**‘Care, *Simpliciter’* and the**

**Varieties of Empathetic Concern**

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*Abstract: Nicole Hassoun’s sufficientarian theory is based on a particular conception of caring, which she calls ‘care, simpliciter’. However, ‘care, simpliciter’ is not described in any detail. This essay tries to offer a critical revision of Hassoun’s concept of care in a way that would put the MGL theory on its strongest footing. To that end, I will contrast her view with a taxonomy of care that supplements the accounts of care provided by Stephen Darwall and Lori Gruen. I then put forward a form of empathy that is best suited to the MGL theory, which fits the description of ‘care, simpliciter’.*

On a sufficientarian approach to distributive justice, we are obligated to construct social and political institutions that provide each person with the resources needed to achieve wellbeing according to some minimal standard (Wiggins, 1987) (Dorsey, 2012). One persuasive and intricate articulation of the sufficientarian approach, proposed by Nicole Hassoun, argues that the minimum threshold is settled by the conditions for *a minimally good life*, i.e., a life where each person has a decent range of options required to achieve those fundamental conditions that are necessary for each person to secure states of life that are important to them (like relationships, pleasures, and so on) (Hassoun, 2021). Hassoun’s theory bases the minimum in her conception of the right, not in substantive facts about wellbeing.

In this article, I will offer a critical expansion on Nicole Hassoun’s approach to the study of caring: the notion of ‘care, *simpliciter’*. To that end, I will contrast her view with a taxonomy of care that supplements the ones provided by Stephen Darwall and Lori Gruen (Darwall, Welfare and Rational Care, 2002) (Gruen, 2015), and then put forward a form of empathy that is best suited to the MGL theory.

**Overview of the MGL Theory**

Hassoun’s formulation of care is offered in the context of her sufficientarian theory of distributive justice. Since I am interested in offering a sympathetic revision of her notion of care, I will take some time to explain her approach, so that is it clear how she motivates the notion of care in the context of her theory.

The MGL theory says that morally legitimate political and social institutions must be set up in a way that provides for those fundamental conditions that make it possible for people to secure broad classes of goods that are important to them. The theory of distributive justice argues that people have a right to live a minimally good life, and where that right is understood as a *basic aspiration* of political theory. i.e., if a theory is not even aspiring to help people have minimally good lives, then it will in some important sense not be a legitimate theory.

Notably, the MGL is not about providing people with all the goods that are important to them, period, so much as it is for providing a reasonable array of different means that would be needed to secure those important states of life, insofar as they are part of the minimally good life. So, for example, a government might provide, or encourage a market to provide, a reasonable array of social services corresponding to fundamental conditions (e.g., forms of education, welfare, infrastructure, health care, etc.) Understood in this way, the MGL theory is a part of the modern liberal political project.

In her articulation of the MGL theory, Hassoun tacitly suggests that it is perhaps not necessary for us to precisely, exhaustively, and substantially define what each individual’s important qualities would or should be. (Indeed, barring some satisfying conclusion to debates related to theories of value, the list of important goods is open to reasonable disagreement, e.g., between objective list theories and subjective preferences.) Circumventing debates over the nature of wellbeing, the MGL theory places the locus of concern on the conditions that are conducive to the quality of the person’s *life,* which is distinguished from their wellbeing. Even so, we need some kind of analytical device that would differentiate between those conditions that are parts of a minimally good life and those that fall short.

Hassoun proposes that the standard for a minimally good life – the life that fits a minimal standard of justifiable aspiration -- is settled by certain principled applied in a particular manner. For exegetical convenience, it is helpful to say that the application of these principles occurs through the efforts of competent judges who are apprised of those principles and who seek to apply them to cases. The task of these judges is to figure out, for each individual person under examination, what it is that would constitute a minimally good life for that person. The competence of a judge is determined by the fact that they must be reasonable, appropriately impartial, caring, free from coercion or constraint, and thereby capable of taking each individual seriously by properly attending to each person’s experiences, liabilities, and perceived conception of the good, on the assumption that full information has been provided about that person and their lives.

A feature of the competent judge that is not explicitly foregrounded by Hassoun is the requirement that competent judges be equipped with an imagination. After all, when we consider each other’s lives, it is important to be able to evaluate potential distant counterfactual states of the world and take them seriously as genuine options corresponding to outcomes that can be subjected to preferences; moreover, it is important to have an imagination just to get empathy off the ground in the first place. Ethicists have a longstanding interest in imagination in the context of discussions over moral attitudes like empathy and sympathy, in ways that Darwall highlights effectively throughout his discussion (Darwall, 2002) (Smith, 1853). So, I will highlight the role of the imagination in the analysis of the varieties of empathetic concern.

