Globalizing Care

Ethics, Feminist Theory, and International Relations

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The Ethics of Care

This chapter explores the increasingly prolific work in moral and political philosophy which has challenged the traditional focus on the autonomous, abstract, rational agent and on 'justice' as the first virtue of society. Specifically, it examines the work of feminist theorists who have developed what is now widely known as 'the ethics of care'. This literature has its origins in the work of moral and social psychologists such as Nancy Chodorow and, most notably, Carol Gilligan, who famously argued that many girls and women tend to interpret moral problems differently from the way boys and men tend to interpret them. Feminist theorists who developed these initial insights have argued that a morality of caring sees persons as interdependent rather than independent individuals, and that ethics should address issues of caring and empathy and relationships between people rather than only or primarily the rational decisions of autonomous moral agents.¹

So influential has this work been among feminists that it is tempting to take the phrases 'ethics of care' and 'feminist ethics' as synonymous. However, as Susan Hekman points out, 'even a cursory examination of the literature on feminist ethics reveals that there is no single "feminist moral theory"'. Thus, while it is clear that 'discussions of the ethic of care, and of the "different" moral voice of women, have been an important force in feminist ethics in the last decade', it would be incorrect to suggest that all or even most feminist moral theorists wholeheartedly embrace the ethics of care, or indeed to suggest that they categorically reject the notions of autonomy, justice, rights, and duties embodied in 'traditional' moral theory.² Moreover, it would also be wrong to suggest that it is only feminists who have rejected the central assumptions of traditional Kantianism or utilitarianism; although their arguments certainly differ in many important ways from those embodied in the ethics of care, many moral philosophers who argue in favour of 'alternative' or untraditional approaches to ethics are clearly sympathetic to both these...
concerns and the ethical starting points articulated by many feminist moral theorists. With this aim in mind, this chapter explores in some detail the emergence of the idea of an ethics of care and traces the development of this alternative understanding of morality and moral relations. It addresses three central controversies surrounding care: first, the debate over the alleged "essentialism" of much theorizing about care, which embraces the question of whether there can be such a thing as a morality of and for women; second, the debate between "justice" and "care," which addresses the alleged incommensurability of the two perspectives and asks whether an adequate moral theory must, or indeed can, include elements from both; and third, whether "care" describes what is essentially a personal moral response in that it relies on relationships between particular individuals and ignores the wider moral implications of social structures and institutions, which may be largely responsible for exclusion and suffering. Related to this last question, of course, is the question which is of central importance to this book: whether care ethics is intrinsically parochial and thus ignores (or is ill-equipped to address) questions of moral relations among distant strangers in the global context.

An analysis of these questions demonstrates that, far from being three separate debates, they are very closely related. Indeed, these debates have arisen among both the critics and the advocates of care owing to fear, or skepticism, about the ability of "care" to act as a starting point for moral reasoning and to deal effectively with a broad range of moral dilemmas. I argue, however, that all three of these questions arise only when care is understood in a particular way. If care ethics is understood solely as a "corrective" to universalistic, impartialist theories, or simply as a "useful addition" to our moral vocabulary, then it will always retain its image as a "private," "personal" morality which is antithetical to justice and most relevant to women as mothers and, more generally, occupants of the private sphere of the household and the family. This chapter illustrates that care can transcend these apparent limitations when it is understood not simply as a narrow psychological disposition, or a "moral theory," but as a value and a practice which informs our daily lives, with the capacity to transform our understanding of both morality and politics and, ultimately, of the relationship between them.

Morality and Psychology

The philosophers of deontological ethics—from Kant to G. E. Moore—have been staunch in their condemnation of the "naturalistic fallacy," the conflation of the way human beings ought to behave with the way they actually do behave. As a result, ethics as a philosophical field has remained, for some time, almost totally severed from psychology and sociology. Although psychologists like Jean Piaget and Lawrence Kohlberg have done interesting crossover work in moral psychology, their contributions have been largely consigned to the margins of "mainstream" psychology and have received rather cool responses from mainstream moral philosophers. It could be argued, however, that cognitive and developmental psychologists have recently become increasingly interested in moral reasoning, and that, likewise, moral philosophers have come to recognize the importance of psychology in their own work.

For example, Lawrence Blum's Moral Perception and Particularity represents his "continuing effort to help bring moral psychology into more direct contact with contemporary moral theory." He argues that owing to moral philosophers' focus on rational principle, impartiality, and universality and on rules and codes in ethics, the importance of the psychological dimension of moral life has been masked, implicitly denied, or at least neglected. Drawing on the work of Iris Murdoch, Blum explores what he calls the "psychic capacities involved in moral agency and moral responsiveness—emotion, perception, imagination, motivation, and judgement." Murdoch herself, ever critical of "English" or "Oxford" philosophy, has argued that a working "philosophical psychology" is required, even if only to connect the language of modern psychology with the language of virtue: "We need a moral philosophy which can stand significantly of Freud and Marx, and out of which aesthetic and political views can be generated. We need a moral philosophy in which the concept of love, so rarely mentioned now by philosophers, can once again be made central."

This movement towards an examination of the psychology of moral agency is evident in the work of many feminist developmental psychologists and social theorists, who have relied on both empirical psychology and psychological theory in the development of new understandings of the nature of morality and moral motivation. Of these, perhaps the most important for the development of the ethics of care is Carol Gilligan, whose work was partly a response to that of her former colleague, the psychologist Lawrence Kohlberg. In the development of her own ideas and theories, Gilligan was influenced by Nancy Chodorow, whose work has focused on psychoanalysis and the sociology of gender.

