main themes: (1) a *dilemma for duty*, (2) a *dilemma of principles*, (3) the *supremacy value of rational agency*, and (4) *recognition of and proper response to need*. After consideration of each objection, I sketch a preliminary response, assessing the severity of the objection in the process.

Objection 1: A Dilemma for Duty²

The first rather large objection can be answered under the general impression that acting from the duty of beneficence is *morally distasteful and, moreover, altogether misses the real point of caring for other people.*³ As objections later in this chapter show, caring for another should not be about an obligation to provide for others' needs but instead should stem either from the affection the caregiver has with an individual or from the emotions he or she feels for him.⁴ This sense agrees with particular strength in the context of intimate relationships. Acting from duty may not always be repugnant, but acting from duty in situations involving needy humans appears to be.

Parental love serves as the paradigm illustration of this point. A parent who spent years caring for her children solely out of a sense of duty to do so would seem to be lacking in some essential element of moral (not to mention parental) character. We might be tempted to say that this individual was not acting as a parent at all. Instead, we may wish to assert that parents care for their children because they are their children; it is because they love them that they meet their needs so that they can grow, establish agency, and flourish. Understandably, parental motivation arises in the face of the Kantian debate that moral motivation must not incorporate motives associated with inclination and attachment. When a parent might respond by asking, "If I do not care for my children because I love them and because they are my children, then what exactly is care?" Undermining this objection from the child's perspective also drives the point home. If a child were to learn that the sole reason that his parent cared for him was in order to fulfill a moral obligation, he would understandably feel bereft of some crucial element of his upbringing, namely being secure in the knowledge that his parent's actions were motivated by her love and care for him.

To clarify, two distinct strands of representation can be separated out from the *dilemma for duty* objection. Objections allege that the duty to care gets it

wrong (1) because it does not leave room for the motivation of need-meaning based on the ties of relationship and (2) because it turns a labor of love into a cold calculation of the Categorical Imperative or into a mechanistic meeting of a moral minimum.²⁷ Macneil has insightfully identified the riskful negative effect supposedly brought about by this pair of objections. Acting from a duty to care (from the principle of beneficence) alienates moral agents, inasmuch as the appeal to beneficence as an obligation distances them from a personally involved kind of understanding of their relationship with the one in need and from their affection for the needy individual. In addition, the duty to care supposedly cultivates the wrong ethical temperament toward others, legitimizing responses that merely meet a minimum moral requirement.²⁸ Ideally, the objective conditions, moral agents would respond to the need's ill—whether or not located in their home—out of some morally laudatory sense such as care, respect, sympathy, or a desire that others avoid harm. The duty of beneficence, with its seemingly cold impetus for the care of others based on an acknowledgment that a principle of nonbeneficence cannot be willed as a universal law of humanity, does not seem to pass muster.

The concern raised here merit serious consideration. Does Kant underestimate the moral value of relationship, including its affective components of connection and sentiment?²⁹ Does his ethical program foster alienated, intimacy-sparking moral agents? Both Barbara Herman and Maria Beren's interpretations of Kant are highly instructive on this point and offer new understandings of his practical philosophy that are sensitive to concerns of intimacy and vulnerability.³⁰ A large share of the difficulty lies with a common understanding of Kant's ethics as the pursuit of impartiality. There is, of course, much textual support for this line of interpretation. Although I will not undertake a full assessment of the role of impartiality in Kant's ethics (as that is not the focus of this essay), I will underscore several elements related to the duty to care that offer the possibility of an amended interpretation.

