Caring educators: a philosophical contribution

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Declaration

I, Philip (Pip) Seton Bennett confirm that the work presented in my thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Abstract

As it nears its half century, the ethics of care continues to break new ground in moral philosophy. The case is made that care ethics is desirably categorised as a moral theory, placing it alongside the regnant theories in the Western philosophical tradition: virtue ethics, Kantian ethics, and consequentialism. The nature of moral theories is explored with both feminist and anti-theoretic criticisms examined. This foregrounds explication of Nel Noddings' ethics of care for which features are identified that are non-detrimentally part of the wider moral theoretic landscape. In so doing, refinements are posited and receive elaboration in four areas of the theory. These are: the ground and nature of caring obligations; that moral perception, motivation, and deliberation are better motivated by sympathy rather than empathy; that at least some of the needs the one-caring ought to properly consider are a function of the identity of the one-caring; and that care admits of degrees rather than being a binary, thus resisting Noddings' completion requirement. Noddings' philosophy of education is predicated on her ethic of care thus allowing the proposal of a caring philosophy of education based on the refinements heretofore claimed. This novel philosophy of education is explored in conjunction with details from a piece of English literature.

Impact Statement

This thesis offers an original contribution to the field of care ethics in feminist moral philosophy and to the philosophy of education. As such within academia, it provides the basis for further research in both of these areas. Specifically, the relatively young field of care ethics benefits from having research conducted that elucidates its central claims. By offering a novel account of care ethics, I hope that other researchers will take the opportunity to themselves engage with my arguments and offer their own refinements and revisions. For the philosophy of education, the account of a new approach on philosophy of education should prove to be fertile ground for those working in this area. The extant accounts all offer insights into one of the fundamentals of the human condition: that of educating each other. However, my account hopes to contribute in a way that brings this truism into centre stage. Humans cannot live without care and all societies must find ways to learn and pass on the accumulated knowledge of previous generations. By insisting on the connection of the two, a caring philosophy of education holds promise for powerful approaches to this vital endeavour.

Outside academia, there is the hope that educators of all stripes would find something in this caring philosophy of education that resonates with their projects large and small in the same way it has for me. Reorienting the structures of education for care will, I hope, redound to the benefit of all humankind, attending as it does to the actual people in education, non-fungible as they are. Policy makers may learn from aspects of theory when issuing directives for formal education and teacher educators may start to include a caring philosophy of education in their preparation of entrants to the profession. This is not a call to employ my caring philosophy of education as simply another strategy in the hope that it will be a panacea where so many others have fallen short. Rather, a caring philosophy of education might serve to remind all those involved in educative endeavours just why and for whom these processes exist in the first place; preoccupied as it is with meeting the needs of the concrete, situated other. Teacher education thus conceived would stress how teacher and student stand in relation; it is hoped a caring one. Achieving this not inconsiderable shift away from prevailing mechanistic models of education to one that attends to the human encounter that is education will require significant changes to educational structures. However, these are justified to the extent that these moves would, so I claim, allow teaching to be the caring activity it ought to be.

Acknowledgements

This thesis would not have been possible without the support and guidance of a host of people. I will start by thanking my primary supervisor Professor Paul Standish and secondary supervisor Dr Jay Derrick. Under their direction I have significantly developed as a philosopher of education and started what I hope will be a long career teaching the subject. I think it is not most parents' dream to have their child return in his late 30s to live at home but their so doing meant the financial demands of completing a second PhD were less burdensome. In this same vein thanks must go to the Philosophy of Education Society Great Britain whose award of a Doctoral Studentship also helped to reduce the economic constraints of further study. My friends have shown their support in all manner of ways, not least in their forbearance at my endless keenness to discuss education and feminist moral philosophy. Special thanks are due to so many but in particular must go to REM, PRAF, HER, and RMRC for academic and emotional succour throughout. Finally, CLF whose careful proofreading both for my last thesis and this one mean I am forever in her debt. Any errors remaining are of course my own.

Contents

Introduction

It is a commonplace observation in contemporary Western moral philosophy that care ethics[1] is in its infancy. This is particularly the case when compared to its counterparts: virtue ethics, Kantian deontology, social contract theory, and utilitarianism. Modern virtue ethics finds much in Aristotle's *Nichomachean Ethics* from some two and half millennia ago. Social Contract theory is cognisant of Hobbes's *Leviathan* 1651 and Rousseau's *The Social Contract* 1762. For Kant's ethics *The Groundwork of the Metaphysics of Morals* 1785 cannot be ignored and for consequentialism, especially its utilitarian variant, Bentham's *Principles of Morals and Legislation* 1823, Mill's *On Liberty* 1864 and of course *Utilitarianism* 1869.[2] Whereas, care ethics has just entered its fifth decade. It is usually taken to have its origins in the developmental moral psychology research of Carol Gilligan in the early 1980s. Her *In a Different Voice* included work conducted in response to Lawrence Kohlberg's model of moral development in children (Gilligan, 1993a [1982]) (Kohlberg, 1963). The 'different voice' Gilligan heard in moral reasoning, she described as the voice of 'care', distinguishing it from the voice 'justice' that reverberated through Kohlberg's work (Gilligan, 1993a [1982], p. 73). In the field of philosophy, Nel Noddings' *Caring* appeared at a similar time alongside Sara Ruddick's *Maternal Thinking* (Ruddick, 1980) (Noddings, 2013 [1984]) (Ruddick, 1989).[3] Ruddick took the experience of mothering and proposed an extension of moral lessons found therein to argue that "maternal thinking and practices are important resources for developing peace politics"

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[1] Or the 'ethics of care'.

[2] *Relatively* recent articulations of these theories include Ross' deontology, Hare's utilitarianism, Scanlon's contractarianism, and Hursthouse's virtue ethics (Ross, 1930) (Hare, 1963) (Scanlon, 1998) (Hursthouse, 1999).

[3] In philosophy of education a pertinent work was Jane Gilbert Martin's *Reclaiming a Conversation* in which Martin argues for the place of care, concern, and connection as "over-arching educational goals" (Martin, 1985, p. 197). Milton Mayeroff's work on care as seeking to promote the growth of the other anticipates care ethics 'proper' (Mayeroff, 1965) (Mayeroff, 1971). His articulation of care has resonances with much of the later work but significantly, unlike many if not all of the care ethicists, Mayeroff did not appear to take himself to be working within feminist philosophy.

(Ruddick, 1989, p. 12). Noddings was convinced that, similarly, paradigmatic caring relationships such as mother-child, teacher-student, nurse-patient, and so on could be mined phenomenologically for moral insights; that such relationships would allow a refocusing of Western moral philosophy from its androcentric motivations, assumptions, and commitments (Noddings, 2013 [1984], pp. 1-6). A significant feature of these authors' works and consonant with much of the contemporary feminist movement, was a determination to bring to the foreground women's quotidian existence that for the most part had not featured in Western philosophical tradition. This is all the more galling and problematic given the latter's claims to speak for humankind. Perhaps because of care ethics' recent appearance on the academic scene, it "does not easily fit into the framework of traditional Western moral theory, resulting in struggles over categories, terms, and ultimately, acceptance" (Hamington, 2015, p. 274).[4] A lack of fit may of course be unproblematic. It might speak to the disruptive potential for a refreshingly revisionary moral philosophy. It might suggest that the traditional categories of Western moral philosophy themselves are no longer fit for purpose; it might query whether they ever were. This being said, I[5] am also moved by Amia Srinivasan's evocative assertion: "Ethical theories should not only be judged for their truth or plausibility but also for their practical significance." (Srinivasan, 2017, p. 599). This work offers elucidations and refinements in order to contribute to care ethics' realising its potential for practical significance, especially in the field of education.[6]

In the care ethics literature, both in journal articles and book-length research, there is a well-trodden formula for exegesis. Usually, there is a discussion of Gilligan and Kohlberg, justice and care, the 'feminine' and feminism, before proceeding to offer the insights an author has produced. In this thesis, I will be adopting a intentionally self-reflective and self-consciously different approach, though that does not entail silence on these points of interest. However, like

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[4] Maurice Hamington is a major contributor to the care ethical literature.

[5] Throughout this work the first person singular will be employed. As Lorraine Code observed 'we' the first person plural, is a "contestable signifier" (Code, 1998, p. 213). Exclusions and inclusions from 'we' are inevitably problematic, hence my avoidance of its use. Additionally, I will use the ungendered 'they' for both singular and plural subjects with context making clear singularity or plurality. In excerpts from other authors' work I will not add (sic) each time the 'male' is used to stand in for 'human'; my thesis includes extensive critique of this and related androcentric practices throughout.

[6] Examples that show care ethics is very much in the throes of lively scholarly debate include: Simon van der Weele who offers insight into the differing ways 'dependency' is used in care ethics (van der Weele, 2021), Stacy Clifford Simplican explores the inherent risks in care ethics, risks due to the necessity of anticipating the people being cared for will become (Simplican, 2017), and Amy Marvin sets out to connect transgender studies with the ethics of care (Marvin, 2019).

many before me I will start from the Gilligan-Kohlberg disparities. From there I set out why I take care ethics to be amorphous as it currently stands. Ambivalence within the work of those who identify as care ethicists prompts me to engage with what might be termed 'traditional' moral theoretic concerns. First, where do moral theories come from and, second, the theorist and anti-theorist debates. All this is kept in conversation with feminist dissatisfaction with traditional moral theory's products. By combining the insights of feminist critics with the work of these who came before, I conclude that care ethics *is* preferably understood as a moral theory. From here, taking Noddings' articulation of care ethics as my organisational device, I make arguments to the effect that her care ethics is non-detrimentally similar to traditional moral theory. Care ethics was born of dissatisfaction with traditional moral theory but I, like other contemporary theorists,[7] see much potential in bringing care ethics back into a renewed conversation with earlier work in moral philosophy. Given this, I propose refinements to Noddings' ethics of care along four dimensions: obligations, empathy, needs, and completion. Essentially, I hope to offer a more robust account of care ethics by drawing on insights from these not-too-disparate areas of inquiry. The final chapter brings these refinements together and moves the discussions to the philosophy of education. This is justified because for Noddings, as I demonstrate, care ethics is her philosophy of education. Thus, equipped with my caring philosophy of education, I end by considering how it 'shows up' in an example of an educator from English literature.

Origins of care ethics

In the world of the psychology of moral development, especially during the latter half the twentieth century, Lawrence Kohlberg was a leading light (Kohlberg, 1981) (Kohlberg, 1984). His extensive work involved experiments trying to provide empirical evidence for his cognitive-developmental model of moral development (Colby, et al., 1983). This model, on which he collaborated with other researchers, was such that all people, regardless of their culture or moral norms, go through a series of stages of moral development in a particular order (Levine, et al., 1985, p. 94). Using 'moral judgement interviews', the moral stage at which a participant was said to have reached was determined by the participant being presented with a hypothetical moral dilemma, their responses recorded, and then blind scored by researchers.

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[7] For example: (Collins, 2015), (Miller, 2020), (Steyl, 2020a) and (Steyl, 2020b).

The dilemmas were structured such that the "situations used were ones in which acts of obedience to legal-social rules or to the commands of authority conflicted with the human needs or welfare of other individuals." (Kohlberg, 1963, p. 12). Extending the experiments longitudinally, Kohlberg found that the subjects followed across a number of years did indeed move through the ordered stages as predicted by the model. Stages were not skipped, and positive correlations were found between moral judgement and age, socio-economic status, IQ, and education. Further, childhood scores correlated with scores in adulthood (Colby, et al., 1983 Abstract). Thus, Kohlberg and other researchers, succeeded in demonstrating the power of the proposed model of moral development.

The moral stages in the developmental model are summarised as follows, from stage 1 (lowest) to stage 6 (highest): heteronomous morality; individualism; instrumental purpose and exchange; mutual interpersonal expectations; relationships and interpersonal conformity; social system and conscience; social contract or utility and individual rights; and finally, universal ethical principles (Kohlberg, 1986, pp. 4-5 adapted).[8] The universal ethical principles at stage 6 were based on Kohlberg's assumption that "the core of morality and moral development is deontological, that it is a matter of rights and prescriptions. Furthermore, the core of mature deontological morality is justice or principles of justice." (Levine, et al., 1985, p. 95). Thus, for Kohlberg, the pinnacle of moral reasoning involved the application of justice-based principles.

Examination of later experimental results indicated that female participants were much less likely than male counterparts to be scored as reaching the highest levels of Kohlberg's stages of moral development. It was this disparity that Carol Gilligan set out to investigate.[9] It struck Gilligan that rather than there being something aberrant about the moral development of women, the problem rather lay in the proposed model of human moral development (Gilligan, 1993a [1982], pp. 1-2). Recall that Kohlberg's model included the assumption that it would not be troubled by socio-cultural differences. It purported to be a model for *all* humankind. Kohlberg maintained that any differences in levels of moral development as measured by the

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[8] Kohlberg's work has been incredibly influential, a flavour of this can be found in (Shrader, 1990) and (Zizek, et al., 2015).
[9] In some accounts of the development of care ethics there are claims that Kohlberg was a teacher of Gilligan's (Hekman, 1995, p. 1) (Sorell, 2000, p. 127). I should note that Sorell is giving an account of Hekman's argument which might be the reason for the incorrect claim about Gilligan's alleged studentship. However, more to the point, Gilligan makes it very clear that she was not Kohlberg's student (Gilligan, 1998, p. 126).

model are down to characteristics of those being tested against it. However, when constructing the model, Kohlberg only included male participants. In so doing, 'male' was being taken as identical to 'human'.[10] The reason for the exclusion of female participants in the original experiments was that gender was seen as an additional variable necessitating an experimental sample twice the size. The failure to include female participants earlier on in the development of the model was "regrettable" Kohlberg and colleagues admitted (Colby, et al., 1983 note 5 pp. 16-17).

One remedy for this omission, Gilligan surmised, would be to repeat experiments, this time including female participants. The major results of this work were published in Gilligan's seminal *In a Different Voice* (Gilligan, 1993a [1982]). It comprises findings from what Gilligan refers to as the 'abortion decision study' and the 'rights and responsibilities study' (p. 3). The former study was limited to female participants, the latter included male and female participants. As in Kohlberg's studies, interviews were conducted. It was in these that Gilligan detected ways of moral reasoning that diverged from the justice orientation that was the focus of Kohlberg's endeavours. This 'different voice' Gilligan understood as follows:

> In this conception, the moral problem arises from conflicting responsibilities rather than from competing rights and requires for its resolution a mode of thinking that is contextual and narrative rather than formal and abstract. This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules (p. 19).

Further, the "ideal of care is thus an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection so that no one is left alone" (p. 62). And so, the 'ethics of justice' and 'ethics of care' were named and presented as contrasting modes of moral reasoning (pp. 62-63). The ethics of care emphasises relationships, responsibilities, and context contraposed to the ethics of justice's abstract and formal rights and rules.

It has been observed that, given Gilligan's abortion study only included female participants in the situation of deciding whether or not to have an abortion, that it is no surprise that the moral voices she heard had a different emphasis from participants in Kohlberg's study (Code, 1988,

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[10] See (Criado Perez, 2019) for a great many examples of this troubling phenomenon.

p. 198). From the methodological point of view, there has been extensive analysis and criticism both of Gilligan's experimental work and Kohlberg's.[11] Alison Jaggar summarises the concerns with Gilligan's empirical findings thus: "other psychologists…alleged Gilligan's samples to be nonrepresentative, her methods of interpreting her data suspect, and her claims impossible to substantiate, especially when the studies were controlled for occupation and class" (Jaggar, 1991, p. 83). However, my interest is not in their empirical work. It would be to fall foul of the genetic fallacy to be dismissive of Gilligan's catalysing ideas simply because of disagreements about methodology. The important point, I think, was the way in which Gilligan's ideas about the ethics of care resonated with many of her readers, especially women working in moral philosophy. There was recognition that there were problems and lacunae in the extant philosophical accounts of the moral life in which they had been initiated.[12] This is the case whether or not Gilligan's empirical findings are exactly as they are claimed to be. The spur towards re-examining Western moral philosophy provided by Gilligan in her dichotomisation of the ethics of care and the ethics of justice added fuel to "the search for alternative moral orientations to the utilitarian and Kantian frameworks which had dominated ethical theory through the 1970s and which still loom large over the field" (Friedman, 2000, p. 207).

The currents in moral philosophy to which Friedman is referring are dual and connected. The first current is the claim, usually attributed to Elizabeth Anscombe, that moral philosophy, in its focus on utilitarianism and Kantian deontology, has over-emphasised the notion of right action, that is an agent's obligations to others, at the expense of over-looking the importance of the virtues (Anscombe, 1958).[13] The second, and related current, is the rise of anti-theory in ethics. A renowned example of this movement is Bernard Williams's *Ethics and the Limits of Philosophy* (Williams, 2006 [1985]). For Williams and other anti-theorists, it is again the

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[11] For example, on Gilligan, many of the papers in (Larrabee, 1993) and on Kohlberg (Schweder, et al., 1987, pp. 9-25). See also (Blum, 1994, pp. 215-268) which offers further discussion of Gilligan and Kohlberg. He argues that Gilligan's two voices do not adequately capture moral maturity and asks why it would be limited to two. Further, I must note that later research by Kohlberg and colleagues remarked that their "emphasis on justice does not fully reflect all that is recognized as being part of the moral domain. Given this, both he and his colleagues have broadened their theoretical and research concerns. Their concern with justice reasoning has been complemented with (a) the study of that reasoning oriented to issues of care and response in real-life moral dilemmas as well as (b) a concern about the issue of how such dilemmas are resolved in responsible action." (Levine, et al., 1985, p. 96) This suggests that Kohlberg also recognised that there might be more to moral reasoning than adherence to a set of principles.
[12] As Jaggar points out, the wholesale dismissal of the inherited discourses by feminists or other groups "would hardly be conceivable, let alone prudent…to resolve to start from scratch and reinvent everything" (Jaggar, 1991, p. 87).
[13] See also (Stocker, 1976).

attention paid to obligation that provokes their proposal to look elsewhere for aids to the moral life.[14] It is the person of the moral agent that merits philosophical attention.[15] Further, for many anti-theorists, it is not just that moral theories are not needed for a moral life but that their use may in fact have a distorting effect, morally speaking. They may render agents acting according to their preferred theory ethically myopic, so the claim goes.[16] Both of these currents helped to lend a new lease of life to theories of virtue ethics, given their attention to the sort of person it claimed it is good to be, that is, a person's moral character (Hursthouse, 1999, p. 1).[17]

In the same timeframe, there is what might be considered a third current. This third aspect of moral philosophy is brought into view by recognising that the ethics of care was and is not pulling in the same direction as modern virtue ethics.[18] Care ethics offers another way of articulating 'the moral' but unlike virtue ethics, it does not fall into the standard taxonomy of moral theories. Ruth Groenhout offers evidence for this *de facto* categorisation of moral theories from the way such matters are introduced in textbooks on the subject (Groenhout, 2014, p. 483). The standard taxonomy distinguishes moral theories with consequentialist, deontological, or virtue commitments but finds no comfortable place for care ethics to sit. This is due, according to Groenhout, because of the way the standard taxonomy has been constructed. The organising assumptions of moral theory are individual agents who have isolable actions for which there are identifiable specific consequences refracted through the prism of rules or principles (p. 489). While the anti-theorists and nascent modern virtue ethicists were calling for more attention to the virtues and less to obligation, the contributions to moral philosophy and theory remained largely within these bounds. Yet, care ethics "begins with a self who is enmeshed in a network of relations to others, and whose moral deliberations aims to maintain these relations…voiced through narratives that specify fitting responses to proximate situations…attuning oneself to the needs and desires…[of] individuals [who] must always be considered distinctive rather than typical, and decisions must be made responsively rather than deductively" (Kittay & Meyers, 1987, pp. 10-12). Groenhout acknowledges that, of

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[14] For example Charles Taylor and Annette Baier (Baier, 1985b) (Taylor, 1995) (Taylor, 2007).

[15] Louden also notes Cora Diamond's earlier criticism that too much attention was being paid to thought and action at the expense of the person of the human being. The rise in what is now called virtue ethics is meeting Diamond's charge head-on (Louden, 1992, pp. 157-158) (Diamond, 1983).

[16] *Anti-Theory in Ethics and Moral Conservatism* is an important early collection of papers on the anti-theory debate in ethics (Clarke & Simpson, 1989).

[17] Virtue ethics is said to differ from virtue theory. The former is a moral theory, the latter is about possible natures of the virtues. See also (Crisp, 1998, p. 5) and (Driver, 1998, p. 130).

[18] Though I do not think it would be accurate to say that it is orthogonal to virtue ethics either.

course, it might be the case that the standard taxonomy has got it right and care ethics just simply cannot be correctly called a moral theory.[19] However, she offers three reasons why the standard taxonomy is at fault. First, there is the burden of proof. Care ethics offers an account of the moral life for much if not all of humankind. In order to survive infancy, all humans need to be in receipt of a significant amount of care. Further, at various later stages across the human lifespan people care and need to be cared for as a function of their dependency at a particular moment. Dismissing care ethics as just another 'ethics without principles' is surely to miss something of value. Second, by employing obscurantist theoretical categories, the standard taxonomy occludes more than it reveals. In its simplifying endeavours, it overlooks the messy complexities of the moral life. Third, in its focus on agents, actions, and consequences, the standard taxonomy belies its inability to see as ethical reasoning the sort of moral deliberation that clearly does in fact take place in care ethics (Groenhout, 2014, pp. 497-499). Groenhout has made at least a *prima facie* case for there to be good reason for suspicion about the standard taxonomy.

The three foci for care ethics identified in the previous paragraph are aligned with deep feminist unease about traditionally salient tenets of moral philosophy. That the history of Western philosophy is replete with misogyny and devaluation of women, if they were considered at all, has been well-documented (Lloyd, 2004 [1984]) (Clack, 1999).[20] The tradition has long favoured contrasting pairings. These have included: non-rational/rational, nature/culture, emotions/intellect, imagination/reason, matter/mind, private/public, responsibilities/rights, egoism/altruism, partiality/impartiality, reproduction/production, cooperation/competition, particularity/universality, and so on.[21] Women have been usually identified with the first of each pair, not in a complimentary fashion, and commonly as a way of limiting their moral standing. It might seem out of place to suggest that an identification with women and emotion is a way to reduce women's involvement in moral reasoning. There are a number of responses to this objection. First, an important question is who is doing the identification? Is it 'women', hardly a homogenous group or is it men in positions of power? Second, in the ascription of 'emotion' to women, it becomes easier to dismiss women's concerns as a 'merely' emotional

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[19] Groenhout also discusses ancient virtue ethics and Confucian ethics as examples of significant theories that do not appear to fit the standard taxonomy (Groenhout, 2014, p. 496).
[20] See also (Mahowald, 1978) (Osborne, 1979) (Grimshaw, 1986, Ch 2) and in political theory (Okin, 2013 [1979]).
[21] For example, see (Brabeck, 1989, p. xii).

response to a moral decision when what is in fact needed is 'hard-nosed' intellect. This is especially the case against a social background structured precisely to valorise reason over emotion. As Jean Grimshaw observed, it is not just the diminishing of women's experience that has been all too common but concurrently the "distortion of values, concerns and priorities that is of quite general human concern" (Grimshaw, 1986, p. 74).[22] The point being that it is not just women who lose out from being overlooked and unincluded but all of humankind due to the pernicious effects of not accounting for a wider range of human existence in these theories. By revisiting the moral concepts above, feminist ethicists sought to theorise, and take steps towards, ending women's oppression as well as drawing on women's moral experience to develop an account of morality (Brennan, 1999, p. 860).[23]

The ethics of care takes up both of these feminist goals, using both normative and descriptive resources. However, it is worth noting that 'feminist ethics' and 'care ethics' are not synonyms. Margaret Urban Walker, in the preface to the second edition of her *Moral Understandings A Feminist Study in Ethics* states that "'feminist ethics' is more like Kantian, or Aristotelian, or utilitarian ethics than it is like, say, environmental ethics or biomedical ethics. It is not a subject matter but a method of approach with certain prior convictions about human agency, knowledge, and society" (Walker, 2007 [1998], p. viii).[24] Care ethics is best thought of as a subfield of the wider feminist project in terms of its approach to moral philosophy. In terms of the paired contrasts given in the previous paragraph, care ethics made its own contributions to the field, particularly about conceptions of the self and society. Just as there are variations within extant moral theories, it would be inaccurate to say that care ethicists are univocal. However, there are themes common to much scholarship in this area.[25] In response to traditional moral theories, care ethicists sought to reconceive or at least shift emphasis towards the way in which the agents who are the subject matter of ethics are constituted and interact. In place of a self that is independent and autonomous, care ethics argues for a relational self. Seeing emotion as not having had enough of a place in moral deliberation, care ethicists elevated it alongside reason. They appreciate that impartiality is not the *sine qua non* of ethical action though a critical partiality, rather than untrammelled partiality, is likely to be melioristic.

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[22] Jaggar questions whether it is fruitful to make claims about the masculinity or femininity of philosophy and whether it is better to attend to instantiations of male bias instead (Jaggar, 1991, p. 88ff).
[23] The tension between these two aims, the normative and the descriptive is explored in Samantha Brennan's survey article (Brennan, 1999).
[24] Some of Walker's ideas are discussed in Chapter 1 and 3.
[25] I draw on (Keller & Kittay, 2017) for the structure of this paragraph.

Again, in moral deliberation, there is a focus on context and particularity rather than blunt application or deduction of principles. Finally, there is the question of whether care and justice are complementary or contrasting.[26] The academic output alone across these and related issues has been voluminous,[27] and that is not to forget that care ethics itself has had its fair share of criticism.[28]

Care ethics 'originated' at the same time as moral philosophy found itself subject to a significant dissatisfaction about the latter's perceived over-emphasis on obligation and right action. Moreover, care ethics offered a productive arena in which feminist philosophers could develop a moral philosophy that spoke to many women's experiences in ways traditional Western moral philosophy had failed to do so.[29] The detail of care ethics' contributions to moral philosophy will be made apparent in subsequent sections. So far, I have presented care ethics' establishment amidst feminist and anti-theorist developments in moral philosophy. I have discussed why care ethics does not sit within the standard taxonomy of moral theory and why this might indicate problems with the taxonomy itself. Further, I have given in outline some of the commitments of care ethics. However, in the following section I identify a certain unsteadiness around care ethics as it appears today. Having marked a way through some of these issues, I will move to a more detailed discussion of moral theory and care ethics' place.

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[26] See (Held, 1995), (Held, 2015), and (Engster, 2020).

[27] For recent overviews see (Keller & Kittay, 2017, pp. 543-544) and (Vosman, et al., 2020).

