



# **Towards an Aristotelian Theory of Care**

## **A Comparison of Neo-Aristotelian Virtue Ethics with Feminist Ethics of Care, and the Fundamentals of a Virtue Ethical Theory of Care**

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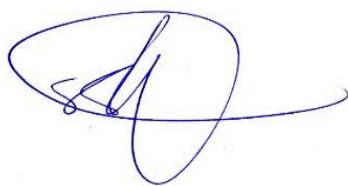


## Declaration

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25 July 2019



## Abstract

The intersection between virtue and care ethics is underexplored in contemporary moral philosophy. This thesis approaches care ethics from a neo-Aristotelian virtue ethical perspective, comparing the two frameworks and drawing on recent work on care to develop a theory thereof. It is split into seven substantive chapters serving three major argumentative purposes, namely the establishment of significant intertheoretical agreement, the compilation and analysis of extant and new distinctions between the two theories, and the synthesis of care ethical insights with neo-Aristotelianism to generate a virtue ethical theory of care. In the first two chapters, I outline virtue ethics and care ethics, and argue for considerable agreement over central premises. Chapter 2 summarises the foundational commitments of care ethics, focusing particularly on their relational ontology and its links to the other ethical claims care ethicists universally ascribe to, namely particularism, partialism, the moral salience of emotions, and the rejection of hard public/private distinctions. Chapter 3 lays out the central concepts in neo-Aristotelian virtue ethics, including eudaimonism, virtue, and character traits, and drawing a number of comparisons between virtue and care ethics specifically with regard to relational ontology and the meta-ethical commitments it underpins. In addition to doing the necessary expository work for the remainder of the thesis, Chapters 2 and 3 also argue that care ethics and virtue ethics have much more in common than is typically acknowledged – the first major contribution of this thesis to the literature.

Chapters 2 and 3 to provide at least a *prima facie* justification for pursuit of the questions I confront in the remainder of the thesis. In Chapter 4, I ask what differentiates these two ethical theories. I survey some of the differences which philosophers in either camp have identified and offer some of my own. I suggest that several of those differences either rest on misunderstandings of one ethic or the other, or that in erecting a divide between virtue and care ethics they also disunify ethics of care. I do, however, identify two differences which seem defensible. Specifically, they are that virtue ethics seems to lack an account of care, which I define minimally as a response or responsiveness to need, and that virtue and care ethics organise their meta-ethical and normative concepts differently. This chapter thus presents a second contribution to the literature: a study of the differences between virtue ethics and care ethics. It also serves to set the trajectory for the remaining chapters, where I respond to the claim that virtue ethics lack an account of care.

I spend the remainder of the thesis constructing what I take to be a satisfying foundation for a virtue ethical theory of care. In Chapter 5, I offer three initially viable means of incorporating care into virtue ethics, all of which treat care as a virtue. These are the analogical approach, according to which care is analogous to an existing virtue; the additive approach, according to which care is a novel virtue; and the bundling approach, according to which care is a bundle of virtues. I also offer and evaluate reasons to reject the claim that care is a virtue, concluding that the claim is indeed a viable one so long as the concept of care is sufficiently thick, and I contend that analogical approaches, and particularly analogies with charity, outperform the others. Chapter 5 therefore serves two ends. First, it proffers a novel meta-analysis of concepts of care as a virtue, and thus makes a third contribution to the literature. In doing so, it makes an inroad into the second: the development of a neo-Aristotelian theory of care.

Chapter 6 continues this project. I attempt to show how care can be construed as an act-type and a practice. I argue in this chapter that practices are a subcategory of actions, and that care qualifies as an Anscombean act-type which aims at the meeting of needs relating to the care-recipient's flourishing. I go on to consider the implications of this account for ethics which deploy care as a moral concept, maintaining that it not only offers a better account of consequences than theories of care which include success criteria, but also that it affords us interesting insights into the distinction between 'caring about' and 'caring for' which allow us to make sense of certain tenets of neo-Aristotelianism. This represents a contribution to both discourses, since neither care nor virtue ethicists working at the intersection of their respective normative theories have delved very deeply into the philosophy of action.

Chapter 7 discusses caring relations, suggesting that a virtue ethical theory of caring relations can lean on the work care ethicists have done, and adding some necessary refinements, such as a distinction between ideal and non-ideal caring relations, and a theory of caring relations as reasons for action. This final chapter also draws these three concepts of care together by arguing that virtuous caregivers who are invested in the flourishing of those for whom they care are also sensitive to the relations those care-recipients bear to their institutional environment. I argue that because they are caring participants in caring relations, virtuous agents are characteristically motivated by states of need and dependency to engage in certain sorts of conventionally political practices. In other words, the virtue or virtues of caring characteristically manifest in certain sorts of political or social practices, relating specifically to those areas of moral life. This allows us to build upon recent work in feminist virtue ethics of the sort offered by Tessman and Friedman. I also offer a novel analysis of migration,

suggesting that the account of care presenting here is analytically useful both when it comes to historical cases of migration such as the underground railroads and escapes from Nazi-occupied Europe, but also for contemporary issues such as the migrations occurring in the Southern United States and in much of Europe. I thus conclude not only that virtue ethicists ought to incorporate care into their normative framework, and that the theory of care presented here is a coherent one, but that this leads us naturally into applied topics such as virtue politics. I conclude the thesis by considering some its implications and by identifying some further avenues for research.





For my parents, Douw and Carol Steyl

*sine qua non*



## Acknowledgements

It is fitting that I should begin a discussion of care by acknowledging the care I have received. It is these relations which first drew me to this subject, and if I have any special insight into the subject, that is perhaps more a credit to my caregivers than to any philosophical prowess on my part. I cannot, of course, thank everyone who has helped bring this thesis to bear. That would require a thesis in itself. It must do instead for me to say that I am immensely grateful for the kindnesses I have received, however small. Still, there are some to whom I owe special mention.

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Thanks to Luís da Silva, Courtney Bennett, and Angelica de Guzman. You have made this journey infinitely easier, and I look forward to one day reminiscing with you about my three years of trial by fire. I ought also to thank my fellow graduate students at the University of Notre Dame Australia, the University of Minnesota, Arizona State University, and the University of Oxford for their companionship. Special thanks are due to Joe and Rose for your friendship and concern, and for both the engaging philosophical discussions and the empathetic listening ears that only other Ph.D. students can provide. Thanks to the graduate students at the Universities of Minnesota (especially Sam) and Oxford (especially Hannah, Asya, and Baturay), and at Arizona State University (especially Carter), for being so welcoming.

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# Contents

<b>I</b>	Introduction.....	1
<b>II</b>	Care Ethics .....	13
<b>III</b>	Virtue Ethics and Relational Ontology .....	45
<b>IV</b>	Distinguishing Care Ethics from Virtue Ethics .....	75
<b>V</b>	The Virtue of Care .....	110
<b>VI</b>	Caring Actions and Caring Practices .....	140
<b>VII</b>	Caring Relations and the Politics of Dependency.....	171
<b>VIII</b>	Conclusion .....	203
	Bibliography .....	205



# I

## Introduction

We went in then and found Socrates just released from his fetters and Xanthippe – you know her – with his little son in her arms, sitting beside him. Now when Xanthippe saw us, she cried out and said the kind of thing that women always do say: “Oh Socrates, this is the last time now that your friends will speak to you or you to them.” And Socrates glanced at Crito and said, “Crito, let somebody take her home.”<sup>1</sup>

Since halfway through the 20<sup>th</sup> century, feminist philosophers have vigorously disputed the dismissal of women as overemotional, irrational, and inferior. In the preceding centuries, it had been a commonplace amongst philosophers and non-philosophers alike that women were subservient and inferior by nature, more liable to be “capsized on the reef of romantic love”<sup>2</sup> or “anxiously intent on the care of the finery that she carries with her”<sup>3</sup> than to reason and understand. This is no longer an intellectually respectable view. Feminist philosophers have shown that women’s moral experience ought to be taken seriously by moral philosophers – that stories like Xanthippe’s in the *Phaedo* are a source of moral insights rather than a cautionary tale or a comedic preface to serious philosophical dialogue. Inspired by historical figures including Christine de Pizan, David Hume, John Stuart Mill, and Mary Wollstonecraft, by literature and art like Charlotte Gilman’s *Herland*, and by work in adjacent fields such as moral psychology and political science, contemporary feminists have done much to rehabilitate ethics, producing such milestones such as Mary Daly’s *Gyn/ecology: The Metaethics of Radical Feminism*,<sup>4</sup> Marilyn French’s *Beyond Power: On Women, Men, and Morals*,<sup>5</sup> Sara Ruddick’s *Maternal Thinking*,<sup>6</sup> and Eva Kittay’s *Love’s Labor: Essays on Women, Equality, and Dependence*.<sup>7</sup>

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<sup>1</sup> Plato, *Phaedo*, ed. C.J. Rowe (Cambridge: Cambridge University Press, 1993), 60a.

<sup>2</sup> Johann Erhard, “To Kant,” January 17, 1793.

<sup>3</sup> Wollstonecraft, *A Vindication of the Rights of Women*, ed. Sylvana Tomaselli (Cambridge: Cambridge University Press, 1995), 136. Note that Wollstonecraft does not herself endorse this view.

<sup>4</sup> (Toronto: Women’s Press, 1978).

<sup>5</sup> (New York: Ballantine, 1985).

<sup>6</sup> (Boston: Beacon Press, 1995).

<sup>7</sup> (New York: Routledge, 1999).

One moment in feminist moral philosophy with which Socrates' treatment of Xanthippe is especially resonant is the emergence of care ethics as a viable normative ethic in the 1980s. In 1982 Carol Gilligan published *In a Different Voice*,<sup>8</sup> and shortly thereafter Nel Noddings published her *Caring: A Feminine Approach to Ethics and Moral Education*.<sup>9</sup> Together, these works precipitated a torrent of literature on the subject of care, relation, dependency, and the moral experiences of women. Rejecting the ethical theories which had dominated moral philosophy in the preceding centuries, these thinkers argued that proper acknowledgement of women's experiences meant an earnest and sympathetic study of relation, emotion, and other neglected or disparaged topics in ethics. Care ethicists claimed that an ethic which gave emphasis to these areas of moral life was at least as viable as, and indeed a necessary corrective for, 'masculine' philosophies of the past. Contrary to what mainstream philosophers had maintained, "looking at men as if they had just emerged from the earth like mushrooms and grown up without any obligation to each other"<sup>10</sup> was a deeply misguided way to begin moral and political philosophy. Ethics like (rudimentary forms of) utilitarianism, premised on the thought that every person in one's moral purview was to "count for one, nobody for more than one"<sup>11</sup> yielded an objectionable view not at all reflective of moral life and ideals. And attempting to distil an account of the moral life from something like the Categorical Imperative, laden as it was with all of Kant's emphasis on self-legislation and rational agency, was neither reflective of women's moral practices nor a particularly convincing account of morality. A *satisfying* moral theory, sufficiently attentive to women's moral experience, would be radically different from the consequentialist and deontological ethics of the recent past.

Care ethics was not the only normative theory to take root in the shadow of mid-20<sup>th</sup> century consequentialism and deontology, however. Indeed, by the time the disparate works addressing care had coalesced into a distinct subfield of moral philosophy, ethics of *virtue* had already seen several iterations and received uptake from a number of prominent philosophers. In 1958, Elizabeth Anscombe had published "Modern Moral Philosophy,"<sup>12</sup> sparking renewed interest in ancient theories of virtue and character and opening the floodgates for such influential works as Pieper's *The Four Cardinal Virtues*,<sup>13</sup> Geach's *The Virtues*,<sup>14</sup> Foot's

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<sup>8</sup> 3rd ed. (Cambridge: Harvard University Press, 1982).

<sup>9</sup> I shall use the second edition (Los Angeles: University of California Press, 2013) here.

<sup>10</sup> Thomas Hobbes, *On the Citizen*, eds. Richard Tuck and Michael Silverthorne (Cambridge: Cambridge University Press, 1998), VIII.1.

<sup>11</sup> John Stuart Mill, *Utilitarianism*, ed. Roger Crisp (Oxford: Oxford University Press, 1998), 5.36.23-24.

<sup>12</sup> *Philosophy* 33, no. 124 (1958).

<sup>13</sup> (Notre Dame: University of Notre Dame Press, 1966).

<sup>14</sup> (Cambridge: Cambridge University Press, 1977).



*Virtues and Vices*,<sup>15</sup> McDowell's "Virtue and Reason,"<sup>16</sup> MacIntyre's *After Virtue*,<sup>17</sup> and Crisp and Slote's *Virtue Ethics*.<sup>18</sup> Virtue ethics was then, as it is now, predominantly Aristotelian, but the virtue ethical renaissance also reinvigorated the study of Platonic, Stoic, Thomistic, Humean, and Nietzschean accounts of virtue too. By the turn of the century both care ethics and virtue ethics had garnered a significant following, and both are now widely recognised as genuine alternatives to other normative ethics.

A further similarity between the two normative theories is that their sights were for a long time (rightly) set on their chief competitors. In the last two decades much ink has been spilled explaining why, exactly, virtue and care ethics are or are not reducible to consequentialism or deontology,<sup>19</sup> and exploring the ways in which they are supposed to outperform them (with some success – utilitarians and Kantians have proven receptive to many of their concerns).<sup>20</sup> But for the most part, care ethics and virtue ethics have developed in isolation from one another. The concept of virtue has not gone unnoticed by care ethicists,<sup>21</sup> but deep engagements with virtue *ethics* are rare. And aside from a few neglected and relatively homogeneous journal articles and books, Aristotelians have still to address the subject of care as a moral concept and as an approach to moral philosophy. There consequently remains much confusion regarding how these two ethics do and ought to intersect.<sup>22</sup> Whatever the reasons for this lack of intertheoretical discourse, it is timely now that neither camp is on the back foot to consider in detail the relation between these two ethics. Here I take up a handful of these relational questions, approaching them as one generally persuaded by Aristotelian virtue ethics and the work of thinkers like Foot, Hursthouse, Annas, and Kraut, by their eudaimonistic meta-ethics, and by their theories of character and right/good action, but who also wonders whether there is something to be gleaned from deeper incursions into care ethics.

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<sup>15</sup> Originally published in 1978, though I shall use the 2002 edition (Oxford: Oxford University Press).

<sup>16</sup> *The Monist* 62, no. 3 (1979).

<sup>17</sup> 3rd ed. (New York: Bloomsbury, 2011).

<sup>18</sup> (Oxford: Oxford University Press, 1997).

<sup>19</sup> See, for instance, Part I of Hursthouse's *On Virtue Ethics* (Oxford: Oxford University Press, 1999).

<sup>20</sup> See, e.g., Driver, Julia, *Uneasy Virtue* (Cambridge: Cambridge University Press, 2001), *passim* but especially Chapter 4 and O'Neill, Onora, *Towards Justice and Virtue* (Cambridge: Cambridge University Press, 1996), Chapter 5.

<sup>21</sup> See Chapter 5 for further discussion of this.

<sup>22</sup> It is noteworthy that sentimentalist virtue ethicists, Slote in particular, have done more than most to bridge the gap between care and virtue ethics, but my approach here is Aristotelian.

## 1. Why Should Virtue Ethicists Care About Care Ethics?

Similar projects could no doubt be developed by virtue ethicists to mine deontology or utilitarianism for further insights. And without arguing for it, I think there is value in such projects. There remains much to be said about the place of moral rules and prohibitions in virtue ethics, what deliberative role consequences and states of affairs play in the virtuous agent's mind, and other topics at those junctures.<sup>23</sup> Why, then, should virtue ethicists care specifically about *care ethics*? Several reasons suggest themselves. Perhaps the simplest is just that this is an interesting and largely unexplored subject. As we have noted, relatively little comparative work exists in this area, and much of what has been said is homogeneous or disappointingly sparse. There are thus a number of difficult questions still to be resolved in this area. Among the more fascinating is a set of taxonomic questions. Is care ethics a strand of virtue ethics or vice versa? Are care and virtue ethics more closely related to one another than to consequentialism and deontology? What are we to make of attempts by members of one group to distance themselves from the other? There are many concerns to be raised here about our methods of classifying moral theories, relevant not only within the confines of introductory moral philosophy classes but also to the way (particular groups of) moral philosophers see themselves and their enterprise.

A further reason why virtue ethicists ought to be interested in care ethics is the possibility of finding some feature of care ethics which virtue ethicists have an interest in borrowing or adapting. Virtue ethicists have benefited greatly from reading thinkers in other traditions,<sup>24</sup> and there is no reason to suppose at the outset that they would not do so from a thorough study of care. Indeed, I shall claim at several points throughout this thesis that virtue ethicists benefit from thinking about care as care ethicists have framed it – not only does it offer a virtue which virtue ethicists may wish to add to their repertoire, it also encourages virtue ethicists to revisit concepts like action and practice, and to rethink concepts like relation. And even if these claims do not wash, there is at the very least some value in concluding that there is nothing of value to be gleaned from care ethics, since that gives virtue ethicists a clearer idea of the trajectory their philosophising ought to take. Mining care ethics for insights need not open up new topics for discussion in order to be worthwhile.

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<sup>23</sup> See, e.g. Reid, Jeremy, "Virtue, Rule-Following, and Absolute Prohibitions," *Journal of the American Philosophical Association* 5, no. 1 (2019). As Hursthouse and Pettigrove point out, "any plausible normative ethical theory will have something to say about [consequences, rules, and virtues]" ("Virtue Ethics," *The Stanford Encyclopedia of Philosophy*, updated December 8, 2016. <https://plato.stanford.edu/entries/ethics-virtue/>).

<sup>24</sup> Foot, for instance, owes significant philosophical debts to Kant, despite her major disagreements with him.

It seems to me that virtue ethicists ought also to be interested in care ethics for its eagerness to address political issues, and its powerful criticisms of existing political practices. In the introduction to their *Virtue Ethics*,<sup>25</sup> Roger Crisp and Michael Slote looked forward to a time when an *Oxford Readings in Virtue Politics* could be published. Many slots in such a volume could by now be filled. Figures such as Martha Nussbaum and Lisa Tessman have risen to prominence for acute political commentary proceeding from virtue ethical premises.<sup>26</sup> But discussions of cognitive and biological sciences have, on the whole, eclipsed detailed political discussions. What room there is for virtue ethicists to interact with neighbouring disciplines has most often been spent discussing psychology, biology, or anthropology, attempting, for instance, to dispel worries that arose in the wake of the Milgram experiments or the apparent conflict with Darwinism and evolutionary theory. Anscombe may have been right to suggest that we halt moral philosophy “until we have an adequate philosophy of psychology, in which we are conspicuously lacking,”<sup>27</sup> and indeed proved prescient; attacks on the concept of character and other key features of virtue theory, levelled, for instance, by situationists, have made attention to scientific issues, particularly the sorts of conceptual analysis Anscombe had in mind, essential.<sup>28</sup> But there is by now enough momentum behind neo-Aristotelian ethical naturalism and virtue psychology to turn and pay certain underappreciated ethico-political issues the heed they deserve.

To some extent this represents a return to virtue’s roots. There is a strong historical precedent for virtue politics. Aristotle himself never intended for his ethics to be divorced from his approach to leadership, distributive justice, warfare, and other political issues. Nor can they be – as Malcolm Schofield has eloquently put it, “for Aristotle there is just one sphere – politics – conceived in ethical terms.”<sup>29</sup> But as an offshoot of feminist thought, and a response, in part, to the imbalance between the ‘masculine’ and the ‘feminine’ in politics and philosophy, the ethics of care is saturated with exactly the sort of ethico-political commentary and critique

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<sup>25</sup> (Oxford: Oxford University Press, 1997).

<sup>26</sup> Consider, for instance, Martha Nussbaum’s and Lisa Tessman’s extended corpora, Franco Trivigno’s “A Virtue Ethical Case for Pacifism,” in *Virtues in Action*, ed. Michael Austin (New York: Palgrave Macmillan, 2013), Rosalind Hursthouse’s “After Hume’s Justice,” *Proceedings of the Aristotelian Society* 91 (1990), and Karen Stohr’s “Feminist Virtue Ethics,” in *The Routledge Companion to Virtue Ethics*, eds. Lorraine Besser-Jones and Michael Slote (New York: Routledge, 2015).

<sup>27</sup> “Modern Moral Philosophy,” 26.

<sup>28</sup> See, e.g., Robert Loudon’s “On Some Vices of Virtue Ethics,” *American Philosophical Quarterly* 21, no. 3 (1984), and Section VIII of Christian Miller et al. (eds.), *Character: New Directions from Philosophy, Psychology, and Theology* (Oxford: Oxford University Press, 2015).

<sup>29</sup> “Aristotle’s Political Ethics,” in *The Blackwell Guide to Aristotle’s Nicomachean Ethics*, ed. Richard Kraut (Oxford: Blackwell, 2006), 305. See also Julia Annas’ “Aristotle on Human Nature and Political Virtue,” *The Review of Metaphysics* 49, no. 4 (1996), and Hursthouse’s “After Hume’s Justice,” *passim*.

Aristotelians ought to pay mind to.<sup>30</sup> The care ethical attack on the public/private distinction, to take a clear example, echoes numerous comments made by Aristotle throughout the *Nicomachean Ethics* and the *Politics*<sup>31</sup> and raises weighty questions about the value of ‘feminine’ means of reasoning and of having someone to “speak for the household”<sup>32</sup> in the ‘political’ arena. So it looks like Aristotelian virtue theory and care ethics would make for natural bedfellows insofar as they share an interest in political ethics.

A related issue has to do with virtue’s association with various sorts of conservatism. It has often been thought that virtue ethics resists a particular sort of moral and political progress. As Annas explains, critics who object to virtue ethics on this basis typically concede that:

we may get as far as criticizing, from an internal point of view, the notion of fairness we have been brought up with, but this will not take us to a point where we will be able to criticize the social and cultural contexts themselves within which we have learned fairness.<sup>33</sup>

The concern, in other words, is that the virtues perpetuate the cultural contexts within which they emerge. Acquiring the virtues represents a process of instilling particular moral horizons beyond which virtuous agents cannot see. Virtuous agents in slave-owning societies, for instance, lack the capacities and inclinations to question slave ownership, thus acting not as catalysts for change, but as preservers of a morally repugnant societal structure. More modern critics will likely note also that virtue ethicists have frequently taken more conservative stances on issues such as contraception and same-sex relationships.<sup>34</sup>

Though several notable virtue ethicists have done much to slough off associations with conservatism,<sup>35</sup> these connotations persist, and virtue ethics still has a (markedly diminished) public relations problem amongst progressives as a result. Of course, some may not find this problematic. Whether or not dissociation from conservatism is *desirable* turns on what one makes of conservatism, and this is another tangential matter which I shall not attend to in any

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<sup>30</sup> Consider, for example, Sigal Ben-Porath’s “Care Ethics and Dependence – Rethinking Jus Post Bellum.” *Hypatia* 23, no. 2 (2008), Eva Kittay’s “Dependency, Difference, and the Global Ethic of Longterm Care,” *The Journal of Political Philosophy* 13, no. 4 (2005), and Joan Tronto’s “Creating Caring Institutions: Politics, Plurality, and Purpose,” *Ethics and Social Welfare* 4, no. 2 (2010).

<sup>31</sup> In *The Politics and the Constitution of Athens*, ed. Stephen Everson (Cambridge: Cambridge University Press, 1996)

<sup>32</sup> Virginia Held, *Feminist Morality: Transforming Culture, Society, and Politics* (Chicago: University of Chicago Press 1993), 48.

<sup>33</sup> *Intelligent Virtue* (Oxford: Oxford University Press, 2011), 53.

<sup>34</sup> Consider, for instance, Anscombe’s “Contraception and Chastity,” *The Human World*, 9 (1972): 41–51, and the work of natural law theorists such as John Finnis and John Haldane.

<sup>35</sup> Annas, Nussbaum, and Hursthouse all speak favourably of particular sorts of progressivism.

great detail here.<sup>36</sup> But no virtue ethicist of any sort ought to unquestioningly accept the assumption that virtue ethics is politically or socially conservative, or that it is therefore opposed to the broader care ethical project, *by default*. Nor indeed should we think the study of care matters more for those who wish to shed virtue's association with conservatism, and less for those who wish to retain it. It matters for all virtue ethicists because it raises moral and political questions whose conclusions should not be treated as foregone.

## 2. Who Counts as a Care/Virtue Ethicist?

Before continuing, a methodological note. Ethicists can, of course, be grouped in a number of ways, and whether or not a thinker qualifies as a virtue ethicist, a care ethicist, or an ethicist of some other stripe will depend largely on the criteria one uses to classify them. There are numerous criteria available, and indeed they make a significant difference to the set of thinkers we might draw on for a project such as this. Hume's views, for instance, have been notoriously difficult to classify. He has been labelled a virtue ethicist, a utilitarian, and could indeed be plausibly called a care ethicist given his influence on particular strains thereof.<sup>37</sup> Though this project is ultimately one of testing and at times dismantling philosophical boundaries, we begin here with a comparative project which requires us to select some means of identifying proponents of our two ethical theories. On what basis, then, should we call a philosopher a 'care ethicist' and a 'virtue ethicist?'

Several potential bases come to mind. On one hand, one might defer to commentators in either camp. No philosopher strikes out on their own completely heedless of what their peers have said. So one might compile a list of philosophers acknowledged by the others as a member of the care or virtue ethical community, and treat that list as authoritative. Yet there are a couple of problems with such a strategy. One is that there is no agreement over who is a care or virtue ethicist and who is not. Philosophers in these traditions disagree over who belongs to each camp. Furthermore, there may be some who clearly ought to qualify, but who do not make the cut here. This is most clearly the case when it comes to upcoming generations of virtue and care ethicists, who have yet to see much or any acknowledgement from their peers. And finally, there are questions as to where one should start. If I am to take someone's word for who qualifies as a virtue ethicist and who does not, on what basis do I make a selection? Most

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<sup>36</sup> Though I spend time on this Chapters 4 and 7.

<sup>37</sup> His influence is clear in both Michael Slote's *The Ethics of Care and Empathy* (New York: Routledge, 2007), and Joan Tronto's *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993).

philosophers will accept that Alasdair MacIntyre is a virtue ethicist, and one could scour his writings for names to add to a list of virtue ethicists, but why should we assume that MacIntyre is a virtue ethicist in the first place? Either we have applied some other criterion in deciding that MacIntyre is a good starting point, in which case we have two criteria and no reason as yet to think that the one which led us to MacIntyre should be applicable *solely* to MacIntyre, or we have applied the *same* criterion to some other philosopher(s) and come upon MacIntyre's work, in which case we begin to regress.

An alternative is to include all those who view *themselves* as virtue or care ethicists. This solves some difficulties. It seems to avoid both horns of the dilemma posed above, since it neither calls for a different criterion to begin the set nor leads to a regress. But it raises others. For example, one could claim to be a care or virtue ethicist without having very much at all in common with the thinkers with whom they identify. If we take at face value any claim to membership, then there are no standards to ensure that members share any philosophical commitments whatsoever. What's more, some philosophers may fail to identify (either intentionally or unintentionally) with either group, but have a great deal in common with one or the other. So in adopting this methodological approach we may well include some who ought to be excluded from, or exclude some who ought to be included in, either camp. Of course, those who have engaged with proponents of either ethic are not likely to align with one or the other haphazardly. But there is no reason to suppose that thinkers who do not call themselves virtue or care ethicists are *ipso facto* excluded. Indeed, many of the earliest proponents of any given ethic will likely refer to themselves using an entirely different terminology, if they use one at all. As an interesting example, we might note that the noun 'consequentialism' was reputedly coined by Elizabeth Anscombe.<sup>38</sup> Whether or not this claim is true, when we feed it into this taxonomic method we must conclude that anyone prior to Anscombe cannot be called a consequentialist. But this, of course, is absurd. Bentham, Mill, and Sidgwick, the three most influential figures in the tradition, all wrote well before Anscombe did. So this methodology, like the last, seems likely to exclude those who ought not to be excluded. Furthermore, in juxtaposing these flaws we unearth another. It may be the case that this approach excludes some who have *more* in common with members of either grouping than those who lay claim to membership. If we exclude from the set of consequentialists Bentham, Mill, and Sidgwick,

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<sup>38</sup> Candace Vogler, "Anscombe, GEM," in *The International Encyclopedia of Ethics*, ed. Hugh LaFollette (Malden: Wiley-Blackwell, 2013).

but include anyone who identifies as a consequentialist, we wind up with a genealogy which fails to chart *philosophical* differences and instead charts *linguistic* differences.

Our intuitions about what the previous two approaches get wrong point toward a different approach altogether. I have objected to these approaches for failure to track the right *sort* of difference, and those who find those objections persuasive likely have some intuition that the correct categorical methodology is one which sorts philosophers according to their philosophical positions or conclusions. The obvious strategy, then, is to do that, to figure out which philosophical positions we want this distinction to track and use those to sort ethicists into one camp or the other. This option shares none of the problems faced by the other two methods but faces its own. Which criteria are we to use, and why? We cannot use *virtue ethicists'* standards to identify virtue ethicists without apparent circularity, nor can we ask non-virtue ethicists who have sourced their standards from virtue ethicists. And the matter is further complicated because philosophers in both camps lean heavily on philosophers in other fields and traditions for support. Thus, in discussing the features of care ethics in Chapter 2, I will occasionally draw on philosophers who could not plausibly be identified as care ethicists, but who have advanced and defended philosophical theses which care ethicists have wedded themselves to. Most available criteria (with some possible exceptions, such as those imposing certain constraints an ethic's theory of right action)<sup>39</sup> are therefore likely to be overpermissive, admitting far more philosophers than we would like.

Though I want to be forthcoming about methodological issues such as these from the outset, I should also like to set them beyond this thesis' scope. Spatial constraints preclude a full justification for this. Suffice it to say that I shall rely for the most part on philosophers who would satisfy any reasonable criterion for admission into either category. There is no sensible standard which will exclude Rosalind Hursthouse and Julia Annas from the set of virtue ethicists, nor is there one which will exclude Virginia Held and Joan Tronto from the set of care ethicists. Where new philosophers enter a particular discourse, it will usually be the case both that they bear significant philosophical similarities to those thinkers whose entry we have guaranteed, and also that the authors themselves are cognizant of these similarities and label themselves accordingly, so once again, several potential standards will likely be satisfied. This does not disarm such problems entirely, but it will, I hope, be reason enough to suspend that discussion and move on to another interesting frontier.

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<sup>39</sup> See Chapter 4 for further discussion.

### 3. A Thesis Outlined

This thesis is split into seven substantive chapters. In the first two chapters, I lay the groundwork for the remainder of the thesis by outlining both normative theories and arguing for considerable agreement over central premises. Chapter 2 summarises the foundational commitments of care ethics, focusing particularly on their relational ontology and its links to the other ethical claims care ethicists universally ascribe to, namely particularism, partialism, the moral salience of emotions, and the rejection of hard public/private distinctions. Chapter 3 traces the contours of Aristotelian virtue ethics, laying out central concepts including eudaimonism, virtue, and character traits, and drawing a number of comparisons between virtue and care ethics specifically with regard to relational ontology and the meta-ethical commitments it underpins. I thus argue, over the course of Chapters 2 and 3, that care ethics and virtue ethics have much more in common than is typically acknowledged. This is done in admittedly broad strokes, but I take Chapters 2 and 3 to provide at least a *prima facie* justification for pursuit of the questions I confront in the remainder of the thesis. If care ethicists and virtue ethicists are agreed on a wide array of questions in normative and meta-ethics, then we can reasonably ask what, if anything, differentiates them, why those differences exist, and whether they *ought* to exist.

In Chapter 4, I answer the first question by considering some theoretical differences which have appeared in the literature and offering some of my own. Chapters 2 and 3 may establish a general agreement between the two theories on central philosophical issues, but I argue in this chapter that we ought not to overstate those similarities such that the two theories become indistinguishable. I begin by surveying some of the differences philosophers in either camp have identified and offering others which have not yet been tendered but strike me as reasonable. I suggest that several of those differences either rest on misunderstandings of one ethic or the other, or that in erecting a divide between virtue and care ethics they also disunify ethics of care. I do, however, identify two defensible differences. The first is that virtue ethics seems to lack an account of care, which I define minimally as a response or responsiveness to need. Care ethicists sometimes argue that virtue ethics lacks anything comparable to this kind of care, and that the two ethics are therefore meaningfully different. The second is that care and virtue ethics organise their meta-ethical and normative concepts differently, focusing specifically on their respective approaches to and theories of right action. I spend the remainder of the thesis responding to the first claim and constructing what I take to be a satisfying foundation for a theory of care.



In Chapter 5, I offer three means of incorporating care into virtue ethics, all of which treat care as a virtue. These are the analogical approach, according to which care is analogous to an existing virtue; the additive approach, according to which care is a novel virtue; and the bundling approach, according to which care is a bundle of virtues. Ethicists who speak of care in terms of the virtues invariably fall into one or another of these camps. The few virtue ethicists who address this subject fall exclusively into the first and second, and care ethicists have shown some predilection for the third, but neither camp has distinguished the different means of doing so. In the second half of this chapter, I offer and evaluate reasons to reject the claim that care is a virtue, concluding that the claim is indeed a viable one so long as the concept of care is sufficiently thick. Not all notions of care can qualify as an Aristotelian virtue or character trait, but some can. Thus, this chapter serves two ends. First, it shows that virtue ethics has access to several different accounts of care which all satisfy the minimal standards set by care ethicists like Held, and second, in showing why this is so, it presents a novel meta-analysis of concepts of care as a virtue.

In Chapter 6, I attempt to show how care can be construed as an act-type and a practice. Mainstream care ethics permits accounts of care as a virtue, but it does not limit itself to them. Indeed, the chief operative concept in many accounts of care is that of an action or practice. Taking that emphasis on the notions of action and practice seriously, I argue in this chapter that practices are a subcategory of actions, and that care qualifies as an Anscombean act-type, from which we can construct a skeletal theory of caring practices as ongoing, socially organised activities. I also maintain that this is a desirable addition to both frameworks. Conceiving of care both as a character trait or traits and as an act-type allows virtue and care ethicists to make more nuanced, commonsensical judgements about what it means to care. Such multifaceted understandings of care map also better onto the moral judgements we make about uncaring actions and draw both virtue and care ethicists closer to a comprehensive picture of care without violating either ethic's commitment to 'particularism.' This represents a contribution to both discourses, since neither care nor virtue ethicists working at the intersection of their respective normative theories have delved very deeply into this branch of the philosophy of action.

In Chapter 7, I turn to discuss caring relations, suggesting that a virtue ethical theory of caring relations can lean heavily on the work care ethicists have done, and adding some necessary refinements, such as a distinction between ideal and non-ideal caring relations, and a theory of caring relations as reasons for action. This final chapter also draws these three concepts of care together by arguing that virtuous caregivers who are invested in the flourishing of those for whom they care are also sensitive to the relations those care-recipients bear to the

institutional environment. I argue that because they are caring participants in caring relations, virtuous agents are characteristically motivated by states of need and dependency to engage in certain sorts of conventionally political practices. In other words, the virtue or virtues of caring characteristically manifest in certain sorts of political or social practices, relating specifically to those areas of moral life. While I do not claim that virtuous agents will aim at one sort of need or dependency or one sort of political or social practice specifically, I do maintain that they will give weight to caring relations and activities, and that from this it follows that they exhibit a specific set of political or social motivations and priorities. This allows us to build upon recent work in feminist virtue ethics of the sort offered by Tessman and Friedman. I apply these concepts by offering a comparative analysis of historical and contemporary cases of migration, which I argue can be understood as instances of care. I thus conclude not only that virtue ethicists ought to incorporate care into their normative framework, and that the theory of care presented here is a coherent one, but that this leads us naturally into virtue politics.

I finish by considering some of this thesis' implications and by identifying some further avenues for research. I hope by the close to have made a handful of contributions to the literature in this area. The first is a deeper analysis, spanning Chapters 2-4, of the similarities and differences between virtue ethics and care ethics than any that have appeared in the literature to date. The second is to have laid the foundations, in Chapters 5-7, for a neo-Aristotelian theory of care. A third is to have made some inroad into the application of this theory of care in Chapter 7. These contributions are provisional. No chapter is, in my view, a complete discussion of its subject, nor do I think any of the arguments I present are so watertight as to be unassailable, so it is perhaps most fitting to describe this thesis as a project of raising unanswered questions, not one of providing answers.

## II

### The Ethics of Care

This chapter lays out the central elements of mainstream care ethics. Though, in order to be charitable, some comparisons must be drawn between competing claims within care ethics, and I endeavour to present the strongest possible version of care ethics, my goal here is not primarily to evaluate care ethics as a normative theory. My aim is simply to provide a snapshot of what care ethicists themselves have taken to be the core features of their normative framework. I begin in Section 1 with care ethical accounts of ontology. Though there are a variety of care ethical ontologies, I suggest that the primary account is one of human nature. According to this view, human beings are relational in several senses, but foremost among these is their dependence upon one another to meet certain needs. Section 2 then goes on to connect these ontological claims to ethics, showing how care ethicists derive their central moral commitments from these ontological claims. I devote a subsection each to moral particularism, partialism, and the dissolution of the public/private distinction. Section 3 then clears up some initial worries about care ethics as it is presented here and the uses to which I shall put this account, namely that care ethics' is too narrow in scope for an ethical theory, that care ethics' claims are not novel, and that we have not offered a full definition of care by this point. After seeing to these concerns, we are ready to begin comparing care ethics and virtue ethics.

An undertaking such as this is bound also to overlook a number of important minutiae which differentiate particular strands of care ethics. Some care ethicists, such as Tong and Gilligan, distinguish between feminine and feminist ethics, for example. In *Feminine and Feminist Ethics*, Tong writes that:

Held's, Ruddick's, and Whitbeck's respective works [on maternal approaches to ethics] are feminine insofar as they celebrate the psychological traits and moral virtues that society associates with women who mother. Yet, to the degree that their articles and book criticise "feminine" traits and virtues as possibly contributing to women's oppression, they are feminist.<sup>40</sup>

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<sup>40</sup> (Belmont: Wadsworth, 1993), 159. Gilligan's "Hearing the Difference: Theorizing Connection" (*Hypatia* 10, no. 2 (1995)) draws a similar distinction, though the contrast is, to my mind, much clearer in Tong's work.

Feminine care ethics and feminist care ethics may thus be separable. These differences are not inconsequential, but they lie at what I take to be the periphery of care theory.<sup>41</sup> Those claims at the conceptual core attract greater attention and consensus, and it is these to which I shall attend here.

## 1. Ontology, Relation, and Dependency

In this section I begin unpacking the ontology undergirding care ethics. Subsection 1.1. explores the ontological starting point for care ethics, suggesting that relational ontology care ethicists use to ground their moral judgements is a theory of human nature. Subsection 1.2. then goes on to detail the sorts of relations care ethicists use as the basis for their normative framework, namely dependency relations. This gives rise to questions about the precise relationship between dependency relations and ethics, which I address in Section 2.

### 1.1. Ontology and Relation

It is helpful to begin by examining what care ethicists mean by ‘ontology.’ Most generally, ontology might be characterised as the study of what exists or what there is.<sup>42</sup> But though care ethical ontology typically fits this definition, there are several distinct care ethical projects underneath this heading corresponding to various subtypes of ontology. Some understand their ontological project as one of defining an individual’s *identity*. Tong characterises this view as follows:

people come to understand their selves through others, not against them. We are historical creatures, shaped by our relationships with our current parents, siblings, friends, and colleagues.<sup>43</sup>

This is not an unpopular approach to ontology for care ethicists (and many communitarians have also expressed sympathy for this view),<sup>44</sup> though it is one which has proven controversial.

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<sup>41</sup> Though care ethicists do not make this distinction, I want to draw a distinction here between care ethics/care ethicists and care theory/care theorists. Anybody who has a notion of care qualifies as a care theorist, so this label includes thinkers like Annette Baier. Anybody who buys into the care ethical framework *as a whole* I call a care ethicist.

<sup>42</sup> Hofweber, Thomas. “Logic and Ontology,” *The Stanford Encyclopedia of Philosophy*, updated Wednesday October 11, 2017. <https://plato.stanford.edu/entries/logic-ontology/>.

<sup>43</sup> *Feminine and Feminist Ethics*, 51 (here Tong is characterising Whitbeck’s account).

<sup>44</sup> See, for example, Elizabeth Frazer and Nicola Lacey’s *The Politics of Community: A Feminist Critique of the Liberal-communitarian Debate* (Hempstead: Harvester Wheatsheaf, 1993), 53-60, and Marilyn Friedman’s

Noddings, a prominent advocate of this view, goes so far as to claim that any organism is just the sum total of various encounters, tendering this (Hegelian) formula for the ‘self:’

$$S_R = \{(O_1, W_1), (O_2, W_2), (O_3, W_3), \dots\}$$

Where  $S_R$  is the relational self,  $O_n$  represents a person at some particular time, and  $W_n$  stands for some particular object with which the organism has a significant encounter. Noddings’ claim is a relatively strong one, and has a number of detractors.<sup>45</sup> In *Philosophy and Feminist Thinking*, Jean Grimshaw rejects this kind of total dissolution of self and other, writing that:

If I see myself as “indistinct” from you, or you as not having your own being that is not merged with mine, then I cannot preserve a real sense of your well-being as opposed to mine. Care and understanding require the sort of distance that is needed in order not to see the other as a projection of the self, or self as a continuation of other.<sup>46</sup>

Noddings’ concept of the self is not obviously false if we interpret it charitably and include, for instance, our own thoughts and reflections in the set of things we encounter, but it is a claim which care ethicists on the whole have neither committed to nor dismissed.

An alternative which care ethicists have typically bought into, and which by and large forms the basis of their ethic, is to understand the ontological project as coming to understand the sort of thing a *human being* is – a kind of philosophical anthropology.<sup>47</sup> According to this understanding of ontology human beings are creatures of a particular kind, and on the care

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discussion of community and communitarianism in Chapter 9 of *What Are Friends For?* (Ithaca: Cornell University Press, 1993).

<sup>45</sup> Though it also has its defenders. See, e.g., Virginia Held’s “Feminist Transformations of Moral Theory,” *Philosophy and Phenomenological Research* 50 (1990).

<sup>46</sup> (Minneapolis: Minnesota University Press, 1986), 183. Meyers, unlike Noddings, is willing to accept that the self is not entirely defined by its relations, though she accepts that relations do play a large part in its construction. “The feminist relational self,” she writes,

is the interpersonally bonded self [...] As relational selves [...] people share in one another’s joys and sorrows, give and receive care, and generally profit from the many rewards and cope with the many aggravations of friendship, family membership, religious or ethnic affiliation, and the like. These relationships are sources of moral identity, for people become committed to their intimates and to others whom they care about, and these commitments become central moral concerns (“Narrative and Moral Life,” in *Setting the Moral Compass: Essays by Women Philosophers*, ed. Cheshire Calhoun (New York: Oxford University Press, 2004), 292).

A similar debate has appeared in recent work on the philosophy of love. Some philosophers of love believe that love involves a ‘union’ between two people – the formation of a ‘we.’ But other philosophers of love object to this view because it appears to do away with both self-sacrifice and selfishness. See, for example, Sobel’s “Union, Autonomy, and Concern,” in *Love Analyzed*, ed. Roger Lamb (Boulder: Westview Press, 1997), and Blum’s *Friendship, Altruism, and Morality* (London: Routledge, 1980) *passim* but especially Chapter 4.

<sup>47</sup> Borgerson, Janet, “Feminist Ethical Ontology,” *Feminist Theory* 2, no. 2 (2001).

ethical account, whatever else we might be, we are social or relational creatures. This still leaves a great deal of scope for disagreement, of course, and care ethicists present different accounts of this relational ontology. On the one hand, to say that human beings are social creatures might be to say that they are *necessarily* social creatures. According to such a view, there is no point at which we are free of relation – there will always be parents, siblings, friends, colleagues, classmates, compatriots, and so on, because these are relations which we, as members of a social species who cannot survive or flourish alone, inevitably belong to.<sup>48</sup> Held, for instance, reminds us that a human being is “an ‘encumbered self,’ who is always already embedded in relations with flesh-and-blood others,”<sup>49</sup> and Tronto tells us that the care perspective leads us to a concept of human nature according to which human beings “must *always* be understood in a condition of interdependence”<sup>50</sup> (which is to say, in a kind of relation). Human beings are, according to this sort of ontology, relational in the sense that they are always and necessarily immersed in relations.

By contrast, one might think that human nature is relational in that human beings always or reliably *emerge from* or *return to* states of relation (what one might call a ‘weaker’ relational ontology). According to this view, human beings need not always be positioned in relation, but they begin in that position and always/reliably return to it after periods of unrelatedness. Marilyn Friedman defends one version of this view:

according to the relational approach, persons are fundamentally social beings who develop the competency of autonomy [...] We are each reared in a social context of some sort, typically although not always that of a family, itself located in wider social networks such as community and nation. *Nearly* all of us remain, throughout our lives, involved in social relationships and communities, at least some of which partly define our identities and ground our highest values.<sup>51</sup>

This is a more modest claim than that defended by Held and Tronto, and it appears at first gloss to be the more defensible in light of those rare cases where we discover someone who has spent long periods in total isolation. Take, for instance, the case of Victor of Aveyron, an 18<sup>th</sup>/19<sup>th</sup> century boy discovered in the wild, unable to speak, after being abandoned at a young age by

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<sup>48</sup> See Friedman’s “Autonomy, Social Disruption, and Women,” in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, ed. Catriona Mackenzie and Natalie Stoljar (New York: Oxford University Press, 2000), 40–41.

<sup>49</sup> *The Ethics of Care: Personal, Political, Global* (New York: Oxford University Press, 2006), 47.

<sup>50</sup> *Moral Boundaries*, 162 (my emphasis).

<sup>51</sup> *Autonomy, Gender, Politics* (New York: Oxford University Press, 2003), 104 (my emphasis).

his parents.<sup>52</sup> In cases such as this, we appear to find counterexamples to the claim that we are necessarily related but which are easily explainable by a weaker relational ontology.

There are three points to make on the stronger thesis' behalf here. First, the veracity of this and similar stories has been in question for some time now.<sup>53</sup> Tales such as these are often based at best on unreliable or embellished anecdotal evidence. A child who is socially underdeveloped or suffers from undiagnosed social disabilities may once have been thought 'feral' for lack of modern physiology and psychology. And other signs of their isolation could just as easily be evidence of abuse. Second, even if we grant Victor of Aveyron's story, it need not be the case that relations are *static*. It may be the case that human beings are always related without always participating in the same relations. Victor's parents may have severed their relation with him, but in doing so they also engendered relations between Victor and the world around him – those things in his environment which he ate, or used for shelter, or took joy in. These cases seem also rather to highlight the breadth of the stronger care ethical concept of relation than to count against it. It still seems possible, in cases such as this, to point to extant relations. In Victor's scenario, it was not the case that his parents *ended* their relation with him, as though their abandonment also ended their parenthood. Rather, on this concept of relations, it makes more sense to diagnose their abandonment as a kind of dereliction of duty. It is not especially jarring, after all, to say that they remained his parents after they abandoned him, or that he depended on or needed them to meet his needs despite their prolonged failure to do so, and we might take as evidence of this the fact that we are inclined, in such cases, to seek out the estranged parents. So cases of isolation seem instead to illustrate the expansive understandings of relation which care ethicists have in mind.

One might also interpret that claim that human beings are fundamentally related or social as a *teleological* claim about the end or purpose of human life or some element thereof, and indeed cases such as Victor of Aveyron's might seem to point us in such a direction. To adopt this view of human nature is to see participation in relations as a fulfilment of one's *telos* ('end' or 'purpose') or *teloi*, but not necessarily to see it as an essential feature of a human being. Groenhout endorses such a picture, maintaining that:

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<sup>52</sup> This case is well documented. See, e.g. Harlan Lane's *The Wild Boy of Aveyron* (Cambridge: Harvard University Press, 1979).

<sup>53</sup> Take for instance the case of Misha Defonseca, whose supposedly autobiographical work, *Misha: A Mémoire of the Holocaust Years* (Bluebell: Mount Ivy Press, 1997), detailed her escape from cruel adoptive parents, subsequent adoption by a pack of wolves, and eventual reintegration into society. Though it took a decade, *Misha* was ultimately revealed to be fictional.

processes and organisms have an internal or inbuilt ideal of functioning, and that the proper functioning of a process or the good of an organism can be partly determined by seeing whether it attains or approximates that ideal.<sup>54</sup>

This view of relational ontology is also popular amongst care ethicists,<sup>55</sup> but it is not inconsistent with the claims laid out above. Indeed, Groenhout goes on to argue (rightly, I think) that Noddings and Held both endorse a teleological picture of human nature in explicating their respective ontologies.<sup>56</sup> So it seems to be the case that when care ethicists predicate relationality of human beings, they mean that human beings are always in relation *and* that to be related is in to go some way towards fulfilling one's *telos/teloi*.

As noted above, care ethicists also typically contrast their ontological views with 'autarkic,' 'individualistic,' or 'atomistic' understandings of human nature, which, they argue, dominated moral philosophy for much of its history and ground the work of philosophers like Hobbes, Kant, and Mill. According to this view, human beings are not essentially social creatures; they are, rather, "unencumbered, abstract, [and] rational"<sup>57</sup> creatures who might choose to enter into (contractual) relations but do not do so necessarily, and they are extricable from these relations once entered into. This conception of human nature, according to care ethicists, begins and ends with the rational, independent, adult human male, and in their eyes this is problematic. Held criticizes Kantian and Rawlsian concepts of human nature for "[distorting] the reality of what interdependent, relational, caring, actual human beings embedded in historical contexts are and seek, or ought to seek."<sup>58</sup> Yet while this view of human

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<sup>54</sup> *Connected Lives: Human Nature and an Ethics of Care* (Lanham: Rowman and Littlefield, 2004), 7.

<sup>55</sup> Collins endorses this alongside her discussions of relational identity and relational autonomy in *The Core of Care Ethics* (New York: Palgrave, 2015), at 92, writing that "for most of us, having certain kinds of relations with others is part of the good life."

<sup>56</sup> See *Connected Lives*, Chapter 1.

<sup>57</sup> Held, *The Ethics of Care*, 14.

<sup>58</sup> "The Ethics of Care as Normative Guidance: Comment on Gilligan," *Journal of Social Philosophy* 45, no. 1 (2014). Though I have said that this chapter's purpose is not primarily evaluative, something ought to be said here in defence of these thinkers. Kant in particular is often singled out for his inattention to human relation. Kant does, of course, emphasise rationality over other facets of human life and nature in the *Groundwork of the Metaphysics of Morals* (ed. Mary Gregor (Cambridge: Cambridge University Press, 1998)) and the *Metaphysics of Morals* (ed. Mary Gregor (Cambridge: Cambridge University Press, 1996)). But Kant's rationalism is not intended to provide a complete account of *human nature*, or even of the ethically salient components thereof. In the *Groundwork*, for instance, Kant tells us that we need "anthropology" to correctly apply the moral law (at 23), and he emphasises human dependency and finitude at several points in his corpus, including the *Groundwork* (at 33) and the *Critique of Practical Reason* (trans. Mary Gregor (Cambridge: Cambridge University Press, 2015), Chapter 2). See Sarah Clark Miller's *The Ethics of Need: Agency, Dignity, and Obligation* (New York: Routledge, 2012), Chapter 2, and Marilea Bramer's "The Importance of Personal Relationships in Kantian Moral Theory: A Reply to Care Ethics" (*Hypatia* 25, no. 1 (2010)) for further exposition of Kant's anthropology, though Bramer's piece is directed primarily towards the care ethical critique of Kantian impartialism/universalism. See also Section II.2.1. and II.2.2.

Similar points could also be made on Hobbes' and Mill's behalf. Mill writes of a:



nature is by far the most popular foil for care ethicists, it is not the only one. Diemut Bubeck, for example, argues that we ought to reject ontological conceptions of humanity as *homo economicus*, and instead ought to reconceive human beings as ‘*persona carens*.’<sup>59</sup> Bubeck views modern economic understandings of human beings as discrete, self-interested, rational actors as misguided, and argues instead that we are the sorts of creatures who are interrelated and emotional. In both cases, then, care ethicists perceive a need to revise dominant ontologies to account for the fundamental role relation must play in human nature.

## 1.2. Dependency

Nobody will deny that relations admit of a great deal of variety, nor indeed will anybody deny that many of these kinds of relation are morally inconsequential. For care ethicists, the most morally significant relation is one of dependency. Margaret Walker tells us, in her “Seeing Power in Morality: A Proposal for Feminist Naturalism in Ethics,” that:

One profound contribution of feminist ethics has been its insistence that moral theories address immaturity, vulnerability, disability, dependency, and incapacity as inevitable, central, and normal in human life. The model of an association of equals does not seem capable of including all of us and will not give the needed guidance, as Eva Kittay puts it, “on our unequal vulnerability in dependency, on our moral power to respond to others in need, and on the primacy of human relations to happiness and wellbeing.” In pursuing an encompassing moral universalism [...] we cannot ignore theoretically what we cannot dispense with humanly: many “powers over” are indispensable “powers for,” that is, on behalf of, the infant, the immature, the frail, the ill; the occasionally, developmentally, or permanently

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deeply rooted conception which every individual now has of himself as a social being, [which] tends to make him feel it one of his natural wants that there should be harmony between his feelings and aims and those of his fellow creatures (*Utilitarianism*, 3.11.11-14).

And while Hobbes assumes in his theory of the State of Nature that human beings are self-interested and antagonistic, this is not inconsistent with the claim that we depend on one another in a variety of ways – indeed, this is precisely why we transition from the State of Nature to political community, and why Hobbes is so eager to stress that we maintain healthy relations with gratitude (*Leviathan*, ed. Richard Tuck (Cambridge: Cambridge University Press, 2019), XV). So though care ethicists have usually treated their ethic as a departure from, and juxtaposed that ethic against, Hobbesian or Kantian ethics, it is by no means clear that these frameworks are actually at odds (though it does not follow from this that care ethics is redundant). A similar point can also be made here in defence of Rawls’ work, since Rawls pre-empted many critiques along these lines in Part III of *A Theory of Justice* (Cambridge: Harvard University Press, 1971), but note Charles Taylor’s critique of some versions of Rawlsian liberalism in “Atomism” (in *Philosophy and the Human Sciences: Philosophical Papers 2* (Cambridge: Cambridge University Press, 1985)).

<sup>59</sup> *Care, Gender, and Justice* (Oxford: Oxford University Press, 1995).

dependent; the mildly or severely incapacitated. These are not different (kinds of) people. *They are all of us at some times – and necessarily.*<sup>60</sup>

It is a central care ethical claim that human beings (and other morally significant things besides, such as the environment and non-human animals) participate in relations of dependency, where we depend upon one another to provide some good or meet some need which we cannot supply/meet ourselves.<sup>61</sup>

Emphasis on parenthood and upbringing is thematic in care ethics. Ruddick's writings, for instance, often draw upon and emphasise motherhood and its values, Kittay's her experiences as the mother of a person with mental and physical disabilities, Noddings' her continuing interest in (moral) education, and so on. For care ethicists, the fact that we are carried to from conception to term by someone, that we all have parents who we depend upon for their formative contributions to who and what we become, and that we acquire a complex web of intimate relations long before we reach adulthood, are common denominators shared by (nearly) all human beings.<sup>62</sup> Infants are not born with the ability to feed, clothe, or protect themselves, and without these things they perish, so no child who lives through their first years will have done so independently, nor indeed will anyone who lives a minimally decent life have done so without some sort of parenting and education.

To be sure, care ethicists do not focus exclusively on parenting and childhood. Kittay's corpus, for instance, includes poignant reflections on the nature of disability, age, and illness. In a recent piece, she contends that:

not only are we beings with long periods of dependency at the start of our lives, but we also are prone to disability, illness, and frailty; and after our productive or reproductive capabilities ebb, we (alone among primates) can continue to live for a long time.<sup>63</sup>

And when we succumb to that disability, illness, or frailty, we enter into what Kittay labels the "dependency relation," which she goes on to define as a:

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<sup>60</sup> In *Feminists Doing Ethics*, eds. Peggy DesAutels and Joanna Waugh (Lanham: Rowman and Littlefield, 2001), 12-13 (original emphasis).

<sup>61</sup> See also, e.g. Kittay's *Love's Labor*, *passim*.

<sup>62</sup> Noddings writes in "Caring, Social Policy, and Homelessness," (*Theoretical Medicine* 23, no. 6 (2002)), at 441, that we are all "born as helpless, totally vulnerable beings in need of others," and Kittay, Bruce Jennings, and Angela Wasunna write in "Dependency, Difference and the Global Ethic of Longterm Care" (*The Journal of Political Philosophy* 13, no. 4 (2005)), at 443, "people do not spring up from the soil like mushrooms." See also, for instance, Tim Ingold's "On Human Correspondence," *Journal of the Royal Anthropological Institute* 23, no. 1 (2017).

<sup>63</sup> "Caring for the Long Haul," *International Journal of Feminist Approaches to Bioethics* 6, no. 2 (2013).

relation between one who gives care and one who is dependent upon caregivers for her most basic life functions (“the charge”), a dependency that, while always socially shaped, is grounded in the inevitable circumstances of the human animal.<sup>64</sup>

Unlike childhood, we do not grow out of frailty – it is a condition which looms over us in some form or another for as long as we live. And indeed, a stronger version of this claim also looks plausible. It is arguable that we are *perpetually* involved in relations of dependency. We are, after all, always vulnerable to others, and are always dependent upon their conformity to laws and social norms. The vast majority of us will also depend on family, friends, co-workers, and partners when we become sick or sustain injury. We might add that almost all of us will at times depend, say, on our loved ones for support when we are struggling, or for the food we eat. What’s more, some will depend on the kindness of others simply to get by, in particular the homeless and the severely disabled who live in continuous dependency. So dependency and relationality are not mere symptoms of youth, shed as we mature, but are rather inescapable features of human life.

Yet there are still other ways in which we depend on one another besides the reliance upon a caregiver for the provision of necessities like food, shelter, medical care, and so forth. Marilyn Friedman and Grace Clement, to take two interesting examples, have argued that we depend upon one another for proper or full moral and philosophical development.<sup>65</sup> Amidst her critique of Rawlsian contractualism and Harean universalism, for instance, Friedman notes that:

no individual begins [normative reflection] *ex nihilo*; a background of interpersonal experience, including dialogue with others about moral matters, is a practical necessity in order for someone to have the ability to engage in isolated moral thinking.<sup>66</sup>

And later on, pursuing a different line of argument, she comments also that:

The needs, wants, fears, experiences, projects, and dreams of our friends can frame for us new standpoints from which we can explore the significance and worth of moral values and standards. In friendship, our commitments to our friends, as such, afford us access to whole ranges of experience beyond our own.<sup>67</sup>

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<sup>64</sup> Kittay, “When Caring is Just and Justice is Caring: Justice and Mental Retardation,” *Public Culture* 13, no. 3 (2001): 561. Kittay’s definition is less permissive than other care theorists’, so I shall not limit the dependency relation to dependency upon others for one’s “most basic life functions.”

<sup>65</sup> See Friedman’s *What Are Friends For?*, *passim*, and “Friendship and Moral Growth,” *The Journal of Value Inquiry* 23, no. 1 (1989), and Chapter 2 of Clement’s *Care, Autonomy, and Justice* (Boulder: Westview Press, 1996).

<sup>66</sup> *What Are Friends For?*, 17.

<sup>67</sup> *Ibid.*, 197. Consider also Ruth Groenhout’s statement, in *Connected Lives*, at 24:

These kinds of development are not needs in the same sense that food and shelter are (we typically do not die for lack of moral guidance), but it is clear that most of us do indeed depend on one another to test our moral or critical thinking, to hone our understandings of the world and the set of sociocultural norms we find ourselves embedded in, to offer us advice and insights, to help us take notice of morally salient factors in deliberation, and, in the case of those we take as exemplars, to provide us with an ideal to which we can aspire. It is, of course, immensely difficult to catalogue the sundry ways in which we rely on one another for moral development, and I shall not undertake such a gargantuan project here,<sup>68</sup> but I take it that the notion that we *do* depend on one another for moral improvement is banal. So the dependency relation seems to admit of a great deal more variety than Kittay's account suggests.

Some care ethicists suggest that care is not self-perpetuating, but rather aims at the *minimisation* of need or dependence.<sup>69</sup> The purpose of parenting, to take a less controversial example, is to ensure that one's child is capable of surviving in the world without a parent – the parent who coddles their child to the point of helplessness, however well-intentioned, is quite clearly failing to discharge their parental duties.<sup>70</sup> So too, we might think, with nurses who perpetuate the neediness of their elderly dependents, or with partners who encourage their significant other to become emotionally or financially dependent. The ultimate goal of care is not to prolong or proliferate need or dependency, but rather to assist the cared-for in becoming more self-sufficient. Simultaneously, however, dependency relations do not disappear altogether as we become more independent. This is for a number of reasons. First, independence ought not to be conflated with invulnerability. Creatures of flesh and blood like ourselves are forever in a state of partial dependence. But we also believe that as a child matures, the direction of dependence is reversed. In happier cases, parents who once cared for a child grow old and come, themselves, to require a caregiver to tend to their needs. The dependency relation evolves, but it persists. Nor for that matter do we ever cease to depend on our loved ones' happiness for our own. To love one's children is to be invested in such a

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Everyone who reaches adulthood does so because someone else cared for her or him. In Eva Kittay's aptly chosen phrase, everyone is "some mother's child." Without relationships of care, human life would cease to exist. Without carefully developed and nourished relationships of care, human life cannot be lived to the fullest. This centrality of care is not just a matter of human neediness in infancy. It is also a deep feature of human psychology, so that unless we know ourselves to be enmeshed in relationships with others who love and care for us we cannot be psychologically healthy.

<sup>68</sup> Though in Chapter 6 I tender a way of unifying these and other needs.

<sup>69</sup> See, e.g., Noddings' *Starting at Home*, 135-136, and Ruddick's *Maternal Thinking*, 89-93. See also Chapter 4's discussion of individualism, where I discuss the intrinsic/extrinsic value of care.

<sup>70</sup> This is borne out in the work of attachment theorists like Bowlby.

way that they are an important and present part of one's life whether they achieve 'independence' or not.<sup>71</sup> So it is perhaps truer to say that care aims at diminishing *certain sorts* of dependence and (thereby) bringing about whichever others might be appropriate given the circumstances. Dependency *simpliciter* is not regarded as a state to be avoided.

## 2. Ethics

It is not immediately obvious what *moral* significance these ontological claims have. The mere fact that two individuals bear a relation, even one of dependency, to one another is not evidently ethically important or good. In this section I consider two moral dimensions of the relational ontology laid out above. In each of the subsections I show how relational ontology leads care ethicists to a distinct normative claim, the set of which is typically regarded as definitive of care ethics.

Care ethicists have not usually afforded sheer relation any special value. As Collins notes in *The Core of Care Ethics*, "relationships [...] are not clearly valuable in themselves,"<sup>72</sup> and as Pettersen points out in *Comprehending Care: Problems and Possibilities in The Ethics of Care*, relations generally, and dependency relations specifically, can be "abusive, exploitive and destructive."<sup>73</sup> Yet *some* relations are of value to care ethicists, and Collins accounts for the link by arguing that "claims of relationship importance apply to those personal relationships that have 'value to' their participants."<sup>74</sup> Collins accepts both a kind of subjectivism and a kind of objectivism about the value of relationships.<sup>75</sup> "The importance of *any* relationship – personal or non-personal – is determined by that relationship's value to the individuals in that relationship,"<sup>76</sup> where this can mean the value perceived in or attributed to the relation either by its participants, or by an 'objective' measure such as, for instance, the relation's enabling a participant to meet nutritional needs (whether or not that participant

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<sup>71</sup> As Baier notes in "Caring About Caring" (In her *Postures of the Mind: Essays on Mind and Morals* (Cambridge: Methuen, 1985), at 93):

we invest ourselves in what we care about, make ourselves vulnerable in ways we need not have been to the losses and griefs we will suffer when what we care about is defeated, or tortured, or dead, or permanently absent from our lives.

Interestingly, Held also tells us that there are 'psychological' and 'legal' understandings of relationality in *Feminist Morality*.

<sup>72</sup> At 39.

<sup>73</sup> (Lanham: Lexington, 2008), 34. Here she cites Gilligan's *In a Different Voice*, 109-115.

<sup>74</sup> At 40.

<sup>75</sup> At 41.