With regard to a Kantian evaluation of notions of connection, Herman (1995) cautions, "in acting from a motive of connection I must also recognize that I am in circumstances in which action is morally required, be willing and able to act even if connection wavers, and act only on the condition that the particular action I am moved to take is permissible" (1995). Here Herman captures a valuable feature of the duty to care, one that I underscore earlier. The nature of relationships and attitudes toward those with whom we are intimate fluctuates based on any number of relevant factors. Although we are not and can not be required to feel a certain way toward those whose needs we meet, the duty of care does require that we care for those with whom we are in connection and that we do so by acting toward them in ways that are morally permissible. Regarding the latter point, we cannot, for example, decide to harm another individual in recompense for their having created a

loved one out of a large mass of money. In addition, some degree of impartiality may indeed have an important role to play in relations with innocents. Faced with the competing constitutive needs of two of his children, a father may choose to meet the more dire need of his younger child for missing medical attention before meeting the need of his other child for education (say, in the form of tuition to attend a private school). Even though the older child's constitutive need for education is denied in the immediate moment, he can (hopefully) not assume that his father has his best interests at heart and his well-being at mind. That this is so, however, does not automatically translate into the priority of that child's needs. The father will do his best to cultivate the agency of the older child, but this does not take place in a world composed of two persons; additional needs will press in on this dyad (needs of the community, of the father himself, of various nations imposed by war from their industrial base, etc.), with the result that sometimes the child's needs will not be the first met. This is not to deny the importance of special duties to intimates, but only to raise that the needs of the child are not given *strict* lexical priority. Circumstances sometimes call for a balancing of duties to intimates and duties to strangers.¹⁶ Reasoning in connection with impartiality helps to bring other needs to the father's attention, and thereby so. Thus, although the duty to care may initially seem morally demanding, we begin to see the useful purposes it can serve.

Objection 2: A Distortion of Principles

Feminist ethicists have often raised a significant distrust of principles in ethics, as such approaches have been largely synonymous with ways of doing philosophy isolated to masculine conditions. In particular, care ethicists have challenged the central importance of appeals to rationality, universal principles, acting toward for content-neutral, particular ethical processes. A frequent line has been introduced Kant, whose ethical system, in many minds, epitomizes the principle-oriented approach. Kinney and Menon (1987) characterize the clash between the two perspectives: "The morality of rights and abstract reason has been formalized in terms of universal, general principles, whereas the morality of care and responsibility has been voiced through narratives that specify fitting responses to particular situations" (11). Typically, the understanding has been that an approach of deductively applying principles to particular situations has little place as an ethical method in *context-sensitive* or *care ethics*.¹⁷

Quite obviously, the account of the duty to care that I advance draws heavily on a foundational principle—namely, beneficence. Given the context just cited, such a move requires explanation, if not justification. Often when reading works of care ethics, I have been struck by the sense that care theories are based on a principle, what I earlier identified as a principle of

care. Although they supposedly block the involvement of principles in their accounts, it appears that the processes of moral reasoning that care ethics incorporate ultimately appeal to a general principle to care, albeit one deployed with a great degree of sensitivity to particular situations.

To be clear, I am not trying to make the claim that the entire methodology of care ethics can be subsumed under traditional, principle-oriented approaches.¹⁶ The development of care ethics has been centrally important both because of the challenges it has presented to more traditional forms of philosophy and because of the numerous original insights it has offered. Rather, I am making a weaker claim that care accounts draw on a principle of care, sometimes wittingly, but often unwittingly.¹⁷

In accordance with the principle of care, those doing the caring ensure that individuals have their needs met and thereby avoid harm and prevent or relieve suffering. As I see it, the principle of care is not simply concerned with ameliorative measures; it also promotes the well-being of individuals, means it is caring individuals who determine what to do in any given scenario will hope to preserve, promote, or restore the agency of the person for whom they are caring. According to the principle of care, caring agents sustain the needy and agents in their own right. A strong awareness of the interdependent nature of people informs the principle of care, helping moral agents to know how best to respond to the inevitable demands of care in a very needy world. In exploring what I understand the principle of care to entail, I find that it resonates strongly with Kantian beneficence, even though there are shortcomings in what Kant has to offer, shortcomings on which my account improves.