*Varieties of Empathetic Concern*

Hassoun deploys the notion of ‘care’ in a specific manner, which she contrasts with a version of empathy that is used by Stephen Darwall (Darwall, 2002). On Hassoun’s view of care, we try to “fully understand emotionally, and otherwise, what it is like to live as other people do”, and we do so by appreciating their history and current states (Hassoun, 2021, p. 326). This conception of empathy is optimizing in the sense that it requires a *full* understanding, and amounts to caring for them, *simpliciter*. She implies that her conception of empathy involves *projective empathy,* borrowing a term from Darwall: it is a form of empathy that uses one’s own perspective as a way of understanding the states of the other, ‘projecting’ oneself into their position to work out what to feel (Darwall, 2002, pp. 60-1). The projective empath is then put in a (limited) position where they might gauge the appropriateness of the feelings they simulate. In this sense, as Hassoun puts it, projective empathy makes no necessary commitment to view the subject’s preferences as intrinsically *choiceworthy* (Hassoun, 2021, p. 326). Hassoun’s preferred conception of care contrasts with Darwall’s *proto-sympathetic empathy*, where one considers “what is necessary to be content to live other people’s lives given others’ current states, not just how other people do, or might, feel about their states” (Darwall, 2002, p. 63). On the proto-sympathetic view, one must care for the other person for their own sake, as ends-in-themselves regardless of consequences. (Roughly speaking; see more below.) Hassoun holds that her concept of empathy differs from Darwall’s, and offers some hints on how that is so. The main difference between these two conceptions of empathy is that Hassoun’s concept demands that we care, not just for the person for their own sake, but also to understand and care about them, *period*; though the precise meaning of this will be explored during the course of critical discussion.

The two articulations of empathy can be illustrated by the case of a mother who grieves the terminally ill child (Darwall, 2002, pp. 63-4) (Hassoun, 2021, p. 326). Darwall suggests that we ought to care for the loss of the child insofar as it affects the grieving mother because we care about the grieving mother *for her own sake*. Darwall argues that the clearest sense of caring for someone for her own sake involves *appreciative regard* for the intrinsic value of the other without any loss of one’s own perspective as a caregiver – a uniquely other-regarding attitude that he calls ‘sympathy’ (Darwall, 2002, p. 3; 72; 92). Darwall contrasts his view with projective empathy, in which the judge *projects* herself onto the mother: “[W]e place ourselves in the other’s situation and work out what *to* feel, as though we were they,” mediated through the judge’s sense of what feelings and preferences are appropriate (Darwall, 2002, p. 60). So, “if one is inclined to believe that another’s feelings are not warranted by her situation, this will make it more difficult to share them through projective empathy.” (Darwall, 2002, p. 61)

For Hassoun, by contrast, the preferable form of empathetic concern requires more than just caring for the person for their own sake: it requires that the competent judges must (1) care for the mother’s loss of the child, *simpliciter*, and (2) care not just about how her life goes for her own sake, but care for it, *simpliciter* (Hassoun, 2021, p. 326). That is to say, one must demonstrate empathetic concern at an appropriate register both when considering the *person’s projects and concerns*, and when considering the *person themselves*. I will only be considering care for persons since a concern for projects is asymmetrically dependent on persons so would make for a more efficient discussion.

Ostensibly, the account that Hassoun favors is a version of Darwall’s conception of projective empathy (Hassoun, 2021, p. 326). In the abstract, I see the attractions of the proposal. Even so, if that is her view, then I think it may have been the wrong move for the sake of the MGL theory. Instead, I would like to say that there are some merits to a different view that is (I think) a better specification of the idea of “caring, *simpliciter*.” By my interpretation, care *simpliciter* involves a notion of care that is more coarse-grained than any of the forms that Darwall described in his (2002) study. For that reason, I would like to reinterpret MGL in a way that frees it from any explicit necessary connection to projective empathy, since doing so would reduce its plausibility. For both projective empathy and proto-sympathetic empathy are agent-neutral, and hence, disregard the possibility that morally worthy care could be solely and sufficiently motivated by agent-relative care in some contexts. But agent-neutrality might not always be consistent with a theory based in an *appropriate* sense of impartiality, because propriety is prudentially discovered in the contexts of practice.

**Care for Persons**

Suppose that the concept of care is [*empathy + concern*]. Care is *empathetic* in the sense that it involves sharing the other’s mental states through some rational and reliable belief-forming process (“mindreading”), and is *concerned* in that it rests upon a pro-social or beneficent desire, i.e., roughly, a desire to help borne out of recognition of the intrinsic value of the other person.[[1]](#footnote-1) We are only interested in those varieties of care that have potential moral worth because only those forms of care would play a proper role in MGL theory.