<sup>76</sup> At 44.

regards that as valuable).<sup>77</sup> So relation is not intrinsically good, but rather derives its goodness from other goods, specifically its engendering some mental event or state, or supplying some objective good.

One might think, given this, that a *caring* relation is one which satisfies this evaluative standard in some sense. Though relations are, in themselves, neither good nor evil, “the term ‘Care Ethics’ refers to a body of work in moral theory that sees ‘care’ as the primary moral good (and hence the promotion of care as the primary moral goal).”<sup>78</sup> Care thus represents a sort of excellence in moral relations – “the preferred way of relating to one another morally.”<sup>79</sup> To say that a dependency relation is caring is to say that it is in some way good, such that it makes sense to say that a (genuinely) caring relation is one which ought always to be promoted and is always of either objective or subjective value to its participants. Care ethicists generally have not used this terminology consistently, however. Held, for instance, refers to both morally ideal and morally defective relations as ‘caring’ (an equivocation also appearing, we should note, in common parlance). In *The Ethics of Care*, she writes that care ethics “[values] especially caring relations.”<sup>80</sup> But, simultaneously, “caring relations need to be subjected to moral scrutiny and *evaluated*, not just observed and described,”<sup>81</sup> and “any priority given to caring relations presumes they are relations characterized by such values as trust and mutual consideration and that they are, indeed, caring relations.”<sup>82</sup> If both of these statements are true, then Held appears to both accept and deny that a caring relation is, by definition, a good one, since she appears to entertain on the one hand an evaluative concept and on the other a descriptive one.

The contradictory predications of care can be explained, however, by suggesting that Held’s first use of the term is shorthand for ‘ideally caring’ or something similar, in which case Held and others are equivocating, but not in a way that belies philosophical inconsistencies. This does not strike me as wholly implausible. Held might also mean, in the second passage, that predications of care ought not to be taken at face value but must be verified because of the likelihood of mistake. This also strikes me as a plausible interpretation of Held, and indeed as a reasonable point generally, and Held’s claims could thus be read consistently with Lynch’s

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<sup>77</sup> One might think that the distinction is misleading, since it may well be the case that ‘subjective’ value is on the objectivist’s list of objective goods.

<sup>78</sup> Lynch, *Care: An Analysis* (Leuven: Peeters, 2016), at 3. Note that Lynch does not take herself to be engaged in the same project – her aim is to develop a *theory* of care, not an *ethic* of care.

<sup>79</sup> Noddings, *Starting at Home: Caring and Social Policy* (Los Angeles: University of California Press, 2002), 29.

<sup>80</sup> At 156.

<sup>81</sup> *The Ethics of Care*, 11 (original emphasis).

<sup>82</sup> At 135. Clement makes a similar point in *Care, Autonomy, and Justice*, at 42.

above. Here I shall also use care to refer to a variety of concepts. When referring to caring *relations*, I shall use ‘care’ to denote an excellence unless otherwise indicated, since my primary concern here is with care as a moral concept and an ethical ideal.<sup>83</sup>

## 2.1. Right Action and Particularism

Normative ethicists have often taken the provision of a theory of right action to be their chief philosophical task. Bucking this trend, care ethicists on the whole have proven somewhat hostile to the project of developing a theory of right action. As Noddings tells us in “Caring as Relation and Virtue in Teaching:”

care theory is not greatly concerned with moral credit. It is concerned with the enhancement of human life (especially moral life), and that is why it recognizes the contribution of the cared-for.<sup>84</sup>

The emphasis, as Noddings suggests here, is not on right action but rather on the health of one’s relations, and thinkers like Tronto have thus refused to “pronounce care as a first principle and to deduce all other forms of virtue and of life from that principle.”<sup>85</sup> But as its name suggests, care ethics draws on a number of concepts at the level of normative ethics. Collins argues that insofar as care ethics is a ‘relational ethics’ “it claims that obligations derive from relations between persons,”<sup>86</sup> and she is not alone in thinking this. Engster, in “Rethinking Care Theory: The Practice of Caring and the Obligation to Care,” suggests that the duty to care can be grounded in dependency,<sup>87</sup> and though the two claims are not equal, Kittay and Clement endorse a related claim that a duty or obligation to care can be grounded in vulnerability.<sup>88</sup> ‘Obligations,’ in care ethics, are supposed to mean something rather different to what deontologists have suggested, specifically because care ethicists are particularists.<sup>89</sup> On the whole, care ethicists are opposed not to moral rules as educative tools or rules of thumb, though

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<sup>83</sup> See Chapter 7 for further discussion of caring relations.

<sup>84</sup> In *Working Virtue: Virtue Ethics and Contemporary Moral Problems*, eds. Maria Dimova-Cookson, Philip Ivanhoe, and Rebecca Walker (Oxford: Oxford University Press, 2007), 43.

<sup>85</sup> *Moral Boundaries*, 154.

<sup>86</sup> *Ibid.*, 3.

<sup>87</sup> *Hypatia* 20, no. 3 (2005).

<sup>88</sup> Kittay, *Love’s Labor*, Chapter 2, and Clement, *Care, Autonomy, and Justice*, Chapter 1.

<sup>89</sup> In *Moral Prejudices: Essays on Ethics* (Cambridge: Harvard University Press, 1994), at 26, Baier writes that: It is ironic that Gilligan’s original findings in a way confirm Kant’s views – it seems that autonomy really may not be for women. Many of them reject that ideal, and have been found not as good at making rules as are men. But where Kant concludes ‘so much the worse for women,’ we can conclude ‘so much the worse for the male fixation on the special skill of drafting legislation, for the bureaucratic mentality of rule worship, and for the male exaggeration of the importance of independence over mutual interdependence.’

they would likely expect the need for such rules to lessen as we mature (as Wittgenstein puts it, one can “throw away the ladder, after he has climbed up on it”).<sup>90</sup> Rather, the majority of care ethicists understand particularism in opposition to universalism, understood by care ethicists as the idea that there exist universal moral rules which apply across all cases regardless of contextual differences.

Friedman and Bolte offer a fairly standard attempt to define feminist particularism, of which care ethical particularism is an instance or a variant, against conventional universalism when they write that:

universal claims disregard human differences; yet in many moral situations, particularly those involving oppression, those differences are crucial to understanding the moral significance of what is happening and what ought to happen.<sup>91</sup>

The thought at the heart of care ethical particularism is thus, as Fiona Robinson puts it, that moral claims “cannot be judged or justified according to some transcendent or external standpoint – rather, they are always context dependent and always subject to revision and reconfirmation.”<sup>92</sup> This leads Engster and Hamington to write, in *Care Ethics and Political Theory*, that:

Unlike traditional abstract and universal Western theories of ethics, care ethics values particularism. An authentically caring response is unique and individualized. It requires understanding the particularities of the other’s experience, including their history, relative power, relationships, and so forth.<sup>93</sup>

The definitions in play here are not strictly speaking identical, but there is a clear overarching emphasis on contextual sensitivity in moral decision-making. Universal rules, it is usually argued, are insensitive to considerations which ought to be morally relevant, and feminists resist the tendency to condense and abstract moral problems in the way that universalists are thought to do.<sup>94</sup>

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<sup>90</sup> *Tractatus Logico-Philosophicus*, trans. D. F. Pears and B. F. McGuinness (New York: Humanities Press, 1961), 6.54.

<sup>91</sup> “Ethics and Feminism,” in *The Blackwell Guide to Feminist Philosophy*, eds. Linda Alcoff and Eva Kittay (Malden, M.A.: Blackwell Publishing, 2007), 94. Ben-Porath makes an analogous point in “Care Ethics and Dependence,” at 66, when he asserts that “an ethics of care is always contextual and particularistic. It prefers personal attention to individuals in context over principles and abstract, universalistic guidelines.”

<sup>92</sup> *The Ethics of Care: A Feminist Approach to Human Security* (Philadelphia: Temple University Press, 2011), 28.

<sup>93</sup> (Oxford: Oxford University Press, 2015), 4.

<sup>94</sup> This is also, I think, somewhat uncharitable to deontology, which in fact leaves a great deal of room for contextual sensitivity. Many Kantians have in recent years taken up notions of ‘salience’ in applying moral rules to concrete cases. See, for one quintessential statement of “rules of moral salience,” Barbara Herman’s *The Practice of Moral Judgement* (Cambridge: Harvard University Press, 1993).



This is not, of course, the only argument levelled by care ethicists against ‘universalism.’ In *The Ethics of Care*, Robinson argues also that:

while the need for care is universal, a feminist ethics of care is not a universalistic ethics in the traditional sense. It [...] rejects the claim that the highest stage of moral learning is characterized by disinterest and non-interference.<sup>95</sup>

Disanalogies from contextualism are, however, by far the most common in the literature. Particularities of each individual scenario or problem are crucial to identifying right action, and blanket rules such as ‘do not lie’ and ‘do not steal’ strip moral decision-making of the texture and detail which to which we must pay attention if we are to respond rightly to an ethical issue.

Care ethicists call for particularism because their concept of relation demands contextual sensitivity. No two relations are identical. Citing Reader, Tronto offers the following list of relational particularities from which we derive responsibilities: “presence, biology, history, practice, environment, shared projects, institutions, play, trade, conversation, and other ‘less structured interactions.’”<sup>96</sup> These parameters are not internally homogeneous either – each relation has its own history, and this alters the responsibilities its participants bear towards one another. Particularism thus emerges as an emphasis because the care ethical conception of relationality aims explicitly to leave sufficient conceptual space for the variability of human relations. While relation is understood as a feature of human nature, care ethicists are eager to stress also that relations are heterogenous, and that relational particularities entail particularism about moral responsibilities.

This particularism usually involves not only a rejection of general action-guiding principles, but also any sort of rigid hierarchy of needs. We cannot structure needs in such a way that some always take priority over others in ethical decision-making. Slote has defended this point at length, devoting two entire chapters of *The Ethics of Care and Empathy* to it. Yet Slote does believe that there are considerations which ought always to be factored into deliberation. On Slote’s view, spatial and temporal ‘immediacy’ are morally relevant in making decisions, and the extent to which particular needs are overriding is in part a function of these different sorts of immediacy.<sup>97</sup> In this Slote appears to echo Hume, who writes that “there is no human, and indeed no sensible creature, whose happiness or misery does not, in some measure, affect us, when brought near to us, and represented in lively colours.”<sup>98</sup> While the

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<sup>95</sup> At 30.

<sup>96</sup> “Partiality Based on Relational Responsibilities: Another Approach to Global Ethics,” *Ethics and Social Welfare* 6, no. 3 (2012): 306.

<sup>97</sup> See Chapters 2 and 3 of *The Ethics of Care and Empathy* for an extended consideration of these claims.

<sup>98</sup> *Treatise on Human Nature*, eds. David Norton and Mary Norton (Oxford: Oxford University Press, 2000), 481.

suffering in the Third World is indeed dire, the suffering one sees on the street as one walks to work may be more morally demanding because of its immediacy. Similarly, Kittay, in considering needs in the context of nursing for the disabled, maintains that “the extent to which such needs have a moral weight depends upon a moral evaluation of [a] practice, as well as the urgency of the need understood within that practice.”<sup>99</sup> So while needs may not be hierarchically structured in any rigid sense, there are certain factors to which we can reliably point as reasons to prefer one need over another in some particular case. Immediacy in its various forms is one such factor, but so too are the demands and norms of particular practices.

It seems, however, that care ethicists do in fact commit to a universalist doctrine when they embrace care as a universal standard for right action. Care is, as noted above, regarded as a moral imperative for all. And indeed care ethicists like Tronto, Kittay, Engster, Collins, and Lynch have all explicitly framed care as a categorical imperative of sorts.<sup>100</sup> So how can care ethicists claim to reject universalism? The answer, I think, is simply to admit that universalism and particularism are not mutually exclusive monoliths. Defending such a view, Collins writes that:

Care ethicists’ hostility to principles [...] seems rather to be hostility to principles that are so general as to be poor guiders of action. This does not speak against specific and action-guiding principles, or indeed general and rightness-determining (but not action-guiding) principles.<sup>101</sup>

Care, on this account, can qualify as a universal imperative (understood as a rightness-determining principle) without violating particularism, since it leaves sufficient room for contextual sensitivity in application by being open-ended about the actions which might constitute caring. But as noted above, this is not typically worked into a detailed theory of right action, nor is that next rung regarded as necessary.

Once again, we find paradigms of this sort of moral deliberation in parental caring relations. Ruddick, turning her attention to this subject, notes that women, and specifically mothers, often have particularistic thought processes or “epistemological perspectives.”<sup>102</sup> She does not deny that mothers are just as capable of universalist thought as others, but she claims

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<sup>99</sup> *Love’s Labor*, 58.

<sup>100</sup> See Tronto’s *Moral Boundaries*, 153; Kittay’s “A Feminist Public Ethic of Care Meets the New Communitarian Family Policy,” *Ethics* 111, no. 3 (2001): 535; Engster’s “Rethinking Care Theory,” 61, and; Collins’ *The Core of Care Ethics*, 29 (though Collins rejects the idea that care can form the basis of a theory of right action). Lynch, in *Care: An Analysis*, says at 2 that she is defending “an account of care that can be universalised, i.e. an account that remains relevant and plausible regardless of the context in which so-called acts of care are taking place.”

<sup>101</sup> *The Core of Care Ethics*, 31. See also Chapter 2 generally.

<sup>102</sup> *Maternal Thinking*, *passim*.

that “they tend to reject the demands of abstraction and instead look closely, invent options, refuse closure.”<sup>103</sup> This is clearest, she supposes, when mothers are confronted with moral dilemmas. In the face of a dilemma, those who incline towards ‘concrete thinking’ (that is, particularism) will typically attempt to find out more – to reject the terms of abstraction and try to avoid either horn of the dilemma. Whereas proponents of a universalistically principled ethical system might accept the abstracted, streamlined world of trolley problems and the like, mothers and particularists prefer to reject such dilemmas, choosing instead to mine for more information.<sup>104</sup> Those who have taught dilemmas and ethical decision-making will no doubt be familiar with students who refuse to accept that there *is* a dilemma, that the circumstances are such that there are only two (usually awful) options, and this is a thought pattern with which care ethicists typically agree. The details of such situations are paramount to deciphering the right course of action.

### 2.1.1. Emotion, Moral Motivation, and Right Action

Much of the care ethical discussion of dependency revolves around the emotions, and these have come to occupy a vital place in care ethical theories of moral deliberation. Care ethicists have objected to the hostility in 20<sup>th</sup> century moral philosophy towards the moral emotions, and some, like Slote, even go so far as to make sentiments the basis of their normative and metaethical systems.<sup>105</sup>

Held identifies two respects in which care ethicists have revisited and resuscitated emotions:<sup>106</sup> first, they recognise the general moral importance of certain emotions and their proper development. Emotions such as love and compassion are, on the care ethical account, to be nurtured, whereas emotions such as hatred and anger are to be softened, tempered, controlled, or done away with altogether. Thus Tong, paraphrasing Held, writes in her *Feminine and Feminist Ethics* that:

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<sup>103</sup> Ibid., 95-96.

<sup>104</sup> I suspect the defender of moral dilemmas will accuse Ruddick of missing the point here.

<sup>105</sup> See both his *Moral Sentimentalism* (Oxford: Oxford University Press, 2009) and his *Ethics of Care and Empathy*.

<sup>106</sup> See her “Feminist Transformations of Moral Theory,” 331-332, and Jaggar’s “Love and Knowledge: Emotion in Feminist Epistemology,” *Inquiry* 32, no. 2 (1989).

Our growing reliance on contracts may be a sign of social disease rather than health [...] sheets of paper cannot hold people together in the way that blood, sweat, tears, and laughter can.<sup>107</sup>

Secondly, emotions are thought to have epistemic outputs or benefits associated with understanding, and Held contends that emotions may be used to settle conflicts between moral demands made by particular others. Emotions may direct our attention towards morally relevant features of a situation, or they may elicit an appropriate (what is sometimes called ‘fitting’) response from an agent to some particular state of affairs. But emotions are also particularities which care ethicists want to account for in moral deliberation. Lawrence Blum suggests in *Friendship, Altruism, and Morality* that “morality is mostly about “being responsive to the weal and woe of others.”<sup>108</sup> And we may add other reasons to think that the emotions are worthy of care ethical attention. Slote notes that cognition, learning and the acquisition of (moral) knowledge are affected (“thoroughly permeated and constituted,”<sup>109</sup> in fact) by emotional factors. The emotions are seen by care ethicists as morally valuable for a number of reasons associated with (moral) action and deliberation then, but it is an overarching emphasis on the emotions that characterises the ethics of care.

We can also say more about what caring relations look like in practice by examining the sentimentalism which undergirds several ethics of care. For enlightenment sentimentalists, sympathy and emotional engagement played a pivotal role in our relations with others. On Hume’s view, ‘sympathy’ consists in an ability to feel what others feel, to enter “deep into the opinions and affections of others, whenever we discover them.”<sup>110</sup> Hume defends what some have termed ‘co-feeling’ or a ‘contagion’ conception of sympathy, a conception which Slote has argued maps almost precisely onto our concept of empathy (and I agree with him in thinking that ‘empathy’ is a more accurate term for what Hume is referring to).<sup>111</sup> Smith also discusses sympathy, devoting the first two chapters of his *Theory of Moral Sentiments* solely

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<sup>107</sup> At 53, quoting Held’s “Non-contractual Society: A Feminist View,” in *Science, Morality, and Feminist Theory*, eds. Marsha Hanen and Kai Nielsen (Calgary: University of Calgary Press, 1987).

<sup>108</sup> (London: Routledge and Kegan Paul, 1980), 100.

<sup>109</sup> *From Enlightenment to Receptivity* (Oxford: Oxford University Press, 2013), 67.

<sup>110</sup> *A Treatise of Human Nature*, 318. At 316, Hume observes also that:

A good-natured man finds himself in an instant of the same humour with his company; and even the proudest and most surly take a tincture from their countrymen and acquaintance. A cheerful countenance infuses a sensible complacency and serenity into my mind; as an angry or sorrowful one throws a sudden damp upon me. Hatred, resentment, esteem, love, courage, mirth, and melancholy; all these passions I feel more from communication, than from my own natural temper and disposition.

Though, in fairness, Hume does note that sympathy is fallible and relies on similarities between the sympathiser and the object of sympathy.

<sup>111</sup> He explores this most fully in *The Ethics of Care and Empathy*.

to the emotion.<sup>112</sup> Smith's account differs subtly in that he does not assume that we actually *share* the feelings we perceive in others. Rather, we sympathise by imagining how we would feel in some other's circumstances. He observes, for instance, that we can sympathise both with infants who possess an extremely limited emotional spectrum, and with the dead, who can feel nothing at all. A mother who sympathises with her ailing infant does not shed her cognitive capacities or emotional maturity to do so, but rather "joins, to its real helplessness, her own consciousness of that helplessness, and her own terrors for the unknown consequences of its disorder."<sup>113</sup> Sympathy lies at the heart of both Hume's and Smith's moral philosophy, a paradigm of relation and of ethical behaviour.

Several contemporary care ethicists have taken sympathy and empathy of the sort discussed by Hume, Smith, and other (enlightenment) sentimentalists like Hutcheson, and incorporated it into their theory.<sup>114</sup> Noddings was among the first to analyse this sensitivity as a component of the theory, and coined the term "engrossment" for its primary mechanism, which has since become widely used.<sup>115</sup> Engrossment begins with a sort of attention, where "a soul (or self) empties itself, asks a question, or signals a readiness to receive."<sup>116</sup> "When I attend in this way," Noddings goes on to say, "I become, in an important sense, a duality. I see through two pairs of eyes, hear with two sets of ears, feel the pain of the other self in addition to my own."<sup>117</sup> Engrossment involves reception of the object's world. When I am engrossed in a lover's pain, I feel that pain as if it were my own. Slote, in his exploration of empathy (which he takes to be identical to Noddings' engrossment)<sup>118</sup> explains that caring involves the carer's being "open and receptive to the reality – the thoughts, desires, fears, etc. – of the other human being," and that they "pay attention to, and are absorbed in, the way the other person structures the world and his or her relationship to the world – in the process of helping that person."<sup>119</sup>

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<sup>112</sup> In *The Glasgow Edition of the Works and Correspondence of Adam Smith*, ed. Ian Ross (Oxford: Clarendon Press, 1995).

<sup>113</sup> *A Theory of Moral Sentiments*, 12.

<sup>114</sup> On the whole, care ethicists have not typically engaged with philosophers of emotion, and so it is sometimes difficult to discern what exactly they mean by the term. One feminist philosopher who *is* clear about this is Jaggar, who tells us in "Love and Knowledge: Emotion in Feminist Epistemology," at 156-158, that emotions are "social constructs" and "habitual responses."

<sup>115</sup> Gilligan writes of "co-feeling" in her "Moral Development" (in *The Modern American College*, ed. A. Chickering (San Francisco: Jossey-Bass, 1981)) which is not quite identical to empathy because it doesn't involve identical feelings, but shares the emphasis in Gilligan, Noddings, and Slote on shared feelings.

<sup>116</sup> *Starting at Home*, 15.

<sup>117</sup> *Ibid.*, 15-17.

<sup>118</sup> This has been a subject of debate, since Noddings resists the conflation of engrossment with empathy.

<sup>119</sup> *The Ethics of Care and Empathy*, 12. Ruddick likewise develops a close analogue of engrossment in *Maternal Thinking* at 120-121. For Ruddick, motherhood elicits a kind of "attentive love," which she describes as "a kind of knowing that takes truthfulness as its aim but makes truth serve lovingly the person known." This kind of attention, she tells us, is:

Caring properly requires that we care for a person *qua* a being with their own worldviews, aspirations, motivations, patterns of thought, and so on. In this respect, caring is receptive, but also ‘passive;’ we do not project our own thoughts and opinions onto those for whom we care, and we do not attempt to reconcile their views with ours. Engrossment, much like reading a novel or watching a movie, means immersing ourselves in the world of another and feeling as they feel.

It is this sort of attention which gives rise to “motivational displacement,”<sup>120</sup> where I return to my own perspective and am driven to act. “The cared-for,” Noddings tells us, “so encountered, does not of course “fill the firmament” forever. The moment of nearly pure relation passes; one must think what to do.”<sup>121</sup> Though he makes no mention of Noddings, Mayeroff summarises this point nicely when he writes that:

In being with the other, I do not lose myself. I retain my own identity and am aware of my own reactions to him and his world. Seeing his world as it appears to him does not mean having his reactions to it [...] I do not have to be perplexed, for instance, to realize that he is perplexed, but because I “feel” his perplexity from the inside, I may be in a position to help him out of it.<sup>122</sup>

Once I am no longer engrossed in another’s suffering, I am emotionally driven to alleviate that suffering. Here, we come to Noddings’ notion of ‘natural caring’ – caring where engrossment yields or evokes a desire to care for the other. We do not, however, always feel moved to act after engrossment, nor do we always become engrossed when we ought to. The latter is morally wrong by definition, but the former may be morally permissible or justified. Noddings is open to the possibility that we become engrossed in the world of someone who is doing something morally wrong. Engrossment does not always involve an attunement to *suffering*; it may pay attention to frustration, for instance, which any of us, ‘good’ or ‘evil,’ may experience. If I am engrossed in my child’s activities on the playground, I may come to realise that she is not, in fact, playing with her friend but has been bullying her. In that case, I am more likely to be disturbed or repulsed by my daughter’s bullying and take steps to prevent her from doing so again. I might remind her that it is important to be kind, or I may resolve to take her home, but once I am wrenched from engrossment by this realisation, I no longer desire to see her succeed

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akin to the capacity for empathy, the ability to suffer or celebrate with another as if in the other’s experience you know and find yourself. However, the idea of empathy, as it is popularly understood, underestimates the importance of knowing another *without* finding yourself in her. A mother really looks at her child, tries to see him accurately rather than herself in him (*Maternal Thinking*, 121).

<sup>120</sup> *Ibid.*, 17-19.

<sup>121</sup> *Starting at Home*, 15.

<sup>122</sup> *On Caring* (New York: Perennial Library, 1972), 31.

in her efforts. In these ways, the emotions and other mental states of those for whom we care may be accessed and acted upon, and relation impelled beyond the realm of emotion and into that of action.

The emotions are thus pivotal in dependency relations. Properly calibrated emotions allow us to meet needs well, and are a source of moral motivation. There is also an argument to be made here for the claim that emotions are in some sense constitutive of good dependency relations. As noted above, relations are often seen as valuable not in themselves but in virtue of instantiating some other sort of value. If one thinks that emotions are linked to value in such a way that they can thereby give value to relation, then there may be a deeper connection between emotion and relationality than the ones care ethicists have focused on.<sup>123</sup> Nevertheless, the care ethical focus on emotion as a necessary condition for proper responsiveness in the context of dependency relations is illuminating.

## 2.2. Partialism

Relational ontology is also often used to explain and justify care ethical partialism. Like particularism, partialism is a notoriously difficult concept to define, but care ethicists all share a commitment to *some* form of partiality in moral decision-making. Care ethical understandings of partialism by and large surface in the course of refuting impartialism, which is thought by care ethicists to occupy the ethical mainstream. Whereas deontologists and consequentialists in the 19th and early 20th centuries thought very much in impartialist terms, using dicta like Bentham's "everybody to count for one, nobody for more than one," or Kant's principle(s) of universalisability,<sup>124</sup> partialist care ethicists have rejected ethics which advocate "having no direct involvement or interest in the particular case,"<sup>125</sup> and argued that, morally speaking, it is at least sometimes "permissible and good to favor one's own near and dear."<sup>126</sup> Of course, 'permissible' and 'good' are two entirely different categories of moral evaluation, but care ethicists usually defend both the weaker and the stronger thesis in analyses of particular moral problems, and on either thesis an action is not *ipso facto* wrong or morally deficient to the care ethicist if it gives unequal weight to the interests of certain people. To be partial is not necessarily to be morally defective. A mother can potentially give more weight to the interests

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<sup>123</sup> Feminist philosophers and care ethicists have not been *blind* to this value – my point is simply that it is underexplored.

<sup>124</sup> Stated most concisely, I think, in Section II of the *Groundwork of the Metaphysics of Morals*.

<sup>125</sup> Pettersen, *Comprehending Care*, 70.

<sup>126</sup> Slote, *The Ethics of Care and Empathy*, 43.

of her child and give less weight to the interests of someone else's when she acts, even if that means that her actions are suboptimal by the utilitarian's moral arithmetic or that she violates a moral rule and/or her actions do not make for a universalisable maxim.

As Gheaus explains, partiality is justified by care ethicists "in virtue of the special bond we have with [others]."<sup>127</sup> Care ethicists see our responsibilities to show partiality as arising from our relations to them. As Hume puts this thought in his *Treatise on Human Nature*:

A man naturally loves his children better than his nephews, his nephews better than his cousins, his cousins better than strangers, where every thing else is equal. Hence arise our common measures of duty, in preferring the one to the other.<sup>128</sup>

But as Randall points out,<sup>129</sup> relational ontology of the sort outlined above is not the only source of justification used by care ethicists. Randall argues that care ethicists like Engster and Collins also make:

a distributive argument, taking the form of a modified version of Robert Goodin's assigned responsibility model of moral obligation; this argument states that partiality is justified insofar as it enables efficient distribution of general duties to care.

Randall goes on to argue persuasively that the argument from relational ontology is the stronger, but there is no need to take a stance on that matter here. The point here is simply that relational ontology is typically regarded as an underpinning for care ethical partialism, which is itself regarded as a core care ethical commitment.

Most care ethicists are not, however, 'purely' or 'uncritically' partialist. Baier, taking a fairly representative approach to partialism, tells us that "a realistic morality will take the natural network of ties as the place to start, but not as the place to finish."<sup>130</sup> Many, like Held, Slote, Jeffrey Blustein, and B.C. Postow, are inclined to leave room for impartial considerations such as justice and rights. But if that is the case, how are we to understand care ethical partialism? "What should be resisted," Held replies, "is the traditional inclination to expand the reach of justice in such a way that it is mistakenly imagined to be able to give us a comprehensive morality."<sup>131</sup> Partiality is to be understood as a check on or counterbalance to the hegemony of impartialism, permitting us to deviate from impartial ethical standards for the

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<sup>127</sup> "Care and Justice: Why They Cannot Go Together All The Way," PhD dissertation, Central European University, 2005, 73.

<sup>128</sup> At 483.

<sup>129</sup> In "Justifying Partiality in Care Ethics," *Res Publica* Online First (2019).

<sup>130</sup> "A Note on Justice, Care, and Immigration Policy," *Hypatia* 10, no. 2 (1995): 152.

<sup>131</sup> *The Ethics of Care*, 17. See also B.C. Postow's "Care Ethics and Impartial Reasons," *Hypatia* 23, no. 1 (2008): 3.



sake of those we care for without thereby ruling out impartiality in moral decision-making *à outrance*. Retaining a set of impartial moral rules and standards, care ethicists argue, is an intuitive arrangement despite their distaste for moral rules and prohibitions. Blustein offers us one example of an impartial rule to which care ethicists do and ought to commit themselves:

the holder of a public office should refrain in an official capacity from setting the interests of some above those of others and should not allow any deviation from indifferently even-handed treatment of all those in his or her group because of some special relationship he or she might have with some of them.<sup>132</sup>

Most care ethicists will agree with Blustein in thinking that membership in particular institutions or organisations does indeed impose a powerful demand for impartialism, at least within the institution's own sphere of operations. Care ethical partialism, then, resists the notion that morality *in toto* ought to be impartial, that perspectives like Nagel's 'view from nowhere' are the only permissible perspectives to take.<sup>133</sup> But morality is not impartialistic 'all the way down,' so to speak.

Some care ethicists, such as Slote,<sup>134</sup> suggest that we explain this by beginning with partialism and from that distilling impartial moral rules or norms. Rights, for instance, provide a moral minimum that virtually no carer will want to undermine. The right to life, rights to education, and rights to healthcare are all cases in point here. The impartiality of these rules is one which all partial agents look like they ought to accept – the very impartiality of the right to life is what protects our loved ones from the violence of those who do not care for them as we do. Because I am so invested in the wellbeing of my friends and family, then, I ought to embrace impartial moral rules or obligations which protect them from others. Rather than juxtaposing care ethics and its partialism against an external impartialism, this response builds impartialism into care ethics with partialism as its foundation. On such an account, the impartial rules come about as a means to partialistic ends.

Noddings illustrates and explains her kind of partialism and its connection to relationality by reference to "concentric circles of caring."<sup>135</sup> Those in the innermost circle are family and friends with whom we first develop caring relations, for whom we care the most, and to whom we ought to give greatest preference in our moral deliberations. Moving outward, the next

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<sup>132</sup> *Care and Commitment: Taking the Personal Point of View* (New York: Oxford University Press, 1991), 221.

<sup>133</sup> Spelled out in *The View From Nowhere* (Oxford: Oxford University Press, 1986). As Blustein puts it: On this analysis, the mistake of those who condemn any sort of partiality would consist in their transposing the standard of justice to be followed in institutional contexts into a universal principle of morality governing human interactions in general (*Care and Commitment*, 221-222).

<sup>134</sup> *The Ethics of Care and Empathy*, Chapter 5.

<sup>135</sup> Her discussion appears in *Caring* at 46-48.

circle consists in “proximate others” for whom we have “personal regard,”<sup>136</sup> including colleagues and acquaintances. People belonging to this circle place weaker moral demands on us than those in the innermost circle. We are typically and rightly more emotionally invested in the wellbeing of our nearest and dearest, and we are prepared to go to different and further lengths for members of the innermost circle. Yet less proximate others are not people for whom we do not care at all; these are still people with whom we share some sort of relationship. We may not be *friends* with all of our colleagues, but *ceteris paribus*, the fact that they are our colleagues, and that we are consequently in fairly close relation with them, is enough to generate special moral responsibilities. I might, for instance, be obliged to offer to teach a colleague’s class if her father falls ill, or to let her know that a student visited her office while she was out. The outermost circle consists in people we have never encountered. People in this circle are potential objects of care with whom I might share a relation at some point in the future. This category of people includes future students and future family members, but also people who I may enter into a more fleeting relation with. I may witness a car crash, for example, and be thrust into a caring relation with the victims I rush to aid. Most care ethicists since Noddings have entertained a thought along these lines, frequently maintaining also that impartialists do not permit concentric circles of care such as these to be morally relevant.<sup>137</sup>

### 2.3. The Public/Private Distinction

Care ethicists have also treated the rejection of the public/private distinction as a pillar of their framework. “Feminists reject the implication that what occurs in the household occurs as if on an island beyond politics,”<sup>138</sup> Held tells us, and care ethicists have often appealed to relational ontology to explain why. Bowden, for example, draws attention to a variety of ways in which ontological relationality extends our moral boundaries beyond the ‘private,’ noting first the reliance we all share on the proper upbringing of children: “failure in one’s intimate relations to learn the ethical orientations appropriate to one’s social milieu, results in social maladjustment and ethical alienation. From the other side,” she goes on to say:

public practices must express in their own values the virtues of personal practices of positive co-operation and training – as well as the more impersonally oriented

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<sup>136</sup> Ibid., 46-47.

<sup>137</sup> This distinction is less tenable today than it seems to have been when care ethics first emerged. There are by now finely detailed utilitarian and deontological accounts of partialism.

<sup>138</sup> Virginia Held, *Feminist Morality*, 54.

ends of consistency, order and predictability – that are necessary to their maintenance.<sup>139</sup>

Following that, Bowden also notes the import of Baier's conception of trust in caring relations, particularly dependency relations with those who are not in our own inner circle – nurses, contractors, and the like. The public/private distinction begins to dissolve once we notice the direct dependency relations between ourselves and others for adherence to communal rules and standards, relations which only thrive through proper (moral) upbringing.

And the care ethical literature is strewn with similar claims about the variety of ways in which we rely on other members of the public, or the community as a whole, to care for us. Care ethicists like Held, and ethicists who theorise about care like Baier, are eager to highlight the hastening progress of globalisation as a process by which we have been and are all continually thrust into relations of acute dependence on other members of international society. Baier, for instance, writes that a 'care-based' take on U.S. immigration "would take into account that some would-be immigrants are near neighbors – Mexicans, Haitians, Cubans,"<sup>140</sup> and indeed this position has taken root in mainstream scholarship on global justice, of the sort produced by David Miller and Gillian Brock.<sup>141</sup> Moreover, pieces like Held's "Can the Ethics of Care Handle Violence?"<sup>142</sup> have argued persuasively that care in the global context is not a unilateral relation of third-world dependence upon the first world for aid. Issues such as terrorism, warfare, capital punishment, and domestic violence extend our dependence well beyond the nuclear family and into global politics.

Furthermore, both Noddings and Ruddick have claimed that 'private' relationships like those between parents and children provide a model and a basis for the 'public' relations we develop as we mature. They do so in a variety of ways. First, as Bowden claims, they do so by inculcating certain philosophies or codes of conduct which we carry with us into adulthood. Ruddick and Noddings agree that relations are thoroughly and inescapably formative for all of us, including legislators, officials, policymakers and other civil servants, and thus play a vital role in international relations, education, economics, and other political matters.<sup>143</sup> Goings on in the private sphere continually shape decision-makers just as they shape the rest of us. The home is where many of our attitudes, habits, and capacities take root, and we take these traits

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<sup>139</sup> *Caring: Gender-Sensitive Ethics* (London: Routledge, 1997), 149.

<sup>140</sup> "A Note on Justice, Care, and Immigration Policy," 150.

<sup>141</sup> See, e.g., Miller, David, *National Responsibility and Global Justice* (Oxford: Oxford University Press, 2012) and Brock, Gillian, *Global Justice: A Cosmopolitan Account* (Oxford: Oxford University Press, 2009).

<sup>142</sup> *Ethics and Social Welfare* 4, no. 2 (2010).

<sup>143</sup> See, e.g. Ruddick's "Maternal Thinking," *Feminist Studies* 6, no. 2 (1980): 348-349, and Noddings' *Starting at Home*, 134-138.

with us when we enter into the public sphere.<sup>144</sup> For Noddings, the proper functioning of the public sphere therefore relies upon the proper functioning of the private sphere in that the public sphere is made up of individuals who were raised in and are permanently rooted within the private. So not only does a dependency relation exist between ourselves and other members of the community, one also exists between ourselves and those responsible for inculcating particular behaviours, including parents and teachers specifically, but also the governments and institutions under which families and schools operate.

Second, care provides a sort of exemplar or paradigm which sets evaluative standards for the decisions we make in public life. In *Starting at Home*, Noddings argues that we can develop a social and global political philosophy by examining first the values we inculcate at home. To her mind, political philosophy begins with such questions as “what does the ideal home look like?,” “what sort of people, traits, and habits characterise ideal homes?,” and “how far can we extend the attitude of caring that is characteristic of the best homes into the larger social domain?”<sup>145</sup> Robinson, taking this thought and expanding upon it, has argued that a critical examination of our own perspectives and our own circumstances, which is central to care, is crucial both for understanding the struggles of others, but also for motivating our efforts to improve the lives of others at an international level.<sup>146</sup> We ought to think as carers when we tackle problems such as poverty, inequality, and crime, using what we learned of dependency in the ‘private’ sphere to navigate our relations in the ‘public.’

Ruddick is guided by questions comparable to Noddings’ in *Maternal Thinking*, but focuses specifically on motherhood. The issue, for Ruddick, is how a mother would respond to problems in the public sphere. Would a mother ever endorse warfare? How would she (or he) go about resolving conflicts? Ruddick believes that the facts and values to which motherhood attunes us are morally significant even outside of the home, and are enough by themselves for moral decision-making.<sup>147</sup> The perspective of the mother is just as helpful in the political sphere as the Machiavellian or Hobbesian statesperson’s. Noddings, Robinson, and Ruddick are, in these respects, each representative of the care ethical approach to feminism and to the public/private distinction. So for mainstream care ethicists, we are related to (distant) others as both caregivers and care-recipients, and (ideal) public relations therefore mirror (ideal) private relations in several crucial respects. There is no hard boundary between

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<sup>144</sup> A tragic illustration of this took place very recently in Christchurch, New Zealand where a mosque was attacked during Jumu’ah (Friday prayers).

<sup>145</sup> These questions all appear in the introduction of *Starting at Home*, and format her thoughts throughout.

<sup>146</sup> *Globalizing Care* (New York: Routledge, 1999), *passim*.

<sup>147</sup> See especially her introduction to Part III of *Maternal Thinking*.

the ‘public’ and the ‘private;’ the care ethical focus on dependency relations highlights just how interconnected the two spheres are.

### 3. Preliminary Objections and Concerns

In this section, I wish to deal with some issues facing the account I have presented here and some challenges to the comparative project I shall undertake in the following chapters. The first concerns the scope of ethics. If care ethics is not a comprehensive moral theory, then there may be some initial questions about its comparability with virtue ethics, or the desirability of such comparisons. The second regards the novelty of ethics of care. I have parenthetically challenged some of the distinctions traditionally drawn between care and other ethics above. But if care ethics is not novel, then it is not obvious why we ought to compare virtue ethics to it over other ethics. The third worry is about the lack of a definite and comprehensive account of care in the survey above.

#### 3.1. The Scope of Ethics

I take the claim that our intimate relations are morally significant in the ways outlined above to be uncontroversial. No contemporary moral philosopher will deny that dependency relations exist and that they exert a normative pull on their participants. But it is unclear whether the notion of relationality I have outlined above can cover all of the moral terrain we expect a normative theory to attend to. In particular, there are questions to be raised over whether it can provide an intuitive and morally satisfying account of our responsibilities or moral obligations to distant others with whom we are neither temporally nor spatially proximate. How, after all, can a normative ethic premised on relation and interconnectedness provide a robust and intuitive account of our obligations to distant others with whom we share no obvious relation or interconnection whatsoever? This is not, moreover, a minor issue – as Tronto observes, this was a defining issue of 20<sup>th</sup> century normative ethics,<sup>148</sup> and it remains important today. And one might think either that in presenting the views above as parts of an alternative to consequentialism, deontology, and virtue ethics I have misunderstood or misrepresented care ethics, or that care ethics fails to meet a condition of adequacy for a normative ethic, and for these reasons does not warrant the virtue ethicist’s attention.

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<sup>148</sup> *Moral Boundaries*, Chapter 2.

Though care ethicists have often addressed questions associated with care at the global level, Robinson, Ruddick, and Tronto being three obvious examples, this specific issue has received relatively little attention, since many care ethicists treat the moral relevance of distant others as an assumption rather than a premise to be argued for. Amongst those who *have* taken a stance on this issue, there is significant disagreement. For care ethicists like Tronto, this is the point at which ethics of justice take the reins, where ethics of care lose the bulk of their normative force and must give way to ethics of justice, or indeed to some other ethic. In *Moral Boundaries*, Tronto writes that “care is not a sufficiently broad moral idea to solve the issues of distance, inequality, and privilege,”<sup>149</sup> and such prominent care theorists as Kittay, Baier, Ruddick, Held, Clement, Jaggar, and, at least on some readings, Noddings, seem to agree with Tronto in rejecting the expansion of care’s precinct to include distant others.<sup>150</sup> Marilyn Friedman, for example, contends that “we ought to advance “beyond caring,” that is, beyond mere caring dissociated from justice.”<sup>151</sup> Justice and care are, for Friedman, mutually informative though ultimately distinct modes of moral thought.

Some deny that care must be supplemented in this way. Slote, for instance, argues that empathy can explain obligations to distant others,<sup>152</sup> and Engster takes a more Kantian tack in arguing for a universalizable duty to care.<sup>153</sup> Still others, like Ben-Porath and Petr Urban, justify responsibilities to distant others by contending that care ethics makes ontological claims not only about persons, but also about groups. For Ben-Porath:

the way the other is portrayed in the national or group ethos, and the self-understanding of each group as related to its role with the other (for example, as

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<sup>149</sup> At 158.

<sup>150</sup> See Kittay’s “When Caring is Just and Justice is Caring,” 573-576, and “Dependency, Difference, and the Global Ethic of Longterm Care,” *passim*; Baier’s “The Need for More than Justice,” *Canadian Journal of Philosophy* 13 (1987); Ruddick’s “Injustice in Families: Assault and Domination,” in *Justice and Care: Essential Readings in Feminist Ethics*, ed. Virginia Held (Boulder: Westview Press, 1995), 217; Held’s *The Ethics of Care*, 15-19 and 40-41, and “The Meshing of Care and Justice,” *passim*; Clement’s *Care, Autonomy, and Justice*, 16-19. Robinson attributes this view to both Jaggar and Noddings in *Globalizing Care*, at 44, though I suspect Robinson has misunderstood Noddings’ point. Claudia Card also articulates a powerful critique of Noddings’ ethics on the grounds that her relational ontology cannot answer questions about distant others satisfactorily. See her “Caring and Evil,” *Hypatia* 5, no. 1 (1990). Cheshire Calhoun, Jean Grimshaw, and Owen Flanagan and Kathryn Jackson have all argued, additionally, for some kind of compatibilism between ethics of justice and ethics of care – a necessary premise if the two are to become parts of an overarching moral theory. See Calhoun’s “Justice, Care, Gender Bias,” *The Journal of Philosophy* 85, no. 9 (1988), Grimshaw’s *Philosophy and Feminist Thinking*, and Flanagan and Jackson’s “Justice, Care, and Gender,” *Ethics* 97, no. 3 (1987).

<sup>151</sup> “Beyond Caring: The De-Moralization of Gender,” *Canadian Journal of Philosophy* 17 (1987): 105.

<sup>152</sup> *The Ethics of Care and Empathy*, Chapter 2. See also his “The Justice of Caring,” *Social Philosophy and Policy* 15, no. 1 (1998).

<sup>153</sup> *The Heart of Justice* (Oxford: Oxford University Press, 2007), Chapters 1 and 4.

benefactor, conqueror, economic collaborator, and so on) generates the basis for the relationship among the groups.<sup>154</sup>

For Ben-Porath, organisations can act as an intermediary or a source of relations between distant others. Our membership in a state draws us into relation with other states, and with groups and individual members therein. Care thus extends across cultures, continents, and time. Ben-Porath's focus on portrayal and perception is significant here, given that care ethicists have often drawn attention to immediacy or proximity as morally salient factors.<sup>155</sup> The fact that some group or state is actively *depicted* as a (prospective) caregiver or (prospective) care-recipient reconfigures its (perceived) moral obligations and the moral obligations of its members. This account stretches relational ontology to include the relations we share with states or groups, and thus to include the relations that those states or groups share with other entities.

Though her conclusions are not universally accepted, in this Ben-Porath is representative of the general care ethical approach to relational ontology. Relational ontology is never understood purely as a matter of dependence on those near and dear to us, and care ethicists often point to our dependence on compatriots and members of other social groupings to which we belong. Not only does our pool of relations expand and deepen as we mature, we also, as Held maintains, "carry with us at least some ties to the racial or ethnic or national group within which we developed into the persons we are."<sup>156</sup> And we are also non-negligibly related to those in our wider society. Whereas my belonging to a family probably entails that I will rely on them more heavily than others for most of my basic needs, it is clear also that I must rely on others to whom my connection is less direct and perceptible. Just as children must rely on their mothers, so too must we rely on our community, our government, and international society to meet certain needs. So, depending on whether one conceives of care ethics as an independent ethic or a supplement to other ethics, the set of ethically relevant relations either does not *need* to be extended or *can* be extended to include all those agents we think ought to be recognised by an ethical theory as subjects of moral concern.

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<sup>154</sup> "Care Ethics and Dependence: Rethinking Jus Post Bellum," *Hypatia* 23, no. 2 (2008): 65. See also Petr Urban's "Enacting Care," *Ethics and Social Welfare* 9, no. 2 (2015).

<sup>155</sup> See Section 2.1. of this chapter for more on this.

<sup>156</sup> "Feminist Transformations of Moral Theory," 338.

### 3.2. Novelty in Ethical Theory

It is also open, of course, for proponents of other ethics to object that this story about human nature or the commitments neighbouring it have appeared in other normative frameworks already. I have already suggested that Kantians can explain more than they are given credit for, and there is more still to be said in favour of Kantianism here.<sup>157</sup> And in the chapter which follows, I shall say something similar about Aristotelianism. It might be thought that this poses some threat to the integrity of care ethics. There are three points worth noting about this prior to moving on. First, at least as far as this thesis is concerned, it is not particularly important whether or not care ethics shares its foundational commitments with other ethics. Care ethicists, as we have seen, deny that their framework is redundant in this way, and whether or not this is the case, it is an important question to pose. But given that this thesis takes *neo-Aristotelian virtue ethics* as its starting point, that question is both beyond our scope and not particularly significant. In part, this is because care ethics is already widely regarded as an alternative to extant normative ethics. Whether or not other ethical frameworks share moral foundations with care ethics, care ethics is already treated as a standalone ethic in moral philosophy, and for that reason merits comparative work.

Second, care ethicists are likely *comfortable* with a shared ontological starting point. For much of care ethics' history, care ethics was envisioned not as a competitor to extant normative ethics, but as a supplement for them. Should Kantian or Utilitarian ethicists prove receptive to their concerns (and I have already observed that many have), this does not render care ethics unnecessary or redundant, rather it concedes that care ethicists have been right about the import of dependency relations for morality. So it may well be *desirable* to the care ethicist that their ontological commitments are shared by proponents of other ethics. And it need not follow that care ethics is therefore unoriginal. Care theorists like Clement and Friedman have, in fact, acknowledged that some or all of these tenets appear in other ethical frameworks,<sup>158</sup> but have argued that what makes care ethics distinctive is its set of *emphases*. Other ethics may leave room for these claims, according to this view, but care ethics is unique in emphasising them or treating them as the most significant elements of their moral theory.

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<sup>157</sup> Kantian beneficence, for instance, is predicated on a dependency relation, specifically our dependence upon one another for assistance with our projects.

<sup>158</sup> See Clement's *Care, Autonomy, and Justice*, and Friedman's "Beyond Caring," *passim*. Held also relies on the language of emphasis often in *The Ethics of Care*.



Finally, even if it is the case that these foundations are shared by other ethical theories, care ethics need not collapse into those other ethics because it may well be the case that those ethics take those foundational commitments in different directions. What distinguishes Kantian deontology from Benthamite consequentialism, for example, is not their initial impartialism at the level of right action, but rather the wider philosophical framework into which their respective sorts of impartialism are built. It matters not only what one's philosophical commitments are, but also what one does with them. And given their distinctive approaches to topics in normative and applied ethics,<sup>159</sup> we might think that care ethicists do something unique with their moral foundations.

So I shall not discuss here whether or not care ethics genuinely represents a departure from these other frameworks. Even if it is the case that care ethics shares the bulk of its normative commitments with other ethical theories, it is still worthwhile to consider whether care ethics itself shares any ground with virtue ethics.

### 3.3. The Definition of Care

It might also be objected that I have not offered a detailed or complete account of care here. If that is the case and, as the nomenclature suggests, care ethics takes care as its central moral concept, then any comparison between care ethics and virtue ethics based on the analysis above will overlook what is arguably the most important element of care ethics, its primary definiendum and the its starting point for moral theorising. Here, however, I am offering what might be called an account of care *metaethics*. My aim here is to lay out the *foundations* of care ethics, specifically its relational ontology and directly subordinate moral claims, so that we might ask whether or not virtue ethics shares these foundations. That then gives rise to questions about normative concepts like care and virtue. I shall not, however, neglect the topic of care for the entirety of this thesis. Once the comparative project spanning Chapters 2 and 3 is completed, I turn to these cornerstone moral concepts to consider what similarities there are between our two theories at that level.

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<sup>159</sup> Ruddick's work on pacifism stands out here, as do Tronto's and Held's work on various topics in applied/political ethics.

#### 4. Conclusion

I have endeavoured to list and explain only those commitments which care ethicists on the whole see as the central tenets of their theory, and to explain how those tenets all tie into relational ontology, which is our primary focus at this point. To be sure, it may still be the case that some care ethicists draw on other concepts or that their central claims are organised differently. Though their account of care ethics' central commitments is largely identical to my own, Engster and Hamington offer another, namely "crossing moral boundaries:"

Given its feminist roots, care ethics embraces the dictum that the "personal is political," such that caring should not be a compartmentalized activity of a few people in the private sphere. In her original formulation of a political theory of care, Tronto indicated that at least three moral boundaries needed to be redrawn: the divide between morality and politics, the divide between disinterested ethical theory and particularist approaches, and the divide between public and private life.

Care challenges the established contours of ethical theory.<sup>160</sup>

So the set of core commitments I have offered here will, in the eyes of some care ethicists, be incomplete or inaccurate for failing to map onto all ethics of care. Care ethics has also been met with several forceful objections from feminists and non-feminists alike, so it may be the case that care ethicists ought to jettison or otherwise alter one or more of the claims above.<sup>161</sup> But both of these points will be the case with any normative theory. I do not pretend to have presented an unassailable or perfectly representative account here, just a rough and fairly accurate conceptual map on which to base our comparative project.

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<sup>160</sup> *Care Ethics and Political Theory*, 4.

<sup>161</sup> We have already mentioned Card's "Caring and Evil" and Calhoun's "Justice, Care, Gender Bias," but see also papers like Sarah Hoagland's "Some Concerns About Nel Noddings' *Caring*" *Hypatia* 5, no. 1 (1990) and Abraham Rudnick's "A Meta-Ethical Critique of Care Ethics," *Theoretical Medicine* 22, no. 6 (2001).

### III

## Virtue Ethics and Relational Ontology

The primary function of this chapter is to consider whether Aristotelian virtue ethicists have endorsed or are capable of endorsing the ontological claims examined in the preceding chapter. If relational ontology and dependency figures (or could potentially do so) in Aristotelian virtue ethics, and does so in a sufficiently similar way, then the foundational commitments of care ethics turn out to be common ground. This chapter begins by outlining contemporary Aristotelian virtue ethics, touching on several key components of the theory. Specifically, I unpack the conceptual role of virtue/character, habituation, emotion, excellence, and particularism. The second section examines Aristotelian meta-ethics, focusing specifically on the concept of *eudaimonia* ('flourishing'/'living well'/'happiness,' depending on the textual translation) and the naturalism it usually attaches to. In the third section, I scour the writings of Aristotelian virtue ethicists to ask whether they provide, or can provide, relational ontology sufficiently resembling that of care ethicists. This chapter concludes by noting the remarkable similarities between Aristotelian relationality and that to be found in ethics of care. As we shall find in the chapter to come, this unity is not comprehensive, and some work must still be done, by the end of this chapter, to bring virtue ethical relationality into sufficiently close alignment with ethics of care for the two to be considered broadly univocal.

#### 1. Aristotelian Virtue Ethics: A Brief Overview of Some Central Concepts

Like all other virtue ethical systems, Aristotelian virtue ethics is primarily concerned not with deontic concepts like rules or obligations, nor with consequences or utility, but with character traits and areteic concepts like virtue and excellence (*arête*).<sup>162</sup> It is often described as 'agent-centred,' because the foremost object of moral evaluation is the agent, and because moral evaluation of actions and responses flows from evaluations of character. As Aquinas has memorably put it, "the virtue of a horse is what makes both it and its work good; similarly with the virtue of a stone, or of a human being or anything else."<sup>163</sup> Whereas a Kantian will evaluate

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<sup>162</sup> *Arête* is often translated as 'virtue,' but 'excellence' seems to me to better capture the non-moral uses of the ancient Greek better.

<sup>163</sup> *Disputed Questions on the Virtues*, eds. E. Atkins and Thomas Williams (Cambridge: Cambridge University Press, 2005), 6.

some course of action against a list of moral maxims, a categorical imperative, a kingdom of ends, or some similar benchmark, the virtue ethicist will look rather to the character traits that action embodies, and begin their moral evaluation there. A natural place to embark on an overview of virtue ethics, then, is the notions of virtue and vice. Both virtues and vices are character traits. An Aristotelian character trait may be defined, broadly, as a deeply entrenched disposition (*hexis*)<sup>164</sup> to act, think, and feel in certain ways, for certain sorts of reason.<sup>165</sup> A *virtue* has an additional, areteic feature which distinguishes it from other character traits: it is an *excellence* of character (and, correspondingly, a vice is a *defect* in one's character).<sup>166</sup> So a virtue is a deeply entrenched disposition to act, think, and feel in excellent/good ways, for excellent/good reasons. Much energy has been spent fleshing out each component of this definition, and we ought, perhaps, to say a little more in order to lay an adequate foundation for the dialogue to come.

Firstly, to say that a character trait is 'deeply entrenched' – that, as Hursthouse says, it “goes all the way down”<sup>167</sup> – is typically shorthand for a cluster of claims about the way one exhibits and comes to possess a character trait. To start, a character trait is *habituated*; it is the sort of thing that arises only with repetition and practice:

we learn by doing; for example, we become builders by building, and lyre-players by playing the lyre. So too we become just by doing just actions, temperate by temperate actions, and courageous by courageous actions.<sup>168</sup>

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<sup>164</sup> *Hexis* (or the Latin *habitus*) is also often translated as “state,” and there are advantages and disadvantages to using either translation. I prefer to translate *hexis* (and *habitus*) as “disposition” because it sits in several respects more comfortably with today's usage, particularly with regard to a common distinction dividing emotions and dispositions: emotions are *occurrent*, whereas dispositions are not. Agents who are kind or courageous are kind or courageous whether they are asleep, unconscious, beside themselves with grief or anger, and so on, and this point seems to me better captured by “disposition” than “state.”

<sup>165</sup> Aristotle develops this notion of virtue throughout Book II of the *Nicomachean Ethics* (trans. Roger Crisp (Cambridge: Cambridge University Press, 2004) – the translation I shall use henceforth unless otherwise stated). Hursthouse offers a more concise, though not quite identical, account of this conception of virtue in *On Virtue Ethics*, 11-12, and Annas presents a robust defence of (roughly) this concept of virtue throughout *Intelligent Virtue*. Not all virtue theorists accept such a restrictive definition. Glen Pettigrove, inspired by 18<sup>th</sup> century accounts of virtue, argues that virtue theorists ought to expand their concept of character to include our social roles in his “Characters and Roles” (forthcoming). But this account remains the most popular both amongst virtue theorists and in common usage.

<sup>166</sup> *On Virtue Ethics*, 13.

<sup>167</sup> *Ibid.*, 12.

<sup>168</sup> *Nicomachean Ethics*, 1103a32-b2. See also Chapter 9 of Book X, the *Politics* 1295b6-20, and the *Eudemian Ethics*, eds. Brad Inwood and Raphael Woolf (Cambridge: Cambridge University Press, 2013), 1220a39-b2, where he says that “character [*ēthos*] exists, as the name signifies, because it develops from habit [*ethos*], and a thing gets habituated as a result of a pattern of conduct that is not innate, by repeated movement of one sort or another.” This is a particularly interesting point of departure for Aquinas, who agrees with Aristotle in thinking that a single action for the most part cannot “destroy” a disposition, but defends one exception: repentance can “destroy” a “vicious disposition” in the convert. See his *Disputed Questions on the Virtues*, Art. 10, Rep. Obj. 16.

As states that are habituated, character traits are “central to the person, to whom he or she is,”<sup>169</sup> and they thereby make their possessor in some sense reliable or predictable. They are persistent, and quite possibly indelible. Habituation is not, however, pure routinisation, as Annas quite rightly emphasises in numerous pieces on the analogy between virtue and skill.<sup>170</sup> Unlike other sorts of habit, virtue is a reflective disposition which responds to new problems flexibly. So when virtue ethicists stress reliability, they are not predicating unthinking or reflexive habituation. Virtue is not akin to mindlessly playing with one’s hair, nor is it like the sort of habituation one finds in well-trained pets.

For this reason, virtue requires experience and cannot appear in the young regardless of how well they have been routinized. As Aristotle says of the (intellectual) virtue of *phronesis*, though the young become proficient in geometry and mathematics, and wise in matters like these, they do not seem to become practically wise. The reason is that practical wisdom is concerned also with particular facts, and particulars come to be known from experience; and a young person is not experienced, since experience takes a long time to produce.<sup>171</sup>

And the same is true also of the other virtues. Our conceptions of virtue evolve as we come to encounter new people, thoughts, and circumstances, which further embed the virtues and yield the necessary sensitivity to context. This is not to say that the virtues are ‘purely’ practical, as if one could learn nothing from attending a lecture or reading a book on virtue. Rather, it is to say that worldly experience is a necessary element in the development of virtue. So, in brief, a virtue is a flexible habit which arises primarily out of experience.

Virtue is, moreover, a disposition to act in *excellent* ways. But what do we mean by excellent? Any adequate response to this question will be lengthy and multifaceted, and I shall devote the entire section that follows to expanding upon this very issue, but one answer to this question ought, I think, to be mentioned here: virtues are dispositions to *decipher* the morally right response – the virtuous agent acts well not because their choosing some action *makes* it right (as though the action were morally neutral prior to the virtuous agent’s choice), but

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<sup>169</sup> Annas, *Intelligent Virtue*, 9, “Practical Expertise,” in *Knowing How*, eds. John Bengson and Marc A Moffett (New York: Oxford University Press, 2011).

<sup>170</sup> “Virtue as a Skill,” *International Journal of Philosophical Studies* 3, no. 2 (1995), and “Moral Knowledge as Practical Knowledge,” *Social Philosophy and Policy* 18, no. 2 (2001), are, in my view, two of Annas’ most interesting incursions into the subject. This analogy is also to be found in the writings of ancient Greek philosophers, including Aristotle, who analogised virtue with *technē* (‘art’ or ‘skill,’ of the sort one finds in boatbuilding, pottery, etc.) Note also that care is not usually regarded as routinised. See, e.g., Pettersen, *Comprehending Care*, 142.

<sup>171</sup> *Nicomachean Ethics*, 1142a12-16.

because they are disposed to detect the (most) excellent course of action.<sup>172</sup> As Reeve explains this thought, the virtuous agent is the gold standard for right/virtuous activity (*eupraxia*) because “he reliably tracks the relevant way the world is, not because his judgement makes something true of the world.”<sup>173</sup> So the moral standing of a particular action attaches not to the agent who acts (we cannot say, for instance, that devoting one’s life to the poor is the right course of action merely because *Mother Teresa* did it), but rather to their character traits and the sorts of responses those character traits dispose the agent to (Mother Teresa’s self-sacrifice was morally good *because it embodied the virtues of compassion, kindness, charity, etc.*, and if her self-sacrifice had not so embodied the virtues, it would not have been morally good).<sup>174</sup> This, I take it, is a fairly commonsensical point – when our moral exemplars fall from grace and either descend into vice or are revealed to have been less than virtuous in the first place, we cease to emulate them and no longer take them to be reliable trackers of morally salient factors or architects of morally good action. Thus, ‘excellent’ action falls out of the virtues, and only out of particular individuals when they possess the virtues. Actions cannot be labelled morally good or evil without reference to some good or evil character trait.

There is a good deal of complexity here, however, and virtue ethicists are discordant when it comes to the relationship between virtue and acting well. For virtue ethicists such as Zagzebski, a perfectly *just* act may also exhibit certain vices – there is no inconsistency in saying that the action was just yet cruel or merciless.<sup>175</sup> For others, to say that an act is perfectly just is to say that it is no way morally defective. According to thinkers like Annas and Hursthouse, to say that an action is just (that is, embodies the virtue of justice), is to say, at the very least, that the action in question is consistent with the other virtues, that it is not *contrary* to charity, prudence, etc.<sup>176</sup> This latter approach represents one formulation of the unity thesis, the claim that the virtues interact with or inform one another to some extent. Unity theses admit of a great deal of variety, and some are much stronger than others. Here, I shall subscribe to a

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<sup>172</sup> Here I am alluding in particular to the perceptual thesis, defended by thinkers like McDowell, that emerged out of Aristotle’s ‘practical’ *nous* (‘intellect’) and *gnomē* (‘discernment’).

<sup>173</sup> *Aristotle On Practical Wisdom* (Cambridge: Harvard University Press, 2013), 34. Reeve also characterises the *phronimos* (‘practically wise man’) as “the epistemically most reliable provider of [practical reasons]” at 33-34. In like manner, Annas examines this issue at length in Chapter 3 of *Intelligent Virtue*.

<sup>174</sup> I use ‘good’ over ‘right’ purposefully here. While Mother Teresa’s actions may not have been morally good *sans* the virtues, they may still have been morally *right*, just as a wicked person may unintentionally stumble upon the same morally right course of action pursued by the virtuous agent.

<sup>175</sup> *Virtues of the Mind* (Cambridge: Cambridge University Press, 1996), 156-157.

<sup>176</sup> *Intelligent Virtue*, 41, and *On Virtue Ethics*, 153-157. As Hursthouse writes there, “if [the virtuous agent] has some vice then, if the doctrine of the unity of the virtues holds, she has no virtues at all.” Geach implies that he also takes this view when he writes in *The Virtues*, at 8, that “the conscientiousness of a villain like Himmler, his triumph over his own feelings in order to do monstrous deeds, only makes him more detestable.” This harks back to Aquinas’ notion of goodness without qualification.

relatively modest version of the unity thesis. On my account, the virtues curb, reinforce, and otherwise intermingle with one another, and, therefore, it is impossible for an action/thought/feeling to embody both a virtue and a vice. Thus, mercy can curb justice, kindness can encourage honesty, and friendship or love can provide the virtue of charity with morally salient content. This is a fairly standard Aristotelian tack on the unity of the virtues. Indeed, for Aristotle, *phronesis* ('practical wisdom') makes some version of the unity thesis unavoidable, since *phronesis* draws upon all of the virtues of character,<sup>177</sup> so I am not here diverging from mainstream Aristotelianism. We shall have much more to say on the unity thesis in Chapter 4, but for present purposes this short gloss ought to suffice.

Because of the focus on character traits, virtue ethicists are reluctant to evaluate most actions without knowing first about the sort of person performing them. By and large, a given action may be performed out of either virtue or wickedness. The courageous and the ignorant may, as Aristotle acknowledges in the *Nicomachean Ethics*, sometimes mirror one another in action, both rushing into battle, say, or facing danger to rescue a loved one.<sup>178</sup> But there is plainly more to acting virtuously than mere right action. The virtuous agent's actions are still intuitively distinct from the wicked agent's, though they might have gone through the same motions. And so virtue ethicists distinguish between *right* action and *good* action. For the Aristotelian ethicist, perhaps the most significant factors distinguishing virtuous from non-virtuous actions are, as Aristotle's study of courage suggests, the desiderative and appetitive dimensions of character traits. A character trait is also a disposition to think, feel, desire, and be motivated in certain ways for certain sorts of reasons. Thus, compassion characteristically involves a sensitivity to suffering – the compassionate person is one for whom suffering matters, who will skilfully diagnose and reliably feel troubled by the suffering of others, and will acknowledge "she is suffering," "there was a less hurtful way to do this," and similar concerns as reasons for action.

