The western ethic of care or an Afro-communitarian ethic? Specifying the right relational morality

Thaddeus Metz [a]

[a] Philosophy , University of Johannesburg , POB 524, Auckland
Park, Johannesburg , 2006 , South Africa
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The western ethic of care or an Afro-communitarian ethic? Specifying the right relational morality

Thaddeus Metz*

Philosophy, University of Johannesburg, POB 524, Auckland Park, Johannesburg 2006, South Africa

In her essay, 'The curious coincidence of feminine and African moralities' (1987), Sandra Harding was perhaps the first to note parallels between a typical Western feminist ethic and a characteristically African, i.e. indigenous sub-Saharan, approach to morality. Beyond Harding's analysis, one now frequently encounters the suggestion, in a variety of discourses in both the Anglo-American and sub-Saharan traditions, that an ethic of care and an African ethic are more or less the same or share many commonalities. While the two ethical perspectives are indeed sisters, in this article I argue, first, that they are not identical twins, and, more strongly, that the family resemblance between the two is significantly less than has been recognised. I highlight key differences between representative forms of an ethic of care and a sub-Saharan communitarian morality, after which I argue, second, that the latter better captures some central feminist concerns and moral considerations generally. That is, I maintain that an African ideal of community, when understood in a philosophically refined way, provides an important, relational corrective to the ethic of care.

Keywords: African ethics; communitarianism; ethic of care; feminism; relational morality

Introduction

It has become commonplace to suggest that there are close affinities between an ethic of care and the values salient in sub-Saharan ('African') moral thought. Most noteworthy on this score is Sandra Harding's (1987) important and influential essay, 'The curious coincidence of feminine and African moralities', in which she posits several parallels between a typical Western feminist ethic and a characteristically African approach to morality, and contends that both are born out of a reaction to approaches typical of Euro-American men. Beyond Harding's analysis, one frequently encounters the suggestion, in a variety of discourses in both the Anglo-American and sub-Saharan traditions, that an ethic of care and an African ethic are more or less the same or share many commonalities (e.g. Tronto 1987, 244; Haegert 2000; Ikuenobe 2006, 116; Mangena 2009, 20; Isike and Uzodike 2011, 33, 51–2; Sander-Staudt 2011; Nagel 2013).

While the two ethical perspectives are indeed sisters, are both relational approaches to morality, and might even spring from the same source,[1] in this article, my primary aim is to argue that they are not identical twins, and, more strongly, that the family resemblance between them is significantly less than the field has assumed. I highlight key, unrecognised differences between representative forms of an ethic of care and a sub-Saharan communitarian morality.

Supposing I succeed in showing that the two perspectives are distinct, a second aim of this article is to argue that, if one is drawn towards a relational ethic, one has substantial reason to prefer the African version. I defend a sub-Saharan ideal of community in two ways, first, by demonstrating how it avoids common objections regarding traditionalism, sexism and

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*Email: tmetz@uj.ac.za

authoritarianism, and, second, by arguing that it in fact better captures some central feminist concerns regarding paternalism, exploitation and misrecognition. I maintain that, when understood in a philosophically refined way, an Afro-communitarian principle provides an important corrective to a care ethic for being better able to entail and explain intuitively correct judgments about morality, with some focus on those regarding women.

Note that I am not concerned in this article to undertake the large project of defending a relational approach to ethics as such.[2] I instead presume it would be of interest to ascertain which relational perspective is more attractive, either the ethic of care or an Afro-communitarian ethic, which could then in other work be weighed against moral views that focus on an intrinsic property of individuals such as their pleasure, desire satisfaction, self-ownership, integrity, desert or autonomy. Although my hunch is that, in order to have a plausible account of right and wrong, friends of a relational ethic need not go reaching for non-relational values, as several have (Hoagland 1991, 256; Narayan 1995; Held 2006, esp. 17), I do not systematically defend such a claim here.

When pinpointing what I mean by 'an ethic of care' and 'an African ethic', I am necessarily selective, and intend to be capturing putatively *standard* forms of them, that is, instances that are typical, influential and plausible. As the literatures on both moralities are now quite large, I would not be surprised if one could, say, find an instance of a view that someone has called 'an ethic of care' that is identical to what I label with the phrase 'an African ethic', and, in that event, I would not mind if the reader took me in this article to be specifying the preferred form of the ethic of care. I want to avoid linguistic disputes about how to label various moral ideas; instead, I focus on *relational concepts* that promise to be of most use when thinking about moral matters, especially those that affect women, and I use the phrases 'care ethic' and 'African ethic' in ways that I believe best facilitate that undertaking.

I begin by filling out what I take to be standard forms of a care ethic and a sub-Saharan morality, and by acknowledging the kinds of similarities that Harding and others have fairly noted, albeit in what is intended to be a particularly detailed and comprehensive manner. After that, I analyse the two perspectives in more detail, with an eye to bringing out important differences between them that are under-recognised in the literature. Then, I argue that, supposing the two ethics are indeed distinct, one should not be put off by the concern that an Afro-communitarian ethic would permit patriarchal or relatedly unjust practices; the way that I interpret sub-Saharan morality is not vulnerable to this charge. Next, I provide positive reason to favour Afro-communitarianism over the ethic of care, arguing that the former does a better job of accounting for the intuitive wrongness of paternalism, exploitation and misrecognition. I conclude by suggesting some topics for future research on relational conceptions of ethics, if my argumentation has been worth taking seriously.