[28] Useful surveys of these criticisms are (Keller & Kittay, 2017) and (Sander-Staudt, 2021). Care ethics has been claimed to be: essentialist, parochial, methodologically problematic, theoretically indistinct, exploitative, a slave morality, and ambiguous. A flavour of these concerns follows. Claudia Card argues that care ethics does not always give a proper account of the relationships between strangers, that it is insufficient without justice to resist evil and that there is a significant risk of abusive relationships being valorised (Card, 1990). Is care ethics limited to the domain of 'special relations' (Diller, 1996) (Card, 1990)? Victoria Davion asks about engrossment in the potentially immoral other and the subsequent moral risk of being obliged to direct one's energy to immoral tasks (Davion, 1993). Susan Hoagland raises concerns that the emphasis on who is giving the caring gives weight to oppressive institutions and that care ethics fails to see the negative in the unidirectionality of much caring (Hoagland, 1990). In a related vein, Barbara Houston suggests that ambiguity as to whether an ethic of care stands alone or alongside other moral theories means that the former could abet exploitation (Houston, 1990) See also (Putman, 1991) and (Hoagland, 1990) on this. Susan Mendus worries about care ethics' potential for moral parochialism and whether it ignores the complexities of modern large-societies (Mendus, 1993). See also (Jaggar, 1995). Anita Silvers asks whether the ethics of care, by being particularist over universalist means that those with disabilities remain marginalised (Silvers, 1995) and relatedly the way in which care ethics does appear to take one perspective as universal (Thompson, 1998).

[29] Since care ethics' inception there has been widescale societal shift on who could be called a feminist. In the introduction to her 1991 edited volume Feminist Ethics, Claudia Card writes "Scarcely uniform, still women's options defined by legacies of sexual politics differ enough from men's to warrant different identifying labels for our reflections and commitments in this area. Thus I apply the term 'feminist' only to women, referring to men who support feminism as 'profeminist'. When feminists and profeminists confront comparable life choices, there may no longer be a need for feminism or for feminist ethics" (Card, 1991, pp. 4-5). Some three decades later, even if life choices are not yet comparable many men are called feminists.

Diffuse and unsteady, just what is care ethics?

I embark by first illustrating both what care ethics is not and also some of the many ways it has been conceived. Taking this further, I start to consider care ethics' status as a moral theory and the potential desirability of such a claim. This will pick up on the currents given in the previous section both in terms of anti-theory in ethics and feminist concerns in moral philosophy. By the end of this section, I will have concluded that it would be preferable for care ethicists to be a little more amenable to self-definition as to be working on moral theory. Both the 'care' in care ethics and the 'ethics' have been the site of scholarly contest. 'Care' is a variegated concept whose definition is somewhat elusive, not least because the word 'care' appears in everyday speech, as well as philosophical discourse. In the latter, concepts such as *epimeleia* or 'form of attention' in Aristotle, *epimeleia heautou* or 'care of the self' in Foucault and *Sorge* or 'care' in Heidegger predate the ethics of care as it is now understood (Aristotle, 1926) (Aristotle, 1944) (Foucault, 2005) (Heidegger, 2010). Although similar in translation, these ideas are not usually prominent in care ethics. Similarly, the exchange initiated by Harry Frankfurt's 'The Importance of What We Care About' is of a different tenor again (Frankfurt, 1982) (Baier, 1982) (MacIntyre, 1982). That the word 'care' in care ethics is neither an obvious technical term nor a neologism underscores the need for its careful elaboration. The following is not intended as an exhaustive catalogue. This being said, care has been understood as: that which is needed to maintain the world for optimal living (Tronto & Fisher, 1990); properly part of the public domain (Tronto, 1993); exploited women's work in meeting the needs of others (Bubeck, 1995); giving insight into international relations (Robinson, 1999); drawing attention to illusions of independence (Kittay, 2020 [1999]); both a practice and a value (Held, 2006); being the basis for a theory of justice (Engster, 2007); coherently driven by empathy (Slote, 2007); indicating duties from dependency relationships (Collins, 2015); the promotion of conditions for the cared-for's sake (Lynch, 2016); and as dependence and responsibility in human life (Laugier, 2020). These selections serve to show just how diffuse the concept of care is within the literature.

In a similar vein, the 'ethics'[30] of care ethics has been multiply understood. I interpret this polyphony to be connected to the question of whether or not care ethics is a moral theory. In the initial substantive chapter of her book *The Ethics of Care, Personal, Political, and Global*, Virginia Held indicates that she sees care ethics as a distinct moral theory (Held, 2006, pp. 9-28). Michael Slote's *The Ethics of Care and Empathy* makes the claim that "a care-ethical approach can be used to understand all of individual and political morality", and that it has the "potential to function in a comprehensive and satisfying way as a truly human morality" (Slote, 2007, pp. 2, 8). In *The Core of Care Ethics*, Stephanie Collins is explicit: "I want care ethics to be recognised as a moral theory that applies to *everyone*, all of the time" and shortly thereafter "my aim in this book is not to give a complete and bulletproof *defence* of care ethics. My aim is instead to establish what care ethics is as a moral theory and to show that it is at least a *prima facie* compelling theory" (Collins, 2015, pp. 8-9 emphasis in original).[31] In *Moral Boundaries*, Joan Tronto does not see care "as a total account of morality" though in care's absence, strictures common to moral theory such as 'do not lie', 'do not break promises' are lacking if they are not cognisant of the vital place of care (Tronto, 1993, p. 126). She extends care ethics beyond the caring dyads on which it has commonly focussed to what it means to have a political theory of care. Tronto's later book, *Caring Democracy*, proposes that "*democratic politics should center upon assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in this assignment of responsibilities*" (Tronto, 2013, p. 30 emphasis in original). This further reinforces Tronto's emphasis on the way in which society ought to be structured so as to ensure care needs are met. These concerns are echoed in Eva Kittay's work, which concludes that what is required is a "view of society as consisting of nested dependencies, so constituted as to provide all with the means to achieve functioning that respects the freedom and relatedness of all citizens" (Kittay, 2020 [1999], p. 197). Some two decades later, Kittay writes that care "needs to characterize a certain moral stance we take in the world" (Kittay, 2019, p. 177). This would place her work

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[30] Some claim the terms 'ethics' and 'morality' are interchangeable (Copp, 2006, p. 4), some that there is no agreed upon difference between 'ethical theory' and 'moral theory' (Nussbaum, 2000, p. 232), some that ethics and morality are distinct with the latter's fixation on obligation being a partial view of the former (Williams, 2006 [1985], p. 6), still others characterise ethics as the "philosophical" (Noddings, 2013 [1984], p. 1) and "scholarly" (Lindemann, 2019, p. 4) study of morality. My arguments do not rest on whether 'ethics' and 'morality' are best taken as intersubstitutable or kept as conceptually discrete, and as such, I leave this matter open and treat the terms synonymously.

[31] As part of a sympathetic review of Collins' book, Maggie FitzGerald queries why Collins does not critically consider just what is meant by 'moral theory' particularly given the way in which care ethics offered a novel approach to moral philosophy (FitzGerald, 2019, p. 472). It was this observation that led me to thinking about care ethics and moral theory.

perhaps closer to Noddings', which is to be considered shortly. However, later she suggests it is a *sui generis* ethics (pp. 196-197), which lends credence to an interpretation that it isa moral stance rather than a theory like those of Collins and Slote seen above, for example.

Departing from these views is Nel Noddings, though it is not straightforward interpreting what she takes care ethics to be. In her early work, *Caring*, care ethics seems to be a moral approach or attitude (Noddings, 2013 [1984], p. 105).[32] Later, in *Starting at Home*, she is explicit that 'care theory' as she terms it is a moral orientation (Noddings, 2002a, p. 1). The use of 'care theory' continues in *The Maternal Factor*, though she states that the purpose for continued interrogation of care ethics is to "establish care ethics (or show that it has been established) as a major alternative to traditional moral theories" (Noddings, 2010a, p. 9 parenthesis in original).[33] Thus, there seems to be at least some ambiguity in how Noddings conceives her project, that is whether 'account of the moral life' is a more appropriate characterisation than 'moral theory'. In fact, much of her scholarship is devoted to explicating how care ethics departs from various traditions in moral theory (Noddings, 2013 [1984], pp. 1-6, 28-29, 36-37) (Noddings, 2002a, pp. 26-27, 29-31) (Noddings, 2010a, pp. 17-22, 68-72, 125-156). Finally, and more aligned with Noddings, is Hamington who, arguing further against a reduction of care ethics to principles, contends that "*care is a performative way of being*" (Hamington, 2015, p. 274 emphasis in original).

It seems, then, that there is good evidence to indicate that authors working in care ethics are not of a mind as to whether care ethics is a moral theory. Such dissonance does not necessarily count against the endeavours of care ethicists. It might be argued that this lack of concord is in fact right and proper given the vast array of shapes human lives may take and the fact care ethics takes itself to be continuous with human practices. However, by selecting an illustrative difficulty with care ethics, I will suggest that it behoves those working in the field to be amenable to greater clarity. I will call this difficulty the description-stipulation problem. That description and stipulation are not always clearly delineated in care ethics is also discussed in

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[32] In a paper that is explicitly explicative rather than critically evaluative, Roger Bergman talks about Noddings' "vision of the moral life" (Bergman, 2004, p. 150) a phrase he uses that I think captures Noddings' project well.
[33] *The Maternal Factor*'s final chapter concerns itself with points of convergence between care ethics and traditional ethics. She notes that in "the use of principles, exercise of virtue, possibility of autonomy, and the moral duty to meet needs—there is some convergence between traditional ethics and the ethics of care. In each area, the female thinker puts a restraining hand on the philosophical arm of her male companion: Wait! Don't go too far. Come back to earth and consider real people in real situations. Above all, recognize the relational nature of human reality" (Noddings, 2010a, pp. 246-247).

(Collins, 2015, pp. 11-12), (Kittay, 2019, pp. 168-171) and (Lindemann, 2019, pp. 16-18). Sometimes the pairings are descriptive-normative or descriptive-prescription, but the concerns are the same: how much of care ethics is intended as descriptive, and how much is taken to be stipulative? Perhaps uncertainty about the ethics of care is in fact due to descriptive, stipulative, and explicative definitions being used.[34] A descriptive definition tries to provide the meaning for a word in its everyday use. A stipulative definition fixes the meaning for a new word or a new meaning for an old word. And an explicative definition is one which holds on to both an already existing meaning as well as adding on a newer meaning. As Belnap puts it "the philosopher neither intends simply to be reporting the existing usage of the community, nor would his or her purposes be satisfied by substituting some brand new word" (Belnap, 1993, pp. 116-117). Thus, an explicative definition (Carnap, 1947, pp. 7-10) might have both descriptive and stipulative elements (Gupta, 2021). I propose that 'care' in care ethics is often explicative but that some authors are not necessarily explicit about defining care in this way. The main point to take from this is that due care must be taken when making claims about care ethics; pun very much intended.

A contributing factor to the uncertainty about whether care ethicists are engaged in description, stipulation, or a combination is that many have offered incredibly rich phenomenological accounts of caring encounters. Two examples are Kittay's account of care and the profoundly disabled (Kittay, 2020 [1999]) (Kittay, 2019), and Peta Bowden's descriptions of a variety of caregiving scenarios (Bowden, 1997). Further, there is Noddings whose consideration of caring dyads is undoubtedly phenomenological (Noddings, 2013 [1984], p. 67) (Noddings, 2002a, p. 2). Yet, as Ann Diller observed in an early review of Noddings' *Caring*, "we must be more careful to distinguish between our assessment of the accuracy of descriptive accounts of the tacit structures of inferable directives for caring and our assessment of their ethical desirability" (Diller, 1996, p. 102). This is not to say that accounts of care cannot have both exegetical and theoretical value.[35] Much might be gleaned from descriptions of caring actions; for example, people may discover new ways in which they might approach the caregiving in their own lives. However, the description-stipulation problem, as I have termed it, stems from not necessarily being able to discern amidst the descriptions *of* caring actions just what is being stipulated *for*

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[34] In addition to these there are at least ostensive, real, nominal, or dictionary definitions (Gupta, 2021).
[35] I borrow this phrasing from Annette Baier's advocacy for the role of trust in moral philosophy (Baier, 1985b, pp. 57-58).

an ethics of care. For care ethics to have practical significance requires, I think, it to take a stance on what and how it prescribes for would-be moral agents. Collins concurs:

> unless care ethics has a core normative commitment, we might wonder whether it is a moral *theory* in any meaningful sense. As long as care ethics is simply a collection of statements that have been made by people who happen to call themselves 'care ethicists,' it will be unclear what is in the theory and what is not. There is no way to know if a new claim made by a self-proclaimed care ethicist is true to the theory's guiding commitment, or whether existing claims should be rejected as not truly care ethical (Collins, 2015, p. 3 emphasis in original).

It is trivially true that problems of definition and classification abound in philosophy. What makes it appropriate to call something one thing and not the other? What are the implications? And so forth. In moral philosophy, this is no less in evidence, than, epistemology for example. That a difficulty persists in many fields of inquiry is not to try to excuse moral philosophy. In fact, it may make the situation seem even worse given that philosophy prides itself on its efforts at precision and clarification. Resources to bring to care ethics' aid exist in moral philosophy. Christine Swanton offers a set of preferable ways in which an adequate definition of virtue ethics might be reached. There are six features that Swanton argues a good definition exhibits. I will limit for inclusion here those that make sense when trying to clarify care ethics.[36] A definition:

> …should illuminate the structure and basic nature of such theories thereby displaying interesting and deep features which mark them off from major rivals…
> …[is] a way of identifying and characterizing key features of important traditions in moral thought…
> …should allow us to recognize subtleties and nuances…which are not closed off by oversimplified, even caricatured conceptions…
> …reveal a space for a type of theory which makes a *distinctive* contribution to the solution of problems in theoretical and applied ethics.
> (Swanton, 2013, pp. 315-318 emphasis in original)

A definition that does all this will have some hope, says Swanton when it tries to "offer a distinctive genre of moral theorizing, providing new approaches to old problems, such as the distinction between the moral and the nonmoral, partialism versus impartialism in ethics, the demandingness of ethics, and objectivity" (Swanton, 2013, p. 337). Is this to put the cart before

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[36] I have omitted Swanton's third and fifth aspects: "a definition of virtue ethics in particular enables us to conceptualize and make salient a type of theory which has been neglected, and is now revived…a definition of virtue ethics should reflect the breadth of virtue ethical concerns from Aristotle to the present day" (Swanton, 2013, pp. 316-318). This is because care ethics does not suffer these problems.

the horse perhaps? If care ethics were to be defined in such a way, could it shed 'new light' on these seemingly intractable problems. Could care ethics do so *without* being in possession of these aspects of definitions that Swanton is proposing? I think that these aspects are best taken as guidance rather than criteria; I do not propose to work through Swanton's lists, rather to keep these issues in mind when offering my argument. Care ethics has spent much of its short history showing itself to be a reaction to certain ways of 'doing moral philosophy'. However, as the paragraphs above unequivocally show, care ethics suffers from not necessarily being clear about that for which it stands.

Relatedly, I was recently reminded by Christine Swanton's work on virtue ethics that Rawls famously distinguished between 'concepts' and 'conceptions'. Whereas 'concepts' are taken to be indicative of some sort of core essence across varying 'conceptions', the existence of different 'conceptions' provides different ways of interpreting the concept (Swanton, 2013, p. 319).[37] There have been notable efforts towards identifying central aspects of care ethics, particularly in more recent scholarship. In itself the chronology is comprehensible because there needed to be multiple contributions to the field before thematic analysis could be attempted. One such example of this is found in Stephanie Collins' book *The Core of Care Ethics*. Collins' meticulous engagement with the literature of care ethics suggested the following claims of care ethics:

> that responsibilities derive directly from relationships between particular people, rather than from abstract rules and principles; that deliberation should be empathy-based rather than duty- or principle-based;[38] that personal relationships have a moral value that is often overlooked by other theories; that at least some responsibilities aim at fulfilling the particular needs of vulnerable persons (including their need for empowerment), rather than the universal rights of rational agents; and that morality demands not just one-off acts, but certain ongoing patterns of interactions with others and certain general attitudes and dispositions. Most importantly, care ethicists claim that morality demands actions and attitudes of *care*, in addition to or even more importantly than those of respect, non-interference, and tit-for-tat reciprocity (which care ethicists generally see as over-emphasised in other ethical and political theories) (Collins, 2015, pp. 4-5 emphasis and parenthesis in original)

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[37] Rawls discusses concepts and conceptions at (Rawls, 1971, p. 5). He is, of course, focussed on 'justice'.

[38] Terms in moral theory might be split into the deontic such as 'right', 'wrong', 'duty', 'obligation' or aretaic such as 'virtue', 'good', 'bad', 'vicious'. Deontic words feature in deontological theories and aretaic in virtue ethics (Baron, et al., 1997, p. 34). Extending this, perhaps terms in care ethics should be 'epimeleic' using the Greek word *epimeleia* that can be translated as care. Epimeleic words might include: 'attention', 'receptivity', 'situatedness' and so on.

Thus, Collins has offered central features of the 'concept' care ethics, and the many authors already cited have offered a range of 'conceptions'. As I have already stated, I will go on to advocate, like Collins, that care ethics is properly understood as a moral theory. Despite my approach differing to Collins', having a sense of core aspects of care ethics provides something on which to get theoretical purchase. I must tread carefully, however. Fledgling though care ethics may be, many of its early contributors took it to be a reaction to the way in which moral philosophy had traditionally developed in the West. I hope that what follows remains in keeping with the concerns of previous feminist philosophers, some of which have been presented in 'Origins of care ethics' above.[39] Paying heed to this, I will shortly turn to an account in traditional moral philosophy as to the way in which moral theories are in fact continuous with ordinary life. Before so doing, I will say a little about the connection between care ethics and education. This is with a view to keeping in mind an aim of this thesis: to offer an account of care ethics that helps enlarge understanding of educational encountersthrough a caring philosophy of education. My contribution should be seen from the point of view of improving understanding of facets of educational encounters, not as a 'handbook of strategies' for educators.

Care ethics and education

The ethics of care has been linked to education previously, most influentially in the work of Nel Noddings. Noddings makes clear that caring as understood in education is developed "from the analysis of caring itself and not from the formal requirements of teaching as a profession" (Noddings, 2013 [1984], p. 17). This is important for reasons of 'fair comparison' with the other moral theories. If the ethics of care was parasitic on educational encounters rather than being applicable to educational encounters, then it would be trivially true that care ethics accounts for important aspects of said experience.

Noddings' contribution to scholarship considering the ethics of care and education has been extensive.[40] It is for this reason that this thesis is largely concerned with her articulation of care

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[39] Yet another way of understanding 'care' might be as a 'family resemblance' term, following Wittgenstein. Collins (Collins, 2015, p. 3) makes this interpretation of Gheaus (Gheaus, 2009, p. 64) and Bowden (Bowden, 1997, pp. 2-6). Frans Vosman wonders whether the resemblance holds given the wide range of scholarship (Vosman, 2020, p. 18).

[40] Including (Noddings, 1986) (1999a) (1999b) (2005a [1992]) (2005b) (2006) (2007) (Noddings, 2012a) (2012b) (2015).

ethics.[41] Although Noddings fully theorised an ethic of care in education, others have made important contributions. Milton Mayeroff's paper, which was extended into a short book *On Caring*, aimed at finding commonalities in caring relations between parents and children, teachers and pupils, people and things or ideas. For Mayeroff caring concerns helping the other to grow (Mayeroff, 1965) (Mayeroff, 1971). Hult used Mayeroff's work as a starting point for examining the notion of care in schooling. He anticipates the work of later care ethicists such as Noddings when he observes that the way care instantiates in schools, matters, the means of care are important, just as are the ends (Hult Jr, 1979). More recently, Michael Slote has continued his project of empathy-based care. He directs his attention to how such an approach might affect both moral and rational education (Slote, 2013).[42]

Looking outside philosophy of education, the work of care ethicists has been the focus of much empirical research. Surveys of these efforts include Owens and Ennis, and Velasquez et al. The former pair of authors make the case for the inclusion of the ethics of care in the pedagogical content knowledge with which teachers should be familiar (Owens & Ennis, 2005). The latter's extensive survey of caring and nurturing pedagogical research suggests avenues for further research which would merit philosophy's input (Velasquez, et al., 2013). Perhaps because of the practical focus of the research surveyed in these articles, philosophical critique of care ethics is somewhat lacking. My work seeks to offer at least tentative improvements to the way that educational encounters are understood through the ethics of care.

Moral theory's origins

This section discusses an account offered by Tom Sorell of the way in which the (dominant) moral theories have emerged in moral philosophy. I will posit that the account is plausible but reflects the social-identities of those crafting these theories. I conclude by suggesting that there

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[41] Noddings' impact is such that a considerable body of secondary literature has built up. In the philosophy of education examples include: (Vandenberg, 1996) (Nelson, 2009) (Stengal, 2009) (Verducci, 2013) (Currie-Knight, 2014) (Nolan, 2014) (Bergman, 2004) (Nguyen, 2016) (Lussier, 2020) (Kutner, 2020).

[42] Furthermore, Thompson offers a critique of the ethics of care in educational contexts arguing that the aim for colour-blindness of white liberal feminists working in this field means other illuminating perspectives are lost (Thompson, 1998). Smeyers contributes the recognition of the importance of the personal element in teaching along with the idea of integrity helping guide the teacher to realise that which the community endorses (Smeyers, 1999). Wilde explores care in education partly through a Heideggerian lens though it should be acknowledged that Heidegger's *Sorge*, although translated as 'care', markedly departs from the other conceptualisations presented here (Wilde, 2013).

are good grounds for care ethics to be understood as consonant with the account, though, as a moral theory, it draws on everyday practice in different ways to the dominant or traditional moral theories. Writing at the end of the last century in his *Moral Theory and Anomaly*, Sorell offers a defence of the major moral theories of utilitarianism, Kantianism, and neo-Arisotelianism.[43] The 'anomaly' of the book's title draws on Thomas Kuhn's use in the latter's discussion of scientific revolutions (Sorell, 2000, pp. 41-42) (Kuhn, 2012 [1962], Ch. 6). Kuhn describes anomaly in science:

> Discovery commences with the awareness of anomaly, i.e., with the recognition that nature has somehow violated the paradigm-induced expectations that govern normal science. It then continues with a more or less extended exploration of the area of anomaly. And it closes only when the paradigm theory has been adjusted so that the anomalous has become the expected. Assimilating a new sort of fact demands a more than additive adjustment of theory, and until that adjustment is completed—until the scientist has learned to see nature in a different way—the new fact is not quite a scientific fact at all. (Kuhn, 2012 [1962], pp. 52-53)

Transferring the idea of anomaly to moral philosophy,[44] Sorell states "there is nothing wrong with the very idea of identifying higher-order justifications for whole classes of action and omission, though there are striking difficulties for the major normative ethical theories in accommodating *some* of these classes of action and omission" (Sorell, 2000, pp. 14-15 my emphasis). It is these difficulties that Sorell names 'anomalies'. His goal is to show that "such large-scale problems that are supposed to defeat all of the standard normative theories do not in fact do so: versions of one or other standard theory, and some[t]imes more than one, can usually cope" (p. 58). The exploration he offers is across chapter-length studies of a variety of areas of human action: business, politics, feminism, and environmentalism. It is only the latter, according to Sorell, that might constitute a need to thoroughly rework the dominant moral theories. The problems encountered in the other three areas do not need such widescale attention, though this is not say that there are not smaller areas of disquiet within them. Having said this, Sorell seems sanguine that it is refinements, rather than starting *de novo,* that is required (p. 175).

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[43] Sorell's project includes an account of what he takes the claims of anti-theorists to be along with his responses. At this point I will not recount these objections and replies as they will be given in more detail below.

[44] It is with some trepidation that I refer to Kuhn, scientific theory and moral philosophy. Moral theories and scientific theories have been the source of much comparison, not least by anti-theorists such as Williams who devotes a whole chapter to the subject (Williams, 2006 [1985], Ch. 8). I am very sympathetic to the arguments put forward by anti-theorists about the dissimlarity between theories in science and morality and do not propose to spend much time here restating the differences. Some attention is paid to theories in general in 'Shape'. Pertinently, neither my work nor Sorell's entails acceptance of a positive relation between ethical theories and scientific theories.

In the chapter entitled 'Feminism and Moral Theory', Sorell attends to arguments made by Carol Gilligan about the ethics of care and Sarah Hoagland's *Lesbian Ethics: Toward New Value* (Hoagland, 1988). The discussion of Hoagland is interesting in that it exemplifies a very different strain of feminist ethics than does the ethics of care. However, although he alludes to Nel Noddings in passing (Sorell, 2000, pp. 131-132) he does not engage with her work on care ethics. This is even more surprising given Gilligan, his chosen representative of care ethics, is a psychologist whose account, though catalysing care ethics' development is significantly less philosophical than Noddings', and Sorell is very much a philosopher. However, this surprising decision will be put to one side. In the discussion of Gilligan, he makes uses of Susan Hekman's claims about Gilligan's contribution (Sorell, 2000, pp. 126-128) (Hekman, 1995). It is Sorell's reaction to Hekman's criticisms of much traditional philosophy that bears repeating: "As for the supposed failure of even the enlightened moral philosophers to take account of the relation of power, hegemony and subjectivity to moral discourse, this is to complain of moral philosophers staying within discipline boundaries rather than doing the sociology of morals." (Sorell, 2000, p. 129). Sorell was writing at the turn of the last millennium when Western societies were in the throes of second if not third wave feminism, so it is eyebrow-raising that he be so dismissive of power, hegemony, and subjectivity in moral discourse. This is because Sorell does take himself to be engaging with feminist thought, an approach to moral philosophy that undoubtedly takes matters of power, hegemony, and subjectivity to be of the utmost importance.

So, why I have spent the last two paragraphs with this lengthy introduction only to damn Sorell for more than slightly missing the mark? It is because of claims he makes earlier in the monograph about where moral theories come from. These merit quoting at length:

> a moral theory operates to begin with on the familiar prohibitions and prescriptions handed down to us in ordinary moral training. It identifies a value or principle that unifies the prescriptions and prohibitions, perhaps after they have been revised in the light of counterexamples, and it justifies adherence to those prohibitions and prescriptions by reference to that value or principle. On this account, moral theories are not free-standing philosophical constructions. They take as raw material a shared lore about right and wrong, a lore that is not

> timeless and unchanging, and that is often developed for ever day [sic] life; and domestic life at that (Sorell, 2000, pp. 13-14).[45]

The 'ordinary moral training' to which Sorell refers is the pre-theoretical morality gained by infants as they take their place in the moral community and learn its norms.[46] He is not suggesting that everyone eventually learns moral theory, rather, his point is that moral theory is in an important sense contiguous with the society in which it is developed. If Sorell's account has any plausibility, and I think it does for reasons that will be made apparent, then surely there is all the more reason to consider the context in which moral theories emerge; that will include at least the issues of power, hegemony, and subjectivity about which he was so dismissive.