In The Reproduction of Mothering, Chodorow analyzes the way women's mothering is reproduced across generations. She argues that the contemporary reproduction of mothering occurs through social, structurally induced psychological processes. Specifically, she suggests that the needs and capacities of mothering in girls are built into and grow out of the mother-daughter relationship itself. By contrast, women as mothers (and men as not-mothers) produce sons whose nurturant capacities and needs have been systematically curtailed and repressed. This process, she
argues, prepares men for their less affective family role and for primary participation in the impersonal extramural world of work and public life. Thus, Chodorow offers an explanation not only for the reproduction of mothering but for the contrasting moral-psychological ‘starting points’ of men and women: The sexual and familial division of labor in which women mother and are more involved in interpersonal, affective relationships than men produces in daughters and sons a division of psychological capacities which leads them to reproduce this sexual and familial division of labor.6

Chodorow cites two contributions to feminist theory as having influenced her work. First is the ‘sex-gender system’—a set of arrangements by which the biological raw material of human sex and procreation is shaped by . . . social intervention’. This system is analytically separate from the dominant mode of production in any society, but the two must be seen as ‘empirically and structurally intertwined’.7 The second construction extends the first by suggesting that one can distinguish analytically in all societies between domestic and public aspects of social organization. Because mothers and children form the core of domestic organization, men find a primary social location in the public sphere. The public sphere, unlike the private, defines its institutions according to normative/social, rather than ‘natural’, criteria. Society is thus defined as masculine, and this gives men the power to create and enforce institutions of social and political control—including those which control sexual reproduction.8

Even at this early stage in her argument, it is clear that Chodorow does not limit it to narrow, psychological concerns. Hers is a critical analysis of the institutional and normative social arrangements which perpetuate the hierarchical, structural differentiation of domestic and public spheres. It is within this context that she seeks to explain why women, rather than men, are ‘mothers’. Rejecting ‘arguments from nature’, Chodorow relies on psychoanalytic theory to demonstrate how the family division of labour in which women mother gives socially and historically specific meaning to gender itself. Specifically, she uses object-relations theory to show how women grow up to have generalized relational capacities and needs, and how women and men create the kinds of interpersonal relationships which make it likely that women will remain in the domestic sphere—in the sphere of reproduction—and, in turn, mother the next generation.9

Not surprisingly, there has been much criticism of object-relations theory, both as a psychoanalytic theory and as the basis for ascribing different moral voices to different genders. As Lois McNay notes, while many feminists have found in Chodorow’s theory a cogent account of the psychic differences between men and women, it nevertheless has problem-

atic foundations in ahistorical and essentialist assumptions. Lacanian theorists have criticized the object-relations theorists’ over-stable conception of the subject, arguing that the unconscious must be recognized as a source of discontinuous and chaotic drives which render the ego a perpetually unstable phenomenon. By claiming that certain kinds of identifications are primary, object-relations theorists make the relational life of the infant primary over psychic development itself, conflating the psyche with the ego and relegating the unconscious to a less significant role.10

Feminist anthropologists, moreover, criticize the extent to which object-relations theorists give the role of the mother as nurturer a central place in their ahistorical, cultural definition of women. Thus, the theory is accused of focusing on Western societies—where the notions of ‘woman’ and ‘mother’ overlap—and ignoring the link in particular cultures between the category of woman and certain attributes of motherhood such as maternal love, nurturance, fertility, and so on. It has been argued that despite its claim to value heterogeneity, mothering theory does not develop the methodological tools to deal with difference related to class, ethnic, and other cultural variants.11

When exploring the link between feminist ethics and object-relations theory, it is also important to address the more general dangers in linking morality to psychology. In spite of the importance of bringing psychology into moral and political philosophy, we must be vigilant in ensuring that the advances made by an exploration of morality which considers qualities such as perception and motivation does not retreat too far into the relatively narrow frontiers of human cognition, leaving behind the human suffering and inequality of the social and political world. On the other hand, while traditional moral theorists may claim that the greatest danger of linking ethics to psychology lies in the conflation of what ‘is’ with what ‘ought to be’, it could be argued that this is not a problem but rather a step towards the solution. Thinking about morality must start from experience of the way that people actually behave, and it must explore how that behaviour is socially constructed, asking how attitudes and practices manifest themselves at the level of social relations. If an exploration of the psychological capacities involved in perception of and responsiveness to moral situations can help us in constructing such a view of ethics, then its contribution ought to be taken seriously.

Gilligan and the ‘Different Voice’

While important in its own right, Nancy Chodorow’s work is now well known for its influence on Carol Gilligan and her research. It was in 1982 that the first edition of Gilligan’s book, In a Different Voice, was published. Between that time and 1993, when the second edition was published, it
would not be an exaggeration to claim that the book influenced the entire direction of Anglo-American moral philosophy. Whether to support it, develop it, or condemn it, a wide range of moral philosophers began to address the challenge posed by care ethics to traditional Kantian or utilitarian moral reasoning. Today, five years after the publication of the second edition, the debate continues.

In a Different Voice is the result of empirical research in developmental psychology. Gilligan tells her readers of how her subjects spoke about themselves, about morality, and about their judgements and responses to a variety of `moral dilemmas'. She claims to have heard a distinction in these `voices'—two ways of speaking about moral problems, two modes of describing the relationships between other and self. In recording these different voices, Gilligan posits that the disparity between women's experience and the representation of human development, rather than signifying a problem in women's development, may in fact signify a problem in the representation—a limitation in the conception of human condition, an omission of certain truths about life'.

Specifically, Gilligan challenges the model of moral development put forward by Lawrence Kohlberg—a six-stage, three-level progression from an egocentric understanding of fairness based on individual need (stages one and two) to a conception of fairness anchored in the shared conventions of societal agreement (stages three and four), and finally to a principled understanding of fairness that rests on the free-standing logic of equality and reciprocity (stages five and six). Moral maturity, according to Kohlberg, results when the subject has reached an understanding of morality as a principled conception of justice. Gilligan challenges this model using empirical and interpretive analysis of girls' and women's responses to a series of moral dilemmas. She argues that the `different voice' of girls and women does not signify that women simply stop at an `inferior stage' of moral development but rather that the voices of women represent a different but equal moral orientation which is morally valuable. For example, Gilligan describes how `Amy', a young female subject, saw the particular moral dilemma not as `a math problem with humans' but as `a narrative of relationships that extends over time'; she describes Amy's view of `a world comprised of relationships rather than of people standing alone, a world that coheres through human connection rather than through systems of rules'. This `different voice', Gilligan argues, is a sign not of developmental failure but of the failure of moral philosophy and developmental psychology to understand, or even explore, the experiences, feelings, and perceptions of women.

Since the first edition of In a Different Voice was published, there has been a substantial amount of research, primarily by feminist moral and political philosophers, around the idea of care and the ways in which it can help us to explain, understand, and ultimately transform the nature of moral, political, and social relations. Here I refer to the excellent work of Annette Baier and Marilyn Friedman, who have broadened the debate to include analysis of the ideas of trust (Baier) and friendship (Friedman); the writings of Virginia Held on care and noncontractual society; and Joan Tronto's `political argument for an ethic of care'. Even those philosophers who have remained sceptical about this kind of ethics, such as Susan James, Alison Jaggar, and Susan Moller Okin, have recognized its importance as a critique of liberalism and, specifically, its importance to debates regarding citizenship and justice.