This desiderative/appetitive aspect of one's character (which includes emotion or *pathos*), in fact provides the basis for Aristotle's well-known distinctions between virtue, continence/self-control (*enkrateia*), and incontinence (*akrasia*). Whereas the virtuous agent's desires and emotions are in harmony with what he deems to be the right course of action,<sup>179</sup> the

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<sup>177</sup> See Chapters 12 and 13 of Book VI of the *Nicomachean Ethics*.

<sup>178</sup> 1117a22-28. Annas quite rightly remarks in *Intelligent Virtue*, at 42, that this line of reasoning leads us to think "'right' is a 'thin' ethical concept," and that it can refer to a range of actions performed by anyone from the fully virtuous agent down to those without fully formed character traits.

<sup>179</sup> It is unfortunate that for Aristotle, only men were capable of attaining virtue, and terms like *phronimos* are masculine when translated accurately. Though this is lamentable, I believe we can jettison Aristotle's sexism without any damage to his overarching ethical theory. See Section III.2.2.

continent/self-controlled agent will possess “strong and bad appetites [*epithumia*]”<sup>180</sup> but nevertheless acts rightly in spite of these contrary appetites. They will mirror the virtuous agent’s actions, but not their desires. The *incontinent* person possesses the same warped appetites as the continent, but unlike the continent person fails to subdue those desires and act rightly. Thus, the virtuous agent is distinguished not only by their acting rightly, but also by their properly calibrated desires, appetites, pleasures, pains, and emotions.<sup>181</sup>

Though I shall not dwell in this chapter on the desiderative/appetitive nature of virtues of character, nor on emotion as a component of virtue, it is worth pointing out briefly that by slotting emotion into the virtues of character, Aristotelian ethicists agree with one pillar of care ethics: an emphasis on the moral salience of the emotions. Indeed, the emotions have been a central subject of enquiry for Aristotelians, with thinkers like Hursthouse, Annas, Swanton, Sherman, Foot, Oakley, Roberts, Nussbaum, and many other contributors to contemporary virtue ethics all reinforcing the central role allocated to the emotions by ancient and medieval Aristotelians and Peripatetics.<sup>182</sup> Though these thinkers are not without their disagreements over particular claims about emotion and its relation to morality,<sup>183</sup> there is no doubt at this

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<sup>180</sup> *Nicomachean Ethics*, 1146a10-11.

<sup>181</sup> These are not the only observations made with regard to emotion. In Book II of the *Nicomachean Ethics*, where Aristotle decides that a virtue is a disposition, he connects those dispositions to the emotions at 1105b26-27: “by states I mean those things in respect of which we are well or badly disposed in relation to feelings.” Aristotle also gives the emotions an ethical valence when he explicates his doctrines of the mean (especially the second doctrine, which concerns “feelings and actions”), in Chapter 6 of Book II, and reaffirms this at the outset of Book III. It is clear also that some virtues govern particular feelings, as Aristotle makes clear in his discussions of courage, “even temper,” and the quasi-virtue of shame (see Chapters 6 to 9 of Book III, Chapter 5 of Book IV, and Chapter 9 of Book IV, respectively). If we take his references to the ‘pleasurable’/‘pleasant’ (*hēdus*) and ‘painful’ (*lupēros*) Book VI to include the emotions, then none of the virtues listed in Book VI are devoid of emotional content, but of course this is a complex matter which gets unhelpfully complicated by Aristotle’s definition of emotion at 1105b22.

<sup>182</sup> See Hursthouse’s *On Virtue Ethics*, *passim* but particularly Part II, “Virtue Ethics and the Emotions,” in *Virtue Ethics*, ed. Daniel Statman (Edinburgh University Press, 1997), “Aristotle for Women who Love Too Much,” *Ethics* 117, no. 2 (2007), and “Acting and Feeling in Character: Nicomachean Ethics 3.i.” *Phronesis* 29, no. 3 (1984); Annas’ *Intelligent Virtue*, 82, “Should Virtue Make You Happy?” *Apeiron* 35, no. 4 (2002); Swanton’s *Virtue Ethics: A Pluralistic View* (Oxford: Oxford University Press, 2003), 8; Sherman’s *Making a Necessity of Virtue* (Cambridge: Cambridge University Press, 1997), Chapter 2, and “Taking Responsibility for Our Emotions,” *Social Philosophy and Policy* 16, no. 2 (1999), 294-323 (Sherman’s work on military ethics also discusses the emotions frequently, though it typically focuses more on Stoic values and philosophy. See, for instance, her “Soldiers’ Moral Wounds”); Foot’s “Virtues and Vices,” in *Virtues and Vices* (Oxford: Oxford University Press, 2002); Oakley’s *Morality and the Emotions* (New York: Routledge, 1993), *passim*, but especially Chapter 2; Roberts’ *Emotions in the Moral Life* (Cambridge: Cambridge University Press, 2013), and; Nussbaum’s *Upheavals of Thought* (New York: Cambridge University Press, 2001), *Political Emotions* (Cambridge: Harvard University Press, 2013), *Anger and Forgiveness* (Oxford: Oxford University Press, 2016), to name just a few. Nussbaum’s work on compassion is particularly interesting since, like courage, compassion’s sphere is an emotion.

<sup>183</sup> It is uncertain, for instance, whether and to what extent the emotions can be retrained at various stages of life. There are also pithy comparative debates about the overlap between Aristotelian and Kantian ethics, and, following second- and third-wave feminism, the role of negative emotions like bitterness or contempt in virtue and *eudaimonia*. These debates are substantial, but almost never question the overall moral significance of emotion for Aristotelian ethics.



point that emotion is a lynchpin of virtue and of virtue ethics. And they are not merely in agreement about the general moral significance of the emotions – they are also in agreement about some of the reasons *why* the emotions are morally significant. Recall that Noddings suggests that ‘natural’ caring (caring which I perform naturally after engrossment/empathy) ought to be the care ethicist’s gold standard for moral action. Thus, there is precedent in care ethics for a similar distinction between right and good action, one drawn on the basis of (amongst other things) one’s emotions. Similarly, virtue ethicists such as Brady have argued, like care ethicists, that the emotions have a number of important epistemic outputs which enable us to act rightly.<sup>184</sup> Indeed, this is presumably because virtue and care ethicists have both drawn on, and contributed to, similar discussions in the philosophy of emotion, including those of the Scottish Enlightenment. So it is not merely that virtue and care ethicists are in agreement about a vague import of moral emotion – they are in agreement here for largely identical reasons.

An additional observation ought to be made here in relation to the Aristotelian claim that particular courses of action are not morally evaluable independent of the character traits underpinning them. Since the Aristotelian is committed to the claim that almost all actions are both potentially virtuous and potentially vicious, they fall into some species of particularism and agree with another tenet of care ethics. Aristotle’s doctrine(s) of the mean will, for many, be the quintessential expression of Aristotelian particularism.<sup>185</sup> Aristotle explores two doctrines of the mean in Book II of the *Nicomachean Ethics*. The first concerns character traits and is perhaps the more eminent. It locates the virtuous or the right response between two vices of excess and deficiency. Thus, courage, a disposition to fear appropriately, is a midpoint (though not necessarily the *exact* midpoint) between the vices of cowardice and rashness. The second doctrine relates specifically to action and feeling, and is more akin to hitting a bullseye with an arrow, since it recognises a variety of areas in which a response could be excessive or deficient: thought, emotion, action, the object of the response, the time of the response, the duration of the response, and so on. The doctrines of the mean are particularist in that they tailor right action (thought, feeling, etc.) to our particular circumstances – it is a mean *relative to us*. Aristotle illustrates with an analogy:<sup>186</sup> it is possible to eat too much or too little. But if

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<sup>184</sup> *Emotional Insight: The Epistemic Role of Emotional Experience* (Oxford: Oxford University Press, 2013).

<sup>185</sup> Hursthouse’s “The Central Doctrine of the Mean,” in *The Blackwell Guide Aristotle’s Nicomachean Ethics*, ed. Richard Kraut (Oxford: Blackwell, 2006) has been particularly helpful in coming to understand the intricacies of Aristotle’s doctrines of the mean. Aristotle’s exposition of *phronesis*, and especially his analyses of *gnomē* and practical *nous* in his study of the intellectual virtues in Chapter 6 of Book VI of the *Nicomachean Ethics*, are also of great significance for his particularism.

<sup>186</sup> See Chapter 6 of Book II of the *Nicomachean Ethics*.

ten pounds of meat is too much to eat, and two pounds is too little, it does not follow that we should all eat six pounds of meat. Each person's circumstances produce a unique mean; for Milo, an athlete, eight pounds may be the mean, whereas a sedentary lifestyle may require only five pounds. Aristotle's ethical theory incorporates particularism at a variety of levels, but as the Milo example illustrates, Aristotle appreciates the need for contextual sensitivity.

Particularism, however, is regarded with wary approval by Aristotelians. The term 'particularism' has become so unclear and conceptually laden that many contemporary Aristotelians have abandoned it in favour of terms like 'anti-codifiability.' Hursthouse's discussions in *On Virtue Ethics*, and in papers like "Practical Wisdom: A Mundane Account,"<sup>187</sup> "Fallacies and Moral Dilemmas,"<sup>188</sup> and "What Does the Aristotelian *Phronimos* Know?"<sup>189</sup> of rules within virtue ethics (commonly referred to as 'v-rules') are widely regarded as some of the best contemporary defences of virtue ethical 'particularism.'<sup>190</sup> In a sense, Hursthouse accepts universalism – she believes that it is possible to establish rules which are universally applicable, like "be kind," "be just," or "do not be cruel." 'Particularism' comes into play, however, when we compare the v-rules to the deontologist's rules ('d-rules'), like "do not steal" or "do not murder." The d-rules prohibit, mandate, or permit certain actions, whereas the v-rules prohibit or demand (though do not, for the most part, merely permit)<sup>191</sup> certain character traits, and it is much less clear how to derive action guidance from the latter. Virtues, we might say, do not admit of a great deal of precision when codified for action guidance. But Hursthouse rejects the thought that we can provide a codex of rules about action. Most actions, when considered in isolation from their moral context, are ethically ambiguous, and may be performed either out of virtue or out of vice. Lying may be dishonest, but it may also be kind. Killing may be unjust or cruel, but it may also be merciful, compassionate, or just. There is room, to be sure, for absolute, universal prohibitions on the virtue ethical account. Aristotle admits that adultery and murder are never morally permissible in Book II of the *Nicomachean Ethics*, and Foot leaves room in her normative theory for what she calls

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<sup>187</sup> *Proceedings of the Aristotelian Society* 106 (2006).

<sup>188</sup> *Argumentation* 9, no. 4 (1995).

<sup>189</sup> In *Perfecting Virtue: New Essays on Kantian Ethics and Virtue Ethics*, eds. Lawrence Jost and Julian Wuerth, (New York: Cambridge University Press, 2011).

<sup>190</sup> See also Annas' "Why Virtue Ethics Does Not Have a Problem With Right Action," in *Oxford Studies in Normative Ethics*, volume 4, ed. Mark Timmons (Oxford: Oxford University Press, 2015), "Applying Virtue to Ethics," *Journal of Applied Philosophy* 32, no. 1 (2015), "Virtue and Duty: Negotiating Between Different Ethical Traditions," *The Journal of Value Inquiry* 49, no. 4 (2015), and "Virtue as a Skill;" and John McDowell's "Virtue and Reason," all of which are in general agreement with Hursthouse (Annas, in particular, speaks highly of the notion of v-rules).

<sup>191</sup> Slote raises a very interesting though, to my mind, unsuccessful argument for virtue ethical supererogation in *From Morality to Virtue*, new ed. (Oxford: Oxford University Press, 1995), 127-135.

‘conceptually verdictive’ actions like torture, which can never be morally good.<sup>192</sup> Geach and Anscombe were also in favour of this idea, Anscombe holding, for instance, that lying is morally impermissible.<sup>193</sup> But for the most part actions may be performed for either good or bad reasons, and for that reason a lengthy list of universal rules prohibiting or mandating particular actions is impossible.<sup>194</sup> Therefore, virtue ethicists like Hursthouse fall into a doctrine of anti-codifiability, which is cautiously but undeniably particularistic.

Once again, parallels with care ethics will be apparent. Like virtue ethicists, care ethicists reject the thought that moral rules ought to represent the bulk of morality, but both camps are equally inclined not to reject moral rules *in toto*. Both accept that their central moral concepts make for a kind of universal imperative. And both regard themselves as departing from deontological ethics by refusing to prejudge moral actions sans further contextual information. Care ethicists do not think that any particular action can be considered caring without first knowing something more about who is performing the action and who its intended beneficiary is, and similarly, virtue ethicists do not think that some action can be considered virtuous without first knowing something about its agent’s character and the situation in which they are acting (and this, of course, includes knowledge about anyone else with a stake). Indeed, it may even be useful for care ethicists hoping to clarify their stance on particularism to borrow the virtue ethicist’s notion of anti-codifiability.<sup>195</sup> So I take it that care ethicists and virtue ethicists are in agreement not only over the place of emotions in moral theorising, but also in their approach to moral evaluations of particular actions, and that this agreement includes not only particularism itself, but also the reasons undergirding it.

This short overview will, I hope, supply sufficient backdrop for the discussion that follows. In the ensuing section we return to the subject of excellence, but in order to do so we must delve into Aristotelian meta-ethics. I turn now to consider meta-ethical eudaimonism and naturalism with two aims: first, to further flesh out the concept of excellence and what it means

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<sup>192</sup> *Natural Goodness* (New York: Oxford University Press, 2001), 78. The care ethicist will surely not be hostile to the idea of conceptually verdictive actions – they do, after all, accept that uncaring actions are impermissible regardless of context, so any action which is always uncaring, either by strong correlation or by definition, will likely be morally prohibited.

<sup>193</sup> Her most thorough study of lying appears in “Two Moral Theologians,” in *Faith in a Hard Ground: Essays on Religion, Philosophy and Ethics*, eds. Mary Geach and Luke Gormally (Exeter: Andrews, 2017).

<sup>194</sup> It seems, in fact, that superimposing virtue terminology onto care ethical conversations about particularism would go a long way towards tidying up the discourse. Care ethicists frequently struggle with the universalist/particularist debate precisely because they so rarely make explicit the distinction between what we might call ‘action/deontic universals’ and ‘character/relational universals.’ See Collins’ *The Core of Care Ethics*.

<sup>195</sup> This term seems to capture what thinkers like Collins have in mind.

to be an excellent human being, and second, to search for some commitment to relational ontology.

## 2. Aristotelian Meta-ethics: Eudaimonism and Naturalism

Just how one defines ‘excellence’ and, accordingly, how one identifies virtues, is a matter of debate, and for that reason a number of competing lists of virtues have emerged over the centuries. Humeans, inspired by the sentimentalism that rose to popularity in the Scottish Enlightenment, have categorised virtues as those traits or qualities which are ‘useful’ or ‘agreeable’ to ourselves or to others,<sup>196</sup> a classification which fell out of meta-ethics stressing concepts such as ‘approbation’ and ‘sympathy.’ Nietzsche, conversely, was an egoist of some description, opposed to and preoccupied with a certain kind of self-sacrificing altruism, and this is reflected in his ethical writings on such topics as “herd mentality” and “self-realisation.”<sup>197</sup> By contrast, all ancient Greek philosophers (with the notable exception of the Cyrenaics)<sup>198</sup> were ethical eudaimonists; they derived their normative concepts from their meta-ethical eudaimonism, the currency of which is human flourishing.<sup>199</sup> It is worth opening an overview of eudaimonist meta-ethics by saying something about the diversity of the eudaimonist tradition. The ancient Greeks are notorious for their philosophical disputes, so it will come as no surprise that Aristotelian/peripatetic eudaimonism is but one subgrouping within a miscellany of perspectives on *eudaimonia*.<sup>200</sup> The Epicureans, for example, defined *eudaimonia* in hedonistic terms – the flourishing life is characterised by a certain sort of pleasure: *ataraxia*, or a state of ‘untroubledness,’ ‘tranquillity,’ or ‘contentment.’<sup>201</sup> Socrates, conversely, defined the flourishing life as the life of philosophy; of argument, reasoning, and

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<sup>196</sup> Hume poses this definition in his *Enquiry Concerning the Principles of Morals*, electronic ed. (Charlottesville: IntelLex Corp., 1995), Section 8. Paul Russell’s “Hume’s Anatomy of Virtue,” in *The Cambridge Companion to Virtue Ethics*, ed. Daniel Russell (New York: Cambridge University Press, 2013), is a particularly helpful overview of Humean virtue ethics.

<sup>197</sup> See Swanton’s “Nietzsche’s Virtue Ethics,” in *The Handbook of Virtue Ethics*, ed. Stan van Hooft (New York: Routledge, 2014), and “Nietzschean Virtue Ethics,” in *Virtue Ethics Old and New*, ed. Stephen Gardiner (New York: Cornell University Press, 2005).

<sup>198</sup> Annas offers a nice overview of these differences in *The Morality of Happiness* (Oxford: Oxford University Press, 1995).

<sup>199</sup> Parfit treats eudaimonism as a theory of *wellbeing* in his famous Appendix I to *Reasons and Persons* (Oxford: Clarendon Press, 1984).

<sup>200</sup> It is typical for virtue ethicists to use many or all of these terms when they explain these concepts, because the ancient Greek *eudaimonia* translates awkwardly into English.

<sup>201</sup> Annas, *The Morality of Happiness*, Chapter 16.

logic.<sup>202</sup> For the stoics, virtue was both necessary and sufficient for *eudaimonia*,<sup>203</sup> whereas for Aristotle, virtue was a necessary but *not* sufficient component of *eudaimonia* – flourishing also relied upon some measure of good luck.<sup>204</sup> *Eudaimonia* and eudaimonism were bones of contention in ancient Greek philosophy, and Aristotelian eudaimonism represents just one strand of thought in a complex and tumultuous tradition.

Nor are disagreements over eudaimonism peculiar to the ancients. Eudaimonism endured as a meta-ethical school of thought into the Middle Ages, branching as it did into a much richer variety of subdivisions than it had in ancient Greece. A number of Islamic thinkers, al-Farabi, Avicenna, al-Ghazâlî, and Suhrawardi being perhaps the most noteworthy, inherited and revised naturalism, eudaimonism, and conceptions of virtue from the ancient Greeks, even incorporating these elements, as Aristotle did, into their political philosophy.<sup>205</sup> Aquinas and other medieval Christian philosophers built on Aristotelian eudaimonism too, Christianising it and thereby incorporating new metaphysical and soteriological commitments into eudaimonism to add to the already long list of eudaimonist philosophies.<sup>206</sup> Thus, Aquinas and his philosophical descendants<sup>207</sup> have infused the notion of human flourishing, and thereby the concept of virtue, with a specific brand of Abrahamic theology, defining virtues as those character traits which enable us to live in accordance or union with God’s will and goodness (but not thereby committing to the necessity of theism for *all* of the virtues or for earthly flourishing). In doing so, several additional virtues not considered by Aristotle or Peripatetics like Aspasius, Alexander of Aphrodisias, and Theophrastus, including piety, hopefulness, and charity were added to the list of virtues, and had to be reconciled with non-theological virtues.

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<sup>202</sup> Matthew Sharpe, “Stoic Virtue Ethics,” in *The Handbook of Virtue Ethics*, ed. Stan van Hooft (New York: Routledge, 2014).

<sup>203</sup> Annas, *The Morality of Happiness*, Chapter 5.

<sup>204</sup> See, for example, Aristotle’s discussion of King Priam towards the end of Chapter 9 of Book I of the *Nicomachean Ethics*.

<sup>205</sup> al-Farabi’s definition of *kamal al-insan* (which translates as something roughly like ‘human perfection’), for instance, clearly has roots in Aristotle’s ethical eudaimonism. See his *Attainment*, in al-Farabi, *Alfarabi’s Philosophy of Plato and Aristotle*, trans. M. Mahdi (Glencoe: Free Press of Glencoe, 1962), 13–50.

<sup>206</sup> See, for example, Aquinas’ *Commentary on the Nicomachean Ethics*, trans. C.I. Litzinger (Chicago: Henry Regnery, 1964) 1.1, line 171, and 1.6, lines 218-22. Jörn Müller offers a concise exposition of Aquinas’ perfectionist eudaimonism in his “Duplex Beatitudo: Aristotle’s Legacy and Aquinas’ Conception of Human Happiness,” in *Aquinas and the Nicomachean Ethics*, eds. Tobias Hoffman, Jörn Müller, and Matthias Perkams (New York: Cambridge University Press, 2013), and Jean Porter offers a historical perspective on medieval ethics in “Virtue Ethics in the Medieval Period,” in *The Cambridge Companion to Virtue Ethics*, ed. Daniel Russell (Cambridge: Cambridge University Press, 2013).

<sup>207</sup> See, for instance, Geach, *The Virtues*, v-vii.

Contemporary aretaic philosophy adds even more diversity to the mix.<sup>208</sup> Some virtue ethicists today have continued the supernaturalist tradition to which Aquinas and Avicenna belong.<sup>209</sup> Others have defended secular forms eudaimonism, which has begun to seep into deontological and consequentialist ethics in recent years.<sup>210</sup> By hybridising eudaimonism with other ethics, such as Kantianism and utilitarianism, the floodgates have been opened for an even wider variety of positions to gain influence, and it would come as no surprise if eudaimonism were to mushroom into still more formulations as philosophers in other traditions continue to consume eudaimonism and aretaic philosophy. So even within Aristotelian eudaimonism specifically, it is clear that there are a vast host of meta-ethical camps for virtue ethicists to plump for.

### 2.1. Virtue as a Necessary Condition for Human Flourishing

How, then, do we derive normative claims from ‘descriptive’ claims about human flourishing? Like eudaimonism, naturalism admits of a large variety of expressions. Here, I shall take the standard neo-Aristotelian line, which stays loyal to Aristotle’s eudaimonist meta-ethics, expanding upon but rarely challenging the fundamentals of his meta-ethical apparatus. Aristotle, together with Foot,<sup>211</sup> Hursthouse,<sup>212</sup> and Kraut,<sup>213</sup> demarcates virtues as those character traits human beings, as members of a life form or natural category, need to be *eudaimon*, a view which Aristotle himself inherits from Plato.<sup>214</sup> But it is not obvious how such a theoretical machine will operate, and there are many sorts of naturalism to choose from. Aristotelian eudaimonism is naturalistic because it employs judgements which (a) are drawn from the ‘biological sciences,’ and (b) are normative.<sup>215</sup> Though he is not usually considered a peripatetic, Chrysippus has, I think, captured the essence of naturalism elegantly in his

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<sup>208</sup> Candace Vogler surveys some of these disagreements in “Aristotle, Aquinas, Anscombe, and the New Virtue Ethics,” in *Aquinas and the Nicomachean Ethics*, eds. Tobias Hoffman, Jörn Müller, and Matthias Perkams (New York: Cambridge University Press, 2013).

<sup>209</sup> See, e.g., John Finnis’ *Aquinas: Moral, Political, and Legal Theory* (Oxford: Oxford University Press, 1998).

<sup>210</sup> Annas’ “Virtue Ethics: What Kind of Naturalism?” (in *Virtue Ethics, Old and New*, ed. Stephen Mark Gardiner (New York: Cornell University Press, 2005)) presents a helpful overview of meta-ethical approaches to virtue ethics. Julia Driver’s work on consequentialist virtue ethics in, for example, *Uneasy Virtue* is also noteworthy at this point.

<sup>211</sup> *Natural Goodness, passim*.

<sup>212</sup> *On Virtue Ethics*, 163-265.

<sup>213</sup> *What is Good and Why?* (Cambridge: Harvard University Press, 2009), 191-196.

<sup>214</sup> I have in mind here the end of Book I (from 352d onwards) of the *Republic* (trans. Tom Griffith, ed. G.R.F. Ferrari, Cambridge: Cambridge University Press, 2000).

<sup>215</sup> Rosalind Hursthouse, “Neo-Aristotelian Ethical Naturalism,” in *The International Encyclopedia of Ethics*, ed. Hugh LaFollette (Hoboken, N.J.: Blackwell, 2013). Jörn Müller offers a pithy interpretation of this claim as “what is good for man fundamentally depends on what man is and does,” in “Duplex Beatitudo,” 53.

*Propositions in Physics*, where he posits that “there is no other or more fitting way to tackle the theory of good and bad things, the virtues, and [human flourishing] than on the basis of nature as a whole and the administration of the cosmos.”<sup>216</sup> Virtues, on most naturalist accounts, and on the prevailing strand of Aristotelian meta-ethics, enable us to live well or flourish because they partially *constitute* our living well/flourishing *qua* social, political animals.<sup>217</sup> For thinkers of this stripe, the necessary conditions for *eudaimonia* are taken to be universally applicable and ‘objective’ – “what a man *needs* is what he *must have to attain ends proper to man*.”<sup>218</sup>

‘Need’ and ‘necessity’ are deliberately ambiguous terms here. There are numerous ways in which we might ‘need’ the virtues to flourish. For some virtue ethicists, the necessity is contingent; individuals may need different things in order to flourish (consider, for instance, the role art and aesthetics plays in different lives, and the implications that variability may have for the flourishing of different individuals).<sup>219</sup> Of course, no Aristotelian will deny that external goods like food and health are universal, that *nobody* can flourish when they are starving or terminally ill, but this is quite different from the claim that all human beings need the *same exact* set of goods, however abstractly characterised that list may be. Virtue ethicists who take a weaker, ‘pluralistic’ stance on eudaimonism which renders very few goods absolutely necessary for flourishing accept that human beings might, in theory, flourish without virtue, and for those who take this line of thought to its extreme, there may be cases (much like those rejected in the Platonic dialogues, especially the *Gorgias* and the *Republic*) where vice or misconduct can contribute to our flourishing.<sup>220</sup>

This account of the relation between *eudaimonia* and virtue is, however, perhaps more typical of arguments against eudaimonism than eudaimonist philosophy itself – the literature is rife with counterexamples where some dishonest, unfair, or cruel action will reap enormous benefits and thereby bring about happiness or flourishing.<sup>221</sup> But this rests on a misunderstanding of virtue ethical eudaimonism. Most eudaimonists do not press for such a weak, contingent view of necessitation. For mainstream eudaimonists, the need for the virtues

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<sup>216</sup> In Plutarch’s *De Stoicorum Repugnantiis*, 1035c (itself in Plutarch’s *Moralia*, trans. W. C. Helmbold (London: Heinemann, 1939)).

<sup>217</sup> Hursthouse explores this argument in “On the Grounding of the Virtues in Human Nature,” in *Was ist das für den Menschen Gute?* eds. Jan Szaif and Matthias Lutz-Bachmann (Berlin: Walter de Gruyter, 2004), 263-275.

<sup>218</sup> Geach, *The Virtues*, v (my emphasis).

<sup>219</sup> See, e.g., Hursthouse, *On Virtue Ethics*, 213.

<sup>220</sup> This is also one way of understanding Tessman’s thought in *Burdened Virtues: Virtue Ethics for Liberatory Struggles* (Oxford: Oxford University Press, 2005), though of course Tessman does not defend anything like the sorts of views defended by Thrasymachus.

<sup>221</sup> Take, for instance, Steven Cahn’s “The Happy Immoralist,” *Journal of Social Philosophy* 35, no. 1 (2004).

is more robust; it is impossible to flourish without them.<sup>222</sup> A virtue, then, is a deeply entrenched disposition to act, think, and feel in ways and reasons that are not *contingently* necessary for human flourishing – necessary, that is, only in certain circumstances or within the context of particular individuals’ lives – but necessary for human flourishing point blank. As Geach has elegantly put it, “men need virtues as bees need stings.”<sup>223</sup> A bee, *qua* the sort of thing that defends its hive by stinging, cannot flourish without one – it can *survive*, to be sure, but it is not going to live well given its particular life form. And this is the kind of necessity virtue ethicists have in mind when they tell us that virtues are necessary for *eudaimonia*. Of course, since this thesis addresses only a small slice of naturalist meta-ethics, there is no need to take a definite stance here on many topics and virtues in this vicinity. Our scope is limited only to relational ontology within naturalistic ethics.

How, then, do we derive normative claims from what many scholars view as purely ‘descriptive’ claims about human flourishing?<sup>224</sup> Aristotle’s naturalism manifests in his much-discussed *ergon* (‘characteristic activity’/‘function’) argument. According to this argument, human beings possess some characteristic function or functions, which provides them with a *telos* or several *teloi*.<sup>225</sup> Those human beings who do not carry out their characteristic functions thereby fall short of achieving their *telos* and living as they ought to live. Aristotle is, of course, notoriously unclear about his conception of *eudaimonia*, and is often read as endorsing two distinct formulations of it without offering any means of reconciling the two.<sup>226</sup> On the first view, which dominates the *Nicomachean* and *Eudemian Ethics*, *eudaimonia* is ‘comprehensive’ in that it includes all those practical details and issues to which *phronesis* attends. The flourishing life is spent in pursuit of the noble (*kalon*), mingling with other virtuous agents, acting justly, and so forth. Aristotle also remarks, however, that *eudaimonia* consists in a life devoted to ‘contemplation’ (*theoria*) or, more precisely, “contemplation of

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<sup>222</sup> And for some, such as Annas, virtuous activity is both necessary and *sufficient* for *eudaimonia*. In this, however, Annas shifts markedly in the direction of stoic virtue ethics. Contrast Chapter 8 of Hursthouse’s *On Virtue Ethics* and Chapter 9 of Annas’ *Intelligent Virtue*.

<sup>223</sup> *The Virtues*, 17.

<sup>224</sup> This question is, to an extent, nonsensical for naturalists like Foot. As we shall see, the fact-value distinction other ethicists have drawn does not, strictly speaking, make sense on this kind of naturalism. Judgments about good members of a particular life-form like “this is a good *x*” are simultaneously descriptive *and* evaluative.

<sup>225</sup> And note here the parallel with Groenhout’s discussion of teleology, outlined in Chapter 2.

<sup>226</sup> Incisive discussions of this topic appear in Thomas Nagel’s “Aristotle and Eudaimonia” and J.L. Ackrill’s “Aristotle on Eudaimonia,” both of which appear in *Essays on Aristotle’s Ethics*, ed. Amélie Rorty (Berkeley: University of California Press, 1980). For a clear example of Aristotle’s focus on rationality and contemplation in generating necessary conditions for human flourishing, see 1178a2-8, 1178b29-30, and his exposition of the *ergon* argument at 1098a7-20 in the *Nicomachean Ethics*. See also C.D.C. Reeve’s perceptive treatment of the topic in *Aristotle on Practical Wisdom*, 17-18.



God,”<sup>227</sup> and this is often linked to an elevation of the virtue of *sophia* (‘wisdom,’ composed of *epistemē* or ‘scientific knowledge’ and *nous* or ‘intellect’) above the other virtues. As Nagel puts this view,

it is certainly better to exercise one’s reason well in providing for one’s needs and in dealing with others – that is, to have moral virtue – than to exercise it badly. But this is essentially a caretaker function of reason, in which it is occupied with matters [...] far below those it would be considering if it had more time and were less called upon merely to *manage*.<sup>228</sup>

The inconsistency between these two views of Aristotle’s *eudaimonia* is immediately apparent, and it is one which many commentators have found insoluble. Aristotle appears to have committed himself to blatantly inconsistent positions, one much broader and inclusive, and the other much narrower and less inclusive.<sup>229</sup>

Ackrill and Rorty have, I think, rightly objected to the thought that Aristotle has endorsed so obvious and severe an inconsistency, suggesting instead that there are ways to read Aristotle which do not attribute two incompatible accounts of *eudaimonia* to the two *Ethics*. For Rorty, the ‘comprehensive’ account of *eudaimonia* is more than capable of accommodating the narrower emphasis on contemplation, and such things as friendship are saturated with exactly the sort of contemplation Aristotle refers to when he exhorts us to live the contemplative life.<sup>230</sup> Ackrill, by contrast, argues for an alternative interpretation of those passages which appear to cast *theoria* as the sole pursuit of the life of rational activity, and against isolating *sophia* as the virtue *non plus ultra*.<sup>231</sup> These seem to be more charitable readings of Aristotle’s eudaimonism, not least because of the sheer amount of effort he devotes to analyses of *phronesis*, *philia* (‘friendship,’ which in fact expands to include filial and civic relations), and other ‘everyday’ aspects of life which feature so tangentially and minorly on readings like Nagel’s. Without dismissing the evidence motivating views like Nagel’s, I shall side with thinkers like Ackrill and Rorty and interpret Aristotle’s claims about contemplation broadly; the *eudaimon* life is a life of rational activity adequately furnished with external goods, where this does not

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<sup>227</sup> See for instance 1178b7-17 of the *Nicomachean Ethics* and 1249b17-23 of the *Eudemian Ethics*.

<sup>228</sup> “Aristotle and Eudaimonia,” 12.

<sup>229</sup> Nor are Aristotle’s descendants exempt from similar charges. Candace Vogler claims, for instance, that neo-Aristotelian virtue ethics lacks a single, ultimate end (“Aristotle, Aquinas, Anscombe, and the New Virtue Ethics,” 243).

<sup>230</sup> “The Place of Contemplation in Aristotle’s *Nicomachean Ethics*,” in *Essays on Aristotle’s Ethics*, ed. Amélie Rorty (Berkeley: University of California Press, 1980).

<sup>231</sup> “Aristotle on Eudaimonia,” *passim*.

necessitate the maximisation of *theoria*.<sup>232</sup> *Theoria* plays a significant role in *eudaimonia*, no doubt, but it need not be maximised at the expense of practical deliberation. According to this reading, Aristotle has a relatively thick notion of the human *ergon*, against which we can evaluate humans and identify shortcomings.

As we have already noted, Aristotle's *ergon* argument later grounded Aquinas' brand of eudaimonist meta-ethics. Aquinas also relied on the notion of proper human function as a source of normative claims about the sort of life we ought to lead. Crucially, though, Aquinas' theological commitments permeated his eudaimonism (as it has for many subsequent theists), and thus, the content of his notion of *eudaimonia* differs radically from Aristotle's.<sup>233</sup> For Aquinas, humanity's ultimate purpose, its overarching *ergon*, was the beatific vision, a state of alignment with God's goodness and a life with God in heaven. Aquinas' eschatological commitments did not, however, lead him to abandon hope of earthly flourishing altogether. Aquinas is quite clear that flourishing is possible in this life, that there is some way of fulfilling our *ergon/erga* prior to the afterlife, though it would be fragile and inferior to heavenly flourishing.<sup>234</sup> So we might say that Aquinas developed a 'layered' *ergon* argument, one in which there were two distinct (though very much overlapping) characteristic functions for human beings.

The *ergon* argument survives today, largely intact, in neo-Aristotelian ethical naturalism. Like Aristotle's *ergon* argument, neo-Aristotelian ethical naturalism employs the biological sciences to produce normative claims. Michael Thompson, whose philosophy of biology has laid much of the groundwork for neo-Aristotelian naturalism, presents this simple formula for the foundational premises of evaluative judgements of living things: *S*'s are *F* (where *S* denotes some species or life form, and *F* some predicate).<sup>235</sup> Using this template, we generate natural

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<sup>232</sup> I shall not commit to any particular means of resolving this dispute – there are several viable options, and any one will do the necessary argumentative legwork. My own view, however, is that Aristotle's *eudaimonia* is intended to include contemplation amongst other things. Like Rorty, I do not think that Aristotle's concept of the flourishing can have been so monofocal as to exclude all other goods beyond contemplation. Aristotle does, of course, think that contemplation is one of the greatest goods in life. This much is clear from his writings. But Aristotle cannot, in my view, have had so streamlined and idealistic a view of *eudaimonia*. An additional argument in favour of this point is that it resonates with Aquinas' superb exposition of *eudaimonia* and its flexibility in the *Summa Theologiae* (Trans. English Dominican Fathers (London: Burns, Oates, and Washbourne, 1912-36)), II-I, Q. 1.

<sup>233</sup> See, for Aquinas' discussion of the ultimate end of human life, Q. 1-5 of the *Summa Theologiae*, II-I.

<sup>234</sup> *Summa Theologiae* II-I, Q. 5, Art. 3.

<sup>235</sup> "The Representation of Life," in *Virtues and Reasons*, eds. Rosalind Hursthouse, Gavin Lawrence and Warren Quinn (Oxford: Clarendon Press, 1995). See also Foot's *Natural Goodness*, 26. Chapters 2 and 3 are dedicated to managing the relationship between descriptive and normative claims. Foot's use of 'life form' is also noteworthy here. Though Foot often refers to species, we can imagine cases where two species share a life form (donkeys and mules, perhaps), or cases where members of a single species have different life forms (rural and urban foxes, for instance).

history judgements – swans are monogamous, grizzly bears are omnivorous, cheetahs are quadrupedal, and so forth. These natural history judgements each constitute what Thompson and Foot call an ‘Aristotelian categorical,’ propositional statements about how a particular kind of being lives its life, and collectively, these Aristotelian categoricals constitute the life form of the species or natural category.<sup>236</sup>

Of course, some organism may not fulfil all of its Aristotelian categoricals. Some quadrupedal animals may be born with less than four limbs, and so on. And this will very often render those animals defective. A zebra or wildebeest born without hind legs will be unable to undertake the migrations those species are renowned for, or to escape from predators, and most will agree that such an animal would be defective. But diverging from some natural history judgement does not *entail* that a creature is defective.<sup>237</sup> Assuming it does not inhibit feeding or movement, a snail with an unusually thick and sturdy shell does not seem to be defective – it is, if anything, an exemplary snail. This is, however, precisely because Aristotelian categoricals become evaluative only in light of the organism’s ends. The snail’s ends include survival, and it obtains that end by developing a shell early on in its life. Consequently, a shell which is unusually conducive to this end is also an unusually good shell. Yet if the shell was so large and awkward that it inhibited the snail’s feeding or immobilised it, that shell would be defective, because it would be detrimental to the snail’s nutritive or locomotive ends (or rather, those ends for which locomotion is necessary). Thus, in order to evaluate a living creature, one needs not only to catalogue that creature’s Aristotelian categoricals, but also a list of that life form’s ends.

For Foot, judgements about humans are no different in structure. She sets the evaluation of human action “in the wider contexts not only of the evaluation of other features of human life but also of evaluative judgements of the characteristics and operations of other living things.”<sup>238</sup> Just as a non-human animal is uncontroversially defective if it cannot eat, it is uncontroversial that human beings must eat, and that human beings are considered defective to some extent if they are unable to do so. A child who is unable or has no desire to eat is quite clearly unwell. But despite the fact that our need to eat is a biological fact, it is also the case

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<sup>236</sup> See also Hursthouse’s “Neo-Aristotelian Ethical Naturalism.” These claims have not been uncritically accepted by neo-Aristotelians, of course. McDowell writes in *Mind, Value, and Reality* (Cambridge: Harvard University Press, 1998), at 172, that “reason does not just open our eyes to nature, as members of the animal species we belong to; it also enables and even obliges us to step back from it, in a way that puts its bearing on our practical problems into question.” It is noteworthy also that Thompson’s philosophy of biology has attracted scepticism from a number of philosophers of biology. But as was the case in Chapter 2, our aim here is simply to lay out what mainstream neo-Aristotelians accept.

<sup>237</sup> Hursthouse, *On Virtue Ethics*, 202-205, Foot, *Natural Goodness*, Chapter 2.

<sup>238</sup> *Ibid.*, 25.

that our need to eat is a source of normative claims – it is not at all jarring to say that somebody *should* or *ought to* eat.<sup>239</sup> So, to extend this argument into a more clearly moral domain, since human beings are *characteristically* rational – that is, their rationality constitutes an Aristotelian categorical – it stands to reason that a human being who does not meet this standard is in some sense defective. They do not live as a human being ought to live. And it is because of their relation to human flourishing that Aristotle’s list of virtues also included justice, temperance, courage, (arguably) friendliness/friendship, honesty, liberality (with money), and magnificence (in regard to money).<sup>240</sup> On Aristotle’s and the neo-Aristotelian account, these virtues were necessary for a human being as an instance of a particular life form to obtain its ends and flourish.

Among the earlier and more influential accounts of neo-Aristotelian naturalism is that defended by MacIntyre in *Dependent Rational Animals*. There, MacIntyre acknowledges that his widely influential *After Virtue* (published 18 years prior) “was in error in supposing an ethics independent of biology to be possible.”<sup>241</sup> He cautions us against ignoring our “mere animality,”<sup>242</sup> and devotes a large part of the monograph to the claim that:

the virtues that we need, if we are to develop from our initial animal condition into that of independent rational agents, and the virtues that we need, if we are to confront and respond to vulnerability and disability both in ourselves and in others, belong to one and the same set of virtues, the distinctive virtues of dependent rational animals.<sup>243</sup>

MacIntyre goes on to defend a naturalism which bears striking resemblance to the naturalism of Aristotle and Aquinas, and to contemporary naturalists like Thompson and Foot. Like all of these thinkers, MacIntyre takes it that flourishing is *constituted by* the possession and expression of a certain set of characteristics.<sup>244</sup> So, too, is MacIntyre’s naturalist notion of flourishing comparably ‘objective’ – MacIntyre compares assessments of flourishing to the judgements of doctors, athletic coaches, and teachers, contending that we are no more experts

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<sup>239</sup> This thought parallels, in some respects, Darwin’s thoughts on the particular functions of human emotions and their expression in *The Expression of the Emotions in Man and Animals* (New York: Appleton and Company, 1874), and on beliefs, morality, and social cohesion in *The Descent of Man, and Selection in Relation to Sex* (New York: Appleton and Company, 1871).

<sup>240</sup> These are the subjects of Books III, IV, V, VIII, and IX of the *Nicomachean Ethics*.

<sup>241</sup> *Dependent Rational Animals*, x.

<sup>242</sup> *Ibid.*, 4.

<sup>243</sup> *Ibid.*, 5. Chapters 6 to 9 in particular mirror the *Nicomachean Ethics* quite closely, and do an excellent job of expanding on some points that Aristotle recognises as important but fails to give a satisfyingly detailed account of.

<sup>244</sup> *Ibid.*, 65.

when it comes to our own flourishing than we are when it comes to our health,<sup>245</sup> and thereby distances himself from the thought that our own subjective judgements determine whether we are flourishing or not.<sup>246</sup> Though MacIntyre criticises Aristotle for excessively ‘masculine’ ethics, MacIntyre’s naturalism is unmistakably and systematically indebted to Aristotle and Aquinas, and in this MacIntyre is representative of most Aristotelian virtue ethicists.

## 2.2. ‘Metaphysical Biology’ and Scientific Progress: A Brief Note

There is a significant philosophical point to be underscored in brief here about the relationship between eudaimonism, the *ergon* argument, and the role of the metaphysical/biological claims we feed into them. The *ergon* argument and the eudaimonism it underpins could be described as metaphysically and biologically ‘neutral.’ We are not required to feed any particular claims about the human function into the *ergon* argument, since the theoretical machinery stands independently of the claims funnelled into it.<sup>247</sup> Thus, Aristotle and Aquinas were able to tap into two overlapping yet still dramatically different conceptions of human flourishing in delivering their respective *ergon* arguments. Of course, *some* metaphysical/biological claims are unavoidable for proponents of the *ergon* argument – there must, after all, be some commitment to one or more characteristic human functions, and some means of linking those functions to ethics which circumvents the Humean is/ought distinction. But the nature or content of the human *ergon* is left undetermined – those with Hobbesian or Nietzschean conceptions of human nature would find the *ergon* argument as serviceable to their claims as the Aristotelian once they are disentangled from Aristotelian natural norms. So while I shall diverge from both Aristotle’s and Aquinas’ list of natural norms to some degree in this thesis, as most neo-Aristotelians are wont to do, this does not entail a rejection of the *structure* of their respective *ergon* arguments.<sup>248</sup>

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<sup>245</sup> This is a familiar stumbling block for contemporary readers of ancient eudaimonist philosophy. Amongst the clearest illustrations of the contrast between modern notions of ‘happiness’ and ancient *eudaimonia* is Richard Kraut’s “Two Conceptions of Happiness,” *The Philosophical Review* 88, no. 2 (1979).

<sup>246</sup> I do not take MacIntyre to be claiming that our own judgements are *irrelevant* – how, after all, could I flourish if, despite having all the necessary external goods for flourishing, I am perpetually miserable?

<sup>247</sup> Geach and Nagel also take this view in *The Virtues*, at 12-13, and “Aristotle on Eudaimonia,” respectively. Foot’s “Goodness and Choice,” *Proceedings of the Aristotelian Society, Supplementary Volumes* 35 (1961), is a paradigmatic example of the adaptability of *ergon* arguments.

<sup>248</sup> This point will become relevant when we turn our attention towards Aristotle’s conception of friendship and political community in the chapters to come.

### 3. Aristotelian Ethics, Relational Ontology, and Dependency

We have, unavoidably, already said a good deal about Aristotelian relationality, and it will come as no surprise at this point that Aristotelian ethicists have recognised and investigated relational ontology meticulously. Aristotle's own works are littered with affirmations of relationality; two books of the *Nicomachean Ethics* are spent discussing *philia*, one more on justice, and a significant portion of Book IV on what Ross calls "virtues of social intercourse."<sup>249</sup> We find, moreover, a significant portion of the *Eudemian Ethics*, the *Rhetoric*,<sup>250</sup> and the *Politics* devoted to discussions of our relationality and various kinds of relationship. So I do not think there is any doubt as to Aristotle's endorsement of some sort of relational ontology, but let us look more closely at what he has to say on the subject.

On Aristotle's view, relationships, like the virtues, are constitutive in some way of *eudaimonia* – "a human," he tells us straightforwardly at the outset of Chapter 9 in Book IX of the *Nicomachean Ethics*, "is a social being and his nature is to live in the company of others."<sup>251</sup> Gathering momentum for this thought, he writes that:<sup>252</sup>

it seems odd, when we assign to the happy person all good things, not to give him friends, who seem to constitute the greatest of external goods. Again, if it is more characteristic of a friend to treat another well than to be treated well, and characteristic of the good person and of virtue to benefit people, and if it is nobler to treat friends well than strangers, the good person will need people whom he can treat well.<sup>253</sup>

So on Aristotle's view, virtue characteristically necessitates friendships because it pursues the noble. There is greater nobility in treating friends well than in treating strangers well, and, recalling his comments on the Delian inscription in Book I, virtue pursues what is noblest. Thus, virtue and virtuous agents are characteristically relational – relationality is an Aristotelian categorical, without which we cannot flourish.

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<sup>249</sup> Aristotle, *Nicomachean Ethics*, trans. David Ross (Oxford: Oxford University Press, 2009).

<sup>250</sup> Trans. John Henry (Cambridge: Harvard University Press, 2014).

<sup>251</sup> *Nicomachean Ethics*, 1169b17-19.

<sup>252</sup> *Ibid.*, 1169b9-14. This recalls a similar statement at 1097b6-11 of the *Nicomachean Ethics*, where he clarifies the self-sufficiency of *eudaimonia*:

we are applying the term 'self-sufficient' not to a person on his own, living a solitary life, but to a person living alongside his parents, children, wife, and friends and fellow-citizens generally, since a human being is by nature a social being.

<sup>253</sup> 1169b9-13.

Aristotle returns to this thought in the *Politics*, where he maintains that “the state is a creation of nature, and [...] man is by nature a political animal.”<sup>254</sup> “He who by nature and not by mere accident is without a state, is either a bad man or above humanity,”<sup>255</sup> since “the state comes into being, originating in the bare needs of life, and continuing in existence for the sake of a good [human] life.”<sup>256</sup> The *Politics* thus retains the relational motif of the *Nicomachean Ethics*, and uses it to explain how the state comes into being. Naturally, the *Rhetoric* also offers glimpses into Aristotle’s ethical thought, and there we find still more evidence of Aristotle’s thoughts on relationality. Amongst the clearest affirmations of relational ontology appear in Chapter 5 of Book I, where Aristotle lists the constituent parts of *eudaimonia*, “good birth, plenty of friends, good friends, wealth, good children, plenty of children,” being some of these.<sup>257</sup> Any vestigial doubts that one might harbour about Aristotle’s position on relationality can be put to rest by noting the prominence of relation and friendship in the *Rhetoric*. There, Aristotle praises friendship frequently, and when he lists the components of *eudaimonia* in the passage above, relation constitutes almost half of the inventory.

It is difficult, of course, to provide a thorough overview of a commitment so pervasive in Aristotle’s thought. I have found the commentaries of Aspasius and Alexander of Aphrodisias to be uniquely helpful here, Aspasius’ commentary on the *Nicomachean Ethics* encapsulating the relational ontology we find in Aristotle’s ethical and political philosophy eloquently:

it is not for someone who lives an isolated life or so as to have happiness concerning himself, not caring at all whether his parents or children or city or friends are in the greatest of calamities. For if he were a solitary animal like a wolf or lion, perhaps his happiness would be of such a kind; but since man is a social and communal animal, first of all, if he were to live alone and by himself in a desert, even if he had everything in unstinting measure, there is no way that he would be happy. Next, even if he were in a city, but witnessed great sufferings on the part of his wife, children, parents and country, his life would still not be self-sufficient. For the self-

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<sup>254</sup> 1253a2-3.

<sup>255</sup> 1253a3-4.

<sup>256</sup> 1252b28-32. “A social instinct,” he goes on to say at 1253a30, “is implanted in all men by nature.” It is telling that with the exception of the *endoxa* outlined this is the first part of call for Aristotle in embarking on the *Politics* lectures, but it is not surprising – Aristotle is renowned for his conception of human beings as political animals, a conception which appears not only in the *Nicomachean Ethics*, *Eudemian Ethics*, and the *Politics*.

<sup>257</sup> A similar list of goods also appears in Arius Didymus’ taxonomy of Peripatetic goods, preserved in Stobaeus’ *Selections* (in Robert Sharples’ *Peripatetic Philosophy 200BC to AD200* (Cambridge: Cambridge University Press, 2010)).

sufficiency of a social animal is circumscribed by his body and soul, but it is somehow necessary that he share in the misfortunes of his dearest ones.<sup>258</sup>

For Aristotle, human beings are characteristically social creatures, and for that reason they naturally form social structures. The family, the village, and the state all represent modes of living which are natural norms of human life. And this, of course, mirrors the teleological account of relation defended by care ethicists. Aristotle has relatively little to say about the *necessity* of relations in human life – he is obviously cognizant of the fact that human beings are the sorts of creature who depend on others, but he does not seem to take a stance on the non-teleological accounts of relation outlined above (though I take it both that the teleological account is what is doing the bulk of the normative work in care ethics, and that Aristotle’s remarks hint at least at a weaker relational ontology as it is outlined in Section II.1.1.).

Subsequent Aristotelians have both cemented and expanded upon Aristotle’s notions of relationality. Aquinas, as we have seen, does not adopt an Aristotelian ontology without revision, but even after Aquinas’ amendments, the ontology he ends up with remains stalwartly allegiant to Aristotle’s teachings, perhaps the clearest example of this appearing in the *Summa Theologiae*:

the happy man needs friends, as the Philosopher [Aristotle] says, not, indeed, to make use of them, since he suffices himself; nor to delight in them, since he possesses perfect delight in the operation of virtue; but for the purpose of a good operation, viz. that he may do good to them; that he may delight in seeing them do good; and again that he may be helped by them in his good work. For in order that man may do well, whether in the works of the active life, or in those of the contemplative life, he needs the fellowship of friends.<sup>259</sup>

Aquinas’ analyses of charity, moreover, are rooted in Aristotle’s exposition of friendship, but are far more comprehensive than Aristotle’s in that they seek to establish a relationship with all of humanity. For Aquinas, “charity, which is friendship in the fullest sense towards God, extends to all those who are able to see God, and not only to those we do not know, but even to our enemies.”<sup>260</sup> On the Thomistic account, relationality extends to God, and through God, to all other people. So once again, we find the notion that the flourishing life demands relation.

Aquinas later returns to the subject of relationality in his discussion of natural law, where, again, one can detect Aristotle’s influence:

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<sup>258</sup> *On Aristotle: Nicomachean Ethics 1-4, 7-8*, trans. David Konstan (London: Bloomsbury, 2006), 16.10-21.

<sup>259</sup> II-I, Q. 4, A. 8, B.P.

<sup>260</sup> *Disputed Questions on the Virtues*, 133 (“On Charity”, A. 4, Rp. 11).



there is in man an inclination to things that pertain to him more specially, according to that nature which he has in common with other animals: and in virtue of this inclination, those things are said to belong to the natural law, "which nature has taught to all animals", such as sexual intercourse, education of offspring and so forth. [Additionally], there is in man an inclination to good, according to the nature of his reason, which nature is proper to him: thus man has a natural inclination to know the truth about God, and to live in society: and in this respect, whatever pertains to this inclination belongs to the natural law; for instance, to shun ignorance, to avoid offending those among whom one has to live, and other such things regarding the above inclination.<sup>261</sup>

Here, Aquinas points to certain activities that characterise the human life form and render us relational creatures, whether by virtue of our animality or by our inclination towards the good or certain sorts thereof. For Aquinas, we are relational creatures in that it is part of the natural law that we participate in relations, and here Aquinas offers us illustrative examples of the sorts of activities which constitute our good. As this passage illustrates, Aquinas' ethics not only echoes Aristotle's relational ontology, and does so within an unmistakably Aristotelian eudaimonist framework, it also dovetails into Aquinas' politics in much the same way Aristotle's ethics does.

Contemporary Aristotelians and Thomists have by and large followed suit and embraced ontological relationality, the claim that human beings are characteristically relational creatures. Thus, Foot concerns much of her *Natural Goodness* with social defects, writing at one point that human beings need "to pursue human ends having to do with love and friendship. They need the ability to form family ties, friendships, and special relations with neighbours."<sup>262</sup> For Foot, as for Aristotle and Aquinas, human beings have a social life form as a matter of natural normativity – a human being which is not social is defective in much the same way a wolf or dolphin that is not social would be. It is, she maintains, a biological fact that human beings are social animals, and that human beings are defective if they are unable to interact socially (through, say, an inability to use language). As an extension of this natural, social normativity, it is virtues like friendship, love, and justice that enable us to act well in the social sphere, and

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<sup>261</sup> II-I, Q94, A2, BP (my emphasis). See also Aquinas' reply in Article 10 of his *Disputed Questions on the Virtues*.

<sup>262</sup> At 44. Foot's approach to relationality and naturalism is unmistakably Thomist, and Foot is generally forthcoming about debts to Aristotle and Aquinas. See especially her "Goodness and Choice," but also her "Utilitarianism and the Virtues," *Mind* 94, no. 374 (1985), "Moral Realism and Moral Dilemma," *The Journal of Philosophy* 80, no. 7 (1983), and "Does Moral Subjectivism Rest on a Mistake?" *Oxford Journal of Legal Studies* 15, no. 1 (1995).

thus to live well or flourish as human beings. Advancing this ontology, and continuing the thought above, Foot asks “how could [we] have all these things without virtues such as loyalty, fairness, kindness, and in certain circumstances obedience?”<sup>263</sup> Indeed, Foot stresses the need for virtues like charity throughout her writings, her oft-cited papers “Euthanasia”<sup>264</sup> and “Virtues and Vices”<sup>265</sup> being classic examples. So Foot’s work could quite rightly be regarded alongside Anscombe’s as a transmission of Aristotelian ontology into contemporary meta- and normative ethics.

Alongside the philosophers studied above, Hursthouse subscribes to the view that the virtues “make their possessor good *qua* human being,”<sup>266</sup> contending that naturalists “focus on evaluations of individual living things as or *qua* specimens of their natural kind.”<sup>267</sup> She makes a significant distinction between social animals and other sorts of animals, noting that a good social animal which is relatively sophisticated has four areas in which it ought to be “well fitted or endowed:”<sup>268</sup> its parts, its operations, its actions, and its desires and emotions. Whether a sophisticated social animal is well-fitted or endowed in these areas is determined by the extent to which its positioning in those areas is conducive, in ways characteristic of that animal’s life form, to four ends: the organism’s own survival, the continuance of that animal’s species, the animal’s “characteristic freedom from pain and characteristic enjoyment,”<sup>269</sup> and the good functioning/operation of the social group. Thus, a good wolf characteristically survives, continues the species, and promotes the good functioning of the group by pack-hunting, and not just any sort of pack-hunting, but pack-hunting of the sort that wolves characteristically engage in (a good wolf will not, after all, attempt to stun its prey as some pack-hunting cetaceans do, nor will they hunt lizards or insects as mongooses do).

MacIntyre has also written extensively on the subject of relational ontology, and makes no secret of the fact that his account is heavily influenced by care ethicists like Held and Kittay.<sup>270</sup> His *Dependent Rational Animals* in particular addresses many of the claims we found

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<sup>263</sup> *Natural Goodness*, 44-45.

<sup>264</sup> *Philosophy and Public Affairs* 6, no. 2 (1977).

<sup>265</sup> *Natural Goodness* also has a great deal to say about charity, especially in relation to immoralism. At 108, for example, Foot writes that “by the criteria of natural normativity charity is a prime candidate as a virtue, because love and other forms of kindness are needed by every one of us when misfortune strikes.” Here, Foot’s Thomism is very clear. See also Chapter 5’s discussion of charity.

<sup>266</sup> *On Virtue Ethics*, 192.

<sup>267</sup> *Ibid.*, 197. “As,” she continues informatively, “some well-informed gardeners do with respect to plants and ethologists do with respect to animals.”

<sup>268</sup> *Ibid.*, 202.

<sup>269</sup> *On Virtue Ethics*, Part III.

<sup>270</sup> *Dependent Rational Animals*, 3.

in Chapter 2. There, he forewarns us against becoming “forgetful of our bodies”<sup>271</sup> and calls attention to the “virtues of acknowledged dependence.”<sup>272</sup> One of the central theses of *Dependent Rational Animals* is that we rely upon one another for the development of independence, which itself is (a) inevitable, and (b) a necessary condition for flourishing. MacIntyre postulates that we transition from childhood dependence in three distinct ways or stages. The first is “a movement from merely having reasons to being able to evaluate our reasons as good or bad,”<sup>273</sup> the second, “the transformation of the child’s desires and passions,”<sup>274</sup> and the third, “the movement from awareness only of the present to awareness informed by an imagined future.”<sup>275</sup> Any child relies on others to enable or promote each of these transitional aspects and to do so in the right way, and in his extended analyses of each of these aspects MacIntyre parallels the work of care ethicists like Held and Ruddick, for whom parenting and childrearing is, recall, of unique and paramount moral import. What’s more, MacIntyre goes on to emphasise the social nature of moral development, highlighting the role that parents play but also the developmental role of friendship and collegiality, and the “correction” that our friends and colleagues may offer our moral reasoning.<sup>276</sup> By that token, MacIntyre overlaps also with the writings of Friedman and Clement, who, recall, also notice the ways in which we depend upon one another for proper moral development.<sup>277</sup>

Richard Kraut is another Aristotelian in whose corpus we can find a clear endorsement of this kind of relational ontology. In *What is Good and Why?* we find a very clear reaffirmation of relationality and its natural normativity, with special regard for childhood and our reliance upon others for proper upbringing:

it is good for us to receive loving attention as children, to acquire linguistic competence and the ability to communicate with others [...] to mature sexually, to learn the complex social skills of adulthood, to enrich and develop greater mastery over our emotions, to learn how to assess reasons and deliberate with an independent and open mind, and thus to interact with others as full members of

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<sup>271</sup> Ibid., 4.

<sup>272</sup> Ibid., *passim*.

<sup>273</sup> Ibid., 71-72.

<sup>274</sup> Ibid., 72.

<sup>275</sup> Ibid., 74.

<sup>276</sup> This is the general subject of Chapter 8 of *Dependent Rational Animals*.

<sup>277</sup> Yet MacIntyre is also concerned with the relational aspects of disability, and the particular vulnerabilities that attach to different infirmities. Emphasising disability in this way, he draws near also to the work of Kittay and care ethicists concerned with disability. MacIntyre, then, is a particularly fine illustration of the similar doctrines of relational ontology defended by care ethicists and virtue ethicists. He not only endorses relational ontology, as the vast majority of Aristotelians also do, but does so in ways strikingly similar to and informed by care ethicists.

the community [...] it is better for us when we are children to develop the ability to form bonds of friendship, to enjoy the company of others, and to devote ourselves to the good of others. Total and lifelong isolation from other human beings would disfigure us.<sup>278</sup>

While this passage does not make explicit connections to the virtues,<sup>279</sup> it is clear that Kraut thinks that sociality is a precondition for human flourishing and that relations play a special role in our development. In that respect he, like MacIntyre, draws close to care ethical reflections on relational ontology. Indeed, Kraut never loses sight of our relational nature in *What is Good and Why?* – it permeates the entirety of his ethical discussion, and takes centre stage in the final two chapters.

MacIntyre and Kraut are not, of course, the only virtue ethicists to draw so close to care ethical conceptions and discussions of relational ontology. Though they are indeed excellent examples of the overlap, almost all Aristotelian ethicists show great concern for dependency and (moral) upbringing. Aristotelians have been so eager to account for dependency, in fact, that they have afforded moral luck centre stage in their concept of flourishing. Virtue ethicists like Nussbaum and Tessman have long emphasised the extent to which evaluations of our lives are left to chance,<sup>280</sup> and this they inherit from Aristotle himself. As noted above, Aristotle conceives of *eudaimonia*, in essence, as the life of virtuous activity adequately furnished with external goods. But he repeatedly emphasises that the good of our near and dear is one of these external goods. This is, after all, why Aristotle concludes that King Priam's life was not *eudaimon* – despite a largely well-lived life, King Priam ultimately lost everything he had, including his children. As we have seen, for Aristotle, virtue is *habituated* – it is the sort of state developed over the course of one's lifetime, and for that reason the correct pleasures and pains must be inculcated from youth. Hursthouse, again representative of mainstream virtue ethics, cites Aristotle with approval, and the development of children is a theme she returns to frequently in *On Virtue Ethics* and *Beginning Lives*,<sup>281</sup> in contexts as sundry as the role of moral rules in moral development, the education of the emotions, and the kinds of things (good) parents will and ought to desire for their children. It is in part this dependency upon others that motivates Aristotle to mount an attack on the public/private distinction by arguing, in the last

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<sup>278</sup> *What is Good and Why?* 138.

<sup>279</sup> Kraut amalgamates these thoughts into a defence of the relational nature of both the virtues and human flourishing in Section 52.

<sup>280</sup> See, e.g., Nussbaum's *The Fragility of Goodness* (Rev. ed. (Cambridge: Cambridge University Press, 2001) and Tessman's *Burdened Virtues*.

<sup>281</sup> (Oxford: Blackwell, 1987).

book of the *Nicomachean Ethics*, that we ought to legislate for/regulate parenting. Indeed, it is widely regarded as a strength of neo-Aristotelian virtue ethics that it emphasises childhood and upbringing so forcefully, and Aristotelians have often criticised deontologists and consequentialists for treating ‘independent,’ ‘autonomous,’ and ‘rational’ adults as if they “sprang fully formed from [their] father's brow.”<sup>282</sup> So though Aristotle attracts MacIntyre’s ire in *Dependent Rational Animals* for his masculine conception of virtue, there can be no doubt that Aristotle, MacIntyre, and most other contemporary Aristotelians<sup>283</sup> share a concern with moral upbringing, parenting, and the dependence we all share upon our parents, peers, and community for proper development.

Thus, Aristotelians have a starting point, relational ontology, in common with care ethicists, but they also proceed in a similar direction *from* that starting point by taking childhood and moral education as a morally significant aspect of that ontology.<sup>284</sup> Like care ethicists, virtue ethicists claim that our own wellbeing is deeply reliant upon the wellbeing of others, not only for basic survival needs, but also because we grow to be invested in the wellbeing of those we are close to. Once again, we find striking similarities between our two frameworks.<sup>285</sup>

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<sup>282</sup> *On Virtue Ethics*, 14. Annas makes a similar criticism in *Intelligent Virtue*, at 21, and has much to say on community and morality in Chapter 4 thereof.