In Hobbes' state of nature, he asks us to "look at men as if they had just emerged from the earth like mushrooms and grown up without any obligation to each other" (Hobbes, 1998, p. 102). This image has generated much feminist criticism (Benhabib, 1992, pp. 154-158), not least because it seems to overlook the way in which a man, for Hobbes was very clearly limiting himself to men, survives to the adulthood where they are positioned to freely contract with each other. The jarring note struck by Hobbes' mushroom-men is not heard, I think, in terms of Sorell's account of moral theory.[47] Or at least, if it is heard, it is not deafening. Sorell says "the general welfare and respect for persons are the overarching values that in Mill and Kant respectively, justify following the ordinary precepts. Similarly, according to Aristotle, one is supposed to be justified in acquiring the virtues, because one cannot flourish without them" (Sorell, 2000, p. 6). Sorell's point, I think, is that there are or are at least likely to be pre-theoretical precepts akin to 'Look after each other', 'We care about the members of our tribe because they are members of our tribe', 'In order to do well here, cultivate such and such in yourself'.[48] It is pre-theoretical or 'common sense' precepts such as these that make fertile soil

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[45] Sorell continues: "The norms taken for granted in ordinary moral training sometimes pass unnoticed in moral theories as background assumptions, and when they are unsettled or lapse, theories, too can fall into disarray" (Sorell, 2000, p. 14). All the more reason, then, to question background norms.

[46] Sorell speaks of the way 'mere socialisation' can be said to add nothing to moral knowledge as it can simply be a case of ensuring members of a community act in concord with the community's ways of life without proper comprehension of any supporting reasons for this way of life as opposed to another (Sorell, 2000, p. 24).

[47] See below in 'Coda' for references to non-Western moral theory that also seem to have underlying connections to the societies in which they originally developed. I follow African philosopher Thaddeus Metz in his use of Western (and African). He says of geographic labels that they "refer to features that are *salient* in a locale, at least over a substantial amount of time. They pick out properties that have for a long while been recurrent in a place in a way they have tended not to be elsewhere" (Metz, 2015, p. 1176 emphasis in original).

[48] I should note these are my attempts at such pre-theoretical precepts, Sorell, does not, it appears, offer any such constructions.

for take-up of the theory, specifically the major moral theories of utilitarianism, Kantianism, and neo-Aristotelianism.

Taken at face value, Sorell is making a number of reasonable points. The sorts of pre-theoretical concepts he avers are commonplace have the ring of plausibility. The major moral theories undoubtedly pick out certain aspects of human experience that again seem like the sorts of things to which many groups of humans subscribe. But does Sorell not need an explanation of how certain ideas will have themselves contributed to what he has called pre-theoretical precepts resulting in a circularity that does not offer the justificatory weight he needs of it? An example of this problem can be seen in the following: "It is not as if the very significant differences between western democracies now and the Athenian polis...mean that Aristotle's ethics or Plato's ethics have no intuitive appeal to Americans or British people twenty-odd centuries later" (p. 38). I suggest that some or even much of the attraction to some contemporary societies of certain moral theories is precisely due to the significant influence Ancient Greek thought had on those same democracies. What Sorell has not shown is that there is no possibility of cultural or temporal transfer of pre-theoretical or theoretical precepts. It is perhaps a large-scale question about social causation.

The problem of social reproduction noted at the culmination of the last paragraph points to a greater difficulty with Sorell's account. It speaks to what Sorell himself dismissed: power. For the sake of argument I will accept that indeed moral theories do find generative continuity with a society's pre-theoretical precepts. The gaping lacuna for Sorell is an answer to why certain rather than other pre-theoretical precepts find they are constitutive of a moral theory. Might it not be the case that certain features of pre-theoretical morality are picked out rather than others because of those people who are doing the picking? In Western democracies, these 'pickers' or more accurately, moral philosophers, shared specific elements of social identity. They were all male, white, well-educated, and of relatively high socio-economic status.[49] These privileged men quite possibly did draw on 'common sense' morality, but it was their particular experience of this morality. They saw a sharp delineation between the private realm of home and the public world of the rest of society. In the private realm, meals are cooked, clothes are washed, children are raised by women and servants. These care needs are thus met, meaning that in the public

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[49] At least publicly heterosexual and able-bodied could be added but I think the point is clear.

realm, the agent is free: free to contract with others just like him, free from extensive government interference to the extent that it does not harm others like him, free to legislate about how to act, and so on. I have intentionally avoided the technical language of autonomy, impartiality, universality, for example, as the point has been made and there is plenty of time for that. These theories that Sorell argues are simply extensions of pre-theoretical morality, are only extensions for a limited group of men, even though the theories they produced purport to legislate for humankind. Lindeman expresses the problem that the standard moral theories have offered an:

> idealized picture of independent, unattached, powerful agents seeking to promote their own interests, plan for themselves and others, or enhance their autonomy through voluntary and impersonal interactions misrepresents many *women's* lives. Which people get to live the kind of life these theories depict depends on their gender, race, age, class, and other factors on which the uneven distribution of social privilege is based. (Lindemann, 2019, p. 90 emphasis in original)

Interestingly though, in Sorell's account of moral theory above, there are subtle, probably unintended hints, towards another sort of moral theory. I am referring to Sorell's recognition that pre-theoretical precepts are to be found in quotidian domestic life. Now, as I have already noted, Sorell does not seem to countenance the ethics of care. However, by his own argument there seems to be a case for looking to what goes on in caring encounters and constructing a moral theory as an extension of this. In various ways, this is precisely what care ethicists have done, regardless of whether they describe their endeavours as constitutive of a moral theory. They have offered another way of picking out salient aspects of pre-theoretical morality, ones overlooked by their philosophical predecessors. However, as Walker warns:

> For a novel moral notion to amount to more than a slogan, however, it too must become socially embodied, even if in fragmentary ways, or in subcultural or marginal practices. Actual moral communities are constantly reshaped by many forces, among which deliberate movements for moral change are just some and dependent for their success on fortuitous circumstances (Walker, 2007 [1998], p. 265).

Now, caregiving is uncontroversially not novel; it is arguably constitutive of the survival of the species. However, 'care ethics' is novel, and my hope is that the socio-cultural-academic climate is such that it continues to break new ground and take root. Elaboration is clearly needed then, on features of moral theories. I now turn to this.

Chapter 1 What is a moral theory?

If care ethics is to be considered a moral theory, then clarity is needed about what sort of things moral theories *are*. This section will start by considering the disagreement between advocates for moral theory and anti-theorists, that is, those who oppose the moral theoretical endeavour. Touchpoints between feminist philosophers and anti-theorist criticisms of moral theory will be noted before a more detailed analysis of certain themes is undertaken. As a starting point, I will use Hilde Lindemann's articulation of what a moral theory is from her *An Invitation to Feminist Ethics*:

> Moral theories are formal, systematic attempts to organize our thinking about how we ought to live or what we ought to do. They seek to *explain* why certain ways of living or acting are better than others. But they also *prescribe* certain courses of conduct and provide ways of *justifying* actions, based on one account or another of what's morally valuable. (Lindemann, 2019, p. 75 emphasis in original)

The source of this account matters in that Lindemann is not offering an extended defence of moral theories in ethics. Her purpose in the chapter to which it serves as an introduction is to offer a critique of traditional moral theories through the lens of feminism.[50] However, the sentiments expressed in Lindemann's account capture much of what moral theories at least strive to offer. The emphasised words 'explain', 'prescribe' and 'justify' could be cashed-out in any number of ways. There is a presumption that this latitude leaves enough open to accommodate most, if not all, accounts of the moral life. Though historically, as I argued in the previous section, these articulations have been limited to extensions of pre-theoretical morality as experienced by a group of privileged men. It is the line "formal, systematic attempts to organize our thinking about how we ought to live or what we ought to do" that is usually more

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[50] I briefly discussed some of these problems above in 'Moral theory's origins'. As a reminder, Lindemann's concerns revolve around the pictures of the person, of society and of reason that feature in these moral theories (Lindemann, 2019, pp. 88-99).

troubling for some. It has certainly been a source of consternation for the aforementioned anti-theorists and, arguably, to some feminist philosophers who also have also offered detailed expositions of the androcentric bias found in the major moral theories.

Feminists and anti-theorists are not always completely aligned. Feminist philosopher Margaret Walker sees the distinction between anti-theorist projects and feminist projects as being a case of questioning different aspects of moral philosophy. While, Walker says, anti-theorists find moral theory to be built on unstable foundations, feminist philosophers see "instead that philosophical and cultural figurations of moral agency, knowledge, and judgement portray the actual social positions and relations, or view from specific social locations, of some of us, but in abstract and idealized form" (Walker, 2007 [1998], p. 60). A certain neutrality is claimed to be the product of these figurations when, in fact, it represents a very particular subset of human society. Thus, anything that appears to deviate from the 'neutral' position is aberrant, defective, problematic, inexplicable, disvalued. Social privilege acts to reproduce itself under the guise of this neutrality such that it can be very difficult to break free from this particular lifeworld (p. 60ff). Feminist philosophers seek to show that there are many valuable contributions to moral philosophy from 'social locations', as Walker puts it, that have long been dismissed, if they have even had the opportunity to offer their disparate and sometimes, against the traditional background, discordant, voices.

Being deaf to these voices has already been seen above. In 'Origins of care ethics', I remarked that the conclusions drawn from the experiments separately conducted by Kohlberg and Gilligan were to be expected given their methodologies, presuppositions, and assumptions. A mark of much feminist philosophy is that it exults in its emergence from *particular* experiences. Feminist philosophy's self-conscious recognition of contributing factors to its construction and development stands in contrast, possibly stark, with the centuries of philosophy produced by men. As Mary Midgely perspicaciously notes, it "is notorious that ambitious ideas claiming to mirror the whole human condition have turned out to describe chiefly the condition of the group doing the theorising" (Midgley, 1988, pp. 29-30). In the history of Western philosophy, those producing the vast majority of ideas were men of a certain class and race. It is not surprising then that philosophy produced by this social group reflects their experiences. This is not to claim that throughout this time that the experiences of all men and all conceptions of masculinity have been static or unitary; varying as they do by time, place, race, class, ability,

and so on. However "much they vary, the symbolic division of the world by gender seems to be a constant and fundamental way of articulating experience. Therefore, the experience of women will vary systematically over time, place and circumstance, in step with, but different from, the experience of men…one should be wary of reducing women's experiences (plural) to women's experience (singular)" (Griffiths & Whitford, 1988, p. 6).[51] Circumspection is therefore vital, but that does not mean refraining from pressing difficult questions. Despite the differing emphases of anti-theorists and feminists, there remain important points of overlap. Thus, by exploring via the critique of these two groups, I hope to elucidate what is meant by moral theory. Further, I will start to consider the implications for care ethics.

Earlier in 'Origins of care ethics', I drew attention to anti-theory currents in moral philosophy. Bernard Williams has already been mentioned but he was not alone. Other philosophers, who are taken to be anti-theorists, would include Annette Baier, Alasdair MacIntyre, and Charles Taylor.[52] These writers produced sophisticated arguments prompting proponents of theory to return in kind. Coming to the defence of theory in ethics were names such Martha Nussbaum, Robert Louden, and more recently, Bradley Hooker, and Nick Fotion.[53] Nussbaum offers six criteria that she takes to be necessary and jointly sufficient for a moral theory, it: gives recommendations about practical problems, shows how to test correctness of beliefs, rules, and principles, systematises and extends beliefs, has some degree of abstractness and generality, is universalisable and is explicit (Nussbaum, 2000, pp. 234-236).[54] A similar list is the result of Fotion's research into the features of moral theories: a way of generating norms, have a procedure for how answers to ethical questions are gained, must be rigorous but not necessarily deductive, be complete in that they can account for the whole gamut of ethical problems, account for its justification either internally or externally, have some way of organising or

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[51] Early care ethicists were criticised for claiming to speak for all women rather than acknowledging that they were privileged by being white, middle-class women in societies in which those aspects of identity are valorised. Barbara Houston warns about the universalisation of the experience of women in a similar fashion to earlier philosophers taking 'humankind' and 'men' to be one and the same (Houston, 1987, p. 259). Thompson offers a critique of the ethics of care in educational contexts arguing that the aim for colour-blindness of white liberal feminists working in this field means other illuminating perspectives are lost (Thompson, 1998). As care ethics developed, consonant with wider feminist currents, more sensitivity to the demands of intersectionality has been readily apparent. Take, for example, Hamington's account of embodied care (Hamington, 2015b).

[52] For example (Baier, 1985a) (MacIntyre, 1981) (Taylor, 1995).

[53] For example (Louden, 1992) (Nussbaum, 2000) (Hooker, 2012) (Fotion, 2014).

[54] Both Nussbaum and Fotion refer to Robert Louden's work in this area of moral philosophy. Louden's list of criteria is twice the length of Nussbaum's (Louden, 1990, pp. 101-108). Fotion takes his work to bring Louden's earlier book length treatment (Louden, 1992), especially from its historical approach, up to date (Fotion, 2014, p. 10).

systematising itself, be universalisable such that its applications are consistent in similar circumstances, be irreplaceable in that theory cannot be dispensed with, and finally be privileged, that is better than other available theories (Fotion, 2014, pp. 51-53). Unlike Nussbaum, Fotion is not providing necessary and sufficient conditions for something to be correctly called a moral theory. For him, the list is a composite (p. 47).[55]

On the other hand, the anti-theorists tend not to produce such lists. This is of course in keeping with their critical project. It has meant that theory's proponents have looked across the anti-theorist literature and drawn their own conclusions about the complaints of the anti-theorists. Because their lists do not overlap, I will present Nussbaum's and Sorell's understanding of the anti-theorist camp. Each theorist offers further explanation and rebuttal in varying degrees of detail. I am limiting myself to their lists as details will emerge later. First, Nussbaum. She takes anti-theorists to be claiming that theories: diminish or discount an agent's particular projects, pay no heed to moral psychology or emotions, claim moral dilemmas are impossible, fail to recognise the multiplicity of goods, offer blunt action-guidance, ask for seemingly limitless deliberation, and will not in fact persuade bad people (Nussbaum, 2000, pp. 242-248). Now for Sorell's list. Moral theories: are inferior to actual practices for action guidance, produce relativists, are overdemanding and hold the wrong people up as exemplars, are unrealisably idealistic given the real-world as well as using problematic thought experiments, involve precepts that are too general, and inappropriately try to reproduce the methods of natural science (Sorell, 2000, pp. 16-19).

The four lists above disclose a difficulty in the debate between theorists and anti-theorists relating to generality. In the effort to characterise each other's claims, there is a tendency to 'retreat' into abstraction or at least depart from the specific details in their context. This

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[55] Fotion's thesis is that that both theorists and anti-theorists are in error. This is due to what he calls 'strong' theorists and 'strong' anti-theorists insisting that a moral theory must satisfy the stringent criteria above. He thinks it is possible to have a workable ethical theory that does not have all of the features of strong theory. This leads Fotion to make his case for what he terms *weak* theory: "according to weak theory, a theory does not have to claim to explain everything and it does not have to make claims that it is *the* correct theory" (Fotion, 2014, p. 4 emphasis in original). In other words, Fotion has dispensed with privileging and completeness (Fotion, 2014, pp. 296-297). As Fotion goes to some lengths to demonstrate, there are a preponderance of what he terms 'local' theories that amount to what he has designated 'weak theory', that can be considered for how they might fit into the weak theorist's "pattern of ethical thought" (Fotion, 2014, p. 313). His point is that once privileging and completeness criteria have been rejected, the weak theorist may work with various of these while remaining tolerant to other theorists by taking their claims seriously. Fotion's argument is compelling but weakened by his seeming reluctance to discuss specific 'strong' theorists/'strong' theories. This relates to my concern about a drift towards generality above.

problem suits illustration with a brief foray into mathematics. In the two-dimensional geometry of the plane, two straight lines are either parallel or will eventually intersect. However, in the three-dimensional geometry of space, there is a third option. Two straight lines may also be 'skew'; they are neither parallel nor intersecting. I use this image because in philosophy there is an all-too-common occurrence of people 'talking past each other'. Further, in three-dimensional geometry it is possible to calculate the shortest distance between two skew lines, namely it is the line segment perpendicular to both skew lines. Were this distance found to be zero, then the lines would not be skew but in fact intersecting. I am not suggesting that there is a direct analogue between skew lines and the theory and anti-theory camps, but perhaps there are ideas approximating to them, so too the shortest distance between skew lines.

The reason that I see the theorists and anti-theorists as being represented by skew lines is because of the way the debate seems to have unfolded. Theorists complain that anti-theorists make claims about moral theory in general when they should be directing, so the theorists claim, their criticisms to particular theories (Sorell, 2000, p. ix). For their part, anti-theorists might wonder why theorists would ever take their complaints as being of one voice (Louden, 1992, p. 9). Further, at times it seems that the two camps do not have a gaping chasm between them. For the purposes of organisation, the discussion will revolve around some of the work of anti-theorist Annette Baier. My reasons are twofold. First, Baier is, by her own account, a feminist (Baier, 2009, pp. 252-268). Thus, it is in keeping with the feminist project of which this work is part. Second, Baier is not a care ethicist. This second reason might seem surprising. It served to motivate my choice precisely *because* she is at once an anti-theorist but not a proponent of care ethics.[56] If she had been, I might be seen as tipping the scales in favour of care ethics in advance of a full and proper discussion. Naturally, where appropriate, I will draw on other anti-theorists and theorists who have responded to her arguments.

Across a number of papers originally published around the same time as care ethics and anti-theory were gaining traction in the academic sphere, Annette Baier put forward both her criticisms of moral theory as theory and its implicit androcentrism.[57] Rather than go through each paper individually, I will draw out what I take to be the pertinent claims with respect to

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[56] Even if her ethics of trust might be read as being on similar lines to care ethics (Baier, 1986).
[57] The papers are 'Theory and Reflective Practices', 'What Do Women Want in a Moral Theory', 'Doing without Moral Theory', 'The Need for more than Justice' and 'Hume, the Women's Moral Theorist?' (Baier, 1985a) (Baier, 1985b) (Baier, 1985c) (Baier, 1987) (Baier, 1995).

both anti-theory and feminist concerns. Although Baier is generally taken to be an anti-theorist about ethics, her work suggests a certain ambiguous relationship with theory. This is due to the sense that Baier's dissatisfaction comes from the way in which moral theory had been conducted in Anglophone philosophy up to the point at which she was writing, the mid 1980s. Further, Baier is in no way a moral nihilist, rather she seems to be arguing for what she takes to be a preferable way of understanding the moral life; one in which 'theory' is perhaps understood very differently from the way in which it has been in the history of Western moral philosophy. I discern five related criticisms about moral theory in Baier's work, the first I have already offered, namely the shape of contemporary moral theory. Second, that these theories overemphasise obligation. Third, these theories' affinity for codification is not promising or realistic. Fourth, moral theories stand too far from actual moral practice and, fifth that ultimately these moral theories propound and promulgate a moral vision that is suited only to their male designers, that is, the charge of androcentrism. I will now take these criticisms in turn.

Shape

Moral philosophy has long included myriad moral theories and variants of these theories even if some have taken the limelight over others.[58] For Baier, this proliferation highlights a number of problems. It is not clear, first, if only one theory could be employed at a time, that is, how theory X would be selected over theory Y. Further, it is not as if there is one theory that receives even close to unanimous consent. If it were the case that any of these problems had conclusive answers which attracted the assent of all concerned, there would still be the question who comprised this 'all'. Thus, Baier observes that moral theory's pointful existence might still be otiose (Baier, 1985a, p. 209). That is, it is worth asking whether having moral theory is preferable to not having it. To open up this claim, there needs to be a sense of what a theory is. Generally speaking, Baier says that a theory "is an outcome of contemplation of some world or independently existing reality, a way of representing what it is, how it works, how its various different parts are connected, how its different aspects hang together." (pp. 209-210). But, when considering the realm of moral philosophy, Baier contests that normative theories do "not describe an existent world, at best it guides the conduct of one species of living things within

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[58] Examples include: act consequentialism, rule consequentialism, Aristotelian virtue ethics, and Neo-Aristotelian virtue ethics.

that world" (p. 210). The validity of Baier's claim seems to pull in two directions. Undoubtedly, any normative theory is trying to say something about how humans are to live in the world, this much is uncontested. However, there is a line of argument in moral philosophy that moral theory *is* trying to describe the world. This was seen above in Sorell's account of the way moral theory is produced by extension of pre-theoretical precepts. A weakness to Sorell's argument, recall, was that he dismissed the way in which social-identities might affect who was in a position to give accounts of theory and just what they might pick out from pre-theoretical precepts. For most of the history of moral philosophy, any attack or defence of moral theory has been conducted by a group of people who are remarkably homogeneous, something I have alluded to a number of times already. The fabrication of ever more elaborate theory "turns academic moral philosophy into the intellectual construction business—one attempts to outbid one's competitor constructors in erecting a theory that rationalizes the moral opinion of some group within which there is approximation to moral consensus" (Baier, 1985c, p. 230). But *au fond* the constructors share so many social characteristics that the range of theories produced is narrower than it might otherwise have been.

This problem of moral philosophy having been a closed shop for most of its existence rubs up against other accounts of moral theory that Baier distinguishes elsewhere. She suggests that there are wider and narrower senses of moral theory. In the wide sense, moral theory is "an internally consistent fairly comprehensive account of what morality is and when and why it merits our acceptance and support"; in the narrow sense moral theory is simply a "coherent near-comprehensive account" (Baier, 1985b, pp. 54-55). The relevance of this distinction, for Baier, is in considering whether women had in fact constructed any moral theories at the time she was writing; the 1980s. On the wide meaning of theory, women had certainly done much moral philosophy, but not moral theory construction. Yet, she says, most extant moral theories are incomplete and thus only theories on the narrow meaning of theory. The reason for this is because many theories fail to include anything more than *ad hoc* accounts of special relationships such as parent-child, or for that matter, the proper treatment of animals and the environment.[59] Theories that do claim otherwise, that is, to completeness, tend towards a 'broad brush' approach across a wide area (p. 55). Such theories offer a "fairly tightly systematic account of a fairly large area of morality, with a key stone supporting all the rest" (p. 55). As

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[59] Or the inevitable dependency found in human lives (Kittay, 2020 [1999], p. 33).

shall be seen again in 'Obligation' below, Baier interprets the keystone for the dominant moral theories to be obligation.[60] However, although not seemingly Baier's aim, she does describe a way of approaching moral philosophy that has its attractions. She observes that it is perfectly possible to "build up a coherent total account by a mosaic method, assembling a lot of smaller scale works until one had built up a complete account" (pp. 54-55).[61] She points out that "The examined life may be a sustainable goal, but only if the mode of examination does not destroy the life" (Baier, 1985c, p. 241). It is this, Baier claims, in the form of the dominant theories, that moral theory is at risk from doing. There will be more on this in 'Codification and principles' when I discuss codification and its purported effects on the moral life.[62]

Finally, for this section about the shape of extant theories, Nussbaum criticises Baier and fellow non-theorists for a lack of specificity about what criteria constitute a moral theory: "Baier mentions *explicitness, universality, systematicity,* and *hierarchical ordering,* but offers no general definition of theory that would show which of these items she views as necessary and/or sufficient for it." (Nussbaum, 2000, p. 232). It is clear from the foregoing that Baier is not in the business of offering that sort of account of theory nor a critique along those lines.[63] There is more detail to her criticisms as will be encountered in subsequent sections, but the *general* idea of theory remains just that for Baier; general. This disagreement rather resists satisfactory resolution. On the one hand, Nussbaum's point that to properly engage with moral theory both the opponent and the proponent need to have conditions that the moral theory is said to fulfil or not, is plausible. This is the case because it means that the discussants know that they are in fact talking about the same thing. However, conversely, if the whole idea of theory is problematic, as it seems to be for Baier, then taking aim at a more amorphous sense of theory also resonates. An anti-theorist might claim that there are certain features of moral theory that contribute to the way in which moral theory distorts the moral life but not be overly concerned

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[60] Baier has her own "guiding *motif*" in the form of trust that she thinks could serve to produce a more comprehensive account of morality (Baier, 1985b, p. 55).

[61] This resembles Fotion's later suggestion for local theories building up a complete picture of the moral life.

[62] The suggestion that the way in which a phenomenon is observed, measured, or even described as having implications for that very phenomenon is well documented across diverse fields of scholarship including quantum mechanics (Phillips, 2003, p. 10ff), hospital readmissions (Muller, 2018, p. 120ff), and even the choice of metaphors employed (Lakoff & Johnson, 2003, p. 10ff).

[63] And it should be noted that Baier is not denying moral agents' need for theories about the world from a natural and social scientific point of view, just not normative theories on top of those (Baier, 1985c, p. 233). I contest whether it is possible to delineate theories so easily. Values are bound unavoidably into the fabric of human life thus all theories have normative implications. I discuss the presence of value 'all the way down' in more detail in 'Practices and moral perception'.

as to whether any *particular* theory has all or only some of these features. But does this mean that an anti-theorist, rather than a moral nihilist say, could be persuaded that there might be ways of structuring a moral theory to which they could give support? I plan to expand on this last point very shortly, but first, what about an anti-theorist whose target is more clearly defined?

Bernard Williams does indeed give a precise definition for theory. He states: "An ethical theory is a theoretical account of what ethical thought and practice are, which account either implies a general test for the correctness of basic ethical beliefs and principles or else implies that there cannot be such a test." (Williams, 2006 [1985], p. 72). Williams is not advocating for either of these positions, rather he says that there is a third option, one he endorses that calls for "a theory about the nature of ethical thought that *leaves open* the question of whether there could be such tests" (p. 74 emphasis in original).[64] Thus, in committing to an ethical theory, so Williams claims, the agent is committed to having a way of assessing the rightness or wrongness of accompanying beliefs and principles, or holding that there is not one. While Nussbaum may be accurate in saying that Baier is perhaps leaving too much unsaid, is Williams to be faulted for being too limited in his criteria for what a moral theory is? Recall, Williams' targets were Kantian deontology, utilitarianism, and contractualism (Chs. 4 and 5). These theories do indeed offer such tests for correctness of ethical beliefs, namely is the act such that it could be universally willed, does an act maximise the overall welfare, or is the act such that uncoerced rational agents would agree to it? It perhaps does not do justice to Williams to interpret him as saying that the existence of such a test in a moral theory is all there is to said theory. However, that is at least part of his argument. Could Williams and other anti-theorists be appeased with a test for ethical correctness that focussed less on an agent's supposed obligation and more on something else? It is this change in structure that I gestured towards at the end of the previous paragraph.

In utilitarianism and Kantian deontology, there is an agential focus. The theories ask what is the right action for a particular agent to do. Namely, trying to determine what obligations are rightly attributed to the agent. This emphasis is arguably found in social contract theories too.

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[64] Cheryl Noble foreshadows Williams in an earlier paper: "The criticisms of the idea of normative ethical theory offered here are not intended as criticisms of the idea of normative ethics. Rather they are aimed at a particular conception of what normative ethics should be" (Noble, 1979, p. 508).