Darwall says that any morally worthy form of care requires care for the other person for their own sake, in some sense. So, let’s stipulate that everyone agrees that any plausible account of morally worthy concern involves a *desire* *to help* that is *for the person’s own sake.[[2]](#footnote-2)* I think Hassoun could agree that all morally worthy versions of care must involve some version of that kind of concern. That said, *insofar as* the varieties of care require concern for people for their own sake, it remains an open question what we are supposed to infer about the moral worth of diverse forms of empathy once they are supplemented with that enhanced form of concern. Darwall makes it seem that there is a hierarchy of forms of other-regarding attitudes, with sympathy at the top of the food chain, expressing the care for people for their own sake out of *appreciative regard* for them.[[3]](#footnote-3) (Darwall, 2002, p. 92) One may view sympathy, roughly, as [*proto-sympathetic empathy + concern*]; and so, by inference, proto-sympathetic empathy must rank first among the varieties of empathy, once supplemented by pro-social concern.[[4]](#footnote-4) Meanwhile, Hassoun thinks the morally worthy thing to do is to focus on the person, “*simpliciter*” – caring for them for their own sake, not out of appreciative regard, but *period*. For the sake of the MGL theory, I think “empathy, *simpliciter*” is best understood as a superordinate category that includes a variety of fine-grained forms of empathy.

Like Darwall, we might decide to primarily focus on those forms of empathy that concern intentional simulation (i.e., ‘putting oneself in another’s shoes’), and doing so in a manner that supplemented by theory.[[5]](#footnote-5) That is to say, we might want to dismiss instinctive “emotional contagion” or automatic and involuntary fellow-feeling (Darwall, 2002, pp. 54-8). Such non-inferential varieties of emotional investment are *merely triggered*, not necessarily requiring rational effort. Some, like David Hume, seem to have regarded contagion as the process that gives rise to empathetic moral sentiments (Hume, 2000). Nevertheless, as non-cognitive states, emotional contagion is beyond the scope of our discussion of rational care (unless subject to qualifications). From here on out, then, when we talk about ‘empathy’, it will be in terms of cognitive empathy (i.e., simulation and theory), not contagion *as such*.

*Care: Entangled, Projective, and Proto-Sympathetic.* It is useful to characterize Hassoun’s views of competent judges by making critical use of Darwall’s taxonomy of empathetic states.[[6]](#footnote-6) I will then use those categories to help make sense of Hassoun’s demand for “care, *simpliciter*”. I show that ‘care, *simpliciter’* is a broad category that encompasses all the fine-grained sorts of empathy, and so is not best understood in terms of projective empathy in isolation.

As we saw above, Darwall discusses two key versions of empathy, which he calls proto-sympathetic empathy and projective empathy. As I understand it, ‘*projective empathy’* means concern that is free of any necessary inclination to take the other person’s preferences or experiences as intrinsically choiceworthy, involving a form of simulation where the judge’s understanding of the good retains significant weight in trying to understand what is good for the subject. The task of this form of empathy is to imagine what the subject ought to feel given some situation, given who they are; it introduces a level of distance between the judge and their subject (Darwall, 2002, p. 60). I think this naturally implies that projective empathy demands a robust imagination. Meanwhile, ‘*proto-sympathetic* empathy’ means simulation that involves figuring out *what it would be like* to have the feelings, preferences, and experiences that the other person has, while still maintaining some distance between self and other (Darwall, 2002, pp. 92-3). I think this requires a greater degree of candor and questioning than is usually found in other forms of care. Both projective and proto-sympathetic empathy are agent-neutral, in the sense that they are (generally) sharable (Darwall, 2002, pp. 48-9). For Darwall, that is to say that neither of these forms of empathy are grounded in a judge’s integrity, or morally legitimate powers of discretion, as these are associated instead with duties of respect as opposed to care (Darwall, 2002, pp. 14-6).

This taxonomy of forms of empathy is missing a third category -- ‘*entangled empathy’*, coined by Lori Gruen.[[7]](#footnote-7) For Gruen, entangled empathy means a version of simulating the minds of others where the judge’s task is to attend to the other person’s wellbeing responsively and responsibly (Gruen, 2015). In our context, I take it to mean something a bit more specific, i.e., the act of simulating the other person’s position by adopting all of their feelings, interests, and preferences on the (rebuttable) presumption that those preferences are rationally action-guiding or choice-worthy. This form of empathy is directed towards the person *by way of* that person’s attitudes, using the attitudes as a path to understanding what is good for them. On this view of empathy, the judge’s concern is satisfied when the judge has sufficient reason to believe that they have copied the other person’s states and deployed them successfully; the task of the imagination is to faithfully attend to the introspectable states of the other person and to orient their sense of the good around those feelings and attitudes. This version of empathy differs from the others in that it requires a strenuous amount of imaginative attention in order to deliberately mimic a state like emotional contagion – albeit, one that does not surrender voluntary or intentional control, and so in some sense retains appropriate impartiality. One’s efforts are, broadly speaking, deferential; the experiences of the other person are deliberately placed in the foreground. For that reason, and in contrast to the other forms of empathy, the distance between self and other is minimized. And, finally, entangled empathy is agent-relative: it occurs as a function of the warranted discretion of the competent judges who are invested in the caring relationship.