<sup>283</sup> Lawrence Blum also draws emphasises the role of ‘moral community’ in virtue ethics, suggesting six distinct links between virtue and community in his “Community and Virtue,” in *How Should One Live?: Essays on the Virtues*, ed. Roger Crisp (Oxford: Clarendon Press, 1996), particularly at 232-243. Virtues for Blum are learned and sustained in communities. Our moral identities are constituted (in part) by membership in communities, the standards or norms of a community shape the expression of the virtues, some virtues only act as virtues within particular communities, and virtues serve to sustain communities. Zagzebski’s ‘exemplarist’ virtue theory offers a prime example of the broader social dimensions of dependence, since it takes moral exemplars, members of that broader moral community, and locates them at the foundation of her ethic of virtue. It is those members of the moral community who we take to be morally exemplary who set the standards for moral goodness – “basic moral concepts are anchored in exemplars of moral goodness, direct reference to which are foundational in the theory” (“Exemplarist Virtue Theory,” *Metaphilosophy* 41, nos. 1-2 (2010): 51). And while other contributors to the field have not gone so far as to characterise their theory as ‘exemplarist,’ it is nevertheless clear that virtue ethicists generally take a relational approach to virtue that extends to include such things as exemplars, friendship, and mentorship.

<sup>284</sup> This is less true, we ought to note, of disability. While childhood and social development have often been a chief subject of inquiry for virtue ethicists, this there is less discussion of disability or ailment than perhaps there ought to be. Of course, as noted earlier, MacIntyre is uniquely strong on this point, and *Dependent Rational Animals* goes some way towards filling this lacuna, but on the whole, the Aristotelian discussion of disability is much less vibrant than that of childhood or the social aspects of moral development. That said, we ought to be careful here not to conflate an absence of such discussions with the preclusion of such discussions.

<sup>285</sup> Note also that virtue ethicists have faced similar criticisms. Like care ethicists, virtue ethical relational ontology has also been thought to undermine distinctions between self- and other-regarding virtues. See, e.g., Tessman’s *Burdened Virtues*, 62-70, L.W. Sumner’s “Is Virtue Its Own Reward?” (in *Virtue and Vice*, eds. Ellen Paul, Jeffrey Paul, and Fred Miller (Cambridge: Cambridge University Press, 1998)), and Kelly Rogers’ “Beyond Self and Other” (*Social Philosophy and Policy* 14, no. 1 (1997)).

### 3.1. Relational Ontology and Partialism

As a germane illustration of the impact of relational ontology on the normative claims made by virtue ethicists, we might note that Aristotelian relationality gives rise, as it does in ethics of care, to some kind of partialism. Once again, Aristotle discusses this subject at length. Midway through Book VIII of the *Nicomachean Ethics*, we find a relatively clear affirmation of the link between relationality and partialism:

friendships [...] differ from one another. That of parents to children is not the same as that of rulers to ruled; nor is that of father to son the same as that of son to father, or that of man to woman the same as that of woman to man. For the virtue of each of these is different, the characteristic activity is different, and so are the reasons for their becoming friends; and therefore the affection and the friendship differ as well. Each, then, does not get the same from the other, nor should they seek it; but when children give to parents what they ought to give to those who brought them into being, and parents give what they ought to their children, the friendship between them will be lasting and good.<sup>286</sup>

Here, Aristotle accepts that (a) relationships do and ought to admit of a great deal of variety (I might be a father, a daughter, a cousin, a stranger), and (b) that variety is the source of (potentially asymmetrical) moral obligations which differ according to the nature of each relationship. Passages like these provide the foundations for neo-Aristotelian partialism, summarised by Cottingham thusly:

The development of rewarding personal relationships, which is, in virtue theory, the very core of the good life, requires an emphatically preferential assignment of time and resources to a few chosen individuals—one's close friends and family.<sup>287</sup>

Aristotle returns to partialism at several points throughout the *Nicomachean* and *Eudemian Ethics*, and afterwards in the *Politics*. In Chapter 2 of Book IX of the *Nicomachean Ethics*, he asks whether someone should “always defer to his father and obey him in everything, or should he trust a doctor when he is ill, and appoint as a general someone skilled in war?”<sup>288</sup> There, he gives a limited endorsement of partiality; sometimes it is morally good to be partial, as when

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<sup>286</sup> 1158b14-23.

<sup>287</sup> “Partiality and the Virtues,” in *How Should One Live?: Essays on the Virtues*, ed. Roger Crisp (Oxford: Clarendon Press, 1996).

<sup>288</sup> 1164b23-25.

one is asked to ransom one's father, but at other times – when one is electing officials, for instance – it is morally wrong.

A reading of the wider passage and of Aristotle's other references to partialism does give the impression that he is hesitant to prescribe any general guidelines for partiality, though this is presumably because Aristotle is mindful of his earlier assertion that we can expect only as much precision as a subject matter admits of.<sup>289</sup> There is also a great deal to be said about the way in which Book IX squares with Book V, which is where Aristotle discusses justice and its various varieties. Aristotle's views on politics colour his moral philosophy, so his stance on partialism will naturally have informed and been informed by his views on the way a state ought to be governed (and vice versa). But despite such difficulties, there can be little doubt that Aristotle incorporates some species of partialism into his ethics. Aristotle is not bothered by partialism *per se*, but by the extent to which it determines right action.

Contemporary Aristotelians often endorse partiality with similar tentativeness. Foot wrestles with partiality throughout both *Natural Goodness* and *Virtues and Vices*, but like Aristotle (and Aquinas) her doubts are not over *whether* partiality can be morally permissible, but rather *when* it is morally permissible. Foot typically takes it as obvious that friendship involves partiality when it comes to things like time and material resources, and she cites with approval pieces like John Taurek's "Should the Numbers Count?"<sup>290</sup> Hursthouse also addresses partiality in *On Virtue Ethics*, when she considers Singer's impersonal benevolence in terms of her naturalist meta-ethics. "It rather looks," she says carefully,

as though the species and familial bonding that are part of our biological, animal nature, and make us 'partial' to our own species and children, play an essential role in sustaining these two ends.<sup>291</sup>

And MacIntyre is equally sympathetic to the partialist's case. *Dependent Rational Animals*, and indeed his larger corpus, concentrates specifically on notions of community and the ethical dimensions of belonging. He approvingly observes, for instance, that "the practices of receiving and giving informed by particular just generosity are primarily exercised towards other members of our own community related to us by their and our roles."<sup>292</sup> In particular, MacIntyre concerns himself with the family, and though his primary focus is on the conditions necessary for a family to flourish, he often alludes to the partiality that constitutes one of those

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<sup>289</sup> See Chapter 3 of Book I of the *Nicomachean Ethics*.

<sup>290</sup> *Philosophy and Public Affairs* 6, no. 4 (1977).

<sup>291</sup> *On Virtue Ethics*, 225. Her comments in "Aristotle for Women Who Love too Much" are also illuminating.

<sup>292</sup> *Dependent Rational Animals*, 122.

necessary conditions. For MacIntyre, partiality towards one another is part of what makes a good family. So we can, once again, trace in Aristotelian ethics a similar trajectory to that of care ethicists in their discussions of relational ontology, though both are (rightly) careful in advancing partialism as a doctrine.

Virtue ethicists thus also agree with care ethicists about partialism. Like care ethicists, virtue ethicists acknowledge special obligations placed upon us by those with whom we are related, and the fact that we are related to them gives us reason to afford them special weight in our moral deliberation. Virtue ethicists also agree with care ethicists in limiting their partiality to certain spheres of life – indeed, both offer similar cases where partiality ought not to be shown. So virtue and care ethicists appear to be in agreement over all of the core commitments care ethicists pick out as central to their framework.

#### 4. Conclusion

It seems, in light of the numerous philosophical conversations surveyed above, that Aristotelian ethicists do indeed endorse a relational ontology, and most of the commitments care ethicists identify as central to their theory besides. This harmony is substantial – not only do virtue ethicists and care ethicists share relationality in a broad sense, they also derive similar priorities and subjects of discussion from it. Like care ethicists, virtue ethicists also focus on childhood, upbringing, and moral community as a result of their appreciation of relationality. But these agreements raise several interesting questions, the most obvious of which asks where, if anywhere, the two frameworks diverge. I turn to this question in the following chapter.



## IV

### Distinguishing Care Ethics From Virtue Ethics

I shall assume at this point that we can discern a great deal of continuity between our two ethical theories. Both care ethics and neo-Aristotelian virtue ethics conceive of human beings as characteristically related beings and draw normative conclusions from dependency and the indispensability of caregiving in human life. These similarities have, unavoidably, been painted in rather broad brush strokes. Nevertheless, the reasons offered above certainly seem to yield a *prima facie* case for the claim that virtue ethics accepts a sufficiently similar relational ontology, and thus agrees with the meta-ethical mainstay of care ethics (and I have, throughout the prior chapter, offered reasons to believe that virtue ethics also endorses the other four core commitments identified by care ethicists, namely particularism, partialism, the moral salience of emotions, and a rejection of the public/private distinction). Supposing that this set of claims holds true, questions will begin to crop up as to what follows from them. If the core commitments studied above are to be treated as necessary and sufficient conditions for an ethic of care, and virtue ethics satisfies those conditions, then it follows either that the two terms are synonymous or that one is a subspecies of the other. We would not be alone in reaching this conclusion; virtue ethicists like Curzer have already argued as much,<sup>293</sup> though generally in less detail, and the opinion that care ethics is a subspecies of virtue ethics is apparently so common that care ethicists have perceived a need to speak out against it.<sup>294</sup> I do not think, however, that we have exhausted the set of considerations which might distinguish care ethics from virtue ethics. Indeed, I suspect that careful reflection will uncover several.

The purpose of this chapter is twofold. The first is to consider some reasons to be suspicious of arguments which identify care ethics with virtue ethics, and thereby to make a

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<sup>293</sup> See his "Aristotle: Founder of the Ethics of Care," *The Journal of Value Inquiry* 41 (2007).

<sup>294</sup> See, e.g., Groenhout, Ruth, "Virtue and a Feminist Ethics of Care," in *Virtues and Their Vices*, eds. Kevin Timpe and Craig Boyd (Oxford: Oxford University Press, 2014). Sander-Staudt cites Noddings' *Caring*; Spelman's "The Virtue of Feeling and the Feeling of Virtue" (in *Feminist Ethics*, ed. Claudia Card (Lawrence: University Press of Kansas, 1991); Slote's "The Justice of Caring;" Rachels' *The Elements of Moral Philosophy*; McLaren's "Feminist Ethics: Care as a Virtue," in *Feminists Doing Ethics*, eds. Peggy DesAutels and Joanna Waugh (Lanham: Rowman and Littlefield, 2001); Tessman's "Critical Virtue Ethics: Understanding Oppression as Morally Damaging," in *Feminists Doing Ethics*, eds. Peggy DesAutels and Joanna Waugh (Lanham: Rowman and Littlefield, 2001), and Halwani's "Care Ethics and Virtue Ethics" (*Hypatia* 18, no. 3 (2003)) and *Virtuous Liaisons* as culprits here, maintaining that all of them order care ethics underneath virtue ethics. Three others are Vrinda Dalmiya's *Caring to Know: Comparative Care Ethics, Feminist Epistemology, and the Mahābhārata* (Oxford: Oxford University Press, 2016) specifically at 42, Van Hooft's "Bioethics and Caring," *Journal of Medical Ethics* 22, no. 2 (1996), specifically at 88 and Tessman's *Burdened Virtues*.

second contribution to the literature at this intersection. The second is to set the stage for chapters to come by pointing out concerns which Aristotelians ought to see to. In the first three sections, I analyse three sorts of difference between our two ethics, some of which have been defended by philosophers in either camp, and others which philosophers familiar with both ethics are likely to raise. I argue that none of these actually withstand scrutiny. I then move on in the fourth section to explore a significant difference between the two theories which seems to pass muster. In short, the claim is that care, the sole/primary moral currency accepted by care ethicists, has no equivalent in virtue ethics. The fifth section, related to the fourth, argues that care and virtue ethics are different in that they organise their moral concepts differently, and that they consequently end up with dissimilar theories of right action. It is the difference canvassed in Section 4 which I respond to in the remaining chapters of this thesis. In those chapters, I treat the concept of care as a concept which virtue ethicists ought to account for, and I spend the remainder of this dissertation responding to these issues on behalf of the Aristotelian virtue ethicist. The overarching intent of this chapter is therefore to unearth problems lying at the borders between these frameworks, not to erect impermeable conceptual distinctions.<sup>295</sup>

It quickly becomes apparent, in surveying the disagreements between virtue ethics and care ethics, that some of those identified by care ethicists can be immediately set aside as criticisms of *sentimentalist* virtue ethics. In *Justice, Care, and the Welfare State*, for example, Engster explains that care ethics is not a kind of virtue ethics because “virtuous intentions are not enough,”<sup>296</sup> and insists that care ethics “places greater emphasis on outcomes than virtue theories usually do.”<sup>297</sup> Context suggests that Engster has Slote in his sights when he develops this criticism, and it is much more difficult to maintain that consequences are a blind spot for Aristotelian virtue ethics. Aristotle tells us that “the happy person lives well and acts well, for we have claimed that happiness is pretty much a kind of living well and acting well.”<sup>298</sup> It is therefore essential that virtuous agents manifest their virtues in action. And for that reason, *phronesis* takes centre stage in Aristotelian virtue ethics. *Phronesis* aims specifically at

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<sup>295</sup> Admittedly, I am not sure such distinctions can be drawn. In particular, I think that both the arguments Nussbaum makes in “Virtue Ethics: A Misleading Category?” (*Journal of Ethics* 3, no. 3 (1999)) and the arguments Susan Moller Okin makes in the opening chapters of *Justice, Gender, and the Family* (New York: Basic Books, 1989), can be applied, *mutatis mutandis*, to distinctions between virtue and care ethics.

<sup>296</sup> (Oxford: Oxford University Press, 2015), 19.

<sup>297</sup> Ibid. Noddings also makes this argument in “Care Ethics and Virtue Ethics,” (in *The Routledge Companion to Virtue Ethics*, eds. Lorraine Besser-Jones and Michael Slote (London: Routledge, 2015)), writing at 411 that “a caring person [...] is one who regularly establishes and maintains caring relations; it is not enough to have caring as a motive.” Held also attacks Slote for this in *The Ethics of Care*, at 20.

<sup>298</sup> 1098b21-22.

obtaining the ends laid out by the virtues of character. While a proper upbringing may have inculcated the correct cognitive and affective habits in us, it is *phronesis* that enables us to go out into the world and put those habits into practice effectively. To do the wrong thing with the right mindset is thus not morally equivalent to doing the right thing with the right mindset, since the former is characteristic of an agent lacking a virtue.<sup>299</sup> So it is difficult to see how objections like this could succeed against Aristotelian strains of virtue ethics, and Engster's case against "virtue theories" seems in fact to threaten just one variety thereof. I shall look only at the gaps that exist or could exist between care ethics and (neo-)Aristotelian brands of virtue ethics.

### 1. Sexism and Conservatism

The first set of discrepancies I should like to set aside was mentioned in the introduction and will have lurked in the periphery since. They claim, briefly, that virtue ethics is sexist or conservative in a way that feminist ethics of care could not be. In Chapter 1, I considered these objections as reasons to look deeper into the intersection between our two theories. Now, I wish to say something about their veracity. Accusations of sexism and xenophobia can be taken in a variety of ways. Aristotle notoriously entertained sexist and xenophobic attitudes which any feminist today would recoil from, and contemporary virtue ethicists have sometimes faced charges of inheriting this kind of conservatism from a number of feminist philosophers. Aristotle did, after all, use his naturalism to explain and validate the various kinds of slavery that upheld the Athenian economy and to establish a relationship of "superiority"<sup>300</sup> and domination between men and women.<sup>301</sup> It seems ironic, then, for an ethic that remains for the most part loyal to Aristotle's ethics to attempt to align itself with a staunchly feminist theory. As a feminist ethic, the ethics of care has always aimed to demolish certain forms of oppression, and no care ethicist writing today would give quarter to an ethical framework which endorsed or required slavery or the subordination of women to men. Yet this is also true of contemporary virtue ethicists. No mainstream neo-Aristotelian would take seriously a proposition that some members of society were by nature fitted to be nothing more than slaves,

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<sup>299</sup> Recall here Aristotle's distinctions between virtue, continence, and incontinence.

<sup>300</sup> *Nicomachean Ethics*, 1158b11-13.

<sup>301</sup> See also 1162a20, 1260a9, and especially 1260a24. Susan Moller Okin adds to the feminist objections to Aristotle (and MacIntyre) in her "Feminism, Moral Development, and the Virtues," in *How Should One Live?* ed. Roger Crisp (Oxford: Clarendon Press, 1996), which raises concerns about the ethical suppression of women and the feminine.

or that women are by nature inferior, morally or otherwise, to men. Most, in fact, are at pains to criticise and distance themselves from these particular claims of Aristotle's.<sup>302</sup> There is no reason, then, to suppose that neo-Aristotelians will share the ontological suppositions that led Aristotle to adopt his sexist and xenophobic attitudes, or at least no more reason than there is to suppose that care ethicists would share in Hume's racism.<sup>303</sup>

Moreover, care ethicists have been accused of making comparably sexist claims under the guise of feminising moral philosophy. In "Rescuing Womanly Virtues," Barbara Houston attacks Gilligan's, Noddings', and Ruddick's ethics for advocating "a form of female essentialism,"<sup>304</sup> and in "Caring and Exploitation," she contends that "[the ethics of care] is a dangerous one, especially for women, precisely because the ethics can abet exploitation."<sup>305</sup> Onora O'Neill has also criticised ethics of care for conservatism about gender, complaining that:

a stress on caring and relationships may endorse relegation to the nursery and the kitchen, to purdah and to poverty. In rejecting 'abstract liberalism,' such feminists converge with traditions that have excluded women from economic and public life.<sup>306</sup>

Care ethicists have sometimes had to review and adapt their positions in light of these worries, and the threat of essentialism has dramatically shaped the trajectory of the discourse. The charge of essentialism forced Noddings to rename the later editions of *Caring*<sup>307</sup> and has led many care ethicists to strip central moral concepts of their gender (mothering, for instance, does not necessitate womanhood for Ruddick, so both men and women can be mothers on her account).<sup>308</sup> Clement takes the worry that care ethics "[grows] out of women's oppression, but also [contributes] to the perpetuation of that oppression" seriously enough to devote an entire chapter to it in *Care, Autonomy, and Justice*, and Groenhout spends almost an entire chapter of *Connected Lives* responding to charges of sexism. Thus, at least in the mouths of care ethicists, accusations of conservatism seem open to several responses. Both virtue ethicists and care ethicists have been attacked for similar kinds of sexism/conservatism, and both camps

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<sup>302</sup> Annas, Nussbaum, Hursthouse, and Kraut all do this.

<sup>303</sup> Some of Hume's most overtly racist comments appear in his "Of National Characters," in *Essays and Treatises of Several Subjects*, new ed. (London: Edinburgh University Press, 1804) where he writes at 551 that he is "apt to be suspect of negroes, and in general all the other species of men (for there are four or five different kinds) to be naturally inferior to the whites."

<sup>304</sup> "Rescuing Womanly Virtues," *Canadian Journal of Philosophy* 17, no. 1 (1987), 259.

<sup>305</sup> *Hypatia* 5, no. 1 (1990): 116.

<sup>306</sup> "Justice, Gender, and International Boundaries," *British Journal of Political Science* 20, no. 4 (1990): 443.

<sup>307</sup> See xiii.

<sup>308</sup> *Maternal Thinking*, 42-45.

have also taken steps to show that their respective approaches are less sexist/conservative than they initially appear. The care ethicists who seek to distinguish their view from virtue ethics on this basis will then, at the very least, have to offer some reason to think that virtue ethicists have not defended their ethic successfully – an argument which has not been tendered as far as I am aware, and which in my estimation does not seem particularly promising.

Even if we disregard accusations of sexism, one could certainly be forgiven for thinking that the virtues, sensitive to cultural context as they are, would entrench cultural values and attitudes instead of enabling or disposing the virtuous agent to challenge them. We might therefore accuse the virtue ethicist of a kind of conservatism opposed to cultural progress, which entrenches rather than undermines patriarchal power structures. Indeed, Held advances just such an objection in *The Ethics of Care*, writing that:

Virtue theory has characteristically seen the virtues as incorporated in various traditions or traditional communities. In contrast, the ethics of care as a feminist ethic is wary of existing traditions and traditional communities: Virtually all are patriarchal.<sup>309</sup>

Here, Held echoes the concern we saw Annas raise in Chapter 1. However, several convincing responses to this concern have already appeared in the literature. Annas addresses it at length in *Intelligent Virtue*, suggesting that the virtuous agent comes to challenge conservatism as their community expands outwards, much like we often come to challenge the beliefs inculcated in us by our parents as our social circle expands to include those beyond our family.<sup>310</sup> Hursthouse also suggests a way of avoiding conservatism in Part III of *On Virtue Ethics*, where she argues that virtuous agents adopt a Neurathian method whereby they dismantle particular norms from within their cultural setting, just as one might replace parts of a boat without deboarding. Kristjánsson also tackles this problem in “Ten Myths About Character, Virtue and Virtue Education – Plus Three Well-Founded Misgivings,”<sup>311</sup> and several others besides have offered responses to charges of conservatism.<sup>312</sup> These responses are, in my view, sufficient to defuse the objection, so I shall defer to them here. It is also noteworthy

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<sup>309</sup> *The Ethics of Care*, 19. Groenhout is even less impressed by virtue ethics. In her “Virtue and a Feminist Ethics of Care,” at 481, she writes that “the historical roots of virtue theory lie in deeply hierarchical and patriarchal theories, are unreservedly elitist and assume only the powerful will live good lives.” See also Tove Pettersen’s “The Ethics of Care: Normative Structures and Empirical Implications,” *Health Care Analysis* 19, no. 1 (2011): 55.

<sup>310</sup> This argument appears in Chapter 4.

<sup>311</sup> *British Journal of Educational Studies* 61, no. 3 (2013).

<sup>312</sup> Curzer’s “An Aristotelian Critique of the Traditional Family,” (*American Philosophical Quarterly* 47, no. 2 (2010)) is also noteworthy here.

that care ethics has faced similar worries about conservatism. Commenting on the threat of conservatism in care ethics, Tronto writes that:

in focusing on the preservation of existing relationships, the perspective of care has a conservative quality. If the preservation of a web of relationships is the starting premise of an ethic of care, then there is little basis for critical reflection on whether those relationships are good, healthy, or worthy of preservation. Surely, as we judge our own relationships, we are likely to favor them and relationships like them. It is from such unreflective tastes, though, that hatreds of difference can grow.<sup>313</sup>

So care ethics is not uniquely immune to such concerns.

Yet there are plenty more discrepancies in this vein to consider. Clement suggests that the “fundamental difference” between ethics of care and virtue ethics is that “the study of ethics of care, at least at its best, has brought critical attention to the gender-coding of our moral concepts. It has clarified and challenged the sexual division of moral labour,”<sup>314</sup> and thereby challenged conservatism. Presumably, Clement is referring to the sorts of labour that are stereotypically divided along sexual lines – childrearing, nursing, and so forth – and virtue ethics has admittedly been rather silent on these issues until very recently. As Held puts it, “the traditional Man of Virtue may be almost as haunted by his patriarchal past as the Man of Reason. The work of care has certainly not been among the virtuous activities to which he has adequately attended.”<sup>315</sup> These topics/issues are not marginal for feminists, either. Splitting feminist concerns into two categories, Stohr writes that:

The first category is the set of concerns [...] about the need for a moral theory to account for the full range of moral experience. Obviously the focus within feminism is on the moral experience of women, but feminist ethics has traditionally allied itself with those asking parallel and sometimes overlapping questions about the experience of men and women of color, persons with disabilities, and others who have historically suffered under oppressive and unjust social structures.<sup>316</sup>

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<sup>313</sup> “Beyond Gender Difference to a Theory of Care,” *Signs* 12, no. 4 (1987): 659.

<sup>314</sup> *Care, Autonomy, and Justice*, 4. Sandrine Berges distinguishes virtue ethics from ethics of care in *A Feminist Perspective on Virtue Ethics* (New York: Palgrave Macmillan, 2015), at 109-110, on a similar basis:

Previous ethical theories, including Aristotelian ethics, tended to focus on the kind of moral experiences that would be part of the life of an independent male making decisions and judgements for himself, free of the kind of pressing, everyday preoccupations that a woman at home might experience and perhaps, as a result, more abstract and less personal.

Berges goes on to argue, however, that care ethics owes major philosophical debts to women virtue ethicists like Heloise, Christine de Pizan, Wollstonecraft, and Sophie de Grouchy, and that virtue ethics can make sense of women’s experiences.

<sup>315</sup> *The Ethics of Care*, 20.

<sup>316</sup> “Feminist Virtue Ethics,” 273. Stohr goes on to offer another at 273:

So one might reasonably think that virtue ethicists have overlooked the gender-coding of concepts central to these professions and lived experiences, and to feminist ethics more broadly.

Yet it is not clear that virtue ethics, at its best, has *not* brought critical attention to the gender-coding of moral concepts. This may have been true when virtue ethics was still vying to establish itself, but virtue ethics has progressed well beyond that point, and feminist virtue ethics is now widely discussed (Stohr's own paper being a case in point). Indeed, we might even say that virtue ethics has been in the business of dismantling gender-coding for centuries. There are sizable tracts in Aristotle's and Aquinas' work which champion traits like compassion and thoughtfulness which are usually regarded as feminine.<sup>317</sup> So it does not seem entirely fair to assert that care ethics differs from virtue ethics in that it has challenged the gendering of moral concepts. That said, even if we accept that virtue ethics *has* failed to call attention to the gender-coding of moral concepts, why think that this is anything more than an accident which can be easily rectified?<sup>318</sup> Ethicists are in the business of identifying and filling lacunae in their theories, and it is not obvious that this is not simply another lacuna which can yet be filled.<sup>319</sup> It is further puzzling that Clement has limited her claim to care ethics *at its best*, for this implies that there are care ethics and/or care ethicists who themselves do not do

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The second broad category of feminist concerns includes issues that might best be described as concerns about justice and women's rights. It is hardly news that women are still not treated as the full moral and political equals of men. Women lack political standing in much of the world and suffer higher rates of poverty and general economic hardship as a result of unjust social structures and policies. Moreover, women and girls around the world are routinely subjected to sexual servitude and exploitation through prostitution, forced marriage and childbearing, sexual violence, and so forth. Identifying these deeply oppressive structures and remedying the wrongs they impose is an essential goal of feminism. Any feminist version of ethics needs to be able to employ the language of justice and human rights in a way that captures the moral weight of these issues adequately and effectively.

But this concern seems less problematic given the work of thinkers like Nussbaum. Minow makes a similar point in *Making all the difference: Inclusion, Exclusion, and American Law* (New York: Cornell University Press, 1991), at 198, where she points out that feminist relational ethics "tends to focus also on conflict, power, domination, and oppression as features of relationships." But a great deal of recent work by feminist virtue ethicists like Tessman does this.

<sup>317</sup> Nussbaum's work on compassion leans heavily on Aristotle's *Rhetoric*, for instance, and Aquinas' work on brotherly correction also contains interesting remarks on empathy. This is not to say that Aristotle and Aquinas did not buy into troublesome claims about gender. But that does not show that they did not challenge prevailing conceptions of gender held by either their contemporaries or ours. Foot's work on charity and compassion also deserves mention here. See, in particular, Hacker-Wright's overview of Foot's work on these subjects in his *Philippa Foot's Moral Thought* (London: Bloomsbury, 2013), 138-143.

<sup>318</sup> Alan Thomas is one of the few to have presented an analysis of the claim that care ethics has distinctive ethical content, and he concludes that the only real distinctions to be drawn between virtue and care ethics have to do with "historical contingencies" and not the moral frameworks themselves. See his "Virtue Ethics and an Ethics of Care: Complementary or in Conflict?" *Eidos* 14 (2011).

<sup>319</sup> This is why I am also unconvinced by Clement's repeated claims that care ethics is unique for its prioritisation of "maintaining one's relations and meeting the needs of those to whom one is connected" (*Care, Autonomy, and Justice*, 14). See also my response to individualism in Section IV.3.

this. If some care ethics/ethicists have not brought attention to the gender-coding of our moral concepts (and Clement likely has scholars like Mayeroff in mind here), then those ethics will not possess this fundamental difference. So in attempting to draw a neat distinction between care and virtue ethics, Clement may well have opened a rift between the various ethics of care instead.

## 2. Eudaimonism and Naturalism

Eudaimonism seems to furnish another distinction between virtue ethics and care ethics. Virtue ethicists, it might be conceded, do accept and emphasise relational ontology, but theirs is also a rational ontology, and many other kinds of ontology besides. Indeed, it is difficult in reading eudaimonist philosophy like that of Aquinas and Kraut not to be struck by just how thick Aristotelian eudaimonist ontology can be. Kraut's developmental theory of human nature, for instance, posits that "a flourishing human being is one who possesses, develops, and enjoys the exercise of cognitive, affective, sensory, and social powers (no less than physical powers)."<sup>320</sup> Commenting on the expansiveness of this concept of flourishing, Foot notices that:

a great change has come over the conceptual scene with the move from animals (other animals) to humans, and that we shall have to look afresh at the necessities standing behind the evaluation in their case. To begin with, we now have to deal with the much larger number of harms, and here also of deprivations, that can be suffered: deprivations that belong to the world of imagination and understanding for instance. On the most simple level, and leaving aside such things as art and science, one notices that a human being who is unable to follow a tune or a dance is deprived, and therefore does not have what a human being needs for the good things that human beings enjoy. [...] Flourishing, for human beings, encompasses the enjoyment of many good things.<sup>321</sup>

By contrast, the care ethical focus on *relational* ontology, and specifically on dependency, might seem to give rise if not to a thin ontology, then to a one-dimensional one. Care ethicists often dedicate so much space to elucidating or fine-tuning their relational ontology that they neglect other/prospective aspects of human ontology. Bowden, for example, is able to spend the entirety of *Caring* unpacking just four kinds of relation: mother-child relations, friendly

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<sup>320</sup> *What is Good and Why?*, 137. He spends the remainder of that monograph detailing this ontology.

<sup>321</sup> "Rationality and Virtue," in *Moral Dilemmas and Other Topics in Moral Philosophy* (Oxford: Clarendon Press, 2002), 166-167.



relations, nurse-patient relations, and compatriotic relations; as could Ruddick's *Maternal Thinking* be truthfully described as a study of just one: the mother-child relation.<sup>322</sup>

However, once again, this will not erect a solid divide between our two theories. Ruddick, Held, and Martin all develop substantial accounts of rationality and link them to their ontologies,<sup>323</sup> and Held, Lynch, Petterson, Mayselless, Groenhout, and Gilligan all explicitly link care to a broader concept of flourishing.<sup>324</sup> Most care ethicists will accept moreover that rationality and relationality are intertwined in such a way that one cannot excel in either area without meeting some minimum standard in the other. Few after all would deny that one must be rational in some sense to be a good carer, or that care aims at least partially to produce, maintain, or restore rational agency, whatever we take that to mean. Nor can we say that care ethicists do not employ a *eudaimonistic* or *Aristotelian* conception of flourishing or rationality, since Lynch and Mayselless use just that.

One might also distinguish virtue ethics from care ethics by reference to naturalism. While feminist philosophers like Baier and Walker have embraced the last century's turn towards ethical naturalism of various stripes, a number of care ethicists have resisted it. In a paper called "Moral Subjects: The Natural and the Normative,"<sup>325</sup> for instance, Held takes aim specifically at the type of naturalism associated with neo-Aristotelianism, developing several reasons to think that naturalism is a faulty doctrine, that care ethics is not naturalistic, and that care ethicists ought to reject the traditional dichotomy between naturalism and supernaturalism. Engster also argues against 'natural law arguments,' contending that they "rest upon a natural

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<sup>322</sup> See particularly the introduction to Bowden's *Caring* and the preface to the 1995 edition of *Maternal Thinking*. Interestingly, Sander-Staudt believes that it is *virtue ethics* whose ontology is narrower. In "The Unhappy Marriage of Care Ethics and Virtue Ethics" (*Hypatia* 21, no. 4 (2006)), at 36, she writes that:

Even when VE [sic] adopts a relational ontology, the role such ontology plays in VE differs from the one it plays in CE [sic]. The relational ontology of VE emphasizes the relational aspects of being in terms of individual virtue development, whereas CE emphasizes the relational aspects of being in a much broader sense. The relational ontology of CE construes the entire self as constituted, known, and maintained through relationship, and construes virtue as a quality that nurtures relationships appropriately.

Needless to say, I believe Sander-Staudt is mistaken about this, and I take the expository work done in Chapter 3 to evince this.

<sup>323</sup> See Part II of *Maternal Thinking*, which looks rather like a discussion of *phronesis* as it applies to caring, Held's *The Ethics of Care*, specifically at 53-54, and Chapters 2 and 8 of Martin's *Love's Virtues* (Lawrence: University Press of Kansas, 1996).

<sup>324</sup> Held mentions flourishing surprisingly often - see *The Ethics of Care*, 18, 42, 64, 72, 96, 111, and 124, for some of those mentions. See also Lynch's *Care: An Analysis, passim*; Chapter 3 of Petterson's *Comprehending Care*, and fns. 2 and 3 at 47; Chapters 19 and 20 of Ofra Mayselless' *The Caring Motivation: An Integrated Theory* (New York: Oxford University Press, 2016); Groenhout's *Connected Lives*, at 43, and "Care Theory and the Ideal of Neutrality in Public Moral Discourse" (*The Journal of Medicine and Philosophy* 23, no. 2 (1998)) at 174-175, and; Gilligan's "The Conquistador and the Dark Continent: Reflections on the Psychology of Love," (*Daedalus* 113, no. 3 (1984)) at 78 (though Gilligan speaks there of 'wellbeing').

<sup>325</sup> *Proceedings and Addresses of the American Philosophical Association* 76, no. 2 (2002). Those arguments are also summarised in *The Ethics of Care*, at 39.

teleology that translates biology into destiny and difference into hierarchy.”<sup>326</sup> The first thing to note here, however, is that Held’s and Engster’s argument is only necessary because this distinction has already been undermined. Held writes in response to a growing trend amongst care ethicists to identify as naturalists, a trend which Held aims to reverse. As we saw above, care ethicists (including, I suggested, Held herself) begin their ethics with a theory of human nature. Thus Collins, paraphrasing Groenhout, writes that according to care ethics, “our ideas of what humans are is not entirely separable from our ideas of what they should be.”<sup>327</sup> And in “Rethinking Care Theory,” Engster in fact attributes a kind of naturalism to Tronto, Fischer, Baier, Fineman, Kittay, Walker, and West. Quoting Streuning, he characterises the view as follows:

By defining caring in terms of the general functions that it serves in reproducing human life and society, Tronto and Fischer ground this concept in an objective, material moral foundation. Other care theorists have similarly defined caring “as a social practice that is essential to the maintenance and reproduction of society.”<sup>328</sup>

Held’s and Engster’s argument is therefore not a *pre-emptive* one. It is a rebuttal against a position which already has significant purchase in care ethics, and for that reason does not earmark an extant distinction between care ethics and virtue ethics.<sup>329</sup>

Furthermore, Held’s arguments target a caricature of naturalism which most naturalists will reject. She writes, for example, that “naturalism in ethics undermines our ability to make the needed distinction between what we observe and describe and what we normatively commit ourselves to,”<sup>330</sup> remarking later on that “naturalistic Aristotelian, Humean, or scientific tendencies suppose that what is approved should be, or that what has evolved serves a morally acceptable purpose.”<sup>331</sup> These are puzzling claims, and one senses that Held fails to appreciate the mechanics of the neo-Aristotelian naturalist’s transition from ‘is’ to ‘ought.’ Whatever brand of Aristotelian ethical naturalism we buy into, it will not be one which translates just any descriptive judgment into a normative one. Indeed, naturalists like Foot, Hursthouse, and Annas have gone to great lengths to demonstrate just how such a judgment would err. The

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<sup>326</sup> “Care Ethics and Natural Law Theory,” *The Journal of Politics* 66, no. 1 (2004): 123. Other feminist thinkers who are critical of natural law theory include Ruhl and Traina – see Ruhl’s “Natural Governance and the Governance of Nature: The Hazards of Natural Law Feminism” (*Feminist Review* 66, no. 1 (2000)) and Traina’s *Feminist Ethics and Natural Law* (Washington, D.C.: Georgetown University Press, 1999).

<sup>327</sup> *The Core of Care Ethics*, 11-12.

<sup>328</sup> At 51.

<sup>329</sup> This also rules out disanalogies from egoism.

<sup>330</sup> *Ibid.*, 13.

<sup>331</sup> *Ibid.*, 19. McDowell in particular has resisted these views. See, for a summary and an analysis of his views, Hans Fink’s “Three Sorts of Naturalism,” *European Journal of Philosophy* 14, no. 2 (2006).

thought underlying naturalism, as we saw in Chapter 3, is something like what Hacker-Wright suggests:

to situate an organism against the background of the characteristic function of its species is to look at it from a normative perspective. To situate an organism against its species is precisely to make an assessment of that organism against *what is normal for organisms of that type*. That is, it is to make a normative assessment.<sup>332</sup>

Thus, while the naturalist's set of moral standards coheres with the natural sciences and their judgments about the sorts of organisms we are and have evolved to be, this does not erase the distinction between the descriptive and the normative.<sup>333</sup> A callous person will not measure up to the care ethicist's ideal, but nor will they measure up to the virtue ethicist's, despite the fact that human beings are the sorts of creatures that are sometimes callous. So Held's argument against naturalism seems to target a position which Aristotelians do not endorse, and in distancing her moral philosophy from that naturalism, she has not in fact distanced it from neo-Aristotelianism.

### 3. Individualism

Some of the most interesting and widespread objections raised by care ethicists criticise virtue ethics for what they call 'individualism.' Many care ethicists have taken virtue ethics to task for this shortcoming, and whether or not they are all making identical allegations, it is clear that a number of care ethicists believe that care ethics is unique in (and superior for) rejecting individualism. Unfortunately, most care ethicists are unhelpfully vague about this charge, so we cannot always be completely sure just what this critique consists in. Noddings and Held buck this trend and articulate it in great detail, however, so I shall focus on their respective contributions to the argument.

#### 3.1. Individualism and Withdrawal

Noddings develops the charge of individualism throughout her corpus, but she seems to have several different objections in mind. One of these, which seems to me to constitute a different

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<sup>332</sup> "What is Natural About Foot's Ethical Naturalism?" *Ratio* 22, no. 3 (2009): 311 (my emphasis).

<sup>333</sup> I ought to note here that there is some debate about whether the language of *derivation* is appropriate. Hursthouse argues that it is not, and that the naturalistic project ought to be understood as "coherentist" rather than "foundationalist" ("Human Nature and Aristotelian Virtue Ethics," *Royal Institute of Philosophy Supplement* 70 (2012)).

objection to the one Noddings defends most often, couches individualism in terms of introspection or inwardness. In *Caring, The Maternal Factor*,<sup>334</sup> and “Care Ethics and Virtue Ethics,” Noddings differentiates care ethics from virtue ethics according to their conflicting guidance. As Noddings frames it, virtue ethics recommends “turning inward,”<sup>335</sup> and by this she means that virtue ethics advises us to contemplate its “ethical ideal,” how we compare to it, and how we might achieve it. For Noddings, this advice is sorely inadequate because it precludes what she calls “sympathetic attention.”<sup>336</sup> Sympathetic attention, she tells us, “does not function as most virtues do. It directs us *away from ourselves* as admirable characters and toward the one who addresses us.”<sup>337</sup> Unlike virtue ethics, care ethics takes as its ideal an agent who is sympathetically attentive through and through. Noddings’ caring agent, recall, is one who becomes engrossed in the life of the cared-for, and engrossment draws heavily on the notions of sympathy and empathy we find in enlightenment sentimentalism. By contrast, in counselling us to become and act as if we were virtuous, the virtue ethicist advises us to turn inward, studying and refining our own character rather than attending to or becoming engrossed in the lives of those with whom we share a relation, and therefore leaves insufficient room for anything like sympathetic attention.

One gets the impression that in formulating this objection, Noddings envisages the virtue ethicist advising us to follow in Gauguin’s footsteps and abandon our relations, not for the sake of painting on an island in the Pacific, but for the sake of soul-searching and the cultivation of “admirable characters.” Indeed, when she raises the possibility of using virtue ethics as a foundation for her study in *Caring*, she discards it because virtue ethics’ ethical ideal could include “the holy man living abstemiously on top of the mountain, praying thrice daily, and denying himself human intercourse.”<sup>338</sup> Yet while this objection does not miss its mark completely (no virtue ethicist will deny the import of self-cultivation), there are a number of reasons to set it aside. First, Noddings spends much less time developing it in her corpus, and she presumably sees it as less important. Second, it is almost certainly one of the more exaggerated and uncharitable ways to frame the thought that virtue ethics demands

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<sup>334</sup> (Berkeley: University of California Press, 2010).

<sup>335</sup> “Care Ethics and Virtue Ethics,” 404.

<sup>336</sup> *The Maternal Factor*, Chapter 6.

<sup>337</sup> *Ibid.*, 96 (my emphasis).

<sup>338</sup> At 80. Noddings also articulates this objection in *Starting at Home*, at 12:

If caring is a virtue, we are drawn to the start suggested by Mayeroff’s description. If, however, we regard caring as a desirable attribute of relations, then we may prefer to start with the cared-for, his or her needs, and how the carer responds to those needs.

The problem here, however, is that Mayeroff is typically regarded as a care ethicist, and in criticising his account, Noddings’ argument becomes *internal* to care ethics.

introspection of its adherents. It is, I think, unfair to paint the virtuous agent as a contemplative hermit or an inattentive intellectual, especially in view of the usual candidates for virtue (the list of which includes figures like Martin Luther King Jr., Mother Teresa, and the 14th Dalai Lama). In the *Summa Theologiae*, Aquinas refers to virtues as *habitus operativi* ('operative dispositions'),<sup>339</sup> and this nomenclature is informative – the virtues, including those which Ross calls the 'virtues of social intercourse,' are dispositions which must be put into action in the flourishing life. As we saw in Chapter 3, some read Aristotle as a defender of Noddings' picture of virtue in light of his remarks in Book VII of the *Nicomachean Ethics*, but most virtue ethicists today will flatly deny, for reasons including but not limited to those I shall attempt to clarify in the sections and chapters to come, that Noddings' portrayal of the virtuous agent is an accurate one.<sup>340</sup>

### 3.2. Individualism and Relational Evaluation

Even once we have left this objection by the wayside, however, we seem to be left with a number of objections in Noddings' writings. Noddings' language is surprisingly slipshod when it comes to this objection, and it seems at first glance as if the objection splinters into several distinct concerns. At some points, Noddings seems to equate individualism with a failure to acknowledge the participation in and contributions of the cared-for to the relationship.<sup>341</sup> At others, individualism seems to amount to nothing more than a tendency amongst virtue ethicists to discuss individuals rather than the relations they share with others.<sup>342</sup> Sometimes, individualism seems to mean that only the actions or traits of individuals can have moral value or be treated as good or evil.<sup>343</sup> Elsewhere, individualism seems also to consist not only in limiting moral value to actions or traits, but also in shoehorning care into that view so that it becomes an action or a trait of particular persons.<sup>344</sup> In other passages, individualism appears to mean an evaluative bias towards individuals, or a reluctance or a refusal to include relation as an object of moral evaluation.<sup>345</sup> Finally, Noddings' individualism seems at times to mean a

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<sup>339</sup> II-I, Q. 55.

<sup>340</sup> See also Chapter 7.

<sup>341</sup> "Care Ethics and Virtue Ethics," 411, and *Starting at Home*, 20.

<sup>342</sup> *The Maternal Factor*, 71-77, 81, *Caring*, 96-97.

<sup>343</sup> "Care Ethics and Virtue Ethics," 404, *The Maternal Factor*, 72-77, 81.

<sup>344</sup> "Care Ethics and Virtue Ethics," 411, *The Maternal Factor* 73-76.

<sup>345</sup> *The Maternal Factor*, 71-77, *Caring*, 81. Note that this is not identical to the claim that only individuals' traits/actions have value.

failure to recognise relation as causally/morally prior to the individual, in the sense that moral agency is impossible without relation.<sup>346</sup>

In noting the variety of plausible interpretations of Noddings' writings, I am not implying that none of them can be reconciled or aligned with any other. It is perfectly consistent for Noddings to say that virtue ethics spends too little time discussing relation, and that it also neglects the central role care plays in creating moral agents. Indeed, it would make sense to read these two objections as related. It would also make sense, by these lights, to argue that care receives so little attention because the only things that can have moral value are the actions and traits of individuals. We could then explain Noddings' claim that care gets subordinated to virtue by the fact that virtue ethicists have such difficulty with evaluating relations and the contributions made to the relation by non-moral agents like infants. So it is not as if the different meanings of individualism cannot be worked into a broader idea of what Noddings might mean by 'individualism.' In fact, this would be a much more charitable strategy than to suggest that Noddings has no clear idea of what she means by individualism, or that she equivocates when she accuses virtue ethics thereof. But if we are to read Noddings' charges of individualism consistently, what is the *kernel* of the objection?

Noddings' primary issue seems to be that virtue ethics and care ethics clash over the value each affords to care. To her mind, virtue ethicists derive the moral value of relation only from the value of traits (which give actions their value, too). Care ethicists, by contrast, derive the value of virtue from the value of (caring) relations. As Sander-Staudt puts it:

The concept of care features in CE [*sic*] in a way that it does not in VE [*sic*] [...] CE scrutinizes virtue in the context of how best to achieve the goals of care, while VE scrutinizes care in the context of how best to achieve virtue and a flourishing life.<sup>347</sup>

Thus, virtue and care ethics have essentially endorsed opposing positions on the evaluative priority of virtue and care. The faultline therefore lies in value theory, and Noddings' comments on value likely represent the kernel of the objection. I have already pointed out that this could explain both her thought that virtue ethicists neglect care and that those who do acknowledge care end up shoehorning care into virtue. It also explains quite well the emphasis she perceives among virtue ethicists on particular moral agents over the role of care in bringing those agents

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<sup>346</sup> *The Maternal Factor*, 72-74. Noddings is often unclear about what sort of priority she is espousing. It seems as though, for Noddings, causal priority entails moral priority of some sort, but if this is so, she never explains how or why.

<sup>347</sup> "The Unhappy Marriage of Care Ethics and Virtue Ethics," 35.

to bear. If this is actually her claim, then it also becomes easier to see why Noddings feels the need for excursions into value theory, why she isolates and repeatedly revisits the verification of virtue as a purpose of care, and why she takes issue especially with the necessity of freedom of choice for moral value. So it seems to me that there is ample reason to take this to be the core of her objection.

Held also attacks virtue ethics on this front, and her concerns seem in large part to mirror Noddings'. In *The Ethics of Care*, Held responds to Curzer's claim that Aristotle founded the ethics of care by insisting that "we need moral evaluations of *relations*, not just dispositions,"<sup>348</sup> and that "in seeing care as a virtue, [Curzer] misses a central feature of care: its evaluations of and recommendations concerning care."<sup>349</sup> Held attacks Curzer's reductive approach to care, asserting that it is "limited to evaluating an individual's dispositions and behaviour, including interaction with others, but not relations themselves between persons."<sup>350</sup> In *The Ethics of Care*, she says also that virtue ethics focuses on "the dispositions of individuals, whereas the ethics of care focuses on social relations and the social practices and values that sustain them,"<sup>351</sup> and she goes on to argue that Slote's virtue-cum-care ethic:

misses the centrality of caring *relations* for an ethic of care. A caring person [...] will not only have the intention to care and the disposition to care effectively but will participate in caring relations. If persons lack the capacity to do so, they can be persons who are trying to be caring, but they are not yet caring persons. To be a caring person requires more than the right motives or dispositions. It requires the ability to engage in the practice of care, and the *exercise* of this ability.<sup>352</sup>

Held also illustrates her position on the limitations of individualism with an illuminating example. She begins by telling us that "judgments about relations often need to be rather different from judgments about individuals,"<sup>353</sup> and then asserts that a relation between two virtuous individuals can be "hostile, conflictual, and unhelpful to either"<sup>354</sup> despite the fact that both individuals are morally good. A caring relationship cannot be antagonistic in this way; it "requires *mutuality* and the cultivation of interdependence in human life."<sup>355</sup> Virtue ethics, for Held, does not recommend and cannot properly evaluate relations because it is only equipped

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<sup>348</sup> At 52.

<sup>349</sup> Ibid.

<sup>350</sup> Ibid. Held has emphasised this point in conversation several times.

<sup>351</sup> Ibid., 20.

<sup>352</sup> Ibid., 51 (original emphasis).

<sup>353</sup> Ibid., 53.

<sup>354</sup> Ibid.

<sup>355</sup> Ibid.

to evaluate the dispositions of individuals. Held and Noddings therefore agree that virtue ethics fails to appreciate the participation in caring relations because of its emphasis on character traits. On their view, moral evaluations of relations are not reducible to moral evaluations of individuals, virtuous agents are not guaranteed to have caring relations because of their virtue, and moral evaluations of relations which are not derived from evaluative claims about character traits are an integral part of a complete picture of moral life. Held differs from Noddings, however, in that she seems not to think virtue ethics capable of evaluating relations at all, whereas Noddings admits that virtue ethics can afford care some kind of instrumental value. We thus have at least two distinct forms of this objection, Noddings' being the more modest, both of which revolve around the claim that virtue ethics does not and cannot value caring relations rightly.

I take it that the claim at the core of Noddings' and Held's objections, that an ethic whose primary source of moral value is the traits of individuals is incapable of (properly) valuing relations, is worthy of serious thought for a number of reasons, its pedigree among them. Held and Noddings are not the only care ethicists to have advanced criticisms along these lines. Care ethicists like Hamington, Sander-Staudt, and Groenhout have proffered similar objections, though usually much more briefly.<sup>356</sup> What's more, the responses to this argument have been disappointingly sparse and, in my view, rather ineffective. Halwani both explains and dismisses this objection in the space of two short paragraphs in "Care Ethics and Virtue Ethics,"<sup>357</sup> but that response amounts to little more than the claims that (a) virtue ethics is not egoistic in such a way that it forbids acts of self-sacrifice or endangerment, and (b) the virtue ethicist does not need to treat relations as ontologically basic in order to incorporate or mirror the care ethicist's normative ethics. While a complete response to the care ethicist's point will touch on both of these points, neither of them strike me as completely satisfying. Alan Thomas likewise acknowledges this objection, and goes on to respond to it by claiming both that "the *relation* is not the value,"<sup>358</sup> and that the argument rests on "at worst a metaphysical mistake, or at best a mere figure of speech."<sup>359</sup>

In light of Chapter 3, however, a different response is immediately apparent. As we saw there, eudaimonists concern themselves with a complete life, and thus lives such as King Priam's cannot qualify for *eudaimonia* despite their many goods. Eudaimonistic judgements

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<sup>356</sup> See Sander-Staudt's "The Unhappy Marriage of Care Ethics and Virtue Ethics," 34-36, Hamington's *Embodied Care*, and Groenhout's "Virtue and a Feminist Ethics of Care."

<sup>357</sup> At 168-169.

<sup>358</sup> "Virtue Ethics and an Ethics of Care: Complementary or in Conflict?" 148.

<sup>359</sup> *Ibid.*



are supposed to assess one's life as a whole against a particular life form.<sup>360</sup> The keystone concept under Aristotelian eudaimonism is flourishing, the lifelong performance of one's characteristic activity, which is to say that one lives a virtuous life adequately furnished with external goods. For the Aristotelian virtue ethicist, this cannot be done outside of a web of relations, and for that reason relations are included in assessments of *eudaimonia*. As Berges puts it:

even as propounded by Aristotle, [virtue ethics] does not fail to take relationships into account. Even if its focus is on the character of individuals, they are from the very beginning regarded as operating within a community. Virtue is seen as that which enables us to perform our function well; hence, a part of flourishing depends on being part of a city.<sup>361</sup>

From this, it ought to be clear that eudaimonists do not derive evaluations of relations solely through evaluations of character traits. One of Noddings' major concerns is that virtue ethics would reduce care's value to a function of virtue's, thereby overlooking care's intrinsic value. This is not the case. Caring relations are not valuable only insofar as they conduce or facilitate or provide opportunities for the expression of virtue. Relations derive their value not from virtue, but from flourishing. Thus Held's example of two virtuous agents in a hostile relation with one another seems easily explained. Neither agent can have done anything blameworthy, since virtuous agents by definition do not perform blameworthy actions, but we are not thereby left incapable of making normative claims about their relation. Rather, assuming this relation makes some non-negligible difference in their lives, their relation is an external evil – it is a stain on their lives, and it may even preclude either agent's *eudaimonia*.

One can of course consistently maintain that a particular relationship is a good one because it encourages or allows its participants to become virtuous. Indeed, it is difficult to see how anyone could develop virtue without such relationships, or how a virtuous life could be well-lived without opportunities to be a good friend/family member/romantic partner. One could also make a Platonic observation about relations between the wicked which foster vicious behaviour. In these senses relations may also be evaluable as platforms or stages for virtue or vice. But none of this is inconsistent with the derivation of relational value directly from *eudaimonia*, as elements of the flourishing life which can go better or worse in a variety of

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<sup>360</sup> Ackrill frames this thought nicely in "Aristotle on Eudaimonia," at 10 (original emphasis):

A giraffe is one organism and its functions are coherently organized. Its proper excellence is not just the conjunction of the special excellences of its component functions but the optimal functioning of the total system in the giraffe's *life*.

<sup>361</sup> *A Feminist Perspective on Virtue Ethics*, 114.

ways.<sup>362</sup> The fact that one participates in genuinely caring relations is in itself a satisfaction of one condition for *eudaimonia*, and thus the relation is valuable to some extent *independent* of its relation to virtue. We can know that something is going well in a life by knowing that its relationships are caring, irrespective of the agent's character.

We need not think that care ethicists and virtue ethicists have any major disagreements over the moral nature of this value, either. Both care and virtue ethicists seem to want relations to belong to a theory of the good human life. Relations are a *moral* matter for virtue ethicists because the fundamental question they take themselves to be answering, namely "what sort of life should I live?" encompasses much more than mere right action or good character. For virtue ethicists, the scope of moral evaluation extends to include all those things which bear upon our flourishing, including such apparently amoral things as the trajectory of our careers, our health, and our relations. Though the scope of moral evaluation is sometimes limited to right action in (rudimentary) forms of consequentialism and deontology, virtue ethicists blur the lines between conventionally moral subjects like right action and subjects which non-philosophers are unlikely to think of as moral or ethical.<sup>363</sup> Care ethicists are engaged in a similar project. In urging us to treat caring relations *per se* as morally evaluable in some sense, and not just as particularities which a theory of right action ought to consider or as a kind of backdrop against which moral agency takes place, care ethicists are engaged in a project of redrawing morality's borders. So it seems that eudaimonism, insofar as it too expands the scope of morality, retains the distinctly moral status care ethicists have afforded relation.

#### 4. Care and Virtue

There are lengthy discussions to be had over each of these potential discrepancies between virtue ethics and ethics of care, and I will not claim to have resolved any of them. I have, however, offered what I think are fairly persuasive reasons to believe that none of them are genuine. I turn now to two which seem to me to hold more promise.

Thus far we have avoided any substantial discussion of care itself. We have addressed features that all ethics of care will have in common, and in doing so have touched sporadically on what it means to participate in a caring relation, but we have not engaged in a detailed or

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<sup>362</sup> Blum offers six reasons why community might be valuable according to virtue ethicists in "Community and Virtue," some of which derive that value from virtue, but not all.

<sup>363</sup> Sherman makes this point in contrasting Aristotle's ethics with Kant's in *The Fabric of Character* (Oxford: Clarendon Press, 1989), 125.

thorough discussion of what care is. Omitting a full discussion of care until now will surely have struck the reader as peculiar – we are, after all, discussing *care* ethics. But there are a number of reasons why we did not address the topic in Chapters 1, 2, or 3. Chief among these is that Chapter 2 was concerned not with care itself, but with the commitments underpinning care. Our primary task was, we might say, a more meta-ethical one. What we have laid out there is the foundations of ethics of care, not the central normative concept. Another reason for avoiding the concept in care in a study of care’s fundamentals is that care seems at first glance to be so contentious a topic that it would be impossible to say anything of substance without adjudicating between accounts and selecting a small handful for explication. This was not, of course, the primary task of the last two chapters. Our aim was to paint a broad picture of general care ethical commitments. And while care ethicists usually define care in their writings, they often do not, perhaps for the reason above (or perhaps because it is too obvious to mention!), list care or any particular way of cashing it out amongst the essential features of care ethics.<sup>364</sup> Care is clearly not identical to relation, though caring relations are a cornerstone of the framework, nor is it typically reducible to a kind of partiality or a constellation of emotions.<sup>365</sup> It is a distinct concept which involves but cannot be whittled down to any of the commitments we explored in the preceding chapters. And though defining care *via negativa* in this way remains well within the limits of orthodoxy, it is not particularly informative. I turn now to the task of unpacking care, and to the claim that virtue ethics does not employ an analogous foundational concept.

Though concepts of care are incredibly diverse, some efforts have still been made to find commonalities between positive conceptions thereof, and to use those in the construction of an additional feature that all ethics of care will have in common. Indeed, any care ethicist who hopes to maintain some sort of conceptual boundary between care ethics and virtue ethics, and is convinced by an analysis like the one presented in the preceding chapters, will likely view this as the most obvious point of departure. Yet philosophers wishing to take this step are subject to a handful of constraints. It is obvious that care is not an empty placeholder, but we also cannot define its essential properties haphazardly. The primary constraint on the essential content of care seems to me to be that it must represent and admit all those thinkers we ordinarily take to be care ethicists. To exclude philosophers like Noddings, Held, Tronto, and

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<sup>364</sup> Tronto, interestingly, notes in *Caring Democracy* ((New York: New York University Press, 2013), at 25) that all political theories possess a concept of care. It may be the case that the same can be said of moral philosophies.

<sup>365</sup> Slote being the obvious exception here, whose writing both proves the rule and further underscores the sheer variety of concepts of care.

Sevenhuijsen would be unacceptably dissonant with the broad agreement in the literature over who qualifies as a care ethicist and the value of their insights about the nature of care. For this reason, we cannot advance a ‘thick’ definition of care which adjudicates between the diversity of views about what care involves; whichever way we choose to define care, it must be one that accommodates rather than ignores or rejects that diversity. Yet while this constraint shrinks the set of options dramatically, it does not empty the set entirely. Held, for instance, has persuasively argued that care ethicists all define care as a response and/or a responsiveness to need. At the outset of *The Ethics of Care*, she tells us that “the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility.”<sup>366</sup> And she has not been the only care ethicist to notice this. In “Care Ethics and Animal Welfare,” Engster writes that:

most care theorists agree that caring at least entails helping others to meet their basic needs, develop their basic capabilities, and avoid unwanted suffering and pain. Building upon this minimalist approach, caring maybe defined as everything we do directly to help others (1) to satisfy their basic needs for food, sanitary water, clothing, shelter, rest, a clean environment, basic medical care, and protection from harm; (2) to develop and maintain their basic capabilities for sensation, emotion, mobility, speech, reason, imagination, affiliation, and literacy and numeracy; and (3) to avoid harm or alleviate unwanted suffering and pain. The most general goal of caring is to help others to survive and function so that they take care of themselves and others and pursue some conception of the good life.<sup>367</sup>

Held and Engster are not alone in giving need pride of place in their ethics. Though most care ethicists do not go so far as to locate a particular, thick concept of care at the heart of *any* adequate theory of care, Held and Engster do seem to be correct in noting the universality of need across competing definitions of care. Bubeck, for example, defines care in *Care, Gender, and Justice* as “the meeting of the needs of one person by another person,”<sup>368</sup> and Sevenhuijsen defines it as “an ability and a willingness to ‘see’ and ‘hear’ needs, and to take responsibility for these needs being met” in *Citizenship and the Ethics of Care*.<sup>369</sup> Held’s work is, moreover, enormously influential, and many care ethicists (such as Robinson) adopt her definitions more or less verbatim, and thus inherit her focus on need. Tronto’s work, which has been equally

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<sup>366</sup> At 10 (see also 39).

<sup>367</sup> *Journal of Social Philosophy* 37, no. 4 (2006): 522.

<sup>368</sup> At 129.

<sup>369</sup> Trans. Liz Savage (London: Routledge, 1998) 83 (see also 60).

influential amongst care ethicists, is also equally emphatic about care's concerning need. In explicating her concept of care, Tronto writes that "what is definitive about care [...] seems to be a perspective of *taking the other's needs as the starting point for what must be done*."<sup>370</sup> Need also features prominently in the definitions offered by Noddings, Pettersen, Kittay, Clement, Ben-Porath, and many others besides.<sup>371</sup> So there seems to be enough of a consensus to justify Held's and Engster's claim that, whatever else the concept includes, care is universally defined at least in part as a response or a responsiveness to need. Even amongst care ethicists who opt not to define care in their work (Bowden and Clement, for example) response to need is treated as a fundamental component of care. One need not offer or endorse a full definition of care in order to admit that some elements of care are essential, after all.

Yet while there may be enough consensus for Held to justifiably claim that care, so defined, constitutes a foundational feature of care ethics, and that any conception of care must include some account of need as that to which carers respond, there are a number of questions this manoeuvre elicits. First, we might wonder whether 'need' has any universal meaning at all. If, in referring to need, we are equating a number of very different concepts, then the universality of need may be more a reflection of linguistic ambiguity than an indicator of consensus, and need will therefore prove less apt as a core commitment of all care ethics than it seems at first blush. Indeed, there are complex and contentious issues to be raised regarding whether and how similar states like desires or interests might constitute needs, how and why future or past needs, imagined needs, and so forth figure in care, and more generally about how or why something qualifies as a need. Tronto, for instance, tells us that interests and needs come apart because needs are not "individualistic" in the way interests are, and because needs are less dispensable or negotiable than interests.<sup>372</sup> Similarly, Bubeck insists that one can care only for

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<sup>370</sup> *Moral Boundaries*, 105 (my emphasis). See also *Moral Boundaries*, 137-141, and *Caring Democracy*, 162-163.

<sup>371</sup> See, for instance, Noddings *Starting at Home*, Chapter 3, "Caring as Relation and Virtue in Teaching," 42, *Educating Moral People: A Caring Alternative to Character Education* (New York: Teachers College Press, 2002), 88, 135, and *The Maternal Factor*, Chapter 7; Pettersen, *Comprehending Care*, 101; Kittay, "Human Dependency and Rawlsian Equality," in *Feminists Rethink the Self*, ed. Diana Meyers (Boulder: Westview Press, 1997), 234, and *Love's Labor*, 133, 233; Collins, *The Core of Care Ethics*, 52-53; Bubeck *Care, Gender, and Justice*, 132; Engster, *The Heart of Justice*, 48, "Rethinking Care Theory," 51, and "Care Ethics and Animal Welfare," 522; Ruddick, "Care as Labor and Relationship," in *Norms and Values: Essays on the Work of Virginia Held*, eds. Haber and Halfon (Oxford: Rowman and Littlefield, 1998), 11; Jaggar, "Caring as a Feminist Practice of Moral Reason," in *Justice and Care: Essential Readings in Feminist Ethics*, ed. Virginia Held (Boulder: Westview Press, 1995), 180; Engster and Hamington, *Care Ethics and Political Theory*, 4; Gheaus, "The Challenge of Care to Idealizing Theories of Distributive Justice," in *Feminist Ethics and Social and Political Philosophy: Theorizing the Non-Ideal*, ed. Lisa Tessman (Dordrecht: Springer, 2009.), 64; Berges, *A Feminist Perspective on Virtue*, 125, and; Sarah Miller, "Cosmopolitan Care," (*Ethics and Social Welfare* 4, no. 2 (2010)): 141, 150.