Care and Afro-communitarianism: the basics

In this section, I spell out ideas most commonly and least controversially associated with talk of a 'care ethic' and an 'African ethic'. So, I do not tie analyses of these ideas to the intricacies of any particular thinker such as, say, Noddings (1984) for the former and Desmond Tutu (1999) for the latter. I instead aim to provide standard accounts of these moralities, ones that are broadly representative, capturing much of what many self-described adherents to these perspectives maintain.

The standard ethic of care

A care ethic takes relationship to be the fundamental unit of moral analysis and prescription, where a relationship is a complex form of interaction in which one individual has mental

states about another and also knowingly affects the other in certain ways. The relevant relationship to prize is of course a caring one, which I now analyse in terms of the various attitudes that philosophers of mind and action often take to be logically distinct: cognition, emotion, conation, intention, volition and motivation.

First off, a caring relationship is widely taken to include a certain kind of awareness of the other, one is that is attentive to details about him, not only considering his outward appearance and listening to what he says, but also thinking about what he might be holding back. A large part of the knowledge of the other will involve empathy, by which I mean taking up the other's standpoint and thinking about what it is like to be him. However, attending to another is probably not exhausted by empathy, as many care theorists would recommend trying to become aware of factors that the other might be unaware of himself, viz. his unconscious. Truly understanding someone involves knowing what moves that person, even if he does not fully recognise it.

Second, a caring relationship characteristically is one in which a person feels a certain way consequent to the attentive awareness just adumbrated. Upon imagining what it is like to be the other, one develops a sympathetic reaction to that condition, a feeling that is of a similar kind and normally of comparable proportion. If one becomes aware that the other is flourishing, then one feels good for him, and if one instead learns that the other is floundering, then one feels bad.

Third, a caring relationship includes a conative element, by which I mean a desire, typically one to see the other's condition improved, whether by the reduction of a harm or the production of a benefit. Here, one should speak of having 'compassion' for other human beings or even animals, a wish that their lives go better and, especially, that their suffering is relieved and their needs are met.

Fourth, a caring relationship includes not merely a desire that another be helped, but one that leads to the adoption of the goal of doing so oneself, at least in situations where one can realistically do some good. One does not merely wish that another is helped, or even merely want to help, but goes farther in taking responsibility, i.e. adopting the end of doing some helping. One commits to helping the other, and considers how to do that effectively.

Fifth, a caring relationship is one in which this intention to aid the other produces an action of a kind in which the other's condition is likely to be improved, and especially in ways that his needs are met. To care for another does not imply necessarily succeeding in making him better off; one might have made an innocent mistake, or the world might have unluckily 'gotten in the way'. Although success is not necessary for being in a caring relationship, some likelihood of success appears essential. One is not truly caring for another who is drowning if, in order to rescue him, one merely waves what one thinks is a magic wand.

Sixth, a caring relationship is one in which one's helping action is motivated by the other conditions of empathetic cognition, sympathetic emotion, compassionate conation and helpful intention. One's reason for helping is typically the altruistic fact that various facets of oneself, one's thoughts and feelings, are positively directed towards the other for his own sake.

I submit that if any one of these conditions were missing, it would be odd to think that one was in a fully caring relationship with another. It would be appropriate to express the judgment, 'She doesn't really care about me', if: she did not attend to his feelings and especially his needs, or she did not have any fellow-feeling, or she never wished that he does well, or she never sought to help him herself, or her actions were not likely to improve his lot, or her actions were not taken because of his interests. The more of the six conditions that are present, the better, from a moral perspective, where 'care' in its most robust sense includes all six.

There might be additional facets of a caring relationship that I have not mentioned, e.g. some would require certain kinds of response, perhaps even reciprocity. However, I submit that the six elements above are at the core, picking out what much of a majority of those who have theorised the nature of care over the past 30 years have had in mind, including: Gilligan (1982); Lyons

(1983); Noddings (1984); Gilligan and Attanucci (1988); Tronto (1989); Bubeck (1995); Ruddick (1998); Held (2006); Donovan and Adams (2007); Slote (2007); and Sander-Staudt (2011).[3] They cover care conceived as love and as labour as well as the distinctions between 'caring about', 'caring for' and 'taking care of' (e.g. Finch and Groves 1983; Fisher and Tronto 1990; Grant 2004). A caring relationship in its fullest sense includes all of these elements; where only some are present, there is somewhat less of a caring relationship than there could be.

A care ethic is one that tells us, roughly, to enter into, to develop and to maintain caring relationships, so construed. If we are not in caring relationships, then our job as moral agents is to become the kinds of people who are capable of them and realise them, at least with others who will be receptive in certain ways to our care. And once we are in caring relationships, our job is roughly to sustain them and to enrich them, perhaps in ways that maintain self-respect or are consistent with a broader notion of caring for oneself. One's actual caring relationships are invariably thought to have some priority over merely possible ones, such that it would be wrong, say, to end one friendship in order to acquire two new friends.