Certain reasons have to be taken into consideration before admitting entangled empathy as a distinctive and rational form of empathy. Here is one potential objection: entangled empathy seems to flout Darwall’s characterization of the distinction between care and respect, since respect produces agent-centric reasons, and care produces agent-neutral ones. (Darwall, 2002, pp. 14-6) I take it that the distinction has got mainly to do with normative force: the authority of agent-relative reasons (i.e., ostensibly, reasons of respect) are mediated by the relationships one has with the beneficiary, while agent-neutral reasons (i.e., ostensibly, reasons of care) have no such function. (Löschke, 2021) Put in this way, there is some plausibility to this distinction as a matter of principle, for it is often both moral and prudent to defer to others on their choices, and in this way do honor to their dignity by acknowledging the force of agent-relative reasons. From a certain vantage point, it might seem as though deference is potentially absent during care. So, one might say, entangled empathy must be a component of respect, not care.

Be that as it may, the distinction is far from an absolute – such that reasons based in respect are always agent-relative reasons, and reasons of care only agent-neutral reasons.[[8]](#footnote-8) For respect is not always agent-relative, just as care is not always agent-neutral. Entangled empathy is an example of an agent-relative reason that plays into care, and it seems intuitively plausible; though of course I could not rest on this as sole evidence without begging the question. But we can also think of cases of agent-neutral respect, to put the point on its best footing. This calls for an example. Suppose that you meet someone (a graduate student, perhaps) that struggles with mental health issues, and engages in excessive self-deprecation. It might not be consistent with dignity to defer to them on the matter, and not necessarily respectful either. Instead, perhaps respect requires raising people to a minimal level where they are treated as autonomous beings – an agent-neutral requirement of self-respect that is constitutive of the role they aspire to play in their future career. To me, this implies agent-neutral reasons, based on that sense of appropriate roles in an institution.

Perhaps a critic might claim that the vignette is still ‘agent-relative’ by saying that, in this case, care is tacitly coming to the rescue (so to speak), overriding the tendencies of respect towards deference. That rebuttal sounds plausible: care and respect are often co-motivating reasons in practice. But one may also wonder whether anything has been violated in principle. Surely, it makes no difference to moral worth; the intuitive moral response outlined above seems to be sound. For another thing, whether or not there is an idealized association between respect and agent-relativity, the *effect* of the judgment in this case is that the concepts of dignity and respect are being used in a manner that is neutral to agents in a context-invariant fashion.[[9]](#footnote-9) And I take it that similar thoughts apply for entangled empathy in the context of care.

Now for a reason to embrace entanglement. I would like to think that Darwall’s characterization of projective empathy is so wide in scope that he has left room open to take note of entangled empathy, understood as a conservative extension of his account of the varieties of empathy that underlie a theory of rational care. Here is his characterization of projective empathy and proto-sympathetic empathy (2002):

“Consider the difference between the instructions: (i) imagine what someone would feel if he were to lose his only child, and (ii) imagine what it would be like for that person to feel that way. Complying with (i) involves simulating someone in the imagined circumstances in order to identify what feelings the situation would apparently warrant when so viewed. It need involve no attention at all to having those feelings or to suffering that loss. To comply with the second request, however, one would have to simulate, not just a person *with* the relevant feelings, but someone *conscious of* his feelings, their phenomenological textures, and their relevance for his life.” (p. 63, emphasis preserved)

This passage gives us an effective contrast between proto-sympathetic empathy and its alternative(s) across one dimension: (i) is (ostensibly) projective empathy, while (ii) is proto-sympathetic empathy. However, the logical space that is covered by (i) -- the act of simulating feelings of another person -- is conceptually larger than his characterization of projective empathy. For the simulation of another’s feelings may or may not respect the sense of choice-worthiness of the person’s attitudes. Specifically, one might say that there are cases (a) where the accent is placed on the presumed reasonableness of the person’s feelings in that situation, and (b) cases where the accent is placed on the feelings that would be reasonable in that person’s situation. The former describes entanglement, the latter describes projection; but both are centered on the simulation of feelings, to whatever degree needed for care. So, hopefully, Darwall would accept that entanglement is a form of empathy, even if we were to disagree over what role it plays.