<sup>372</sup> *Moral Boundaries*, 164.

needs which the cared-for cannot meet him- or herself,<sup>373</sup> a point which Engster resists, and which Engster claims is also resisted by Schwarzenbach, Tronto, and possibly also Waerness.<sup>374</sup> Bubeck also notices that care responds only to a particular kind of need, and that the concept must therefore be restricted in scope. In “Justice and the Labor of Care,” she invites us to:

consider that a lot of activities, notably all services and, even more widely, all activities productive of use-values – and this could include most paid work in the various sectors of the economy – could be described as at least mediately “meeting needs.” [...] presumably, nobody would think it adequate to describe the production of a car as “caring,” so obviously the “meeting of needs” has to be qualified appropriately. Now the most typical cases of care, as illustrated previously, seem to involve interaction between carer and cared for, although the interaction may not cover the whole activity or set of activities that is or are described as caring. Take the following examples: cooking her favorite dish for a sick child, arranging an appointment with a physiotherapist for an elderly person who is hard of hearing, or inquiring into possibilities of help for one’s partner who is depressed.<sup>375</sup>

Tronto’s account thus precipitates difficult questions about closely related concepts and states, Bubeck’s about the judgments of capability or capacity involved in assessing need, and about the distinction between what we might call ‘absolute’ and ‘relative’ needs, or needs relative to the care-recipient’s own capacities, but also about the kinds of needs we have in mind when we use ‘caring’ as a descriptor.

Nevertheless, while care ethicists do disagree about the nature of need and the set of needs to be included, it is also the case that some needs are uncontroversial. “Although ‘need’ has been the central concept of the ethics of care from the very beginning,” Gheaus writes:

it has so far remained relatively under theorized. Various authors on care have intuitively used it to refer to most of what we usually call ‘needs’ in common language, that is biological as well as emotional needs.<sup>376</sup>

The need for food and shelter have gone unargued in the literature, as have the needs for mothering, education, and healthcare.<sup>377</sup> So from disagreements about the nature of need and

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<sup>373</sup> *Care, Gender, and Justice*, and “Justice and the Labor of Care,” in *The Subject of Care*, eds. Eva Kittay and Ellen Feder (Oxford: Rowman and Littlefield, 2002), 165.

<sup>374</sup> See Engster’s “Rethinking Care Theory,” 56-57. There Engster cites Schwarzenbach, Tronto, and Waerness.

<sup>375</sup> At 164.

<sup>376</sup> “The Heart of Justice: Care Ethics and Political Theory, by Daniel Engster,” *European Journal of Philosophy* 18, no. 4 (2010): 621.

<sup>377</sup> Ruth Groenhout exemplifies not only the strategy of defining needs ostensibly by reference to paradigmatic examples, but also lists mothering, “the active tending of infants and children,” tending to the elderly, and friendship, at 28-29 of *Connected Lives*. Bowden and Clement are noteworthy also for actively refusing to define

about difficult cases, and furthermore from Held's reliance, and the reliance of other care ethicists, primarily upon paradigmatic examples, it seems reasonable infer that no particular definition of need is thought to be necessary, but also to infer that there is a set of needs which all care ethicists recognise as paradigms of care. Thus, whichever account of need virtue ethicists adopt, it must be one which acknowledges those needs in order for virtue ethics to possess a concept of care.<sup>378</sup>

We might wish to place other restrictions on the concept of need. Gheaus seems to do so, arguing that:

it is not the mere meeting of needs that is valued by the ethics of care, but the fact that needs are met within the settings of more or less close human relationships (as opposed, for instance to having the needs met by the natural world, by machines, or by mass distributors of goods and services).<sup>379</sup>

That some needs must be met in the context of close human relationships seems intuitive enough. After all, as Gheaus points out, some needs are *for* close, intimate human relationships.<sup>380</sup> But this is not to say that all of the needs we meet in caring for one another must be met in those contexts. Healthcare professionals and good Samaritans are not in close personal relations with those whose needs they meet much of the time, but we do not hesitate to describe their actions as caring and indeed nursing is widely regarded as a paradigm of caring. Nor indeed does Gheaus' claim that care ethics *values* the meeting of needs by our near and dear entail the claim that those needs *must* be met by our near and dear in order to qualify as caring. So I shall not adopt Gheaus' restrictions here.

Treating need as somehow essential to care also raises a second question regarding the *relation* of care to need. Some care ethicists define care as a disposition or a motive,<sup>381</sup> and that kind of care would be best described, I think, as a *responsiveness* to need. Other care ethicists

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care and resorting instead to the use of paradigmatic examples like these. Engster does not describe them as such, but he offers a similar list of what we might take to be paradigmatic cases of care in "Rethinking Care Theory," at 55-56. Engster also offers the following list in "Care Ethics and Animal Welfare," at 522: "feeding the hungry, providing medication to the sick, teaching a child to walk or talk, sheltering or clothing someone, and helping a person to regain basic functioning after an accident."

<sup>378</sup> I return to the topic of needs in Chapter 6, where I advocate an Aristotelian/Anscombean understanding thereof.

<sup>379</sup> "How Much of What Matters Can We Redistribute? Love, Justice, Luck," *Hypatia* 24, no. 4 (2009): 64.

<sup>380</sup> Gheaus continues on from the passage above:

I assume this is so because one of the needs that people have is to be part of individualized relationships, in which they are well treated in a personal way. We have a need to be cared for (that is, a need to have various needs met) within such relationships (ibid., 64).

<sup>381</sup> Slote, *The Ethics of Care and Empathy*, Halwani, "Care Ethics and Virtue Ethics," Collins, *The Core of Care Ethics*, Chapter 4, noting also, at 51, that this is a central element of our ordinary usage of the term. See also my discussion of caring virtues in Chapter 4.

take a more functional tack, and define care either as a mental state aroused by need,<sup>382</sup> or as an activity performed in response to need,<sup>383</sup> both of which seem to me to be better classified as *responses* to need. Of course, in order to reliably respond well, one will have to be responsive in the right way, and a carer will likely not be properly responsive if they did not respond or actively care at least some of the time. But there is still a debate to be had over whether care is at its heart a response or a responsiveness to need (or both), and what merely falls out of that definition. That said, in introducing this condition Held presumably does not wish to say that only care ethicists who accept her take on care, which renders care both a response *and* a responsiveness, will qualify as care ethicists. It is much more charitable to read Held as imposing a rather light substantive requirement on ethics of care – given the lively debates over conceptions of care, there is no reason as yet to suppose that one account of care is superior to all others, or that ethics of care must all operate on the *same* account of care. Held’s requirement, as I interpret it, can accommodate differing perspectives on the nature of care and of its relation to need. It does, however, require an ethic to develop and revolve around things that could plausibly be called ‘care’ and ‘need.’

Plausibility, on my view and the view I take Held to espouse, demands nothing more than (a) some concept of need(s) that can account for the usual cases cited by care ethicists, and (b) some concept of response *or* responsiveness, which (c) includes some story about how, when, and/or why we ought to respond or be responsive to them (thus making the account normative as opposed to purely descriptive). This condition is rather thin, and it is not intended to scaffold a *complete* picture of care, but by that token is capable of admitting Slote’s or Darwall’s sentimentalist definitions of care,<sup>384</sup> Ruddick’s or Bubeck’s functional definitions of care,<sup>385</sup> and any ethic of care which falls in between. Baier’s ethics of trust also qualifies,<sup>386</sup> though it may be more than an ethic of care and Baier is not typically considered a care ethicist, as may the ethics rooted in sympathy that rose to prominence during the Scottish Enlightenment. I do

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<sup>382</sup> See, e.g., Engster and Hamington, *Care Ethics and Political Theory*, 4.

<sup>383</sup> See, e.g., Engster, “Rethinking Care Theory,” 51.

<sup>384</sup> See Chapter 3 of Darwall’s *Welfare and Rational Care* (Princeton: Princeton University Press, 2002) *passim*, and 51 for a concise definition.

<sup>385</sup> Bubeck, in *Care, Gender, and Justice*, at 129, defines care as follows:

Caring for is the meeting of the needs of one person by another person where face-to-face interaction between carer and cared for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself.

In “Care as Labor and Relationship,” at 11, Ruddick tells us that “[her] own predilection is close to Bubeck’s,” and that the primary difference between the two is that Bubeck limits caring to meeting needs that the cared-for cannot meet herself. That said, Ruddick does not think that *caring relations* consist solely in meeting needs.

<sup>386</sup> Consider, for instance, Baier’s remarks in “Trust and Antitrust” (*Ethics* 96, no. 2 (1986)). Held’s discussion of trust at 56-57 of *The Ethics of Care* has further persuaded me of this.



not view this uncertainty as worrisome, however. Borderline cases are not, in my view, indicative of a defect, because there will always be such cases in a taxonomy of ethical theories.<sup>387</sup> Other ethical theories will pass this particular test too. Singer's utilitarianism may not be a particularly attractive ethic for a number of reasons, but it surely cannot be criticised for ignoring human need and deprivation.<sup>388</sup> This is not problematic either, however, since this element is to be added to the five discussed in Chapter 2 with the aim of better capturing what an ethic of care is. Utilitarianism can certainly make sense of need, and certainly encourages response/responsiveness to need, but if any one of the essential features of an ethic of care turns out to be too permissive, the others can compensate.

If Held and Engster are correct in thinking that care is universally and essentially needs-based, then we appear to have uncovered a conceptual boundary between virtue ethics and ethics of care. Though relational ontology features prominently in virtue ethics, care of the specific sort we have been detailing is rarely the subject of sustained analysis, particularly, as we noted earlier, in the contexts care ethicists usually attend to (nursing, childcare, and other work traditionally associated with women and people of colour). Held offers a short meta-analysis in support of the same conclusion in *The Ethics of Care*, reporting that:

Care and caring are [...] not mentioned in the indexes of Alasdair MacIntyre's *After Virtue*, or James Wallace's *Virtues and Vices*, or the volume called *Virtues and Reasons*, devoted to leading virtue theorist Philippa Foot. Care and caring are not even mentioned in the index of MacIntyre's more recent book, *Dependent Rational Animals: Why Human Beings Need the Virtues*, in which he acknowledges the enormous dependency of human beings on one another.<sup>389</sup>

Assuming that Held is construing care as I have presented it above, it is clear that Held views what we have said thus far about need and care as a distinguishing feature of care ethics. Evidently, what Held offers here is nowhere near an exhaustive list of texts, but it does give us good reason to look deeper into whether Aristotelians have explored this facet of moral life. The next two chapters will do this.

At this point, however, it may be useful to distinguish between two questions raised by these disanalogies. The first of these is whether or not Held's disanalogy rests upon an accurate picture of the theories it represents. Her distinction relies upon a particular characterisation of each theory, and while it branches into normative matters, the questions of whether or not those

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<sup>387</sup> Hume once again being a case in point.

<sup>388</sup> Take Singer's classic "Famine, Affluence, and Morality," *Philosophy and Public Affairs* 1, no. 3 (1972).

<sup>389</sup> *The Ethics of Care*, 44.

characterisations are fair is a descriptive (as opposed to prescriptive) matter. Yet we could also ask, in light of this disanalogy, whether virtue ethicists *ought* to take steps to bridge this philosophical divide. We might reasonably ask whether or not the features of care ethics or virtue ethics are to be treated merely as such, or whether they ought to be treated as desiderata for the other (or indeed *any*) moral theory. Since we are approaching care ethics from an Aristotelian perspective, the task would be to look at whether care, as a form of response or responsiveness to a particular set of needs, *ought to* be adopted by virtue ethicists. A prescriptive analysis like this assumes that certain descriptive questions have already been answered, since ethical theories cannot be brought together if they have not been teased apart. To prescribe the development of an account of care as response or responsiveness to need is to assume that such account does not already exist.

It is not my aim, however, to challenge the thought that care ought to be incorporated into virtue ethics. There are numerous reasons for thinking that it is worthwhile to do so. The first of these is that need is an inexorable part of human life. Care ethicists are certainly right to emphasise the moral importance of responsiveness to need in our early years, when we are infirm, and when we are too old to care for ourselves. If we are dependent on others to meet basic human needs, our care becomes a moral matter of great import. Care is also, I would argue, simply intuitively morally important. It is common knowledge that need is one of the most urgent and uncontroversial considerations in the moral landscape.<sup>390</sup> Consequentialists have always appreciated the moral salience of need, and while the deontology we teach in introductory ethics courses often seems insensitive to need (an opinion animated perhaps by deontological approaches to trolley problems and moral lemmas), this is more a caricature of the theory than an accurate representation of what deontologists argue for. Kant also left ample room for the promotion and maintenance of rational agency, of which responsiveness to need is a major part, and philosophers like Korsgaard have done much to advocate a wider concern for needs not only of our fellow human beings, but also of non-human animals and of the environment. So I take it to be platitudinous that ethical theories ought to focus on needs.

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<sup>390</sup> As Brock points out in “Needs in Moral and Political Philosophy” (*The Stanford Encyclopedia of Philosophy*, April 11, 2019. <https://plato.stanford.edu/entries/needs/>) it is not controversial *that* needs are important, but rather *which* needs and *why*.

#### 4.1. Reasons for Scepticism

There are, however, several reasons to regard Held's claim that virtue ethics lacks an account of care with suspicion and to think that this matter warrants further investigation. It is, firstly, worth noticing just how extraordinary Held's claim is and how odd it would be were it true. We have spent Chapters 2 and 3 arguing that care ethicists and virtue ethicists are much more closely aligned at the meta-ethical level than is usually acknowledged. Like care ethicists, virtue ethicists have developed an ontology which is relational and focused upon dependency, and have done much to defend partiality, particularism, and emotion in their moral philosophy. If it is true that this ontology dates back to virtue ethics' earliest iterations, then virtue ethicists have had ample time and reason to construct a concept of care atop these foundations. This gives us a *prima facie* reason to think that Held is wrong – if care ethicists are correct in thinking that relational ontology, partiality, and emotion lead us naturally to conclude that care is a morally central aspect of human life, then virtue ethicists must have failed catastrophically to understand their own ethical theory in overlooking care. If Held is right, virtue ethicists will have spent two and a half millennia ignoring one of the most urgent dimensions of their own normative ethical theory. Not only this, but if it is also true that care is, as I suggested above, intuitively morally important, then not only have virtue ethicists missed an area of morality whose significance they were philosophically primed to recognise, but they have also collectively lost touch with moral common sense!

Held's analysis of virtue ethical care also consists simply in searching a few canonical texts for use of the term "care." The methodological issues with this strategy are obvious. Indices are often sparse, covering little more than a few key thinkers, topics, and terms of art. While they typically give one a feel for a text's contents, and are often more helpful than abstracts, they overlook a vast amount of content and are no substitute for a thorough reading. Nor, for that matter, is Held's sample representative. Christine Swanton's *Virtue Ethics: A Pluralistic View*, for instance, references care frequently (though Swanton ultimately rejects care ethics),<sup>391</sup> and this appears in the index. Held's survey does not, therefore, offer a particularly strong justification for her conclusion. But though methodological concerns seem capable of toppling Held's argument, I want to begin this discussion with another, more pressing concern.

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<sup>391</sup> At 2.

I take it that one can entertain a concept of care without *calling* that concept ‘care.’ A philosopher who spoke solely in terms of engrossment, empathy, love, intimacy, shared interests, and so forth could be called a care ethicist even if, for whatever reason, they failed to refer to their definiendum as ‘care.’ Such a case may seem unlikely, perhaps, but the use of particular descriptors could not plausibly be used to exclude a moral theory from a given category unless it can be shown that those differing descriptors also expose substantial philosophical disagreements. Held’s argument assumes the falsity of this thought without offering any reason to think it incorrect. Held does not argue that care ethicists must use a particular nomenclature, and it is difficult to see why that ought to be the case. Held does not argue, furthermore, that virtue ethicists do not address such topics as motherhood and caregiving, nor does she suggest that those terms fail to appear in their reference lists. But if Held’s assumption that care must be mentioned specifically in the indices of prominent virtue ethicists both goes unargued for and is counterintuitive, then it is possible that virtue ethicists have already developed a concept of care (a) without labelling it as such, (b) without indexing it, and (c) without it thereby registering in Held’s analysis. The content would be there, but it would not appear in the index as ‘care,’ and hence would not appear in Held’s survey. So there are a number of reasons for further enquiry here.

## 5. Organisation of Concepts

One might also suggest that each ethical framework *organises* its moral concepts differently. In particular, one might think that virtue and care ethics can be distinguished by the general processes by which some claims are derived from others. One of the more obvious indications that we are discussing two distinct ethics is the organisation of the subsections in each of the chapters above. Alternatively, and more specifically, one might think that the theories of right action defended by or available to each ethic are significantly different. In this section I explore both of these discrepancies.

### 5.1. Relations Between Meta-Ethical and Normative Concepts

We might, to begin with, submit that care ethics is unique in its means of deriving its central normative claims from its meta-ethical ones. Emotions, for example, occupy different roles in care and virtue ethics. Whereas emotions in care ethics are usually discussed in terms of proper responsiveness to dependency (and thus derive their significance primarily from that concept),

emotions in virtue ethics derive their value in large part from the concept of *eudaimonia*.<sup>392</sup> This brings a sort of ‘intrinsic’ value to the forefront in virtue ethics, because one’s own emotional wellbeing is regarded as, and underscored because it is, part of the good life – an emphasis which emotions do not typically receive in care ethics.<sup>393</sup> So though care and virtue ethicists agree that emotions ought not to be neglected by ethicists, the reasons *why* the emotions are afforded special place differs according to each ethic’s philosophical superstructure. The reader will likely have noticed also that particularism is not solely tied to relation or dependency in virtue ethics. For virtue ethicists, particularism flows from the virtuous agent’s sensitivity to reasons, not from a need to tailor action to the needs of a dependent. Of course, needs may well be construed as a kind of reason for action,<sup>394</sup> but even so the set of considerations demanding particularism remains different (we could say that care ethicists offer a more restricted set of reasons/cases in their defences of particularism). So one might think that virtue ethics and care ethics could be differentiated by their respective reasons for endorsing the claims care ethicists see as central to their ethic.

This is another relatively weak distinction – care ethicists need only expand the set of considerations/cases they typically consider in order to draw closer to virtue ethics’ particularism. And as we have seen, care ethicists have already begun to adopt *eudaimonia* as a central moral concept. Those care ethicists who do so are, of course, in a prime position to adopt virtue ethical arguments for emotion and particularism without generating any obvious inconsistencies. Philosophers who wish to retain a distinction in light of this might choose instead to argue, as Groenhout does, that ethicists’ taxonomic methods need revision. In “Virtue and a Feminist Ethics of Care,” Groenhout argues that the standard taxonomy for organising moral theories is inadequate, and that it is only because of that inadequate taxonomy that we think that care ethics and virtue ethics are subspecies of one another, or two identical theories which have mistakenly been teased apart. Groenhout does not, however, offer much in the way of guidance there. It is not clear how we ought to classify our ethical theories if we do not do so either by their central concepts or by the way those concepts are related. So this too seems an unpromising avenue.

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<sup>392</sup> Recall here Noddings’ remarks on engrossment, especially.

<sup>393</sup> See Section 1 of Chapter 3.

<sup>394</sup> See Chapter 7 for more on this.

## 5.2. Theories of Right Action

Another distinction between our two frameworks stems from their respective treatments of right action. Distinctions between normative ethics premised upon their theories of right action are not novel – this, after all, is how virtue ethics is often differentiated from utilitarianism and deontology.<sup>395</sup> So we might think that a similar distinction can be drawn between virtue ethics and ethics of care. Virtue ethics has by now several well-established theories of right action and moral deliberation. Perhaps the most influential is Hursthouse's, the first premise of which is:

V1. An action is right iff it is what a virtuous agent would characteristically (i.e. acting in character) do in the circumstances.<sup>396</sup>

Care ethicists, by contrast, typically do not present a theory of right action as virtue ethicists have come to do. Most who identify solely as care ethicists (as opposed to philosophers like Slote and Halwani, who identify as both) by and large eschew formulaic approaches to right/good action. Recall Noddings' claim that "care theory is not greatly concerned with moral credit. It is concerned with the enhancement of human life (especially moral life), and that is why it recognizes the contribution of the cared-for."<sup>397</sup> Even Collins, who is friendlier towards moral 'principles' than most care ethicists have been and develops a theory of care from which we can glean moral responsibilities to respond to dependents, distinguishes her project from those seeking to establish "foundational theories of the right or good (ethics), or the just (politics), [which] are theories about what makes things right, good, or just, simpliciter and in all circumstances."<sup>398</sup> Unlike most virtue ethicists, mainstream care ethicists do not regard the organisation of moral concepts into a theory of right action to be a principal ethical undertaking. Not only do care and virtue ethics differ, therefore, in that one has several nuanced theories of right action and the other does not, they also differ in their understandings of what moral philosophy involves, and what it ought to prioritise, generally. Ethicists of other stripes will likely see the care ethical stance on right action as objectionable. As the virtue ethical renaissance has taught us, ethics which are not obviously action-guiding come under pressure to produce a theory of right action – some way of explaining how we ought to respond to the world unfolding around us. So though we might distinguish care ethics by its refusal to offer

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<sup>395</sup> See, for example, Crisp's introduction to *How Should one Live?* ed. Roger Crisp (Oxford: Clarendon Press, 1996).

<sup>396</sup> *On Virtue Ethics*, Part I. Unsurprisingly, (V1) turns out to be extremely complex in cases like tragic lemmas.

<sup>397</sup> "Caring as Relation and Virtue in Teaching," 43.

<sup>398</sup> *The Core of Care Ethics*, 98-99. Hamington also tells us, in *Embodied Care*, at 29, that he retains "the idea that care [...] adds content to morality, but [he does] not view it as underpinning a discrete ethical theory that can be isolated, dissected, and evaluated."

criteria for right action, it is not unreasonable to expect a care ethical theory of right action to emerge in future.

We need not speculate here about what that theory might entail. Some, like Slote, have offered something akin to a first premise. In *The Ethics of Care and Empathy*, Slote argues that we ought to tie “moral evaluation of actions to caring as a motive/sentiment lying behind such actions and ‘reaching out’ to and connecting with particular individuals.”<sup>399</sup> Slote thus straddles the boundary between care ethics and virtue ethics. Slote’s account is more often than not the subject of criticism by care ethicists, however,<sup>400</sup> so we cannot take it to be representative of the general care ethical approach to right action. Yet Slote’s account does approximate the obvious care ethical account of right action. A care ethical theory of right action is likely to take as its starting point a theory of care, just as virtue ethical theories of right action begin with a theory of virtue. So one plausible first premise for a care ethical theory of right action which parallels the first premises found in consequentialism, deontology, and virtue ethics might be the following:

C1. An action is right if and only if it is caring.

Like the first premises of other normative theories, this premise is open to a variety of interpretations and can be taken in a number of different directions. One of those directions, and the reason why care ethics and virtue ethics are not necessarily distinct at this point, is that a “caring” action may simply be defined as a virtuous one. It could well be the case, as it is in Slote’s work, that care is synonymous with a given definition of virtue, in which case there is at bottom no distinction between the care ethical and virtue ethical accounts of right action.

But it will be obvious from Section 4 that this is not typically the case. Indeed, we might think that Section 4 supplies us with a second premise for a care ethical theory of right action:

C2. An action is caring if and only if it responds to needs (or some set thereof).

Yet as noted in Section 4, needs are not always regarded as the only items in care’s precinct. Section 4 lays out minimal conditions for an account of care, but this is not identical to a complete account of care. Thus, a secondary premise is more likely to look like one of the following:

C2\*. An action is caring if and only if it promotes flourishing for its subject (Lynch).<sup>401</sup>

C2\*\*. An action is caring if and only if it is in someone’s interests (Collins).<sup>402</sup>

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<sup>399</sup> At 4.

<sup>400</sup> Recall here Engster’s argument against Slote, outlined at the start of Chapter 4.

<sup>401</sup> *Care: An Analysis, passim*.

<sup>402</sup> *The Core of Care Ethics, passim*.

Neither of *these* accounts, however, directly parallel the virtue ethical account of right action. So though care ethicists have been reluctant to develop a theory of right action, the theories which seem most likely to emerge appear to be markedly different from virtue ethical ones. A further point of interest about such care ethical accounts of right action is that they are subject to criticisms which are unique to ethics of care – criticisms which, I think, reveal further differences between our two ethics. Take one familiar dilemma, which any account of right action based upon (C1) will face. The first horn of the dilemma emerges when we consider what care ethicists take to be the fundamental components of care. As we saw in Chapter 2, care ethicists like Noddings, Held, and Tronto contend that care is partial, emotional, particularistic, and relational (that is, these concepts are *elements* of care, and not simply commitments to which care ethicists wed themselves – it is one thing to espouse partialism and entirely another to claim that care *is* partialistic). These traits have given rise to a dichotomy which is by now well-explored: the care-justice dichotomy.<sup>403</sup> Justice, usually couched in Kantian terms, is supposed to be *impartial*, *unemotional*, and *universalistic* – the inverse of care.

Yet it is clear that care ethicists do not think that justice ought to be discarded. Many care ethicists are willing to take into account or to operate alongside considerations of justice, and to concede that there are some instances (cases of nepotism, for instance) where impartiality and unemotionality is appropriate.<sup>404</sup> Care ethicists who accept this line of argument might choose to reformulate (C1) to leave room for ethics of justice, positing something like the following:

C1\*. An action is morally right if and only if it is caring *or* just.

One could also suggest “caring *and* just,” but this does not leave room for cases involving *only* justice or care. By using “caring *or* just,” I leave open the possibility that some actions concern care but not justice and *vice versa*. And this is a popular account. Though many care ethicists have wavered on this, this view has been defended at one point or another by care ethicists including Gilligan,<sup>405</sup> Held,<sup>406</sup> and Ruddick.<sup>407</sup> But here we arrive at our first point of

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<sup>403</sup> Several papers, monographs, and collected volumes address this topic – see, for example, Virginia Held’s *Justice and Care: Essential Readings in Feminist Ethics* (Boulder: Westview Press, 1995).

<sup>404</sup> See, e.g., Joseph Walsh, “Commitment and Partialism in the Ethics of Care.” *Hypatia* 32, no. 4 (2017).

<sup>405</sup> Gilligan puts this thought eloquently in *In a Different Voice*, suggesting at 105 that we ought to “bring into the masculine citadel of justice the feminine plea for mercy.”

<sup>406</sup> In *The Ethics of Care*, at 16, she writes that she is:

inclined to say that an adequate, comprehensive moral theory will have to include the insights of both the ethics of care and the ethics of justice, among other insights, rather than that either of these can be incorporated into the other in the sense of supposing that it can provide the grounds for the judgments characteristically found in the other.

<sup>407</sup> Ruddick proposes in “Injustice in Families,” at 217, that “justice is always seen in tandem with care.”



divergence between virtue ethics and care ethics. Virtue ethics, we have seen, is monadic in its first principle of right action, as are deontology and consequentialism. Care ethicists who buy into (C1\*) depart from most other normative ethics in their pluralism at this stage. To say that some actions are not the province of care but can be morally right or wrong nonetheless is to allow an additional normative concept into the mix. The care ethicist who endorses (C1\*) accepts two moral currencies, care and justice, and thus takes a pluralistic approach to moral value relatively early on. At least at the intuitive level (and in order for the appended “or just” above not to be tautological), these two currencies are *irreducible* to one another. Just actions cannot be further reduced to caring actions, and vice versa. And this leads to familiar conflict problems.<sup>408</sup> Virtue ethicists, by contrast, do not typically face an analogous worry since they are usually happy to allow for more indeterminacy at this stage than care ethicists appear to be. Virtue itself is neither partial nor impartial, emotional or unemotional, particularistic or universalistic at this broad level,<sup>409</sup> since virtue ethicists must leave conceptual space for virtues as disparate as justice, friendship, respectfulness, and loyalty. Virtue ethicists do not, therefore, come under pressure to pluralise their first premise. Thus, we come upon another discrepancy between virtue ethics and care ethics: (V1) and most of the more popular first premises which aim account for the usual host of virtues trade on a more conceptually indeterminate currency than (C1) does, and thus avoids conflict problems of the sort (C1\*) runs into.<sup>410</sup>

The second horn of the dilemma has come to light relatively recently. Care ethicists have grown much more hospitable in recent decades to the idea that care itself can account for justice and other moral considerations.<sup>411</sup> The care-justice dichotomy which once forced care ethicists to view their ethic as a supplement to ethics of justice has, for many care ethicists, been dissolved. If these thinkers are correct, then we are not forced into pluralism, but can accept (C1) and account for justice in the expository work which necessarily follows. Thus, we arrive at a theory of right action like this:

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<sup>408</sup> Interestingly, Kohlberg et al. write, in response to Gilligan’s critiques, that care and justice can both be brought under the heading of “respect for persons.” See their “The Return of Stage 6: Its Principle and Moral Point of View,” in *The Moral Domain: Essays in the Ongoing Discussion Between Philosophy and the Social Sciences*, ed. T. E. Wren (Cambridge: MIT Press, 1990).

<sup>409</sup> See discussions of the v-rules in *On Virtue Ethics*, 36-39, and *Intelligent Virtue*, 36-40 as well as Aristotle’s list of prohibited actions in the *Nicomachean Ethics* (II.6.), and Foot’s condemnation of torture in *Natural Goodness*, 49.

<sup>410</sup> But runs into others later on.

<sup>411</sup> Consider Engster’s *The Heart of Justice*. Clement notes in *Care, Autonomy, and Justice*, at 17, that Noddings takes this position too in later writing. See Noddings’ “The Alleged Parochialism of Caring” (*American Philosophical Newsletter on Feminism and Philosophy* 90, no. 2 (1991)), cf. her “Ethics from the Standpoint of Women,” in *Theoretical Perspectives on Sexual Difference*, ed. Deborah Rhode (New Haven: Yale University Press, 1990)).

C1. An action is right if and only if it is caring, and;

C2\*\*\*. An action is caring if and only if it is just *or* meets needs *or* promotes it subjects' flourishing *or*...

This approach makes care look much more like the moral theories it is sometimes intended to supplant, because it limits itself to a single foundational normative concept, and then goes on to account for morality as whole underneath it. A deontological account will replace “is caring” in (C1) with something like “obeys the moral rules,” and a utilitarian will do the same, but with some variant of “maximises aggregate utility,” and both theories will then go on to develop a premise analogous to (C2\*\*\*), explaining what it is that they mean by “moral rules” or “utility” with the aim of providing a comprehensive account of morality. On this account of care ethical right action, monism about first principles is common ground.

The difficulty which appears here, and the second horn of the dilemma, is that a care ethical account of right action which moves from (C1) to (C2\*\*\*) appears inconsistent with the definition of care defended by care ethicists like Held. Care ethicists, we have said, typically define care as partial, particular, emotional, and so forth. Yet in moving from (C1) to (C2\*\*\*), the care ethicist appears to use care as a placeholder with far greater ambiguity. In this case, care is not partialistic, particularistic, or emotional, because justice is impartial, particularistic, and unemotional and justice can be caring. So it seems that the care ethicist cannot use (C1) in tandem with (C2\*\*\*) without thereby jettisoning the core features of care as it stands. Chapter 2 has already noted some strategies for resolving this problem, and I do not mean to suggest that this horn is one on which care ethics gets impaled. As we saw, it is open to the care ethicist to fall back on pluralism in their first premise, or to attempt to justify impartialism, universalism, and unemotionality from a partial, particularistic, and emotional concept. A care ethicist might also choose to redefine care such that it is no longer attached directly to these concepts, or to deny that one or all of their opposites deserve any place in a normative theory. The point, however, is that such manoeuvres are not necessary for proponents of other ethics. Consequentialism, deontology, and virtue ethics, once again, do not face this problem in their accounts of right action, for the same reason they avoided the first problem: at the level of first premises, they are silent on issues such as partialism, impartialism, universalism, particularism, emotion, indifference, and so on. In light of this, care ethics may be distinguished from virtue ethics by pointing to the different sets of challenges each faces as a result of their different conceptual superstructures.

Contrasting the virtue ethical and care ethical approaches to right action, then, seems to highlight a number of differences between the two frameworks. First, as we noted initially,

many care ethicists reject the project of developing a theory of right action, which virtue ethicists typically do not do. Care ethicists thus differ from proponents of other ethics in their understanding of the central tasks of normative ethics. Second, though we have some reason to suspect that a care ethical theory of right action might be forthcoming, that theory of right action begins with a moral concept, care, which as we saw in the preceding section, is not thought to be analogous to virtue (or indeed to any single virtue). Third, because care is usually defined thickly, the conceptual starting point for a care ethical theory of right action takes a stance on several meta-ethical issues which are usually not dealt with at this level by other normative ethics. And because of this, care ethics faces a number of unique problems which other ethics do not face so early on in their theories of right action. I shall not pursue this particular line of thought any further, since my aim here is not to lay out a care ethical theory of right action, and the similarities (or lack thereof) between care and the virtues strike me as a more philosophically interesting topic. But there do seem to be additional differences between the two normative frameworks beyond those which I shall be discussing here.

## 6. Conclusion

This chapter has traversed a great deal of challenging territory, so it is pertinent to take stock. We began with the assumption that virtue ethics and care ethics share what care ethicists have listed as the essential moral commitments of their theory. Following this, we suggested three factors or considerations which might serve to distinguish care ethics from virtue ethics, and I offered reasons to either reject or withhold judgment on each of them. We then turned to consider some differences which seem more defensible. Care, we observed, has been universally defined as a particular kind of response or responsiveness to a particular set of needs. We also offered, in brief, reasons to suspect that virtue ethics has no account of care which satisfies this condition, and we therefore concluded that care ethics and virtue ethics come apart in that core area. Following this, we examined some broader differences regarding the methods each ethic uses to organise its concepts into a cohesive moral philosophy. The difference which I shall concern myself with for the remainder of this thesis was discussed in Section 4. The chapters to come will ask whether or not virtue ethics has or can supply an account of care similar to the one developed in Section 4. I do not, therefore, explore Section 5's argument in further detail except tangentially. But this need not be problematic, since my aim has not been to mount a decisive argument for identity or non-identity between care and virtue ethics.

## V

### The Virtue of Care

Over the next three chapters I argue, contra Held, that virtue ethics can provide an account of something approximating care which both is both satisfying and meets Held's and Engster's minimal criteria. I begin in this chapter by exploring some accounts of what I call the 'virtue thesis' about care, according to which care is a virtue. I then develop a taxonomy of the different ways in which care has been or can be translated into a virtue or virtues. These are: analogical approaches, which treat care as analogous to some pre-existing virtue; additive approaches, which translate care into its own standalone virtue; and bundling approaches, some of which cardinalise care or treat it as equivalent to a bundle of pre-existing or new virtues. In Sections Four and Five I defend the virtue thesis and the analogical approach as its most promising variant.

#### 1. The Virtue Thesis

To construe care as a virtue is the obvious step for virtue ethicists seeking to respond to Held's disanalogy without dismissing care's import. But this strategy admits of several variants. Here, I consider only one method of doing so, which I call the 'virtue thesis' about care. As I understand it here, the virtue thesis claims just that care is a virtue. There are several things to note about this formulation, the first is that the virtue thesis excludes the interesting and not implausible notion that care is *virtue*.<sup>412</sup> That claim warrants its own analysis – here, the claim is simply that care is *one* virtue. As it stands, the virtue thesis is also noncommittal about definitions of its two relata and ambiguous about the nature of their relationship beyond a general identity claim. This identity claim can be spelled out in a number of ways, and we ought, in particular, to distinguish between stronger and weaker versions of the virtue thesis. According to a *strong* virtue thesis, care is *just* a virtue. A strong virtue thesis exhausts the set of conceptual categories into which care falls. Care is a virtue and nothing more. A *weak* virtue thesis, by contrast, claims that care is *at least in one sense* a virtue. A weak virtue thesis is open-handed about the set of conceptual categories into which care can fall; care is a virtue, but it can also denote an emotion, a profession, an activity, and so on.

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<sup>412</sup> This view is implicit in some of the theories of right action explored in the preceding chapter.

There is no reason at the outset to suppose that care ethicists are hostile to the virtue thesis *per se*. The common argument that care and virtue *ethics* are not equivalent does not entail any particular stance on the relation between care and the virtues *qua* moral concepts. The opponent of the virtue thesis who wishes to bridge the two arguments must hold that care and virtue ethics are distinct precisely because care is not a virtue in any way in order to rule out all of its variants, and this particular argument has yet to gain traction in the literature. Though they tend to oppose the strong virtue thesis, care ethicists seem to be generally open to something like the weak virtue thesis. Noddings, for instance, deliberately leaves room in her account for a weaker variant of the virtue thesis. Like most care ethicists, she accepts that:

The virtue sense of caring is still significant. We do, after all, say such things as, “He is a caring person,” “They are a caring family,” “Nurses are more caring than doctors.” When we understand the relational sense, however, the virtue sense takes on new meaning.<sup>413</sup>

On this point there is some consensus. Held too has done much to distinguish care from virtue ethics, but she also accepts that “to be caring is no doubt a virtue, [though] the ethics of care is not simply a kind of virtue ethics,”<sup>414</sup> and here Noddings and Held represent a number of prominent care ethicists.<sup>415</sup> Many of care ethics’ most renowned proponents see no inconsistency in distinguishing care ethics from virtue ethics whilst simultaneously endorsing the weak virtue thesis.<sup>416</sup>

We ought perhaps to briefly note that the virtue thesis is one for which several arguments are already in circulation. In the passage above, Noddings argues that the virtue thesis simply enshrines moral common sense. To be caring is intuitively to possess a particular kind of character; to respond but also to be responsive. Thinking of care as a virtue or collection of virtues also offers a convenient scaffold for an expanded definition of care. A virtue on the standard Aristotelian account is a deeply entrenched disposition to act, think, and feel in certain (excellent) ways for certain (excellent) reasons, and this definition provides a useful program for those who set out to formulate care as a virtue and some springboards for excursions into the philosophy of emotion, moral epistemology, political theory, and other adjacent philosophical topics. An ethic of care will also, as we in Chapter 4, likely have to offer action-guidance, and conceiving of care as a virtue grants the virtue-cum-care ethicist access to virtue

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<sup>413</sup> *Starting at Home*, 19.

<sup>414</sup> Held, *The Ethics of Care*, 19.

<sup>415</sup> See also, e.g., Tronto, *Caring Democracy*, 36.

<sup>416</sup> This is not, I think, an indication at they are at bottom virtue ethicists (Kant and Mill developed theories of virtue too, after all), but a sign of care’s maturation as a normative ethic.

ethical theories of action-guidance, including doctrines of the mean, which have proven helpful in the field of applied ethics not because they algorithmically deliver action-guidance (which the care ethicist is not in search of anyway) but because they identify a number of areas in which it is possible to do better or worse. So proponents of the virtue thesis have access to a continually expanding agenda with which to develop their theory of right action. Furthermore, extolling care by framing it as a virtue confers the status and centrality of virtue upon care. It emphasises the vital role that care plays in our lives, and it sets care up as a focal point for moral enquiry and a standard for moral evaluation. Care ethicists have argued at length that care ought to take a more central position in normative ethics, and framing it as a virtue grants it that status.

This approach also resists the implication that one culture or society is better attuned to what care involves or requires. There has, in recent feminist work, been a great deal of opposition towards the marginalisation of underprivileged/feminine/non-heterosexual outlooks, and the outlooks of people of colour, in academic philosophy.<sup>417</sup> Generally, this opposition has insisted not only that members of these groups are as deserving of a platform as any other philosophers, but also that the ‘common morality’ of particular (Western) societies is not morally superior to that of other (non-Western) societies.<sup>418</sup> Virtue ethicists have not been blind to intersectionality. They can and have allowed for the virtues to be contextually sensitive, such that virtues in one person, society, or culture can look radically different to virtues in another without entailing that one or the other is mistaken.<sup>419</sup> Virtue ethicists have accommodated the claim that respect, for example, may manifest in divergent (perhaps even conflicting) ways, and if care is to be a virtue or reducible to virtues we can expect similar contextual sensitivity. So this approach to care seems capable, at least at first gloss, of keeping pace with several major discursive trends in feminist ethics. Thus, I take it that there are several good reasons to endorse at least a weak virtue thesis. But a number of questions now arise. How should we cash out the claim that care is a virtue? What relation, if any, does this establish between care and the other virtues? Does care add anything of value to virtue theory, and if so,

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<sup>417</sup> I have found Brittney Cooper’s “Intersectionality,” in *The Oxford Handbook of Feminist Theory*, eds. Lisa Disch and Mary Hawkesworth (New York: Oxford University Press, 2016) particularly informative on this. See also Kimberlé Crenshaw’s “Mapping the Margins,” *Stanford Law Review* 43, no. 6 (1991), a classic piece on the subject.

<sup>418</sup> This is perhaps more a claim about burdens of proof. Intersectional feminists tend not to be strong moral relativists (they have often denounced practices of female genital mutilation in some parts of the world, for instance). But the point seems to be more that one cannot simply *assume* that a non-white/underprivileged/feminine/non-heterosexual moral judgement is *ipso facto* wrong.

<sup>419</sup> Virtue ethicists on the whole lean on particularistic devices like Aristotle’s doctrines of the mean here. Indeed, the most concerning threat from cultural relativism from virtue ethicists seems not to be the *application* of particular virtues to different cultural contexts, but the *applicability* of those virtues. See Hursthouse’s *On Virtue Ethics*, Part I, and “Virtue Theory and Abortion” *Philosophy and Public Affairs* 20, no. 3 (1991).

what? Sections 2-4 go some way towards answering these questions by way of an analysis of three different approaches to the virtue thesis.

### 1.1. Virtue and Responsiveness

Responses and dispositions are clearly conceptually linked, and one might think that in treating care as responsiveness, we also treat care as a kind of disposition. This seems, initially, to be a reasonable point – it is difficult to see how this could mean anything other than that a caring person is disposed to (that is, will reliably) behave in certain ways. Somebody who is responsive to need sees need as a reason for action, and can, *ceteris paribus*, be counted upon to respond in some way. But the virtue thesis entails a relatively thick notion of responsiveness. An interlocutor might observe that responsiveness does not necessarily reveal all that much about what sort of person one is. Consider, for example, a responsive nurse, who tends to her patients dutifully, but for no other reason than that it is her job and she would prefer not to lose it. She takes no interest in her patients as people, her eyes glaze over when she is tending to them, and she spares no thought for them when their condition deteriorates or when they pass away.<sup>420</sup> It makes sense to speak of such a person as responsive, since we can infer from her past behaviours that she can be counted upon to respond to patients' needs (indeed, she responds *well* because she wants to keep her job), but this tells us almost nothing about the reasons on which she acts. We could not, for example, claim with any certainty that she would respond to someone she found unconscious on the street, or indeed that she would respond when she encounters needs in any other area of her life. We might say, then, that she acts as the virtuous person acts without acting *virtuously*. We know that she is responsive in this particular area, but from this we learn nothing important about her as a person. Contrast this with someone who we know to be compassionate. A compassionate agent is responsive to the suffering of others, but in noticing that someone is compassionate, we notice something about her reasons for action spanning all sorts of situations. She will tend lovingly to a wounded knee, refuse to stand by as someone is bullied, and so forth, and we can infer this because we have some insight into her values and how she thinks. The juxtaposition of these two cases highlights just how thick the notion of responsiveness entailed by the virtue thesis will be.

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<sup>420</sup> One might also cite here the case of the homeless man who came to the aid of victims of the Manchester bombing, but was later found guilty of stealing from those victims he had helped.

We might think, however, that in excluding cases such as the apathetic nurse's, the virtue thesis fails to present an account of care as it is defined by ethics of care. But at least two responses will be immediately apparent, both of which involve revising the set of paradigmatic cases of care. One option is to expand our account of need to show that our nurse is not genuinely caring or not caring as she should. One might argue that a nurse who simply goes through the motions, doing only so much as necessary to keep her job, fails to attend to the some of the most pressing needs of her patients. Patients also have mental and emotional needs, needs to interact and be treated as individuals of value, needs for support and comfort, and so forth. And one could argue that a nurse who mirthlessly does her job, concerned only for her earnings that day, is not responsive to *those* needs whatsoever. Moreover, we can see how one who is responsive to those sorts of needs will be more likely to possess or develop a certain character. But this is still insufficient, because we are not searching for actions which correlate with certain traits, or even for actions which foster them. We are looking, rather, for actions which *originate* with certain character traits. In order to qualify as a character trait, we must conceive of care as something more than a motivationally neutral tendency to meet others' needs, whatever those needs may be.

Another option is to distinguish between different kinds of responsiveness. An apathetic nurse demonstrates one kind of responsiveness, but not others, and we could argue that the virtue thesis entails a concept of responsiveness which acknowledges the sort of responsiveness above, but requires others in addition (and thus seems better able to explain condition (c) from Section IV.4., which requires the account to be *normative*). A more robust view of responsiveness could include specific motivational structures, values, and the like. That view of responsiveness will, of course, exclude the case above, but it will not abandon nursing as a paradigm of care. Nor indeed does it preclude us from admitting that our apathetic nurse is rightly responsive in at least *one* way. A nurse who is responsive in this more elaborate sense shares the apathetic nurse's disposition to meet needs, but the reasons undergirding her responsiveness differ; she possesses distinctive understandings of and attitudes towards need. The virtue ethical account of responsiveness need not, therefore, dismiss such cases whole-hog. Rather, it seems to offer a commonsensical explanation of our moral judgments regarding such cases of responsiveness – they do not fall short in *every* respect, but they do not represent ideal responsiveness to need. A virtue ethical account of responsiveness may therefore be more stringent than some care ethical accounts, but that does not prevent it from acknowledging specific elements of such cases as excellent.



## 2. Analogical Approaches

One way of framing care as a virtue is to equate it with one which is already established. Care's precinct overlaps with those of several other virtues to such an extent that they represent potential analogues. Love of some sort will be amongst the strongest candidates for such a tack, since care ethicists have modelled much of their moral advice on maternal or parental love.<sup>421</sup> Admittedly, love is regarded most often not as a character trait but as a type or a trait of relationships, and is normally associated not with virtue but rather with emotions, desires, attitudes, and other mental events or states. Yet there are other sorts of love for the analogist to appeal to. Contemporary philosophers of love have sometimes attempted to articulate love as a disposition or virtue, arguing primarily that love of the sorts we find in our closest personal relationships is akin to virtue in that it is not (always) occurrent, is deep-seated and enduring, is in some sense a part of one's identity, and is compatible with occasional bouts of apathy and even antipathy.<sup>422</sup> But we must be more specific about love if we are to present a plausible case. *Eros*, one sort of love, has frequently been reduced to "love of desire,"<sup>423</sup> a "bittersweet, sly, uncontrollable creature"<sup>424</sup> – one which is far too base and egocentric in some philosophers' view to be characteristic of a *virtuous* agent. Robert Solomon in particular has done much to rehabilitate *eros*, broadening it to include a great deal of what personal relationships consist in.<sup>425</sup> But even if we follow suit and broaden *eros* into a more general type of romantic love, we can account at best for only a handful of the central cases of care. Nurses do not demonstrate erotic love for their patients, nor do parents manifest erotic love in caring for their children. So it seems that we ought to shelve even more permissive definitions of *eros*.

*Eros* is not, however, the only sort of love we might appeal to. *Philia*, *amicitia*, *agape*, or even *caritas* may seem better suited to the task than *eros*, so it may be preferable to translate care as friendship or charity. Our contemporary moral lexicon restricts these virtues to smaller spheres, but amongst virtue theorists they still govern vast swathes of moral life – enough,

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<sup>421</sup> See especially Ruddick's *Maternal Thinking* and Baier's *Moral Prejudices*, which speaks of "the natural virtue of parental love," 9.

<sup>422</sup> For defences of love as a disposition, see Badhwar's "Love," in *The Oxford Handbook of Practical Ethics*, ed. Hugh LaFollette (New York: Oxford University Press, 2003), at 44, and Naar's, "A Dispositional Theory of Love," *Pacific Philosophical Quarterly* 94, no. 3 (2013): 346-347.

<sup>423</sup> Nygren, "Agape and Eros," in *Eros, Agape, and Philia*, ed. Alan Soble (New York: Paragon House, 1953). See also Alan Soble's "A History of Erotic Philosophy," *The Journal of Sex Research* 46, no. 2/3 (2009).

<sup>424</sup> Sappho, *Sappho: A New Translation of the Complete Works*, trans. Diane Rayor (New York: Cambridge University Press, 2014), 77.

<sup>425</sup> For defences of erotic love as a virtue, see Robert Solomon's "The Virtue of Love," *Midwest Studies In Philosophy* 13, no. 1 (1988) and "The Virtues of a Passionate Life," *Social Philosophy and Policy* 15, no. 1 (1998).

perhaps, to be synonymous with care. Care ethicists have already anticipated and explicitly rejected some of these analogies, though. In *The Ethics of Care*, Held dismisses analogies with charity:

Some people suggest that caring is close to the Christian virtue of *caritas*, but *caritas* is equivalent to charity. Care, however, is not the same as charity – when we take care of our children we are not being charitable – and being caring is not the same as being charitable. Valuing care is entirely independent of any religious foundation, and is the stronger for this, since those not sharing a given religious tradition have few reasons to attend to arguments that appeal to that tradition. Understanding the value of care can be based on a universal experience of having been cared for and being able to engage in caring.<sup>426</sup>

But Held's argument against charity is not sufficient to rule out charity *in toto*. To begin with, theism is not necessary for charity; virtue theorists can and have defended non-theistic versions thereof.<sup>427</sup> And though Held's other quarrel with charity in the passage above does not stand or fall with theism, it does not undermine a premise common to all accounts of charity. Held is right to suggest that even if we disentangle charity from its theological context and define it as a dispositional sort of universal goodwill/benevolence, the resulting picture of charity is incapable of encapsulating care in its entirety. We cannot characterise the relationship between a loving parent and a child as a generalizable love, a universal goodwill, or a manifestation of some broader regard for humanity.<sup>428</sup> And since caring for one's own children is paradigmatic of care, charity does not by itself seem to yield an adequate account of care. But virtue theorists seem to have something rather different in mind when they address charity. Foot, for instance, defines charity as a virtue which "attaches us to the good of others,"<sup>429</sup> and this is perfectly consistent with pluralism about the kinds of attachment one can have, and about their relative weights. So Held's attack on charity successfully topples only one sort – the others remain potentially viable analogues for care.

Indeed, something akin to neo-Aristotelian charity (often used synonymously with benevolence)<sup>430</sup> seems, in my view, to satisfy all of the minimal requirements laid out by Held

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<sup>426</sup> At 44. It is noteworthy that Noddings also rejects theistic agapism at 28-29 of *Caring*.

<sup>427</sup> I shall discuss Foot, and to a lesser extent Kraut, momentarily, but virtue ethicists like Hursthouse and Hacker-Wright also discuss charity in atheological contexts. For one interesting discussion, see Hacker-Wright's "Is Charity a Virtue? Part 2," *The Virtue Blog*, May 12, 2016. <https://thevirtueblog.com/2016/05/12/is-charity-a-virtue-part-2/>.

<sup>428</sup> Aristotle would have agreed with Held, since he distinguished *eunoia* ('goodwill') from *philia*.

<sup>429</sup> "Euthanasia," 44.

<sup>430</sup> See, e.g., Foot's "Virtues and Vices."

and Engster for an account of care. Recall that Held's minimal conditions for a theory of care require, firstly, a response or responsiveness to a particular set of needs. Charity, at least on Foot's account, is responsive to a wide array of needs.<sup>431</sup> Most famously, perhaps, charity is on Foot's account responsive to the sorts of good in human life which pertain to debates over the permissibility of euthanasia.<sup>432</sup> But charity's scope is much broader than this. Euthanasia is, of course, just one dimension of the relation between medical practitioners and their patients, and there is no good reason to think that charity does not govern other dimensions thereof too. Foot also considers parental relations in "Euthanasia," so it is reasonable to suppose also that her charity governs some aspects of those relations too. Charity governs our relations with those less fortunate as well. "If charity is a virtue," she writes, "this is because it makes its possessor's action good in the area of aims such as the relief of poverty."<sup>433</sup> "Charity," she goes on to explain:

is a prime candidate as a virtue, because love and other forms of kindness are needed by every one of us when misfortune strikes, and may be a sign of strength rather than weakness in those who are sorry for us.<sup>434</sup>

So charity, on Foot's account, also seems to cover Samaritanism. Charity thus governs a diverse array of needs in Foot's work, including not only the sorts of needs faced by the impoverished and the unlucky, but also needs for such things as honesty.<sup>435</sup> And Foot ties charity to general needs explicitly in *Virtues and Vices*, writing that:

a lack of charity and of justice can be shown where a man is denied something which he both needs and has a right to: both charity and justice demand that widows and orphans are not defrauded, and the man who cheats them is neither charitable nor just.<sup>436</sup>

So Foot's account of charity seems to satisfy not only the requirement that an account of care lean on a theory of needs which admits all those paradigmatic needs discussed by care ethicists, but also the requirement that they involve an account of responsiveness to those needs. Foot

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<sup>431</sup> Kraut offers a much more minimal concept of charity in *What is Good and Why?*, but his intent is (like ours was in Chapter 4) to lay out minimal criteria for an account of charity, so I do not think his view is opposed to Foot's.

<sup>432</sup> Laid out, of course, in "Euthanasia."

<sup>433</sup> *Natural Goodness*, 106.

<sup>434</sup> *Ibid.*

<sup>435</sup> In "Euthanasia," at 97, she writes that "charity may demand that someone be aided, but also that an unkind word not be spoken."

<sup>436</sup> *Ibid.* She also links charity to first aid in "Virtues and Vices," at 4:

Charity requires that we take care to find out how to render assistance where we are likely to be called on to do so, and thus, for example, it is contrary to charity to fail to find out about elementary first aid.

also parallels many care ethicists in drawing on the language of sympathy to explain how charity operates. Foot tells us that charity and justice both “correspond not to any particular desire or tendency that has to be kept in check but rather to a deficiency of motivation; and it is this that they must make good,”<sup>437</sup> and in the case of charity, a “sympathy for others which makes it easier to help them is part of the virtue itself.”<sup>438</sup> Charity is, of course, also a *normative* concept rather than a purely descriptive one – on Foot’s account it is a *good* trait of character, not simply a non-moral disposition like tidiness; Foot writes that “by the criteria of natural normativity charity is a prime candidate as a virtue, because love and other forms of kindness are needed by every one of us when misfortune strikes.”<sup>439</sup> So it seems that Foot’s charity satisfies all of the minimal criteria for an account of care laid out in Section IV.4.

What’s more, even if we grant that charity and care are not analogous, it does not follow that care has not appeared at all in normative ethics in the form of a virtue. Indeed, a comprehensive study of Thomistic *caritas* will find it rooted in Aristotle’s *philia*, another promising candidate for an analogue of care. Aristotle’s tripartite theory of friendship is nuanced enough to encompass both relations with our near and dear and relations with our compatriots, and is also, at points, reminiscent of analyses of care. Identifying certain marks of friendship, Aristotle writes that:

some people define a friend as someone who wishes and does what is good, or what appears to be good, for the sake of his friend; or someone who wishes his friend to be and to live for his own sake – this is the attitude of mothers towards their children, or of friends who have come into conflict. Others define a friend as someone who spends time with another and chooses the same things as he does; or someone who shares in the sorrows and joys of his friend - and this quality too is found in mothers in particular. It is by one or other of these characteristics that friendship is defined as well.<sup>440</sup>

Here and elsewhere, Aristotle picks up on several major themes in care ethics.<sup>441</sup> He accounts for relations between mothers and children, and between friends (in the colloquial sense), two relations which take centre stage in ethics of care. He also conceives of a friend as ‘another self’ (*allos autos*), thereby rejecting hard self-other distinctions on which atomistic accounts of

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<sup>437</sup> “Virtues and Vices,” 9.

<sup>438</sup> *Ibid.*, 9.

<sup>439</sup> *Natural Goodness*, 108.

<sup>440</sup> *Nicomachean Ethics*, 1106a2-10.

<sup>441</sup> There is no shortage of passages worth citing here. See, for example, *Nicomachean Ethics*, 1159a27-33, 1162a5-9, 1169b17-19. Aristotle’s *epimeleia* has also been translated as “care,” but *epimeleia* is an activity, not a virtue of character. See Chapter 6 for further discussion.

human nature rely. Aristotle also emphasises the import of interaction and/or cohabitation with *philoï*, a feature many care ethicists will find attractive, and Book VIII of the *Nicomachean Ethics* explicitly allows for *philia* between members of a political community, so Aristotelian *philia* is (debatably)<sup>442</sup> broad enough in scope to cover occupational and institutional cases of care.

This bodes well for philosophers who wish to construe care as an analogue of some established virtue, and indeed commentators have already noted some of these resemblances and used them to mount analogies between care and *philia*. Curzer, for instance, has argued that Aristotle's *philia* amounts to an account of care. In "Aristotle: Founder of the Ethics of Care," he writes that:

Aristotle cannot be an ethics of care advocate without a concept of care, but Aristotle does have a concept of care. Although the Greek terms *philēsis* and its infinitive version *to philein* are typically translated as "love," or "friendly feeling," or "friendly affection" by Aristotle's translators, Aristotle uses *philēsis* and *to philein* to mean approximately what advocates of the ethics of care mean by "caring" and "care."<sup>443</sup>

Curzer's concept of care is, moreover, one of need-responsiveness.<sup>444</sup> So his claim is, in part, that *philia* involves attending to needs just as care does, and, more strongly, that friendship covers all of the paradigmatic cases of care identified by care ethicists. Curzer is certainly right to think that *philia* can cover many instances of care, but I shall argue that *philia* is incapable of accounting for all of them, and therefore cannot serve as an analogue for the concept.

There seem to be several difficulties with the use of Aristotle's *philia* as an analogue for care. The first reason to think that Aristotle's friendship is inadequate is that it requires reciprocity. As Aristotle puts it, friends must "have goodwill to each other, wish good things to each other [...] and not be unaware of it."<sup>445</sup> This may not seem problematic at first gloss, since Noddings also requires some contribution on the part of both parties in order to 'complete' the caring relation.<sup>446</sup> But reciprocity is a more demanding condition than completion, and we can imagine cases where agents care or are cared for without anything like this sort of mutuality. Medical professionals in emergency wards and aged care facilities are often confronted with

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<sup>442</sup> This will depend on what one makes of Aristotle's restrictions on the size of the *polis* in Book VII of the *Politics*.

<sup>443</sup> At 221. I am grateful to Howard Curzer for several illuminating conversations on this.

<sup>444</sup> See his expository remarks on care at 230.

<sup>445</sup> *Nicomachean Ethics*, 1156a2-5.

<sup>446</sup> *Caring*, Chapter 3.

hostile, aggressive, or despondent patients who bear them no goodwill whatsoever, as are parents caring for moody teenagers. But one can perhaps circumvent counterexamples like this by suggesting that such patients (and teenagers?) do not *actually* wish their caregivers ill. Aristotle cannot have been ignorant of occasional disagreements and even moments of antipathy between friends, and it would be uncharitable to assume that he means to suggest that friends are constantly in an occurrent state of mutual well-wishing. Aristotle means to say only that friends are *disposed* to feel goodwill towards one another, and this is perfectly consistent with flares of hostility felt by patients, though it may of course fail to characterise the most extreme and enduring cases of dislike.

Yet Aristotelian *philia* will struggle to make sense of other central cases of care. I have in mind here four objects of care, namely infants, vegetative or unconscious persons, non-human animals, and the environment. The first of these is a paradigmatic case of care and is therefore the most worrisome, but the latter three count against Aristotle's friendship for the same reasons: (a) strictly speaking, it is unclear that they can bear their caregivers any goodwill or wish good things upon them, and (b) even if they did, it is difficult to see how we might be justified in the *belief* that they do. A baby's gurgling and a cat's purring, delightful though they are, are no indication of any particular mental state or event beyond pleasure, let alone goodwill or affectionate well-wishing. And unconscious strangers and vegetative persons are similarly unwieldy for Aristotle's account. In some cases, it is not even clear that they know their caregivers exist, but even if they do, there is no obvious way to reliably tell that they wish their caregivers well (or that they themselves know that they are recipients of goodwill). Such cases are especially problematic where caregivers are complete strangers, but even in cases where comatose or vegetative persons are cared for by their loved ones it is unclear that they can possess the sorts of mental states necessary to qualify for Aristotelian friendship. The environment, of course, cannot bear anybody goodwill, except in a metaphorical sense. Insofar as Aristotle's reciprocity condition excludes care for infants, then, it cannot account for all of the central cases of care identified by care ethicists, but excluding care for unconscious strangers, vegetative persons, non-human animals, and the environment ought to cast serious doubt on such claims too.<sup>447</sup>

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<sup>447</sup> An additional concern may be raised if we take self-care to be a central case of need-responsiveness. Aristotle never encourages total self-abnegation, but he does expect the virtuous agent to take a rather stoic approach to certain problems in our lives. He says in the context of friendship, for instance, that one ought not to burden one's friends with one's problems (and on this he and Kant agree – see Kant's "Lecture on Friendship," in Michael Pakaluk (ed.), *Other Selves: Philosophers on Friendship* (Indianapolis: Hackett, 1991)). But the Aristotelian (and Kantian) position on this is less a refutation of self-care than an attempt to balance self-care with

Love, charity, and friendship are the obvious choices for an argument that care has already appeared in the Aristotelian tradition the form of a pre-existing virtue. I have not presented a full defence of any virtue's adequacy or inadequacy, but I hope to have offered some persuasive reasons to believe that care ethical arguments against the analogical approach do not rule out all possible analogues for care – or at least for the minimal account of care Held and Engster see as the core of more expansive accounts. This is not, however the only means of incorporating care into virtue ethics, and I want now to examine another.

### 3. Supplementalist Approaches

Adopting an alternative strategy, some have argued that care is a novel virtue with its own distinctive set of excellences, skills, capacities, and so forth. McLaren addresses the relationship between care and virtue ethics in her “Feminist Ethics: Care as a Virtue,” concluding that care ought to be “fostered as a feminist virtue”<sup>448</sup> alongside virtues like compassion and empathy. Care is, on her view, incapable of standing as an independently viable normative theory, because its association with women perpetuates stereotypes about women and femininity, because of its apparent inability to provide meaningful advice beyond the private realm (due to its particularism), and because it is so often binarized and juxtaposed with justice – unhelpful commonplaces, in McLaren’s eyes.<sup>449</sup> McLaren’s preferred approach is Aristotelian, and in defending the integration of care and virtue ethics, she recounts what she takes to be the features of Aristotelian virtue ethics that render it hospitable to care as a moral virtue. Care ethics and virtue ethics, she tells us, share a relational ontology, a sensitivity to particulars, and appreciation of the moral salience of social and political context, and she takes these commonalities to indicate that virtue theory can accommodate care. As McLaren sees it, care ethics ought to be treated as a subspecies of virtue ethics rather than an independent and comprehensive moral theory in its own right because virtue ethics is capable of accounting for care and avoids the pitfalls of standalone ethics of care. The most natural way to merge the two is to treat care as a virtue.

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competing interests. It is, I take it, common knowledge that friendships must consist in something more than one-sided emotional support in order to survive over extended periods of time.

<sup>448</sup> At 111.

<sup>449</sup> *Ibid.*, 109-110.

Halwani, defending this take, defines care not only as an Aristotelian virtue,<sup>450</sup> but as one which is “primary,”<sup>451</sup> and though he relies on an indistinct account of care it is clear that he believes care is a virtue with no existing analogue. On Halwani’s view care is, like the other virtues, a character trait regulated by *phronesis* and necessary for human flourishing. Marshalling his evidence, he argues that:

it is no violation of our understanding of caring to think of it as a deep trait of a person; or as enduring (a caring person is one who is liable to stay a caring one, everything else being equal); or as acquired: while we might have the capacity to care, caring *properly* is a trait acquired by training and good upbringing. Caring is also an *excellence* because, simply, it is a good trait to have.<sup>452</sup>

Halwani justifies this last claim along eudaimonist lines, writing that it is “an obvious point to make that without proper care human beings cannot generally grow up to lead mentally and emotionally healthy lives,”<sup>453</sup> and that “if intimate relationships are essentially characterized by caring, and flourishing is constituted by intimate relationships [...] then the necessity of caring to a flourishing life stares us obviously in the face.”<sup>454</sup> On Halwani’s account, then, care satisfies virtue’s areteic standard because of its necessity for proper human development, and because it is partly constitutive of intimate relationships, which are themselves necessary for human flourishing.

Putman, too, argues that care is a virtue, citing three reasons for thinking so. The first of these is that it “increases the possibility of forming and maintaining a community.”<sup>455</sup> On Putman’s view, caring is a virtue which promotes cohesion in society, and serves to draw out the best in each person *qua* a member of various social units.<sup>456</sup> Care is thus a virtue for all, but especially for teachers and those whose job it is to mould others into productive and caring members of society or to return them to that state. The second reason why care is a virtue for Putman is that it motivates caring agents to use their intellectual resources to act well.<sup>457</sup> Care thus plays a similar role to the virtues of character in Aristotle’s system, in that it establishes certain ends as good or desirable and prompts the intellectual/calculative virtues to deliberate about particular sorts of action in particular contexts. In doing so, caring also “opens up avenues

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<sup>450</sup> “Care Ethics and Virtue Ethics.”