Lawrence Blum has argued that Carol Gilligan's body of work in moral developmental psychology is of the first importance for moral philosophy in terms of the questions it raises. If there is a `different voice'—a coherent set of moral concerns distinct both from the objective and the subjective, the impersonal and the purely personal—then moral theory needs to give some place to these concerns. Blum's work also reminds us that in Gilligan's arguments one can detect a clear resonance of the ideas of Iris Murdoch—the novelist, dramatist, critic, and philosopher who was writing about ethics more than twenty years before Gilligan. As early as the 1950s Murdoch criticized `Oxford' philosophy, which exalted freedom, right, will, power, and judgement and focused exclusively on `right action' and the principles and rules which allow us to make moral choices. Against this, Murdoch argued in favour of a moral philosophy which helps us learn how to focus our attention on others whom we can recognize as `real'; she argued that human beings are naturally `attached', and that it is the development, purification, and reorientation of those attachments which must be the task of morals. Morality is not just about action, she argued, but can be about learning how to wait, be patient, trust, and listen.

Similarities between Gilligan's arguments and Murdoch's philosophy demonstrate that the ethics of care may be located in the context of a wider critique of Kantian and neo-Kantian ethics. Seyla Benhabib has observed that the widespread recognition and controversy surrounding Gilligan's work arose not only because it reflected the coming of age of women's scholarship within the paradigms of normal science; equally significant was that the kinds of questions which Gilligan was asking of the Kohlbergian paradigm were also being asked of universalist neo-Kantian moral philosophies by a growing and influential number of critics, including communitarians, neo-Aristotelians, and even neo-Hegelians. Thus, she argues, there is a remarkable convergence between the Gilligan-type feminist critique of Kantian universalism and the objections raised by these other thinkers.

That said, it is clear that Gilligan's work has been regarded as so significant not just because it represents an alternative approach to ethics, but be-
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cause of its specifically feminist orientation, Susan Hekman has suggested that what Gilligan proposes is an alternative framework in which women’s stories are interpreted as genuine moral statements. If we interpret relationship, care, and connection as integral to human life and development, then we will interpret women’s stories as genuinely moral narratives, distinct from, but every bit as moral as, those based on abstract principles.22

As suggested earlier, however, the ethics of care has not been unanimously accepted by all feminists. Indeed, Gilligan’s work has received both praise and criticism from feminist and nonfeminist moral philosophers and political theorists. As Hekman notes,

[Gilligan’s work] has been hailed as the harbinger of a new moral theory and as the final blow to the exhausted masculinist tradition of moral philosophy. It has also been condemned as methodologically unsound, theoretically confused, and even antifeminist. Gilligan’s critics and defenders have cast her, respectively, as either villain or savior in the ongoing intellectual debate of the 1980s and 1990s.31

One of the most common interpretations of Gilligan’s research—rather than of the idea of an ethic of care as such—is that she makes strictly empirical claims and argues that it is a statistically provable fact that men and women have different moral voices. Defined as an empirical claim, Gilligan’s thesis is dismissed by critics who argue that her research lacks objectivity and is not adequately supported by evidence. Gilligan herself, however, states unequivocally that her point is interpretive rather than empirical; indeed, as Hekman argues, these empiricist criticisms may persist because Gilligan’s theory not only threatens to displace traditional moral theory but also challenges the foundations of empiricism, objective social science. Claiming that Gilligan’s work is factually inaccurate, she points out, is one way of dismissing its radical implications.34

In addition to this criticism of Gilligan’s methodology and her specific empirical and interpretive findings, the idea of an ethic of care itself, and the ambiguities and potential dangers contained within it, has also begun to be criticized. This criticism has been directed at the literature on feminist ethics which has sought to define and advance Gilligan’s initial claims. For example, negative criticism of Gilligan’s research came, unsurprisingly, from Kohlberg himself, and from the moral and political theorists who sought to defend their ‘justice’ perspective against Gilligan’s claims. Kohlberg’s response to Gilligan’s feminist challenge was to resort to a reaffirmation of moral boundaries along extremely traditional lines: he suggested that the moral values identified (by Gilligan) with women are associated with the private sphere, with the world of family and friends. Thus, the ethics of the public sphere—the ethics of justice—remains intact. Read in this way, care becomes not a new way of thinking about the nature of morality, but something outside of the sphere of morality altogether. As Habermas has claimed, comparisons between what Gilligan discusses and morality amount to ‘a category mistake’.35

The social and political implications of Gilligan’s work have also been addressed by liberal moral and political philosophers. In his book Justice as Impartiality, Brian Barry interprets the ethics of care as an invitation to dispense with morality and replace it with nepotism, favouritism, and injustice. Characterizing caring as a determination to advance at any cost to principle the interests of those to whom we are closely related, Barry fears that children who grow up in such an atmosphere are ‘liable to become monsters’. He concludes that a caring society would unavoidably be one in which ‘women would have to be excluded from all public responsibilities because it would be impossible to trust them to carry out public duties conscientiously’.

It would have to be concluded that women were incapable of practising first-order impartiality in cases where that is required by holding some public office. Thus, the many leading Western political philosophers who have held precisely this view of women would have got the last laugh.36

While it could be argued that Barry’s criticisms demonstrate a fundamental misunderstanding of the ethics of care, his conclusion that a society based on caring might reinforce structures and norms which oppress and exclude women must be taken seriously, not least because it is one which is shared by many other philosophers, including a number of feminists.

Arguing from a Kantian perspective, Onora O’Neill argues that feminist critics of the liberal perspective can end up endorsing rather than challenging social and economic structures that marginalize women and confine them to a private sphere. Separatism at the level of ethical theory, she argues, ‘can march with acceptance of the powers and traditions that be’. Like Barry, she predicts that such a philosophy would reinforce stereotypes and confine women to the private sphere:

A stress on caring and relationships to the exclusion of abstract justice may endorse relegation to the nursery and the kitchen, to purdah and to poverty. In rejecting ‘abstract liberalism’, such feminists converge with traditions that have excluded women from economic and public life. An appeal to ‘women’s experience’, ‘women’s traditions’ and ‘women’s discourse’ does not escape but rather echoes ways in which women have been marginalized or oppressed.37

Even feminist theorists, such as Joan Tronto and Sarah Lucia Hogland, have voiced fears about the ‘essentialism’ of care ethics and the
identification of care as ‘women’s morality’. Tronto, for example, argues that ‘the view that morality is gendered reinforces a number of existing moral boundaries and mitigates against change in our conceptions of politics, of morality and of gender roles’. Hoagland refers to care ethics as an ‘ethics of dependence’, which is ‘often explored within the framework of mothering in which the idea of dependency can be explored and is often romanticised’.29

While these concerns over the essentialism of care ethics must be taken seriously, I would argue that it is only a narrow, ‘orthodox’ ethics of care—the view of care as essentially a morality for women, belonging in the private sphere and valorizing ‘dependence’ over ‘independence’—to which these criticisms actually apply. Indeed, as suggested in subsequent chapters, care ethics can provide the basis for an international ethics only if it is supported by other critical-relational approaches—in social and legal theory, and critical and feminist political economy—which problematize the structures of inclusion and exclusion which exist in the context of global social relations.