A final note on the subject of moral worth. In his discussion, Darwall is worried that projective empathy will tacitly crowd out the experiences of the beneficiary of care by projecting the rational sensibilities of the judge upon them. So, e.g., the mother who is experiencing grief over a sick child may feel that the best option is to stay with the child, but the judge may decide that this is not a rational course of action. And, to be sure, Darwall is right to warn against universal reliance on this form of empathy as an approach to care for others. For if an account of empathy only had the resources of projective empathy, it could be accused of paternalism: i.e., diminishing the sense that each individual person has some moral authority in deciding what is good for them, and substituting the authority of the judge to determine what *really is* good for the subject. Yet I shall argue that equally pressing problems occur for the other varieties of empathetic concern.

*Figure 1. Varieties of empathy* [scale 0-1]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Contagion** | **Entangled** | **Proto-sympathetic** | **Projective** |
| *Degree of impartiality[[10]](#footnote-10)* | 0 | .2 | .8 | .5 |
| *In disagreement: subject’s preferences/attitudes rationally appropriate?* | N/A | .8 | .5 | .2 |
| *Degree of imagination required* | 0 | .5 | .2 | .5 |
| *Rational?* | 0 | 1 | 1 | 1 |
| *For subject’s own sake?* | 0 | 1 | 1 | 1 |
| *Degree of conversational vigilance required* | 0 | .5 | .8 | .5 |
| *Degree of agent-relative care (in practice)* | 1 | .8 | .2 | .2 |

*Context and ‘care, simpliciter’.* Now we return to Hassoun’s notion of care. Ostensibly, Hassoun’s account is based on projective empathy – that is how she conceives of her conception of ‘care, *simpliciter’*. However, Hassoun characterizes her favored form of empathy in other, richer terms. For ‘care, *simpliciter’* involves an approach to understanding the minds of others that requires us to simulate and be concerned with a person in such a way that fits the *full totality* of facts in the case and person. For her, ‘care *simpliciter’* undergirds her account of empathy in the context of the MGL theory. The question at hand, then, is whether Hassoun is correct in thinking that projective empathy is uniquely capable of meeting that level of concern, or if the MGL theory would be better off taking on a more permissive account of empathy under which the specific form of empathy is deliberately unspecified. It is quite literally ‘caring, *simpliciter*’: the end of the story is that there is caring for someone for their own sake, without commitments to any specific form of empathy that gets the job done.

I would like to say that this holistic sense of empathy is precisely why MGL theory ought to be conscientiously ambiguous in its commitments to the three above-named varieties of empathetic concern. That is to say, the need for *care, simpliciter* involves a coarse-grained conception of empathy that permits a choice of whatever fine-grained version of empathy that is suitable for the needs of the context, and is not categorically wedded to a fine-grained one, i.e., shoehorning that narrow mode of empathy into every context without sensitivity to the full features of those contexts.

The categories might help us think about how a competent judge would consider the case of the mother who is about to lose her child to some terminal disease. In Hassoun’s view, there is a wide range of potential live options: for example, “It may be good for her to have a break from caring for her child,” insofar as the mother’s grief is exacerbated during caregiving (Hassoun, 2021, p. 326). Although these options for action may have greater or lesser rank-ordering depending on the context, the way we see those rank-orderings as rational from a standpoint of concern will depend on the form of empathy at play. So, e.g., when the judge expresses projective empathy, they are placing themselves in the position of the mother without necessarily adopting *her* pattern of choices and preferences as the unique and correct estimation of what is good for her (the mother) – they are, instead, projecting themselves into the position of the mother, albeit in a way that is informed by the actual mother’s own feelings, experiences, and preferences. So, the competent judge might offer care by recommending a course of action (e.g., take a break, stay, etc.) that is against the mother’s own perceived sense of what would make for a good life, and regard resistance to that advice as irrational. In contrast, if the judge shows *proto-sympathetic* empathy for the mother, they are concerned for the mother for her own sake in ways that regard the mother’s own conception of the good as potentially choiceworthy, so far as they are rational -- on this view, if the mother disagrees with the judge (e.g., decides to tend to her child, at the expense of her own brute welfare), then that may or may not be respected and accommodated by a caregiver as rational. And finally, when the competent judge demonstrates concern for the mother owing to the prospective loss of her child, they are engaged in *entangled* empathy for the mother. The point of entanglement is to help by deliberately sharing the experience of the mother, participating in it, and validating it so far as prudence allows while being minimally (but still appropriately) impartial fellow-traveler. This level of empathetic involvement is helpful in generating imaginative options that suit the case.