<sup>451</sup> *Ibid.*

<sup>452</sup> *Ibid.*, 182 (original emphasis).

<sup>453</sup> *Ibid.*, 183.

<sup>454</sup> *Ibid.*

<sup>455</sup> “Relational Ethics and Virtue Theory,” *Metaphilosophy* 22, no. 3 (1991), 232.

<sup>456</sup> *Ibid.*, 232-233.

<sup>457</sup> *Ibid.*, 233.



for new experiences and development by the agent herself.”<sup>458</sup> A third reason offered by Putman to treat caring as a virtue is that it allows us to achieve MacIntyrean internal goods.<sup>459</sup> Appealing to Noddings’ discussions of engrossment, Putman argues that the virtue of caring allows one to be “completely present to the practice, whether it be a conversation or an athletic event.”<sup>460</sup> This ‘engrossment’ is, on his view, essential if we are to appreciate the goods internal to caring relations and practices. Putman’s caring is, in part because it leans so heavily on Noddings’ ethics, less focused on needs than it is on such things as generosity and forgiving, and his argument is therefore a defence of a particular, thick understanding of care as a virtue, but Putman’s reasoning can be applied *mutatis mutandis* to thinner conceptions of care as responsiveness to need. Putman is unclear about what exactly it means to be “present to” the object/relation of care, but MacIntyre sorts internal goods into two categories, both of which could yield plausible interpretations here. MacIntyre separates the excellence of a practice’s products/performance from “the good of a certain kind of life.”<sup>461</sup> Care may be a virtue in that it enables one to excel at meeting needs, either by bringing about some good in the care-recipient or manifesting some good in the caregiver. The life of a carer may also be a good life. Certainly there are elements which are dirty, unglamorous, and unpleasant, but philosophers like Kittay and Ruddick have shown just how much value there is to be found in a life of care. So there are several ways in which care may generate MacIntyrean internal goods.

#### 4. Bundling Approaches

Both of the approaches above treat care as a unitary virtue, albeit one which serves a diverse array of functions ranging from the detachment of care from a normative theory ill-suited to feminist aims, to the explanation of how political communities are maintained. But why think that care, whose ambit is regularly supposed to be broad enough to ground a comprehensive moral theory, is best translated into a single virtue? It is perhaps a little odd, after all, to think that every single instance of care will map onto one disposition or excellence only, since needs are so diverse and admit of so many variables. Yet we can also distinguish approaches which treat care as a *bundle* of virtues. There are variants of this approach which do not assume a virtue thesis about care – it may be possible to conceive of care as something other than a virtue

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<sup>458</sup> Ibid.

<sup>459</sup> Ibid., 233-235.

<sup>460</sup> Ibid., 234.

<sup>461</sup> *After Virtue*, 22.

whilst still treating it as a bundle thereof. And this is, in fact, an approach which care ethicists have shown some sympathy for. Engster, for instance, identifies attentiveness, responsiveness, and respect as central “virtues of caring.” The virtues of caring are, in his words:

those qualities necessary for meeting the aims of caring. They are constitutive of caring in the sense that one cannot successfully achieve the aims of caring without them, or at least do so with any regularity.<sup>462</sup>

Yet Engster’s definition of care is functionalist; he defines care as an activity or practice,<sup>463</sup> but one which cannot be performed successfully in the absence of certain traits. The aims of care, in turn, are “to help individuals to meet their basic needs, develop or maintain their basic capabilities, and live as much as possible free from suffering,”<sup>464</sup> and these supply the criteria for successful care and are therefore the aims which necessitate virtue in caring agents. The first virtue, attentiveness, is necessary because successful caring requires us to notice, and partly consists in our noticing, when our charges are in need, and to respond appropriately in a way that satiates the need. Responsiveness also serves a major corrective function, in that carers may be otherwise prone to ignoring crucial information and feedback supplied by the cared-for, and respect relates to the recognition of the cared-for as an agent “worthy of attention and responsiveness”<sup>465</sup> and “capable of understanding and expressing their needs.”<sup>466</sup> This bundle of virtues is thus a necessary condition for, and is partly constitutive of, good care, but care is not thereby a virtue. Engster is not alone in taking this approach. Ruddick spends much of *Maternal Thinking* exploring the virtues of motherhood, including humility, cheerfulness, and forgiveness.<sup>467</sup> Like Engster, Ruddick seems reluctant to conceive of care as a virtue, but she is open to the inclusion of virtues underneath care.

Not all bundling approaches reject the virtue thesis, however – some do treat care as a virtue. This particular kind of bundling approach I call the ‘cardinalising approach.’ Section 4.1. expounds upon this alternative to the analogical and supplementalist approaches, and Section 4.2. briefly explains how cardinalising approaches to care can be used to hybridise the two alternative approaches.

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<sup>462</sup> “Rethinking Care Theory,” 54. See also *Justice, Care, and the Welfare State*, 19.

<sup>463</sup> *Ibid.*, 53-54.

<sup>464</sup> *Ibid.*, 54.

<sup>465</sup> *Ibid.*, 55.

<sup>466</sup> *Ibid.*

<sup>467</sup> Ruddick addresses all three together at 72-75.

#### 4.1. Cardinalising Care

A cardinalising approach to the virtue thesis assumes that the virtues can be nested within or subordinated to one another in some way. This assumption opens up conceptual space for notions of care as a cardinal virtue under which other virtues may be ordered, precedent for which appears in several strands of virtue theory.<sup>468</sup> One of these is Platonic. Plato is well-known for his conception of justice (*dikaio sunē*) as a cardinal virtue consisting in the proper functioning of the disparate parts of the soul (*psuchē*) – temperance, courage, and wisdom are, on the Platonic account, components of the virtue of justice because justice consists partially in the oversight of these parts by reason.<sup>469</sup> The Stoics are also well-known for treating justice, wisdom, courage, and temperance as cardinal virtues.<sup>470</sup> To introduce a notion of cardinality to the virtues is, to be sure, a major step away from Aristotle’s ethics, since Aristotle does not employ a concept of cardinality, but cardinality does resurface in Thomistic virtue ethics. Like Plato’s, Aquinas’ set of cardinal virtues includes prudence, justice, courage, and temperance. His bases for classifying them as such are also similar to Plato’s: they represent excellences over particular spheres of human life, and encompass smaller virtues which preside over more specific areas.<sup>471</sup> Aquinas’ *miseri cordia*, for instance, is subsumed under the heading of *caritas*, because *caritas* consists in a broader love of others, and thus contains a sensitivity to their suffering.<sup>472</sup> There are thus a number of virtues spanning several strands of virtue theory to which care might bear structural similarity. We need not attempt to shoehorn care into the place of one of these. The point here is simply that virtues can be said, very generally, to contain or govern one another, and we can imagine a care ethicist borrowing from a number of figures in the tradition in order to generate an account of care like this, which retains its status as a virtue in its own right but also conceives of care as a bundle of other virtues.

Cardinalising approaches to care are not unpopular amongst care ethicists either. Groenhout seems to favour one version of this view. Care ethics, she tells us, “centers on *what*

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<sup>468</sup> It also enables us to order care underneath extant virtues. I do not focus on this option, however, since it does not seem meaningfully different from either of the two options discussed above, but I do address it briefly in the following section.

<sup>469</sup> See Book IV of Plato’s *Republic*, at 443d, for a quintessential statement of this view. Annas’ *Introduction to Plato’s Republic* (Oxford: Clarendon Press, 1985) has been especially helpful in coming to grips with Plato’s normative structure, as has John Moline’s “Plato on the Complexity of the Psyche,” *Archiv für Geschichte der Philosophie* 60 (1978).

<sup>470</sup> Plutarch’s *De Stoicorum Repugnantiis* offers one concise statement of this at 1034c-d.

<sup>471</sup> *Summa Theologiae*, II-I, Q. 61.

<sup>472</sup> For a helpful study of Thomistic cardinality, see John O’Callaghan’s “Saint Thomas Aquinas,” *The Stanford Encyclopedia of Philosophy*, updated May 23, 2014. <https://plato.stanford.edu/entries/aquinas/>.

*sorts of people* we must be in order to care properly for one another,”<sup>473</sup> which is just to say that character traits are its primary moral currency, and when reflecting upon care ethics’ roots in maternal experience, she writes that “a consideration of mothering practices [can] offer guidance in thinking about *what sort of person I ought to be*.”<sup>474</sup> For this reason, Groenhout prefers “to say that Care resembles virtue, rather than is a variant of virtue theory.”<sup>475</sup> She tells us unambiguously that there are “central moral character virtues that make up Caring,”<sup>476</sup> and she lists altruism, empathy, and sociality as three of these. These are not, to be sure, the only character traits relevant to an assessment of caring agents in her view, but Groenhout sets most others aside because care ethics shares them with other moral theories.<sup>477</sup> Groenhout views these three virtues as unique to care ethics, and premises her distinction between virtue ethics and care ethics not on differing foundational concepts, but on differing sets of virtues. By these lights, Groenhout appears to be committed to cardinalising care.<sup>478</sup>

Groenhout is arguably not an outlier in taking this position. While Tronto explicitly rejects the strong virtue thesis,<sup>479</sup> she has no quarrel with weak ones,<sup>480</sup> and her discussions of attentiveness, responsibility, competence, and responsiveness in *Moral Boundaries* can be plausibly read as accounts of different virtues. She refers to these as “the four *ethical* elements of care,” to be distinguished from “the four elements of care,” which are:

caring about, noticing the need to care in the first place; taking care of, assuming responsibility for care; care-giving, the actual work of care that needs to be done; and care-receiving, the response of that which is cared for to the care.<sup>481</sup>

It quickly becomes apparent in the passages that follow that the four ethical elements of care are dispositional excellences with respect to the four elements of care.<sup>482</sup> Tronto even goes so far as to juxtapose the ethical elements of care with what seem to be vices – attentiveness, for example, is opposed to ignorance. Groenhout and Tronto are not the only major care ethicists to take a cardinalising approach to the virtue thesis either. Noddings also treats certain virtues

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<sup>473</sup> Ibid., 176 (emphasis added).

<sup>474</sup> “Care Theory and the Ideal of Neutrality in Public Moral Discourse,” 175 (emphasis added).

<sup>475</sup> Ibid., 172.

<sup>476</sup> Ibid., 175.

<sup>477</sup> Ibid., 178 – 179.

<sup>478</sup> Groenhout argues elsewhere that the conflation of virtue ethics and care ethics by mainstream moral philosophers is indicative of an inadequate moral taxonomy. But Groenhout is quite clear that from within the standard normative taxonomy, the concepts in play are sufficiently similar to treat virtue ethics and care ethics as offshoots on the same aretaic branch of normative ethics. See her “Virtue and a Feminist Ethics of Care.”

<sup>479</sup> *Caring Democracy*, 35-36.

<sup>480</sup> Ibid., 36.

<sup>481</sup> *Moral Boundaries*, 127.

<sup>482</sup> And if it is not sufficiently clear from the text, Tronto refers to these excellences as virtues in “Care as a Basis for Radical Political Judgments,” *Hypatia* 10, no. 2 (1995): 142.

as integral components of (good) care, arguing that a set of virtues is both necessary and sufficient for what she calls “caring-as-virtue.”<sup>483</sup> So there is some support amongst those who endorse a virtue thesis for the thought that care amounts to a virtue which oversees the operation of other, more localised virtues.

#### 4.2. Hybrids

Cardinalising care is not necessarily a departure from the other two approaches we have discussed. If one believes that some existing cardinal virtue is analogous to care, then one could argue that there is nothing new to be added to the list of virtues, since all of care’s normative content already exists in virtue theory. Similarly, one could argue for care as a cardinal virtue using a supplementalist approach alone. Such an account would argue that new virtues ought to be added to the list, and that those new virtues are governed by the virtue of care, itself a novel cardinal virtue. The cardinalising approach to care could thus instantiate rather than challenge the other two approaches surveyed here.

Cardinalising approaches can also be used to hybridise the analogical and supplemental approaches. A hybrid of these two approaches will claim that some care-related virtues have already appeared in virtue theory, but that new virtues must still be recognised. This can take one of two forms, depending on whether one wishes to cardinalise care or to order care underneath a cardinal virtue. Either we maintain that some existing cardinal virtue equates to care, but that this virtue contains at least one hitherto unrecognised virtue, or we maintain that care is contained by an existing cardinal virtue but is itself a new virtue. In the latter case, no analogue for care exists, but at least some of care’s normative content has already been accounted for under the precinct of an existing virtue.<sup>484</sup> Given her acknowledgement of significant overlaps between care and virtue ethics and her claim that altruism, empathy, and sociality distinguish care ethics from virtue ethics, it seems fair to suppose that Groenhout endorses a hybrid of the two accounts. And indeed this is an unsurprising position for care ethicists to take, given their apparent preference for bundling and the varying degrees of traffic seen by the virtues they typically list. Attentiveness, responsiveness, empathy, sociality, and other virtues in that vein are repeatedly cited by care ethicists as virtues partially constitutive

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<sup>483</sup> *Starting at Home*, 124.

<sup>484</sup> I do not discuss the latter account further, since it does not seem to be substantively different from the additive or supplementalist approaches.

of care,<sup>485</sup> but are not usually referred to as virtues in (Aristotelian) virtue theory. Other virtues, such as compassion, humility, courage, and honesty, are also commonly acknowledged elements of care, but are fixtures in the literature. So hybrids of the analogical and supplemental approaches look to be leading contenders amongst the various kinds of virtue thesis.

## 5. In Defence of the Virtue Thesis

In this section I raise and respond to three foreseeable objections to the virtue thesis. I begin with the thought that virtue as a conceptual category is insufficiently sensitive to gender, and is therefore ill-suited to care's feminist aims. I then raise two apparent inconsistencies between the care ethical claim that care is natural and the standard Aristotelian picture of virtue. On the one hand, care's naturalness appears inconsistent with the claim that virtue is habituated, and on the other it appears inconsistent with concepts of virtue as a corrective. Care also seems like the sort of thing one can get wrong, and if this is the case then care cannot be a virtue. I argue that none of these problems pan out, and this provides a solid foundation for an evaluation of the competing approaches laid out in Sections 2, 3, and 4.

One reason to reject the virtue thesis is Sander-Staudt's. Attacking Halwani's and McLaren's Aristotelianism, she maintains that interpreting care as a virtue is antithetical to certain feminist ends because "gender neutral definitions of virtue [...] prevent them from highlighting the gender sensitive distinction between care as a motive and care as an end."<sup>486</sup> According to Sander-Staudt, male or masculine virtue is typically associated with caring motivations ("caring about") whereas female or feminine virtue is more often associated with caring practices ("caring for"). In defining virtue as a matter of both motivation and practice, she argues, the virtue thesis blurs a moral distinction which tracks gender and, for that reason, presents an account at odds with feminist aims. But it is unclear why this is the case, primarily because Sander-Staudt gives us no reason to suppose that virtue and care theorists are committed to this picture of care as a virtue. Sander-Staudt assumes a monolithic virtue of care which, in its generality, cannot be tailored to gender-sensitive defects. Her 'caring about' and 'caring for' are supposed to delimit areas where we can, and *qua* members of a gender are more inclined to, fail to care as we ought. Yet Sander-Staudt is not prescribing one sort of care for

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<sup>485</sup> Ruddick and Tong are two exceptions which prove the rule here, since Ruddick sees attentiveness and empathy as cognitive *capacities* (*Maternal Thinking*, 119 and 121, respectively) and Tong sees empathy as an "epistemic skill" ("Feminist Perspectives on Empathy as an Epistemic Skill and Caring as a Moral Virtue," *Journal of Medical Humanities* 18, no. 3 (1997)).

<sup>486</sup> "The Unhappy Marriage of Care Ethics and Virtue Ethics," 23.

men and one for women. Sander-Staudt (rightly) wants both men and women to care about *and* for others, so a morally ideal agent on her view would be caring in *both* senses. And if that is the case, then it becomes unclear why Sander-Staudt's picture of care differs substantively from an appropriately compartmentalised virtue of care. Sander-Staudt's morally ideal agents are still caring in a broad, amorphous sense, but they also exhibit excellences in particular areas of care – a portrait of care which, it seems, is just as tenable if we treat care as a unitary but subdivided virtue. The problem here applies only to particular theories of virtue.

Additional issues arise once we begin talking of care as a natural phenomenon. Care ethicists univocally assert that care is in several senses natural or innate. We are enmeshed in caring relations from birth and so we typically remain for the rest of our lives, and more than this, we are naturally disposed to nurture and maintain these relations. Consider, for example, Halwani's remarks above, and Noddings' comments on our inborn tendency to care:

[Care is] that condition toward which we long and strive, and it is our longing for caring – to be in that special relation – that provides the motivation for us to be moral [...] as human beings we want to care and be cared for.<sup>487</sup>

Caring is not something that one must struggle for, in the way that one must sometimes wrestle with oneself to be temperate or courageous. Instead, “we love not because we are required to love but because our natural relatedness gives natural birth to love.”<sup>488</sup> So one might think that our motivations and desires typically do not need to be corrected, and that care is not therefore an excellence of character. In contrast, there are at least two ways in which virtue seems *not* to come naturally. First, virtues are supposed to be habituated – “virtues arise in us neither by nature nor contrary to nature, but nature gives us the capacity to acquire them, and completion comes through habituation.”<sup>489</sup> According to the dominant view, virtues are a product of a lengthy process whereby particular patterns of thought, affect, and action become engrained. Thus Aristotle concludes at the end of Book X of the *Nicomachean Ethics* that “the person who is to be good must be nobly brought up and habituated.”<sup>490</sup> Second, virtues are supposed to be correctives. The inculcation of virtue is, on the dominant view, a process of setting our dispositions aright in areas where our actions, thoughts, and feelings tend to miss the mark.<sup>491</sup> If we were born perfectly just or kind, we would have no need of correction, and

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<sup>487</sup> *Caring*, 5-7. At 43, Noddings adds that “we love not because we are required to love but because our natural relatedness gives natural birth to love.”

<sup>488</sup> Noddings, *Caring*, 43.

<sup>489</sup> Aristotle, *Nicomachean Ethics*, 1103a24-26.

<sup>490</sup> *Nicomachean Ethics*, 1180a.

<sup>491</sup> Foot is perhaps the most influential defender of this view. See both *Virtues and Vices* and *Natural Goodness*.

no reason to afford justice or kindness the special moral status of *virtues* any more than we afford that status to self-love.<sup>492</sup> So one might also think that care's naturalness rules it out as a virtue because our motivations and desires in the sphere of care typically do not need to be corrected, and therefore care cannot represent an *excellence* of character.

Rather than jettisoning these claims about virtue or care, I think it can be shown that these inconsistencies are merely apparent. To begin with, natural inclinations to care are unproblematic as far as habituation and moral education are concerned. Virtue theorists do not deny the existence of natural inclinations or tendencies. Indeed, they have often deliberately left room for them by treating such inclinations and tendencies as integral to the formation of character and virtue. Annas exemplifies this in *Intelligent Virtue*, writing that:

we teach children to be fair and honest not by teaching them what they should do and then trying to interest them in having a new motivation to do this. Rather, we try to educate and form motivations that are present already.<sup>493</sup>

So the mere fact that we tend to be motivated to form friendships, to tell the truth, to share, and so on, does not entail that friendship and honesty are not habits we pick up and perfect. Rather, these inclinations will (in the best of cases) provide the loam from which virtues grow. Likewise, an inclination to care is not evidence that care is not habituated and cannot qualify as a virtue. Just the opposite – it unites care with virtues like friendship, benevolence, and justice. Like the other virtues, any natural inclination to care will invariably need to be refined during the process of enculturation. We do not know *innately* that some people enjoy surprises and others do not, or that one cares for a sick person by taking them to the doctor.<sup>494</sup>

A similar point can be made in response to the notion that care does not need correction. The opponent of the virtue thesis might even concede that we sometimes fail to respond rightly to those we care for, but argue that care nonetheless does not have a *tendency* to go awry, or at least not disastrously so. The contours of such an argument are not difficult to trace. Many of us in the first world have our needs reliably met and grow up to live relatively well, despite the fact that care is not always perfect. As Ruddick puts it:

mothers often find themselves unable to deal with the complexities of their children's experience because they are overwhelmed simply tending to their

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<sup>492</sup> As Foot explains, "there is no general virtue of self-love as there is a virtue of benevolence or charity because men are generally attached sufficiently to their own good" ("Virtues and Vices," 13).

<sup>493</sup> At 10.

<sup>494</sup> One might also claim that care is not habituated in the right sort of way, that care is routinized in a non-reflective and thus non-virtuous way. But this will not be a persuasive objection, because care ethicists have almost always stressed the import of reflection and adaptability in caring.



children's survival or are preoccupied by their own projects or are simply exhausted and confused. Children survive nonetheless.<sup>495</sup>

Given the necessity of care for human life, we might think that the fact that most of us will live well into old age despite our frailties is some indication of the general adequacy of care. What's more, those whose needs go unmet often suffer not because their caregivers *do not* care, but because they *cannot* care. Caregivers often do not have the means to care well in the first place, but what needs correction in those cases is not *unresponsiveness*, as in a disposition or tendency not to respond properly to the needs of others, but inhibitive resource scarcity (though we might, in that case, wonder whether political leaders and societies more broadly care enough).<sup>496</sup> One might say, then, that care tends not to go awry in practice and that there is no need for a corrective disposition here. Such lines of argument might concede that care constitutes a character trait of sorts, but will attempt to show that it does not represent an *excellence* of character, and therefore cannot qualify as a virtue.

But defenders of the virtue thesis may reply here that it is unfair to extrapolate from points such as these a general adequacy of care. The claim that care is natural cannot be taken to entail the claim that *good* care is natural without an overly romantic picture of care. Caring relations, as many care ethicists have stressed, are *difficult*.<sup>497</sup> It is all too easy to care too much or too little, to care for the wrong person, to care for the wrong reasons, and so on. Human beings generally seem prone to overestimating the urgency or severity of our own needs, and conversely, to downplaying or being insensitive towards the needs of others. We are all familiar, after all, with tropes such as the self-absorbed miser who is blissfully unaware of the dire situations of those nearby, and we are familiar also with more mundane cases of failure to properly respond to the needs of the underprivileged, the suffering, the elderly – even, sometimes, when they are right under our noses.<sup>498</sup>

Excessive responsiveness is also familiar. One does not have to look far to find well-meaning caregivers who smother their charges and thereby do them harm, and indeed care ethicists have often cautioned us against just that.<sup>499</sup> Caregivers do their charges no favours by tending to their every whim. As we noted earlier, care aims partially at establishing or maintaining a measure of autonomy, at times best achieved by retreating and allowing the

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<sup>495</sup> *Maternal Thinking*, 20-21. See also Noddings' *Caring*, 121.

<sup>496</sup> Tronto makes a similar point in *Moral Boundaries*, at 110.

<sup>497</sup> Ruddick seems especially cognizant of these difficulties in *Maternal Thinking*.

<sup>498</sup> Dickens' Mrs. Jellyby in *Bleak House* (London: Chapman and Hall, 1907) is a vivid illustration of this.

<sup>499</sup> Noddings in particular has come under fire for advocating this. Engster offers a short meta-analysis of these critiques in "Care Ethics and Natural Law Theory," at 116-117.

cared-for some independence – as Ruddick notes in *Maternal Thinking*, the set of maternal tasks includes “letting a child grow into her life – which also means growing away.”<sup>500</sup> It is not immediately obvious that we require a corrective *disposition* for this, of course. But to avoid these shortcomings, it does seem that one must possess a particular sort of character. One must be disposed to notice the need for care and to respond rightly in action, affect, *and* thought. One must be properly motivated by the existence of needs, and one’s values must be so calibrated as to reliably meet them well. This, after all, is why care ethicists like Noddings and Engster choose to retain notions of virtue despite their ongoing frustrations over being mistaken for virtue ethicists. Good care seems intuitively to be in part a matter of character. So without denying that we are naturally embedded in caring relations, it seems reasonable to suppose that caring *well* requires a corrective disposition. And this is particularly clear when we begin to move away from the usual paradigms of caring relations. Our inclination to romanticise care seems to wither entirely when we consider the ways in which we fail to care for the environment, for victims of domestic violence, for the impoverished, and for non-human animals; it is glaringly obvious that we fail to care as we should for *those* needs. Care may well be natural, but good care does not, therefore, come naturally.<sup>501</sup>

A related argument against the conventional approach is that caring seems to be something other than a virtue insofar as it is possible to get caring wrong.<sup>502</sup> As noted above, we speak naturally of caring too much or too little, of caring for the wrong person, of caring for the wrong reasons, of caring for people who no longer want or deserve our care, and so forth. And indeed, however one chooses to define care, the wicked clearly can and do care for others in some sense. Many of them are or were caring parents, lovers, and children, despite the fact that they are/were vicious and despite the fact that their caring will likely have been tainted by their vices. But to be virtuous is, by definition, to ‘get it right,’ so it seems that common usage and understandings of ‘care’ make it preferable to conceive of care as something other than a moral excellence.

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<sup>500</sup> At 91.

<sup>501</sup> Closer examination of the thought that care is a corrective disposition in this sense also reveals another reason to endorse the virtue thesis. Regarding virtue as a corrective to temptations or inclinations to act, think, or feel wrongly seems to bring the discourse squarely into the realm of feminist political thought. Care may correct for insensitivity to the needs of marginalised communities in the public sphere, for inactivity in the face of social injustice, blindness to certain needs (such as the need for stability in the international environment), and so forth. So in responding to this objection, we unearth another reason to endorse the virtue thesis: it seems to serve certain care ethical ends nicely.

<sup>502</sup> Note that this objection is not the inverse of the argument that care is not a corrective. It is perfectly consistent to claim that it is *possible* to get care wrong, and at the same time to claim that care *typically* does not need correction.

We shall be better equipped to respond to this objection after Chapter 6, but it is worth saying something on this matter here. First, this is perhaps more an indication of the flexibility of our moral lexicon than a disqualifier for care. As is often noted in the literature, we sometimes speak of courageous Mafiosos while in the same breath condemning them for their vices, and although this leads to philosophical puzzles, it has not convinced virtue ethicists to abandon courage. Foot shows just how such a response to cases of a non-virtuous care might take shape in “Virtues and Vices”<sup>503</sup> where she compares the predicate ‘courageous’ to the predicate ‘poisonous,’ claiming that we could speak of some substance *characteristically* acting as a poison without implying that it always operates as one. “It is quite natural,” she explains, “to say on occasion ‘P does not act as a poison here’ though P is a poison and it is P that is acting here.”<sup>504</sup> Thus virtue ethicists do not err in saying, as Geach does, that “the conscientiousness of a villain like Himmler, his triumph over his own feelings in order to do monstrous deeds, only makes him more detestable.”<sup>505</sup> So the mere fact that we use descriptors like ‘caring’ and ‘courageous’ to describe both excellences and traits which are not excellences does not automatically disqualify care as a virtue. There is precedent in virtue ethics for the thought that it makes sense to speak of caring villains, but that in them care is not acting as it characteristically does and is therefore not a virtue.

## 6. In Defence of Analogism

Suppose the virtue thesis holds water. An additional question now arises as to which of the three approaches above one ought to adopt. In this section, I defend the analogical approach as the most promising, despite the initial appeal of the other two. Section 6.1. contends that the cardinalising approach, perhaps the most attractive at the outset, rests on mischaracterisations of the virtues subordinate to care. Section 6.2. argues that the supplementalist approach fails, not because the approach is philosophically inadequate, but because it assumes the failure of the analogical approach – an assumption which is, at this point, untenable. Section 6.3. argues that the analogical approach is not as unattractive as care ethicists have sometimes thought, and that it can be made to share one of the most attractive features of cardinalising approaches.

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<sup>503</sup> See Section 3 in particular.

<sup>504</sup> At 16.

<sup>505</sup> *The Virtues*, 8.

## 6.1. Against Cardinalism

As noted above, the cardinalising approach, and the bundling approach more generally, have garnered significant support from care ethicists. The primary reason for this seems to be that it neatly explains central elements of care; good care involves a set of interlocking excellences and is, therefore, a *constellation* of virtues rather than a single, undifferentiated virtue.<sup>506</sup> Here, however, I want to challenge the notion that care is best thought of as a cardinal virtue governing a set of subordinate virtues. I shall mount two arguments, the conjunction of which seems to me to suggest at best that we ought to suspend judgement on cardinalism, and at worst that cardinalism fails. The first is that many of the virtues identified by care ethicists may not in fact qualify as virtues. The second is that those subordinate traits which *do* qualify as virtues are not governed entirely by care, and thus do not map onto conventional understandings of cardinality.

One point to make against cardinalizing care is that some of its subordinate virtues may not qualify as excellences of character at all, because they can be possessed also by the wicked. Take, for instance, attentiveness. Attentiveness is more or less a disposition to notice particularities (especially minutiae) which need to be factored into practical deliberations if one is to care well.<sup>507</sup> People who are attentive notice the symptoms of need – a pained expression, an empty pantry, sunken eyes, etcetera. That moral exemplars are attentive is without doubt; one can hardly care well if one is not paying attention. But we also seem to find this trait in the wicked. Those who are patently spiteful or hateful or manipulative are just as capable of recognising the needs of those around them as good carers are. Indeed, what is often most harrowing about wicked individuals like Hannibal Lecter and Charles Manson is how very attentive they prove to be. But if one believes, as many virtue ethicists do,<sup>508</sup> that the wicked cannot by definition possess moral virtues (either because the virtues necessitate one another, or because they necessitate moral decency), then attentiveness cannot be a virtue. Those committed the claim that attentiveness is a sort of excellence are better off classifying attentiveness not as a moral excellence, but perhaps as a morally neutral perceptual capacity which can be put to good or evil uses. And one would likely have to say the same of virtues like competence and cheerfulness. These may well be good traits to possess in some sense but they do not seem to be *moral* excellences insofar as the wicked can and do exhibit them.

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<sup>506</sup> Cardinalism also appears well-suited to explaining the increasingly popular view that care represents the basis of a comprehensive and independent theory of ethics.

<sup>507</sup> See, e.g., Tronto's *Moral Boundaries* and Engster's "Rethinking Care Theory."

<sup>508</sup> See, e.g., Hursthouse's influential account of right action in Part I of *On Virtue Ethics* and Badhwar's "The Limited Unity of Virtue," *Nous* 30, no. 3 (1996).

This argument does not empty the set of virtues which could be governed by care, and care ethicists will likely complain that I have mischaracterised attentiveness. Attentiveness, it might be said, ought to be further specified; the virtue of attentiveness lies *within the context of caring relations*. Sociopaths may be attentive, but because their relationships are not caring, their attentiveness falls short of virtue. Furthermore, even if we concede that attentiveness can be put to evil uses, the same appears to be true of courage, but most of us will balk at the idea that *courage* is not a virtue. As we saw in Section 5, the mere fact that particular traits admit of vicious iterations does not show that they cannot admit of virtuous iterations. This manoeuvre strikes me as odd, however. Foot develops these thoughts on virtue in response to the apparent heterogeneity of concepts subordinate to courage. ‘Courage’ is a locution flexible enough to describe both virtuous and wicked traits, and this creates a puzzle for virtue ethicists who wish to reserve the term solely for a morally praiseworthy trait. But it is not clear that the concepts subordinate to attentiveness are heterogeneous in this way. ‘Attentiveness’ is not obviously ambiguous in the same way courage is – though the term is indeed as malleable as ‘courage,’ it is not clear that this malleability exposes the kind of conceptual equivocation which Foot’s account aims to defuse. ‘Attentiveness’ could just as easily refer to traits which are *identical* in the virtuous and the wicked, but which differ outwardly because of factors external to attentiveness itself.

Even if we grant for the sake of argument that attentiveness is like courage in this respect and that traits we label virtues can also sometimes serve wicked ends,<sup>509</sup> however, there is another point to be made here against care’s cardinality. Those virtues which remain seem not to slot neatly into conventional understandings of cardinality. As it is usually understood, cardinality is a function of generality. Charity is a cardinal virtue because its sphere is abstract or broad enough to encompass smaller, more localised virtues. But this does not describe care’s relation to its subordinate virtues. Care does not *encompass* responsiveness, empathy, or responsibility, because all of these virtues appear to fall also within the precinct of justice, kindness, and friendship too. Kindness surely involves a sort of responsiveness to others, and one certainly cannot possess the virtue of friendship if one is not empathetic. Virtues like attentiveness and competence also seem to fall well within the ambit of practical wisdom. There is a long history in virtue theory of using perceptual analogies to illustrate practical or moral

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<sup>509</sup> To be clear, virtue ethicists typically will not grant that virtues themselves sometimes serve wicked ends. In *On Virtue Ethics*, at 153-157, Hursthouse explains that “if [the virtuous agent] has some vice, then, if the doctrine of the unity of the virtues holds, she has no virtues at all.”

wisdom,<sup>510</sup> and what is attentiveness if not a sort of perceptual skill or disposition? So it seems that many, possibly even all, of the virtues typically ordered underneath care in fact belong to several virtues. Good care might *involve* the virtues, but the virtue of care does not seem to *contain* them. And this, of course, is inconsistent with theories of cardinality like those of Plato and Aquinas, which rest on a process of abstraction.

## 6.2. Against Supplementalism

I argue in this section that the supplemental approach too ought to be abandoned, at least in the interim. My reason for this is simply that supplementalism assumes the failure of the analogical approach, and thus a burden of proof falls upon its proponent to prove as much – a burden which, hitherto, has gone unmet. The addition of care to the list of virtues in virtue theory assumes that care has not appeared already. To add care to a list of virtues, one of which already contains all of care's normative content, is simply to introduce a synonym for that pre-existing virtue. So supplementalism only makes a meaningful contribution to the virtue theoretic tradition if care has not been acknowledged in some form already (if, in other words, the analogical approach has failed).

In itself this is not enough to show that the supplemental approach is redundant. But it is not at this point clear that the assumption of care's novelty is tenable. Care ethicists have sometimes argued, as we saw in Section 2, that particular virtues are poor analogues for care. And this will be part and parcel of any case against analogical approaches. But there are two methodological problems with the usual strategy for dismissing analogical approaches. The first is that they are rarely defended in much depth. Extant virtues tend to be given short shrift, acknowledged for their *prima facie* resemblance to care but quickly shelved in order to pursue other philosophical aims. Without dismissing those aims, this is a tack which invites rebuttals such as the one I offered in Section 2 against disanalogies with charity/benevolence. Pending philosophically robust disanalogies, however, we have at best a relatively weak reason to think that any particular analogue fails. Greater attention must be paid to the virtues neighbouring care if we are to have confidence in the need for an additional virtue of care. Perhaps more concerning, however, is the usual strategy itself. Arguments against analogies with charity do not rule out analogies with friendship or love. Care ethicists must show at minimum that there

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<sup>510</sup> This history begins with the Ancients and resurfaces periodically all the way up to the virtue ethical renaissance with thinkers like John McDowell.

is good reason to suspect that *all* initially plausible analogues fail. In-depth studies of particular virtues will be integral to this, but the study of a single virtue, no matter how thorough, cannot justify the rejection of the analogical approach *tout court*. Pending such arguments, we ought to withhold judgement on the supplemental approach for its reliance on an undefended and non-obvious assumption. Until we are given reasons to doubt the analogical approach itself, rather than reasons to doubt particular instances thereof, there is no good reason to suppose that we need to add care to the list of virtues.<sup>511</sup>

### 6.3. In Defence of Analogism

Many care ethicists will no doubt find these conclusions, that both the cardinalist and supplementalist approaches ought to be rejected in the interim, unpalatable, for they imply that analogism is in fact to be preferred. But virtue ethicists will not share care ethical fears of subsumption under another ethic. And here I shall argue that the analogical approach is just as capable of capturing care's complexity as cardinalism, so one forceful reason for preferring cardinalism also lends support to analogism.

One of the most attractive features of the cardinalising approach is that it enables care ethicists to draw on a wide range of specific, localised virtues. Attentiveness, empathy, and other subordinate virtues are traits any good caregiver will possess because they are indispensable elements of good care. In rejecting a cardinalising approach in favour of an analogical one, it might be thought that we have sacrificed this advantage. But this is not the only means by which care theorists can draw on other normative concepts in care's neighbourhood. Another takes the form of the unity or reciprocity theses. Recall that reciprocity theses, the weaker of the two, blur the boundaries between particular virtues by claiming that the possession of one virtue necessitates possession of them all. Usually, this is because acting well is at least sometimes impossible without a collection of virtues because each virtue's province overlaps with others'. Aristotle's is perhaps the quintessential statement of the reciprocity thesis. For Aristotle, what distinguishes 'natural' virtues from 'full' virtue is

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<sup>511</sup> There is insufficient space to engage with them here, but there are additional concerns about the supplementalist approaches. One of these is that adding care to the set of virtues contributes to enumeration problems, or is made possible by a feature of virtue ethics which causes it to succumb to an enumeration problem of the sort Daniel Russell raises in *Practical Intelligence and the Virtues* (New York: Oxford University Press, 2009). I am not entirely convinced that enumeration problems such as Russell's threaten virtue ethics, but in any case, the objection I have outlined here strikes me as more threatening for this specific approach to the virtue thesis. See also Nancy Snow's "Proliferating Virtues: A Clear and Present Danger?" in *Virtue Ethics: Retrospect and Prospect*, ed. Elisa Grimi (Cham: Springer, 2019).

*phronesis* ('practical wisdom').<sup>512</sup> *Phronesis* is a calculative or deliberative virtue which enables its possessor to act well. It does not deliberate about ends; that is the task of the virtues of character like courage, generosity, and temperance. Rather, *phronesis* takes those ends and deliberates about how best to further them. *Phronesis* does not, moreover, call on one virtue at a time. Instead, it produces what Foot calls 'all-things-considered reasons'<sup>513</sup> – it takes input from all of the relevant virtues in order to guide us in any given scenario. In the mind of the *phronimos*, mercy can curb justice, kindness can encourage honesty, and courage can promote generosity. The virtues thus collectively render their possessor appropriately responsive to moral considerations in a way that no virtue could do alone.

Care can be plugged into a notion of reciprocity like this one to generate judgements like those the cardinalist hopes to offer without running up against the concerns raised in Section 6.1. Take, for instance, courage. It seems reasonable to suppose that care and courage overlap – meeting needs sometimes requires us to face our fears and put ourselves at risk. Consider Huckleberry Finn's refusal to return Jim to Miss Watson. Towards the end of *The Adventures of Huckleberry Finn*, Huck finds himself faced with an apparent moral dilemma. He can either turn his friend (Jim) in and see Jim returned to Miss Watson (Jim's owner), or he can continue to help Jim on his way to the free states. Huck believes that siding with Jim amounts to a kind of theft which is severe enough to condemn him to hell, but after a great deal of internal conflict he musters the courage to accept this ("all right, then, I'll go to hell," he says defiantly).<sup>514</sup> This is an unusual case, to be sure, but the point generalises – courage will often be relevant where care is concerned. And if the virtues are reciprocal in the way outlined above, then we can explain such judgements; both virtues provide essential inputs for *phronesis*. Huck could not have cared well for Jim if he did not possess a measure of courage.

Reciprocity theses also offer us a set of mechanisms with which to dissolve aspects of the care-justice debate. If care and justice are virtues, then we can expect that the virtue of care will often curb the virtue of justice, so that punishments are meted out, for instance, with an eye to their impact on an individual's or community's wellbeing, and that justice will sometimes curb the virtue of care, such that those holding public office, for example, are not nepotistic (in such cases, justice might incline us to say that it is not *really* caring to show partiality in this particular context) and so forth. The reciprocity theses may thus help to resolve debates at the normative level over whether justice or care take precedence by providing a means of showing that

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<sup>512</sup> See Book VI of the *Nicomachean Ethics* for Aristotle's theory of *phronesis*.

<sup>513</sup> *Natural Goodness*, Ch. 4.

<sup>514</sup> Mark Twain, *The Adventures of Huckleberry Finn* (New York: Barnes and Noble, 1885), 217.



conflicts between them are merely apparent. Temperance too seems to be intertwined with care as a matter of common sense, especially since self-care has seen significant uptake amongst care ethicists as a subcategory of care.<sup>515</sup> So there is no shortage of virtues with which we want care to reciprocate. It seems, then, that analogical approaches can share in at least one feature which care ethicists have found attractive about cardinalism.

## 7. Conclusion

It is useful, once again, to pause and take stock. This chapter began by detailing what I have called the virtue theses about care. Following this, I tendered a taxonomy of the ways in which care can and has appeared in or been incorporated into virtue ethics. We then saw to some foreseeable objections to the virtue thesis, and following that I offered reasons to think that the analogical approach is its most promising variant. Given our conclusions from Section 2 regarding the potential analogues for care, it seems that the most promising virtue thesis at this point is one which treats care as analogous to charity or benevolence. Insofar as these arguments are convincing, they allow the virtue ethicist to respond to Held's claim that virtue ethics does not possess an account of care. Contrary to Held's claims, virtue ethics *does* seem to possess at least one moral concept which satisfies Held's and Engster's minimal conditions for an account of care. However, these minimal conditions do not necessarily yield a complete or satisfying account of care. As we saw in Chapter 2, care ethicists typically build more into their concept of care than Held's and Engster's minimal criteria. So an additional question now arises: does the virtue thesis offer a full account of care, or is there yet more to be included in a complete account of care? This is the question I answer in the remaining chapters of this thesis.

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<sup>515</sup> See, e.g., Engster's "Rethinking Care Theory," 66.

## VI

### Caring Actions and Caring Practices

Many care ethicists will at this point accuse us of abstracting away from care ethics' roots in the lived experiences of caregivers and care-recipients.<sup>516</sup> To care is first and foremost to engage in some type of work, activity or practice. Thus, an attempt to define it as a character trait makes a category mistake and loses sight of care theory's origins in practice. As Berges puts it:

to become a carer one needs an actual living person to care for. To care is to do something: change a nappy, prepare a meal, administer a cure. As far as care ethicists are concerned, virtue ethics, being too focused on the character of the agent, fails to consider the activity of caring itself.<sup>517</sup>

A reader familiar with Aristotle's work may also complain at this point that we have overlooked just such an account of care – not as *philia* or under the guise of some (other) virtue, but as *care* – in Aristotle. While translators of Aristotle's ethical, political, and scientific writings have not always done so, more recent translations have begun to translate Aristotle's *epimeleia* as "care."<sup>518</sup> Yet in contrast to the positions examined in the preceding chapter, Aristotle's *epimeleia* is a sort of *praxis*, an activity or a practice. An interlocutor with Aristotelian predilections regarding care is therefore likely to mount a different argument for the same conclusion: to ignore care's practical aspects is to present at best a piecemeal account.<sup>519</sup> Care is, to Aristotle and the archetypal care ethicist, and indeed as everyday vernacular would have us believe, a multifaceted concept which denotes a class of actions or practices as much as (perhaps more than) it denotes a state of character, a disposition, or a mental event.

Of course, if it is true that care involves *either* a response or a responsiveness, then the taxonomy we have provided in the preceding chapter ought to be sufficient to show that Held's claim that virtue ethics lacks an account of care is misguided. But though I am still in part rebutting Held's argument, that is not the primary aim of this chapter. Here my foremost goal

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<sup>516</sup> Joan Tronto, Virginia Held, and Blanca Ybarra have all raised this objection in conversation.

<sup>517</sup> *A Feminist Perspective on Virtue Ethics*, 116. This objection has also been levelled against Slote's ethics.

<sup>518</sup> Crisp's and Simpson's are two of these. Alternative translations include "attention," (Joachim and Ross) and even "control" (Welldon) and "discipline" (Rackham). I do not, of course, take their relative contemporaneity to be an indicator of their superiority *per se*, but it is clear, I think, that *epimeleia* is conceptually near enough to care for that to be a plausible translation. Sibyl Schwarzenbach has been particular insistent on this. See her *On Civic Friendship* (New York: Columbia University Press, 2009).

<sup>519</sup> *Agape* in biblical Greek is also sometimes treated as a kind of activity or practice.

is to flesh out the Aristotelian concept of care by providing an analysis of caring actions and practices – to contribute to a satisfying account of care rather than one which merely satisfies Held’s minimal standard. This is perhaps an unusual project, since contemporary virtue ethics has moved away somewhat from the philosophy of action. But the claim that care denotes a sort of action or practice is an intuitive one, and I do not think that virtue ethicists need argue that the caring character traits (whatever those ultimately are) exhaust or adequately capture the breadth of the term. Indeed, it seems to me rather that the above criticism of attempts to construe care as a virtue or set of virtues raises an important point about the state of the virtue ethical literature more generally. As their normative theory has taken root, virtue ethicists have explored a diverse range of virtues, many of which have attracted heated and ongoing debate. Yet in doing so, virtue ethicists have frequently neglected other topics relevant to the study of virtue and the development of a comprehensive moral philosophy. One of these is action. Contemporary virtue ethicists very often list particular actions for the purposes of illustration, but with notable exceptions like abortion and euthanasia have seldom made efforts to establish a robust philosophy of action and of particular kinds of action or to fit particular actions into that schema.<sup>520</sup> This is, of course, a significant break from tradition. Aristotle, Aquinas, and Anscombe all developed their own theories of action, and those theories figured conspicuously in their respective ethics.

My aims in this chapter are to show that virtue ethics can make sense of caring actions and practices, and to contribute to the development of a theory thereof. If virtue ethicists can make sense of care as a type of action, then they can meet the objection that they have overlooked care’s fundamental practicality and produce a more nuanced and plausible account of what it means to care. This chapter begins by laying out an Anscombean theory of action and some care ethical theories of practices, and I argue, in short, that the two (sets of) theories are consistent with one another and indeed mesh well. In Section 2, I lay out a theory of caring actions. I suggest that both care and virtue ethicists conceive of caring actions as those which intend to meet needs. I argue, however, that we ought to reconceive needs as those things without which we cannot flourish. This eudaimonistic theory of needs both brings the account into closer alignment with Aristotelian ethics and, in my view, offers a more comprehensive account of caring actions. In Section 3, I discuss caring practices. I suggest that caring practices are a subcategory of caring actions and, without defending a specific account thereof, argue

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<sup>520</sup> One need only look at indices of recent anthologies on the topic of virtue for confirmation of this. See, e.g. van Hooft’s *The Handbook of Virtue Ethics*, or Russell’s *Cambridge Companion to Virtue Ethics*.

that it is informative to consider care as a practice and that we ought not to jettison such concepts. Section 4 attempts to fit this theory of caring actions into our ethical framework. I maintain that introducing an account of care as an act-type to a virtue ethical theory of care has two distinct advantages. The first is that it allows us to make certain sorts of moral judgements about whether one has cared successfully or not. Care ethicists have sometimes espoused a success criterion for caring actions, and I argue that dividing care into subtypes enables us to make better sense of that criterion. I also argue that our distinction between caring actions and caring characters maps onto a distinction commonly drawn by care ethicists between ‘caring for’ and ‘caring about,’ suggesting that these concepts overlap in two interesting and important ways on the virtue ethical account. I thus argue that this view of care yields an attractive account of the interaction between caring actions and the caring virtues.

### 1. Actions and Practices

In this section, I develop accounts of care as a sort of practice and a sort of action, beginning with a study of actions, practices, and the distinction between the two. These are not, of course, the only concepts in play in either care or virtue ethical philosophy of action. Care ethicists habitually speak of care as work or labour in an attempt to emphasise certain aspects of caring practices.<sup>521</sup> Nor are these meanings of care mutually exclusive. One may choose to treat care as a practice, and then go on to define labour or work as a certain sort of practice. One may also choose to treat labour and work as ontologically distinct from practices, but maintain that there is no inconsistency in regarding them all as sorts of care. Here I shall focus on care as an activity and a practice because (a) as we shall see, these concepts lie at the heart of many of the most influential accounts of care, (b) as we shall also see, those accounts typically see actions

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<sup>521</sup> In “When Caring is Just and Justice is Caring,” Kittay tells us that “*Care* is a multifaceted term. It is a labor, an attitude, and a virtue. As labor, it is the work of maintaining ourselves and others when we are in a condition of need” (at 259). In *Care, Autonomy, and Justice*, at 56, Clement lists two paradigmatic examples of care work: nursing and parenting and offers three features typical of care work:

first, care work typically takes place in the context of a personal relationship between caregiver and recipient. Second, the caregiver acts to promote the well-being of others. Finally, the care worker is typically motivated in her work by a feeling of concern for the recipients of care (even if other motives, such as money, lead one to do the work in the first place.

Clement also offers, at 54, two reasons why care should be recognized as work:

First, the differences between caregiving and other kinds of work have been exaggerated, and second, managing our emotions requires a kind of work that we usually fail to recognize. But [...] the underlying reason we should recognize care as work is that doing so reflects an explicit recognition of its social importance.

In Clement’s view, the more features met by some kind of work, the more it qualifies as care work, so care work is a scalar concept.

and practices as intimately connected concepts, (c) work and labour have professional connotations which complicate the picture in ways which cannot be dealt with in sufficient detail here,<sup>522</sup> and (d) it is at least possible, and indeed very likely, that the concepts of action and practice are more basic or fundamental than those of work or labour.<sup>523</sup> So I shall limit myself here to these two kinds of care.

### 1.1. Anscombe's Philosophy of Action

What then do we mean by 'action' and 'practice?' Unfortunately, care ethicists have not offered a fully developed philosophy of action to draw on here, nor do they obviously lean on any particular tradition therein. So there is no discernible philosophy of action for virtue ethicists to borrow or rebut. But there are numerous theories of action to which we can appeal for support. Anscombe's approach, spelled out in her seminal monograph *Intention*, has been immensely popular since it was first published and remains a widely discussed approach amongst philosophers of action.<sup>524</sup> Anscombe's philosophy of action is rich, and much more has been written on it than can possibly be surveyed here, so our discussion will inevitably be fragmentary, but Anscombe's understanding of action – and particularly of act-types – is both an obvious candidate and, as I shall argue, an apparently good fit, for a theory of caring actions.

In "Modern Moral Philosophy," Anscombe argues that we ought to suspend moral philosophizing until we produce an adequate philosophy of psychology. Anscombe sees the philosophy of action as part of that undertaking. One of the most pressing issues in Anscombe's eyes, to which she devotes much of "Modern Moral Philosophy" and *Intention*, is what is sometimes known as the 'problem of relevant descriptions.' It is foundational to Anscombe's view, O'Neill tells us, that:

*action is propositional. Acts fall under many descriptions; act-descriptions may have many instances. Although individual acts—act tokens—are events in the world, we both think about action and act under certain descriptions. We consent to action as described in certain ways, but not others.*<sup>525</sup>

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<sup>522</sup> Interestingly, Ruddick tells us that "maternal work is a prototype of labor" in her "Thinking about Mothering - and Putting Maternal Thinking to Use" (*Women's Studies Quarterly* 11, no. 4 (1983)), at 4.

<sup>523</sup> See, e.g., Monique Lanoix's "Labor as Embodied Practice," *Hypatia* 28, no. 1 (2013).

<sup>524</sup> See, e.g., John Finnis's *Intention and Identity* (Oxford: Oxford University Press, 2011), and a 2018 special issue of *Philosophical Explorations* titled "Philosophy of Action from Suarez to Anscombe."

<sup>525</sup> "Modern Moral Philosophy and the Problem of Relevant Descriptions," *Royal Institute of Philosophy Supplement* 54 (2004): 305 (original emphasis).

But this gives rise to problems in ethics. Anscombe argues that Kant’s “rule about universalizable maxims is useless without stipulations as to what shall count as a relevant description of an action with a view to constructing a maxim about it,”<sup>526</sup> and like Kant, Mill “fails to realize the necessity for stipulation of relevant descriptions, if his theory is to have content.”<sup>527</sup> Both Kant’s and Mill’s accounts therefore succumb to what Anscombe regards as a fatal flaw:

Any act-token will fall under many true descriptions, hence also under many possible principles of action. Absent a proper philosophy of psychology, how can we tell which act description is relevant for moral assessment?<sup>528</sup>

Anscombe grapples with this problem in both “Modern Moral Philosophy” and *Intention*, going on to develop a means by which act-types can be individuated. As Candace Vogler summarises it, on Anscombe’s account:

an act-type is just any isolable, determinately describable aspect of an exterior act done on purpose, such that the agent can answer a question about what he’s doing couched in terms of that description.<sup>529</sup>

Swinging one’s arm can be a token of numerous act-types, depending on whether one is hacking wood, dancing, gesturing, or bowling a ball. Each description is isolable, able to be disentangled from other actions of which it might be an element or with which it might form a sequence (or one complex action). Each description also makes for an intelligible response to the question “what are you doing?” And of course, each of these descriptions represents an aspect of an exterior act which is performed on purpose (unlike a reflex) and is determinately describable, such that it can be explained in detail. In the case of care, we might say that if one were to ask a pedestrian picking up litter what they were doing, “taking care of the environment” would be a perfectly intelligible response, as would “recycling cans” or “impressing a love interest,” all of which can be coreferential.

A subset of act-types are intentional. Anscombe tells us that intentional actions “are the actions to which a certain sense of the question ‘Why?’ is given application; the sense is of course that in which the answer, if positive, gives a reason for acting.”<sup>530</sup> Anscombe then

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<sup>526</sup> “Modern Moral Philosophy,” 2.

<sup>527</sup> *Ibid.*, 3.

<sup>528</sup> O’Neill, “Modern Moral Philosophy and the Problem of Relevant Descriptions,” 306.

<sup>529</sup> “Aristotle, Aquinas, Anscombe, and the New Virtue Ethics,” 245.

<sup>530</sup> *Intention*, 9. Note that Anscombe does not think that the question needs an *answer*, just that it be applicable. Anscombe wants to leave room for intentional actions such as mindlessly playing with one’s hair or doodling – asking why one is doing these things is not nonsensical, but the answer will often be something like “no reason in particular.”

spends a large part of *Intention* describing what exactly is going on when one asks “why?” and what is going on when one answers it, but offers the following summary of her conclusions:

The answer may (a) simply mention past history, (b) give an interpretation of the action, (c) mention something future. In cases (b) and (c) the answer is already characterised as a reason for acting, i.e. as an answer to the question ‘Why?’ in the requisite sense; and in case (a) it is an answer to that question if the ideas of good or harm are involved in its meaning as an answer; or again if further enquiry elicits that it is connected with ‘interpretative’ motive, or intention with which.<sup>531</sup>

To say that an action is intentional is thus to make a kind of explanatory judgment about the reasons or the motivations with which it was performed. Anscombe is conscious of the variety of reasons we can offer to explain an intentional action, and she deliberately leaves room for this.

Anscombe does not think that applicable descriptions of particular actions are isolated from one another. Rather, she suggests that intentional actions can be described with increasing abstraction or remoteness in what she calls an “A-B-C-D order.” Anscombe famously writes that a man:

moving his arm up and down with his finger round the pump handle *is*, in these circumstances, operating the pump; and, in these circumstances, it *is* replenishing the house water-supply; and, in these circumstances, it *is* poisoning the household.<sup>532</sup>

In performing each of these actions, Anscombe’s man also performs the next – Anscombe is making an identity claim about these distinct act-types.<sup>533</sup> B, C, and D also give some explanation of why I am A-ing. So it makes sense, on an Anscombean view, to say both that *S* bandages a wound in order to heal a patient, and that in bandaging the wound she *is* healing the patient. Anscombe also does not think that in order for an action to qualify as a particular act-type one must succeed in bringing about its intended consequences.<sup>534</sup> On Anscombe’s view, I A by B-ing whether or not I *succeed* at A-ing *or* B-ing – Anscombe’s man can be described as poisoning the household even if, unbeknownst to him, some filtration mechanism had purified the water before it could be pumped into the house’s cistern (and Anscombe discusses similar cases when she discusses the doctrine of double effect).

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<sup>531</sup> *Ibid.*, 24-25.

<sup>532</sup> *Intention*, Section 26.

<sup>533</sup> This would later become known as the Anscombe-Davidson thesis, for Donald Davidson’s defences of Anscombe’s position.

<sup>534</sup> *Intention*, Section 23.

## 1.2. Care Ethical Philosophies of Action

Care ethicists are not committed to this account of action, but here I wish to argue that Anscombe's theory of action provides one suitable conceptual scaffold for an account of care which many virtue and care ethicists will find attractive. Establishing consistency is not a straightforward comparative project, however, since care ethicists have not spent much time on this particular question in the philosophy of action. Though care ethicists like Petr Urban have addressed questions in this area, arguing for instance that care ethicists ought to borrow from 'enactivism,' an "alternative to the conceptions of mind and agency in mainstream cognitive science in the early 1990s,"<sup>535</sup> which "asks and attempts to answer questions such as: what is an agent, what is autonomy, why does anything matter to someone,"<sup>536</sup> definitions of action and subsequent attempts to slot care into those definitions are noticeably absent. But it remains possible to establish consistency nevertheless. While they have not yet advanced a comprehensive theory of action, care ethicists have, in the course of developing their theory of *practice*, offered several means of distinguishing actions/activities from practices and care from other subtypes thereof, and in doing so have made some contributions to an account of caring action.

Held, for instance, maintains that practices are one species in a broader class, activity, into which care falls. For the most part, Held does not hint at a general theory of *action*, but rather submits a theory of *practices* understood as a set of actions which satisfy additional criteria. In *The Ethics of Care*, she writes that:

An activity must be purposive to count as work or labor, but it need not incorporate any values, even efficiency, in the doing of it. Chopping at a tree, however clumsily, to fell it, could be work. But when it does incorporate such values as doing so effectively, it becomes the practice of woodcutting. So we do better to focus on practices of care rather than merely on the work involved.<sup>537</sup>

Though the two concepts may come apart, Held does not seem to distinguish between action and activity. Here I take her to be treating the two as synonymous, in part because she draws on examples similar to those drawn on by philosophers of action (and Anscombe specifically) to illustrate the phenomenon she is describing. Held conceives of both labour and practices as

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<sup>535</sup> Urban, "Enacting Care," 217.

<sup>536</sup> "Enactivism and Care Ethics: Merging Perspectives," *Filozofia* 70, no. 2 (2015): 121.

<sup>537</sup> At 37.



subcategories of action. Furthermore, for Held, work and labour are *purposive* activities, and a practice is a *value-laden, purposive* activity.<sup>538</sup>

Of course, there are major questions as to whether Held's 'purposiveness' is synonymous with Anscombe's 'intentional,' and there is almost certainly not enough in Held's corpus to make an incontrovertible claim either way. But Held's example of chopping at a tree *with the aim of felling it* (to wit, with an answer to the question "why?"), and her subsequent definition of practices as value-laden, are certainly not inconsistent with Anscombe's theory of action. And if we take purposiveness at face value, it seems reasonable to interpret it as a subcategory of intentionality. To say that an action was performed *purposively* suggests (possibly even entails) that there is some answer to the question "why?" because acting toward some purpose seems essentially to involve acting for the sake of bringing about some desired or otherwise sought-after end. What fragments we have of Held's theory of action do not, consequently, rule out Anscombe's philosophy of action as a philosophical underpinning. Held's claim then is simply that *whatever an action is*, it must *also* be purposive in order to qualify as work or labour and value-laden in order to qualify as a practice. Held's theory of practices is not inconsistent with a theory of action like Anscombe's – indeed, it is waiting to be plugged into such a theory.

Held is not the only care theorist to have made contributions to a theory of action. Tronto also sees the practice of care as a set of activities coupled with a particular "habit of mind,"<sup>539</sup> which I take to include both values and purposes, though with the additional caveat that those activities are *ongoing*. Again, I see nothing in Tronto's discussion of practices to suggest that she is hostile towards an Anscombean philosophy of action. We have already seen how Anscombe's philosophy of action can accommodate purposiveness conditions. Later philosophers of action, Davidson in particular, might take issue with Held's and Tronto's (in both cases implicit) claim that some actions are not *value-laden*, however, since they have insisted that actions necessarily involve a sort of 'pro-attitude.'<sup>540</sup> But this thought is subject to well-known counterexamples,<sup>541</sup> and in any case is not a problem for *Anscombe's* theory of action, since Anscombe makes a much more modest motivational point amounting only to the claim that "the primitive sign of wanting is trying to get."<sup>542</sup> This, of course, need not entail a

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<sup>538</sup> This might in fact be overpermissive. Playing with one's dog is perhaps value-laden in some sense, and it is certainly purposive, but this does not seem like the sort of thing we usually call a practice.

<sup>539</sup> *Moral Boundaries*, 127.

<sup>540</sup> Davidson, "Intending," in Donald Davidson, *Essays on Actions and Events*, 2nd ed. (Oxford: Clarendon Press, 2001).

<sup>541</sup> See, e.g., Michael Bratman's "Two Faces of Intention," *Philosophical Review* 93 (1984).

<sup>542</sup> *Intention*, 68.

‘pro-attitude’ towards either the action or its intended consequence, and though it might *typically* expose some sort of evaluative attitude towards the action or its consequence, it need not. I might *desire* a cigarette or a tattoo, for instance, but it does not follow from this that I *value* smoking a cigarette or getting a tattoo. So I take it that the care ethical claim that some actions are not value-laden is not necessarily at odds with Anscombe’s claim that actions are indicative of desires.

Ruddick is another care ethicist who has contributed to a care ethical theory of caring actions. In *Maternal Thinking*, she writes that:

Practices are collective human activities distinguished by the aims that identify them and by the consequent demands made on practitioners committed to those aims. The aims or goals that define a practice are so central or “constitutive” that in the absence of the goal you would not have that practice. I express this intrinsic dependency when I say that to engage in a practice means to be committed to meeting its demands. People more or less consciously create a practice as they simultaneously pursue certain goals and make sense of their pursuit.<sup>543</sup>

Ruddick also views practices as a subcategory of activities – which, again, I take to be synonymous with actions – characterized by collective undertaking and the pursuit of a certain sort of aim or end. As I interpret it, Ruddick’s claim that “in the absence of the goal one would not have that practice” is not a claim about how we delineate act-types, though it could reasonably be read as a claim about proximate ends. Rather, Ruddick is suggesting that a practice’s goals *necessitate* the practice. Thus, the practice of mothering is demanded by the goal of raising a child – one could not hope to raise a child successfully if there was no practice of mothering. So engaging in a practice “means to be committed to meeting its demands” because the practice cannot be made sense of without the goals it promotes or achieves. Mothering is only a practice because the goal of reproduction cannot be achieved without it, nor can mothering be made sense of without the aim of raising children (it does not make sense to engage in mothering practices if one is not attempting to raise a child).<sup>544</sup> And this, of course, is reminiscent of Anscombe’s claim that act-types are defined by their proximate ends. For that reason I do not think that Ruddick is implying that actions or activities should not be defined by their ends, such that one could be performing the same activity even if one’s goals changed.

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<sup>543</sup> At 13-14.

<sup>544</sup> Ruddick does not mean to suggest that goals necessitate *identical* practices, as though practices like mothering were indistinguishable across cultures. In “Thinking About Mothering,” at 6, she explains that that she aims to “allow for differences, precisely because [maternal] thinking grows out of the work and because the work is shaped in every aspect by the cultural, technological, material, and political condition of the mother.”

Ruddick's (fragmentary) philosophy of action and Anscombe's do not seem to be inconsistent – indeed, the synergies suggest that the two would mesh well.

If, as I have argued, these care ethical accounts of action and practice are consistent with Anscombe's, then virtue theorists such as Foot and Hursthouse who have Anscombean leanings are likely able to borrow them. And if that is the case, then there are concepts of caring practices, and embryonic concepts of caring actions, ready to hand for the virtue ethicist developing an account of caring actions. But equally, that consistency, coupled with my argument that the two approaches to action complement one another (if it is persuasive), shows that the virtue ethicist who uses Anscombe's theory of action to construct an account of care has markedly diminished reason to be concerned about inconsistencies and care ethical objections from category mistakes stemming therefrom. Thus, an Anscombean account of action seems to go a significant way towards answering the concern which motivated our incursion into action theory in the first place. In treating care as an Anscombean act-type, I shall assume that care ethicists will accept that this is a more or less correct approach to the notion of action.