In the following three sections, I address three central areas of criticism in turn: first, the idea that care may be specifically a women’s morality; second, the notion that care and justice are distinct moral orientations; and finally, the claim that care is a personal, private, and hence parochial morality which is ill equipped to address wider social and political concerns.

Gendering Ethics?

In her influential and controversial book *Maternal Thinking*, Sara Ruddick argues that the practice of mothering—which includes, among other activities, protecting, nurturing, and training—gives rise to specific metaphysical attitudes, cognitive capacities, and conceptions of virtue. Among these virtues, Ruddick identifies attentive, clear-sighted love, but also the ability to wait and the ability to trust and be trustworthy. Maternal action, she argues, is prompted by the ability to act, and when it is most successful, it gives way to the action it informs.30 However, according to Ruddick, maternal thinking is not only relevant to the ‘private sphere’ of the family and home but also has a public, and indeed political, significance. The political importance of maternal thinking, then, is that it provides ‘an engaged and visionary standpoint from which to criticize the destructiveness of war and begin to invent peace’. Thus, maternal thinking and practices are important resources for developing peace politics.31

In support of her argument, Ruddick cites Nancy Harstock’s Marxist notion of a privileged political and epistemological ‘standpoint’—‘an en-

gaged vision of the world opposed and superior to dominant ways of thinking’ which is shared by those who also share socially and political

significant characteristics. Thus, Ruddick describes the feminist standpoint as a superior vision produced by the political conditions and distinct

work of women. This, she argues, provides not only the epistemological and political base for maternal thinking but the critical power: ‘by looking and acting from a feminist standpoint, dominant ways of thinking... were revealed to be as abstract and destructive as I suspected’.32

‘Standpoint’ feminists argue that their perspective accounts for the achievements of feminist theory because it is a politically engaged approach which starts from the perspective of the social experience of the subjugated sex/gender. But the idea of a distinctly feminine standpoint, from which we can arrive at a less partial, less distorted understanding of social relations is contested by other feminists. For some, the idea of a feminist standpoint appears still too firmly rooted in distinctively masculine modes of being in the world. To argue for an authentic feminist standpoint is to put forward yet another falsely universalizing project. Moreover, although it is clear that standpoint feminism seeks to identify the common aspects of women’s social experience cross-culturally, it has been suggested by postmodern and cultural feminists that it cannot be presumed that there are commonalities to be detected in all women’s social experience or worldviews. Thus, the critique of standpoint feminism concludes that no particular women’s experience can uniquely generate groundings for the visions and politics that will emancipate all women from gender hierarchy.33

This debate has important implications for the ethics of care. Gilligan herself has been interpreted as a standpoint feminist, insofar as the alternative way of thinking about morality and moral relations which she advocates is linked to a distinctly ‘women’s’ way of knowing. Moreover, both Ruddick and Gilligan have been accused of an implicit essentialism which, in discussing women’s roles in mothering and caretaking, fails to make a clear distinction between what is naturally—physiologically and psychologically—feminine and what is a socially constructed account of gender roles and characteristics. Linda Nicholson, for example, has argued that the lack of an historical account in Gilligan’s work leads to the tendency of her analysis to ignore factors such as class, race, and historical changes as variables. She argues that Gilligan’s map of women’s moral development—from initial selfishness to a position which integrates the needs of both self and other—can be explained within the historical context of a highly individualistic modern Western society. In such a society, she argues, female children are encouraged to abandon selfishness in conjunction with their socialization in becoming ‘feminine’. This
has been particularly true, she points out, for white, middle-class girls, for whom the ideal of femininity has been more directly influential in shaping behaviour than it has been for many black, poor, and non-Western women. Similarly, Lawrence Blum has suggested that it is a deficiency of most of the literature on the morality of care that it does not explore the constituents of individual identity which would need to be taken into account in true caring towards a particular individual. More specifically, he claims that insufficient attention has been paid to the cultural/ethnic/religious dimension of identity.

As well as pointing out the limitations of basing a moral orientation on gender alone, many advocates of caring approach to morality have explicitly rejected the gendering of care ethics. Susan Moller Okin argues that, to the extent that findings about women’s moral development are interpreted to mean that women are more attached than men to particular others and less able to be impartial or to universalize in their moral thinking, they seem not only to misread the data but to reinforce the negative stereotyping of women that has been employed to exclude them from political rights and positions of authority.

In defending her argument against such criticism, Gilligan has pointed out that the title of her book is In a Different Voice, not In a Woman’s Voice, and that she explains in her introduction that this voice is identified not by gender but by theme. Although she does note the association of this voice with women, she cautions the reader that ‘this association is not absolute, and that the contrasts between male and female voices are presented here to highlight a distinction between two modes of thought and to focus a problem of interpretation rather than to represent a generalization about either sex’. Thus, she claims, the care perspective in her rendition is neither biologically determined nor unique to women.

Despite her advocacy of care as a value and practice which can inform social and political life, Joan Tronto has argued that, in its original formulation, the ethic of care did not disturb the basically exclusive logic of Kohlberg’s theory. There is no victory, she suggests, in the admission that caring deserves to be seen as a part of moral theory as long as it is kept in its place, especially in the household or in ‘relationships’. An ostensibly ‘feminine’ approach to caring, she argues, cannot serve as a starting point for a broader questioning of the proper role of caring in society. If the feminine is constructed as the antithesis of the masculine, then the construction of women as tied to the more particular activity of caring for others stands in opposition to the more public and social concerns of men. The ‘attentiveness’ which characterizes caring could then be seen as a survival mechanism for women who are dealing with oppressive conditions—a way of anticipating the wishes of one’s superior. Thus, a feminine approach to caring bears the burden of accepting traditional gender divisions in a society that devalues what women do. From this perspective, she argues, caring will always be a corrective to morality, an ‘extra’ aspect of life, neither suggesting nor requiring a fundamental rethinking of moral categories. Tronto distinguishes a ‘feminist’ approach from the ‘feminine’ approach described earlier. Her vision of a feminist approach to caring, in contrast, needs to begin by broadening our understanding of what caring for others means, both in terms of the moral questions it raises and in terms of the need to restructure broader social and political institutions if caring for others is to be made a more central part of the everyday lives of everyone in society. It is precisely such an approach, informed by this vision of a political theory of care, that must provide the starting point for thinking about the ethics of care in the context of international relations.