It is understandable that entangled empathy would be overlooked. Entangled empathy is exhausting, and it requires significant vulnerability on the part of the judge. Indeed, in isolation, it is often too much for a single mind (or heart) to bear, if it were taken as the proper or emblematic feature of care needed whenever one goes about the judgment of someone’s quality of life. Indeed, on some occasions, it seems it would be both cognitively taxing and emotionally overwhelming to the point of exacting paralysis from a judge. For if everyone grieved as a mother of a young dead child grieved, directing themselves to show concern by way of how she feels, then then the child could never be buried, owing to all the grieving. And that is surely not even a state we even want to aspire to. Instead, part of caring means having a provisional and *ad hoc* division of emotional labor so that we really can take care of each other. And yet entanglement must be reckoned with.

Given that overview of how the varieties of empathy might influence our judgment in a canonical case, one might reasonably pause to wonder why the competent judge should have to have the capacity to deploy the many forms of empathy. Why is the MGL theory better off with my understanding of ‘care, *simpliciter’*, as opposed to projective empathy? The reason is that there are too many cases where each version is underequipped to deal with special contexts. I outline three: contexts where *concern requires clarity and candor*, contexts where there is a *need for enhanced vigilance*, and contexts where the quality of life directly depends on the *solidarity* (or *non-neutrality*) of the caregiver/observer.

1. **Proto-sympathetic and entangled empathy**. I should raise another example, based on an interaction I once had with a close relative. This relative is laconic, and their emotional states are carefully guarded. I had heard some gossip about this relative which I found offensive, and I responded to that gossip by rebutting it sharply. When my relative asked me why I had bothered to do so, I said, naturally, that I was protecting them, expressing care. Their reply was: “*’Protection’*?! I don’t know what the hell you’re talking about.” By this, they indicated that they were incensed at the degree of care, proportionate to the act. The version of care that I chose was over-extensive, and hence (from their perspective) inappropriate; and the reason why it was ostensibly inappropriate is that I imaginatively extended the conception of their wellbeing to include features that they did not care about at all, or at least feigned not to care about. That is to say, I projected myself into their position. Yet considering all the facts, and despite their reaction, I am inclined to say that I would not have been a competent judge if I had exercised proto-sympathetic empathy -- *projective* empathy is the more felicitous alternative. After all, projective empathy sets clear and explicit standards for disagreement over what caring responses are rational, in a context where it is not especially clear what the duty of care requires: through egocentric engagement, I foreground my sense of rational propriety in a way that allows for clear and sharp rebuttal if I am in error. That is precisely its advantage, in cases where the emotional situation is opaque. So, caring by way of proto-sympathetic empathy would seem to have been morally unworthy because it is unavailable in where the other party is opaque, even on the assumption that full information has been provided about their lives.
2. **Projected and entangled empathy**. But in other cases, of course, *proto-sympathetic* empathy is far more preferable to either *entangled* or *projected* empathy. For example, I have a friend who suffers from a version of mild schizophrenia, and who sometimes expresses confusion at things happening around them. I find that, in making sense of their feelings, my most successful attempts at connecting with them do not involve having some beliefs taken up – instead, these sorts of judgments are little more than stalling tactics of a kind, whose result is to reassure them that someone is thinking about them and offering solidarity and support. They are highly sensitive to mood and tone, and I find they are happier when I expend most of my conversational energy invested in engaging myself in their preferences and feelings, and (when necessary) curating those feelings for the better, e.g., if they are down in the dumps. But my imagination must be restrained, too: the form of their experiences is quite different from mine, and too much presumption leads only to confusion. So, in interacting with them, I understand that some avenues of conversation are not beneficial, and I have to exercise a much more involved and present sense of imaginative involvement than would be needed in projective empathy, but less than needed in entangled empathy. But it also requires vigilance and attentive questioning that is not always prudentially expected, required, or appreciated.
3. **Proto-sympathetic and projected empathy**. Yet there are some contexts where neither of these forms of empathy is desirable, and where entangled empathy is required: namely, in emotional ‘no-win’ scenarios, where there is no way to redress the situation surrounding some relationship except through a vigorous and imaginative deployment of concern. One might imagine, for instance, two friends, one of whom is so upset that they cannot or will not be comforted, except for the friend to decide to cry themselves, putting themselves in a position to exhaustively share the burden of certain feelings – and, only in this way, to make themselves the object of shared concern. Projection and proto-sympathy will not do; only entanglement will. And yet the concerned party, in this case, has made a rational decision on what will resolve their friend’s quality of life: namely, their own unqualified involvement. But that is not mere *contagion,* nor is it *appreciation*: rather, it is *participation*. The judge who determines the quality of the person’s life is in some instances the one whose solidarity is required to enhance those conditions of life. And participation is exactly what is required by a non-ideal theory like MGL.

