Feminist Interventions in Ethics and Politics

Feminist Ethics and Social Theory

Edited by Barbara S. Andrew, Jean Keller, and Lisa H. Schwartzman
of the suffering, it seems that this is generally done in order to identify that one is suffering. That is, her requirement of the onlooker’s objective judgment of harm magnitude is not necessary for compassion regardless of Nussbaum admitting that onlookers often simply take the word of the sufferer.

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

5. Those who have used such terminology include Owen Flanagan, Kathryn Jackson, Anita M. Superson, Margaret Walker, and others. Seyla Benhabib uses the terms of “concrete” versus “generalized” in order to convey the same type of idea.

6. Or, possibly the agent was underreacting in the beating case.

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

REFERENCES


A Kantian Ethic of Care?

Sarah 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 promote 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 raise, there is, oddly, a fundamental question that care ethicists have not often posed, namely, "Must I care? And if I must, why must I care?"

In beginning from the predisposition to care (be it innate or socially mediated), 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 by cause it is his or her duty to do so, then care ethics, 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 bolster and safeguard the agency of those in need. Substantively, the duty to care features five qualities. 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 nonprescriptive.

I take a unique approach to developing 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. Demonstrated through the duty to care's responsiveness to perceptive 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, noting this fact for its moral significance and related responsibilities.1 Care ethicists, in particular, have taken human need and interdependence as their theoretical starting points, offering theories acutely aware of and sensitive to the realities of needness, both public and private.7 Care ethicists may balk at the suggestion of a duty to care, citing the myriad ways in which they take this concept to run counter to the fundamental methodological orientation of an ethics of care. Thus, by first presenting the context 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 ethicists, caring itself is in its own reward, in much 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 masculinist forms of philosophy. Why, then, does 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 other's needs rarely equals the amount of need actually present. Rita Manning's* gender 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 some sort of flourishing, 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 means of caring. We would be persons who cared for 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 flourishing. We would not be totally free, because social roles could commit us to some responsibilities in care. It is not clear that roles and rights would play a very big part in this world, but this is certainly the world in which we live. The people in our world differ in their ability and their willingness to care for others. Since I am both a caretaker who can care and who needs care, I would, if I were committed to caring, be faced with enormous needs for care while sometimes suffering from a lack of caring myself. (9)

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. The burden of care should not be shouldered solely by those predisposed or socially required to give care, as such an arrangement results in unfair prices 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, so 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 (the 'natural' or socially cultivated), one motivating reason behind the duty to care comes into focus. Caring obligations should be fairly distributed. Rather than letting the responsibility to care fall on those who have traditionally performed caring tasks, the duty to care underscores an obligation that all individuals have to care, including those located outside the traditional caring context of society.
The distinction between natural caring and ethical caring can also help clarify 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. . . should 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.\" (20). Noddings connotes the sense of natural caring with ethical caring, noting that

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

\section*{The Duty to Care}

A concern with human need rests 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 embodiment 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:

\[\text{From a justice perspective, the self as moral agent stands as the figure against a ground of social relationships, judging the conflicting claims of self and others against a standard of equality or equal respect. . . . From a care perspective, the relationship becomes the figure, defining self and others. Within the context of relationship, the self as a moral agent processes and responds to the perception of need. The shift in moral perspective is marked by a change in the moral question from \"What is just?\" to \"How to respond?\" (23).}\]
At its core, an ethics of care emphasizes that ethical practice sometimes involves the meeting of needs. To this end, care ethics concern themselves with others' needs and with determining the proper moral responses thereto—that is, with good forms of caring. Care ethics remind us that being vulnerable and dependent—be it as children, injured or sick adults, or infirm elderly persons—is inherent in being human. Moreover, caring must always be done research as these 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 theorists to give serious consideration to the impact of such issues, often by raising a series of trenchant questions (some of which were outlined earlier).