As many readers will be thinking, this analysis is in a sense thin, failing to capture the subtleties and richness that one often finds in the literature on care. For instance, the elegance and insight of Noddings' reflections are absent here. However, my aim, recall, is to articulate essentials of a care ethic that would enable me to compare and contrast it with an African ethic – no more, for my purposes in this article.

The standard Afro-communitarian ethic

It is widely accepted that the community is a characteristic feature of African or sub-Saharan worldviews and practices. By calling something such as community 'African' or 'sub-Saharan', I do not mean to suggest that it is a feature of all and only those on the African continent.[4] To be sure, one will find individualist-existentialist African thinkers, and one will find non-African societies that also place community at the heart of their lives. So, when I say that community is 'African' I am expressing the view that it is a value *salient* among the black cultures below the Sahara desert in a way that it tends not to be elsewhere. As I presume readers are less familiar with an African ethic than with a care ethic, I provide more background, quotations and references to the literature when spelling it out.

Indigenous black societies below the Sahara characteristically: are small scale in number, with nothing approximating the size and anonymity of a metropolis; are oral cultures, lacking a corpus of written works; maintain that ritual, initiation and tradition have some moral importance of a sort unrecognised in modern societies; hold land in common, parcelling it out to households based on need or clan membership, in contrast to permitting profit-maximising private ownership; lack sophisticated science and technology, with the economy based largely on agriculture, cattle or hunting/gathering; maintain that there are weighty duties to aid specific others that far transcend the nuclear family, centred on what Westerners would call 'extended family' such as uncles, cousins and many other members of a lineage; believe in a duty to wed and to procreate, viewing solitariness as problematic; have faith in the continued, spiritual existence of (and interaction with) ancestors, people who were not merely forebears of a given people, but ones who both lived to a ripe old age and exhibited moral wisdom; resolve conflicts affecting society by consensus, at least some among popularly appointed elders, rather than rest content with either majority rule or the non-consultative will of a monarch; respond to wrong-doing not with retribution, but with an eye towards reconciliation between the offender and his family, on the one hand, and the immediate victim, her family and the broader community, on the other.

These forms of life recurrent across the African continent have produced, and in turn have been produced by, an ethic that prizes communal relationships. African moral philosophers hold differing views on whether community is a foundational value or not. For instance, some believe that it is an instrumental value, good as an essential means to the final moral end of improving either people's vitality (e.g. Bujo 1997, 2001; Magesa 1997) or their well-being (Gyekye 2010). Others, in contrast, take community to be a basic moral value, i.e. good in itself and for its own sake (Silberbauer 1991, 20; Tutu 1999, 35; Shutte 2001, 29; Metz 2007, 2012a; Nkondo 2007). Regardless of whether community is fundamental or derivative for a given African intellectual or people, there is some broad agreement among sub-Saharans about the nature of it as something for which to strive.

In the African tradition, the word 'community' usually is used not merely to signify some existing group or society, and is instead used to refer to an ideal regarding the way the members of a group ought to relate to each other. Consider the following characterisations of community from a variety of thinkers below the Sahara: the Nigerian philosopher Segun Gbadegesin (1991) summarises communal obligations with the remark, 'Every member is expected to consider him/herself an integral part of the whole and to play an appropriate role towards achieving the good of all' (65); the former South African Constitutional Court justice Yvonne Mokgoro (1998) says of harmony (community) that it 'is achieved through close and sympathetic social relations within the group' (3); the influential Ghanaian moral and political theorist Kwame Gyekye (2004) maintains, 'The fundamental meaning of community is the sharing of an overall way of life, inspired by the notion of the common good' (16); and the Kenyan historian of African philosophy Dismas Masolo (2010) highlights what he calls the 'communitarian values' of

> living a life of mutual concern for the welfare of others, such as in a cooperative creation and distribution of wealth . . . . Feeling integrated with as well as willing to integrate others into a web of relations free of friction and conflict. (240)

As I have spelled out in detail elsewhere (Metz 2007), implicit in these and other analyses of African values of community, harmony and similar themes are two distinct relationships, what I call 'identity' and 'solidarity'. Identity is a matter of belonging, being close, sharing a way of life or feeling integrated, while solidarity is instead promoting others' well-being, being sympathetic, acting for the common good and showing concern for others. Although these two relationships are often encountered together, they can and do come apart. Making anonymous donations to charity could be an instance of solidarity without identity, whereas, conversely, workers and management in a capitalist firm might well identify with one another as members of a common group, but rarely exhibit solidarity towards each other. Community in the African tradition is well understood as the combination of identity and solidarity.

It is common for African moral theorists to prescribe entering into or prizing community, so construed, either for its own sake or as a means to a further good, as mentioned above. Either way, they tend to highlight other-regarding actions and virtues commonly associated with altruism. Gyekye (1992a) remarks that, for his Akan people in Ghana, 'ideal and moral virtues can be said to include generosity, kindness, compassion, benevolence, respect and concern for others' (109); Masolo (2010) says, '*Charity* and other virtues of altruism such as *politeness* and *benevolence* to others are perhaps the most celebrated aspects of African communitarian practices and ideals' (251); Mluleki Mnyaka and Mokgethi Motlhabi (2005), two South African theologians, associate the following traits with sub-Saharan morality: 'Because it is manifested in living in community, it is best realised in deeds of kindness, compassion, caring, sharing, solidarity and sacrifice' (74); and, finally, in a book devoted to the topic of virtue in the African tradition, Peter Paris (1995) remarks, 'No virtue is more highly praised among Africans and African Americans than that of beneficence because it exemplifies the goal of community' (136).