## 2. Caring as an Act-type

Perhaps the most significant question here, however, is whether care ethicists are equivocating when they use the terms 'care' or 'caring' to classify actions they take to be instances of care.<sup>545</sup> There is no doubt that Anscombe has left room for the sorts of act-types that care ethicists prescribe, but there is a separate question regarding whether those act-types all belong to a unified genus. Are we justified in suggesting that the actions of nurses, parents, friends, and Samaritans are all tokens of a single type, or do we equivocate when we describe all of these actions as 'caring?' The problem here is not that these actions are in several ways heterogeneous. The problem is that in treating this heterogeneous group of actions as *caring*, care ethicists may be committed to the existence of a sortal pattern which does not exist. In this section, I use the Anscombean theory of action laid out in Section 1 to develop a rudimentary theory of caring actions as those whose proximate end is to meet a need. We noted earlier that care ethicists have rarely gone into much detail about what they mean by 'needs' beyond

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<sup>545</sup> Sandra Lynch and Elizabeth Frazer have both expressed Wittgensteinian worries about unitary concepts of care in conversation.

offering a set of paradigmatic needs which a theory of care must admit, and in this section I also mount an argument for a eudaimonistic understanding of those needs.

If care is to be a distinct and unified kind of action, then it must aim at some particular end, which is to say that it has a particular intentional structure. That caring actions always have *some* proximate end is uncontroversial amongst care ethicists. Caring actions are always, on Held's view, purposive, in the sense that they are performed to bring about particular states of affairs. Consider also Engster's definition of care as:

everything we do directly to help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society.<sup>546</sup>

Here, Engster advances a definition which is characteristic in several respects. Care ethicists typically define care in terms of particular aims or ends.<sup>547</sup> Definitions almost always make use of the preposition "to," and mention specific motivations (goals, intentions, aims, etc.) to indicate that care is purposive. Thus caring actions seem to be intentional *by definition*, such that one can always answer the question "why?" by reference to some motivation or end.

What is it that unifies these caring actions so they are, in Vogler's words, "isolable" and "determinately describable?" Here we might well fall back on our discussion of needs in Chapter 4 and claim that caring actions are actions which aim at meeting needs. As I argued there, this is a standard view of care, and indeed a deeper reading of those accounts of care uncovers further parallels with Anscombe's work on action. Bubeck's view of care in "Justice and the Labor of Care" is one of these. Bubeck writes that "whether a particular activity counts as care or as a service is not dependent on the activity itself, but on the function it has, that is, on whether it meets a certain type of need."<sup>548</sup> According to Bubeck, actions are caring in part because of their *telos* – they aim to meet a need. And of course such an understanding of care is well-suited to a theory of action which individuates actions by reference to their ends.

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<sup>546</sup> *The Heart of Justice*, 28-29.

<sup>547</sup> Cf. Tronto and Fisher's definition of care as "a species of activity that includes everything we do to maintain, continue, and repair our "world" so that we can live in it as well as possible" ("Toward a Feminist Theory of Caring," in *Circles of Care*, eds. E. Abel and M. Nelson (New York: SUNY Press, 1990), 40); Collins' as an action "performed under the (perhaps tacit) intention of fulfilling (or going some way to fulfilling) interest(s) that the agent perceives some perceived moral person (the recipient) to have" (*The Core of Care Ethics*, 69), and; Bubeck's as "an activity or practice aimed at the meeting of needs in others [...] involving an investment of the carer's time and energy" ("Justice and the Labor of Care," 160). See also Chapter 5's discussion of functionalist accounts of care.

<sup>548</sup> "Justice and the Labor of Care," 166.

Collins advances a similar take on care. On her view, “all caring actions are intentional under the description ‘trying to do what I believe is good for someone.’”<sup>549</sup> Collins’ understanding of intentionality is also reminiscent of Anscombe’s; on her account:

The carer need not consciously entertain their intention as ‘doing what I believe is in the recipient’s interests’ and they need not have a full-blown concept of interests.

They just need a tacit belief that the action is good for the recipient in some way.<sup>550</sup>

Collins also rejects definitions which require anything more than ‘trying’ to meet a need, offering a counterexample where a small child cares for a pet rock despite the pet rock not having any discernible needs or interests.<sup>551</sup> On her view, we naturally call this behaviour caring. From this Collins derives the following definition of caring actions:

an action is caring if and only if it is performed under the (perhaps tacit) intention of fulfilling (or going some way to fulfilling) interest(s) that the agent perceives some perceived moral person (the recipient) to have.<sup>552</sup>

Of course, interests are not necessarily identical to needs (though it may always be in someone’s interests to meet their needs), and I shall address this in Section 2.1. But for now, it is worth noting that Collins understands intentionality in a way similar to Anscombe.

Sarah Clark Miller offers one account of care according to which caring actions meet “fundamental needs,” defined as “needs that threaten agency in the sense that if they are not met, the serious harm of compromised agency will result.”<sup>553</sup> Fundamental needs, in other words, “must be met in order to establish, maintain, or restore agency.”<sup>554</sup> Clark Miller does not explicitly distinguish between actions which *actually* meet needs and those which *aim* to meet needs, but she leans on Bubeck’s (and, to a lesser extent, Tronto’s) account to such an extent that the remarks above likely apply here too. Clark Miller has a relatively permissive understanding of agency, moreover, which includes not only the familiar set of needs such as freedom from certain sorts of interference or coercion, but also certain emotional and relational needs. This set of needs is thus more expansive than lists like those we saw in Chapter 4, and Clark Miller’s account of needs yields one elegant solution to the problem of care’s heterogeneity because it expands care to cover most of the paradigmatic cases of care. So it

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<sup>549</sup> *The Core of Care Ethics*, 67.

<sup>550</sup> *Ibid.*, 68.

<sup>551</sup> *Ibid.*, 67.

<sup>552</sup> *Ibid.*, 69.

<sup>553</sup> *The Ethics of Need*, 17.

<sup>554</sup> *Ibid.*

seems that there is already some momentum behind the thought that care essentially intends to meet needs.<sup>555</sup>

Drawing on Anscombe's philosophy to develop a theory of caring actions in this way has the advantage of allowing those actions, and their proximate ends, to be nested. On this view of care, it makes sense to say that *S* is bandaging a wound, and that she is thereby caring for her patient. If she were bandaging a wound for fun, then she would not be *caring*; caring actions, we have said, must involve specifically an intent to meet a need. And caring actions can then be nested within a variety of other actions. It makes sense, in this case, to say that *S* is bandaging a wound, and in doing so caring for her patient, and that in turn is part of a wider activity of doing one's job. But it is equally possible to say that *S*'s bandaging the wound is an element of a wider activity which is mothering (indeed, on Anscombe's view, the two are identical – bandaging the wound *is* mothering). The proximate end defines *S*'s bandaging as care regardless of whether *S* is nursing or mothering. And this seems to be the sort of claim we wish to make about care.<sup>556</sup> Caring for others takes place in a variety of contexts, and we want our definition of care to be malleable.

To say that caring actions are intentional is also, in this case, to leave adequate conceptual space for the variety of cases in which we see caring actions, because though it posits the meeting of eudaimonistic needs as a determinate end, it does not take a stance on why those needs are regarded as things to be met. I take it as obvious that there is no one reason *why* we care. Indeed, we often appeal to all of the explanations Anscombe suggests in explaining why we care. We cite past history when we explain that we have performed a caring action because “last time she was hurt” or “she didn't do anything to deserve this.” We reinterpret the action when we explain that “it's my job” or “that's what grandparents do.” And we cite the future when we explain, for example, that we have cared because “she'll get sick.” Each of these explanations appeals to a different answer to the question “why?” which satisfies Anscombe's conditions on intentionality. So it seems that Anscombe's theory of action is flexible enough to explain a whole host of markedly different cases where we say that an action was caring.

There may be some temptation, upon considering Held's claim that caring practices are value-laden, to go beyond this and claim that caring actions must involve a particular sort of

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<sup>555</sup> It is a separate question whether those needs must be met in a specific way – one can imagine situations akin to Gettier examples, where I act with the aim of meeting a need, and succeed in doing so, but not in the way I think I have. This is a difficult question, one which I cannot address satisfactorily here, but it will have to be reconciled by a complete theory of caring actions.

<sup>556</sup> There are a number of parallels between my own account of caring actions and Tronto's account of caring practices in *Caring Democracy*, at 21. Tronto believes that caring practices ought to be nested in much the same way I believe caring actions ought to be nested.

*motivational* underpinning. This is not an implausible claim. Care seems always to involve disvaluing states of need, or valuing states where needs are either met or do not exist in the first place. Indeed, one could argue that caregivers *cannot* care without making such value-judgements.<sup>557</sup> In meeting her child’s need for food, a mother must first ascribe a certain sort of disvalue to the state of hunger, such that she sees it as something to eliminate. If she thought that such states were *good*, or perhaps *unevaluable*, then she would have no reason to meet her child’s need. For that reason, at minimum, care as an act-type should probably be thought to involve a value-judgement about a state of need. But this is not to say what *sort* of value or disvalue caregivers ascribe. Care does not always issue from beneficence. An apathetic nurse certainly sees her patients’ states of need as disvaluable, but only insofar as they threaten her job if they go unmet. So one might wish to add that caring involves value judgements relating specifically to how a state of need figures *in the life of the needy* (or perhaps that the state of need is not merely *instrumentally* disvaluable). Lynch, for instance, proffers such a view in *Care: An Analysis*, where she proposes that caring actions are performed for the care-recipient’s sake.<sup>558</sup> But this seems to veer too close to a theory of *good* care, and at this point we are concerned with a theory of care *simpliciter*.<sup>559</sup> As Sevenhuijsen puts it, “caring for others can also stem from less noble motives, such as the urge to meddle or control others.”<sup>560</sup> Care seems to involve value judgements, but we ought not to be too specific about the nature of that value – as Aristotle puts it, “our account will be adequate if its clarity is in line with the subject-matter,”<sup>561</sup> and instances of care seem so heterogenous as to require a fairly general and unspecific motivational underpinning. In what remains of this thesis, I shall assume that this Anscombean picture of care is a defensible one.

## 2.1. Caring for Needs, Desires, Interests: A Eudaimonistic Approach to Care

The account of care developed here seems vulnerable to a number of counterexamples, however. Consider the following case:

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<sup>557</sup> Held writes in *The Ethics of Care*, at 36, that:

Care is a practice involving the work of care-giving and the standards by which the practices of care can be evaluated. Care must concern itself with the effectiveness of its efforts to meet needs, but also with the motives with which care is provided.

<sup>558</sup> At 140-143.

<sup>559</sup> I address good care in Section 4.

<sup>560</sup> *Citizenship and the Ethics of Care*, 21. Sarah Clark Miller also puts this thought nicely in *The Ethics of Need*, at 3, writing that “others can meet our needs in a cursory or careful fashion, with incivility or respect.”

<sup>561</sup> *Nicomachean Ethics*, 1094b.

A is working late into the night. A is tired and would like nothing more than a slice of her favourite cake, but of course, A cannot spare the time to go to the supermarket and get one, and it does not matter all that much because A can get along perfectly well without it. A's partner, B sees that A is hard at work and realises that A would appreciate a treat. So B goes and buys a slice of A's favourite cake, returns home, and gives it to A who continues working, feeling uplifted.

It is perhaps a little jarring to suggest that A needs the cake. A does not need the cake in any straightforward sense, since she can complete her work without it. It is much less odd to say that A *desires* it.<sup>562</sup> But it still seems natural to describe B's actions as caring. Consider also another counterexample:

C is a high school student who is just about to graduate. C has decided to go to college, and has begun submitting applications to schools of varying quality. Her chosen career is one for which there is not much competition – the odds of employment do not vary all that much between top-tier schools and upper-mid-tier schools. C is almost certain to get into a respectable school on her own. But her parents are confident that C can get into a top-tier university with their help. So they sit down with C and help her write a terrific application. C is admitted to a top-tier university as a result.

Once again, we have a case where it seems natural to describe an agent as a caregiver, and to describe the actions they perform as caring. But the aid C's parents give her does not seem to count as meeting a *need* – C is perfectly capable of leading a rich and fulfilling life if she attends a mid-tier school. Nevertheless, we seem to think that there is something caring about C's parents acting *in her interests* (that is, benefitting her or giving her some advantage even if it is not needed).<sup>563</sup>

On the view I have just presented, care represents a distinct and unitary act-type because its purpose/intention is to meet needs. But if either of the counterexamples above are convincing, then the definition we have just offered, and theories such as Clark Miller's which are premised on those definitions, seem to run up against everyday locution. Care, as we use

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<sup>562</sup> If this example is not convincing, consider two others. In the first, a parent buys a child an ice cream on a day out – the child certainly does not *need* an ice cream, but they desire it, and it makes for a nice ending to a wonderful day out. In the second, E would dearly like to read *Wuthering Heights*, but cannot find a copy anywhere. E's mother goes out and buys her the novel for Christmas, and E spends the rest of her December holidays immersed in the book. It seems to me that we naturally describe both the parent's actions and E's mother's actions as caring, despite the fact that neither case seems to involve meeting *needs*.

<sup>563</sup> These distinctions are, admittedly, permeable. For one interesting case study which illustrates the overlap between these concepts, see Davina Cooper's "‘Well, You Go There to Get Off:’ Visiting Feminist Care Ethics Through a Women's Bathhouse," *Feminist Theory* 8, no. 3 (2007).



the term in ordinary language, also aims sometimes at satisfying desires or furthering interests, and one could surely come up with cases where one cares by accommodating preferences. But if this is the case, then we appear to have several distinct act-types, and we do indeed equivocate in describing all of these actions as ‘caring.’ We might, in that case, simply bite the bullet and accept that our account of care departs somewhat from ordinary language. In this section, however, I should like to say something about the philosophy of need and its implications for the scope of care as an act-type. On the view I espouse, the appropriate account of need is Aristotelian in that needs are defined as those things without which one cannot flourish (what Anscombe sometimes calls ‘Aristotelian necessity’<sup>564</sup> – a term which Foot also adopts in *Natural Goodness*).<sup>565</sup>

Philosophers of need have long argued over what exactly a need is, and why needs are morally significant. Almost all commentators take the basic structure of ‘needs-claims’ to be something like ‘A needs *x* for some purpose *P*,’ where *A* typically refers to some living thing. Aristotle analyses necessity in the *Metaphysics*, where he tells us that all necessities share the claim that “something cannot be” without them.<sup>566</sup> Thinkers like Reader cite this approvingly,<sup>567</sup> and from this it makes sense (but it is not necessary) to construe needs-statements as conditionals of the form ‘if *A*’s need for *x* goes unmet, then *P* cannot obtain.’ At this level of generality, *x* and *P* are substitutable with anything, regardless of the truth of the ensuing statement, the attainability of the end, the availability of the means, and so forth. And, McLeod points out, “whatever is needed can be lacked.”<sup>568</sup> As Thomson notes in *Needs*,<sup>569</sup> the verb ‘need’ can also have at this stage both normative and non-normative meaning. Statements such as “Jane needs a pen to write” conform to this structure as well as “Arthur needs his partner’s support” does. Furthermore, needs-claims do not entail lack.<sup>570</sup> It makes sense to state that *A* needs food to survive, whether or not *A* has any food in her possession. But needs-claims do often imply that the needed item is absent, and derivatives of ‘need’ may entail lack (“the needy”).

Here I should like to advance an Anscombean theory of need, which allows us to explain the unity of caring actions despite the apparent heterogeneity of the items in care’s ambit. In

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<sup>564</sup> “On Promising and Its Justice, and Whether It Needs be Respected In Foro Interno,” *Crítica* 3, nos. 7/8 (1969); “Rules, Rights and Promises,” *Midwest Studies in Philosophy* 3, no. 1 (1978).

<sup>565</sup> See Chapter 1.

<sup>566</sup> Trans. George Armstrong (Cambridge: Cambridge University Press, 2014), 1015a-b.

<sup>567</sup> Reader, *Needs and Moral Necessity* (London: Routledge, 2007), 54. Brock and Reader treat needs as “requirements” in “Needs, Moral Demands and Moral Theory,” *Utilitas* 16, no. 3 (2004).

<sup>568</sup> “Knowledge of Need,” *International Journal of Philosophical Studies* 19, no. 2 (2011): 221.

<sup>569</sup> (London: Routledge, 1987), Chapter 1. See also Reader, *Needs and Moral Necessity*, 53.

<sup>570</sup> Thomson, *Needs*, 11.

“Modern Moral Philosophy,” Anscombe explains that “to say that [an organism] needs that environment is not to say, e.g. that you want it to have that environment, but that it won’t flourish unless it has it.”<sup>571</sup> To say that *A* needs *x* is thus to say that she will not flourish unless she has *x*. Many considerations picked out by care ethicists fit naturally into this schema. Children cannot flourish unless they have a loving parent who takes care of them. The infirm cannot flourish unless they have medical professionals like nurses and doctors to heal them. Because human beings cannot flourish outside of loving relationships, and because they are corporeal beings which can be injured or harmed, they need caregivers to help them grow and to help them recover from injury. This is not to say that needs *only* make sense within this eudaimonistic framework. There is no need here to suggest that a child’s claim to need a toy is nonsensical, since they may well need it in order to maximally enjoy their afternoon. But whether or not that need is morally compelling – that is, whether that needs-claim accurately represents a morally significant source of disvalue – turns on whether the toy is necessary for *eudaimonia*.<sup>572</sup>

Notice that this conception of need appears to broaden care’s scope significantly. In particular, it is no longer clear that we equivocate when we suggest that care aims to satisfy needs alongside desires, interests, and preferences.<sup>573</sup> One could now argue, quite reasonably, that the flourishing life involves at least *some* satisfaction of desires, *some* aid in the pursuit of one’s interests, and *some* accommodation of one’s preferences. As Annas tells us, “a happy life is one you enjoy, one you find pleasant, want to continue with, find sustaining.”<sup>574</sup> Aristotle says of the temperate person that:

things that are pleasant and conducive to health or vigour he desires in a moderate way, as is right, and other pleasant things as well, as long as they are not

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<sup>571</sup> “Modern Moral Philosophy,” 7.

<sup>572</sup> This allows us to explain why, for instance, an Aristotelian argument from the necessity of slavery is untenable. Even if we suppose that slavery is indeed ‘necessary’ in order to bring about some state of affairs (and such claims are certainly *intelligible* as needs-claims), the necessity is only *reason-giving* insofar as that necessity is relative to *eudaimonia*. Since slavery directly and completely undermines both the slave’s and the slave-owner’s flourishing, a eudaimonistic approach to care will not recommend it (see also our discussion of Tessman in Chapter 7).

<sup>573</sup> It also includes, as such an account should, a plethora of different sorts of care – Mignon Duffy’s “nurturant” and “non-nurturant” care, for example, both qualify on this definition (see his *Making Care Count* (New Brunswick: Rutgers University Press, 2011, *passim*), as do Pettersen’s “mature” and non-mature care (see her “Conceptions of Care: Altruism, Feminism, and Mature Care.” *Hypatia* 27, no. 2 (2012)). The account disagrees with Gheaus’ as it is laid out in Chapter 4 in that it does not restrict caring actions to those performed in the context of intimate relations, but I have already argued against this restriction.

<sup>574</sup> *Intelligent Virtue*, 131.

incompatible with health or vigour, contrary to what is noble, or beyond his means.<sup>575</sup>

Thus, he tells us that temperance involves not total abstention from food, drink, and sex, but an appropriate desire for these things. Though temperance aims to mediate bodily pleasures, Aristotle, like Annas, thinks that the flourishing life will involve satisfaction of our desires for those things at least some of the time. But notice also that because the approach here includes desires only insofar as desire-satisfaction is an element of the flourishing life, only certain sorts of desires are morally salient, and they ought only to be met in certain circumstances. Because the claim is that meeting desires is only an aspect of care because desire-satisfaction is one aspect of *eudaimonia*, one does not care if one satisfies vicious desires. Since the desire to torture puppies would never feature in a virtuous life, and virtue is a necessary condition for and element of *eudaimonia*, one does not care for another in enabling them to do so.

Yet this seems like a reasonable limitation on the claim that care involves desire satisfaction. The sorts of desires we would hope to accommodate in allowing for desire satisfaction include such things as the desire to catch up with an old friend, to make one's parents proud, and so forth. We are surely not going to admit that care can include satisfying desires to exact revenge on a rival, to murder one's elderly parents for the sake of an inheritance, and so forth. Even good desires may not always need to be satisfied, however. To say that a life is *eudaimon* is to make an evaluation of that life as a whole. Yet it is clear that particular desires, even when they are such as a temperate, honourable, virtuous person would have, are not typically serious enough to impact an evaluation of one's life as a whole. If *D* wants a specific book and never receives it, we do not think she is much worse off. But it does seem that the assessment changes if we say that *D* is an avid reader and *never* receives any of the books she dearly wants to read. Thus care may not require us to satisfy every good desire we encounter – we do not *fail* to care if we do not satisfy every good desire we are confronted with – but it does seem to require us to meet desires *sometimes*. So it seems that framing *eudaimonia* as care's end allows us to treat desire-satisfaction as an aspect of care without (a) equivocating, (b) prescribing the satisfaction of all types of desires, or (c) claiming that good desires must always be met.<sup>576</sup>

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<sup>575</sup> *Nicomachean Ethics*, 1119a15-18.

<sup>576</sup> I have focused on desires, interests, and preferences here, but I take it that eudaimonistic accounts of need are amongst the broadest in circulation. The account here is intended to be sufficiently broad to account also for definitions of care defended by thinkers like Collins in *The Core of Care Ethics*, which focus specifically on one or another of these items, and thinkers like Clark Miller in *The Ethics of Need*, Chapters 1 and 2, which define needs by reference to agency.

We might nevertheless wonder whether the account here is overpermissive in other ways. Recall that Bubeck draws a distinction between those needs which we can meet ourselves and those needs which we need others to meet. In meeting the former, we provide only a ‘personal service,’ not ‘care.’ Bubeck draws this distinction in part to exclude cases which we do not ordinarily call care – car manufacturers meet a need in supplying their clients with cars, but this is not typically regarded as care work.<sup>577</sup> We might wonder whether the account here succumbs to a similar concern. But though it is indeed true that many of us could not flourish without cars in modern society, it does not follow from this that car manufacturers thereby become caregivers in some counterintuitive way. Firstly, many of us require *transportation*, not cars. Prior to the industrial revolution many people had similar locomotive needs but met them in other ways, as indeed many of us meet our locomotive needs by public transportation or by walking. Strictly speaking, the set of people who cannot meet their eudaimonistic needs without cars is dramatically smaller than the set of people who cannot meet their eudaimonistic needs without some form of transportation. Cars themselves are not ends, they are *means to ends*. Second, this objection might understate the import of certain modes of transport for some. To the able-bodied it might seem odd to regard cars as important or indispensable means to ends, but this intuition will almost certainly not be shared by those of us with physical disabilities, caregivers who work in emergency medicine, or rural workers who must travel long distances on a regular basis to make ends meet. In these cases, car manufacturers remain suppliers of means to ends, but they are not *unimportant* means to ends. I do not, therefore, think that Bubeck’s concern is particularly worrisome for the account here.

Since my approach here is Aristotelian/virtue ethical, there is no immediate problem with act-types which aim specifically at flourishing or certain elements thereof. There is already a concept to hand, and no reason, as far as I can see, to think that meeting needs pertaining to *eudaimonia* cannot function as an end characteristic of particular act-types. And as we have already observed, care ethicists have also posited some account of flourishing as an aim of care (e.g. Lynch, Petterson, and Mayseless), so there does seem to be some grounding for this position in both camps. In what follows, I shall assume the defensibility of this picture of caring actions.

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<sup>577</sup> She draws these distinctions in *Care, Gender, and Justice*, in which they form one crux of her overarching argument.

### 3. Caring as a Practice

To many care ethicists, this account will not be completely satisfactory, because the concept of action, even when coupled with the concept of virtue, still cannot encapsulate care. This, after all, is why care many care ethicists focus on concepts of practice over concepts of action – such concepts seem to better highlight important features of care which concepts of action and act-types do not. But the account I have sketched here is intended in part to form the bedrock for such conceptions of care as a practice (and as work/labour). Whether and how care qualifies as a practice depends, however, on which account of practice one buys into. Consider, for instance, MacIntyre's influential understanding of a practice. As he defines it, a practice is:

any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended.<sup>578</sup>

This is a far higher standard, of course, than Held's, Tronto's, or Ruddick's, and MacIntyre has thereby excluded a number of activities which we intuitively call practices.<sup>579</sup> But rather than attempting to show that care qualifies as a sort of practice using one particular theory of practices or another, it is perhaps better simply to note that whether care qualifies as a practice depends entirely on how one defines each concept,<sup>580</sup> and to argue instead that theories of practice remain useful here by appealing to certain widely endorsed elements of a practice.

Practice's social dimensions are one of the more interesting of these. Caring actions take place in the midst of various relations, including relations extraneous to the caregiver-recipient relation. Care is observed, tracked, evaluated, aided, hindered, commandeered, and reallocated by external forces. As Tronto points out, care's social nature introduces power dynamics to caring relations.<sup>581</sup> These power dynamics may, as she says, exist between the caregiver and the care recipient, but one thought underpinning Tronto's *Caring Democracy* is that caring

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<sup>578</sup> *After Virtue*, 218.

<sup>579</sup> See, e.g., Joseph Dunne, "Arguing for Teaching as a Practice: A Reply to Alasdair MacIntyre," *Journal of Philosophy of Education* 37, no. 2 (2003) and Kathryn Brewer, "Management as a Practice: a Response to Alasdair MacIntyre," *Journal of Business Ethics* 16, no. 8 (1997). MacIntyre offers "the making and sustaining of family life" as an example of a practice, so he probably would not exclude parental or spousal caregiving.

<sup>580</sup> On the account here, whether care qualifies as a practice has no bearing on its standing as a class of actions, *unless* it fails to qualify as the former *because* it fails to qualify as the latter.

<sup>581</sup> I take this to be a thought at the heart of *Caring Democracy*.

relations are subject to powers extraneous to the caregiver-recipient relation. Caring relations are caught up in the power dynamics of the wider family, society, profession, state, and even the international community. This is not mysterious – it is common knowledge that family members can meddle in caring relations, that professional caregivers are held to their particular profession’s standards, and so forth. Tronto also points out that Democracy is itself a process of allocating care responsibilities and then distributing (or withholding) support for caregivers.<sup>582</sup> Care is organised and institutionalised.<sup>583</sup> Because of this some are able to foist care upon others and ignore the needs of those who require care – what Tronto calls in *Moral Boundaries* “privileged irresponsibility.”<sup>584</sup> MacIntyre’s approach to practices reminds of these dynamics also. As MacIntyre points out, in taking on social dimensions, practices of care are subjected to communal norms or standards of excellence (which themselves represent an exercise of power).<sup>585</sup> One need not think that all caring practices are social in this way. Practices associated with self-care often are not social in any obvious way (indeed, many of them are *unsocial*).<sup>586</sup> But the fact that care often *is* social adds several layers of complexity to the account.

This is not to say that care’s immersion in a complex web of power relations is always to its detriment either. We expect nurses and teachers to be held to certain professional standards, and we want children to be protected to some extent by institutional standards for their caregivers’ conduct. Indeed, it seems to be the case that structuring care will often make it easier. In subjecting certain caring practices to sets of norms, we afford caregivers certain epistemic shortcuts by making certain sorts of decisions for them and by pointing them in particular deliberative directions. Professional codes of conduct enshrine certain prohibitions which enable smoother decision-making for those occupying the role of caregiver in morally thorny situations. Thus, when these issues are dealt with well, doctors do not have to shoulder the burden of moral decisions about confidentiality or about patient autonomy – in such cases the imposition of norms by entities external to the caring relation prove beneficial. The point

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<sup>582</sup> See *Caring Democracy*, Part I.

<sup>583</sup> Care is also in many cases commodified. Bubeck, as we have seen, treats the meeting of some needs as ‘personal services’ in *Care, Gender, and Justice*. She does this in order to highlight the commodification of care work, and to ground her argument for a Marxist approach to care. The practice of caring is also, as Tronto points out in Chapter 5 of *Caring Democracy*, subject to market forces, and it is well-documented by care ethicists that caring practices are sensitive to economic trends, particularly in neoliberal economies. This is clearest, perhaps, in institutionalised caring, such as in the medical or educational professions, but it also seems to be the case for caring practices such as mothering.

<sup>584</sup> At 120-122.

<sup>585</sup> *After Virtue*, 221.

<sup>586</sup> This might in fact disqualify them as practices. A wholly solitary activity may not be learned/taught, and some accounts of practice treat this as essential.

here is therefore not that external norms and standards of excellence are morally impermissible or harmful to the caring relation, but simply that regarding care as a *practice* rather than an act-type sensitises us to these sorts of power dynamics.

MacIntyre's understanding of internal goods also seems informative. MacIntyre distinguishes goods internal to a practice from those external to a practice. Internal goods are internal to a practice in the sense that they cannot be obtained except by participating in that practice or one sufficiently similar, nor can they be specified except in that particular practice's terms.<sup>587</sup> These goods can only be identified, moreover, by one who has participated in that practice, since these goods come to be known only through experience.<sup>588</sup> As an example, MacIntyre offers a story about a child learning to play chess. Though the child shows no interest in chess at first, MacIntyre offers him candy if he plays, and more candy if he wins. Eventually, MacIntyre tells us:

there will come a time when the child will find in those goods specific to chess, in the achievement of a certain highly particular kind of analytical skill, strategic imagination and competitive intensity, a new set of reasons, reasons now not just for winning on a particular occasion, but for trying to excel in whatever way the game of chess demands.<sup>589</sup>

There are some parallels here with what care ethicists have said about practices. Bubeck suggests that care ethics draws on a "system of concepts, values, and ideas, arising from the practice of care as an organic part of this practice and responding to its material requirements, notably the meeting of needs."<sup>590</sup> Like MacIntyre, Bubeck thinks that the practice of care engenders, or ought to engender, in us a particular set of attitudes about the practices of caring itself. And though Noddings came under fire for overoptimism on this point,<sup>591</sup> care ethicists have often written of the internal goods which arise in the course of caring. Ruddick, for example, writes that "maternal practices begin in love, a love which for most mothers is as intense, confusing, ambivalent, and poignantly sweet as any they will experience."<sup>592</sup> Comments such as these suggest that there is something like a phenomenology of caring practice, or possibly even a phenomenology of good care – some such thing as 'what it is like

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<sup>587</sup> Ibid., 188.

<sup>588</sup> Ibid.

<sup>589</sup> Ibid., 188.

<sup>590</sup> *Care, Gender, and Justice*, 11.

<sup>591</sup> See, e.g., Paul Lauritzen's "A Feminist Ethic and the New Romanticism: Mothering as a Model of Moral Relations," *Hypatia* 4, no. 2 (1989).

<sup>592</sup> "Maternal Thinking," 344.

to engage in caring practices as one ought to.’ So treating care as a practice may open up space for a fuller phenomenology than the (sparse and elementary) one I offered in Section 2.

Internal goods do not just benefit the practitioner, however. It is also interesting to note that practices are often thought to involve benefitting one’s community in some sense. MacIntyre’s understanding of communal benefits is restricted to that community of practitioners. Building on his discussion of internal goods, MacIntyre writes that:

Internal goods are indeed the outcome of competition to excel, but it is characteristic of them that their achievement is a good for the whole community who participate in the practice. So when Turner transformed the seascape in painting or W. G. Grace advanced the art of batting in cricket in a quite new way their achievement enriched the whole relevant community.<sup>593</sup>

Similar examples can be thought of in caring contexts. Florence Nightingale excelled in her field and as a result revolutionised nursing, enriching the medical profession and the lives of those dependent upon it. Indeed, Nightingale’s example will be interesting also to those who think that practices contribute not only to the good of the community of practitioners, but also to the good of their wider society too. The competition to excel described by MacIntyre advances the practice in part by driving innovation and pushing frontiers. A practice of care would be unusual, however, because, unlike some of MacIntyre’s practices (chess, for example), we depend upon it both for our own lives and for the proper functioning of society. Excellent care, as we see in Nightingale’s case, can be a major contribution to one’s society as a whole, as can excellence in fields like teaching or parenting.<sup>594</sup>

I take it, then, that there is some value in the study of caring practices *qua* a kind of action or activity. Treating practices as a subcategory of action does not lead us to abandon the concept of practice, because that concept remains analytically useful. It may well be the case that a less basic or general understanding of practices will raise other interesting and important points too. Further specifying the subcategories of action enhances our understanding of care as it appears at the coalface. So the greater specificity we allow for at the conceptual level, the better our account reflects the various forms care takes in our lives. I want now to explore some of the moral implications of the theory of caring actions we have just laid out.

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<sup>593</sup> *After Virtue*, 190-191.

<sup>594</sup> And this ought to be especially interesting to virtue ethicists, who share the care ethicist’s emphasis on proper upbringing



#### 4. Care and Good Care

The account presented above may not appear to be of any special interest to ethicists whatsoever. In laying out our theory of caring actions, I have argued that an action which is caring is not, *eo ipso*, morally good or right. I have also suggested that caring actions do not always involve morally good value judgements or motivations. If this is the case, however, then it seems that the account here is wholly detached from the virtues studied in the previous chapter, and indeed from ethics more broadly. But the account of caring actions defended here is not detached *entirely* from ethics. Indeed, this account of caring actions is fairly standard amongst virtue ethicists, who, as we say in Chapter 3, are equally noncommittal about the moral status of most other actions barring those which are ‘conceptually verdictive.’ And as such, much that has been written about topics like euthanasia, abortion, and prostitution can be applied here.<sup>595</sup> But the account of care defended here has some interesting implications for ethics which are grounded in or seek to incorporate care. Perhaps the most obvious of these is that if care is to be both a character trait or collection thereof and a kind of practice or activity, then it seems reasonable to ask also whether there is any relationship between the two kinds of care. I have already defended the claim that care is not governed by any one virtue, but rather by an array of virtues whose precincts all include (eudaimonistic) needs. So caring actions are the province of a whole host of virtues, including but not limited to charity or whichever other analogue proves most suitable.

Here I should like to explore two more implications of this account for care theory. In Section 4.1. I note that our definition of care is inconsistent with some care ethicists’ requirement that caring actions meet needs *successfully*. I suggest that there is something to this thought, but that the Anscombean account outperforms the alternative by highlighting the important and underexplored distinction between care and good care. In Section 4.2., I note that meeting eudaimonistic needs well requires in at least some cases that one have a particular sort of character, thereby tying excellence in one field to excellence in the other, and this chapter to the preceding one. There is not sufficient scope here to address all of the ethical implications of our theory of caring actions, but I hope to give some sense of the deep connections between an Anscombean theory of caring actions and our broader virtue ethical framework.

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<sup>595</sup> Rosalind Hursthouse argues, for instance, that virtue ethics “transforms the discussion of abortion by dismissing [the status of the foetus and women’s right] as, in a way, fundamentally irrelevant” (“Virtue Theory and Abortion,” 234). Similar arguments can be made about the morality of care here.

#### 4.1. Consequences and Good Care

Noddings once provocatively claimed that “care theory is consequentialist.”<sup>596</sup> In doing so, she did not intend to bring care into line with thinkers like Bentham, Mill, and Sidgwick. Rather, she meant there to emphasise the import of caring successfully. For Noddings, care ethics “demands to know whether relations of care have in fact been established, maintained, or enhanced, and by extension it counsels us to consider effects on the whole web or network of care.”<sup>597</sup> Thus:

We cannot reasonably leave the description of caring at the purely phenomenological level. We want some sort of positive result for the cared-for, perhaps growth, as Mayeroff suggests, or happiness and reasonable comfort, as Butler suggests, or at least freedom from unnecessary suffering.<sup>598</sup>

Care is not care, to Noddings, unless it *actually* meets needs. And Noddings is not alone in defending a view like this. Kittay too sees care as necessarily successful, writing that:

I may intend to care for a parched plant by watering it, but if unbeknownst to me, the glass of clear liquid I pour in the plant contains vinegar, not water, most would agree that, despite my good intentions, I have failed to care for it.<sup>599</sup>

These statements about the nature of care sit in opposition to the Anscombean theory of care we have laid out in the preceding sections (and, notably, in opposition to the theory of care espoused by care ethicists like Collins). According to the view we have defended, actions are caring if their proximate end is to meet eudaimonistic needs. This, we have said, does not entail anything about whether or not that action succeeds in bringing about its end. A nurse cares for a patient by administering medication whether or not that patient recovers; a parent cares for a child by helping her with her homework whether or not that child learns.<sup>600</sup> What is not in doubt, however, is that care theorists, like other ethicists, must make sense of consequences. As Rawls notes in *A Theory of Justice*, “all ethical doctrines worth our attention take

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<sup>596</sup> *Starting at Home*, 30.

<sup>597</sup> *Ibid.*

<sup>598</sup> *Starting at Home*, 41.

<sup>599</sup> “Forever Small: The Strange Case of Ashley X.” *Hypatia* 26, no. 3 (2011): 612. Collins takes Bubeck to hold a view similar to this in *The Core of Care Ethics*, at 69, and Lynch claims that Engster endorses a success criterion in *Care: An Analysis*, at 143-146. Lynch offers no evidence in support of this, however, and I do not think Engster accepts a success criterion of the sort I wish to argue against here.

<sup>600</sup> We find a heart wrenching example of this in Karen Hesse’s *Out of the Dust* (New York: Scholastic, 1997), a piece of historical fiction which follows a young girl named Billie Jo living on a farm in the rural United States. At one point, both Billie and her mother are badly burned, and Billie’s father, overcome with depression, gets drunk. Billie, her hands still raw and swollen, is left to fumble with a pitcher as she tries to give her mother water. Billie’s actions here strike me as caring, even if she never manages to quench her mother’s thirst.

consequences into account in judging rightness. One that did not would simply be irrational, crazy.”<sup>601</sup> So the motivation for endorsing a success criterion is a reasonable one.

But these success criteria are open to counterexamples such as those offered by Collins in *The Core of Care Ethics*. Collins invites us to consider the following example:

Imagine that you and I each separately stumble upon injured dogs. We each put the dog that we find into the back of our cars and attempt to drive them to the nearest vet. While your dog reaches the vet in good time and is healed, I get caught in traffic and arrive at the vet five minutes too late. It seems odd, one might think, to say that your action is more valuable than mine. Your action does a lot more good for your animal than my action does for mine. But we might think that this should not affect the moral assessment of the action.<sup>602</sup>

Here Collins draws attention to a problem which stems from the conflation of descriptive and normative senses of care. If, as is the case in Noddings’ work, the distinction is unclear or missing entirely, then that lack of a distinction between caring actions and *successful* caring actions gives rise to counterintuitive assessments in cases of moral luck like the one above. But care ethicists who do not make this conflation seem to face a similar worry, since it does seem odd to describe one scenario’s actions as caring and the other’s as non-caring (or perhaps *uncaring*) given that they are identical except for the contributions of moral luck.

Implementing a success criterion for caring action is not the only way to factor the intuitive import of outcomes into a theory of care, however. Another is to subdivide care into different categories, and apply that criterion to something like ‘good’ or ‘ideal’ care. It is possible, on such accounts, for an action to be marred by misfortune or poor decision-making and yet still be caring.<sup>603</sup> And once we introduce a distinction like this, moral concepts take center stage. Success-criterial care discards care which is not successful and thereby loses sight of the moral failings which non-ideal care sometimes stems from. Jettisoning failures from our central concept or set of concepts obscures other important moral concepts such as, for instance, wrongdoing, innocence, culpability, and blameworthiness (and it is telling, perhaps, that Kittay considers neither of these in unpacking her example above). Retaining the distinction between successful and unsuccessful care brings moral concepts like these squarely into view. Of course, we will want to retain a distinction also between non-culpable and

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<sup>601</sup> At 30.

<sup>602</sup> At 74 (see also 69). I am unsure about the efficacy of Collins’ counterexamples, however, since those examples challenge the thought that unsuccessful actions have no moral value, whereas I understand Noddings’ and Kittay’s claim to be about our locutionary use of ‘care.’

<sup>603</sup> See Chapter 7 for an explication of a similar view of caring relations.

culpable failures to meet needs too.<sup>604</sup> So we might think, say, that successful care is a feature of ‘ideal’ care but not necessarily a feature of ‘good’ care, since the latter only predicates goodness of the caregiver’s own actions. But the point here is just that there is good reason to maintain a distinction between success and failure *within* our concept of care, instead of exporting failure to some other moral concept which sees less traffic – not necessarily for the sake of assigning blame or meting out punishment, but for the sake of caring successfully.

Speaking of successful care, and considering success an element of *ideal* but perhaps not *good* care, highlights one other important and hitherto underexplored category of care: wise care. We have already seen that practical wisdom is a pillar of Aristotelian theories of virtue, and I will not rehash those points here, but we can see how a carer who excels at means-ends reasoning will be better able to care well. A practically wise caregiver in Kittay’s scenario will be cognizant, for example, of the fact that she was cooking with vinegar earlier, and left a glass of it on the table near the plant. She may think first to smell or taste the liquid in the glass to see whether it is indeed water. A less wise caregiver may not be so thoughtful or perceptive, and thus be more responsible for the same failure to meet needs. Of course, there may be no reason to be suspicious of the glass of vinegar, and in those cases neither the wise caregiver nor the unwise caregiver will be at fault.<sup>605</sup> But Kittay fails to ask such questions, and in doing so, neglects to ask whether there is anything the caregiver could have done better next time. This, I take it, is a question which care ethicists want to consider seriously. Whether or not we take the provision of a theory of right action to be a central ethical undertaking, taking successful care as an end requires in part that we dissect cases of unsuccessful care. And retaining a concept of care which is suboptimal or fails entirely encourages just this. Therefore, an Anscombean account seems to afford consequences a more fitting place in the framework, but also to underscore important avenues for discussion which have received insufficient attention from care theorists.

#### 4.2. Caring For and Caring About

The distinction between care and good care also raises other interesting points about the separability of caring actions and a caring character. A reader familiar with care ethics will by this point have noticed the similarities between the distinction I have drawn between caring

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<sup>604</sup> Noddings is not unaware of this – she acknowledges it in *Educating Moral People*, at 57.

<sup>605</sup> And these are cases which virtue ethics can also explain well, since neo-Aristotelianism places significant emphasis on moral luck.

actions and a caring character and the distinction some care ethicists draw between what are sometimes called ‘caring about’ and ‘caring for.’<sup>606</sup> There is no widespread agreement over the nature of these concepts or what exactly the distinction between them is, but a distinction in this family is being made here. On the view I take here, if I care *for* someone (that is, act with the aim of meeting her eudaimonistic needs), I do not necessarily care *about* her (that is, feel some sort of goodwill or benevolence towards her, or take some interest in her flourishing for her own sake).<sup>607</sup> In most paradigmatic cases, the two overlap; I care for another person because I care about them. And it is sometimes acknowledged that these cases are paradigmatic not only in the sense that they are our closest caring relations, but also in the sense that they are the contexts in which particular needs are most reliably met.<sup>608</sup> It is hardly implausible to suggest that we dependably meet the needs of those closest to us because we are so deeply invested in their wellbeing. But though the distinction between concepts akin to caring for and caring about is relatively common, the relation between these concepts is largely *terra nova*.

One noteworthy point here is that it is difficult, indeed sometimes impossible, to meet some needs without first caring about whomever is in need. And we can distinguish between at least two sources or kinds of difficulty. The first will be familiar to readers acquainted with the literature on friendship. The sort of familiarity and understanding we find in paradigmatic caring relations expands the set of needs to which we can and ought to respond.<sup>609</sup> It is our friends and family who can and ought to comfort us when we are grieving, ask us if anything is wrong when something seems amiss, or share in our triumphs. The knowledge that another cares about us allows us to let our guard down, to seek out and accept offers of help for a range of problems we do not want or trust strangers and acquaintances to help with. So it seems that there are certain sorts of needs which cannot be met unless I believe that the would-be caregiver also cares *about* me. This kind of argument for a connection between caring actions and caring character traits is, however, problematic, for the satiability of those needs requires only that I *believe* that I am cared about, not that I am *actually* cared about. Examples of this abound in fiction and myth,<sup>610</sup> but they are also familiar in fields such as education, where it is easy to see how one might pretend to care and thereby meet needs which one could not meet

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<sup>606</sup> Recall here a similar distinction, addressed in Chapter 5, which has been made by Sander-Staudt.

<sup>607</sup> Held defends a similar distinction in *The Ethics of Care*, as does Collins in *The Core of Care Ethics*.

<sup>608</sup> See, for example, Noddings’ discussion of moral motivation in *Caring*, at 120-124.

<sup>609</sup> See, e.g. Chapter 4 of Sandra Lynch’s *Philosophy and Friendship* (Edinburgh: Edinburgh University Press, 2005).

<sup>610</sup> Iris Murdoch’s *A Severed Head* (New York: Penguin, 1976) comes to mind, since deception of this sort is thematic.

otherwise.<sup>611</sup> In such cases, one can (and must) act *as though* one cares, even though one might not.

But this is not the only connection to be drawn between caring actions and the caring character traits. A stronger connection is to be found in virtue ethical accounts of moral deliberation. Because possessing the virtues involves knowledge of (and commitment to) the human good, the virtuous agent understands what eudaimonistic needs are and what they might require of caregivers, which is just to say that the virtuous agent understands what good/ideal care aims at in some given situation.<sup>612</sup> This grasp of the human good informs their actions, which, since they are also the outcome of excellent practical deliberation, are the benchmark for right action. The virtuous agent is not going to misunderstand the role of autonomy in the flourishing life, for instance, nor will they make blameworthy mistakes in allowing for that autonomy, so they will not be overbearing in caring for their child, but neither will their supervision be too lax. Thus, if I hope to care well, I should nurture the caring character traits, since possessing those traits involves a correct understanding of what care aims to achieve. It is possible to overstate this argument, of course. Just how often virtuous agents will have sole epistemic access to what eudaimonistic needs consist in turns on one's favoured standard for virtue, and how much epistemic access one believes non-virtuous agents have to the human good. It is surely implausible to suggest that those of us who are non-virtuous care with no sense of the human good whatsoever. But it is markedly less implausible to suggest that there are some goods whose place in human life are known only to moral exemplars. Thornier cases, where what a particular care recipient needs in order to flourish is less clear, will be cases where *phronimoi* outperform others.

This is not, of course, to say that virtuous agents act paternalistically in trying to meet needs or without concern for the intended beneficiary's own views. Feminist philosophers in general have been especially adamant that minorities and marginalised groups ought not to have their needs determined for them. Nancy Fraser complains of "struggles over the who and how of need interpretation, struggles to empower women to interpret their own needs and to challenge the anti-participatory, monological practices of the welfare system,"<sup>613</sup> and though she aims to critique *systemic* hurdles for feminism, her concerns are equally applicable to the actions of particular virtuous agents. Though I have suggested that virtuous agents have special

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<sup>611</sup> I am grateful to Elizabeth Frazer for this point.

<sup>612</sup> As Halwani puts it in "Care Ethics and Virtue Ethics," "the goals adopted must be *genuinely* good for the cared-for" (166, my emphasis). Commitment to the good is also discussed at length in *Intelligent Virtue*.

<sup>613</sup> "Women, Welfare and the Politics of Need Interpretation," *Hypatia* 2, no. 1 (1987). Liz Forbat makes a similar point about care-recipients in *Talking about Care: Two Sides to the Story* (Avon: Policy, 2005), at 25.

insights into the human good, it does not follow that they are omniscient, as though they could perform perfectly caring actions without ever consulting those for whom they care. The virtuous agent's special insights must be accompanied by the kinds of attentiveness and willingness to listen and learn which care ethicists have stressed. Virtuous caregivers, like any other caregivers, must treat their care-recipients as particular individuals with special epistemic access to their own needs.<sup>614</sup>

In light of these discussions, it seems reasonable to suppose that the account of caring actions defended here has a number of interesting and significant links to moral philosophy. Not only does it tie in nicely with intuitions about the moral import of caring successfully, it also opens a discussion about the interplay between caring about and caring for – an interplay which, I have suggested, has several exciting and underexplored dimensions.

## 5. Conclusion

The overarching aim of this chapter has been to expound upon an Aristotelian theory of caring actions. We began by noting that Chapter 4's account of care was reflective neither of what many care ethicists have had to say about care, nor of what Aristotle himself had to say about it. We followed with a brief survey of Anscombe's influential philosophy of action, and demonstrated how that theory meshed well with care ethical theories of action and practice. We then developed an understanding of caring actions as those which meet eudaimonistic needs, and though we did not defend any particular account of practices, we noted that some of the more commonly held elements of a practice remain informative despite our endorsing a kind of reductionism. Section 4 then explored some moral dimensions of this account of caring actions, showing that it yields an account of consequences, and of the distinction between caring about and caring for, which are both defensible and philosophically interesting.

As has been noted, care can be other things besides an activity, practice, and virtue. Care can be a profession, an emotion, a *techne*, and so on. We have, moreover, barely scratched the surface of what is to be said on the topics we have been discussing. So I have not attempted to provide a *complete* philosophy of caring actions here. But it seems necessary to me to develop concepts of care like this in addition to concepts of care as a virtue, because a multifaceted account of care seems to better represent the moral landscape. Thus, I take the primary contribution of this chapter to the literature to be its theory of caring actions and practices. But

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<sup>614</sup> I am grateful to an anonymous reviewer at *Hypatia* for drawing my attention to this point.

an additional contribution, discussed at the outset of this chapter, is to help reinvigorate the study of the philosophy of action in contemporary virtue ethics. As I have argued, virtue ethicists writing today do not always engage very deeply with this particular branch of philosophy of action. The discussion of care stands to benefit greatly from this engagement, however, and insofar as this chapter makes a step in that direction, I take it to have made another contribution to the discourse.



## VII

### Caring Relations and the Politics of Dependency

Notions of care as a virtue and as an act-type/practice will be amongst the most important concepts in a virtue ethical theory of care. A third kind of care, which together with the two kinds we have just developed seems to make up the conceptual core of care, is the caring relation. We have already devoted much of Chapter 2 to caring relations, but in Chapter 2 my concern was to trace the contours of the care ethical approach to caring relations, and for that reason the account was relatively broad, fairly shallow, and not obviously relevant to virtue ethicists. Here, I wish to delve more deeply into the concept of caring relations in continuance of our project of developing a satisfying theory of care.

I begin with an account of caring relations which draws on themes developed in Chapters 2 and 3. I also tease apart three kinds of caring relation which a virtue ethical theory of care ought to be sensitive to, namely non-ideal, ideal, and good caring relations. Section 2 offers some thoughts on caring relations as reasons for action, defending the claim that ideal caring relations both supply and strengthen good reasons for action. Section 3 uses the distinctions drawn in Section 1 to highlight the indispensability of institutional arrangements which are conducive to the care-recipient's flourishing. I argue that caregivers who take their care-recipient's *eudaimonia* as their end ought both to be watchful for institutional failures to meet eudaimonistic needs, and to be disposed to alter them. Section 4 focuses on caring actions in the context of caring relations, with particular emphasis on caregivers who lack political capital. I survey some of the options available to these caregivers, and suggest that incorporating care into our theory of virtue allows us to add something novel to recent work in feminist virtue ethics. This chapter thus serves several purposes. One of these is to round off an Aristotelian theory of care, another is to show how the concepts we have been developing thus far hang together, the third is to demonstrate that these concepts raise interesting discursive avenues, and the fourth is to show that they are analytically helpful when it comes to particular problems in applied ethics.

## 1. Caring Relations

In this section I further unpack caring relations. My approach deviates once again from the preceding chapters. There are, recall, several different treatments of caring relations already in play, and I do not have space here to adjudicate between all of them. Nor indeed is there a clear need to do so, since it may well be the case that we can consistently entertain several useful means of cashing out the concept. Here I shall look more deeply into just *one* account of caring relations which the Aristotelian virtue ethicist might find useful. Much of that account can, however, be borrowed from care ethics, as scholars like MacIntyre have already deemed necessary.<sup>615</sup> So I shall not devote this entire chapter to either defending one account's superiority, to explicating it in full, or to laying the foundations for a novel account of care. My aim in this section is simply to sketch one plausible and serviceable account of caring relations, which can then be added to the understandings of care which we have already discussed to form the core of a virtue ethical theory of care. I begin by briefly rehashing the connection between dependency relations and caring relations. Section 1.1. adds a distinction between good, ideal, and non-ideal caring relations. This distinction raises a number of important points, but perhaps most interestingly, it highlights just how often the quality of our caring relations comes down to external factors. Section 1.2. then discusses the role caring relations play in moral deliberation. I suggest that we conceive of caring relations both as sources of reasons for action, and as considerations which alter the relative weights of reasons for action. This lays the groundwork for our discussion of virtue politics in Section 2.

It might, to begin with, be pertinent to say something in defence of the claim that virtue ethicists do not hold an inconsistent or competing account of caring relations. Though they often discuss relation, and particular kinds thereof, virtue ethicists have not advanced anything like a theory of *caring* relations. Friendly, romantic, and parental relations are not, after all, the only sorts of caring relations. Indeed, as Annas notes, it is not even clear that the parental relation qualifies as *philia*.<sup>616</sup> And even on the more expansive definitions of *philia* defended by the ancients, the relation I enter into when I donate to a child in the Third World does not seem to qualify, nor do other instances of Samaritanism. As I argued in Chapter 5, some caring relations also do not seem to involve anything like mutual *eunoia*, nor do we think that a caring relation requires this. There is no discernible goodwill on an infant's part, nor is there obviously

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<sup>615</sup> As noted in Chapter 3, he acknowledges his debts to care ethics, specifically to care ethical theorising about dependence, in *Dependent Rational Animals*.

<sup>616</sup> See also Section V.2.

mutual goodwill in a conflictual relation between a nurse and her upset patient, or between a parent and her disgruntled teenager. Like any care theorist who treats (at least one of) these relations as paradigmatic, my inclination in such cases is not to say that no caring relation exists in these cases, but rather that whatever relation obtains between *philoï* is not coextensive with care. Theorising about any particular kind of caring relation does not present us with an account of the caring relation itself – caring relations, whatever they consist in, seem to be more ontologically basic than these categories of relation. So I do not take *philia* to be inconsistent or in competition with care as we have defined and shall define it. I take it that an account of caring relations can be added to virtue ethics without generating internal inconsistencies with its most obvious potential analogue.

Recall that according to one prominent view, caring relations arise from dependency relations.<sup>617</sup> Dependency relations are typically thought to obtain when one person or entity depends on another to meet a particular need or set thereof. So, to use a classic example, a dependency relation obtains between a child and her parent because she depends on her mother to provide her with food and shelter. Dependency relations need not induce a response, however. I can depend on another to meet a need without their ever coming to my aid. In fact, they may never even know that I am dependent upon them – they may fail to notice a need entirely, as Mrs. Jellyby does through much of *Bleak House*, or they might not recognise a need for what it is, as climate sceptics do. Caring relations are not like this; paradigmatic caring relations all involve the performance of caring actions – that is, an agent acting with the aim of meeting eudaimonistic needs. A dependency relation intuitively obtains when I encounter a need, but it seems more apt to say that I *ought* to enter into a caring relation when I encounter such a need than to say that just encountering the need establishes one. We encounter needs constantly, after all, and we do not usually think that merely coming across a need is sufficient also to initiate a caring relation as if we entered into multiple new caring relations every day, though it is natural enough to say that it initiates a *dependency* relation. Nor, for that matter, do acknowledgement or emotional engagement seem to suffice here. I may acknowledge or engage emotionally with reports of suffering in the Middle East, but that is not ordinarily regarded as the commencement of a caring relation (though if I respond to that emotional engagement by sending food or medical supplies, this certainly seems to qualify). A dependency relation transitions into a *caring* relation when I perform a caring action in

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<sup>617</sup> See Section II.1.2.

response to an encountered need. In other words, it is the performance of an act-type of the sort outlined in Chapter 6 which initiates a caring relation.

This is not, as we saw in Chapter 2, an entirely novel account of caring relations – it is a view of care advanced also by Collins in *The Core of Care Ethics*, who tells us that “the action ‘care’ always entails a relation between a carer and an object,”<sup>618</sup> and defended by Held who, as we saw in Chapter 4, takes aim at Slote’s account for missing:

the centrality of caring *relations* for an ethic of care [...] To be a caring person requires more than the right motives or dispositions. It requires the ability to engage in the practice of care, and the *exercise* of this ability.<sup>619</sup>

Like Collins, Held thinks that a caring relation requires one to act caringly, otherwise the relation does not obtain. And Noddings defends a similar claim, maintaining that:

care only takes place in relationships of care. Attempting to analyse the concept of care in abstraction from the caring relation in which it is necessarily expressed is, therefore, ‘mistaken’ because it is not possible.<sup>620</sup>

Collins and Noddings may have overstated the claim, however; it could well be possible to perform a caring action without occasioning a caring relation, since we can imagine cases where I act with the intention of meeting a eudaimonistic need but am mistaken in thinking that a dependency relation exists. While a child might perform a caring action for a toy, the toy does not depend on the child and, therefore, a caring relation between the two is precluded.<sup>621</sup> In contrast to Collins’ and Noddings’ view, on my account a caring action performed in response to a dependent’s *actual* need is both a necessary and sufficient condition for a caring relation.<sup>622</sup>

### 1.1. Ideal and Non-Ideal Caring Relations

A caring relation, as we said in Chapter 2, is also sometimes defined – perhaps somewhat counterintuitively – as an *ideal* dependency relation; one in which a caregiver actually meets the eudaimonistic needs of the care-recipient, and thereby discharges their moral responsibilities.<sup>623</sup> Here, however, I wish to distinguish *mere* caring relations from *good* caring

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<sup>618</sup> At 67.

<sup>619</sup> *The Ethics of Care*, 51 (original emphasis).

<sup>620</sup> This is how Lynch paraphrases Noddings’ view in *Care: An Analysis*, at 54.

<sup>621</sup> To be clear, it is still perfectly sensible to say that the child ‘cares for’ the toy if by this we mean “acts with the misplaced intention of meeting its eudaimonistic needs.”

<sup>622</sup> Caring *as one ought* is not necessary for care on this account – as we saw in Chapter 6, it is possible to make mistakes, even ones for which one is culpable, and yet still act caringly.

<sup>623</sup> See Section 2.2.

relations, and both of these from *ideal* caring relations, a division which is intended not only to map onto evaluations of caring relations, but also to emphasise the import of moral luck, and thereby to set the scene for the following sections of this chapter.

A *mere* caring relation, as I define it here, involves the performance of a caring action but can be either good or bad along several axes. Though a mere caring relation will always begin with a caring action, that caring action is not necessarily the *right* action for the caregiver to perform in that particular context. I may, as Mrs. Jellyby does, spend all of my time on philanthropy and neglect my own children's needs. Though in other circumstances such charity might be morally praiseworthy or right, it is clear, in this case, that Mrs. Jellyby fails to perform the right action (and this is certainly how Dickens intends to portray her in *Bleak House*). Nevertheless, on the account here Mrs. Jellyby's actions do qualify as *caring* actions and do meet an authentic need, and she therefore does participate in a caring relation. Second, mere caring relations do not necessarily involve the correct mental states and habits. In Chapter 6 I argued that we ought not to restrict caring actions to those which stem from a particular motivational structure. Mere caring relations can be entered into for any reason, and for that reason our apathetic nurse does participate in genuine caring relations. Finally, mere caring relations do not necessarily involve successful caring actions. Even relations where a caregiver's efforts seem always to fall short (as, for example, Juliet's nurse's do in *Romeo and Juliet*) qualify as mere caring relations.

*Good* caring relations are also a kind of non-ideal caring relation, but they are unlike mere caring relations in that the caregiver responds as they ought to – in other words, a caring action performed in the context of a good caring relation will also be the *right* action and it will be performed with the right motivational underpinnings. What mere and good caring relations have in common is that a good caring relation remains subject to moral luck. This understanding of caring relations thus makes use of success criteria similar to those we rejected in discussing caring actions. A caregiver might care as they ought to, but fail nevertheless to meet a need because of some factor which they could not have foreseen or which is beyond their control. As was the case for our theory of caring actions, the theory of *good* caring relations advanced here does not require that one *succeeds* in meeting a need in order for the relation to obtain. A theory of caring relations ought, in my view, to leave conceptual space for caring relations where actually meeting needs is impossible. Surely some sort of caring relation obtains between a loving mother and her child, even if some circumstance – say, a congenital

defect – prevents one from meeting the other’s needs.<sup>624</sup> It does not seem particularly jarring to suggest that despite such circumstances a caring relation exists or can come into existence. Nor does it seem odd to suggest that a caring relation obtains between a benefactor who attempts but fails to care for another from a distance. Suppose I enter into a scheme where I donate a certain amount of money to pay for a particular child’s education in a remote part of the world. Even if, for some reason, the funds do not reach their destination, it is not unnatural to call the relation between the benefactor and the child a caring one. Nor for that matter do we have any trouble calling relations between nurses and their patients caring, even if, despite her best efforts, the nurse in question fails to meet some patient’s survival needs. It does not seem a misnomer, then, to suggest that a relation is caring even if it does not ultimately meet particular eudaimonistic needs.

An *ideal* caring relation, by contrast, is one in which such factors never conspire against the caregiver to ruin their efforts – the caregiver cares as they ought to, and thereby meets the care-recipient’s need(s) successfully.<sup>625</sup> There is, I think, a philosophically significant difference between caring relations in which the caregiver discharges their moral responsibilities or cares as she ought to and one in which the care-recipient’s needs are *actually met* by a caring agent who fully discharges her responsibilities or cares as she ought to. And ideal caring relations are for that reason the caring relations we ought to hope for and approximate as best we can. We may never be so fortunate as to participate in an ideal relation, but *qua* an ideal, these kinds of relation are the kinds we ought to aspire to, and the benchmark against which we ought to evaluate caring actions and character traits in the contexts of dependency relations.

This tripartite approach to caring relations is not without its problems. It does, admittedly, regard any relational shortcomings stemming from the cared-for’s actions as bad luck. And this is indeed an awkward way of speaking about relations whose troubles stem from deliberate actions, performed with an intent to hinder or not,<sup>626</sup> on the part of those for whom we care.

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<sup>624</sup> Recall here the case of Billie Jo in Hesse’s *Out of the Dust*. It seems to me that such relations ought to be acknowledged as caring even if they succumb to rotten luck.

<sup>625</sup> And, as argued in the preceding chapter, by distinguishing only between successful and unsuccessful caring, accounts like Kittay’s and Noddings’ seem to miss a distinction like the one being drawn here between caring relations where efforts to meet needs fail because of an agential shortcoming, fail because of sheer rotten luck, and succeed because neither impediment presents itself. Noddings is also wrong to dismiss moral blame- and praiseworthiness (see Chapter 2) – if we are interested in ideal caring relations (that is, in actually meeting the needs of those for whom we care), then we ought to know when and how we err and when/how we could do better. My account of caring relations avoids both of these concerns.

<sup>626</sup> The thought that one might attempt to hinder a caregiver’s efforts to care might seem odd, but we are familiar with cases where caring for someone involves inflicting pain or discomfort, as, for example, in administering a vaccine or enrolling children in extra, remedial classes and the resistance those caring actions are met with.

Even if we examine the relation solely from the perspective of the caregiver, this sort of distinction can matter greatly. So we might wish to further distinguish other sorts of good but not ideal caring relations. But though I think they will be indispensable for any account of caring relations, the set of distinctions I have just presented is not intended to be exhaustive. Other distinctions can be drawn in this area without threatening the account. My intent here is, additionally, in part to ask what these three concepts look like in the virtuous caregiver's life, so it is fitting that we focus on the caregiver's own moral standing. What's more, care-recipients can respond in countless ways to caring relations and particular attempts to care, running the gamut from downright viciousness to perfect virtuousness. The virtuous caregiver's own character and actions are thus worth studying *per se* not only because it is the virtuous caregiver who actually *performs* the caring action (though they will also, no doubt, be care-recipients), but also since their caring actions are more determinate because a variable, their character, is ascertained.