Clearly, the importance of the ethics of care, and its transformative potential, does not, and indeed must not, rest on its association with women. While it is crucial to avoid underestimating its feminist origins and orientation, the ethics of care is significant because it represents an alternative view of ethics which is relevant beyond the role of women within the family or even within local or national societies. Indeed, the transformative potential of an ethics of care extends beyond the personal to the political and, ultimately, to the global context of social life. Marilyn Friedman argues that the different-voice hypothesis has a significance for moral psychology and moral philosophy which would survive the demise of the gender difference hypothesis. She insists, convincingly, that at least part of its significance lies in how it reveals the lopsided obsession of contemporary theories of morality with universal and impartial conceptions of justice and rights and the relative disregard for particular, interpersonal relationships based on partiality and affective ties.

The Care-Justice Debate

There has been extensive discussion of the question of whether care and justice do indeed represent two distinct types of moral thinking, and of whether care, on its own, can adequately address all types of moral situations or whether what is required is an approach to ethics that includes and integrates both care and justice thinking. Thus, as well as debates among feminists about the tenability of a ‘feminist standpoint’ and, indeed, a ‘feminine’ or ‘feminist’ ethics, Gilligan’s work has led to another debate about care and justice—specifically, whether these in fact denote two contrasting approaches to morality, or whether they articulate differences not in ethical position but in emphasis of one against the other of two types of moral duties.
Marilyn Friedman has argued that the care-justice dichotomy is rationally implausible and that the two concepts are conceptually compatible; this argument, in turn, creates the empirical possibility that the two moral concerns are intermingled in practice. She sees this point as integral to the argument against the ‘gendering’ of these moral outlooks: ‘That the genders do not, in reality, divide along those moral lines is made possible, though not inevitable, by the conceptual limitations of both a concept of care dissociated from considerations of justice and a concept of justice dissociated from considerations of care’.53

While not seeking to dispose of the different-voice hypothesis, Friedman argues that there are ways in which justice pertains to close personal relationships. A personal relationship, she claims, is a miniature social system which provides valued mutual intimacy, support, and concern. Justice sets a constraint on such relationships by calling for an appropriate sharing, among the participants, of the benefits and burdens which constitute their relationship.

Susan Moller Okin has also criticized the alleged dichotomy between justice and care—and between impartiality and universalizability, on the one hand, and the recognition of otherness and difference on the other. Illustrating this claim through an analysis of Rawls’s Theory of Justice, Okin argues that an understanding of Rawls’s theory must include a recognition that, in order to develop the sense of justice required of people if a well-ordered society is to have any hope of being achieved and, once achieved, preserved, human beings must be nurtured and socialized in an environment that best develops these capacities in them.44 Rawls’s position, usually interpreted as excessively rationalistic, individualistic, abstract, and Kantian, does rely, she argues, on empathy, benevolence, and equal concern for others as for the self if the parties are to come up with the principles they choose.45 In arguing that at the centre of Rawls’s work is a voice of responsibility, care, and concern for others, Okin attempts to deconstruct the dichotomy between care and justice that has been erected by many feminist philosophers.46

While feminist theorists clearly differ in their understandings of the relationship between justice and care, few would suggest that an ethic of care can replace or eclipse the moral problems that justice seeks to address. Certainly, the idea of ‘justice’ is neither superficial nor morally expendable; moreover, the current global social, economic, and political context is certainly not one in which questions of justice no longer need to be addressed. Nor is ‘justice’ irrelevant to an interpersonal, relational view of ethics; indeed, the concept of justice, in general, arises out of relational conditions in which most human beings have the opportunity, the capacity, and, for too many, the inclination to treat each other badly.47

While most theories of justice do, then, clearly involve some notion of human beings living in relationships, the particular type of ‘justice thinking’ that is normally contrasted with ‘care thinking’ starts from the belief that the best way to ensure justice is to respect the autonomy and individual rights of persons through the application of generalizable rules and principles. It also maintains that individuals, as moral legislators, should have a degree of emotional independence, in the sense of being able to distance themselves from their personal affections and interests when making political decisions.50 Finally, on this account, it is the capacity for rationally autonomous moral agency that makes a being a person and makes persons matter morally. Thus, as the Kantian view has been developed, respect for persons has come to be thought of primarily in terms of respect for each individual’s equal, basic human rights—the rights that protect the defining capacity of persons—and especially respect for the fundamental right of each person to live her life as she sees fit.50

Thus, it is not the idea of ‘justice’ as such, but the individualistic, atomistic ontology, the liberal-impartial view of persons as ‘generalized’ rather than ‘concrete’, and the concomitant reliance on abstract moral principles which are corrected by the care perspective. That said, however, it is not the case that we must jettison all of the moral notions regarding self and other associated with justice ethics. For example, the ideas of ‘self-esteem’ and ‘respect’ may be integral to both justice and care. Citing self-esteem as a basic presupposition of liberal theory, Susan James nevertheless notes that self-esteem, which is required to be able to ‘speak in one’s own voice’, depends heavily on the approval of others for one’s continued sense of self.50 Similarly, Claudia Card suggests that self-esteem is contingent upon primary personal relationships and upon the sense we develop of ourselves in such relationships—the sense of ourselves as capable of faithfulness, understanding, warmth, and empathy, as endowed with the qualities we would want in a personal affiliate, not only the qualities that it is rational to want in a “fellow citizen”.50 Thus, paradoxically, one of the vital conditions of liberal-impartiality—the emotional autonomy and independence of the moral agent—can be seen as being ensured only through self-esteem, which itself acts as an intermediary between the poles of emotional dependence and independence and thus requires, at least to some degree, an adequate sense of caring, based on attentiveness and understanding.