The similarities between an African ethic and a care ethic have begun to emerge; so far it appears as though both theories recommend the same ways of treating others. In the next section, I spell out the commonalities in a systematic manner. The following analysis will make it clear that an African ethic and a care ethic, at least in the standard forms I have advanced here, are birds of a feather, when compared with the most dominant moral perspectives in the English-speaking world. However, my ultimate aim will be to tease out important philosophical differences between these relational perspectives and some of their divergent practical implications, particularly for respects in which women are commonly mistreated.

Family resemblances

There are two major respects in which the standard versions of the care ethic and the Afro-communitarian ethic are similar. One has to do with the content of right action and good character; both theories often prescribe the same sorts of being and doing. The other concerns moral epistemology, the way an agent should come to a decision about how to be or to do. In this section, I point out several respects in which the two moral perspectives overlap, intending to provide a comprehensive explanation as to why many theorists have reasonably sensed that there are commonalities, even if they have not analysed them in detail.

Moral content

First off, the care ethic and the African ethic ground relational accounts of right action. Permissible acts for both are a function of participating in certain kinds of desirable relationships, either caring or communal. The ultimate explanation of why a particular action is wrong, or why one has moral reason to avoid performing a certain act, involves a failure to relate. Such a perspective differs from utilitarianism, in which moral value is a function of the individual's capacity for pleasure and pain, and from Kantianism, in which it is a matter of the individual's capacity for autonomy. Of course, insofar as utilitarianism and Kantianism prescribe certain actions, they often require an agent to treat others in certain ways. The point is that, for these views, treating others rightly is a function of responding to something good that is intrinsic to an individual, either her pleasure or autonomy. (This is, I submit, the broader similarity that includes, but transcends, the more frequent point that a relational ethic is far from exhausted by considerations of individual rights.) In contrast, typical adherents to the care and African ethics are naturally understood to deem relationships between people (and perhaps other beings) to be what is good for its own sake and hence to be sustained, promoted or respected.

Second, when it comes to good character or the ethical self, both theories think of it in relational terms. In the African tradition, morality is routinely summed up with the maxims, 'A person is a person through other persons' or 'I am because we are', which mean (in large part) that one is a real self or lives a truly human way of life[5] insofar as one is in relationship with others. Consider, for example, Tutu's (1999) comments on the way sub-Saharans tend to understand ethics:

> We belong in a bundle of life. We say, 'a person is a person through other people'. It is not 'I think therefore I am'. It says rather: 'I am human because I belong'. I participate, I share … .Harmony, friendliness, community are great goods. Social harmony is for us the *summum bonum* – the greatest good. Anything that subverts or undermines this sought-after good is to be avoided like the plague … .We are different so that we can know our need of one another, for no one is ultimately self-sufficient. A completely self-sufficient person would be sub-human. (35, 214)

The reader is invited to insert here her favoured parallel quotation from the feminist or care literature. Tutu's remarks, which are representative of the African tradition, readily bring to mind

the ubiquitous feminist and care-theoretic rejections of Cartesian and Kantian individualism and, conversely, positive appeals to our vulnerability and interdependence.

Third, both ethical perspectives tend to model moral norms on familial relationships, or rather the intuitively ideal ones. The ethic of care of course has often been grounded on desirable forms of interaction between mothers and their children, or more generally between women and the families they nurture. And African ethicists often conceive of community in terms of the way that members of a family relate to one another, or at least should. As Augustine Shutte (2001), one of the first professional philosophers to engage with African ethics in a book-length treatment, notes, 'The extended family is probably the most common, and also the most fundamental, expression of the African idea of community ... .The importance of this idea for ethics is that the family is something that is valued for its own sake' (29).

Fourth, both the ethic of care and an Afro-communitarian ethic are naturally interpreted as partialist, contrasting with the impartialism of standard forms of utilitarianism and Kantianism. Counsels such as 'Family first' and 'Charity begins at home' are frequently encountered in sub-Saharan ethical thought. Traditionally, kinship was the ground for special attention and the lion's share of resources, as Anthony Appiah (1998) has emphasised in his overview of African ethics. However, the larger point is that, for the African tradition, one's own, existing relationships have a priority relative to others' relationships and relationships that one could have but does not yet. Similar remarks of course apply to the standard form of the ethic of care: actual caring relationships of which one is a part should be one's foremost concern as a moral agent.

This is not to deny that there are impartial elements in standard forms of both ethics. Friends of care have widely criticised the notorious claim that Noddings once made that there is no obligation to care for those who cannot positively respond to it, such that starving strangers in foreign lands are not entitled to aid.[6] Instead, the dominant view has been that while one must care *most* for those whom one has cared for, one has some (*pro tanto*) obligation to care for anyone capable of being cared for. And something similar is true of the African tradition, in which it is common to suggest that all human beings are potential members of a family, that is, are in principle individuals with whom to commune to some degree.