In addressing the nearly unanswered question "What I care?" the duty of 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 through experiential happenstance (or 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 each needs must be met for an individual to develop, maintain, or reestablish agency. The notion of agency at play in the 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 states that 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, 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 soothing rather than injurious. A hygienic, nurturing 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 boosting 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 seek their own subjective ends (an ability many regard as being characteristically human). In meeting these 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 in-promote their happiness. Limited to those needs which the needy individual cannot bear 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. Humans instantiate 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 projects, contemporary interpreters have drawn attention to the significance of Kant's implicit treatment of this quality, as well as to the inevitability and inscapability of human need. As a necessarily interdependent being, humans require the help of one another in order to meet constitutive needs and therefore maintain agency. To effect 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. 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 insufficient.

**FIVE FEATURES**

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

1. The duty to care presumes multiple varieties of caring, hence accommodating a reasonable span 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 to find solely legitimate, idealized form of caring, the duty to care allows room for...
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 lose their capacity in the sense of having loving feelings for them. Following a core principle, Kantian insight, the duty to care recognizes that emotions toward another cannot be commanded. A person cannot be required to feel a specific way toward another person. He or she, however, is 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 self-determined ends of those others. From a feminist standpoint, this second feature is significant for the way in which it guards against a culturally generated, masculinist expectation for carers. In requiring a certain affective stance toward others, the duty to care acknowledges that caring 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 wish to promote their happiness), but may not experience surges of pleasure in their existence 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 I noted earlier, 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 to a valuable realization that I develop further and include in the duty to care: Caretakers are not to care to such an extent that they intentionally compromise their own well-being and experiences into 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 maintain themselves as good caretakers of others. Second, if exclusively promoting the happiness and needs 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 neglects 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 requires that human 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.

1. The duty to care is action oriented in two respects, both in regards the caretaker and the one in need. First, the duty to care calls for action on the part of the moral agent, as is the nature of an obligation. The goal of the caretaker, when encountering another in need, is to act to increase 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.

2. 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 failure in agency and self-determination, as can sometimes happen when one has no choice but to accept the help of another. When all possible caretakers are to advance the happiness of those in need by learning about and furthering 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 exploration, 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 ethicians 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 such limitations is advisable. I group the objections—some of them are closely related—into four main themes: (1) a dispute for duty, (2) a distinct of principles, (3) the supreme 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 objections in the process.

Objection 1: A Dispute for Duty

The first major objection can be assessed 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. As observers have it, 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. This sense arises with particular strength in the context of intimate relationships, acting from duty may not always be repayable, but acting from duty in situations involving merely intimate appears to be.

Parenthood 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 appear 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. Intuitively, we may wish to assert that parents care for their children because they are their children, it is because they love them that they view their needs so that they can grow, establish agency, and flourish. Understandably, parental responsibilities arise in the face of the Kantian dictates that moral motivation must not incorporate motives associated with inclination and attachment. 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?" Understanding 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 argumentation can be separated out from the dispute 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-met- 
ing based on the type of relationship and (2) because it turns a labor of love into a cold calculation of the Categorical Imperative or into a mechanism meeting of a moral minimum.55" Marcia Banta insightfully identifies the two-fold negative effects 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 calculates the wrong ethical compensation toward others, legitimizing responses that merely meet a minimum moral requirement.56 Ideally, the objection continues, moral agents would respond to the world'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 argument 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 concerns raised here merit serious consideration. Does Kant underestimate the moral value of relationships, including its affective components of connection and sentiment?57 Does his ethical program foster alienated, intimacy-squeezing moral agents? Both Barbara Herman and Marcia Banta'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.58 A large share of the difficulty lies with a common understanding of Kant's ethics as the principle of impartiality. There is, of course, much textual support for this line of interpretation. Although I will not endeavor 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 extended interpretation.