Moreover, Robin Dillon’s notion of respect, when joined with care, ensures that care does not descend into arbitrary preference based on emotion. Although we might like something for no reason, she argues, we cannot respect something for no reason, nor for any old reason. Respecting
something requires having a certain kind of reason, namely, that I believe that there is some feature, characteristic, or fact about it that makes it deserving of my attention and some further response. An ethics of care that is enriched with notions such as self-esteem and respect is one in which care and justice are no longer fixed in a dichotomous relationship: indeed, it is a new kind of moral thinking in which a strong sense of self goes hand in hand with the valuing of human attachment and the focus on abstract, impersonal, distanced relations is replaced by a focus on real, concrete, particular relations.

In thinking about the difference between justice and care, perhaps we would do well to remember that theorizing about justice is, in fact, a response to the existence of injustice in the world. Perhaps, as Judith Shklar has suggested, it is injustice, rather than justice, with which we should be most concerned. As she has pointed out, felt injustice is a personal experience, and it is evoked by particular incidents. It may well be that our subjective, personal experiences are too various and incommunicable to be fitted into general rules of conduct or, in other words, into any abstract theory of justice; this may be why, moreover, our attempts to impose them tend to backfire. Perhaps we are too ignorant (of others) and too diverse to be fitted into any single normative scheme. If injustice is, then, as complex and intractable as seems likely, a less rule-bound phenomenology, she suggests, may be a better way of exploring the matter.

Shklar has argued that the emphasis in political theory on constructing what she calls the 'normal model' of justice has resulted in a lack of serious attention to the idea of 'injustice'. There is an absence, she claims, of any 'elaborate or serious understanding of injustice as a personal and political experience or as a part of all societies known to history'. Most injustices, she argues, occur continuously within the framework of an established polity with an operative system of law, in normal times. They are 'banal historical realities' which remind us that the 'self-confident intellectual and moral claims of the normal model' are unwarranted. I

In its cognitive complacency the normal model forgets the irrationality, cupidity, fear, indifference, aggression and inequality that give injustice its power. The normal model of justice, to which we cling, is not really given to investigating the character of injustice or its victims. It does not tell us everything we should know about either one. Indeed, its very aims prevent us from doing so. The ethical ends of a theory of justice, as of justice itself . . . respond to the requirements of juridical rationality, impersonality, fairness, impartiality. Probit in this case acts as an inhibition to speculation.

The tasks of political theory are, however, quite different and less circumscribed. They can and should raise every possible question about injustice as a personal characteristic, as a relation between individuals, and as a political phenomenon. Above all, political theory cannot turn away from the sense of injustice that is an integral part of our social and personal experiences, whether private or public, and that plays an essential part in democratic theory and practice.

In the language of moral and political theory, 'care' is not the same as 'justice'. But that is not to say that, from a critical perspective of care, we can neither deplore injustice nor respond to it. Indeed, given the scope and intensity of injustice and human suffering in the global context today, no serious approach to international ethics can ignore injustice; rather, we simply must question the need, and indeed the possibility, of delivering theories of justice and instead consider seriously how all moral agents can learn to care about the needs of real others, and how healthy social relations, both within and between communities, might best be maintained and promoted.

From Private to Public and Beyond

While the debates rage on about the alleged essentialism of care, the plausibility of gendering moral orientations, and care's potential for reinforcing oppressive stereotypes, perhaps the most important critique of care ethics for the purposes of this book involves the claim that care is a moral orientation for the private, or intimate, sphere of life, and thus that it has no bearing on public, or indeed international, social relations.

It is not surprising that advocates of rights-based ethics, and liberal theories of justice more generally, tend to be hostile to the idea of a morality of care for precisely this reason. Caring about particular persons, it is argued, may indeed be a fact of life, but it is an inappropriate way to define morality, especially our moral relations to strangers. Indeed, a common response to the notion of care is to make what Margaret Walker calls the 'separate spheres' move of endorsing particularism for personal or intimate relations and universalism for the large-scale or genuinely administrative context, or for dealings with unknown or little-known persons. Impartialist critics of care argue that while care for others in the context of relationships may constitute a genuinely distinct set of concerns or mode of thought and motivation from that found in impartialist morality, and while these can be deeply important to individuals' lives, nevertheless such concerns are not moral but only personal ones. Caring may be important, but actions which flow directly from it are in that respect without moral significance.

Grace Clement devotes substantial space in her recent book to an effort to broaden the conventional boundaries of care. She focuses on the public/private dichotomy and argues that the public sphere shares features usually understood as private and thus calls for an ethic of care. Her first
argument draws on Robert Goodin's *Protecting the Vulnerable*; following Goodin, Clement argues that our obligations to care for family and friends are based on the particular vulnerability of our family and friends to our actions and choices. We have special obligations to our family and friends because we can affect their interests to a great extent. But, she argues, many people beyond our family and friends are also particularly vulnerable to our actions and choices, and thus the ethics of care has implications beyond our sphere of personal relations. Clement summarizes:

First, our care obligations within the private sphere are based on our friends’ and family members’ vulnerabilities to us. Second, people beyond our private sphere are also vulnerable to our actions and choices, and thus we also have care obligations to them. This argument challenges one aspect of the public/private dichotomy ... by showing that the moral concerns that call for an ethic of care are present in public as well as in private.

While I am sympathetic to the project of seeking to demonstrate that care ethics is applicable to public as well as private moral contexts, Clement’s argument here could be seen as potentially damaging. First, it is not clear on what grounds she has determined that caring emerges specifically out of others’ vulnerability to us (other than the fact that Goodin says so). This does not seem to have been an assumption of any previous theorists of care, nor indeed of Clement herself in the rest of her book. How can we justify this assumption? Do I care about my family and friends because they are vulnerable to me? Do I act morally because I recognize that if I ‘withdrew’ my care, they would be hurt and abandoned? Or do I care about them simply because those relationships in themselves, and the attention which they demand, are inseparable from my moral responses of care and love? Do I not care because I understand myself in relation to those other persons, and because I recognize the moral value and the shared importance of listening, attending, and responding to those others? The notion of vulnerability is tied, not to the ethics of care, but rather to the other moral concept raised by Clement, via Goodin, in this argument: obligations. Indeed, Clement uses a phrase—‘obligations to care’—which is surely undermining: to use such a phrase is ultimately to make concessions to Kantian ethics and to admit that morality is always, ultimately, a question of obligations.

Clement also suggests that we could ‘interpret care priorities in terms of positive rights’. But just as one might criticize the idea of ‘obligations to care’, one might object to concessions to rights which suggest that the language of rights is ultimately necessary to interpret the moral priorities of care. Indeed, it could be argued that the opposite strategy is desirable: care theorists should assert the futility of arguing for substantive moral goods and basic needs in rights language and instead reassert the language of care to address the moral priorities of food, shelter, and proper health care.