Fifth, and most obviously, there is substantial overlap between the nature of a caring relationship and a communal one as construed in the sub-Saharan tradition. Absolutely essential to both are other-regarding orientations such as sympathy, compassion and benevolence that are ideally done for altruistic motives.

Moral epistemology

Another major kind of similarity between standard forms of the care ethic and an African ethic concerns the ways in which agents should make morally sound decisions. In catchwords, both traditions welcome, and even demand: action consequent to emotion, attention to particularity and context, and dialogue with affected parties. These factors, regarding the proper method by which one should draw an ethical conclusion, have not been explicit in my discussion up to now, but they naturally accompany the account of moral content I have just described, as I now make clear.[7]

To begin, consider that typical adherents to both care and African ethical perspectives believe not merely that it can be sensible to appeal to one's emotions when deciding how to act, but also that something would be amiss if one did not. The whipping boy on this score is, of course, Lawrence Kohlberg, who famously maintains that right action is a matter of deciding in light of an awareness of the deliverances of an impartial procedure for adjudicating competing claims. All one need and should do, on Kohlberg's (1986) model, is to reason from an even-handed 'moral point of view', where emotions are at best mere tools for facilitating cognitive

deliberation about that, which is what causes properly moral action (499). And, as is well known, much contemporary moral philosophy and professional ethics is conducted in a similar manner, by an individual with a certain principle in mind seeking to apply it to a given case.

It is characteristic of friends of care and African ethics not to make moral decisions in this way, or at least to supplement such rational reflection on the implications of principled imperatives with emotional judgment. There are two reasons why the relationality of Afro-communitarianism and care suggests that one should, and even must, routinely exhibit certain emotions prior to acting or in the course of figuring out how to behave. For one, on both views, certain emotions are essential to the moral good of relationship. Caring and communal relationships are constituted in part by sympathy and related emotions, where these emotions lead to supportive actions. Hence, acting in the right way and being the best sort of person *necessarily* involve exhibiting certain emotions, unlike in utilitarian and Kantian frameworks, where emotions have a contingent bearing on moral content. For another, although utilitarians and Kantians can and do invoke the idea that feeling guilty, for example, can be a reliable indicator of when one has done or is about to do something wrong, a relational ethic will naturally accord emotions a broader and stronger epistemic role. Supposing the relevant sorts of relationship involve acting in ways that meet others' emotional and other needs, it will be essential for a moral agent tasked with maintaining such relationships to appeal to her own emotions, and far beyond those of guilt or even anger and resentment. Sympathy will obviously play an epistemic role here; if one feels bad for another person, then one has some evidence that he is faring poorly and could use certain kinds of help. Fear can be a reliable indicator of danger and prompt one to act in ways that help others to avoid it. Annoyance with, or the vague sense that something is not right about, a person's behaviour can reliably pick out his neuroses and unconscious motives and hence point to ways to help him or those who interact with him. Gratitude is often a signal that another person cares for one and warrants care in return. Simply liking someone is strong evidence that a good relationship with her is likely.

A second salient feature of the moral epistemology of the care and African ethical traditions is that it highlights particularity and context, while downplaying principle. If one's basic moral aim is to honour relationships between people, then it will rarely be enough to treat them strictly in accordance with the deliverances of an abstract rule about how to divide benefits and burdens, e.g. according to desert, rights or the maximisation of utility. Instead, developing, sustaining and more generally prizing relationships requires close attention to the details of people's histories, self-understandings, aspirations and apprehensions, and also of how they differ from one another and can potentially be made to harmonise, or at least not to conflict so much.

A third noteworthy facet of Western friends of care and African adherents to communalism is an inclination to deny that solitary reflection can produce reliable outcomes about how to resolve disputes and dilemmas. Instead, they tend to favour dialogue, at least among affected parties, in order to determine the right way forward. Because relationships are complex, a person cogitating on his own is unlikely to be able to figure out how to improve them. Instead, success on that score is much more probable when many heads are put to the task, especially those of the people who are involved in the issue. African cultures are probably most well known beyond the continent for the role that consensus, at least among popularly appointed elders (typically men), has traditionally played in resolving disputes. Contemporary sub-Saharan theorists continue to advocate less gendered forms of consensus as a way to overcome political conflict even in modern, urban societies, the thought being that reaching a unanimous agreement among at least Parliamentarians is most likely to reveal what would be good for the public as a whole and to foster social cohesion (e.g. Gyekye 1992b; Wiredu 1996, 172–90; Bujo 2001).

In this section, I have sought to demonstrate, in a thorough way, that the field has not been wrong to see parallels between an ethic of care and an Afro-communitarian morality. I have articulated many important similarities between them, so that, as I mentioned in the introduction, it would be fair to call them 'sisters'. However, the major contribution of this article will be to point out some striking and important differences between them, which I maintain should lead moral theorists sympathetic to relationality and concerned with women's issues to move away from the ethic of care as standardly construed and towards something more Afro-communitarian.