Amongst the criticisms anti-theorists made of these theories, as I have indicated, the undue attention given to obligation is a frequent target. There is more to say about the way in which obligation has commonly been conceived in moral theory, the subject-matter of the next section. I will put further discussion of that to one side for the moment. Alongside concerns about obligation, the anti-theorists commonly suggested that there should be at least some focus on the virtues and the good for a preferable view of what might be the moral life.[65] The claim is that in so doing, the moral landscape does not suffer the imprecations and distortions that it does under other moral theories. I want to suggest that the anti-theorists spurred important lines of thought in moral philosophy but, like the theorists before them, their attachment to the seemingly isolated individual agent still leaves something crucial out of an account of the moral life.

This phenomenon has been observed by other writers who have also started to break new ground in moral philosophy. As I shall be discussing her work in much detail below in '**Error! R eference source not found.**', here is Soran Reader's assessment: "A moral theory may start with the agent, as virtue ethical theories do, or it may start with the action, as deontological theories do, or it may start with the valuable goals the agent seeks, as consequentialist theories do" (Reader, 2007, p. 4). Reader's argument involves attending to the moral patient and their needs. This might sound like it is a very similar approach to that taken by care ethicists. However, as I will demonstrate when critically evaluating Reader's account of needs, I think some rehabilitation is necessary before its adoption by care ethicists. In the meantime, it is Reader's insight that moral theory has typically not included the moral patient that is of interest. It would be an overcorrection to *only* consider moral patients in a moral theory as this might then result in the charge of self-abnegation of which care ethics falls foul. Such that an agent never considers their own needs, always looking outwards at what others might need. Rather, it is the fact of relation between moral agents and patients to which I will draw attention. A moral theory so shaped in order to give prominence to this unavoidable human reality would, so I claim, be an improvement in moral philosophy. There is more to be said about relational moral theory and it will feature throughout this thesis. For now, I will move to the next element of anti-theorist criticism, obligation in moral theory.

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[65] (Baier, 1985b, p. 59ff) (Williams, 2006 [1985], p. 8ff) (Taylor, 1995, p. 134ff) (Taylor, 2007, p. 71ff). These sentiments may be connected to the resurgence of Aristotelian virtue ethics and the emergence of Neo-Aristotelian virtue ethics.

Obligation

At the outset I would like to anticipate potential worries that anti-theorists, feminists, or care ethicists may appear to be dispensing with the notion of obligation *tout court*. The problem for these groups is not that there are moral obligations but it is the *way* they are characterised and the role they seem to play in certain moral theories.[66] I shall, first, say a little about how Baier characterises the role played by obligation in traditional moral theories. As Baier sees it, traditional moral theorists have sought answers to how justification can be found when "treating a person as morally bound or obliged to do a particular thing, Since to be bound is to be unfree, by making obligation central one at the same time makes central the question of the justification of coercion, of forcing or trying to force someone to act in a particular way" (Baier, 1985b, p. 56). To its credit, obligation has proved to be a concept that serves to mark out the moral field in different spheres along with providing unity and coherence between these arenas and their justification (p. 56). But, according to Baier, while obligation has risen to the occasion for those areas of morality that it covers, it does not extend to the whole of morality (p. 56). Recall above, in 'Shape' Baier was shown to criticise certain moral theories for offering no more than handwaves towards the way in which special relationships, for example, are accommodated. This is an example of what Baier means when she says that obligation, for all its merits, does not offer a complete account of the moral life. Baier argues, in the papers being considered and elsewhere, that 'trust'[67] could serve to connect obligation and those areas of moral life in which obligation falters.[68]

In Baier's view, the appeal of an appropriate sort of trust is to offer a common feature of human experience such that it provides something that "mediates between reason and feeling…since to trust is neither quite to believe something about the trusted, nor necessarily to feel any emotion towards them – but to have a belief-informed and action-influencing attitude" (p. 57). Trust connects with obligation in terms of what might be called 'trusting to coerce'.[69] Such trusting coercion might be understood as admitting of degrees. A high amount of trusting

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[66] For example (Williams, 2006 [1985], p. 180ff).
[67] See (Baier, 1986) (Baier, 1992a) (Baier, 1992b). For extended criticism see (Koehn, 1998, pp. 80-99).
[68] Similarly in Taylor on the limits of much moral philosophy: "The focus is on obligatory action, which means that it turns away from questions in which obligation is not really the issue, as well as those where not just actions but ways of life or ways of being is what we have to weigh" (Taylor, 2007, p. 57).
[69] This is my gloss on Baier's account.

coercion is required as "to recognize a set of obligations is to trust some group of persons to instill (sic) them, to demand that they be met, possibly to levy sanctions if they are not" (p. 58). Much less trusting coercion, but not negligible, "is possessed by those shaping our conceptions of the virtues, expecting us to display them, approving when we do, disapproving…when we do not" (Baier, 1985b, p. 58). Baier's point is that anyone in these positions of coercive control must be trusted to do so appropriately, that is morally. However, where certain moral theories have taken a misstep, is to model morality on "cases where more trust is placed in enforcers of obligations than is placed in ordinary moral agents, the bearers of the obligations" (p. 59). But obligations in this coercive environment not only do not exhaust all the obligations people may have, but risks devolving into a situation where those applying sanctions cannot be trusted or that those self-same people fear other sanctions sufficiently to render their taking advantage of their situation moot. All this, Baier posits, may be accompanied by some agents driven to be sycophants as a coping mechanism amidst this culture of fear of sanction (pp. 59-60).

Fear of sanctions or a resort to toadying is hardly the recipe for a flourishing life if that is the sum total of morality, even if it is accepted that both are an adjunct to maintaining the moral life, at times. This prompts Baier to rhetorically pose a series of questions about a moral theory whose central concept was trust. This is of interest as *mutatis mutandis* these questions are in need of response from an ethics of care; the questions revolve around "Who should trust whom with what, and why?" (p. 60). It is in this spirit that I have reworded Baier's questions to be a set suitable for care ethics.

> when to *respond* to [care] with [not caring for others], when and when not to invite [care], as well as when to give and refuse [care]. We should not assume that promiscuous [care] is any more a virtue than is undiscriminating [withholding of care]. It is appropriate [caring for others], appropriate [expectation of care from others], appropriate encouragement to [care], which will be virtues, as will be judicious [not caring for others], selective refusal to [care], discriminating discouragement to [care] (p. 61 my adaptation).[70]

None of these admit of ready answers. As more is said about care ethics, I hope that at least a sketch of some responses will emerge. I include these here in part to show that Baier is not completely against moral theory, rather, as a reminder that it seems to be that it is a different

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[70] The original reads: "when to *respond* to trust with *un*trustworthiness, when and when not to invite trust, as well as when to give and refuse trust. We should not assume that promiscuous trustworthiness is any more a virtue than is undiscriminating distrust. It is appropriate trustworthiness, appropriate trustingness, appropriate encouragement to trust, which will be virtues, as will be judicious untrustworthiness, selective refusal to trust, discriminating discouragement to trust." (Baier, 1985b, p. 61 emphasis in original)

sort of guiding *motif* that she seeks to bind moral thinking together (p. 55). If trust, or as I claim care, might warrant inclusion in a moral theory, is there anything *else* to take from the anti-theorists before saying a word about care ethics and obligation?

The claim that there is more to the moral life than obligation is also found in both Williams and Taylor. For Williams, while moral philosophy is to be understood as the 'ethical', this contrasts with 'morality', which is narrower and is concerned with obligation (Williams, 2006 [1985] p. 6, Ch. 10). Charles Taylor is sympathetic to Williams' project but avers that his thinking is not identical (Taylor, 1995, p. 133). In Taylor's estimation, moral philosophy has emphasised accounts of obligatory action; the right at the expense of a full account of the good: "morals concern what we *ought* to *do*; excluding both what it is good to do, even though we are not *obliged* (which is why supererogation is such a problem for some contemporary moral philosophy) and also what it may be good (or even obligatory) to *be* or *love*, as irrelevant to ethics" (pp. 134-135 emphasis and parenthesis in original). In later work, Taylor summarises his stance as follows: "philosophy tended to restrict itself to the right, at the expense of the good. If issues of the good life were allowed, independently of the issue of what is right, they were seen as a second zone of practical consideration, lacking the urgency and high priority of the moral" (Taylor, 2007, p. 57). All this leads to a number of pressing considerations that do not necessarily lead in the same direction, from the point of view of care ethics at any rate. First, critics of theory seem to be of a mind about the attention being paid to obligation: it looms larger than is warranted and misses crucial aspects of the moral life. Second, at the least moral philosophy needs to say something about the *sort* of people good moral agents ought to aspire to be. Third, a different account of morality might look to a shift in guiding motif in order to keep its disparate moving parts bound together.

I suggested before delineating the three points above that from *a care ethical perspective*, the issues raised did not necessarily work together. I shall say some more about this claim now, taking the points in turn. For care ethicists, there *is* an appreciation of the role of obligation in the ethical life, it is simply envisaged differently. In care ethics, in an important sense, obligations are seen to issue or be generated by the uncomplicated fact that people exist in

relation to each other (Collins, 2015, p. 7).[71] This is contrasted with the long influential account of voluntary, self-assumed obligations.[72,73] The act of freely making a promise is paradigmatic because it necessarily involves a particular promiser, a particular promise, and it has particular content. Formally, X promises Y that Z. For example, 'I (X) promise you (Y) that I will take you to the airport (Z)'. In my promising, you now rely on me to in fact take you to the airport. The promise is broken if I do not. This does not mean the promise is necessarily culpably broken, perhaps my car has broken down that day, but it *would* be culpably broken if I did not get out of bed in time. Taking promising as the archetypal ground of obligation, voluntarists use this to consider other ways in which obligations are generated. The further from *promising* a situation is taken to be, the less weighty the obligations generated. One step from promising is *consent*. This is where an agent confers decision-making power on someone else such that this other may legitimately take actions with respect to the agent that were previously limited in the absence of consent. For example, I might consent to the surgeon carrying out a certain invasive operation; one person cutting open another not being common practice otherwise. The next step is *mutual restriction*. Here, agents have entered into some rule-bound scheme with other agents that entails each agent has the right to expect other agents so-entered to abide by said rules (Hart, 1955, pp. 183-187). The step furthest from promising is *the parent-child relationship*. Rights herein "arise out of the special relationship of the parties (though it is in this case a natural relationship) and not out of the character of the actions to the performance of which there is a right" (Hart, 1955, p. 187). The upshot, for voluntarists, is that obligations are generated through previous voluntary action.

Hart only included the parent-child relationship in his analysis because he was aware that other theorists had used the relationship as an analogy when discussing the nature of political obligation (Hart, 1955, p. 187). There is a further clue as to the limited regard Hart holds the parent-child relation when he only speaks about the parent's right to obedience from the child (p. 187). He does not appear to countenance the child's having any rights as against the parent. Hart is clear, as seen in the quotation at the end of the previous paragraph, that any rights and obligations in the parent-child relationship arise not from previous voluntary action, though he

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[71] Collins summarises this view as follows: "To the extent that they have value to individuals in the relationship, relationships ought to be (a) treated as moral paradigms, (b) valued, preserved, or promoted (as appropriate to the circumstance at hand), and (c) acknowledged as giving rise to weighty duties" (Collins, 2015, p. 47). I will have more to say about this idea of the source of obligation in relationships in due course.

[72] See (Hart, 1955) (Hart, 1966) for accounts that contributed to the influence of the voluntarist approach.

[73] I am indebted to the criticism of voluntarism in (Goodin, 1985, pp. 28-41).

seems almost grudging in this acceptance.[74] Later, in 'Androcentrism', I offer Code's comments about how the choice of starting point matters for the construction of moral theory. In that analysis, it is whether autonomy or community is the focal point. Here, I observe that Goodin makes a similar point about voluntarism: "The model of self-assumed obligations starts from the premise that you should keep your promises. With that principle as its central tenet, however, the model is ill equipped to account for the intuition, which is every bit as compelling, that we owe something special to our own children" (Goodin, 1985, p. 33). Goodin's proposal, his 'vulnerability model', is his response to voluntarism, one that takes the parent-child relationship as its starting point.

Goodin's approach, by looking to a fundamental human experience, of parent and child, bears a very strong resemblance to care ethicists such as Noddings and Ruddick who similarly took this to be their starting point.[75] I should stress that Goodin is not a care ethicist, and he is very much working within the mode of traditional moral philosophy. However, there is a great deal of value in his account of vulnerability. For the time being, I will only give the model in outline as it will be discussed in much more detail in 'Chapter 3 What are caring obligations?' when I work towards marrying it with Noddings' care ethics. Simply put, it is that agents are responsible to others precisely to the extent that these others are vulnerable to them. In his project, Goodin argues that while agents may have obligations generated by their special relationships, their families, friends, communities, and nations, this is not because of the agent's voluntaristic self-assumption of responsibility, it is a function of the extent those closest to an agent are vulnerable to that agent's actions and choices. Understanding responsibility in this way explains how obligations arise beyond the 'conventional catalogue'[76] to more distant others. The extent of the responsibility is determined by the level of vulnerability to the agent's choices and actions (pp. 205-207).[77] It would constitute too much of a digression to pursue Goodin's ideas further at this point, thus I will put them on hold for the time being. The point to take forward is that the voluntaristic account of obligation, in its failure to include those

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[74] See (Stearns, 2016) for a history of children's rights.
[75] See 'Introduction'.
[76] Goodin notes that the 'conventional catalogue' has included "special duties toward family, friends, clients, compatriots, and so forth" (Goodin, 1985, p. 205).
[77] Goodin's 'vulnerability' model has been held up for inspection by various care ethicists (Tronto, 1993, pp. 135, 153) (Clement, 1996, pp. 73-75) (Kittay, 2020 [1999], pp. 61-71) (Engster, 2005, pp. 57-65) (though see a different view in (Engster, 2019)) (Pettersen, 2008, pp. 161-165) (Collins, 2015, p. 100). I am more hopeful for the model's inclusion in care ethics than these authors appear to be.

obligations generated by special relationships without 'hand waving' is inferior to an account that takes seriously special relationships and attendant obligations.

The second issue I suggested that stems from anti-theorist criticisms about obligation is their assertion that the person of the moral agent is of such moral importance that moral theories which eschew its focus have a misplaced confidence in the extent of the moral life that their theories purport to cover.[78] A renewed focus on the virtues stemming in part from these anti-theorist complaints undoubtedly contributed to the rise in the latter part of the last century of both virtue theory and virtue ethics. The former explores what virtues might be and imply for the agent while not necessarily requiring any commitment to the place of virtue in a normative theory. The latter usually takes up this challenge. Now, care ethics has a great deal to say about the sorts of people it exhorts caring agents to be. However, in contradistinction to virtue ethics, it has a lot to say about caring patients too.[79] And here is where the previously identified issues diverge from the point of view of care ethics. Care ethicists agree that something must be said beyond obligation, but they do not limit that analysis to the moral agent. On account of their taking the caring relationship as central, care ethicists take up with vigour the role, contribution, and for want of a better word, virtue, of both caring agents *and* caring patients. Thus, care ethics takes a wider view of the moral, which is, I think, in its favour. Later in 'Coda', I will briefly discuss that despite their best efforts virtue ethicists do not succeed in subsuming care ethics into their endeavours. For the moment, I will remark on the third point, what might be the guiding *motif* of a different sort of moral theory.

My final thread at this stage is the recognition, common to anti-theorists and care ethicists alike, that moral theories that take obligation as their guide struggle to be properly comprehensive. Is a commitment to some sort of guiding *motif* a commitment to a teleological ethics in line with Aristotle?[80] I suggest that no such thing is entailed. A teleological ethics makes a claim about the ends towards which that ethics is directed. Additional claims are needed in order to make clear the way in which such a theory works towards those ends. For example, consequentialist theories, teleological *par excellence*, might hold to the maximisation of overall welfare. The difference with taking some concept as a guide rather than end is that a

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[78] Recall that a common distinction in moral philosophy is between the 'good' for people to be and aim at and the 'right' for actions.

[79] For example, Noddings devotes a chapter to each in her *Caring* (Noddings, 2013 [1984] Chs. 2 and 3).

[80] I interpret Taylor as heading in this direction (Taylor, 1995, p. 135).

guide serves both to structure and organise the moral theory but need only make loose claims about the ends of the theory. This was seen above in 'Obligation' where a set of questions were posited for a theory guided by care. Thus, the third departure for the ethics of care from the foregoing points is clarified: it serves to organise a moral theory in a way that is not readily apparent in the teleology that is proposed by Taylor, for example. Talk of 'structure' and 'organisation' in moral theory might conjure all sorts of images, a common one being a set of rules or principles. Though popular in moral theory, this organising approach is another target found in the work of anti-theorists. I attend to this in the following section.

Codification and principles

Across Baier's work on anti-theory, it seems that it is the codification and associated systemisation found in certain moral theories that exercises her most. For example, "Today's moral theorists are all Kantians in their prejudice in favor of formulated general rules." (Baier, 1985c, p. 235) or her oft-quoted: "By a normative theory I mean a system of moral principles in which the less general are derived from the more general, I want to attack the whole idea of a moral 'theory' which systematizes and extends a body of moral judgements" (p. 232). Based on this, Baier says that Kant and Aquinas offered normative theories, but Aristotle and Hume did not. Something vital is lost, according to Baier, in the effort to codify morality. She avers "A significant fact about moral conscience is that its deliverances need not come in verbal form, that it is often a difficult task to articulate what it is we are certain is wrong in an action, let alone what universal rule we think it breaks." (Baier, 1985a, p. 213). And shortly thereafter: "A parent has not failed to give a child some sense of right and wrong simply because neither parent nor child can tell us what rules the child has been taught to obey, nor even which virtues the child has been encouraged to cultivate." (p. 214).[81] It is a mistake to assume that anything connected to the moral can take on the sort of form found in the legal and scientific, ordered domains. Organised, that is, by a set of laws. While virtues do not admit of easy formulation, they are, says Baier, commonly recognisable and from the point of view of parents, easily

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[81] Hooker's comments on Williams' related criticism is pertinent here: "Even if these people cannot themselves articulate a structure in their commitments, we must not assume that there is none to be unearthed. And we should at least conduct a thorough investigation to see whether there is such a deep structure before we conclude that there is not." (Hooker, 2012, p. 32)

encouraged (p. 220). The morality learnt from one's parents shows a persistence across familial generations that is not in evidence with many moral theories.[82] Which latter also

> are entirely untested as respects their transferability to new members of a community at the age when such learning is still possible, the age of innocence, early childhood. Whatever else an acceptable morality must be, it must be in some sense "teachable" to young children, and understandable by nonintellectuals. Understanding is not the ability to verbalize, let alone to systematize, any more than acceptance of a morality is lip service to its slogans. (p. 219)

All this is in comparison to law-like morality whose costs during inculcation can be pernicious, unlike virtues (p. 223). Baier goes as far to say that codification is likely to increase moral disagreement because if each agent has their own moral code, then a clash of each against all remains likely (pp. 211-212). The moral code approach fails to recognise that

> to cope with scarcity, vulnerability, and powerlessness, we need the cooperation and help of the very ones who also pose the threat. The good and hopeful aspects of our condition, as much as the evils, stem from the fact of interdependence. Moral feelings control by positively reinforcing our responses to the good of cooperation, trust, mutual aid, friendship, love, as well as regulating responses to the risk of evil. (p. 218)

Thus, for Baier, the way in which people typically have any moral sense is through the exhortations and modelling of behaviour by their caregivers.[83] The precepts favoured by their caregivers are not necessarily articulable and are none the worse for that. As will be seen in 'Practices and moral perception', moral behaviour is gained not from the imposition of explicit moral rules but from the practices in which humans are inevitably immersed. The resistance to seeking moral guidance somewhere external to practice links to Williams' concern that "We must reject any model of personal practical thought according to which all my projects, purposes, and needs should be made, discursively and at once, considerations *for* me. I must deliberate *from* what I am." (Williams, 2006 [1985], p. 200 emphasis in original). This calls for the centrality of the person of ethics, one who must find within themselves the appropriate moral judgement rather than having their moral life and general projects legislated for from without. Systems of moral rules, according to Taylor, exhibit shortcomings as moral theories in "their attempt to develop high-definition decision procedures, denying the need for *phronêsis*; and their foreshortening of the moral domain" (Taylor, 2007, p. 75). Taylor's

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[82] Baier discusses Christianity's fortunes over the centuries. I do not propose to weigh in on discussion of the relationships between secular and religious moral theories. For some discussion see (Shafer-Landau, 2020, pp. 63-74).

[83] Along with expressions of approbation and opprobrium, amongst others.

concerns are threefold. First, that moral theories of this sort try to suggest that given enough detail, a system could be constructed that directs the moral agent towards how they ought to act. Linked to this is the second concern, that such a system renders practical wisdom or moral judgement superfluous to the situation at hand. Third, that the attention to acts, or the right, that is the preoccupation of theories of obligation is an enervated view of morality. Similarly, returning to Williams, who targets the generality of these rules rather than, in his view, the preferable particularity. In opting for the former, much traditional moral theory seeks to envelop more of the moral domain as it deems itself not so hamstrung by, what Williams takes to be desirable attention to, specificities. Further, there ought to be no separation between theory and practice as the agent has to go about their lives amidst all the ethical decision-making that emerges (Williams, 2006 [1985], pp. 116-117). The agent cannot extricate themselves from their lives in order to make decisions; this happens 'inside' their lives.

Drawing these threads together, there is the concern from Baier and other anti-theorists that morality as a codified set of moral rules is not only unrealistic from the point of view of raising new members of a society to be moral but limits the moral person by claiming to offer a shortcut through the complexities of moral judgement. Rules tend towards a continued separation of would-be moral agents rather than focussing on what might keep agents together.[84] What responses might be made to these criticisms of the way certain moral theories produce codified sets of rules? First, there is commonly slippage between use of the terms 'rules' and 'principles'. This difference is important as feminist philosopher Jean Grimshaw explains. On the one hand are rules. These proscribe or prescribe but tend towards excising the need for reflection in all but the most complex cases. On the other hand, are principles. These are such that they nudge the agent towards reflection, towards accounting for the particulars of the situation when determining what it is the agent ought to do (Grimshaw, 1986, pp. 207-208). Again, there is the reminder that the ethical life is different in kind to the mathematical or natural scientific. The vast majority of mathematical activity *is* in accordance with a single set

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[84] Feminist philosopher Margaret Walker characterises the dominant theories thus: "The regnant type of moral theory in contemporary ethics is a *codifiable* (and usually *compact*) set of moral *formulas* (or procedures for selecting formulas) that can be applied by *any* agent to a situation to yield a justified and determinate *action-guiding* judgment. The formulas or procedures (if there are more than one) are typically seen as rules or principles at a high level of generality. Application of these formulas is typically seen as something like deduction or instantiation. The formulas and their applications yield the same for all agents indifferently. These formulas model what the morally competent agent or ideal moral judge does or should know, however implicitly" (Walker, 2007 [1998], pp. 58-59 emphasis in original).

of rules. To ignore the rules is to produce nonsensical scribblings.[85] The same is not true for moral theory, or at least so the anti-theorists seem to claim. In reply Nussbaum retorts "Nor is there any major ethical theory that claims to have provided an algorithm that makes tough moral reflection about particular cases otiose" (Nussbaum, 2000, pp. 245-246).[86] She concedes that it is possible to find areas in which only limited guidance is offered by the major ethical theories. This makes it imperative for theories to remain in meaningful contact with practice, "consulting" is the term Nussbaum employs (p. 246). Here then is an example of where theorists and anti-theorists seem to have common ground after all. Both groups hold that it is human practices that must be linked to moral theory for theorists and the ethical life for anti-theorists respectively. It seems that the issue of rule-principle is unresolved. Anti-theorists claim that certain moral theories promote the retreat from difficult decision making, while theorists aver that they make no such claim.

In fact, Nussbaum goes further and says "it was systems of rules that ethical theory came on the scene to displace" (p. 236). Theory provides more elaboration than blunt sets of rules. This can be seen in the way ethical theory offers reasons for following a particular rule; something that is especially important when remonstrating with a reluctant rule-follower. Further, theory does not simply impose, like rules, on an agent, rather it recognises that robust arguments are required to persuade the reasoning agent about the merits of the theory. Relatedly, theory can speak to the motivation and character of agents in ways that rules cannot. Finally, an ethical theory can show when there may be legitimate exceptions to rules (Nussbaum, 2000, pp. 236-240). This is not to say that Nussbaum thinks rules should be dispatched from moral thought wholesale. Actually, ethical theories "regard it as in general a point in favour of a theoretical account if it can preserve at least those general judgements that we regard as especially sound" (Nussbaum, 2000, p. 240). This echoes Sorell's account of moral theory development presented in the section 'Moral theory's origins' where I suggested that there was undoubtedly something to the idea that moral theory is contiguous with pre-theoretical morality, even if there remains

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[85] This is not to say that mathematics is static, rather that any new maths must in some way link to the extant body of knowledge. An accessible example of this can be found in Simon Singh's account of Andrew Wiles' success at proving Fermat's Last Theorem, prevailing where the mathematical community had failed for 300 years (Singh, 2005).

[86] Slote offers his own warning about a potential drawback to making moral decisions more straightforward: "Any ethical theory that makes it too easy always to know what to do or feel will seem to that extent flawed or even useless because untrue to our soberer sense of the wrenching complexity of moral phenomena." (Baron, et al., 1997, p. 232)

disagreement about which aspects are highlighted. It would be unusual, for example, if a moral theory took prohibitions on killing people to be morally acceptable as caprice takes the agent.

There is, also, a positive side to rules that Nussbaum explains (pp. 240-241). Sometimes rules are the result of extensive deliberation by those whom the agent has good warrant to believe are better-positioned to reach sensible conclusions. Rules might serve to limit the way in which agents may easily give into the temptation to unjustified partiality. They might save time, given the "need to summarize, classify, subsume – even when we admit this is not always the best way of doing justice to all features of the particular" (p. 241). Perhaps "when we are faced with a complex particular situation, rules refresh our memory, shape and inform our vision, and focus our attention on aspects of the situation that we might otherwise have missed" (p. 241).[87] If it is granted that there might be some use to having rules, with the caveat that their form is interrogated because of the likely relationship between rules and their benefiting those in positions of social power, and further that they are understood to be revisable, where does the ethics of care stand with respect to rules and principles?