In spite of these limitations, many of Clement’s other suggestions for moving caring beyond the private sphere are both creative and feasible. For example, she claims that while public policy decisions may not allow for attention to be paid to particular features of individuals, they do allow for attention to distinguishing features of groups. This is an important argument: ‘The fact that we do not know the individual particularities of the members of such a group would not prevent us from focusing on the group’s special needs in making public policy’. In this form, she argues, the concrete standpoint of care is possible in the public sphere. The contextual emphasis of the ethics of care need not limit it to the sphere of personal relations.

Clement’s most valuable insight, however, is surely her point that it is a mistake to limit morality to conflict resolution or, in other words, to the construction of abstract principles of right; the importance of an ethics of care, she argues, is its focus on preventing conflict. Thus, to prevent conflict, crime, and injustice, we need an ethics of care and its recognition of the importance of human connection in helping to avoid injustice.

Writers like Clement and Tronto have clearly made inroads towards the acceptance of care as a morality which extends beyond the private sphere and personal relationships and has a public, and indeed a political, relevance. The purpose of a rights- or obligation-based ethics is to define some criterion or procedure which allows us to derive all and only the things we are obliged to do. Many moral problems, however, require more from an ethics than a procedural framework for the application of rules designed to adjudicate, fairly, among competing claims. Much of modern Western moral theory, as well as most of what passes for ‘ethics’ in international relations, is about the resolution of conflict through the use of moral concepts like rights and obligations, reciprocity and fairness. But, as Clement argues, it is a mistake to limit morality to conflict resolution. Ethics may also be about the creation of a society in which certain types of conflicts no longer occur.

Thus, rather than providing tidily argued, philosophically rigorous justifications for the existence of universal rights or universal obligations (based on the moral standing of individuals as human beings), care ethics asks not only why should I care, but also how should I care, and how can I best promote caring personal and social relations among others. This kind of ethics focuses less on providing principles to establish right and wrong and more on examining the actual, concrete conditions within moral relations that can and do occur, and seeking to understand the nature of those moral relations. An ethics of care takes seriously both the
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problem of motivation and the problem of the nature of moral responses, rather than focusing solely on the derivation of principles of right action. Thus, an ethics of care must, in the context of social and political relations, seek to uncover the relationships which exist among and within groups while, at the same time, maintaining a critical stance towards those relations. It should not be taken for granted, moreover, that we know how to care for others; care ethics involves learning how to listen and be attentive and responsive to the needs and suffering of others. This, in turn, involves a thorough understanding of how relations are constructed and how difference is perceived and maintained through institutions and structures in society. In this way, an ethics of care for the global context must be a critical ethics which eschews complacency about our abilities to respond morally, and especially about our rational competence to acknowledge individuals’ moral standing on the basis of their humanity alone.

Understood in this way, the ethics of care can be seen to relate not only to personal and intimate relations among particular individuals but to all kinds of institutional and structural relations in and across societies. As Eva F. Kittay argues,

Each intimate relationship is in turn embedded in ties among members of neighbours, religious and ethnic groups, fellow citizens, all of which are deeply affected but not entirely determined by the political system and economic circumstances. Connecting these relationships to a vibrant sense of responsibility would engage wide circles of people, including even public-policy makers and voters, who need to consider what social and economic structures are necessary to permit continuous, caring human relationships especially responsive to those most dependent on such care.

Bringing care into the public, and indeed the global, realm is not about ‘privatizing’ the responsibilities of the state so that it falls to overworked, underpaid ‘carers’ to maintain decency in the world. The policy cannot take for granted the contribution made by caregivers to maintaining the social and political order; on the contrary, it ‘must take upon itself the primary responsibility of maintaining structures that will support the principles of care’. Moreover, to ensure that the full impact of the ethics of care is felt, it is crucial that its relevance not be seen as limited to those with whom we have an existing relationship of either intimacy or propinquity. As Tronto argues, if caring is used as an excuse to narrow the scope of our moral activity so as to be concerned only with those immediately around us, then it has little to recommend it as a moral theory. Rather, she argues, we must question the ways in which we, and others, are responsible for our narrow sphere, and hence for who receives our care. To say that we will care for a stranger at our door but not for starving children in Africa is to ignore the ways in which the modern world is intertwined and the ways in which hundreds of prior public and private decisions affect where we find ourselves and which strangers show up at our doors.

Conceiving of care as both a moral orientation and a practice that informs our daily lives removes the focus from the individual and recognizes that human well-being relies on the giving and receiving of care. Because care forces us to think concretely about people’s real needs and to evaluate how those needs will be met, it introduces questions about what we value in the public, and ultimately the international, sphere. Questioning who is and who is not cared for in the world will force us to explore the role of social relations and structural constraints in determining who can and cannot lead a dignified and fulfilled life. This is not an abstract ethics about the application of rules, but a phenomenology of moral life which recognizes that addressing moral problems involves, first, an understanding of identities, relationships, and contexts, and second, a degree of social coordination and co-operation in order to try to answer questions and disputes about who cares for whom, and about how responsibilities will be discharged. The ethics of care focuses not on the moment of rational moral judgement or of pure moral will, but on the permanent background to decision-making, which may often be characterized by apparent inaction—waiting, listening, focusing attention.

Bringing care into international relations would remove the focus from an ostensibly separate ‘moral dimension’ to politics, characterized by the need to make ‘moral’ decisions in the face of economic and political priorities. The ethics of care would focus instead on the continuous background of interpersonal and social contexts in which all human relations occur, offering us a better starting point for thinking about the claims, entitlements, needs, interests, and dignity of persons.

If we are going to integrate care into our moral and political vocabulary, it cannot simply be to claim that we have a responsibility to care only for those individuals with whom we have a close or personal relationship, such as our own children; to do so would be to leave in place the boundary that separates private from public life, so that, in the international arena, we could be satisfied that our duties extended only to respecting others’ individual rights. Moral responses cannot be divided up into those which are appropriate for those to whom we have a ‘special’ relationship and those which apply, more generally, to ‘all human beings’. As Tronto argues, by focusing on care, we focus on the process by which life is sustained; we focus on human actors acting. By starting from the premise that these practices are central, we are able to place them at the center of our moral and political universe.
The ethics of care undermines the individualistic moral logic that leads us to believe that rights and obligations are somehow disconnected from the networks of social relations in which actors—from individuals to states—are situated. Thus, enquiry into the question of our moral responses to situations of human suffering would no longer be seen as solely a problem of justification, or of resolving the conflict between universal moral duty and individual self-interest; rather, it becomes an exercise in understanding how human suffering and exclusion are shaped by a series of collective social, political, and economic decisions and social and economic relations. The enquiry would also look at the nature of those moral responses, and at how we might learn to care, rather than just provide a justification for why we ought to care. It should, then, help us to come to an understanding that we, as moral agents and potential carers, are not isolated from the moral situations which surround us in society.