The distinctions above are not, moreover, out of step with care ethical subdivisions of caring relations. We noted earlier that there is some inconsistency in the literature on the use of care as a relational ideal. Several care ethicists distinguish between care and good care and use both, whereas other accounts distinguish these notions from one another but deploy only one. Other accounts fail entirely to distinguish good or ideal care from deficient or non-ideal care. But there is room for divergent accounts, depending on the uses these concepts are to be put to. Lexicographical projects will undoubtedly need to advance broader definitions, but idealistic projects need not be so permissive or varied.<sup>627</sup>

An idealist theory of caring relations like the one presented here will therefore emphasise the virtues. Both good and ideal caring relations, on my account, will include a caregiver with a particular set of motivations, values, attitudes, and other mental states and habits namely those outlined in Chapter 5. As I argued there, charity meets a minimal standard for care, and the neo-Aristotelian concept of charity typically regards investment or attachment in others' good as an essential feature. So on the concepts of good and ideal care espoused here, the caregiver is one possessed of the virtue of charity – they perform caring actions *because they value the care-recipient's good*. In both good and ideal caring relations, the caregiver desires that the care-recipient's needs be met – they are glad, satisfied, overjoyed, or elated when they succeed in caring, saddened, upset, distraught, or heartbroken when they do not. This is what

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<sup>627</sup> This account of care also aligns better than some others with recent work on 'care discourse.' Forbat, for example, argues against "the rigid use of dichotomised labels" (*Talking About Care*, 3).

it means, after all, to be as Foot put it, “attached to the good of others.” Even in less intimate relations, such as those between nurses and their patients or teachers and their students, we think it morally praiseworthy or virtuous to be invested in a care-recipient’s wellbeing to some extent, such that even where one’s job keeps one on one’s feet, one takes some (not necessarily great) joy in their patients’ or students’ triumphs and recoveries and feels at least some small pang of sorrow at their struggles and suffering. It is also reasonable, I think, to understand attachment as involving a kind of *commitment* to meeting needs. Annas suggests in “The Good Life and the Good Lives of Others” that ancient theories of *philia* are all, at bottom, about commitment.<sup>628</sup> And this does seem to pick up on something significant about entering into a caring relation, since we typically think that participating in a (close) caring relation affords us some insight into how agents will behave in future.<sup>629</sup> Insofar as we think that participation in a caring relation enables us to *predict* responses in counterfactual scenarios, the notion of commitment seems useful here too.

This raises an additional point. An ideal caring relation is not boundless in scope, of course, and there is no reason to think that caregivers must take a care-recipient’s *eudaimonia*, in its entirety, as their end. This, I take it, is the thought behind the distinction Blustein draws between care and commitment, a distinction he justifies with an example:

I might, for example, save a person's life because I care about that person for his or her own sake. However, if the person is only a distant stranger, there are quickly reached limits to how far I am willing to go on his or her behalf. Thus, I cannot properly be said to be committed to the person or his or her well-being.<sup>630</sup>

Blustein is correct – in meeting a stranger’s needs I cannot reasonably be thought to commit to promoting their *eudaimonia* in general. We want to retain the capacity to distinguish between caring relations on the basis of their scope. We do not expect or predict doctors to care for their patients in the same way their friends do – a doctor certainly does not need to offer comfort to a patient by taking them out for dinner, or offer them a couch to sleep on when they hit rock bottom, in the way a friend might. A healthcare professional’s relation with their patient is not faulty if it does not include their meeting *every* eudaimonistic need the patient faces – not only is this overdemanding of professional caregivers, it also treats caring relations as monolithic

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<sup>628</sup> At 137. See also Walsh’s “Commitment and Partialism in the Ethics of Care,” *passim*. It may be the case that *all* relations involve some sort of commitment, but I am not sure of this and taking a stance on this is not necessary here.

<sup>629</sup> I go into further detail in the section to come.

<sup>630</sup> *Care and Commitment*, 38.



and blurs distinctions between different sorts of caring relations which ought to be retained.<sup>631</sup> But there is nothing in the theory of caring relations being laid out here which stipulates that eudaimonistic needs cannot be further specified according to the specific relation between a caregiver and their recipient.<sup>632</sup> My focus here will be on close caregivers, typically friends and family members, but potentially also on professional caregivers who are in amicable or otherwise beneficent relations with their care-recipients (as, for example, in some sorts of disability care, where the care work partially consists in keeping the care-recipient company, or in cases where teachers or doctors form a kind of semi-professional, ersatz friendship with their students/patients). In those cases, it is reasonable to assume that a much wider set of eudaimonistic needs, possibly all of them, ought at least to register in the caregiver's moral deliberations.

## 2. Caring Relations and Reasons for Action

I have already argued that caring relations, particularly ideal ones, are components of human flourishing and are therefore of value. But this is not necessarily to take a stance on the role they (ought to) play in moral deliberation or justification. That relations do somehow figure in good moral deliberation seems uncontroversial enough. But exactly what difference does participation in a caring relation make in the mind of the virtuous caregiver? And what difference does participation in a caring relation make to the practice of moral justification? Here I shall expound on a relatively modest account of relational ethics, according to which caring relations yield some reasons for action and amplify others.

Reasons in favour of particular actions can be sorted into a variety of categories, and I want, in particular, to distance the account here from those which provide *obliging* reasons – that is, overriding reasons for action which are automatically prescriptive of right action. On the account defended here, caring relations merely supply/strengthen *salient* reasons for action.<sup>633</sup> Some of the needs we encounter do not supply us with reasons for action unless they are encountered within a particular relational context. A child's need for comfort after a fall is not necessarily morally significant to passers-by, but it becomes so when I am her parent and

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<sup>631</sup> Self-sacrifice has received a great deal of interest from care ethicists in recent years. See, e.g. Amanda Cawston and Alfred Archer, "Rehabilitating Self-Sacrifice: Care Ethics and the Politics of Resistance," *International Journal of Philosophical Studies* 26, no. 3 (2018): 456-477, and Inge van Nistelrooij, *Sacrifice: A Care-Ethical Reappraisal of Sacrifice and Self-Sacrifice* (Leuven: Peeters, 2015), *passim*.

<sup>632</sup> Blustein does not explore this particular thought, but it seems to me to help make sense of the relation between care and commitment.

<sup>633</sup> Though, in defending the weaker thesis, I do wish to leave room for relations to yield obliging reasons also.

my relation to her involves a commitment to meeting emotional needs. Some needs, survival needs in particular, are morally salient whether or not they are encountered within a relational context, but their *weight* is partially determined by the relation existing between the individual in need and the individual encountering their need. In making a related point, Nagel notes that “there’s a reason for one to be given morphine which is independent of the fact that the pain is mine – namely that it is awful.”<sup>634</sup> Kraut does take issue with this in *What is Good and Why?*,<sup>635</sup> but Kraut’s issue is not with the reason-giving nature of pain. Rather, Kraut argues against the notion that pain can be bad without being bad *for* someone, a point which fits into the account well. My reason for giving morphine is surely weightier if whomever is in pain is a co-worker, and weightier still if she is a dear friend or family member. What is in dispute is not the thought that pain is always an evil regardless of my relation with the individual suffering it, but the thought that pain is an evil independently of its belonging to someone.

Furthermore, when confronted by two identical states of need, a caring relation with one of the needy supplies a reason to tend to their needs first.<sup>636</sup> Caring relations supply us with reasons to be partial. Envisioning himself defending a decision to give life-saving drugs to a friend instead of five strangers, Taurek explains that:

I do not say to the five strangers that I give all of my drug to my friend because it is a better thing in itself that he should survive than that they should. I do not believe any such thing. Rather, I simply explain that David is my friend. His survival is more important to me than theirs. I would expect them to understand this, provided they were members of a moral community acceptable to me.<sup>637</sup>

Taurek’s language raises interesting and important questions for this account – does friendship in this case introduce an *additional* reason for action, or does it strengthen an existing one? I do not wish to commit to any particular stance on that question here. It suffices that virtue ethicists are receptive to this general line of thought (and Foot, in particular, thinks highly of Taurek’s argument).<sup>638</sup> It is easy to see why, furthermore, if we bear in mind the claim that caring relations derive value from *eudaimonia*. To say that something is valuable to someone is, surely, to present a reason for her to pursue it. It is not an *unassailable* line of thought, as we have seen in our discussions of partialism, but objections are likely to come from

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<sup>634</sup> *The View From Nowhere*, 162, cf. Reader, *Needs and Moral Necessity*, 1.

<sup>635</sup> Chapter 18.

<sup>636</sup> Hursthouse offers the following list of reasons for action, which she takes to be typical of a good friend: “‘He’s my friend’, ‘He’s expecting me to’, ‘I can’t let him down’” (*On Virtue Ethics*, 128). It is interesting that Hursthouse regards the relation itself as a reason to perform certain actions.

<sup>637</sup> “Should the Number Count?” 305.

<sup>638</sup> *Natural Goodness*, 79.

impartialist philosophers outside the virtue ethical tradition.<sup>639</sup> So though it does have its detractors, the debate over this point raises deeper issues for virtue ethicists as a whole which lie well beyond the scope of this chapter.

The primary questions facing such an account are when particular needs provide reasons for action and how compelling those reasons are. In answer to some of these questions, we can defer to the needs theorists we drew on in Chapter 6. Needs theorists are cognizant of the varying extents to which needs can demand responses, and have developed finely detailed and complex accounts of the differences between needs and how these serve to strengthen or weaken the derivative set of moral responsibilities. The strength of these reasons scales with variables like urgency, delibility, intimacy, and history, so when it comes to nonurgent, delible needs in shallow, nonintimate caring relations, the responsibilities to care can be relatively limited and weak. Thus, Brock and Reader begin their theory of moral obligation as follows:

An agent has an obligation to help a person in need, if the following conditions all hold, *ceteris paribus*. For the needy person, severe harm is likely and imminent. He is unable to help himself. He is in his position through causes beyond his control, and it is not the case that he has an informed, voluntary, and enduring desire not to be helped. The agent knows about the needy person's position, knows what is required to help avert the harm, is in a position to help such that the cost of helping is not significant, and her assistance has some good likelihood of being effective. Under such conditions, we can be reasonably clear that the agent would be morally required to help the needy person.<sup>640</sup>

On Brock and Reader's view, needs are only morally demanding in the context of moral relationships, where there is "something between" two people,<sup>641</sup> but whatever that is, it cannot just be shared properties, shared beliefs, shared feelings, shared context (i.e. a group), or having "complementary needs, skills, or goods."<sup>642</sup>

The mark of obligation-constituting features of real relationships is that they are not merely properties that the relata happen to share. Rather, they are properties which literally connect, constituting the relationship.<sup>643</sup>

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<sup>639</sup> Even Singer does not seem to endorse this view. See his *The Most Good You Can Do* (New Haven: Yale University Press, 2015), 22-23.

<sup>640</sup> "Needs-Centered Ethical Theory," *The Journal of Value Inquiry* 36, no. 4 (2002): 433.

<sup>641</sup> *Needs and Moral Necessity*, 5:

What is also required is for the patient to be in moral relationship with an agent. Only when their need is presented in relationship can it present an actual moral demand, just as only when someone asks a question can it demand an answer.

<sup>642</sup> *Ibid.*, 73-75.

<sup>643</sup> *Ibid.*, 75. Brock and Reader reinforce this point in "Needs, Moral Demands and Moral Theory," at 254:

It is, therefore, the biological and historical relationship between children and parents which obliges them, not the fact that they share a surname or that they are all members of the same community. What's more, the fuller the relationship, the stronger the moral demandingness of needs.<sup>644</sup> Needs theorists do not always consider relations of the sorts we are discussing here, or the differences they make to the reason-giving force of needs, but the nature of the relation does seem to bear upon the moral demandingness of given needs. One would not expect a doctor to loan money to a patient, for instance, even if that patient is in financial need, because the nature of professional caring relations typically does not involve the sorts of familiarity and intimacy which make financial needs like these morally compelling.<sup>645</sup> A reason for a doctor to aid someone in such need might still exist, of course, especially if one thinks, as I do, that virtue ethics does not have room for supererogation.<sup>646</sup> But if so, the reasons generated by such financial needs upon doctors cannot for the most part be decisive. Some of the concepts in play here may also be difficult to apply. Delibility in particular is a difficult dimension to assess, since it is not clear how delible some kinds of needs are. How delible are emotional needs, for example?<sup>647</sup> But the fact that there are cases where it is difficult to measure a particular variable is not in itself reason to reject the framework. Caring for others is not supposed to be algorithmic in this way.

There is substantial room, even amongst virtue ethicists, for disagreement over *why* these claims about caring relations hold true for the virtuous agent. If we think that entering into a caring relation – or at least an ideal one – involves a sort of commitment to meeting needs, or to the good of the care-recipient, then we might regard these thoughts as matters of loyalty, honesty, or integrity. From this an argument flows naturally for the thought that reasons for

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moral agents take the non-contingent needs of only some beings to be moral demands – only the needs of beings with which they are in moral relationship. [...] the non-contingent needs of inanimate objects, distant strangers, animals and plants are not moral demands for me, because the concept of moral relationship does not include the modest connections we have with such things.

<sup>644</sup> Ibid., 77.

<sup>645</sup> This is, of course, culturally specific. What qualifies as a salient need in a particular sort or instance of relation will vary according to cultural context.

<sup>646</sup> I am grateful to Julia Annas for drawing my attention to this point. This is a major faultline between sentimentalists like Slote and Aristotelians like Annas and I do not have room to defend this position here, but Annas does so in a forthcoming paper, to which I shall defer.

<sup>647</sup> This is an issue virtue ethicists have disagreed over, in connection partly with disagreements over our capacity to alter our moral character. Thinkers like Aristotle and Hursthouse think that character is more or less permanent after a point. Hursthouse decides that some aspects of one's character are more or less indelible in view of "how racism is inculcated and how hard it is to eliminate" (*On Virtue Ethics*, 114; see also Aristotle's *Nicomachean Ethics*, 1104b11-12). Thinkers like Aquinas disagree. Aquinas' reasons for disagreement are theological, since it is through the infused virtues (see his *Summa Theologiae* II-I, Q. 63, Art. 3), but modern character theorists also offer non-theological explanations for major changes to character, including pointing to such events in one's life as major brain injuries and traumas (see, e.g., Mariska Leunissen's *From Natural Character to Moral Virtue in Aristotle* (New York: Oxford University Press, 2017)).

action are supplied or strengthened in caring contexts. One might also explain this set of claims by reference to the caregiver's own *eudaimonia*. Those with whom we share relations are, in general, those whose wellbeing has the greatest impact on our own wellbeing. To enter into a caring relation is to give another person's wellbeing much greater bearing on our own lives' evaluations. So we might think that eudaimonistic needs are more morally compelling in caring relations because they have a greater impact on our own wellbeing (and, as noted in earlier, this does not necessarily run up against the obvious objection from egoism, since right-making considerations and moral motivations can come apart). In any case, I take the relative modesty and consistency with which this account is endorsed (at least amongst virtue ethicists) to be sufficient reason to assume it here.

Most reasons of this sort seem to be *prima facie* reasons which are defeasible. Needs theorists point to a number of defeaters which are applicable here. All commentators acknowledge both that the language of needs can be misused, and that our assessments of need can be mistaken. It is thus possible to falsify (moral) needs-claims. In *Needs*, Thomson identifies two means of doing so: (1) show the non-necessity of *x* (though *x* may still be necessary for the *efficient* achievement of some goal), and; (2) show that *x* is unimportant.<sup>648</sup> To show that *x* is not necessary will typically involve showing that some other item can meet the need as well. One does not *need* rice to satisfy one's need for food if one also has a loaf of bread to hand. Touching on a similar idea, Wiggins has stressed at several points that "overspecificity in a 'needs' sentence makes it false."<sup>649</sup> Thus a claim that someone needs soda water in order to satisfy a need for water is false, because that need can be satisfied by coffee, tea, tap water, and so forth. Wiggins observes that overspecified needs tend to be dismissed by pointing out that someone can get by with something else. Reader quotes this passage approvingly in *Needs and Moral Necessity*,<sup>650</sup> and adds that "overgenerality, universality and particularity in any part of a statement about need can have the same effect. We see this in a claim like 'Human beings need milk', which is overgeneral."<sup>651</sup> It is human *infants* who need milk, not human beings *per se*. Showing that *x* is unimportant involves showing that the end one needs the item for is not an important (i.e. good) end. It may be true that one needs a lighter

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<sup>648</sup> At 6.

<sup>649</sup> "What is the Force of the Claim that One Needs Something?" in *Necessary Goods*, ed. Gillian Brock (Lanham: Rowman and Littlefield, 1998), 40. See also Wiggins' *Needs, Values, Truth* (Oxford: Oxford University Press, 1998), 22.

<sup>650</sup> At 80, quoting Wiggins' *Needs, Values, Truth*, 22-23.

<sup>651</sup> *Needs and Moral Necessity*, 80. Reader adds at 81 that "specification of need is difficult."

to start a forest fire, but starting a forest fire is neither important nor good, and therefore one does not need a lighter in the relevant sense.

Reasons for action stemming from caring relations are also subject to unique defeaters. Reasons to meet needs can also be defeated by the existence of other caregivers who can reasonably be expected to meet that particular need, or to do so better than I might myself. As care ethicists have stressed, we are nodes in a web of caring relations, and our needs can thus impose responsibilities on many individuals at once. *Both* parents have a responsibility to provide help to a child who is struggling at school, for instance, and *multiple* medical professionals have a responsibility to tend to a patient, despite the fact that in many cases the need can be met by a set of individuals smaller than the set of agents in whose mind the need ought to register as a reason for action. And if one parent or medical professional sets out to meet a need, that diminishes our own reason to meet that need. If another caregiver is already acting to alleviate a need and I have no reason to think that I can expedite the process or be of any other use, then I have no reason to provide care for the person in need – there is nothing more I can do. Conversely, knowledge that there are no other caregivers who can/will meet a need can strengthen a responsibility. I might have first aid training, and for that reason be the most capable person of meeting a need, and in such cases it is natural to think that I have more reason than other passers-by to give first aid after an accident. If I know that someone who has set out to meet a need is incapable of doing so, my reason for meeting that need is not diminished. In such cases, this potential defeater either does not crop up or does not pan out. The strength of a reason to meet a eudaimonistic need of someone with whom we share a caring relation is thus sensitive to agential traits like experience, skill, or talent relative to those of other prospective caregivers.

## 2.1. Reasons for Wicked Actions

I have said that caring relations strengthen or supply reasons for action, but is this true also of reasons for bad actions?<sup>652</sup> Since we are primarily concerned with good and ideal relations, and this entails that whatever actions are performed are morally good actions, this question is not urgent. Nevertheless, cases where a reason to perform an evil action emerges in the context of a caring relation are puzzling. We will likely want to say in response that one does one's

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<sup>652</sup> Note that this is not equivalent to asking whether they supply bad reasons for action, since one might think that there are bad reasons for good actions, and perhaps more oddly, good reasons for wicked actions.

charges no good by acting on reasons for wicked actions, even where this offers some undefined short-term benefit. The fact that Bonnie and Clyde shared in a caring relation did not supply or amplify extant reasons for aiding and abetting one another's criminal activities. If anything, it presented reasons for each to temper the other's criminal tendencies. But this is a complex matter, touching on one of the oldest questions in moral philosophy, namely whether those of us who perform wicked actions see them as wrong or evil. I do not have space to enter into that debate, and it is one which an account like the one presented here will have to resolve at some point, but it is, as I have said, one which is not especially salient for this chapter's analysis.

These remarks are not intended to expost a full account of caring relations or their place in moral theory. I leave open such questions as whether or not caring relations only supply or amplify reasons for *caring* actions, or whether they can supply/amplify reasons for other sorts of actions. What's more, very few of these arguments need actually cross the virtuous caregiver's mind when they are confronted with a particular need. There is, as we have already noted, no reason to think that the right-making features of an action are processed by virtuous agents each time they act, and the standard formulation of reason-giving in virtue ethics is not that reasons for action are all evaluated at the time of action but merely that the virtuous agent's actions can be explained by reference to good reasons.<sup>653</sup> As Williams phrases it, an agent who is faced with a choice between rescuing his wife and rescuing a stranger has "one thought too many"<sup>654</sup> if he pauses to consider whether he is permitted to give special consideration to his wife. A great deal of the virtuous agent's justificatory work can and should only be done after the fact.

### 3. The Politics of Eudaimonistic Needs

If these claims are convincing, then the core of a virtue ethical theory of care has begun to take shape. Insofar as this theory challenges patriarchal or sexist approaches to moral philosophy and incorporates feminine insights into virtue ethics, it is already a decidedly feminist ethic. But care ethics is also feminist in a variety of other ways. As Tong puts it:

Feminist approaches to ethics are distinctive because they, far more than their feminine and/or maternal counterparts, are political [...] a feminist approach to

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<sup>653</sup> Annas defends this view at several points in her corpus.

<sup>654</sup> *Moral Luck* (Cambridge: Cambridge University Press, 1981), 18.

ethics asks questions about *power* – that is, about domination and subordination – even before it asks questions about good and evil, care and justice, or mothers and fathers [...] feminists are interested, to be sure, in a very specific dyad of oppression – namely, the relationships that has historically existed between dominant men and submissive women. Committed to the destruction of those patriarchal structures that maintain gender asymmetry, feminists systematically challenge traditional ethics for its contribution to women’s oppression.<sup>655</sup>

Among the most important functions of feminist moral philosophy is the analysis of power and oppression in the political sphere. One of care ethics’ most attractive features is the readiness with which it makes recommendations in traditionally political fields such as law enforcement, economics, and international relations.

I have already mounted a short argument for the thought that virtue ethics is also capable of such analysis in Chapter 4, and virtue ethicists like Tessman and Nussbaum have done a great deal of work in this area by this point. Tessman adopts the following condition of adequacy for feminist virtue ethics:

Any adequate moral theory must promote human flourishing. An adequate *feminist* moral theory will pay particular attention to systemic barriers to human flourishing that have been created by conditions of oppression (including, but not limited to, the oppression of women).<sup>656</sup>

And she goes on to proffer a theory of virtue which meets this standard. In what remains of this thesis, I continue Tessman’s project of addressing systemic barriers to human flourishing, and in doing so take the account of care defended here in a different (and complementary) direction. I aim also, in the process to show how the theory of care outlined in this thesis hangs together. I argue in this section that one of the external factors to which our account of caring relations draws attention is the specific institutional contexts in which care-recipients find themselves, noting in particular the harms institutional oppression does to care-recipients. I then explore some of the options available to caregivers who find that their care-recipient’s prospects for *eudaimonia* are severely curtailed by their institutional relations.

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<sup>655</sup> Tong, *Feminine and Feminist Ethics*, 160 (original emphasis).

<sup>656</sup> *Burdened Virtues*, 23.



### 3.1. Institutionally Met Needs

Those with whom we share relations have many needs met directly, and many more needs met indirectly, by institutions. Care ethicists have often noted that the bulk of paradigmatic care work has historically taken place in the household, and this after all is a kind of institution. Here, however, I wish to focus on institutions beyond the household. Much care work is now performed professionally in the workplace. As Tronto rightly points out, “throughout the twentieth century, with the growth of more professional ways to understand human development, care has become more professionalized and left the household behind.”<sup>657</sup> And political institutions have come not only to facilitate caregiving by means of norms, policy, and legislation, but also, also to actively supply certain conditions necessary for flourishing in the form of redistribution, guaranteeing certain property rights, healthcare, and so forth. Here I wish to include all of these cases, and any other cases where institutions either supply the conditions necessary for care or directly meet eudaimonistic needs themselves, though my primary interest is in states and the institutions directly underneath them, such as legal institutions and law enforcement, medical institutions, and educational institutions.

The import of these institutionally determined conditions can hardly be overestimated – it is in these contexts that we develop the cognitive, emotional, and physical capacities we need to flourish. Inadequate institutional provisions for healthcare and education threaten to harm the populace in a host of ways, ranging from withholding access to essential treatment/medication, to failing to provide adequate civic education and thereby failing to provide the epistemic tools necessary for fully informed civic participation, to inflicting the various sorts of moral damage discussed by philosophers like Tessman. This is, I take it, one of Aristotle’s more important insights. Nussbaum rightly reminds us that:

because Aristotle understood human vulnerability, he saw that government needed to address issues such as the purity of a water supply and the quality of air, as well as education. Vulnerability cannot be removed altogether, of course, but Aristotle did lay emphasis on the way in which some cities supported human weakness better than others.<sup>658</sup>

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<sup>657</sup> *Caring Democracy*, 2. See also Section 6.3.

<sup>658</sup> *Creating Capabilities: The Human Development Approach* (Cambridge: Harvard University Press, 2013), 127-128. And, in fact, many households have now *become* workplaces. Just as the household has seeped into the public and political realms, so too has politics seeped into the household.

The most conspicuous harms done by institutional failures to meet needs only scratch the surface – institutions have non-negligible impacts on a host of different dimensions of wellbeing.

Some institutional needs are also derivative of others. It is not particularly surprising that some needs gives rise to others. A baby’s need for food generates a need for a caregiver, a diabetic’s need for insulin generates a need for an adequate healthcare system, which itself generates a need for particular legislative arrangements. Braybrooke identifies two sorts of derived needs: needs derived from “conceptual connections,” and needs derived from “scientific laws and empirical generalizations.”<sup>659</sup> He offers illustrative examples in lieu of definitions:

A derivation resting on a conceptual connection runs from the need to preserve the body intact to the need to keep one’s arm unbroken. A derivation resting on a scientific law runs from the need for food to the need for vitamin C as an essential ingredient of the diet. If we add the law that sauerkraut is [...] a good source of vitamin C, and the empirical generalization [...] that sauerkraut is the only source available, a need for sauerkraut might be derived, too.

These two sorts of derivation may arrive at the same need – Braybrooke notes that a need for medical care might be arrived at in either way.<sup>660</sup> He also claims that scientific laws and empirical generalizations include “convention” and “social arrangement,” by which he means two different things.<sup>661</sup> Braybrooke uses “convention” broadly, to include “formal rules” like statutes, as well as informal or unwritten rules, widely accepted schemes of coordination (like road rules), and ‘approximations’ of these, such as passing food clockwise around the dinner table. So needs can be derived from a wide variety of sources, including the institutional settings governing those in need.

What’s more, in some cases, institutions are the *only* entities which can meet eudaimonistic needs. It is difficult to see how any institution other than the state could provide the same sorts of enforceable legal protections of minimum wages or environmental standards, for example (though, of course, anarchists have not left this possibility unexplored).<sup>662</sup> In these

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<sup>659</sup> *Meeting Needs* (Princeton: Princeton University Press, 1987), 82-83.

<sup>660</sup> *Ibid.*, 83.

<sup>661</sup> This discussion appears at 82-87.

<sup>662</sup> This judgement is often implicit in the work of care theorists and virtue ethicists alike. See, for example, Noddings’ “Caring, Social Policy, and Homelessness,” and Hursthouse’s “After Hume’s Justice.” Anarchists do regard these as important goods – see, e.g., Albert Meltzer’s *Anarchism: Arguments For and Against* (Sanday: Cienfuegos Press, 1981). I shall not defend the claim here, but what I do not find particularly convincing are the anarchist’s arguments for the availability and accessibility of these goods without a state.

cases, if institutions fail to meet those needs, then those needs go unmet. In other cases, other institutions or entities can intervene to ensure that needs are met. Non-governmental organisations often do this, relying on charitable donations to supply food, clothing, housing materials, and other basic necessities to those for whom the state has not provided proper care.<sup>663</sup> Other governments also provide aid when states fall victim to disasters which they are unequipped for. And individuals can also meet needs when institutions fail to. Individuals can give of their own resources, offering such things as food and shelter to others in need, or they can band together to form an institution and thereby meet needs on a larger scale. The aid provided in such cases is not to be understated, and indeed it supplies us with many of our most inspiring moral exemplars.<sup>664</sup>

But though non-governmental organisations and individuals have prevented much harm by stepping in to compensate for institutional failures to meet eudaimonistic needs, there are at least two reasons why we might not to accept their intervention as the new status quo. First, it is at least arguable that governments, which possess much greater pools of resources, can do *more* good, and do it more efficiently. Second, many cases where non-governmental organisations and individuals pick up the slack seem to be cases of injustice, either intrinsically (it is unjust that some entity other than the state performs this work) or extrinsically (it is not unjust that another entity performs this work, but in performing this work, this entity brings about injustices – such as, say, relying exclusively or disproportionately on the poor and underprivileged).<sup>665</sup> So there are at least two arguments for the thought that even where an institution’s failure to meet needs is mitigated by the intervention of some other entity, something ought to be done to rehabilitate its capacity to meet needs, or to ensure that it does so if it is capable. Both of these arguments rest on hotly contested premises, and I want to be forthcoming about their difficulties, but the argument does not rest on their universal truth – it is, once again, sufficient that one or the other holds *sometimes*.

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<sup>663</sup> Noddings offers a nice account of how homeless shelters do this in “Caring, Social Policy, and Homelessness,” from 444 onwards.

<sup>664</sup> Take, for instance, Mother Teresa’s work in Calcutta.

<sup>665</sup> Tronto develops the latter argument in “Care as the Work of Citizens,” at 136-138, and Pogge makes both arguments in *World Poverty and Human Rights: Cosmopolitan Responsibilities and Reforms* (Cambridge: Polity, 2002). See also, e.g., Thomas Nagel’s “Poverty and Food: Why Charity Is Not Enough,” in *Food Policy: The Responsibility of the United States in the Life and Death Choices*, ed. Peter Brown and Henry Shue (New York: The Free Press, 1977).

### 3.2. Institutional Failures to Meet Needs

Institutions do fail to meet needs, of course. Many fail, for example, to adequately protect various rights, and many succumb to misinformation, greed, cronyism, nepotism, demagoguery, and other faults and failures which interfere with caregivers' efforts to care. Care work carried out by nurses, teachers, and other professional caregivers is a quintessential example of many institutions' failure to either meet their citizens' eudaimonistic needs, or to provide the conditions in which those needs can be met by others. As care ethicists have often pointed out, care work of these kinds is subject to a variety of different sorts of exploitation, including unlivable wages, inadequate protections for caregivers, and stigmas around – or outright hostility towards – the intervention of unions and the use of protests and other disruptive tactics in order to secure adequate institutional support.<sup>666</sup> And we might even think that some institutions will *inevitably* fail to meet some of the needs they ought to. “All law is universal,” Aristotle points out in the *Nicomachean Ethics*, “and there are some things about which one cannot speak correctly in universal terms.”<sup>667</sup> The law is bound, in Aristotle's view, to mishandle some cases, and this is why he deems it necessary to develop an account of equity which sets aright judgments which the law gets wrong in the first instance. An institutional arrangement is to be measured, in part, by how it protects care work from these troubles. Kraut is especially firm on this point, insisting that “social rules, when they are not mere taboos or instruments of oppression, are promoters of the good of all members of the community.”<sup>668</sup> But measurement against this yardstick proves damning for many states and communities, if not for the very notions of statehood, institutionality, and community themselves.

In the worst cases, institutions will actively work to oppress members of a society, or perhaps more precisely, be used by those in positions of power as tools of oppression. There is, of course, disagreement over the nature of oppression, and particular cases might also be contentious,<sup>669</sup> but *that* institutions sometimes oppress is not contentious, and this is sufficient

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<sup>666</sup> Kittay writes in “When Caring is Just and Justice is Caring,” at 561, that:

as a worker [...] the caregiver is vulnerable to exploitation. But because of the special demands of caregiving and because of the traditional assignment of this work to women or servants, dependency workers are more subject to exploitation than most. When paid, dependency work is rarely well paid [...] paid dependency workers are frequently drawn from classes or groups who are themselves relatively powerless within the society at large and who occupy a status lower than that of their charge.

See also her “Caring for the Long Haul” 74-84, and Tronto's “Care as the Work of Citizens: A Modest Proposal,” in *Women and Citizenship*, ed. Marilyn Friedman (Oxford: Oxford University Press, 2005), *passim*.

<sup>667</sup> 1137b14-15.

<sup>668</sup> *What is Good and Why?*, 30. See also Chapter 8 generally.

<sup>669</sup> Disagreements over the oppression or non-oppression of Palestinians comes to mind here.

for the argument at hand. How exactly we wrong oppressed communities is also a matter of debate. Even if we limit ourselves to eudaimonistic needs, we can see how oppression might wrong others in a whole host of ways – say, by violating their autonomy or infantilizing/dehumanizing them, by symbolizing a sort of disgust or disrespect, by permitting, legitimating, or even encouraging others to mistreat the oppressed, or by preventing others from caring for them.<sup>670</sup> bell hooks writes that:

today small boys and young men are daily inundated with a poisonous pedagogy that supports male violence and male domination, that teaches boys that unchecked violence is acceptable, that teaches them to disrespect and hate women.<sup>671</sup>

And this is the sort of pervasive and systematic harm oppressive institutions engage in. The precise nature of the harms oppressive institutions inflict is not, however, a debate we need enter into. It is enough that *one* of the wrongs committed by oppressors is that they actively undermine the *eudaimonia* of the oppressed in at least one way, and this does not seem a particularly bold assumption to make.

Given these considerations, good and ideal caring relations are to a large extent outward-looking. We are born not only into a web of *personal* relations, but also into a web of *institutional* relations, and the vast majority of us (perhaps with the odd exception of cases like Victor of Aveyron's) remain entangled in those relations until we die. Those of us who take an interest in the wellbeing of those for whom we care must, for that reason, be equally conscious of those relations' impact on our loved ones' wellbeing. Their set of dependency relations will include also their relations with governments and government departments, schools, police departments, hospitals and aged care facilities, and so forth. So because I am invested in their wellbeing, and their wellbeing is to a large extent determined by how those institutional relations fare, I am invested also in the wellbeing of those institutional relations. I desire that they are treated fairly by the institutions to which they are subject, and that those institutions fulfil their duties completely and in good time, so that my loved ones' eudaimonistic needs are met when they are occurrent and minimally concerning when they are dispositional.<sup>672</sup> To a large extent, then, caring about someone involves redirecting our attention away from our interpersonal relation with them, and towards their relations with the relevant institutions.

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<sup>670</sup> See, e.g., Nussbaum's work on disgust, particularly *Hiding From Humanity: Disgust, Shame, and the Law* (Princeton: Princeton University Press, 2004) and *From Disgust to Humanity: Sexual Orientation and Constitutional Law* (New York: Oxford University Press, 2010).

<sup>671</sup> *The Will to Change: Men, Masculinity, and Love* (New York: Atria, 2004), 51.

<sup>672</sup> See also Tronto's seven warning signs of institutional failures to "care well," in "Creating Caring Institutions," at 163-166.

Our attention to unmet needs cannot, moreover, be blinkered. Though caregivers might find that an institution fails to meet just one particular need, or just one need in which they are interested, needs are not always so easily separable, and indeed must sometimes be considered *en masse* if they are to be met adequately. One of the key insights of recent feminist scholarship is that oppression is multidimensional in such a way that different needs become intertwined. Crenshaw, at the vanguard of this scholarship, exhorts feminists to broaden their horizons and challenge not just sexism and patriarchy:

When feminism does not explicitly oppose racism, and when anti-racism does not incorporate opposition to patriarchy, race and gender politics often end up being antagonistic to each other, and both interests lose.<sup>673</sup>

Needs, in other words, overlap. To properly attend to the needs of oppressed gender, racial, and sexual minorities, one must attend to the needs of *all* of these minorities. As hooks puts it:

White women and black men have it both ways. They can act as oppressor or be oppressed. Black men may be victimized by racism, but sexism allows them to act as exploiters and oppressors of women. White women may be victimized by sexism, but racism enables them to act as exploiters and oppressors of black people. Both groups have led liberation movements that favor their interests and support the continued oppression of other groups. Black male sexism has undermined struggles to eradicate racism just as white female racism undermines feminist struggle.<sup>674</sup>

Needs are not always isolable. In order for caregivers to ensure that an institution meets needs as it ought to, they must often have a grasp of wider social issues which tether needs to one another.

#### 4. The Long March Through the Institutions

In the preceding sections, we defined caring relations and noted that many of the eudaimonistic needs caregivers are interested in seeing met are only met within particular institutional settings. But what, if anything, are caregivers to make of all this? Like consequentialism and deontology, virtue ethics is agent-centered in the sense that it asks first and foremost what a particular individual ought to be like and do. And the obvious answer, in light of this, is to look

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<sup>673</sup> Kimberlé Crenshaw “Whose Story is it, Anyway? Feminist and Antiracist Appropriations of Anita Hill,” in *Race-ing Justice, En-gendering Power*, ed. Toni Morrison (New York: Pantheon, 1992), 405.

<sup>674</sup> *Feminist Theory: From Margin to Center*, 2nd ed. (London: Pluto, 2000), 16.

to (a) a theory of justice which offers us some means of allocating individual and institutional responsibilities, and (b) institutional processes for the means by which we as individual caregivers might seek to rectify whatever needs to be rectified. Theories of justice are, of course, partly aimed at establishing an institutional arrangement which meets the needs of its people. And though caring for another will involve looking outward, this does not amount to passive reception of data – I am not merely a spectator to the relation between an individual I care about and particular institutions, hoping that my loved one is cared for by the institutions they are governed by. I am also, often, able to directly or indirectly *alter* the behavior of those institutions. So we might think that there are ready solutions available to caregivers who are concerned about institutional failures to meet needs, and that caring consists partly in their pursuit.

What's more, if they possess the caring character traits, we can rely on our virtuous caregiver to treat extant needs as forceful reasons to take steps to alter institutional behaviours. Virtuous agents who care as they ought to will, insofar as they are able, take an interest in politics broadly understood, and make efforts to restructure their society in ways beneficial to those for whom they care, including both their compatriots and more distant others. None of this ought to be particularly striking, since these thoughts cohere well with the usual set of candidates for virtue. Many of our moral exemplars emerge (often reluctantly) in contexts of political dissatisfaction, injustice, upheaval, and revolution. The civil rights movement birthed such figures as Martin Luther King Jr. and Rosa Parks, the contest for women's suffrage figures such as Kate Sheppard. With remarkable consistency, these figures cite as their aims the meeting of what I have called eudaimonistic needs, or the pursuit of a well-lived life, as a motive for their activism.<sup>675</sup> So it seems that this understanding of care is an intuitive one.

But two problems immediately present themselves. The first, which I shall set to one side, is the ongoing attack upon theories of justice levelled by feminist ethicists, itself just one set of battles in a larger war spanning much of modern political philosophy.<sup>676</sup> Philosophers might have no qualms about these ongoing debates, but it is far from obvious what those outside of the ivory tower, whose needs cannot be shelved until an adequate political philosophy is settled upon, ought to make of these debates when their practical implications are so

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<sup>675</sup> Most relevant here, perhaps, are the remarks of second-wave feminists like Beauvoir, who writes that feminism "is not a question of asserting themselves as women, but of becoming full-scale human beings" (See *The Second Sex*, trans. H. Parshley (London: Jonathan Cape, 1953), Part III, Chapter 3). See also Section 4.1.

<sup>676</sup> Take, for example, Kittay's disagreements with Rawlsian liberalism, as they are laid out in *Love's Labor* and "Love's Labor Revisited," *Hypatia* 17, no. 3 (2002). See also Asha Bhandary's "Dependency in Justice: Can Rawlsian Liberalism Accommodate Kittay's Dependency Critique?" *Hypatia* 25, no. 1 (2010).

discordant.<sup>677</sup> Second, as Nussbaum points out, “activists have all too little influence in the corridors of power.”<sup>678</sup> The preceding discussion has focused on institutional barriers to flourishing, and the obvious solution is to alter the institutions to remove the barriers. But as we have seen, care ethicists have repeatedly (and convincingly) argued that caregivers are systematically disenfranchised and downtrodden. Held enjoins us to “seek an ordering of society along cooperative lines that foster mutual trust and caring”<sup>679</sup> and this is certainly an end worth pursuing, but how can we expect some of society’s most underappreciated, overworked, and vulnerable members to initiate institutional changes of the sort we are discussing here?

I do not mean to suggest that caregivers are all in a state of political inertia, unable to make any changes for being so suppressed. There are many caregivers who can make important institutional changes to better address needs, and many means for them to do so. The most obvious route for caregivers who aim to rectify institutional failures to meet needs is to engage in whatever participatory means are available. In democracies, this might simply involve participation in electoral politics. Many (though certainly not all) caregivers are able to vote, and those who cannot are able to write letters to politicians, and in dire cases, to engage in activism and resistance.<sup>680</sup> But what is a caregiver to do when institutional reform is a pipedream? It is no accident that Tessman refers to poor institutional arrangements as “bad luck”<sup>681</sup> or, following Williams, “constitutive luck”<sup>682</sup> and Card treats oppression as one element of the “unnatural lottery,”<sup>683</sup> since such arrangements are usually either born into or imposed upon the oppressed with little to no consultation.<sup>684</sup> The ability to alter one’s institutional structure is itself a kind of luck. And an emphasis on needs highlights not only the direct institutional efforts to meet those needs and the indirect means by which institutions create an environment conducive to meeting those needs, it also underscores the fact that a lack

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<sup>677</sup> There is, at the moment, a particular interesting and heated debate over whether philosophical progress exists and, if it does, whether it has an endpoint.

<sup>678</sup> *Creating Capabilities*, xi.

<sup>679</sup> *The Ethics of Care*, 152.

<sup>680</sup> Tronto also offers a helpful list of institutional characteristics which we ought to aim for in “Creating Caring Institutions,” at 166-167.

<sup>681</sup> “Expecting Bad Luck,” *Hypatia* 24, no. 1 (2009).

<sup>682</sup> “Moral Luck in the Politics of Personal Transformation,” *Social Theory and Practice* 26, no. 3 (2000): 375.

<sup>683</sup> *The Unnatural Lottery: Character and Moral Luck* (Philadelphia, Temple University Press, 1996), *passim*, but especially at 4.

<sup>684</sup> I shall defer to the discursive norm in using this terminology, but it is worth noting that the language of luck obscures the agency of the oppressor in bringing institutional failures to bear or in maintaining those failures. It might also obscure the extent of the institutional failures. Though particular cases of institutional failure might be chalked up to luck, they might be the product of flaws lying at the heart of the entire institutional arrangement (a Marxist might, for instance, argue that an institutional failure to meet needs can be traced all the way back to a society’s capitalism).



of institutional processes for rectification of failures is itself a failure to meet eudaimonistic needs. Where states fail to offer means by which needs can be expressed and changes can be made, they fail to be sufficiently responsive to the needs of the individuals in their precinct. Furthermore, while many states do have such procedures in place, caregivers often find themselves unable to engage in those processes. Some institutions have no processes to allow for responsiveness either because no processes are in place or because extant processes are mere tokenisms, but others might possess the necessary institutional machinery and yet not allow or not afford opportunities for everybody to make use of them.<sup>685</sup>

In such cases, the best some caregivers can do may simply be to give voice to their troubles in the hopes that speaking truth to power might by some miracle effect change. This is the situation marginalized groups have sometimes found themselves in in the past, and it is one which both philosophers of need and care ethicists ought to attend more closely to, given their respective emphases on political needs and dialogical caregiving.<sup>686</sup> They have not failed to notice, of course, that needs can only be ascertained by listening. McLeod, for instance, offers the following remarks in passing: “the normal sources of both first-person and third-person knowledge of need are testimony and inference. It is in the nature of needing that this be so.”<sup>687</sup> But these insights are not typically applied to cases of moral protest. Furthermore, voicing concerns has also proven to be an effective strategy in the past.<sup>688</sup> As Tessman summarises it, one of King’s guiding thoughts was that:

effectiveness in achieving liberatory ends was dependent on bringing the oppressor to be ashamed of his injustices, and he maintained that through the resisters’ displaying great moral integrity, white supremacists could be shamed into developing a moral conscience and consequently accepting the demands of the movement.<sup>689</sup>

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<sup>685</sup> This will most often be the case for non-citizens, but even citizens face impossible odds in parts of the world where voters are suppressed and corruption is rife.

<sup>686</sup> See, for example, Koehn’s *Rethinking Feminist Ethics: Care, Trust and Empathy* (London: Routledge, 1998), Chapter 4.

<sup>687</sup> At 220.

<sup>688</sup> This is a reformative strategy which pacifists have defended at length. See, e.g., Robert Holmes and Barry Gan’s *Nonviolence in Theory and Practice*, 2nd ed. (Long Grove: Waveland Press, 2005), Chapter 6 of Dustin Howes’ *Toward a Credible Pacifism: Violence and the Possibilities of Politics* (New York: State University of New York Press, 2009). I do not mean to defend pacifist approaches to institutional reform here – that discussion lies well beyond the scope of this thesis. My aim in bringing this work to bear is to show that there is empirical backing for the thought that simply expressing needs in public fora is sometimes enough to bring about institutional change.

<sup>689</sup> *Burdened Virtues*, 113. King did not however treat violent protest as categorically different from voicing concerns. As Stephen D’Arcy reports in *Languages of the Unheard: why Militant Protest is Good for Democracy* (London: Zed Books, 2014), King once described riots as “the language of the unheard” (at 1), the aim of which is to “give a voice to the voiceless (at 22).

This thought reappears not only in the literature on social justice and nonviolence, but also, interestingly, in recent feminist scholarship on the politics of negative emotions. One of the most noticeable changes in recent feminist philosophy of emotion is the emergence of a number of different defences of the negative emotions, including anger, contempt, and bitterness. Among the reasons for this is the contributions these emotions make to moral protest and the voicing of injustices. Lynne McFall and Sue Campbell, defending bitterness, accept that bitterness might be unhealthy but argue that it can nonetheless be a justified and impactful emotion because it expresses uncomfortable truths which might otherwise be swept under the rug, and because through its expression, others gain access to the mental states of marginalized groups.<sup>690</sup> When we express our bitterness, others become aware of our emotional state and are reminded and encouraged to consider perspectives they would not otherwise have considered. So there is no reason to assume without argument that even a lack of institutional processes is reason for hopelessness.

Failing this, there may be no option other than to leave. In the direst cases, where institutions fail catastrophically to meet needs and there is no genuine prospect for institutional reform, caregivers might reasonably give up hope and seek out other institutional arrangements for their charges.<sup>691</sup> There is a long history of forced migration and displacement in such circumstances, notable instances of which include the underground railroads used by African-Americans in the United States to reach the free states, and efforts to smuggle Jews out of Nazi-occupied territories in Europe during the Second World War. Both are by now well-studied phenomena, but they are, I think, illuminating nevertheless. Harriet Tubman, who came to be the face of the underground railroad, was a complex character but cites as one of her reasons for aiding escaped slaves that “most of those coming from the mainland are very destitute, almost naked. I am trying to find places for those able to work, and provide for them as best I can.”<sup>692</sup> Tubman is far from an outlier in treating needs as reasons for action. James Miller McKim is another abolitionist who aided fleeing slaves, of whom William Still writes:

As a helper and friend of the fleeing bondman, in numberless instances the writer has marked well his kind and benevolent spirit, before and after the formation of the late Vigilance Committee. At all times when the funds were inadequate, his aid

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<sup>690</sup> Sue Campbell, “Being Dismissed: The Politics of Emotional Expression,” *Hypatia* 9, no. 3 (1994): 51-53, and Lynne McFall, “What’s Wrong With Bitterness?” in *Feminist Ethics*, ed. Claudia Card (Lawrence: University Press of Kansas, 1991), *passim*.

<sup>691</sup> Baier explores a different perspective on this issue in “A Note on Justice, Care, and Immigration Policy.”

<sup>692</sup> “A Woman’s War,” in *Witness for Freedom: African American Voices on Race, Slavery, and Emancipation*, ed. C. Peter Ripley (Chapel Hill: University of North Carolina Press, 1993), 245.

could be counted upon for sure relief. He never failed the fugitive in the hour of need. Whether on the Underground Rail Road bound for Canada, or before a United States commissioner trying a fugitive case, the slave found no truer friend than Mr. McKim.<sup>693</sup>

In many cases, those aiding escapees were former escapees themselves, and written accounts of these helpers are often tales of self-care as much as care for others, but many of them seem nonetheless to be genuine cases of care, where conductors of the underground railroad were moved by needs which any contemporary account of *eudaimonism* will regard as indispensable to help those in their care find better lives elsewhere.

Interviews with rescuers of Jews in Nazi-occupied Europe reveal that meeting needs was also a primary intent for rescuers there. Nechama Tec finds, in a vast and highly regarded study of Poles, Jews, and their rescuers, that rescuers' ability to look past all traits "except those that expressed extreme suffering and need"<sup>694</sup> is a recurring motif. Subsequent research bears this out. "You help people because you are human and you see that there is a need," says one interviewee in another study who aided Jews in their escape of Nazi-occupied Europe, "there are things in this life you have to do and you do it."<sup>695</sup> In both cases, then, responses to the needs we would consider essential for *eudaimonia* proves thematic. Responsiveness of this sort need not *always* feature in accounts of the reasoning behind such actions, but the consistency with which needs are cited as the reasons for aiding escapees indicates that much of what we take to be morally exemplary about these cases can be construed as caring actions performed in response to dependency – that is, the initiation of a caring relation by the performance of caring action which is motivated by reasons similar to those we would expect a caring person to cite. The aid rescuers offered seems, in fact, to be a paradigmatic instance of Samaritanism and of care, in response of course to the failures of secessionist states and Nazi leadership to show concern for even the most basic of human needs. I take it, then, that historical examples such as these approximate more or less the concept of ideal care discussed above, but they also show how that care ties in with moral character, reason-responsiveness, and the Anscombean theory laid out in Chapter 6. The thought that care sometimes involves aiding the escape of the marginalized and oppressed is borne out by at least two historical movements.

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<sup>693</sup> *The Underground Railroad* (Philadelphia: People's Publishing Company, 1879). There Still offers biographical details of many conductors of the underground railroad.

<sup>694</sup> *When Light Pierced the Darkness: Christian Rescue of Jews in Nazi-Occupied Poland* (Oxford: Oxford University Press, 1988).

<sup>695</sup> Kristen Monroe, Michael Barton, and Ute Klingemann, "Altruism and the Theory of Rational Action: Rescuers of Jews in Nazi Europe," *Ethics* 101, no. 1 (1990): 118. Blum also discusses an interesting case where an entire village of French Huguenots rallied to aid Jews in need of shelter in "Community and Virtue."

The analytical usefulness of these concepts is not, moreover, limited to historical examples. Migration, particularly of Middle Easterners and Central/South Americans, has also come to be in the eyes of the western world one of the defining issues of this century. Migrants continue to flee from Central- and South-American states, moving upwards towards the southern United States and from the Middle East towards Europe, the Americas, and Australasia. These migrants move for a variety of reasons, but the most urgent and commonly cited reasons include reasons associated with eudaimonistic needs. The United Nations reports that:

Women from El Salvador, Honduras, and Guatemala [speak] of pervasive and systemic levels of violence, connected to increasing territorial influence of criminal armed groups from which it was nearly impossible to find reprieve. Women from certain parts of Mexico reported similar issues. In fact, 136 of the 160 women interviewed (from all four countries) stated that they lived in neighborhoods controlled by criminal armed groups.<sup>696</sup>

For many of these migrants, abandoning the state is a direct response to threats to basic survival needs. And this, as we have seen, counts as a kind of caring action, whether its aim be to meet the migrant's own need, or the needs of those in their care (and, of course, it may well be both). Migrants seek security, a good education, proper medical care, and other essential components of *eudaimonia* for those in their care.<sup>697</sup> And it is for this reason, I want to suggest, that migration is of the same sort as more familiar responses to institutional shortcomings like rallies or unionization, but also relevantly similar to historical cases where care involved aiding the needy in the pursuit of a better life under better institutional conditions. In such cases, the metaphorical march through the institutions becomes a literal one, where victims of poor institutional arrangements must move and/or be moved across vast distances with the aim of securing a better life (that is, must perform caring actions in the context of caring relations).

Tessman's account overlooks this sort of care, I think, because her focus is on "the moral state of selves."<sup>698</sup> Like many virtue ethicists writing in this area, Tessman is primarily concerned with the damage oppression does to character. In contrast, taking concepts of care as our foremost moral concept has refocused our attention towards the more general category of eudaimonistic needs, and thus not only towards moral damage, which encourages us to

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<sup>696</sup> United Nations High Commissioner for Refugees, "Women on the Run: First-Hand Accounts of Refugees Fleeing El Salvador, Guatemala, Honduras, and Mexico," Washington, D.C.: UNHCR Regional Office, 2015.

<sup>697</sup> Tronto also sees migration as a matter of care, but her primary focus is on the migration of care workers from developing countries. See, e.g., her "Care as the Work of Citizens: A Modest Proposal."

<sup>698</sup> *Burdened Virtues*, 3.

notice features of the moral landscape which accounts like Tessman's overlook. It also allows us to explain why responses to those needs are morally exemplary, as we often think they are. The theory laid out here enables us to clarify, in fairly detailed terms, why we think the Samaritans who conducted the underground railroad and aided Jews in escaping Nazism acted well in the face of catastrophic institutional failure. They responded as virtuous caregivers do when they were confronted with dependency and willingly entered into caring relations by undertaking to meet those needs, sometimes at great personal risk. They acted as the caring/charitable person would by responding rightly to compelling reasons for action.

The account here also has several implications for modern problems in applied ethics. These must be dealt with in more detail than can be offered here, but there are at least two discursive avenues worth mentioning here. The first is that the account presented here allows us to reconceptualize migrants as caregivers, and in doing so brings to light an interesting tension between two different moral judgements.<sup>699</sup> Though our views of both phenomena are increasingly complex, I take it that many of the accounts of Samaritanism we inherit from the underground railroad and Nazi-occupied Europe are widely regarded as exemplary instances of care. Yet many commentators on the migration of Central- and South-Americans are less sympathetic to those caregivers than they are likely to be when it comes to the historical caregivers we have studied.<sup>700</sup> If, as much of the empirical work being done on the matter seems to suggest, the primary reason for fleeing to the southern United States is simply to seek out an institutional setting in which eudaimonistic needs can be met (as opposed, say, to terrorism, drug trafficking, or some other morally problematic activity), then it is unclear why we ought to praise historical caregivers and denounce Central- and South-American ones.<sup>701</sup> This is not a tension we can fully resolve here, but I regard it as a strength of the account of care presented here if it enables us to notice this tension by underscoring the numerous similarities between

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<sup>699</sup> This is a significant break from the discourse on both sides of the aisle. We are familiar with labels such as 'migrants,' 'refugees,' 'asylum seekers,' and 'invaders,' but 'caregivers' and 'care-recipients' is not a term one finds in either the progressive or the conservative discourse, despite their radically different stances on the matter. See, for example, "Migrant Caravan: Mexico Detains Hundreds in Raid," *BBC*, accessed June 4, 2019, <https://www.bbc.com/news/world-latin-america-48036092>; "US Government Endangers Asylum Seekers With Unlawful Policies," *Amnesty International*, accessed 28 January, 2019, <https://www.amnesty.org.au/639992-2/>; "Border Arrests Skyrocket in May, as Officials Declare 'Full-Blown Emergency,'" *Fox News*, accessed June 6, 2019, <https://www.foxnews.com/politics/border-patrol-made-highest-number-of-apprehensions-in-may-in-more-than-five-years>, and; Bob Price, "Migrant Apprehensions at Border Hit 144K in May, Says CBP," *Breitbart*, Accessed 7 June, 2019, <https://www.breitbart.com/border/2019/06/05/migrant-apprehensions-at-border-hit-144k-in-may-says-cbp/>. This selection ought to give a sense of the language used around the issue, but given the topicality of the border crises it is not difficult to find others.

<sup>700</sup> This tends to be the case more in conservative fora like *Fox News* and *Breitbart* than in progressive fora like *CNN* or the *BBC*. Interestingly, non-governmental organisations, charities, and human rights groups like the UNHRC, Amnesty International, and Oxfam seem to align more closely with progressive attitudes.

<sup>701</sup> Or indeed migrants anywhere.

the two groups of caregivers, one of which is widely praised and the other of which is frowned upon and feared in some circles.

This perspectival shift is not limited, moreover, to cases of displacement and migration. Incorporating care into the virtue ethicist's conceptual repertoire enables virtue ethicists to conduct similar comparative projects about other problems facing caregivers around the globe. The perspectival shift which seems to emerge here is one which may well be useful in analyses of, say, detention centers in Australia, or Rohingya Muslims fleeing Myanmar. This is not to say that all such cases are identical, of course, nor is it to take any particular stance on how states ought to handle sudden influxes of entire communities. It does, however, encourage us to rethink our attitudes towards migrants in search of institutional environments where they and their care-recipients have better odds of living well. The similarities between caregiving done in the past, and the tensions between the approbation we offer those caregivers and the disapproval we often express towards caregivers in our own time who face similar situations, ought to give us pause. For these reasons, I shall assume that the concepts of care both mesh fairly well and can be useful to virtue ethicists working on specific moral problems.

#### 4.1. Parochialism Again

At this point it is worth revisiting an issue we discussed briefly in Chapter 2, namely parochialism. I have suggested that caring actions consist in the meeting of needs of particular individuals. But this does not necessarily equate to meeting the needs of the whole group to which that individual belongs. In some cases the two come together, since individuals can be victimized because of their membership in a particular group, and in many cases the best means of rooting out impediments to flourishing will be to eradicate whatever discrimination the entire group faces. But there are also cases in which the two come apart – it might be the case that some alternative is available which does nothing to eliminate discrimination against the group as a whole, but which shields a particular individual from its effects. Take, for instance, James Barry, a renowned English doctor in the 19<sup>th</sup> century who was revealed upon his death to be “a perfect female.”<sup>702</sup> Whatever one makes of other elements of the story, it is clear that Barry was able to circumvent the barriers faced by women in England at the time by exploiting, and would not have had access to the educational and employment opportunities had she not exploited, gender norms of the time. Such cases are salient here because they illustrate the

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<sup>702</sup> Wendy Moore, “Dr James Barry: A Woman Ahead of Her Time,” *The Guardian*, November 10, 2016.

divergence of caring by meeting individuals' needs and toppling the institutional barriers to meeting those needs. Why, if I am interested in a particular individual's needs, should I aim to remedy institutional failures rather than find some other means by which this particular individual's needs can be met? After all, we have argued in Section 2 that it is my relation to a particular individual which, other things equal, exerts the greatest normative pull on me, not the discrimination faced by members of the group with whom I share no caring relation.

There are several responses available here. The first is just that we often care for multiple members of a group. Though I might be able to aid someone in Barry's predicament by, say, giving her men's clothing or keeping her secret once I have discovered it, this does nothing for the other women in whose flourishing I am invested. The same might be said of a person of colour who is able to pass for Caucasian, or a queer person who is able to pass for a heterosexual – their ability to pass may make their lives much easier in a number of respects, and it may indeed be morally right for me not to interfere or to aid them in some way, but their passing has no immediate implications for the discrimination faced by the other people of colour or members of the LGBTQ community. Insofar as my *other* relations are with members of the same oppressed group, I seem to have strong reasons to attempt to address systemic issues rather than to circumvent (or perhaps in addition to circumventing) them. Another reason is that virtue involves goodwill towards others generally. Since we have taken the caring agent to be one who possesses the virtues, and virtues like charity attach us not only to the good of individuals but to the goods of others generally, it seems plausible to suggest that a virtuous caregiver is one who aims at the good of many others, not just a select few friends and family. And if this is the case, then a caregiver's inclination to care for specific others includes an inclination to aid oppressed groups as a whole – I might care for this member of a minority specifically, but I care also for others, and for that reason also aim to address institutional failures directly. Finally, one might think that virtuous agents care about groups themselves. In examining the lives of our moral exemplars we find with noteworthy regularity not the claim that their attempts to rectify institutional flaws are for the sake of individuals, but rather the claim that they act for the sake of the oppressed community itself.<sup>703</sup> So it seems equally plausible to claim that virtuous caregivers care about and aim to care for groups themselves *in*

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<sup>703</sup> Take, for instance, Maya Angelou's "Sons and Daughters," in *Maya Angelou: The Complete Poetry* (London: Virago, 2015), or Mary Astell's early feminism, as it is described in Ruth Perry's *The Celebrated Mary Astell: An Early English Feminist* (Chicago: University of Chicago Press, 1986). Martin Luther King Jr.'s contributions to the civil rights movement also come to mind here. I do not take the membership of these exemplars in the groups they seek to liberate to count against the sincerity of their protests. Indeed, Angelou and King are both concerned in large part for future generations.

*addition to* caring about and for particular members of that community. Parochialism, therefore, does not seem to be a particularly threatening issue for the account I am presenting here.

## 5. Conclusion

In this chapter I have set out to make two more contributions to the discussion taking place at the intersection of our two theories. The first of these has been the development of a theory of caring relations, based largely on the work care ethicists, virtue ethicists, and philosophers of need have done on the concepts of dependency, care, and moral reasons for action. I have suggested that virtue ethicists can and should lean on the work on caring relations done by care theorists, offered what I take to be a philosophically useful set of distinctions between ideal, non-ideal, and good caring relations, and developed what I take to be a plausible understanding of the role caring relations play ought to play in moral reasoning. The second has been to apply the concepts developed over the last three chapters to cases of institutional failure to meet needs. The different understandings of care allow us to approach familiar moral issues with a fresh perspective – one which, I have argued, opens up new, interesting, and significant avenues for discussion. This chapter has, in transitioning from normative to applied ethics, made more argumentative leaps than the others have, but if the case is persuasive, then we have rounded off our theory of caring relations and defended its place in neo-Aristotelian virtue ethics.



## VII

### Conclusion

The intersection between virtue and feminist ethics is one of the most fertile and exciting in moral philosophy, and neo-Aristotelians have yet to address several topics in that field. Comparative arguments like the one I have made over Chapters 2 and 3 are, I think, a useful starting point for many of those discussions. Over the course of these two chapters I mounted an argument for greater similarity between care and virtue ethics than has usually been acknowledged by proponents of either ethic. Though I took these chapters to form a fairly novel contribution in their own right, their primary aim was to set the stage for the chapters to come. In light of these similarities, it made sense to ask what, if anything, differentiated our two ethical theories. In answering that question, Chapter 4 made what I take to be the second major contribution of this thesis to the literature. I argued that several apparent differences did not in fact withstand scrutiny, and identified two which did, namely that virtue ethics lacks an account of care ethics' central moral concept and that care ethics and virtue ethics organise their moral concepts differently.

Over Chapters 5, 6, and 7 I attempted to flesh out an account of care in response to the first of these discrepancies. In Chapter 5 I identified several means of framing care as a virtue, and defended what I called the 'virtue thesis' from some objections. It suggested that the best way to construe care as a virtue is analogical, and offered a short defence of charity for that purpose. Chapter 6 then presented an account of caring actions/practices. I argued that what care ethicists have offered of a care ethical philosophy of action ought to be plugged into Anscombe's broader philosophy of action, and that we ought to reconceptualise the needs to which caring actions respond as what Anscombe calls 'Aristotelian necessities.' Finally, Chapter 7 proffered some elements of a virtue ethical account of caring relations, and delved into a discussion of politics with the aim of showing how these concepts fit together and defending the account's usefulness. I hope thereby to have made several inroads into a virtue ethical theory of care – not the first, perhaps, but as far as I am aware one of the deepest.

True to its heritage, this dissertation has likely raised more questions than it has answered. Three avenues for further research stand out in my mind as particularly interesting. First, there is fascinating work to be done on virtue in the context of *receiving* care. Most of the discussion here has presupposed that the virtuous agent assumes the role of caregiver, but as will be

obvious from the preceding discussion, this is only one side of the story. Virtuous agents are as vulnerable as the rest of us, and there are interesting questions about what it means to be a care-recipient and how one ought to respond when one is on the receiving end of care. These discussions will touch on a wide range of topics which have not been discussed in great depth here, including work on virtues such as humility, selflessness, forgivingness, and temperance. Another discussion to be had will address other sorts of care. I have repeatedly emphasised that my account here is not intended to be exhaustive. The concepts developed here are, in my view, the most urgent, but there are other kinds of care which will need to be addressed if Aristotelians are to possess a complete account of care. What, for instance, are we to make of caring emotions, labour, or *techne*? Can and should we endorse the accounts of caring emotions put forward by philosophers like Noddings and Slote? And, following on from our discussion in Chapter 6, is care work/labour meaningfully different from caring actions or practices? If everyday vernacular is anything to go by, care will splinter into a whole host of subcategories, each warranting philosophical exploration. A third and final avenue I wish to draw attention to is applied. I have, in the final chapter, suggested that the concepts we have developed in this thesis have significant implications for inquiries into the ethics of migration, and if that is the case then I see no reason why that ought not to hold true for many other issues virtue ethicists have yet to address in full. As new topics in fields like medical ethics, the ethics of artificial intelligence, and intergenerational ethics continue to crop up, these concepts may prove useful or indeed essential for virtue ethicists.

As care ethics continues to garner adherents, and in light of the urgency with which issues of care must be addressed, we have ever greater reason to suspect that this thesis sits at the vanguard of a much more substantial forthcoming dialogue between virtue and care ethicists. I hope in this thesis to have laid solid foundations for an Aristotelian theory of care, and in doing so to have tilled the soil for some of these future discussions.

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