One can at point Kantian beneficence does not incorporate the sensitivity to the particulars of the care situation that care ethics so brilliantly display. But in accordance with my understanding of the duty to care, we see that principles are not meant to tell us exactly what to do in every situation. They are a guide of sorts, serving as a way for us to understand whether our response to a particular situation is morally required or whether a certain contemplated course of action is morally permissible. The duty to care serves as a strong guide and is meant to be employed in a way that is highly sensitive to the particulars of the moral situation.

Objection 5: The Supreme Value of Rational Agency

A third possible objection involves concerns about the nature of agency employed in the account of the duty to care. Specifically feminist ethicists, not to mention ethicists of several other theoretical persuasions, question the nature of the Kantian agent, wondering if rationality and autonomy, understood in the Kantian sense of the ability to give the law to oneself, should serve as the measure of moral agency. Turning to one side concerns regard-

ing the accuracy of interpretations maintaining that Kant upheld rational agency—to the exclusion of mere membership in the human species—on that which bestows dignity on us, Kant did rather clearly assign supreme importance of some sort to rationality.²⁶ Do these features of the Kantian account limit its usefulness for any project focused on care, inasmuch as such a project, as understood from a feminist ethical perspective, would wish to include other qualities, for instance those related to emotion, vulnerability, relatedness, and dependence? Are the limitations so significant as to render Kant's duty of beneficence unhelpful in the present context?

In developing the notion of the duty to care, my chief aim is not to remain true to the Kantian program but rather to generate a philosophically interesting and viable concept. It seems that with regard to this possible and acknowledged point of limitation, recent work done in feminist ethics, which develops an expanded notion of agency, provides an essential supplement.²⁷ The duty to care honors a robust account of agency, one that extends beyond individual's rational capacities and their autonomy. Relational and affective capacities also figure prominently, as noted earlier. Agency understood in a robust sense integrates all of these components, as acting in the world takes place most fully through their concomitant functioning.

Objection 4: Recognition of and Proper Response to Need

Those raising the fourth objection might charge the duty to care with being too "thin" a duty, inasmuch as it does not directly establish how moral agents are to recognize and respond fittingly to need in their midst. Are moral agents ever able properly to recognize forms of need when they encounter them? The ability to do so is a skill of moral perception. Accurately perceiving others' needs proves to be tricky business; moral agents can simply opt in discussing what others need.²⁸ Is an agent morally culpable for not being able to recognize various forms of need? Even if agents can recognize others' needs accurately, it is not at all clear that they will know how best to meet needs in order to formulate the most appropriate responses thereto. In addition, the ways in which caregivers choose to meet needs can cause further difficulties.²⁹

Turning to Kant for guidance on this point proves to be disappointing. Although one could perhaps struggle preliminary suggestions from Kant's work regarding how caring responses are to take place in relation to need, in truth, the account of beneficence does not offer complete illumination concerning questions of recognition and proper assessment of need. Discussions of moral perception and proper contextual response happen at the level of moral judgment. Determination of the grounds of the duty to care is a different task, one concerned with universally binding obligations rather than with the widely varying ways in which such an obligation can

be carried out in particular contexts.¹⁷ Moving beyond Kant, care ethics has many notable contributions to make—for example, in the areas of moral judgment and perception.

CONCLUSION

The overarching goal of this essay has been to develop the duty to care as a requirement for moral agents to tend to others' constitutive needs by cultivating, maintaining, or restoring the agency of those in need when such agency is in danger of being lessened or harmed. The five main features of the duty that I detailed here establish the strengths of the account. The four objections and responses therein serve as a clear indication of the fruitful interchange possible between Kantian and care ethics. What I have offered here represents only one systematic attempt at what could certainly be a larger conversation between the two, a conversation that I understand to be crucial for developing a nuanced philosophical account of the meaning of agency, well-being, and the meeting of needs.

Finally, in answering the question "Must I care?" with a qualified yes, the duty to care advances the general project of care ethics by grounding it in an obligation to care. Although all expressions of care will not and should not be limited through an obligation to respond to need—because the existence of "natural" forms of caring have their legitimate place as well—the duty to care carries with it an implicit moral demand calling for both parties to engage in an equitable sharing and deliberating of both the benefits and burdens of care.