None of this necessarily suggests that one must always defer to the other person’s desired level of care -- for there are other cases where it is more fruitful to adopt a form of care that is other than the one that is expected. Indeed, some agents think they are helping (or think they ought to be helped) in ways in which are not helpful, either to themselves or the people around them. For instance, malignant narcissists may enjoy a level of vanity that makes them crave *entangled* care, but where we would distort their level of moral worth if that form of care were indulged reflexively. That does not mean that one necessarily must be indifferent to the malignant narcissist, however – far from it. It only means that different forms of care may be more appropriate in different contexts, requiring different sorts of imaginative involvement – which is to say, if we are aiming at a form of care that has moral worth, it must involve care for persons *period*.

**Objections and Conclusion**

One objection to my account of ‘care, *simpliciter’* is that it might seem suspiciously coldhearted in ways that might seem to lack some fundamental sense of integrity. The idea that someone could consciously switch the version of care depending on their particularistic sense of what is needed to help people, may seem to be the mark of a disingenuous character. Indeed, anyone who has had to experience context-switching between levels of care will be able to attest to the sense in which it can feel introspectively jarring. Now, if the mere fact of care-switching turned out to be morally problematic, then it would be a cause for legitimate concern. And, to be sure, if alternating choices of care were motivated by perceived advantage, then that would indeed demonstrate conduct that lacks moral worth because it is not underwritten by the *de re* desire to help the person for their own sake; and, absent that thread of pro-social desire, it would be accurately described as Machiavellian or lacking integrity. But we have assumed, in that respect, that all else is equal since we are interested in having a clear discussion of the varieties of *empathy*. We care for them for their sake. I do not know how one could acknowledge this presupposition while maintaining a position that ‘care, *simpliciter’* is coldhearted.

 Another objection, this time potentially from Hassoun: if entangled empathy is minimally impartial, shouldn’t we discard it as a rational possibility for caring? On this point, it depends on what one makes of the criterion of ‘appropriate impartiality’. Full impartiality is not a requirement of any theory of empathy, as it would involve a full escape from empathy of any sort. To empathize is, in some sense, to be partial. Very little work is done by the word, ‘impartial’; all of it is done by the word, ‘appropriately’. I think that means, at least sometimes, the level of impartiality that is appropriate is not particularly robust, once one has all the adequate information about the fullness of the case. But supposing for the sake of argument that we stipulated that entangled empathy were never appropriately impartial, it would still be an open question whether projective empathy is always (or even often) consistent with the extensive need for imaginative engagement with others during care, or the force of the need for dignity, or the need for extensive conversational prompts. In my view, a competent judge has many tools in their empathetic toolkit.

One might object to the preceding account by saying that, in view of a full moral theory, it could turn out that there are specific contexts that map strictly onto the varieties of care: so, for context A we must care *projectively,* context B *proto-sympathetically*, and so on. For example, they could note that projective empathy involved a need for transparent concern, proto-sympathy needed enhanced vigilance, and entanglement required a need for participation and solidarity. One might then say that, in the view of that full moral theory, if that were to turn out to be the case, then the notion of *care, simpliciter* would become obsolete, because we instead can disambiguate the preferred forms of empathy by context. And, though that would not be of help to Darwall’s hierarchy of forms of empathy, I think that may be correct: if we ever learn how to cut contexts at their joints properly, that will be a promising development in moral theory. However, we are not currently in that state. At best, I have only gestured at a few context clues that would point to the appropriateness of one form of empathy or another, but I have no reason to think these considerations are sufficient conditions. Moreover, since MGL theory is a non-ideal theory, we ought not make any claims that presume a philosophical accomplishment that has yet to be developed.

So, for now, I think there is no need to formulate the exact conditions where one form of care is preferable to another. Intuitively, it seems wise to be able to select from a list of versions of care. It may turn out to be false in light of further theory. But on face value, it seems more responsive and responsible to adopt a cautious pluralism when attempting to fulfill Hassoun’s project, of figuring out what counts as a minimally good life – and how to help people live them.