Making a claim to difference

The deepest divergence between the standard ethic of care and the standard African ethic concerns what I above called 'identity'. Supposing that community as an ideal in the sub-Saharan tradition is the combination of identity and solidarity, it would be fair to think of solidarity as nothing other than what I have analysed as care. That is, a characteristic African ethic includes everything that care ethicists prize, but it also includes a certain kind of relationship that they typically do not, or at least not explicitly in the standard form of their view. African moralists tend to value not merely caring for others' quality of life, but also *sharing a way of life with others*. In this section, I analyse that facet of community in more detail as something distinct from a caring relationship, and then, in the rest of the article, I indicate how ascribing basic moral value to it promises to avoid some well-known problems, including those facing a care ethic.

Identifying with others or sharing a form of life with them involves forms of cognition, emotion, conation, intention, volition and motivation that differ from those inherent to a caring relationship. First, with regard to cognition, one identifies with others insofar as one thinks of oneself as a common member of a group with them. Part of considering oneself part of a group will involve a tendency to refer to oneself as (part of) a 'we', and not merely as an 'I'.

In terms of emotions, one who identifies with others has a sense of belonging or a feeling of togetherness. She also tends to take pride in, or conversely to feel embarrassed about, what her 'we' has done. Even if she is not directly responsible for wrongdoing, if she identifies with a certain group, then her emotions will tend to track what is done in the group's name. In this way, Americans who have virtually no political power will nonetheless feel bad about various foreign policy decisions, and family members will feel ashamed, often to the point of making an apology, when one of their own behaves wickedly.

With respect to conation, or desire, one who identifies with others wants to be with them, and, indeed, to be closer to them, not merely or strictly in terms of spatial location, but also projects undertaken. And this inclination to participate with others in their doings characteristically leads to the adoption of an intention to do so.

Next, the relevant sort of volition is one of cooperative interaction or joint activity. To genuinely *share* a way of life with others means adopting goals that are at least consistent with those of others and perhaps even are the same, as well as pursuing them in ways that are based on voluntary and informed choices.

Finally, the motivation for engaging in cooperative endeavours is not mere prudence or the knowledge that the other will refrain from violence out of fear of punishment. Instead, parties who identify with each other act consequent to trust in one another, by which I mean a willingness to make themselves vulnerable, often in the belief that the other will not do harm. And at the most intense level, one's motive might be for the sake of identity itself, viz. participating in a certain project because 'that is who we are'.

The more of these attitudes that one exemplifies, the greater the extent to which one is relating in a way that identifies or shares a way of life with others. I do not need to specify which

elements might be necessary or sufficient for a relationship of identity to be present, in order to articulate a kind of relationship that is clearly distinct from a caring one. Often in what are called 'caring' (or 'caregiving') relationships, one in fact encounters relationships of not only solidarity, but also identity. However, in the care ethical tradition, it is solidarity that has been theorised and valued to a much greater degree; the identity element is not only under-analysed, but also under-appreciated, so I maintain.

Return to the case of someone who makes anonymous donations to charity. Imagine that he meets all the conditions of the standard form of a caring relationship, viz. he is attentive to others' needs, often empathetically, he feels sympathy for them, he wants to help them, he takes responsibility for doing so, he provides money and other goods that are likely to improve people's well-being and he does so for altruistic reasons. That is all for the good. But would it not be better if he also did the following?: knew them to the point of thinking of himself as part of them, felt a sense of belonging with them and took pride in their accomplishments, wanted to be with them and decided to participate in their lives, engaged in joint projects with them and did so for the sake of sharing a way of life. The combination of identity and solidarity best captures what is attractive about a family. It is not merely the caring relationship involved, I submit, but also the common sense of self, the shared activities and the trust.

Putting things this way should already tempt the reader to agree that identity is a morally important relationship and one that is distinct from the standard form of care. However, in the following, I make an additional case for identity, contending that several problems with the ethic of care can be neatly resolved by appealing to this additional form of relationship to be prized. Before doing so, I first indicate how my interpretation of Afro-communitarianism avoids objections that are often made to sub-Saharan conceptions of morality.

Avoiding the standard worry about African ethics

The proverbial elephant in the room is the fact that traditional African perspectives have often been criticised for entailing that traditional practices, including patriarchal and authoritarian customs, have a moral weight inimical to feminist or otherwise progressive transformation. Consider some of the central (alleged) virtues listed by the magisterial historian of sub-Saharan cultures, John Mbiti (1990):

> be kind, help those who cry to you for help, show hospitality, be faithful in marriage, respect the elders, keep justice, behave in a humble way toward those senior to you … follow the customs and traditions of your society. (208–9)

Now, from what I know of many indigenous sub-Saharan cultures, it is true that, say, elders consulted by a chief to make decisions have tended to be men alone, and education has usually imparted gendered roles. The communitarian dimension of the counsels to uphold extant mores appears conservative and hence to protect injustice.

However, there is a difference between the content of what many traditional African cultures have believed is morally right, on the one hand, and a philosophical theory that is both plausible and grounded on some salient African mores, on the other. I am obviously interested only in the latter when I compare and contrast an Afro-communitarian ethic with the ethic of care held by many feminist theorists.