Finally, an approach to ethics based on caring involves a recognition that accepting our social responsibilities, performing our public services, and cultivating the moral virtues needed to care adequately for others may be, in fact, an altogether better way of attending to our own interests, broadly defined, than focusing narrowly on our individual rights. To illustrate this idea, Charlotte Bunch uses the example of a woman from West Africa who explained that gaining "the right" to an abortion in her country had to be based on getting the community to understand that a woman's control over her body is in the interest of the community. She felt that she couldn't argue that women have this as an individual right because her culture didn't conceive of individual rights as taking precedence over the community.

Whether it is in the context of the family, the community, or the nation-state, we must struggle to preserve what Margaret Walker has called "a lively sense of the moral incompleteness or inadequacy" of principled, generalized treatment of individual human beings. Deontological ethics upholds what Walker has called "the standard discursive forms of moral philosophy", including the stark absence of the second person and the plural in projections of philosophical deliberation; the virtual exclusion of collaborative and communicative modes of formulating and negotiating moral problems; and reliance on schematic examples in which the few "morally relevant" factors have already been selected and the social-political context has been effaced. An alternative view of ethics, informed by the idea of care, would force us to be more discerning in the construction and consideration of representations of our moral situations. An ethics which breaks down the barriers between ethics and politics would necessarily consider questions like: What actual community of moral responsibility does this representation of moral thinking purport to represent? Who does it actually represent? What communicative strategies does it support? Who will be in a position (concretely, socially) to deploy these strategies? Who is in a position to transmit and enforce the rules which constrain them? In what forms of activity or endeavour will they have (or fail to have) an application? Who is served by these activities?

The ethics of care, then, must not be seen as too partial or too parochial to play a role beyond the personal and the private sphere. The criticism that care ethics is too particularized—too connected to private and particular circumstances—should not lead us to reject care outright; rather, it should motivate the development of a political theory of care which can respond to wider moral concerns. Joan Tronto has suggested that the impoverishment of our vocabulary for discussing caring may be a result of the way caring is "privatized", and thus placed beneath our social vision for societies. She points out that the need to rethink appropriate forms of caring raises broad questions about the shape of social and political institutions in society. That is not to say, however, that the answer to the question "Who cares for whom?" is either transparent or unproblematic; indeed, it is not only a moral but a social and political question, which requires an analysis of the social construction of roles, relationships, communities, and institutions in their different sociopolitical contexts.

Notes
3. Here I would include Bernard Williams, Richard Rorty, and Lawrence Blum. It could be argued that communitarians—such as Alisdair Mcintyre, Michael Sandel, and Charles Taylor—are also members of this 'alternative' community of moral theorists. I do not include them in this discussion, however, largely because, as I argue in chapter 4, I see many flaws in the communitarian argument and would argue that much communitarian theorizing represents not a rejection but a modification of liberal or cosmopolitan moral reasoning. It should also be clarified that a critical ethics of care for the global context need not be explicitly feminist; in other words, it need not have as its sole or even primary purpose to highlight the particularly feminine characteristics or experiences of women or to advance a moral theory which makes clear the kind of social and political changes necessary to end male domination. This is not to say, of course, that the argument for a critical ethics of care does not serve these important goals, or that it has not been influenced by feminist theorists who were directly motivated by these valid concerns. It is simply to say that a critical ethics of care need not be uniquely and solely 'feminine' ethics, nor need it be limited to serving 'feminist' ends; rather, it may indeed express a hitherto unrecognized
yet important way of understanding morality, which may prove to be emancipatory not only for women but for marginalized and excluded peoples everywhere.


5. Ibid.


11. Ibid., p. 38. Object-relations theory describes the self as something which is created through relations with others, rather than existing separately with a fixed, essential core. As Susan Hekman points out, the radical component of object-relations theory is its claim that the separate, autonomous self that is the cornerstone of the modernist self is itself a product of relational forces. See Susan Hekman, Moral Voices, Moral Values, p. 73.


13. Ibid., p. 96.


15. Ibid., p. 27.


24. Ibid., p. 22.


31. Ibid., p. 12.

32. Ibid., p. 131.


35. Blum, Moral Perception, p. 142.


40. Ibid.

41. Marilyn Friedman, 'Beyond Caring: The De-Moralization of Gender', in Held and Jaggar, Justice and Care, p. 63.


43. Friedman, 'Beyond Caring', p. 66.

44. Okin, 'Reason and Feeling', pp. 34–35.

45. Ibid., p. 29.

46. Ibid., p. 17.

47. Friedman, What Are Friends For?, p. 133.

Ethical Reasoning and the Global Context of Care

Beyond Theories, Rules, and Justification

As well as being inspired by and largely based upon the substantive ideas regarding moral relations emerging from feminist ethics, the critical approach to ethics in international relations put forward in this book is informed by a profound scepticism about the usefulness of that elaborate, thoroughgoing, and ambitious kind of structure known as ‘ethical theory’, which may be defined as ‘a theoretical account of what ethical thought and practice are, which . . . implies a general test for the correctness of ethical beliefs and principles’. Thus, the arguments in this book are influenced by the suggestion that there may be a way of doing moral philosophy that starts from the ways in which we experience our ethical life. As Bernard Williams has argued,

Such a philosophy would reflect on what we believe, feel, take for granted; the ways in which we confront obligations and recognise responsibility; the sentiments of guilt and shame. It would involve a phenomenology of the ethical life. This could be a good philosophy, but it would be unlikely to yield an ethical theory.

These suggestions for an alternative way of thinking about morality stem from Williams’s deep scepticism about what he calls ‘philosophical ethics’. ‘The resources of most modern moral philosophy’, he argues, are not well adjusted to the modern world.’

This scepticism may be seen as part of wider misgivings about what Jean Bethke Elshtain has called ‘grand, formalizable, universal theory’ and what Geoffrey Hawthorn has described as ‘fixed pictures of the social world’. Thus, as Williams has expressed doubt about the ethical theory, Hawthorn expresses a similar unease about theory in history and the social sciences, and Elshtain about the possibility of theory in international