With regard to a Kantian evaluation of motives of connection, Herman (1995) cautions, "in acting from a matter 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" (180). Here Herman captures a valuable feature of the duty to care, one that I underscored earlier. The nature of relationships and emotions 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 to 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 as recompense for their having cheated a
locked one out of a large sum of money. In addition, some degree of impartiality may indeed have an important role to play in relations with intimates. 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 lifesaving medical attention before meeting the need of his older child for education only, in the form of tuition to attend a private school. Even though the older child's constitutive need for education is deemed in the immediate moment, he can (hopefully) not assume that his father has his best interests at heart and his well-being in 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 dual model of the community, of the father himself, of war-torn nationsestro passed to away from their suburban home, 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 not only to note 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.

Objection 2: A Distinct of Principles

Feminist ethics have often scored a significant element of principles in ethics. In such approaches has been largely synonymous with ways of doing philosophy, including its masculine traditions. In particular, care ethics have challenged the central importance of appeals to formulations, universal principles, opting instead for context-sensitive, particular ethical processes. A frequent foe has been Immanuel Kant, whose ethical system, to many minds, epitomizes the principle-oriented approach. Kittay and Meyers (1987) characterize the clash between the two perspectives: The morality of rights and abstract reason has been formulated 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.

Typically, the understanding has been that an approach of deductively applying principles to particular situations has little place in an ethical method in care ethics.

Quite obviously, the account of the duty to care that I advance does not rest on a foundational principle—namely, beneficence. Given the concept of need, 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 rather identify as a principle of
Although they supposedly block the involvement of principles in their accounts, it appears that the process 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. The development of care ethics has been equally 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 smaller claim that care accounts draw on a principle of care, sometimes wittingly, but often unwittingly.

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, inasmuch as 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 maintain the needy into 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 explaining 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 any account improves.

One case in point: Kantian beneficence does not incorporate the sensitivity to the particulars of the case situation that care ethics so brilliantly develop. 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 3: The Supreme Value of Rational Agency

A third possible objection involves concerns about the notion 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. Putting 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—as that which bestows dignity on us, Kant did rather clearly assign supreme importance of some sort to rationality. Do these features of the Kantian account limit its usefulness for any project focused on care, much less 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 particular and acknowledged point of limitation, recent work done in feminist ethics, which develops an expanded notion of agency, provides an essential supplement. The duty to care features a robust account of agency, one that extends beyond individuals' rational capacities and their autonomy. Relational and affective capacities also figure prominently, as noted earlier. Agency understood in a robust view 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 voicing the fourth objection might claim 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 even 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 on in discerning what others need. In 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 to meet needs in order to formulate the most appropriate responses. Therefore, in addition, the ways in which caregivers choose to meet needs can create further difficulties.

Turning to Kant for guidance on this point proves to be disappointing. Although one could perhaps wrestle 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 formulations concerning questions of recognition and proper assessment of need. Decisions 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
CONCLUSION

The overarching goal of this essay has been to develop the duty to care as a requirement for moral agents to respond to others' constitutive needs by cultivating, maintaining, or restoring the agency of those in need when such agency is in danger of being lost or harmed. The five main features of the duty that I identified here exhibit 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 symbiotic moment in what could certainly be a longer conversation between the two, a conversation that I understand as being crucial for developing a nuanced philosophical account of the interplay of agency, well-being, and the striving 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 experiences of care will not and should not be justified 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 genders to engage in an equitable sharing and shouldering of both the benefits and burdens of care.

NOTES

I would like to thank Barbara Andrews, Jean Keller, and Tina Schirmermann for their helpful comments on this essay.

1. A general note on how I employ the terms needs 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 lest some form of need to the individuals in need and to their agency (endeavor or otherwise) and (2) needs that individuals are not capable of meeting themselves. The term care denotes an intimate relation of response to need in which a caretaker perceives and responds to another and needs as to foster, assist, or maintain 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 known as their goal for the meaning of others’ needs. Even if acts of caring do have
to their goal, they do not always successfully achieve the goal. While not fully recompassed, needs and acts of caring often do overlap, so where an individual experiences a need that another cares for caring for them.