The feminist or other critic of what I have here called the 'standard form' of Afro-communitarianism may press the point. After all, to appeal to the value of a shared way of life, beyond that of merely caring for others' quality of life, appears to open up sub-Saharan morality to the charge of entailing that existent ways of life, which could include patriarchy and other forms of domination, have some moral weight simply by virtue of being constitutive of a people's sense

of themselves. Does not the prescription to prize a relationship of identifying with others entail that, say, clitoridectomy is permissible and to be supported?

In reply, it is true that identity matters for its own sake in the present Afro-communitarian ethic, and hence that practices can have some moral weight by virtue of their history. However, conservatism does *not* necessarily follow, for two reasons.

First, identity must be tempered by solidarity, and the latter might often take precedence. Where a traditional practice such as clitoridectomy is patently harmful, the fundamental value of care would recommend criticism and change.

Second, and more deeply, the relevant kind of identity is one that is cooperative. Returning to the font of relational ethics, the family, part of what is particularly valuable about familial relationships among adults is that they come together and stay together of their own accord. The collective self-conception is not imposed, but jointly created. Insofar as the Afro-communitarian conception of morality includes the idea that a common sense of self matters for its own sake to some degree, the relevant sort is one that has been freely chosen.

Hence, where practices are gendered or otherwise authoritarian and harmful, one who prizes communal relations has clear ground to struggle against them, on the interpretation advanced here. The kernel of truth in 'traditionalism' is plausibly this: when a practice has been willingly adopted by a large number of people for a long span of time and is central to their self-conception as members of a group, then it has a moral significance that can be worth protecting, despite some failure to improve the quality of life. Such a claim is consistent with the notion that it is wrong to use coercion or deception against (innocent) people or greatly to reduce their quality of life.

The proper place of care in a relational ethic

In the previous section, I defended an Afro-communitarian ethic negatively, by rebutting the common concern that sub-Saharan morality is overly conservative and hence supports oppressive practices. Now I defend this ethic more positively, by showing that it is to be preferred to the ethic of care, particularly when it comes to moral issues that concern men's treatment of women.

Paternalism

One objection made to the ethic of care, and one that has been voiced by some feminists, is that it permits intuitively objectionable forms of paternalism (Hoagland 1991, 254; Narayan 1995). One who cares, even in the full-blown sense I articulated above, appears directed exclusively to another's well-being, and it is a stock objection to welfarist moralities such as utilitarianism that they give insufficient weight to the free and informed decision-making of others. Consider a stereotypical *pater familias* who claims the ultimate authority to make decisions for his wife. Imagine he treats his wife like a child, acting in what he perceives to be in her best interest and using force and trickery as necessary to improve her lot.

The friend of care will naturally reply that the male head of the household would be fooling himself, unconsciously acting for his own sake, and not truly for his wife's. But, what if he was in fact intending to help her? The friend of care will then suggest that, even if he means well, *pater familias* cannot know her interests as well as she does, which entails that she should be left alone to pursue her own good in her own way (cf. Mill 1859). But, what if, on some occasions, he in fact did know better? Here, the friend of care will contend that the use of coercion and deception would invariably cause more harm, particularly to self-esteem, than they could prevent. But, what if there were times when that were not so, say, when the wife simply would not find out about her husband's deceit? Finally, the friend of care is likely to

suggest that, even if paternalist behaviour would promote the long-term good of the wife on some occasions, usurping his wife's decision-making authority then would lead the husband to do so on more occasions when it would in fact be harmful to her. But, what if he could judge accurately and control his interventions accordingly?

There will be reasonable disagreement about the empirical likelihoods of these conditions. The deeper point, though, is that *supposing for the sake of argument* that *pater familias* were able to coerce or deceive his wife in ways that would be expected to make her better off, it would be wrong for him to do so, or at the very least, wrong to some, serious degree. And the problem facing the ethic of care is that it appears to lack the theoretical resources to under-write such a judgment.[8] In fact, to allow someone to undergo harm that one could have prevented appears *uncaring*.

As noted in the introduction, at this point, some feminists are inclined to appeal to non-rela-tional values beyond care, but I suggest that it is worth considering whether a different kind of relational ethic can resolve the problem. In particular, caring for another's quality of life matters, but so too does sharing a way of life with her. And one does not truly *share* a way of life with another person if one is disposed to use coercion and deception in order to make her better off. Instead, such sharing typically requires cooperative engagements or joint projects, ones in which there is transparency about, and voluntary acceptance of, the parties' behaviour.

Exploitation

Similar remarks can be invoked to resolve a related problem facing the standard form of the ethic of care, namely, its inability to explain fully the wrongness of exploitation. Whereas paternalistic behaviour is a matter of interfering with another's decision-making for her own good, exploitive behaviour is a matter of taking advantage of another's weakness for one's own good. Consider men who abuse their wives, when the latter cannot easily leave for lack of women's shelters, childcare or jobs, or perhaps out of fear of going to hell.[9] Or think about men who visit female prostitutes in societies where women lack viable economic alternatives.

Now, the friend of the care ethic can reasonably suggest that exploitation is wrong because it is uncaring; after all, if one is taking advantage of another's weakness for one's own sake, one is not acting for the other's sake! The point is fair; a care ethic can *entail that* exploitation is immoral.