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1. Some deny that empathy can be disentangled from concern, wishing instead to treat empathy as something that *must* have moral worth. See, e.g., (Blum, 2018). [↑](#footnote-ref-1)
2. Putting this in Darwall’s phrasing: ‘for their own sake’ means a desire that is based in an appreciation of the other person as an end-in-themselves (i.e., where the person has intrinsic value), whose referent is *de re* to the person (indirectly), and such that this other person is the intended beneficiary of the concern. (Darwall, 2002, pp. 1-2, 17-18, 47, 51, 91-2) [↑](#footnote-ref-2)
3. For Darwall, appreciation “involves an experienced rapport to the value as exemplified in particular activities. We come to appreciate the value of the activity through a distinctively evaluative mode of awareness we have toward the activity itself“, which is conceptually divorced from its admittedly robust connection to enhanced wellbeing. (2002, p.17) I think a different but complementary form of regard would be Mill’s qualitative hedonism: valuing an activity for its own sake because the experienced activity (e.g., virtue) becomes *part of* happiness, as he puts it in chapter 4 of *Utilitarianism*. (Mill, 2001) To me, this is not merely *appreciation of* value,so much asis *generation of* it. [↑](#footnote-ref-3)
4. This formula is based on Darwall’s concluding remarks on proto-sympathetic empathy, and how it is still capable of being deployed without concern, e.g., for sadistic reasons, but for which it would be close to sympathy. (Darwall, 2002, pp. 65-6) [↑](#footnote-ref-4)
5. In the philosophy of mind, a distinction is made between ‘theory-theory’ and ‘simulation-theory’ as accounts of empathy (Gordon, 1995) (Goldman, 2006) (Stueber, 2019). It is an open question whether (and to what extent) our powers of cognitive empathy are properly characterized by the process of simulation as opposed to the development of folk theory. (Spaulding, 2017) For our purposes, full competence with theory is taken for granted by all forms of empathy, while the degree of simulation can be diverse depending on the version of empathy that is in question. [↑](#footnote-ref-5)
6. Darwall’s account does not provide a thorough taxonomy of the varieties of empathetic states. So, for example, we might also think about cases of ‘affective empathy’ and ‘personal distress’ as distinctive kinds. (Maibom, 2017) In the vocabulary of this paper, these categories differ across the dimension of concern, e.g., concern for ‘x’s own sake’ (present in affective empathy, absent in personal distress). [↑](#footnote-ref-6)
7. Gruen’s formulation is somewhat ambiguous between a special kind of empathy that I would like to explore, and one that is better captured by Darwall’s proto-sympathetic empathy. Her description of entangled empathy oscillates between first and third-person points of view and is relatively free of projection; similarly, the idea of ‘proto-sympathetic empathy’ is one that Darwall characterizes as having ‘double vision’. (Gruen, 2015, pp. 64-5) (Darwall, Welfare and Rational Care, 2002, p. 64) Yet this is not distinctively *entangled*, in the sense that implies a relatively more proximate and invested version of the concept – the kind of deep cognitive and affective involvement that is necessary for reading the minds of non-human creatures.

Indeed, at times, Gruen seemingly minimizes the ‘entangled’ aspects of entangled empathy, correctly noting that distance can be required depending on the context, e.g., the triage doctor who ‘shuts off’ part of their empathetic drive in order to help as many people as they can (Gruen, 2015, pp. 91-3). To me, far from illustrating the need for entangled empathy, this is a concession that empathy will sometimes need to be *dis*entangled. Yet Gruen’s concluding thesis – that varieties of empathy can be inappropriate to situations – is one that I share. [↑](#footnote-ref-7)
8. Concurring with (Dall'Agnol, 2016). [↑](#footnote-ref-8)
9. Still, if the upshot for Darwall is just to say that respect *qua* respect is agent-relative, and care *qua* care is agent-neutral (or something to that effect), then I am fine with that -- so long as the grounding of these qualifiers is addressed. So, e.g., perhaps these ‘*quas’* are relative to his notion of appreciative regard. Fair enough: one may still ask, what is so special about appreciation of value, as opposed to the generation of it? (See *supra* note 2.) [↑](#footnote-ref-9)
10. I am tempted to read in Darwall’s distinction between third, second, and third-person perspectives in terms of their impartiality, since it is clear that contagion is a first-person perspective. However, there are some taxonomical and logical difficulties. For Darwall, sympathy is meant to be a third-person perspective, and proto-sympathetic empathy as having “double-vision”, ostensibly oscillating between third- and first-person perspectives. But it is unclear if it makes sense to say that sympathy is free from the supposed double-vision that is a feature of proto-sympathetic empathy, given that concern implies partiality. And there is also the question of what to make of second-person perspective, as it does not appear in (Darwall, 2002), though does in later work (Darwall, 2006). At any rate, it should be consistent with Darwall’s characterization of the second-person standpoint to say that projective and entangled forms of empathy take on a form of a second-person perspective, addressing the subject of concern directly, as this is a feature of Hassoun’s account in (Hassoun, 2021). [↑](#footnote-ref-10)