The first thing to say is that care ethicists do not always distinguish between rules and principles. In her critique of care's critique of principles, Ornaith O'Dowd posits that in the absence of care ethical commitment to some sort of definition, that care ethicists are likely using 'rule' and 'principle' in their ordinary language senses (O'Dowd, 2012, p. 408). This interpretation is consonant with the distinctive uses given by Grimshaw above where, generally speaking, rules preclude much reflection but principles invite it. The difficulty, when investigating care ethics' relationship with rules and/or principles, is that some authors seem to use both terms and to do so interchangeably. Arguably, it is Nel Noddings who argues most strenuously against principles. In her *Caring*, Noddings says that the caring agent "is wary of rules and principles. She formulates and holds them loosely, tentatively, as economies of a sort, but she insists upon holding closely to the concrete. She wants to maintain and to exercise her receptivity" (Noddings, 2013 [1984], p. 55) and that for the agent "principles are guides to behavior, and she sees clearly that their function is largely to simplify situations, to prevent hundreds of similar questions from arising. She sees, also, that they may be of little use if a serious question actually arises" (p. 56). There are more and less controversial views of

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[87] For more on principles and abstraction see (O'Neill, 2018).

principles contained in these excerpts. Noddings is suggesting that while an agent might indeed adhere to principles, they are unlikely, if caring, to do so without proper attention to the situation at hand. Such an agent is aware that principles, just as was seen above from Nussbaum, might in fact help the agent rather than acting to circumvent moral deliberation. Similarly, the idea that agents tend not to dwell on principles in exigent situations fits with common intuitions: a person will probably, if they are able, stop a child from running into the road. They are unlikely to think much about it. However, the inclusion of "formulates" requires analysis. Is Noddings suggesting that agents commonly go about designing their own principles? There are few Kants in the world, for example. A better characterisation, I think, is the idea that throughout a person's life they absorb some principles and reject others. I return to the internalisation of principles shortly.

The story does not end there. At the outset of *Caring*, Noddings is adamant: "I shall reject ethics of principle as ambiguous and unstable. Wherever there is a principle, there is implied its exception and, too often, principles function to separate us from each other. We may become dangerously self-righteous when we perceive ourselves as holding a precious principle not held by the other" (p. 5). I suggest that, here, principles are being described more like rules. Principles, especially as has been distinguished by Grimshaw, *welcome* the displacement of one principle for another as contingencies reveal themselves. It is much more difficult to take oneself to be separated by principles if they are understood to admit of reflection than rules which typically resist it. However, of particular interest, is the inclusion in the preface to *Caring*'s second edition of the following:

> Critics have sometimes objected to my view of principles by saying that the ethic of care itself stands on a principle: always act so as to establish, maintain, or enhance caring relations. But this claim is a confusion in types of principle. The principle as stated is a good *descriptive* principle; it tells us what an observer sees in watching caring relations. But carers do not normally consult this principle before acting; it is not a dependable *prescriptive* principle. People who care usually do so naturally and directly because they want to respond positively to those addressing them (p. xxiii emphasis in original).

How plausible is the distinction Noddings is making between a descriptive and prescriptive principle? An observer of a caring encounter might plausibly agree that what they are seeing is accurately described as the caring agent acting "to establish, maintain, or enhance caring relations". For example, a teacher in dialogue with a young student about the latter having admitted to having cheated on a test. The teacher might praise the admission so as to promote the likelihood of more trustworthy behaviour in the future. This does not entail that teacher

refrains from getting the student to re-sit the test. It might be couched in terms that allay fears from the student that their future will be damned by a poor performance. The teacher might stress the formative elements of properly undertaking the test, and so on. The teacher might be described as maintaining the caring relation with their student. But is Noddings right about the prescriptive reading of the principle? I agree that in the moment, the teacher, or other caring agent, is unlikely to "consult this principle before acting". This is for the reason that the prescription, that is, its normative weight, has already been internalised by the caring agent. Above in 'Diffuse and unsteady, just what is care ethics?', I discussed issues around alleged distinctions between description and prescription. This will be revisited below in 'Practices and moral perception' when a related issue about moral and nonmoral matters is considered. For now, it will suffice to say that when understood as distinct from rules, principles are not necessarily problematic and that though care ethics may resist taking on many principles, it has no reason to avoid them completely.

A second view of the relationship between care ethicists and principles has been identified by Cynthia Stark.[88] She argues that care ethicists blur the distinction between the involvement of principles on at least at two levels: that of deliberation, and that of justification.[89] The way in which principles are justified need not impinge on their employ (Stark, 2010, p. 826). It is the difference between saying what agents are doing when they are deliberating, and why the principles have the status that they do. This actually aligns with care ethics unexpectedly well. Care ethicists want the caring agent to respond to the particularities of the situation. This is against the background principle, in line with Noddings, of establishing, maintaining, and enhancing caring relations. Why is this principle justified? This principle is justified because Noddings takes being in relation with others as ontologically basic and being in caring relations with others as ethically basic (Noddings, 2013 [1984], p. 3). The latter is due to Noddings' claim that "To receive and to be received, to care and be cared-for: these are the basic realities of human being and its basic aims." (p. 173). For Noddings, and arguably all care ethicists, caring relations are self-justifying because of the way in which human life would not continue in their absence. Infants need care for a great number of years before they have any hope of being able to care for themselves. The human body and mind are such that being dependent on

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[88] See also (Collins, 2015 Ch. 2). Collins says her view is close to Stark's but that "Stark opposes deliberation to the *justification* of standards of rightness, not to standards of rightness themselves" (Collins, 2015, p. 172 emphasis in original).
[89] A third level is how rightness is identified as a standard (Stark, 2010, p. 827).

others is an inevitable feature of human existence. Thus, care ethics might claim that, at the level of justification, further reasons for maintaining caring relations need not be adduced. The unavoidable reality of human dependency supports this to some extent. However, because care ethicists have not usually distinguished between principles used in deliberation and principles used in justification, it seems that more must be said for the former. An immediate response might be that the distinction is obscured in care ethics because the reasons, namely human dependency, are the justificatory force for both justification ad deliberation. I think care ethics can do better than this and I will have more to say on this in 'Chapter 3 What are caring obligations?' when I start to offer refinements to Noddings' ethics of care.

This section has considered Baier's contention that moral theories' inclusion of codified rules is detrimental to the ethical project. Principles were distinguished from rules, and the implication that the former does not preclude reflection was found in their favour and suggested that at least some of the wind was taken out of the anti-theorists' sails. Rules were not found to be entirely wanting, especially given their possibility, at appropriate times, to improve moral reasoning. In any case, care ethical use of rules and principles as if they were synonyms is somewhat indicative of care ethicists' broad dissatisfaction with principles. Finally, and the crux of the issue, is that of the difference between finding arguments to justify principles and the use of principles in moral deliberation. Having conceded that principles are not necessarily distortive when deliberating, care ethicists will need to say more about how they propose to justify even their minimal principles and whether moral agents ever really act in the absence of principles, which may turn out to be implicit. It seems that the anti-theorist claims about codification and principles were somewhat overblown, and that an important feature of the ethical life, taken forward in the next section, concerns moral precepts and behaviours immanent in human practices and societies.

Practices and moral perception

The previous section suggested that the anti-theorists and theorists were almost of the same mind when it came to the importance of practices in the ethical life.[90] I am not suggesting that they envisage the role of practices in the same way, but it is a positive sign that there is some

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[90] (Lynch, 2016) discusses care and various conceptions of practice.

overlap in their commitments, no matter how minimal. I venture to say that the focus on practices is actually quite significant. This can be seen by my first explaining how anti-theorists draw on practices to support their case. An initial problem for Baier is the way in which moral theorists have used utopian idealisations detached from the real world. She says that theorists' constructions may very well offer case studies in the solution of moral problems in that ideal world but fail to do so in the nonideal world (Baier, 1985a, p. 210). It is acknowledged by Baier that even if the ideal is only meant to be something towards which approximations are made, that theorists still owe an account of the *means* by which ordinary, messy, complex moral agents approach this ideal.[91] There is no claim from Baier that what currently exists is good or best, rather that it is the currently existing that *must* be the starting point for examination and improvement of moral practices. Rather, the abstractions that comprise utopian ideals, wanting the means for their realisation is "a renunciation of morality. The unreal, the Utopian vision, is at best morally irrelevant, at worst morally destructive" (p. 225). Any proposed moral principles need to be tested by actual communities. Baier's pertinent reminder is that logical consequences may be anticipated but "real life attempts to apply an abstract theory or principle lead to results richer and messier than those foreseen from an armchair." (p. 242).

To some extent, Baier's concern has plausibility. There can be significant gaps between what theorists foresee and what happens in reality. However, Baier's claim that communities need to test moral principles seems to overlook the way in which this does already occur. The shift from theocracy to monarchy to democracy in many Western nations is testament to this fact. Modern governments will commonly use consequentialist principles to determine the design and implementation of policy. International human rights frameworks owe much of their content to Kant's insistence of the ultimate dignity of human beings. This is not to suggest that any, or even most, application of moral principles is optimal, however that is understood, but it is to say that moral principles *are* enacted in current societies. Baier urges moral philosophers to seek out the work of historians, economists, sociologists and to use all this and more with

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[91] Another parsing of ideals is offered by Philip Kitcher in his recent contribution to the philosophy of education (Kitcher, 2022). Kitcher offers: "Ideals don't single out definite goals, to be realized or at least approximated. Rather, they are diagnostic tools for identifying the problems of the present and the lines along which they might be overcome" (Kitcher, 2022, p. 44). This might supply a way forward from Baier's criticisms about proponents of idealised moral theory failing to give an account of how this ideal might be moved towards. Also, Kitcher's pragmatic, non-teleological progress might have a bearing. This is the notion that when working towards some goal or end (telos) rather than taking progress to be a function of the extent that telos has been realised, the agent might find a sufficient, or good enough state amongst competing ideals (Kitcher, 2022, p. 44 fn 84). See also (Kitcher, 2015) (Kitcher, 2017).

the imagination of novelists to have any hope of predicting how novel moral principles might instantiate once out in the world (p. 242). I do not deny that there can be significant friction between theory and practice, but just how novel are these moral principles? If the arguments in 'Moral theory's origins' have merit, then moral theory is not starting *ab initio*. It seeks out features of social experience and tries to distil, to articulate, to expand, on these in a certain form. It is these features of social experience, that is, human practices, that are taken as having a role for both theorists and anti-theorists. The previous section argued that codification and principles in themselves did not entail pernicious distortion of the moral life. Thus, as long as any proposed principles are accessible, there is a reasonable expectation that they would in fact be close enough to human life to be comprehensible as such. Baier's concern about *novel* principles is, I think, unfounded.

Having said all this, Baier does see a route forward in the work of Hume, and, I suggest, her view is close to that given in the preceding paragraph. Hume's insight, according to Baier is that people should not look to moral theory for moral guides "but in human active capacities for cooperation." (Baier, 1985c, p. 231). Baier says of Hume's account of morality "the important aspects of the latter are its nonrationalism, and its version of the relation between moral philosophy and the actual human practices in which appeals to moral judgements are made and in which morality makes a difference to what is done, thought, and felt" (p. 236).[92] So too, the moral reflection argued for by Hume leans on the empirical, the real world in which this reflection takes place (p. 238). Baier's point seems to be that there are other approaches to morality than intellectual reason. It is the latter, I think that she sees as warranting the problems just explored where she castigated those moral theorists whose utopian visions and accompanying theories were only suitable for each other but of no use to the agent situated in reality. It is the lack of real situatedness and need for the multifarious details of moral problems that Baier sees as limiting in Kohlberg's fictional scenarios seen in 'Origins of care ethics'. It was not only that the characters in the dilemmas were fictive, but that they had been stripped of the trappings of actual lives. Baier goes further in another paper. Even in well-written and detailed characterisations in novels, Baier questions whether or not someone asked about what

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[92] Baier's preference is a Humean reading of society with *sentiments* and reason developing moral capacity. But the role of sentiment, emotion, the passions are not limited to Hume. As Nussbaum points out, there "is no major ethical theory that considers only an agent's reasoning processes important in arriving at correct choices. All have a very deep interest in the passions, and all have accounts of how institutions and moral education can shape the passions so that they are more likely to support good action" (Nussbaum, 2000, p. 243).

they would do in the fictional situation would in fact be what the agent would do if they actually experienced the events described. She contests whether this can even be called 'moral practice' because moral responses are never "harmless", unlike, Baier seems to be implying, the consideration of fictional scenarios, no matter how detailed. For all that such efforts at practice in the reading of novels, watching plays and so on might render the agent *more* aware of the sorts of things that contribute to the complexity of moral response they still do not offer predictive power in the often harsh reality of the moment (Baier, 1995, pp. 66-67).

There are a number of reasons, according to Baier, why fictional scenarios are not, contrary to what some have claimed of them, actual moral practice. If what is wanted is some sort of window into a person's moral behaviour, then this is not furnished by thought experiments. This is because of the way in which people have a tendency towards self-deception about both their own past choices and hypothetical ones, for we "glaze our own pasts over with the pale-cast of self-excusing or, in some cases self-accusing, self-denigrating, self-dramatizing thought" (p. 67). At this stage in her paper, Baier does not draw on empirical work in psychology but perhaps that is not problematic. She recognises that even though thought experiments have their own shortcomings, it is not as if "emotion and motive experiments" are problem-free; namely that safety is difficult to guarantee (p. 66). By this I read Baier as saying that putting people in 'real to them' situations to investigate their behaviour is morally problematic. This latter consideration constitutes a second issue arising from Baier's discussion. Her paper was originally published in 1987 when technologies such as virtual reality were not as immersive as they are today, nor what they might come to be. The quest in this field for the "Ultimate Display" is the striving towards a "mode of media that is an *essential copy* and allows the user to transcend physical limits" (Bown, et al., 2017, pp. 239-240 emphasis in original). But, no matter how 'lifelike' the simulation, I think, for Baier, the issue would remain, that equipped with the knowledge that the agent is indeed in a simulation would render any moral choices not properly representative of their effective moral behaviour.[93] If the agent woke up in an ultimate display (i.e. without knowing that they were in a simulation) then conceivably their actions *would* constitute what Baier takes to be their actual moral choices. However, this returns to the issue of safety and of course whether or not the arrangements for such a scenario could ever be conducted ethically. The agent who is

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[93] See also (Chalmers, 2022) for a detailed examination of the implications of virtual worlds from a philosophical point of view.

convinced they are in fact fleeing a mad axeman might react in all manner of ways. All this being said, is there no connection between the imagined and the actual from the point of view of moral sensitivity?

Nussbaum is more sanguine than Baier about literature's potential for extending ethical sensitivity, the way in which novels can serve to displace the reader from their own lives, to see anew.[94] It is the very fact of a novel not being the agent's own life that means it "places us in a moral position that is favourable for perception and it shows us what it would be like to take up that position in life." (Nussbaum, 1989, p. 129). Nussbaum's optimism is predicated on the *improvability* of moral perception, recognising that just as with the distribution of the ability to see or hear there are those who are better or worse at picking out detail. Moral perception is thus "a fine development of our human capabilities to see and feel and judge; an ability to miss less, to be responsible to more" (p. 131).[95] Something like 'moral perception' has an intuitive attraction suggesting its inherent goodness. But why might this be? Nussbaum urges that "Situations are all highly concrete, and they do not present themselves with duty labels on them. Without the abilities of perception, duty is blind and therefore powerless." (p. 121). Whether or not the moral agent subscribes to the sort of morality that involves duty is not the point. Nussbaum's message is clear; whichever moral theory or morality an agent takes for themselves as a guide, it necessarily requires clear-sighted understanding and interpretation of their lives. Nussbaum acknowledges that novel situations may need a reconsideration of what an agent had previously valued, that what the agent took to be obligating does not hold; this

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[94] I have focussed on word 'literature' for ease of reference and in keeping with the terminology employed by Baier and Nussbaum. However, and particularly in the second decade of the 21st Century, I would be remiss to commit to this medium and overlook the plethora of thoroughly well-thought out digital media for example.

[95] Nussbaum's articulation of what she calls "Jamesonian moral perception" matches up well with Iris Murdoch's "attention". This is not attention narrowly understood as listening to what a neighbour is saying but "the idea of a just and loving gaze directed upon an individual reality" (Murdoch, 1985, p. 34). The choices possible in the world are only those which are 'seen' through "clear vision…a result of moral imagination and moral effort" (p. 37). Not only might there be distortions to this vision, but the 'real-world' has normative force (p. 37). Inevitably, "[t]he task of attention goes on all the time and at apparently empty and everyday moments we are 'looking', making those little peering efforts of imagination which have such important cumulative results." (p. 43). That this is cumulative is vital: "[m]oral change and moral achievement are slow; we are not free in the sense of being able suddenly to alter ourselves since we cannot suddenly alter what we can see and ergo what we desire and are compelled by" (p. 39). Given enough proper attention, Murdoch claims that the agent will not need to make choices because they will *know* what the right thing to do is. Choice does not need to be cultivated for its own sake as the knowledge gained through attention presents reasons for the will, which are not separable from each other but the latter is influenced by the former through this attention (p. 40). Finally, "[o]vert actions are perfectly obviously important in themselves, and important too because they are the indispensable pivot and spur of the inner scene." (p. 43). Murdoch is making some powerful claims here. It is not the case that people need choices for action for the sake of having choices, rather that they need to be sufficiently attentive for choice to fall away as they will recognise that there is only way to direct their will in the world.

need not be some sort of caprice. On the other hand, the agent may in fact come to realise they *are* bound as they had thought themselves to be, and their moral effort will be put towards acting in accordance with these prior ethical commitments (p. 121). In all this talk of moral perception, what is it that is being perceived? Nussbaum describes it as an unavoidably human objectivity about the world. Moral perception "does not even attempt to approach the world as it might be in itself, uninterpreted, unhumanized. Its raw material is the history of human social experience, which is already an interpretation and a measure. But it is objectivity all the same." (p. 131). And, for Nussbaum, this improvement of perception can be realised by engagement with good literature.

There is now a sense about *what* is being perceived, but there is a further question about *how* moral perception comes about. All this does not assume that the incipient moral agent is left to their own devices. A theme recurring again and again in care ethics is the necessity for the development of moral perception in new members of human communities. For the very young, this will usually be effected by parents or caregivers, but an agent's moral perception, while it may have aspects that seem stable, is better understood as at least being in partial flux. This is because of the way agents' relationships feature in agents' identities, something I address in 'Caring and recognition in education', and thus the implications for agents' worlds. Turning once more to Nussbaum, she describes the way in which the *progress* in 'moral progress' is developed. It is "not from the teaching of an abstract law but by leading the friend, or child, or loved one – by a word, by a story, by an image – to see some new aspect of the concrete case at hand, to see it as this or that" (p. 127). This, Nussbaum describes, is the act of giving a "tip". It need not be verbal, rather it is commonly in the form of demonstrative feeling, it "is concrete, and it prompts the recognition of the concrete" (p. 127). Nussbaum asserts that such a tip is not the sort of thing articulable or codifiable in moral theorists' abstract accounts. It does, or rather can, find its home in the world of literary examples wherein there is the playful tension between the portrayal both at once of the specific and the indeterminate (p. 127). It is in such works that "characters come to see one another as this or that and come to attend to new aspects of their situation" (p. 127).

In a footnote in the paper from which Nussbaum's ideas have been retrieved, she compares her account with the later Wittgenstein. I have chosen to include a slightly longer excerpt than Nussbaum:

> Is there such a thing as 'expert judgement' about the genuineness of expressions of feeling? – Even here, there are those whose judgement is 'better' and those whose judgement is 'worse'.
>
> Correcter prognoses will generally issue from the judgements of those with better knowledge of mankind.
>
> Can one learn from this knowledge? Yes; some can. Not, however, by taking a course in it, but through 'experience'. – Can someone be a man's teacher in this? Certainly. From time to time he gives him the right tip. – This is what 'learning' and 'teaching' are like here. – What one acquires here is not a technique; one learns correct judgements. There are also rules, but they do not form a system, and only experienced people can apply them right. Unlike calculating-rules.
>
> What is most difficult here is to put this indefiniteness, correctly and unfalsified, into words." (Wittgenstein, 1978 [1953] Part 2 Section xi 227e emphasis in original)

Unlike, observes Wittgenstein, the rules of arithmetic which in principle are applicable by anyone at any time calculation is needed, when it comes to phenomena more difficult to grasp in others, here feelings, in Nussbaum, moral perception, one agent can give the other a tip or a nudge in the right direction. In both Wittgenstein and Nussbaum, and for that matter care ethicists, the message that whatever agents might come to know about the world, through the acquisition of propositional knowledge, more is needed. The agent needs to learn, from those who have come before what might be the right thing to do in just this sort of situation. This does not entail moral conservatism in its pernicious forms. By this I mean a dogmatic or zealous commitment to an unchanging set of responses. Rather, it is surely a plausible account of moral psychology, given that commonly those people giving such tips will be caregivers in the form of parents, teachers, friends, and on. What the moral agent will also have to acquire, however, is a sense when in fact they have been given the wrong 'tip'.

The reasoning offered by Nussbaum and, *mutatis mutandis* Wittegenstein,[96] provides some way of meeting Baier's concerns. First, the melioristic approach offered by Nussbaum, the improvability of moral perception, is a worthy aim. This is not to say that this as such needs to be promoted at all times and all places. Rather, that it contains within in it the possibility of making an agent more morally perceptive than they were before. Although my contention is that moral perception is amenable to improvement, this is not to be confused with maximising, optimising, or perfecting. I am not advocating that every agent ought to be a "moral saint".

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[96] I think Nussbaum's parsing of Wittgenstein, if that is what she has done, shows that while he was talking about "expressions of feeling" it is a warranted extension to moral perception.

These are people whose "every action is as morally good as possible, a person, that is, who is as morally worthy as can be" (Wolf, 1982, p. 419). Susan Wolf's seminal paper argued convincingly that being a moral saint was not desirable, nor something people should strive towards. Second, I take Nussbaum's claim to be consonant with Baier's insistence on moral behaviour being inextricably bound up in the everyday actions, choices, attitudes, that is human life. People that do opt to engage with literature as part of their lives, are subsuming those choices and actions into their quotidian practices. So, there is an important sense in which their consideration of fictional scenarios is *continuous* with their own lives; it is, after all, *that particular agent* who is ruminating on the scenarios. Before expanding on this point I will say a little more about literature and moral perception.

I think Baier's account of the failure of responses to literature to have predictive power in the real world of moral choice can have its force lessened. My suggestions come from two directions. The first is related specifically to literature, the second to an account of value that picks up where the previous paragraph concluded. I do not deny that it seems a stretch to think that the reading of a single novel, the watching of a lone play, the consumption of a singular web series, would affect the agent in a way discernible in the future.[97] But, is there not something to be said about those agents who engage with certain detailed media on a large-scale? That is, the sorts of people who take great interest in the lives of those around them. The ever-developing moral agents attending to their proximate and distant worlds. I propose that such people are, at the least, *better-positioned* to have a sense of what they would do in an actual situation. Baier's scepticism is valuable from the point of view of not putting undue weight on the findings of psychologists' thought experiments. However, I think Baier underestimates the role literature could play.[98] The latter is not the sole way children are led to an understanding of their society's customs, mores, and norms by caregivers, but it *is* another source of accounts of human experience. This is the case no matter whether the agent is younger or more mature. There is always scope for being given a 'tip'.

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[97] Although, anecdotally, the phrase 'this book changed my life' is comprehensible.
[98] Further, my view does seem aligned with Baier's elsewhere: "If we see morality essentially as control of our natural responses to the mixed risk of evil and chance of good inherent in our interdependent situation, we can see moral response, in the form of training, criticism, and so on, as a response to a natural response" (Baier, 1985a, p. 220).

The second suggestion relates to the way in which Baier appears to be distinguishing between fictional and actual scenarios. This delineation has some plausibility in common sense as the visceral response someone may feel when faced with a moral choice seems likely to be all the greater when the choice is real not imagined, assuming the agent is aware of the distinction. I think Baier's argument is somewhat dislodged by proper recognition of the agent who does in fact enter into fictive scenarios. A particular agent (A) engages with a well-constructed chronicle (C) in their preferred medium (M). It might be claimed that this A's actions are nonmoral, they are not the expression of value, but rather an expression of fact. My interlocuter might insist that this engagement admits of a truth-value, that is either A is or is not engaging with C. They may press their point by saying that A has not made any evaluative claims about C or M. This means, so it is claimed, that 'A engages with C in M form' is nothing more important than a fact; it is a feature of the world at the moment. For values, my interlocuter claims, something more is needed, something layered on top of this statement of fact. Albeit perhaps clumsily, this example is being used to set up a discussion of what is known as the fact-value distinction.[99]

Put simply, facts are propositions about the world, for example, 'The table is made of wood.' There is no morally evaluative language in the proposition. On the other hand, (moral) value seems to say something more, for example, 'Promises should be kept.'. The 'should' indicates that there is something moral about the claim stated. There is something attractive about designating some propositions as facts, and other sentences as values. The moral agent is thus able to do draw on facts in order to equip them to make moral decisions. Such an agent may hold to 'Promises should be kept.' but also recognise that more knowledge, a grasp of more facts, may produce defeating reasons for the keeping of a particular promise. Such a scenario might be 'I promised my mother I would take her to the shops. However, it transpires the shops are not open at the only time I am able to do this.'. The initial simplicity of the fact-value distinction starts to slide away when two points are recognised. First, the agent may have to make any number of decisions about what 'facts' to bring to bear on any decision, action, and so on, about 'value'. How long does the agent spend seeking out information? How far afield do they look? These, and many other considerations, including, the deciding to draw on 'facts'

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[99] In the form of 'is-ought', the problem has been said to be the "central problem in moral philosophy" (Hudson, 1969, p. 1). I am uncertain as to whether moral philosophers half a century on would agree. However, it remains at least an interesting problem, not least because of the way in which 'facts' in the 2020s and the legacy of postmodernism can leave many people feeling all at sea with no driftwood in sight.

at all requires choice. The agent is unavoidably required to *evaluate* some facts as more pertinent than others. Thus, value is bound up at even this stage of moral deliberation.

The second point, although more nuanced, is more damning for the alleged distinction between facts and values. A very brief historical sketch is required in order to make this second point. This will serve to provide more clarity about why there might be a claimed distinction between facts and values. Paul Standish observes that there are various ways in which a path through Western philosophy might be traced regarding this matter (Standish, 2016, p. 623 fn 6). I am not presenting extensive exegetical material, rather I am hoping to offer a snapshot of some salient points, drawing heavily on Standish's account, and supplementing it with Iris Murdoch's work on the same theme (Murdoch, 2003 [1993], pp. 25-57, 384). Descartes, that doyen of Modern,[100] rationalist, philosophy made the separation of mind and body paramount. The empiricists, buoyed by science in the ascendent, Hobbes and Locke for example, argued that the only way agents can come to know anything is through sense experience. Thus, for Descartes, knowledge came from the mind, the inner world; for Hobbes and Locke from the outer, external world. Building on this earlier work came Hume, in whose name the aphoristic 'You cannot get an ought from an is' is commonly understood to mean factual premises do not warrant evaluative conclusions. This is the claim that knowing the facts does not entail a moral directive. More recently in the first years of the 20th Century, G. E. Moore coined the term 'naturalistic fallacy' that amounts to deriving an 'ought from an is' (Standish, 2016, p. 630).[101]

To this picture can be added another sense of what might have motivated this separation between fact and value. Murdoch interprets both Kant and Wittgenstein as wanting to keep value "pure and untainted, not derived from or mixed with empirical facts" (Murdoch, 2003 [1993], pp. 25, 31).[102] For Kant was determined, against the backdrop of the rise of science, a source of many empirical facts, to ensure that neither science (facts) nor value had undue

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[100] As opposed to Ancient philosophy or contemporary philosophy.