NOTES

I would like to thank Jeffrey Anderson, Joan Kubie, and Lisa Schwitzman for their helpful comments on this essay.

1. A general term for how I employ the term *need* and *care* in this chapter, I will address a particular subset of all possible needs, what I call *constitutive needs*. The second section of this essay offers an extended definition of this term. For the moment, it will suffice to note that my focus here is on (1) needs that must be met but which others need to be individuals in need and to their agency (physical or otherwise) and (2) needs that individuals are not capable of meeting themselves. The term *care* denotes an intricate relation of response to need in which a caregiver perceives another's needs or wishes and tends to or fosters, restores, or maintains the agency of the needy individual. It is important to emphasize at the outset that not every human need can be met through the care of others. Those that cannot be met in such a fashion are not the subject matter of this essay. In addition, acts of caring do not al-

ways help us then, and the meaning of others' needs. Even if acts of caring do have due to their goal, they do not always successfully achieve the goal. While we fully comprehend, seek and act of caring often do overlap, as when an individual experiences a need that another meets by caring for them.

1. I do not mean to suggest that care ethicists offer a monolithic theoretical program. There are important differences in the content and methodology of different versions of care ethics. The general claim can be made, however, that care ethics as a whole has given more attention to issues of human need than have other philosophical approaches.

2. See the discussion of Noddings and moral principles in note 17.

3. Agency is not static, that is, it is not a mere achieved state and for all. Rather, agency can fluctuate and admit of degrees. In addition, incompletely formed or established agency can result from any number of unfortunate circumstances, including but not limited to, situations of oppression and degradation.

4. See Herman 1995, 2002; Hurst 1995; O'Neill 1995, 1996, 2000.

5. See Kant's fourth *Reinhold's* of the *Congregational Imperative* in the *Grounding* (AK 104–125). References to Kant's work will follow the author-date system, but use the volume and page numbers of Kant's *gesammelte Schriften*, edited by the *Königlich Preussischer Akademie der Wissenschaften* (Berlin: Walter de Gruyter).

6. These two lectures show open elements of the Kantian duty of beneficence as developed by Kant in both the *Metaphysik der Sitten* (specifically, the *Pragmatische*) and the *Grundgesetze*. See Kant Ak. VI and Kant Ak. VII.

7. Elsewhere I argue that the notion of meeting needs associated with the duty to care need adhere to forms of dignifying care. See Miller (forthcoming).

8. This first objective is an extension of the general objective to the idea of a duty to care, included earlier.

9. I would like to thank Deborah Toffelers, Mary Beth Miller, and two anonymous reviewers for emphasizing this point with me during my visit to Memphis in January 2001.

10. With regard to emotions in particular, several theories have recently explored the possibility that duty and emotion could function together in the motivational context, but creating issues in the Kantian framework by connecting feelings in action with moral words. While this suggestion, however, causes the actual change of considerations, I do not treat these issues in the present work. See Hurst (1995) and Herman (1995: 1–22).

11. Hurst (1995) also provides a discussion of these objections.

12. See Hurst (1995).

13. HERMAN (1995: 180) questions whether it is important that compassion be understood as having moral value, suggesting that the value of compassion may be of one kind and the value of morality a different kind.

14. See Hurst (1995: 144–207, 2002) and Hurst (1995).

15. Jeffrey Andrew called this part to my attention. See New (2001: 67–70).

16. Early on, Ted Noddings formulated the care ethics theory against moral principles, instead embracing an ethical ideal of caring. "Everything depends on the nature and strength of the ideal," Noddings (1984) explains, "for we shall not have absolute principles to back us. Indeed, I shall treat ethics of principle as ambiguous and unstable. Whenever there is a principle, there is implied its exception and its other."

principles function to separate us from each other" (7). Noddings also/joins several different claims as her statement. She treats the principle-based ethics on that grounds that they are obligations, that they are intended to, that they have frequent exceptions, and that they separate people from one another.