1. Do not mean to suggest that care ethics offer a monolithic theoretical pro-
grame. 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 how one should have other philo-
sophical approaches.

5. See the discussion of Neubauer and moral principles in note 17

4. Agency is not static, but is, it is not a mere achievement once and for all. Rather,
agency can fluctuate and to some degree, in addition, incompletely formed or un-
established agency can result from any number of unfortunate circumstances, includ-
ing, but not limited to, situations of oppression and deprivation.


6. Kant’s Fourth Illustration of the Categorical Imperative in the Grundlegging
(kn 170f, 445). References to Kant’s work will follow the author-date system but use
the volume and page numbers from Kant Gesammelte Schriften, edited by the Königlich
Preussische Akademie der Wissenschaften (Berlin: Walter de Gruyter).

7. These two features show upon elements of the Kantian duty of beneficence as
developed by Kant in both the Metaphysischer Ritten (specifically, the Appendix
and the Critique of Practical Reason). See Kant Ak. VII and Kant Ak.VIII.

8. Elsewhere I state that the amount of perceiving needs associated with the duty
to care needn’t always be to favor of not caring. See Miller (forthcoming).

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

10. I would like to thank Deborah Truhlsen, Mary Beth Moder, and two
University of Memphis for emphasizing this point with me during my visit to

11. With regard to emotion in particular, several theories have recently explored
the possibility that duty and emotion could function together in the motivational con-
ten, that existing roots in the Kantian framework for motivating feelings in actions
with moral goods. While this suggestion, however, creates the added charge of
conundrum, I do not treat these issues in the present work. See Herman (1995) and

12. Baron (1995) also provides a discussion of these objection.


14. PREISS (1995; 1996) questions whether it is important that connection be under-
stood in having moral value, suggesting that the value of connection may be
to one kind and the value of assembling a different kind.


17. Early on, Nel Stokeland formulated the case ethics stance against moral
principles, instead endorsing an ethical ideal of caring. “Everything depends on the
nature and strength of the ideal,” Stokeland (1994) explains. Yet we shall not have absolute
principle to mark so. Indeed, I shall select with principle as ambiguous-and con-
trast. Whenever there is a principle, there is implied in exception and, too often,
principles function to separate us from each other." Noddings identifies several different claims in her statement. She rejects principle-based ethics on four grounds: they are ambiguous, that they are circular, that they have frequent exceptions, and that they separate people from care entirely.

18. Neither am I willing to defend the entirety of the Kantian ethical approach. A question they often concern about the place of my work with regard to the entirety of Kant's system, a question that I cannot address in the present context.

19. Even Noddings' (2003) account appeals to an "ethical ideal" that, although very different from Kant's notion of beneficence, in that it includes a high degree of empirical information and anthropology, bears a striking resemblance to a principle of care.

20. For a detailed discussion of Kant's general theory of rational agency and its relation to moral agency (and moral psychology), see Allison (1990).


22. In the four stages of caring that she establishes, Joan Tronto (1993) includes a stage with a specific focus on the care situation, as an effort to determine whether the one cared for experiences her needs as being met, such a move underscores the importance of investing a definite approach present in many need-response scenarios, including Kant's the rejection of the adequacy and accuracy of definition of need held by moral agents who provide care may generate supposedly "caring" responses from contexts that bear no real relation to the subjective perception of need on the part of the care receiver.

23. It would be incorrect to say, however, that Kant's ethic offers no guideline with regard to the level of moral judgment. Contrary to a well-known criticism of Kant, one that appears to rely exclusively on the Overshadowing, failing to consider other aspects of his corpus, most notably by the Stringly 1977 (Kant, Ak. VIII and Ak. VII), Kant does present evaluation of the contextual aspects of situations into moral judgment as a practice. For further discussion, see Herman (1995).

REFERENCES