[101] See (Descartes, 1996 [1641]) (Hobbes, 2008 [1651]) (Locke, 2004 [1689]).

[102] Murdoch distinguishes between transcendent "beyond human experience" and transcendental "not derived from human experience, but is a condition of it" (Murdoch, 2003 [1993], p. 28) with a view to explaining Wittgenstein's view of ethics "It is clear that ethics cannot be put into words. Ethics is transcendental. (Ethics and aesthetics are one and the same)" (Wittgenstein, 2001 [1922], p. 86 6.421). I find it difficult to square this paragraph with Wittgenstein's claim that the world should be considered *sub specie aeternitatis*. For human experience is what constitutes the world, and according to Wittgenstein it is ethics that provides the conditions for human experience. It is an understatement to say the least that there is much more to say on this but I do not propose to follow this line of reasoning here. The interested reader might like to start with (Cahill, 2017) (Diamond, 2017).

pernicious influence on the other (p. 40). The inheritance from these luminaries is very much felt today, with scientism jostling for space with religious activities.[103] Why then is there room for scepticism about the fact-value distinction? Surely, it may be claimed, that there is nothing evaluative about the sort of sentence seen above: 'The table is made of wood.'? But even such straightforward propositions obscure the way in which humans cannot help but encounter the world. Those things termed facts are "set up as such by human (that is moral agents). Much of our life is taken up by truth-seeking, imagining, questioning…In many familiar ways *various* values pervade and *colour* what we take to be the reality of our world" (p. 26 emphasis in original). Further, from Standish: "these facts are related to, and indeed incorporate, values to the extent that they would never have been identified if they did not in some way relate to human purposes (which are, of course, matters of value)" (Standish, 2016, p. 232 parenthesis in original).[104] What can be made of these two explanations? Together they stress that by virtue of being in the world, agents are both 'producers' and 'consumers' of 'facts', and bring to that 'production' and 'consumption' a whole host of evaluations, implicit and explicit. This is the case whether that which is encountered is a human artefact or part of the natural world that would still exist whether humans persisted. For example, a pencil is such that it solves certain problems not others. It can be used for writing when that need instantiates, but it would be of limited use as a screwdriver. With the natural world, a straightforward example is the way in which certain animals are designated endangered, say the Siberian tiger, and protected, while others are mere instruments for the satisfaction of dietary whim, say much cattle. Crucially, for the present discussion, it is impossible for agents to neutrally engage with the world. These two examples illustrate the role of evaluation and that, unavoidably, 'values go all the way down' (p. 231) (Murdoch, 2003 [1993], p. 384).

If the foregoing argument is at all convincing, then there are good grounds for contesting any sharp separation of fact and value. The implications for Baier's criticism can now be amplified.

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[103] Scientism can be understood as "substantive concerns about the effects of over-reliance on and overconfidence in science as the source of knowledge regarding all aspects of human life and, ultimately, all human problems" (Williams, 2015, pp. 2-3). This is not to dismiss all that which science has achieved, rather it is resist making 'metaphysical commitments' in science's name (Williams, 2015, p. 3).

[104] In his book *Existentialism*, David Cooper explains how the fact and value dualism is dissolved in that school of thought: "our 'proximal' encounter is not with things…on to which we subsequently 'stick' values. Rather, we experience things…imbued with significance, utility and value…it is only through the goals and values that inform our activities that anything can get 'disclosed' or 'lit up' in the first place" (Cooper, 1990, p. 91). Cooper and Murdoch part ways over whether Sartre held to the dissolution of the fact and value dualism, though in fairness Cooper offers a more detailed account while Murdoch's reference is in passing (Cooper, 1990, pp. 90-93) (Murdoch, 2003 [1993], p. 40).

Baier's claim is that reading good novels and taking time to understand others' lives is all well and good but unless real and in the moment decisions, are being made, it is both inappropriate to call these experiences 'moral practice', and that these experiences hold no predictive power for real situations as opposed to decisions about fictional scenarios. Recall that Baier did not offer any empirical evidence in support of this particular claim. And I do not deny that were such empirical work to be done, then it is likely to show a weak correlation from a predictive point of view. However, I contest the part of the claim that the fictional is not moral practice. If it is the case that 'values go all the way down', then Baier's claims that these experiences are not moral practice are misplaced. Decisions have been made to choose X over Y, to spend time with that person or that one and so on. These acts of choice are always evaluative and thus confer on the objects of choice explicit or implicit value. An interpretation preferable to Baier's would be to say that moral practice admits of a spectrum. In some ways, there is already a precedence for this. Acts might be said to be bad, impermissible, permissible, good, and supererogatory.[105] My thoughts above are intended to expand the scope of what is considered moral by eschewing claims about some things being 'moral' and others 'nonmoral'.[106] Engagement with literature might not be as 'fully' moral as other types of experience, but it would be careless to discard it on that account. Literature in all its forms is but one type of human practice that holds within it, like all human practice, the scope to expand moral perception as demanded by theorists and anti-theorists alike.

This section has explored the way in which both anti-theorists and theorists hold actual moral practices to be of vital importance for all moral agents to have any sense of morality. As revealed in previous sections, there is less of a gap between the two groups than surface analysis suggests. Potentially, there is more emphasis on moral practice in some arenas than others, but this would not be out of place with the different emphases in the work of theorists and anti-theorists alike. In secular philosophy,[107] apart from the moral nihilists, there are not many groups who seek to locate morality anywhere other than the human experience. What differs is which aspects of human existence are picked, by whom, and for what purpose in discussions

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[105] This is not intended to be even a near to exhaustive taxonomy of varieties of moral acts; it is rather a gesture towards the idea of a spectrum of moral judgement.

[106] I am not suggesting that such a spectrum requires there to be a 'basic moral value' against which other values are to be measured. Value monism of the sort commonly seen in some variants of utilitarianism and Kantian ethics has long been discussed. Perhaps though, in later sections, 'care' does appear to come close to this sort of value monism.

[107] As opposed to theological ethics which require subscribing to some sort of deity or deities beyond the direct ken of humankind.

of the moral life. Arguably speaking *contra* Sorell in 'Moral theory's origins' above, Noddings certainly thinks that traditional moral theories have become so abstract they can no longer be said to have any meaningful connection to moral practice. Her solution comes in the form of care ethics in which, she argues, there is a resistance to abstraction and a reconnection with actual lives (Noddings, 2010a, p. 234). This anticipates a more detailed discussion of care ethics yet to come. Further, I have shown the way in which all that humans engage with in the world is inevitably imbued with value, though this is *not* to say that it is invariantly significant. The following section will explore the claims of androcentrism in moral theory. I continue to use Baier's work to organise the material, but I will inevitably draw on other feminist philosophers to augment her arguments.

Androcentrism

This section picks up where the introduction to 'Chapter 1 What is a moral theory? ' left off.[108] It would be anachronistic to claim that anti-theorists generally objected to traditional moral theories on the basis of androcentrism. However, given that Baier is both an anti-theorist and a feminist, it is appropriate to explore her charges at this juncture. Further, many of her criticisms have strong connections to currents in feminist thought that contributed to the early development of care ethics. An opportune starting point is Baier's discussion of Gilligan's work. Like many feminists working in the 1980s, Baier saw in Gilligan's work various challenges to the picture of humanity that had been assumed in the construction and development of the Western philosophical tradition. The challenge is directed towards a certain sort of individualism. One in which the 'good' is taken to be each agent pursuing what they please, as they wish. The 'common good' is minimally defined, whereas the agent enjoys extensive freedom to act without others impinging without warrant on *his* actions; it was only a certain group of men who were afforded such status (Baier, 1987, p. 48).[109] For Baier,

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[108] See also (Tronto, 2013, pp. 27-39) for assumptions in traditional moral theory and relatedly (Walker, 2007 [1998], pp. 57-58). The latter characterises the problem neatly when she says of traditional moral theorists: "They are apt, that is, to parade fact as necessity, historical contingency as eternal condition, norm as nature, social construction as nature's way, endorsement as disinterested depiction, concordance among peers as objectivity, and their own often questionable positions to know as positions of expertise" (Walker, 2007 [1998], pp. 27-28).

[109] Midgely explores why the image of 'man' in the form of atomistic individualism has persisted. Largely it is because first it is taken to be human nature and second it is then used as the basis of antithetical contraries for women, with, as I have remarked, women getting the raw end of the characterisation; one which has not withered as much as feminists might hope, unfortunately. But, for Midgely, it is by including the "awkward" case of women that is a resource for developing moral theory (Midgley, 1988, pp. 32-34).

individuality is better seen as "defined by responses to dependency and to patterns of interconnexion, both chosen and unchosen. It is not something a person has, and which she then chooses relationships to suit, but something that develops out of a series of dependencies and interdependencies, and responses to them." (p. 49). The point being that moral theory predicated on a free-floating independent individual neglects the very relationality and nested dependencies that go towards constituting actual selves.[110] The charge of androcentrism is taken further by examining in more detail the being of the agent living and acting within these social arrangements. For example, the extent that such theories assume that the agents involved are equals, that being able to choose, including their associations, that result in moral obligations, is the *sine qua non* of moral action and that reason has primacy over the emotions (pp. 48, 52). Yet, this emphasis on atomism "if unsupplemented, may *unfit* people to be anything other than what its justifying theories suppose them to be, ones who have no interest in each others' interests" (p. 53). Baier is drawing attention to the brute facts of human interdependency in a web of nested relations amongst *unavoidably* unequal parties. Examples are children and parents, students and teachers, or patients and doctors. Traditional moral theories overlook how important these relations are, as well as the way they are implicated in the selves' agents are and become, given especially these selves will enter further relations with others. Further, moral theories do not account for the reality that a great many important relations, morally important relations, neither can nor should be a function of unfettered choice (p. 54). Echoing concerns seen across a number of sections above, the traditional moral theories do not appear to offer an explanation of the mechanism by which the theory promulgated is to ensure its legacy across future generations apart from, that is hoping some agents will take on this burden. Baier's vital insight is that whatever the form the morality takes, "it must provide for its own continuers, not just take out a loan on a carefully encouraged maternal instinct or on the enthusiasm of a self-selected group of environmentalists" (p. 53). By eschewing proper consideration of the relations between people, traditional moral theories assume that someone will 'just' give care to those who need it: children, the elderly, and the more dependent. However, they do not propose a meaningful account for this. So much so, given the way in which women have long performed the vast majority of caring and thus moral labour, that what may be seen as supererogatory for many men is difficult to separate as 'mere' obligation for women (Houston, 1989, p. 99 fn 5).

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[110] This is taken further in 'Caring and recognition in education'.

Returning to Baier on Gilligan, special attention is needed with respect to the language of care and the language of justice and rights. It is not a case of simply having care as an 'add on'. The reasons for this are twofold. First, for care to flourish there is a necessity for a 'closeness' between agents that is not currently promoted under much current justice legislation. By this Baier means that cooperation between agents is not what motivates the structure of policy instruments. Second, merely promoting care without any attendant change in the arrangements of justice could result in certain groups in society carrying the caring burden for others. Often this caring will be unseen, unacknowledged, and unvalued. Thus, the carers are commonly in the position of the exploited (Baier, 1987, p. 49). Rights, the perennial partner of justice, are commonly organised around what those in power commonly see as in their interests.[111] This is not to overlook the way in which the expansion of rights has made possible ever greater inclusion. Early European feminist Mary Wollstonecraft was able to make use of the language and thought of the androcentric moral theories to further the feminist cause. For Baier, this means "we should not be wholly ungrateful for those male moral theories, for all their objectionable earlier content. They were undoubtedly patriarchal, but they also contained the seeds of the challenge, or antidote, to this patriarchal poison" (p. 51). Still, attention must be given to unpicking how current justice arrangements affect those within their remit; and how, I propose, these arrangements affect care.

This brings me, appropriately, to the ethics of care. In 'Origins of care ethics', I gave a cursory account of some of the motivating factors contributing to the rise of care ethics. Of particular note, and echoed across many of the sections, is that traditional moral theories failed to properly account for all of humankind, rather they took a subset of male experience and this generated certain type of theories. These charges catalysed interest in Gilligan's findings and much early work in care ethics coalesced around the question of whether there was a distinctive 'women's ethic' and whether this was care ethics.[112] Perhaps a 'women's ethic' would serve to disrupt the dominance of theories that imply man's perspective. Over the subsequent decades, there has been a significant shift in how care ethics is perceived, at least by those working in this

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[111] Jeremy Bentham called 'natural rights' "nonsense upon stilts" (Bentham, 2002 [1795], p. 330) due to their being without foundation. The Bentham scholar, Philip Schofield summarises Bentham's argument thus: "natural rights lacked any ontological basis, except to the extent that they reflected the personal desires of those propagating them" (Schofield, 2003, p. 1).
[112] See, for example papers in (Brabeck, 1989) and (Larrabee, 1993).

area. An unambiguous example of this turn can be seen in a change to the subtitle of Noddings' *Caring* across its three editions. In this book, Noddings sought to write "an essay in practical ethics from the feminine view…I shall locate the very wellspring of ethical behavior in human affective response" (Noddings, 2013 [1984], p. 3). The subtitle to the first edition was *A Feminine Approach to Ethics and Moral Education*. Unequivocally, Noddings' project is made explicit. In the preface to the second edition, published in 2003 almost two decades after the first, Noddings acknowledged that her use of 'feminine' rather than, for example 'feminist' had been raised by multiple commentators. She maintained that the original work was appropriately categorised as relational feminism, yet at its point of writing, she was simply unfamiliar with currents in feminist theorising, though considered herself to be a feminist. For Noddings, the choice of the word 'feminine' was to "direct attention to centuries of experience more typical of women than men" (p. xxiv). However, her intent was not to essentialise about women; men may also have had similar experiences of caring.[113] Presciently, she observes that for more men to have experience of caring, significant changes to their experiences, throughout their lifespan, are necessary. For example, these experiences might involve taking up direct caring responsibilities for the young and otherwise dependent. Another decade on, the 2013 preface to the third edition explains that there had been a change in the book's subtitle. It now read: *A Relational Approach to Ethics and Moral Education*. Noddings repeated her observations about the poor reception the original subtitle had received. She explains her original choice of 'feminine' over "a women's approach" as an attempt to avoid male readers' potentially eschewing her work on account of the title (p. xiii). She concurs with critics of the use of the word 'feminine' that "the connotations of 'feminine' are off-putting and do not capture what I intended to convey. *Relational* is a better word. Virtually all care ethicists make the relation more fundamental than the individual…[p]ersons as individuals are formed in relation" (p. xiii emphasis in original). Thus, caring's status as a 'relational' rather than 'feminine' ethic was consolidated.[114] The focus on relationality allows care ethics to make inroads in traditional moral theory's terrain, while simultaneously avoiding the suggestion that it is an ethic only suited to half the population.

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[113] Relatedly, Sara Ruddick does not exclusively equate 'mothering' with women (Ruddick, 1989, pp. 40-42).
[114] Noddings maintains that her aim is to keep women's experiences central. This is seen in her *Starting at Home* and *The Maternal Factor* (Noddings, 2002a) (Noddings, 2010a).

This section has moved away from anti-theorist concerns towards charges made by feminist theorists about implicit and explicit androcentrism in traditional moral theory. The preceding sections have tried to draw out the claim that theorists and anti-theorists are not as far apart as the names of the two groups might suggest. It would be a falsehood to assert that theorists and anti-theorists are diametrically opposed in their commitments. This is even more in evidence once analysis has been conducted at a sufficient level of granularity. While anti-theorists and feminists are often taken to have overlapping motivations, they are far from identical in their criticisms of traditional moral theory. Despite this, there seems to be some plausibility to Sorell's claim that moral theory is contiguous with human practices. A caveat, from a feminist point of view, is that both the practices and which elements are highlighted requires careful interrogation. This, for the simple reason that historically, the practices and details picked out have been the preserve of a privileged group of European men. The traditional moral theories certainly are continuous with the independent, autonomous, rational decision-makers that these men were. As Lorraine Code discusses, one's starting point in theory construction is implicated in the final result (Code, 1991, p. 79). Her example of whether a theory starts with the good of autonomy and tries to move to community or vice versa demonstrates this well. Theorists of the first stripe, those who start with autonomy "as a primary, fundamental trait posit a contradiction between self-sufficiency and interdependence" (p. 79). For this group, there is always an attendant loss in self-sufficiency at the cost of an increase in interdependence. However, theorists who start with community and interdependence find no such struggle, because, asserts Code, of the "fact that lives begin in interdependence" (p. 79). Code could have added that more often than not, lives also end in interdependence and feature it at various points of the lifespan for everyone except, perhaps, the hermit who has retreated alone to the mountains. The reality of interdependence frees up moral theories that take *that* as a starting point because of the way in which they "map more readily" onto these essential features of human existence; such theories do not have to expend effort finding ways to account for 'special relationships' for example.

It does not overstate the point to restate that caregiving is a fundamental part of the human experience. Its ubiquity is impossible to deny. It may be done better or worse, but its existence is part of the fabric of the species' continued survival. Comparisons between mammals in terms of how long offspring need the support of adults leaves no doubt about the human need being significantly longer than other members of Class Mammalia. Further, members of the species

Homo Sapiens lead the way in terms of longevity for land-dwelling mammals (Paine & Hawkes, 2006, p. 3). Another difference between females of Homo Sapiens is that unlike the other land-dwelling mammals, there are decades of expected life after the chance of reproduction is reduced to the point of negligibility (Hrdy, 2009, p. 276). Clear examples of dependency are found in infants and the elderly; this is not to forget the myriad ways in which illness, amongst other reasons,can lead humans to a state of dependence. The role of caregiver and care-receiver often switches at different points across the lifespan with once cared-for children in turn caring for their ageing parents. Given all this unavoidable care, my descriptions of which do not even start to scratch the surface of the extent that it makes possible human life, surely care is a particularly legitimate contender to be an aspect of human experience picked out for articulation in a moral theory?

Chapter 2 Is Noddings' ethics of care a moral theory?

In 'Chapter 1 What is a moral theory? ', I explored some of the many attacks levelled by anti-theorists and feminists about moral theory as found in Western moral philosophy. This section will draw these disparate threads together. In it, I will argue not only that care ethics is a moral theory, but that it is preferable for it to be seen as such. The central point gleaned from the arguments of anti-theorists and feminists is that, at the very least, any 'novel' moral theory must account for how it might mitigate perceived weaknesses in traditional moral theory. Commonly pivotal to these criticisms is the way in which moral theories have been constructed, not their actual existence. The point has already been made that caregivings' pervasive and arguably transcendental[115] properties and effects make it a strong contender to be the sort of thing picked out from human experience as a moral theory. The sociocultural moment is ripe for this as the shortcomings of traditional moral theories are felt across numerous domains and capitalist patriarchy's harms are thrown into sharp relief.[116] Further, as greater recognition is given to the crucial way the 'caring professions' are pivotal for any semblance of being even moderately comfortable,[117] then there is all the more motivation to articulate care ethics in a robust fashion. This chapter uses Noddings' ethics of care both as an organisational device, and as an object for critical evaluation. As I read Noddings, her account of care has a greater affinity, than she perhaps avows, to the way in which moral theory has been historically approached in Western philosophy. I do not take this to count against care ethics. Rather, its

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[115] See Murdoch's use of this term in 'Practices and moral perception'.
[116] The importance of rights discourses is not to be underestimated but like many feminist philosophers I see an emphasis on responsibilities as being more conducive to societal amelioration. For patriarchy's harms see (Manne, 2018) (Criado Perez, 2019) (Bates, 2020).
[117] For example (Laugier, 2021).

recognition offers additional resources for care ethics' theoretical extension. It might be said that care ethics is coming full-circle; it took an initial departure from traditional moral theory and now it returns to make judicious and selective use of its resources. The upshot of the chapter is that it will allow me to identify those aspects of Nodding s' theory to which I will offer refinements in the subsequent chapters.

In explicating Noddings' account of care ethics, I will confine myself to a subset of her books.[118] Although each of these books has a different emphasis, her core arguments remain similar if not identical throughout. Notwithstanding similarities of exegesis, it remains prudent to note the themes which comprise the sources. In 'Diffuse and unsteady, just what is care ethics?', Noddings' motivation for her project in *Caring* has already been seen. It is "an essay in practical ethics from the feminine view…I shall locate the very wellspring of ethical behavior in human affective response" (Noddings, 2013 [1984], p. 3). The alteration in the book's subtitle has already been discussed and the focus on the relationality of care ethics identified. This latter theme is further developed in both *Starting at Home* and *The Maternal Factor*. The first of these two books has the subtitle *Caring and Social Policy* pointing to her desire to "ask about the social policy implications of care theory and the development of care in individual lives" (Noddings, 2002a, p. 1). Noddings seeks to take an approach that "reverses a long philosophical tradition. The custom, since Plato, has been to describe an ideal or best state and then to discuss the role of homes and families as supporters of that state. What might we learn if, instead, we start with a description of the best homes and then move outward to the larger society?" (p. 1). The book sets out to show that care theory has something to add in the 'domestic' domain but that it can also make a significant contribution at the level of society. The book *Happiness and Education* makes the case that "Happiness should be an aim of education, and a good education should contribute significantly to personal and collective happiness" (Noddings, 2003, p. 1). In order for people to be happy, Noddings states, they will need certain of their important needs satisfied. This raises further questions about the extent that those giving care, in this book parents and teachers, ought to seek to satisfy needs in their charges. Finally, and chronologically closer to the writing of this thesis, is *The Maternal Factor*. This work seeks to trace the development of care ethics via knowledge of human

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[118] In *The Challenge to Care in Schools An Alternative Approach to Education* Noddings makes the case for an education system structured around care rather than neoliberal imperatives (Noddings, 2005a [1992]). It is drawn on when needed for the articulation of certain aspects of her philosophy but it is less theoretically developed than the works given in more detail in this paragraph.

evolution and the maternal instinct as a neglected and underexamined path to the full moral life (Noddings, 2010a, p. 6). As those giving care sought to meet the needs of those being cared for, throughout human history, mothers have had to be able to 'read' infants as well as males with whom they were involved. A failure to do so meant survival was less likely, so there may have been selective pressures for this 'reading' ability (Noddings, 2010a, p. 6). These works may at first sight take the subject of care off in different directions. However, Noddings' theoretical commitments remain consistent across her oeuvre. Moreover, she presents a model of philosophical integrity in her willingness to revisit earlier arguments in light of critique.

Systematicity and codification in care ethics

Now, to Nel Noddings' ethic of care. Noddings seeks to give a phenomenological account of caring which is simultaneously descriptive and stipulative. Understood in its basic form, the caring relation is the encounter between the one-caring and the cared-for. She starts with caring dyads comprised of the 'one-caring', that is the agent undertaking the caring actions, and the 'cared-for', the patient of the caring actions. In a particular dyad, the roles may of course switch, but in those cases where taking on the role of one-caring is an impossibility for a particular cared-for, it is all the more important that social structures are such that the one-caring does in fact receive appropriate care.[119] Noddings devised these two terms to reduce possible ambiguity arising from ordinary language terms such as 'caregiver'. Her use of the hyphenated 'one-caring' and 'cared-for' follows precedent found in what is known as existentialist philosophy. An example from that body of scholarship is Sartre's 'for-itself'. Using these terms, Noddings says "allows us to speak about our basic entities without explaining the entire conceptual apparatus repeatedly…it prevents us from smuggling in meanings through the use of synonyms" (Noddings, 2013 [1984], p. 4). This is to say that the use of such terminology serves to clarify without repetition the referents of discussion. A related terminological point is that Noddings uses the generic female for 'one-caring' and generic male for 'cared-for' in her writing. In actual caring relations, each of these roles could be either female or male.[120]

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[119] A theme considered in (Kittay, 2020 [1999], pp. 70-77).
[120] As Noddings says "women are too often cast as the one-caring" (Noddings, 2013 [1984], p. 127) which accounts perhaps her use of the female for one-caring and male for cared-for. If Noddings were writing in 2023, she may have not limited herself to this binary.

Caring, vitally, is not governed by a set of instructions that the one-caring can follow algorithmically: "it is a way of being in relation, not a set of specific behaviours" (Noddings, 2005a [1992], p. 17). Both parties, the one-caring and the cared-for contribute to this encounter in particular ways. The one-caring has a consciousness characterised by engrossment, an "open, nonselective receptivity" (p. 15) to the one cared-for. Engrossment or attention should not be seen as intense assessment or objectification, but rather *really* hearing, seeing, or feeling all that the cared-for is expressing. Engrossment may be over a long period of time or for a matter of seconds, but for the encounter to be caring, it must be present. The sort of attention that Noddings is insisting on is best understood as 'receptive attention' such that the one-caring is "engrossed in (or receptively attentive to) the needs expressed in an encounter" (Noddings, 2010a, p. 47). Motivational displacement of the one-caring's consciousness is that which follows engrossment. This is when the one-caring puts their own projects to one side for the moment to direct their energies towards meeting the needs of the cared-for. When motivational displacement ensues, "motive energy is flowing towards others and their projects…We are seized by the needs of another." (Noddings, 2005a [1992], p. 16). The actions involved in motivational displacement are not specifiable in advance but importantly "depend[s] not only on the expressed need but also on the competence of the carer and the resources she has at her disposal" (Noddings, 2010a, p. 48). Finally, the consciousness of the cared-for "receives the caring and shows that it has been received. This recognition now becomes part of what the carer receives in his or her engrossment, and the caring is completed" (p. 16). Elsewhere, Noddings stresses that "the cared-for must contribute to the relation; the cared-for must show in some way that the caring has been received." (Noddings, 2010a, p. 48).[121] Noddings is referring here, and elsewhere ((Noddings, 2013 [1984], p. 78), to what she sees as a pivotal role for the cared-for. For Noddings, care is not care without the caring action being recognised as such by the cared-for. Caring can thus be summarised as follows, if 'A' is substituted for the one-caring and 'B' for the cared-for:

> (A, B) is a caring relation (or encounter) if and only if
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> i. A cares for B—that is, A's consciousness is characterized by attention and motivational displacement—and
>
> ii. A performs some act in accordance with i), and
>
> iii. B recognizes that A cares for B

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[121] For Noddings, this shows a departure from virtue ethics, as "we recognize that these responses contribute to the caring relation and, more generally, to moral life. In care ethics, *caring* more often points to the quality of relation than to a virtue in the one caring." (Noddings, 2010a, p. 49 emphasis in original).

(Noddings, 2002a, p. 19).