15. Neither am I wishing to defend the entirety of the Kantian ethical approach. A question then arises concerning the place of my work with regard to the entirety of Kant's system, a question that I cannot address in the present context.

16. Even Noddings's (2002) account appears as an "ethical ideal" that, although not different from Kant's notion of beneficence, in that it includes a high degree of empirical information and anthropology, leaves a striking resemblance to a principle of care.

17. For a detailed discussion of Kant's general theory of rational agency and its relation to moral agency (and moral psychology), see Allen (1996).

18. See Nicholson and Wedel (2000).

19. Issues (1995) 127–42 raises this question.

20. In the last stages of caring that she establishes, Joan Tronto (1993) includes a step with a specific focus on the care recipient, as an effort to determine whether the one cared for experiences her needs as being met, such a move underscores the importance of involving a deliberative approach present in many care-responsive accounts, including Kant's. The assumption of the adequacy and accuracy of declarations of need held by moral agents who provide care may generate supposedly "caring" responses here constitutes that here we are related to the subjective perception of need on the part of the care recipient.

21. It would be incorrect to say, however, that Kant's ethics offers no guidance with regard to the level of moral judgment. Contrary to a well-worn criticism of Kant, one that appears to rely exclusively on the Grounding, failing to consider other aspects of his corpus, most notably the *Metaphysics der Sitten* (see Kant 8A, VI and Kant 8A, VIII), Kant does permit inclusion of the contextual aspects of situations into moral judgment as a practice. For related discussion, see Herman (2003).

REFERENCES

- Allen, Peter E. 1996. *Kant's Theory of Freedom*. Cambridge: Cambridge University Press.
- Baier, Anne. 1995. *Kantian Ethics Almost without Apology*. Ithaca, NY: Cornell University Press.
- Gilligan, Carol. 1987. "Moral Orientation and Moral Development." In *Women and Moral Theory*, ed. Eva Feder Kittay and Diane T. Meyers. Totowa, NJ: Rowman & Littlefield, 19–33.
- Herman, Richard G. 1979. "What Kant Might Have Said: Moral Worth and the Omission of Praiseworthy Action," *Philosophical Review* 88, no. 1, 29–54.
- Herman, Barbara. 1993. *The Practice of Moral Judgment*. Cambridge, Mass.: Harvard University Press.
- . 2002. "The Scope of Moral Requirement," *Philosophy & Public Affairs* 31, no. 3, 227–56.

- Kant, Immanuel. 1981. *Grounding for the Metaphysics of Morals*. Trans. James W. Ellington. Cambridge: Harvard.
- . 1991. *The Metaphysics of Morals*. Trans. Mary J. Gregor. Cambridge: Cambridge University Press.
- Kittay, Eva Feder, and Diana T. Meyns. 1997. *Women and Moral Theory*. Totowa, N.J.: Rowman & Littlefield.
- Macneil, Gillian, and Natalie Stoljar, eds. 2000. *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. New York: Oxford University Press.
- Manning, Rita C. 1992. *Speaking from the Mouth: A Feminist Perspective on Ethics*. Lanham, Md.: Rowman & Littlefield.
- Miller, Sarah Clark. Forthcoming. "The Normative Force of Needs," in *The Philosophy of Need*, ed. Susan Bricker. Cambridge: Cambridge University Press.
- Needhams, Nel. 1984. *Caring: A Feminist Approach to Ethics and Moral Education*. Berkeley: University of California Press.
- . 2002. *Starting at Home: Caring and Social Policy*. Berkeley: University of California Press.
- O'Neill, Debra. 1985. "Rights, Obligations and Needs," *Legal Ethics* 29–47.
- . 1996. *Faces of Hunger: An Ethics of Poverty, Justice, and Development*. London: Allen & Unwin.
- . 1999. *Contractions of Reason: Explorations of Kant's Practical Philosophy*. New York: Cambridge University Press.
- Van, Michael. 2001. *Mouth from Mouth*. Oxford: Oxford University Press.
- Young, Iris C. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: BasicBooks.