However, I question the ethic of care's ability to provide a satisfying *explanation of why* exploitation is wrong. It is bad for a man to abuse his wife if she is able to leave him, but it is still worse to do so when she cannot. Similarly, it is bad for a man to visit a prostitute when she could find other work, but still worse to do so when she cannot. The lack of care appears the same in both pairs of cases, however, so that it cannot be care alone that differentiates them.

Now, the defender of a care ethic might claim that the harder it is for women to avoid harm, the more likely they are to in fact be harmed. That is again fair. The issue is whether that point fully captures the nature and degree of the wrongness of the men's behaviour in these cases, and I submit that it does not. Another facet of the wrongness does not have to do with the likelihood of harm, but rather, roughly, the respect in which the women are treated as a mere means to an end. The *subordination* is greater where there is exploitation on top of abuse, and hence a greater flouting of a prescription to prize relationships of identity (and solidarity).

Failure to recognise

Finally for now, consider the wrongness constituted by a failure to recognise another, an issue that feminists have particularly raised with regard to marginalised social groups in political

contexts (e.g. Young 1989; Fraser 2003). Not taking account of others' point of view, or not going out of one's way to help ensure that their perspective is articulated, or characterising others in ways that are radically at odds with their self-understandings, or speaking for a group of which one is not clearly a member, can all be morally problematic. There are forms of non-engagement and misrecognition done for the sake of neither those wronged (paternalism) nor the wrongdoer (exploitation). Instead, one often sees such wrongs done out of negligence, i.e. not taking due care.

The care ethicist will naturally suggest that if people are not heard, then their interests are less likely to be properly taken into account. And that is of course true. However, again the issue is whether that is a complete explanation of the wrong, and I maintain that it is not. In the normal case, one must listen to others and consider their viewpoints in order to know what is good for them and how to achieve it. However, there is no necessary connection between the two, such that it is possible for one to reasonably object, say, to not being listened to, even in the case where the other is aware of one's interests and acts appropriately to satisfy them. At a governmental level, think of a legislator who is aware of solid social science that has been done with respect to a particular group and so does not think he needs to consult with that group. In a more small-scale context, consider a couple in which one spouse knows his partner very well such that he does not need to hear her in order to know what would be good for her and so does not ask her. Still, it would be wrong for him not to invite input and to listen to it, so I maintain. Not according a platform for others to voice their perspectives is a failure to commune, beyond any failure it may or may not be to care.

I am not suggesting that all *prima facie* worries about the standard ethic of care can be resolved by the Afro-communitarian appeal to the value of sharing a way of life with others. For instance, the concern about 'caring too much', i.e. to the point where one degrades oneself or fails to care for oneself, is not helped by the invocation of the additional other-regarding relationship of identifying with others. What I maintain is that, in light of the analysis in this article, there is good reason to believe that the most promising relational ethic is one premised not merely on caring for others' quality of life, but also on sharing a way of life with others. While not a panacea, community appears to ground a more attractive relational ethic than care alone.

Conclusion: taking relationality forward

I now bring this article to a close by noting issues that merit exploration in future work for those interested in relational approaches to morality. I have sought to prise apart the ethic of care and an African ethic, and to defend a philosophical interpretation of the latter by showing that it is not objectionably traditionalist and by arguing that it avoids problems that plague the ethic of care. However, even in the ideal case where I have convinced an interlocutor that an Afro-communitarian ethic is the more promising relational view, it does not yet follow that she has reason to accept it; for I have not demonstrated that it is to be favoured in comparison to non-relational conceptions. Can the idea of prizing communal relationships adequately capture intuitions about individual rights or desert? Can it accommodate concerns about the right ways to treat animals and other parts of nature? Can it be applied in a sensible way to relationships between strangers and across territories? I submit that in light of Afro-communitarianism being the lead relational contender, it is worth seeking to answer these questions elsewhere.

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Notes on contributor

Thaddeus Metz is Humanities Research Professor at the University of Johannesburg.

Notes

1. I doubt that any common source is what Harding (1987) calls a 'category of challenge', viz., a reaction to the dispositions of Euro-American males (367–8), since at least traditional African morality pre-dates contact with European colonialists and missionaries.
2. Something I have begun to do in Metz (2010a, 2010b, 2012b).
3. Excluding, however, the likes of Bowden (1997), who eschews any attempt to articulate something like a core of care.
4. Just as, of course, calling a care ethic 'feminist' or 'female' does not mean that it is unique to women, let alone all of them.
5. Or famously has '*ubuntu*' in the Nguni vernacular of southern Africa.
6. Noddings (1984, 86, 89). Eventually Noddings (1992) changed her mind about that (110–2).
7. Harding (1987) makes a related, although ultimately distinct, point. She claims that a relational ethic and particular epistemology 'follow from' a certain ontology (364), whereas I doubt that ontological considerations are basic and also suspect that the ethical and epistemological have tended to inform one another bi-directionally.
8. There are other traditions that would suggest that autonomous decision-making is *itself good* for a person (not a mere reliable *cause* of what is good for her). However, this sort of good is most plausibly a perfectionist one, not a welfarist one, and so does not fit well with the standard form of the ethic of care.
9. Cf. the poignant passage in Okin (1999, 122–3).

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