In these first two paragraphs concerning Noddings' account of care ethics, there are a number of points where it connects with topics in moral philosophy previously discussed. First, there is the matter of shape. One criticism of traditional moral theory revolved around the perceived overemphasis on the moral agent's right action. A response, stemming in part from anti-theorist critique, was renewed emphasis on the moral agent's virtues. In both the extant moral theories and new approaches to older theories, it is the *moral agent* who bears the most scrutiny. This is not unexpected. After all, if all agents are modelled as independent, autonomous, rational choosers, then it is only proper that agents' actions and their characters demand this level of attention. Care ethics' approach, on the other hand, is resoundingly relational. It unequivocally attends to both moral agents and moral patients *at the same time*, while also making claims about what makes these 'good' versions of each. Thus, care ethics does not cast aside concerns of traditional moral theory, rather it asks moral philosophy to take a wider view of just what is going on in the moral life; who is implicated and unavoidably bound up in the webs of relationships of which societies are comprised?

A second point of connection is codification in moral theory. Both in *Starting at Home* above and in *Caring* (Noddings, 2013 [1984], p. 69), what it is to care under care ethics is presented in a recognisably systematic, codified fashion. Further, the use of 'if and only if' means that Noddings sees these three criteria as both necessary and sufficient. Thus, care can only happen if all three criteria are fulfilled, but also that if care is said to have happened then these three criteria have been fulfilled.[122] It seems then that care ethics need not resist codification. I am taking systematicity and codification together because these are two elements of Baier's critique considered above in 'Shape' and 'Codification and principles'. Therein, I suggested that neither systematicity nor codification necessarily entailed a distortion of the moral life. I would add that Noddings' codification of care ethics in some ways doing so supports Collins' call seen in 'Diffuse and unsteady, just what is care ethics?' above for a way of determining whether an argument is properly part of care ethics. However, there is a tension in Noddings' care ethics that cannot go without comment. At the outset of *Caring*, Noddings explains: "this essay is not aiming toward a systematic exposition of criteria for caring. Rather, I must show that such a systematic effort is, so far as the system is its goal, mistaken… It is not my aim to

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[122] Jack Crumley gives this precisely as "A is a necessary condition of B if and only if B cannot occur without the occurrence of A…A is a sufficient condition of B if and only if whenever A occurs, B also occurs" (Crumley, 2009, pp. 17-18).

be able to sort cases at the finish: A cares, B does not care, C cares but not about D, etc" (pp. 11-12). In other work, her stance towards certain types of moral theory, such as Kantian-inspired ethics, is summed up in her remark about the "futility of trying to solve moral problems completely and universally in abstract and codified schemes" (Noddings, 2002b, p. 86). Now, a charitable interpretation might be that Noddings is saying that solutions to difficult situations resist codification (Noddings, 2013 [1984], p. 52), thus her complaint is about the *application* of a codified ethics rather than its *articulation*. Yet given the articulation she has provided above and in *Caring*, it is questionable why her account of care has been structured in this way if she is genuine in her desire to avoid the application of criteria. Perhaps the reality of getting purchase on an approach to morality is such that it serves agents and patients to have a clear sense about what constitutes the ethic.

It seems then that Noddings' ethics of care is both systematic and codified. I suggest that for the most part this is not detrimental. By articulating her ethic in this fashion, Noddings has unequivocally set out her stall. It affords the would-be ones-caring and cared-fors an ethical handhold for caring encounters. However, in my refined ethics of care presented in the final substantive chapter, I will not be taking forward the 'iff' requirement. Anticipating my later elaboration, this is due to my seeing an 'iff' clause to be inimical to the responsiveness and flexibility central to caring encounters. My proposal is that straightjacketing ones-caring and cared-fors runs against wider care ethical commitments.

Caring obligations

The ethics of care thus shares structural similarity with traditional moral theory. This section looks at how care ethics conceives obligation, and the conditions for care that relate to the practices in which it is implicated. In 'Obligation', I discussed the way in which care ethics offers a guiding *motif* with markedly distinctive accompanying ramifications for moral theory. I noted though that obligation is still given its due in care ethics. For Noddings, caring obligations are found in the contrast between what she calls 'natural caring' and 'ethical caring'. When a one-caring is in the throes of natural caring, they simply "act on behalf of the other because we want to do so" (Noddings, 2013 [1984], p. 79). Yet, the internal 'I must', as Noddings terms it, might not always move the one-caring. On those occasions, when the one-caring is torn between what they realise they ought to do and what they might want to do, the

one-caring engages in 'ethical caring'. This is when the one-caring actively recalls their best experiences of caring; the one-caring has "a picture of those moments in which I was cared for and in which I cared, and I may reach towards this memory and guide my conduct by it" (p. 80). The "source of ethical behavior is, then, in twin sentiments – one that feels directly for the other and one that feels for and with that best self, who may accept and sustain the initial feeling rather than reject it" (p. 80). Thus, ethical caring is more morally effortful than natural caring. Although, as Noddings points out, this does not mean it is superior to natural caring whereas it would be on a Kantian ethic. Natural caring is the wellspring from which ethical caring issues (pp. 4-5), highlighting the importance of meeting the young with care so that they are later able to be mature ones-caring. Although ethical caring springs from natural caring, "We cannot always decide with certainty whether our caring response is natural or ethical. Indeed, the decision to respond ethically as one-caring may cause the lowering of barriers that previously prevented reception of the other, and natural caring may follow." (p. 84). This means, for Noddings, while there is a distinction between 'natural' and 'ethical' caring, in the moment of caring it might not always be clear which is in play.

The distinction Noddings makes between natural caring and ethical caring helps explain obligation in her care ethics. For Noddings, in natural caring, obligation is moot as the one-caring has not felt any resistance to caring for the other. Recall in 'Obligation' where Baier explained the way traditional moral theory's focus on obligation and coercion was due to the assumption that some system is needed in order to get people to behave as they ought. This is entirely absent in natural caring, because, as it is defined, it is simply that reponse to the cared-for that might arise in relation. The upshot, for ethical caring then, is that "obligation is limited and delimited by relation. We are never free, in the human domain, to abandon our preparedness to care; but, practically, if we are meeting those in our inner circles adequately as ones-caring and receiving those linked to our inner circles by formal chains of relation, we shall limit the calls upon our obligation quite naturally" (p. 86). That is, according to Noddings, if each one-caring is conducting themselves appropriately there is a natural limit to those for whom they are obliged to care, not least because there can be no obligation if the third criterion, completion in the cared-for has no possibility of fulfillment (p. 86). Caring obligations are understood further as having two ordered criteria:

> the existence of or potential for present relation, and the dynamic potential for
> growth in relation, including the potential for increased reciprocity and,

perhaps, mutuality. The first criterion establishes an absolute obligation and the second serves to put our obligations into an order of priority (p. 86)

Noddings clarifies these criteria as follows, drawing out the preeminence of the caring *relation* in her ethic:

> If the other toward whom we shall act is capable of responding as cared-for and there are no objective conditions that prevent our receiving this response – if, that is, our caring can be completed in the other – then we must meet the other as one-caring…When we are in relation or when the other has addressed us, we must respond as one-caring. The imperative in relation is categorical. When relation has not yet been established, or when it may properly be refused…, the imperative is more like that of the hypothetical: I must if I wish to (or am able to) move into relation. (p. 86)

The use of 'categorial' and 'hypothetical' imperatives in this excerpt is directly Kantian. As Kant distinguishes them: "When I think of a *hypthetical* imperative in general I do not know beforehand what it will contain; I do not know this until I am given the condition. But when I think of a *categorical* imperative I know at once what it contains." (Kant, 1998 [1785], p. 31 emphasis in original). For Kant, the categorical imperative is singular and is: "*act only in accordance with that maxim through which you can at the same time will that it become a universal law*" (Kant, 1998 [1785], p. 31 emphasis in original). I think, in referring to the Kantian terminology, Noddings is saying that once in relation, the one-caring is obligated to care. If the would-be-one-caring is not yet in relation, the imperative may admit of remaining unacted on.

A recurring theme of earlier sections was the way in which an agent's obligations served to organise traditional moral theories. This was taken by various critics to not be positive. Yet, it seems that in Noddings' care ethics, obligation is even more strenuous in its expectations. The obligation to care is ever-present when in relation and is always hovering on the periphery given the potential for any one-caring to be in relation with a would-be cared-for. A moment's pause though reveals that what Noddings has struck upon is the reality of the demandingness of the moral life. Ones-caring *are* always one relation away from being obligated to care. What has been missed in traditional moral theory is that those fulfulling this obligation have not been accorded proper value and recognition. Sabina Lovibond articulates a problem for care ethics on this point in terms of limitlessness of need and hence obligation. In the caregiving commonly expected of women throughout of the world of, for example, infants, this limitlessness is seen in degrees of literality. At one end is the repetitious nature of feeding, cleaning, clothing etc an infant. At the other "the adherent of such an ethics accepts, even if

only by default, the role of *one whom others count on* to meet their needs, she cannot think of her obligations as ending anywhere short of the point where those needs have been ('well enough', if not perfectly) met – and the location of that point depends on contingencies not fully predictable or controllable by her" (Lovibond, 2000, p. 22 emphasis in original). This raises the issue of the way in which caring obligations are structured as a function of social practices, the subject of the next section.

Noddings' care ethics offers two important reminders, if they were needed, about the moral life. First, that it is typically arduous. Second, that life *just is* moral. By this I mean that the spectre of the needing other is always present. Agents are unavoidably ones-caring in-waiting. Yet, this is to be expected if a demarcation between the moral and nonmoral is unwarranted as I argued in 'Practices and moral perception'. However, even if all this is correct, for care ethics to offer guidance, it will need to have some way of circumscribing the obligations of ones-caring. Failing to do so may leave the would-be one-caring amidst potentially endless demands that they care. I will offer an approach to this as my first refinement in 'Chapter 3 What are caring obligations?'.

Caring practices

A prepositional subsitution serves as an entry point to the connection between care ethics and social practices. By this I mean the way Noddings understands 'caring for' and 'caring about'. When someone is directly engaged in encounter with an other, then they might be said to be 'caring for' that other. Of importance is the absence of mediating factors, it is face-to-face.[123] This led Noddings, in *Caring*, to offer the following contrast between 'caring for' and 'caring about':

> We cannot love everyone. We cannot even care for everyone, and we do not need to love in order to care for. I have brushed aside "caring about" and, I believe, properly so. It is too easy. I can "care about" the starving children of Cambodia, send five dollars to hunger relief, and feel somewhat satisfied. I do not even know if my money went for food, or guns, or a new Cadillac for some politician. This is a poor second-cousin to caring. "Caring about" always involves a certain benign neglect. One is attentive just so far. One assents with

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[123] Bubeck is also adamant that care is face to face (Bubeck, 1995, p. 129). I wonder whether either Bubeck or Noddings might allow that technological mediation such as video calling might qualify as face-to-face even if it is not precisely the same as being physically present with the cared-for.

> just so much enthusiasm. One acknowledges. One affirms. One contributes five dollars and goes on to other things. (Noddings, 2013 [1984], p. 112)

In this excerpt, Noddings clearly finds something important lacking in 'caring about'. As presented here, 'caring about' appears to be of a diffferent order of magnitude to 'caring for'. It is the sort of thing that can be done without barely a second's thought and certainly without any connection to a cared-for. Shortly after she acknowledges that 'caring about' may contribute to the way others 'care for'; this is picked up forthwith. But, at *this* stage in her writing, Noddings is adamant that 'caring for' is the right sort of care, it requires of the would-be-one-caring that "we construct an attainable ideal so that we will plan ahead and focus on what can in fact be done" (p. 112).

However, some two decades later, Noddings felt that 'caring about' merited more attention. She says: "caring-about may provide the link between caring and justice. Chronologically, we learn first what it means to be cared for. Then, gradually, we learn both to care for and, by extension, to care about others. This caring-about is almost certainly the foundation of our sense of justice" (Noddings, 2002a, p. 22).[124] Concerns about 'caring about' remain: "it can become self-rightuous and politically correct. It can encourage dependence on abstractions and schemes that are consistent at the theoretical level but unworkable in practice. Perhaps worst, it can elevate itself above caring-for and distort what might be called the natural order of caring." (pp. 22-23).[125] There are three points being raised here. First is the worry that it is all too easy to pay lip service to something one 'cares about' while doing very little to 'care for' it. This sort of expediency in politics or virtue signalling on social media platforms may serve to assuage some discomfort in the agent demonstrating they 'care about', but has typically done little to affect those for whom actual care is needed.[126] The second point recalls discussion in *Caring* where Noddings warns the would-be-ones-caring about the risk of turning attention

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[124] Recall that I noted in 'Origins of care ethics' an initial point of inquiry for care ethicists was the relationship between justice and care.

[125] Another way of distinguishing between 'caring for' and 'caring about' is found in recent work by Kittay. She does not think 'caring-about' need come in advance of 'caring-for' in either a conceptual or temporal sense: "sometimes one is thrown into a situation where we must care for another without actually caring about that individual. What frequently will happen is that the relationship that forms gives rise to a "caring about," which becomes a motivational attitude. Once such a bond is formed, we want to care for a person because we care about her" (Kittay 2019 p. 188 note 9).

[126] "One engages in virtue signaling in the hopes of seeing one's moral reputation improve in the eyes of one's peers (or potential customers); the desire to make a constructive, sincere contribution to public moral discourse is at best a secondary motivation" (Westra, 2021, p. 156). See (Levy, 2021) for the argument that virtue signalling can have more virtue than vice and (Westra, 2021) where Westra argues virtue signalling can contribute to moral progress. See (Applebaum, 2021) and (Miranda, 2021) for more discussion.

away from the would-be-cared-for to the problem articulated in the abstract. This can lead to perfunctory caring that fails to address the particular cared-fors (Noddings, 2013 [1984], pp. 25-26). These two points are largely self-explanatory but the third is rather more complex. It is illuminated by a later remark in *Starting at Home*: "Caring-for is the natural, desired state; caring-about, emotionally derived from caring-for…must serve caring-for to achieve its own objectives." (Noddings, 2002a, p. 24). This attests to the way Noddings sees care as a basic human experience on which all others are founded. All this being said, if these pitfalls in 'caring about' are avoided or mitigated then:

> The key, central to care theory, is this: caring-about (or, perhaps, a sense of justice) must be seen as instrumental in establishing the conditions under which caring-for can flourish. Although the preferred form of caring is caring-for, caring-about can help in establishing, maintaining and enhancing it. Those who care about others in the justice sense must keep in mind that the objective is to ensure that caring actually occurs. Caring-about is empty if it does not culminate in caring relations. (pp. 23-24)

In this, Noddings develops a comment easily overlooked in *Caring* about the way in which 'caring about' may empower those 'caring for' (Noddings, 2013 [1984], p. 112) . By expanding on the role of 'caring about' in this way, Noddings' work is connected to those theorists such as Tronto who have considered the wider political role of care. In the final paragraphs of her *Moral Boundaries*, Tronto says: "In order to be created and sustained, then, an ethic of care relies upon a political commitment to value care and to reshape institutions to reflect that changed value." (Tronto, 1993, p. 178).[127] In sum, the way in which practices are structured either supports or militates against care.

I suggest that one drawback to using actual practices of care in the development of moral theory is the way in which waters are somewhat muddied between descriptive and stipulative accounts of care. I remarked on this issue above in 'Diffuse and unsteady, just what is care ethics?'. The gradual exposition of Noddings' ethics of care has helped to clarify her normative commitments. Where does Noddings' distinction between 'caring for' and 'caring about' leave her ethic? Noddings makes very clear in *Caring* that how care is understood in her account should be separated from any professional expectations in, for example, teaching (Noddings, 2013 [1984], p. 17). This methodological decision helps Noddings emphasise the stipulative nature of her account of care. Rather than saying 'Teachers

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[127] Noddings argues that institutions can only ever 'care about' never 'care for'. She built on her argument for 'caring about' as the conditions institutions might develop for improved 'caring for' (Noddings, 2015).

are commonly required to', she aims to explain central features of care and then suggest how these might show up in different caring contexts. Thus, for Noddings, although individual experiences, that is, caring practices, of being one-caring and a cared-for serve to consolidate the ethic, from the point of view of 'caring for', 'caring about' is not so direct. The reason that 'caring about' has a different relationship to caring practices to 'caring for' is due to 'caring about' being properly, on Noddings' account, understood as the *structure* of these practices; the way in which they promote care's possibilities or hinder care's realisation. The upshot for her ethic is that both the 'people of care', that is 'caring for', and the 'locus of care', that is 'caring about', must be included in any analysis of whether encounters are caring. It is a reminder that power structures, amongst other feminist concerns, must be held front and centre and not discarded as not relevant to care or its absence.

Care ethics as moral theory

The previous sections have presented Nodding's care ethics and demonstrated how significant aspects of her account are closer to traditional moral theory than she otherwise claims. This similarity is not problematic when wider feminist concerns about, for example, social structures and distributions of power are kept at the forefront of considerations about what might constitute a suitable moral theory. Noddings' account is both systematic and codified; it offers an explanation of how obligations to care arise and the whole ethic is duly cognisant of caring practices. It seems then, almost despite itself, care ethics has strong similarities to the very moral theories to which it conceived itself as a foil. Perhaps surprisingly, this is a positive result. For all their failings, the traditional moral theories have had a major role in the way people and societies understand the moral life. My contention is that a care ethical moral theory would improve on this comprehension. There is likely some continuity with earlier moral theories given the philosophical training of those involved in current work in care ethics. For example, that there is some notion of moral perception, obligation, motivation, deliberation, and judgement within care ethics is all in its favour. However, I think that Nodding's account admits of certain refinements across four pivotal areas, some of which have been indicated already. I will collect them here for organisational and expository expediency. The first of these is the obligation to care. In a world of seemingly limitless need for care, how is the one-caring to delimit their caring responsibilities. This is the subject of the first refinement. The role of moral perception and motivation is clearly pivotal in care ethics. However, I will argue in

'Sympathy rather than empathy in care ethics', that this is best understood as being driven by sympathy for the cared-for rather than empathy. Care's empathetic basis has been argued for at length by Michael Slote but is also a feature of Noddings' later work (Slote, 2007) (Noddings, 2010a). Advocating for sympathy over empathy will be the second refinement I offer to Noddings' ethics of care. The third refinement revolves around caring actions, those which typically are in response to discerning the cared-for's needs. Fraught as this is with the ever-present risk of troubling paternalistic caregiving, just which needs the one-caring ought to at least try to meet merits a much richer account than has been provided thus far in care ethics. Finally, the fourth refinement is a detailed critique of Nodding's requirement that caring is only caring if recognised as such by the cared-for. At first blush this may seem a feature of Nodding's care ethics least in need of refinement. Surely it is intuitively plausible that for care to be considered care then the cared-for must perceive it as such. I will argue the contrary in 'Chapter 6 Must care be completed?'. The end result of these four refinements will be a more robust care ethics that is very much a moral theory.[128] It will then be held up in the final substantive chapter against various caring encounters in educational contexts.

Coda

As a coda I will say a little about the relationship between care ethics and other moral theories within the Western philosophical tradition. Care ethics, or aspects of it, have been connected to or subsumed into: Kantian deontology (Paley, 2002) (Bramer, 2010) (Miller, 2012), consequentialism (Driver, 2005), contractarianism (Hampton, 1993), and virtue ethics (Putman, 1991) (Benner, 1997) (Halwani, 2003) (Sander-Staudt, 2006) (Curzor, 2007). It is probably no surprise that it is with virtue ethics that care ethics has come into more conversations. My selections from the literature are not intended to be exhaustive but illustrative, though the proportions of papers on care ethics and moral theories *other* than virtue ethics reflect the perceived proximity of care ethics to virtue ethics than care ethics to the others. As Noddings observes care ethics' "emphasis is not on the consequences of our acts, although these are not, of course, irrelevant. But an ethic of caring locates morality primarily

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[128] I am not making the case that care ethics ought to be the only moral theory, rather that a refined care ethics has much to offer. Relatedly, I am mindful of Sandrine Berge's comments, as a feminist virtue ethicist about how some care ethicists see their project as starting anew from Gilligan, making up for the centuries of moral philosophy that does not draw on women's experiences, and to see care ethics as separate, theory-wise from, virtue ethics for example (Berges, 2015, p. 115). However, to dismiss all that has gone before, even if much of import has been left out, is less productive, I think than drawing on its resources judiciously.

in the pre-act consciousness of the one-caring." (Noddings, 2013 [1984], p. 28). Contenders for moral theories that resist *any* consideration of consequences are few and far between.[129] The difficulties in consequentialist accounts for care ethical concerns such as legitimate partiality mean the two are unlikely to have a meaningful synthesis. From the care ethical point of view, there is a perceived coldness about the Kantian agent that does not speak to the experiences of caring on which it is based: "For Kant, acts done out of love or inclination earn no moral credit. To behave morally, the Kantian moral agent must identify and act on the appropriate moral principle. Reason must displace emotion." (p. xvi). Noddings' comments may be caricatures of Kantian moral theories but once again it is a matter of emphasis, on social practices, and relationships from which the one-caring learns to care that distinguishes care ethics. In the case of virtue ethics, an important criticism for Noddings is the focus on the individual moral agent and virtue itself. The agent may fail to properly attend to the other in the encounter as they are too caught up in the development of their own character and whether or not a particular virtue is being developed (Noddings, 2002b, p. 14). Moreover, there is the risk that a virtue can slip into vice when focussed on intensely. This is because the energetic pursuit of virtue can ride roughshod over the relationships between people (Noddings, 2003, p. 160). Finally, it is the object of focus, the *caring relation* not the presence or otherwise of virtues in the one-caring, that further sets care ethics apart from virtue ethics (Noddings, 2010a, p. 49).

Outside the Western philosophical tradition there is a great deal of work in what are described as relational ethics in which "moral status is constituted by some kind of interactive property between one entity and another, which property warrants being realized or prized" (Metz & Miller, 2016, p. 2). The connection or otherwise between the ethics of care, African ethics including *ubuntu*, and the Confucian tradition have also been explored (Harding, 1987) (Li, 1994) (Star, 2002) (Li, 2002) (Yuan, 2002) (Waghid & Smeyers, 2012) (Metz, 2013). For a recent, detailed, articulation of an African relational ethic see (Metz, 2021).[130] It is hoped that all of these theories remain in positive tension to offer new and always revisable ways of living out the moral life.

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[129] And as Rawls asked, can a theory be called a moral theory without some consideration of consequences (Rawls, 1971, p. 26).

[130] I have explored Ubuntu and moral education in (Bennett, 2023b).

Chapter 3 What are caring obligations?

The previous three sections have suggested that Noddings' ethics of care shares more with traditional moral theory than might be expected given protestations to the contrary across her scholarship. This does not in any way diminish Noddings' contribution to feminist moral philosophy; she gave much-needed attention to long-overlooked features of moral life. However, the *de facto* proximity of care ethics to traditional moral theory means the two are more readily conversation partners than is commonly recognised. Noddings herself employs terms and ideas common to what I have been referring to as the traditional moral theoretic discourse.[131] To recap, care ethics does admit of at least one principle; it does offer an account of obligation and it resoundingly finds rich material in actual human practices. In this chapter, I will say something more about obligation, that *bête noire* of anti-theorists and some feminist philosophers. Above in 'Obligation', I briefly introduced Goodin's vulnerability model of obligation. As it has piqued the interest of several care ethicists,[132] it merits further consideration as an adjunct to Noddings' view of obligation. I will not be importing Goodin's ideas wholesale but judiciously leaning on his insights while keeping in mind various criticisms

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[131] Might it be claimed that Noddings adopted the language and concepts of traditional moral theory in order to be heard? At first sight this could be a weighty allegation, especially when feminist work was fighting for an audience, when Noddings was first writing. However, the shift towards traditional moral theory is more pronounced in more recent texts though as seen in the previous chapter can be seen in *Caring* onwards.

[132] Grace Clement finds the model useful for expanding what care ethics might have to say about what might be owed to those beyond one's immediate circle. She also makes use of Goodin's critical discussion of voluntarism (Clement, 1996, pp. 73-75). Tove Pettersen finds multiple connections between her account of care ethics and Goodin's model. She takes the vulnerability model to: add depth to the meaning of relatedness, look to the interests of both parties in a caring relation, be less demanding than for example Noddings' account, welcome contextualised responses, expand the principle of not hurting, help dissolve positive/negative duty dichotomy given neither Goodin nor care ethics is predicated on it, and have space for the partiality (Pettersen, 2008, pp. 161-165).

that have been made about the model.[133] My discussion will present Goodin's arguments and then explore care ethical criticisms. Finally, I will indicate where I see Goodin's model fitting with Noddings' explication of obligation in care ethics.

Above in 'Obligation', I reported on the way Goodin dispensed with voluntaristic accounts of obligation and responsibility. Goodin's vulnerability model is predicated on the recognition that people are differentially affected by the choices and actions of others. The extent of one person's obligations to another positively correlates to just how vulnerable that other is to the first person. Moral philosophers had commonly either struggled to include an agent's obligations to those nearest and/or obligations to wider circles of humanity in the same theory without philosophical hand-waving. Goodin suffers no such problem because of the way he envisages individuals' and collectives' responsibilities arising from the extent others are vulnerable to these individuals and groups. There is no claim on Goodin's part that even though his model serves to overcome a longstanding difficulty in moral philosophy that it is anything more than a contributory moral principle; it does not purport "to order the moral universe" (Goodin, 1985, p. 117). The vulnerability model's spirit is pithily summed up by Goodin when he says that "Charity may indeed begin at home, but morally it must not stop there" (p. 121). His point is that most people have more obligations than they might commonly recognise. Now to the vulnerability model in more detail.

For Goodin, vulnerability "is essentially a matter of being under threat of harm; therefore, protecting the vulnerable is primarily a matter of forestalling threatened harms" (p. 110). These threats of harm may be from other people or the natural world, and equally could be due to the positive acts or the negative omissions of others. It is the interests of a person that are vulnerable, with interests being construed to go beyond the merely material to include affective and psychological interests. Goodin is aware that there is a flexibility to how interests are conceived which provides for a concomitant flexibility to the principle of protecting the vulnerable. However, all people have vital needs or interests in virtue of being a person. A

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[133] In what follows I draw on care ethical and feminist criticisms. There were others points raised in contemporary reviews, including: whether the model can account for the Communitarian sense of "constitutive attachments" (Abramson, 1987, p. 661), will the model make moral agents despair at its demandingness as an overcorrection from moral complacency, and are Goodin's paradigms of vulnerability legitimately extensible to generality (Mautner, 1988, p. 117)? Further, one reviewer notes approvingly Goodin's exhortation of seeking social change rather than responding to guilt-inducing charitable schemes (Carter, 1986, p. 181). I include this last remark because first, some care ethicists claim Goodin is too conservative about social arrangements and second that the reviewer's interpretation meshes with the distinction Noddings makes between 'caring for' and 'caring about'.

typical list might include the need for water, food, shelter, and so on. Thus: "If these really are necessary means to any particular ends a person might choose to pursue, then it is clear that protecting the vulnerable (no matter how their vulnerability is interpreted) must be primarily a matter of protecting those people whose vital interests are particularly vulnerable to our actions and choices. In short, the argument for protecting the vulnerable is first and foremost an argument for aiding those in dire need." (p. 111). I take up the place of 'needs' in care ethics in 'Chapter 5 Which needs are to be met?'. To anticipate that discussion somewhat, I argue for an account that can go further than the existentially pressing needs with which Goodin seems concerned.

For someone to be vulnerable to another, the harm cannot be certain, it must, rather, be a possibility: "Vulnerability implies that there is some agent…capable of exercising some effective choice…over whether to cause or to avert the threatened harm" (p. 112). On Goodin's account, vulnerability is essentially relational and importantly distinct to a pure claim about someone needing something: "a full specification will tell us who is vulnerable to whom with respect to what" (p. 118) Thus, if someone is vulnerable, then they are vulnerable *to someone, for something*. Goodin defines vulnerability and its relation to responsibility as follows: "Vulnerability amounts to one person's having the capacity to produce consequences that matter to another. Responsibility amounts to his being accountable for those consequences of his actions and choices." (p. 114). Finally, on Goodin's model, it does not matter how the vulnerabilities and concomitant responsibilities arise, that they exist is sufficient for there to be a moral warrant to discharge said responsibilities and remains the case until the situation is changed. This is the case whether the cause of the vulnerability is natural, a function of an agent's actions and choices, or due to social conventions and arrangements that result in the allocation of responsibilities (pp. 124-125). The simplicity of Goodin's model is a credit to it but this does not allow the model to escape from a number of criticisms to which I now turn.

Criticism 1 Suspect agents and Principles

Despite the relative popularity Goodin's vulnerability model has found amongst care ethicists, its reception has not been one of unalloyed welcome. In this and the following two sections, I chart and discuss a range of objections that have been levelled at Goodin's model by care

ethicists.[134] This discussion of criticisms and responses will foreground the role I see the model playing in connection with Noddings' account of obligation. The first criticism takes together the claim that Goodin's model uses a problematic conception of moral actors and that his development of principles is detrimental to that which is aimed for in the care ethical project. Both of these complaints are found in Tronto's *Moral Boundaries*. The first charge, that of the suspect moral agent is that

> Because he starts from standard accounts of moral theory that assumes the end of an autonomous actor, Goodin is unable to deal adequately with the dangers faced by the vulnerable at the hands of their care givers and other champions, who may come to assume that they can define the needs of the vulnerable (Tronto, 1993, p. 135).

But is Goodin, on his conception of moral actors, committed to an account that permits the promiscuous determination of others' needs? Goodin certainly engages with the Western philosophical tradition throughout his book, but this does not entail he subscribes to a moral agent who is autonomous, rational, independent while overlooking the multitude of agents who are not so situated due to societal power imbalances. His model is relational and he acknowledges that there may be a role to play from both parties coming under a vulnerability description (Goodin, 1985, p. 123). This certainly meshes well with the way Noddings conceives of the one-caring and cared-for. Further, Goodin himself seems to be trying to overcome shortcomings in much moral philosophy in his efforts to offer a model that does not rest on a dubious subsumption of 'special relationships' into a wider moral theory. He spends about a third of the book making the case that it is not the agent's voluntary self-assumption of responsibilities that gives them moral force. Nor can such responsibilities be dispensed with if other parties remain vulnerable (pp. 28-108). Additionally, Tronto identifies in Goodin's work that it is not possible to render everyone invulnerable due to the fact of humans' inevitable mutual interdependence (Tronto, 1993, p. 209). I take this to mean Goodin subscribes to a conception of the moral agent that has resonances with the relational selves of care ethics. This is surely in his favour? Rather than citing a moral actor free from the imprecations of others who do as they please, Goodin's moral actors are always and inevitably vulnerable. Next, Tronto is right to highlight the potential for the particularly vulnerable to be at risk of paternalistic actions on the part of those to whom they are vulnerable. This concern preoccupies care ethicists too; the balance between appropriately *discerning* the cared-for's needs and

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[134] Many of the essays in (Mackenzie, et al., 2014) examine vulnerability from a feminist but not necessarily care ethical perspective. Walker's responsibility ethics places her close enough to care ethics for the purposes of this discussion to include her analysis.

determining them is a fine one. It is not clear why Tronto thinks the paternalism claim is a particular feature of Goodin's model. Whoever is caring will need to be attentive to ensure they are in fact meeting the needs of the recipient of care. Goodin's model recognises this too in that particular attention is to be paid to those who are most vulnerable to the agent, in fact it is the main thrust of his project. Thus, Goodin does not appear to have predicated his model on a problematic conception of the agent, rather he has taken steps to rehabilitating the tradition within which he is working, while at the same time serendipitously offering an account that aligns with many of the concerns of care ethicists.

The first criticism has a second part:

> Goodin's argument about protecting the vulnerable is one way to use a universalistic moral theory to arrive at concerns of care. But care is distorted if we separate the principles of care – that care is necessary – from the particular practices of care in a given situation…if all we can do is to determine universal principles about the need for care, then we will not be able to understand how well care is accomplished in the process of realizing it (Tronto, 1993, p. 153).

Here, the claim seems to be that establishing a principle for the need to care detracts from the enactment of care in its particular practice. The relationship between principles and care ethics has been discussed at length in 'Codification and principles'. Not only do more recent accounts of care ethics embrace principles in their articulation (Collins, 2015), but I suggested even early versions of the ethic seem to subscribe to at least one principle, namely 'to care' and were none the worse for it. There is something to be said about the way in which principles, bluntly applied, may disfigure any caring actions. But, as has been put forward already in Nussbaum's arguments, there are no blindly algorithmic moral theories. Also, on this point, Goodin's model offers a way to understand the *extent* of obligations people ought to recognise they have, not the *detail* of what such people ought to do in meeting these obligations. For Goodin, as for care ethicists, this latter point is a matter of context. The vulnerability model helps to *direct* the agent but does not *determine* the content of the caring action. This section has considered a number of objections raised by care ethicist Joan Tronto about Goodin's vulnerability model. I have shown that though the objections serve as reminders about crucial aspects of the moral life, they do not render the vulnerability model impotent. In fact, by holding up the model to these complaints, the suitability for incorporating Goodin's insights into care ethics has been made clearer.

Criticism 2 Social Practices

The second criticism is found articulated in Eva Kittay's work on care ethics. She is largely sympathetic to Goodin's vulnerability model and, with adjustments, she incorporates it into her account of care ethics. Where Kittay parts ways with Goodin is over the matter of how vulnerabilities have arisen. Recall that for Goodin, it is the *fact* of vulnerability *not* its causal history that generates the relevant obligations. Her concern is that social arrangements can be such that that there is an undue coercive burden on certain agents over others to whom yet further others are particularly vulnerable (Kittay, 2020 [1999], p. 65ff). This is an important concern because historically, women and people of colour have been placed in such conditions that has resulted in their undertaking a disproportionate amount of caring labour.[135] Kittay concedes that the vulnerability model properly accounts for unchosen uncoerced relations that result in obligations, something voluntaristic models fail to do. However, she takes Goodin to be committed to the undesirable view that if it is the case that "unjust allocation of responsibilities nonetheless obliges us, then he must agree that it can do so even in the face of coercive conditions" (p. 66). In response, Kittay claims: "coercion, that is, unjustly exercised force or domination, absolves one from a moral obligation to meet the needs of the coercer or the one on whose behalf we are being coerced. For the injustice itself is sufficient cause to cancel a moral obligation we might otherwise have to another who is vulnerable to our actions" (p. 67).

This criticism based on unjust social practices is given some more colour by Walker, who also discusses Goodin's model at length (Walker, 2007 [1998], Ch. 4). As Walker sees it "responsibility-entailing connections…are…made through forms of practice and the understandings they create or support" and "our grasp of vulnerabilities is heavily mediated by background conceptions of well-being and human agency and efficacy, and our understanding of these is shaped as well by familiar practices, institutions, roles, and relations" (p. 93). Further, that "delineating and delegating responsibilities is itself a large and fundamental part of anything we might call a *social* arrangement, practice, or system. The scheme of distributing responsibilities itself is a determinant, not only of particular responsibilities, but of particular vulnerabilities as well." (p. 96). This leads Walker to conclude

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[135] For example see (Duffy, 2011) and (Elson, 2017).

that what is needed are geographies of responsibility: "mapping the structure of standing assumptions that guides the distribution of responsibilities—how they are assigned, negotiated, deflected—in particular forms of moral life" accompanied by "the reproduction of the supporting sensibilities, dispositions, and feelings which make participants responsive to moral pressures from within and without, and the roles of blamings and praisings, and more formal sanctions, that keep shared understandings circulating and authoritative" (pp. 105-106).

Taken together, Kittay and Walker have drawn attention to a particular problem; just how societies structure and reproduce relationships that are obligation generating. Kittay argues for inclusion of the needs of the one-caring[136] as one part of a wider social goal that "that repudiates the notion that the founding obligations of a social order are derived from the voluntary association of equally situated and empowered individuals" (Kittay, 2020 [1999], p. 67). This latter point is part of her wider feminist commitments. However, Goodin does appear to have anticipated the thrust of both Kittay's and Walker's criticism. For he says

> In some cases a person is by nature vulnerable to another: that is, the other is objectively more capable of helping or harming him. In other cases his vulnerability is induced by social norms. Furthermore, these socially induced vulnerabilities often result from the very allocation of responsibility which those self-same vulnerabilities are then supposed to justify. (Goodin, 1985, p. 124).

And towards the end of the book:

> any dependency or vulnerability is arguably created, shaped, or sustained, at least in part, by existing social arrangements. None is wholly natural. We can go further still: some of the most important dependencies and vulnerabilities seem to be almost wholly social in character (p. 191).

I interpret Goodin as being entirely cognisant of the way in which social arrangements serve to structure vulnerabilities and that there is no commitment on his part to saying that the current system is good or best. This is consonant with the arguments made by Walker and Kittay, for the most part at any rate. Goodin does suggest that "we need to distinguish moral reasons for *having* one particular cooperative scheme rather than another from moral reasons for *following* a scheme once it is in force within our society" (p. 124 emphasis in original). Goodin sees his vulnerability model as the second sort though also notes that it does matter how responsibilities are allocated throughout a society (p. 125). This distinction may be plausible but as has been indicated in the foregoing it does nothing to ameliorate the current conditions for those

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[136] Kittay's term is 'dependency worker' but for consistency I am using Noddings' one-caring'.

currently at the sharp end of obligations to care. Kittay suggests: "*Just as we have required care to survive and thrive, so we need to provide conditions that allow others – including those who do the work of caring – to receive the care they need to survive and thrive.*" (Kittay, 2020 [1999], p. 116 emphasis in original). I am not sure that Goodin would disagree with this. More to the point it lends support to the way Goodin's ideas might be incorporated into an ethic of care, even if sensitivity is needed in so doing. Thus, while Goodin has offered a compelling account of the extent of care, or in his parlance the extent others are vulnerable to one's actions and choices, care ethics has vital things to say about the conditions under which these obligations are generated.[137] I claimed at the start of this chapter that the actual proximity of care ethics and traditional moral theory meant they would be good conversation partners. The interchange, though lively at times vindicates my claim: it is a constructive not destructive dialogue seen thus far.

Criticism 3 Vulnerability or Dependency

The third criticism appears, at first sight, to rest on disagreement over terminology, whether Goodin's use of 'vulnerability' captures what he thinks it captures, whether 'dependency' is more apt, and whether feminist theorising ought to prefer one over the other. At the outset of this section, I should note that Goodin occasionally seems to slide between 'dependency' and 'vulnerability' without putting any particular stress on any pertinent difference between the two (Goodin, 1985, p. 206).[138] However, given the title of his book is *Protecting the Vulnerable*, I do not take it as contentious that Goodin predominantly has 'vulnerability' in mind.[139]

That there is uncertainty about the conceptual independence of the terms 'dependency' and 'vulnerability' can be seen in care ethicist Daniel Engster's work. In a bid to "develop a definition of caring and theory of obligation for caring sufficient to ground a general moral and political philosophy" Engster engages with Goodin's arguments (Engster, 2005, p. 50). For present purposes, one issue Engster identifies is that "Goodin does not actually provide an

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[137] For more discussion of Walker and Kittay on Goodin see (Dodds, 2014).

[138] Engster also identifies this terminological slippage in the care ethics literature (Engster, 2019, pp. 102-104)

[139] Collins claims, unfairly I think, that Goodin's account is a "one-sentence" principle whereas she *is* likely accurate when she says that her dependency principle draws together what she sees as the main claims of care ethics (Collins, 2015, p. 100). I take Goodin as having more to offer than Collins does, for my account.

account of why we should care about the interests or vulnerability of others, but merely assumes this point" (p. 58). This is troubling for Engster, because he says Goodin does not "explain why we should care about the interests or vulnerability of our family and friends. He assumes the very thing care theorists wish to demonstrate when they appeal to his theory: that we should care about the needs of others" (p. 58). Now, Engster is not claiming the Goodin is a care ethicist but his concern is that other care ethicists have drawn on Goodin's vulnerability model "arguing that a duty to care for others can be derived from others' vulnerability to us" (p. 58).[140] It bears repeating that I count myself amongst those care ethicists. Goodin's project is to take what is commonly intuited about 'special relationships', and then extend this *particular* vulnerability to widen the circle of an agent's obligations. The strength of obligation increases proportionally with the extent someone is vulnerable to the decisions and actions of someone else. Is Goodin assuming too much in his vulnerability model? I am not sure that he is, given he makes clear that the purpose of his model is to find an account of obligations to others both close and far. The plausible claim that people do usually feel themselves obligated to certain people, proximate intimates, more than others is surely not far from the mark. However, Goodin wants to show that in fact, this common experience notwithstanding, people actually have further reaching obligations due to others' vulnerability to them.

Engster might not agree with my interpretation of Goodin but more to the point what is Engster's answer for the ground of the obligation to care? It is "because we are dependent (and have been or will be) on others. It is our dependency on others rather than their vulnerability to us that grounds our obligation to care for them." (p. 59). Care ethicists rightly make much of human interdependencies in their accounts of the moral life. I leave it open for the time being whether Engster is right to try to ground moral obligation in dependency because of a seeming change of heart he had some 15 years later.[141] Recently, Engster has argued that the focus on dependency has held back the ethics of care as there is at least a perception that its focus is "episodic, private and personal" resulting in difficulties for accounts of care that make clear wider public duties to care (Engster, 2019, p. 112). It is by

> reorienting care ethics around vulnerability, these limitations can be overcome.
> Care for dependents remains an important instantiation of care under this

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[140] At his time of writing, such care ethicists included Kittay and Clement (Kittay, 2020 [1999]) (Clement, 1996).
[141] Fiona Robinson criticises Grace Clement's drawing on Goodin on two counts. First, similar to 'early' Engster (Engster, 2005) Robinson queried the connection between vulnerability and care. Second, she sees the use of obligation as irredeemably Kantian (Robinson, 1999, p. 28). Much has changed in care ethics since Robinson was writing and there is a ample evidence that care ethicists are not so resistant to the terms of traditional moral theory.

vulnerability framework, but care is cast more broadly to also encompass everything we do to reduce human beings' exposure to violence, coercion, domination, loss, illness, anxiety, and other blights to our survival, development, and well-being. A care ethics of vulnerability brings human beings' multitudinous vulnerabilities to the fore of political debate (p. 112).

Consonant with wider feminist concerns, Engster is at pains to not let purported boundaries such as the private and the public be a reason to limit what an ethics of care might be able to contribute to human moral life. Perhaps this is part of his motivation in changing his conceptual commitments from 'dependency' to 'vulnerability'. However, I think the excerpt above offers more to the discussion in the way it expands on what is meant by 'vulnerability', even if I do not entirely follow Engster in this. Recall that when I gave Goodin's account of vulnerability, there was part that bears repeating; "someone's being vulnerable either to harms that come about through others' omissions or neglect or to harms that come about through others' positive actions" (Goodin, 1985, p. 110). I find Goodin's use of 'harms' to underdetermine what is captured by 'vulnerability'. Saying this, I parse Goodin's account of vulnerability as 'potential for being affected by'. This is actually in keeping with Goodin's approach; he makes recourse to the *Oxford English Dictionary*. Therein, vulnerability need not be limited to harms. The extract from Engster seems to suggest a restriction of 'vulnerability' to harms but I think, as with Goodin, this is not a 'thick' enough understanding of vulnerability in the way Goodin in fact uses it, or as I propose it ought to be used in care ethics.

From Engster's changing allegiances, I was able to make the point that vulnerability is better understood as being affected by someone's actions and decisions rather than limiting the conception to pertain to harms. However, this still does not offer any resolution to the vulnerability/dependency terminological problem with which this section started. Sarah Clark Miller, in a recent paper, takes care ethics' central concepts; need, vulnerability, dependency, and precariousness, and marks out "a constellation of the concepts" as a "necessary step towards determining the normative significance of the ethics of care" (Miller, 2020, p. 645). Part of her argument includes a claim for the conceptual independence of dependency and vulnerability:

> Vulnerability underscores the possible ways we are open to the world. Vulnerability, however, cannot be reduced to the experience that follows it – harm, pleasure, etc. Instead, vulnerability signals the possibility that those outcomes will result. Dependency, however, marks something different with regard to probability. Our dependency does not indicate the possibility that we will need to rely on others to meet our needs. Rather, it indicates that we necessarily will rely on others to meet needs that are both episodic and

recurrent. While our vulnerability and dependency are equally inescapable, that which we cannot escape when we are vulnerable is the *possibility* that we will be harmed (or benefitted). That which we cannot escape in our dependency is the *necessity* that others help us meet our fundamental needs (p. 651 emphasis in original).

For Miller then, it is dependency, not vulnerability that serves as the foundation of moral responsibility "When protection in the face of vulnerability fails and we are injured and when we are needy because no one is there to meet those needs, we occupy the same position – one of dependency. The most foundational component of our human existence is not our vulnerability, but rather, our dependency. When we are injured and when we are needy we require the same thing: care. It is our interdependence that provides that care." (pp. 658-659). My response, is that to restrict understanding of vulnerability in terms of harm and injury, is unwarranted. Miller has not offered an explicitly stipulative or novel definition of vulnerability, just as Goodin does not. Thus, by expanding vulnerability to be understood as the inevitable imprecations on others as people who simply exist in the world,[142] vulnerability has something useful to say about obligations to care, even if it is not the last word.[143]

However, there remains an important nagging doubt about how I have advocated for vulnerability's preferable inclusion in a care ethical account of obligation. This is whether it fits into feminist reconstructions of the moral agent. There is a ready sense in this section and those before it that Goodin's vulnerability model takes as primary the atomistic agent in the world. This may have contributed to Tronto's limited criticism above too. Miller warns that vulnerability may fail to ground obligation because: "we can encounter a vulnerable other and fail to identify with their suffering. Depending on our view of their social position, we may, in fact, believe we have reason to intensify that suffering" (p. 659). This latter dim but not necessarily entirely unwarranted view of humanity notwithstanding, points to a possible locus for concern, that of actually perceiving vulnerability (Gilson, 2014, p. 30).[144] Gilson picks up the criticisms seen in Walker and Kittay above that Goodin fails "to recognize how the norms of the social world—the very norms that are expressed through social arrangements and institutions—affect our perception of vulnerability" (p. 30) that is "Responsibility for

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[142] The feminist relational self might be conceived in terms of the recognition of agents being constituted in nested relationships implying interdependence concurrently. This does not detract from my favouring of vulnerability it rather highlights that there is no word 'intervulnerable' in English.

[143] Dodds takes dependency to be form of vulnerability, specifically when care is relied on (Dodds, 2014, p. 188). But need it be distinguished in this way? Care calls for the meeting of the cared-for's needs; vulnerability tells the one-caring the extent they might be responsible for so acting.

[144] (Gilson, 2014) offers a feminist non-care ethical account of an ethic of vulnerability.

vulnerability hinges on perceiving vulnerability as such, as that which calls for response" (p. 31). Whereas in 'Criticism 2 Social Practices', the criticism was centred on the way social arrangements conspire to constitute vulnerabilities and responsibilities, the criticism here is the problem of agents thus socially situated even being cognisant of the obligations they may have arising out of the vulnerabilities others have to them. I draw these threads together in the final section.

Obligation and Noddings' ethics of care

Before drawing this chapter to a close, I offer an illustrative example of obligations to care in a school setting, using Goodin's account of vulnerability. I must preface this by saying that I will say more about the 'care' element towards the end of the section. In English contemporary schools it is common practice for teachers to be assigned a group of pupils for whom they have particular, I would say, caring, responsibilities. Usually this would be called their 'form' or 'tutor group' though the precise terminology need not distract from the present example. The aforementioned responsibilities likely include pastoral and academic elements. This group of pupils so assigned are thus more vulnerable to their form teacher's actions and decisions than they would be to the actions and decisions of another teacher. For example, does their form teacher take attendance assiduously or carelessly? Does the teacher follow up repeated absences or 'make-do' with vague excuses from a pupil or handwritten notes of questionable provenance? The pupils in this form are straightforwardly affected, hence vulnerable, to the decisions their form teacher makes.

However, Goodin's vulnerability model also illuminates how this teacher's caring obligations do not stop at their form's classroom door. As already discussed, the model does not suffer from explanatory gaps as it moves from proximate to more distant others. Take the form teacher already considered. For several consecutive mornings, the teacher may walk past a pupil from another form who appears to be in a state of distress, rushing along the corridor, seemingly late for lessons. The teacher could easily brush off this experience as someone else's responsibility. This other pupil has their own form teacher, after all. But even in this brief encounter the present pupil is in some small way vulnerable to the teacher's actions and decisions. The teacher might just ignore them. Teenagers are often rushing about, or the teacher might stop them and engage. This could just be to ascertain the pupil's name and form. Then, the relevant form teacher could be made aware that something is potentially amiss. The pupil would then

be vulnerable to any actions or decisions made by their own form teacher. This brief vignette serves to show the way in which Goodin's vulnerability model captures, without discontinuity, diminishing but not vanishing, obligations to care. In this chapter's final section, I will now draw the strands of Goodin's model and care ethics into one robust thread.

The first proposed refinement to Noddings' care ethics revolves around how obligation is understood. Goodin's account offered a clear way to comprehend how obligations to others might arise. Translating his vulnerability principle into the language of care ethics, 'one-caring has *prima facie* obligations to the cared-for proportional to how vulnerable the cared-for is to the one-caring'. The use of *prima facie* merits comment. Its inclusion picks out some important features of the caring and thus moral life. First, its use recognises that the moral agent will want and need to think carefully about just what it is they take themselves to be obliged to do in a particular situation. As has been discussed in 'Codification and principles', while rules tend to preclude reflection, principles usher it in. A stronger account of obligations might urge that it should be an obligation *tout court*. But I do not think this would be desirable. Clearly, no matter how inflexible an account of obligation is, it does not mean that an agent will in fact act in accordance with the obligation. The agent may be under no illusions as to what it is they ought to do, but still not do it. This might be unintentional where the agent simply mis-construes what they need to do in order to act appropriately. However, it could be intentional, and they simply do not want to fulfil the obligation. The point being that whatever the account of obligation, it does not guarantee that the agent will act accordingly. Yet, by stating that there is a presumptive obligation unless the agent has good reason to act otherwise, the account offers more by way of psychological realism. It acknowledges the fallibility of agents but reminds them to 'look again' at the situation.

However, criticisms of Goodin's model are multiple and not all easily dismissed or resolved. The agent posited in Goodin's model may not fit care ethical commitments to the selves immersed in nested relationships. A principle, about vulnerability or otherwise, may not be in keeping with care ethics. The social practices in which vulnerabilities and responsibilities arise require interrogation due to long histories of oppression and exploitation. Vulnerability and dependency are inevitable features of all human lives at one point or another. Finally, social arrangements may be such that would-be-ones-caring are blind to the way in which would-be-cared-fors are vulnerable to them.

I reiterate from above 'Caring obligations', that Noddings does not see the notion of obligation as inimical to the care ethical project. For Noddings, the obligation to care is found in "the existence of or potential for present relation, and the dynamic potential for growth in relation, including the potential for increased reciprocity and, perhaps, mutuality" and "if, that is, our caring can be completed in the other – then we must meet the other as one-caring" (Noddings, 2013 [1984], p. 86). Thus, for Noddings, simply being in relation is enough to ground the obligation to care. However, I take Noddings' account of obligation to be underdeveloped. An immediate query might be along the lines of 'Why does being in relation oblige me to care? And how much?'. The answers, I think, lie in Goodin's vulnerability model. The model helps to see the limits to care from the point of view of vulnerabilities in the cared-for. The one-caring must care to the extent the cared-for is vulnerable to their actions and decisions. As in Goodin's account in 'Chapter 3 What are caring obligations?', this will commonly instantiate in the meeting of the cared-for's needs. I offer an extended treatment of needs in care ethics in 'Chapter 5 Which needs are to be met?' so will leave that for the moment.

However, although there may be a compelling connection between Goodin's vulnerability model and Noddings's account of obligation, the latter being augmented by the former, there remains the criticisms above. It is by taking care and care ethics as the guiding *motif* that these criticisms are somewhat alleviated. The relationality of care ethics speaks to the first criticism that the agent posited in Goodin's model is too much a part of traditional moral theory. Care ethics sees agential switching in relationships of equal power, that is that the one-caring and cared-for will change roles depending on what is required at the time. This meshes very well with the idea of being vulnerable to another's actions. So too do conditions of unequal power where there is less likelihood of reciprocity. Although Noddings' answer to this is the subject of thoroughgoing critique below in 'Noddings on Completing Care', her insight that because caring is relational thus there are contributions from both parties still holds.[145] Of course, there is always the risk of paternalism, though this is specific to neither care ethics or Goodin's model. The way in which society is structured to apportion vulnerabilities and responsibilities evidently does not admit of a quick and easy solution. In line with Noddings' account of care ethics, the way forward in this area is to seek those social arrangements in which the conditions

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[145] Recall, that for Noddings both the one-caring and cared-for contribute to the caring relation.

of care flourish, that is just social arrangements, what Noddings terms 'caring about', are those in which good caring for is likely to take place. The perception of vulnerabilities and the need to care is intimately bound up with these social arrangements. Given the long history of uneven burdens of care falling to women and thus it appearing to be the case that women are 'naturally' suited to care, one solution would be changing social structures so caring burdens are distributed equally. In so doing, an attendent consequence would be the way in which caring behaviours are encouraged in the young across genders.[146] This question of perception is taken up with vigor in the following section where I discuss a second refinement to Noddings' ethic of care, that is, the role or otherwise of empathy.

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[146] See (Noddings, 2013 [1984], p. 205) and (Noddings, 2002b, p. 19ff).

Chapter 4 What drives motivation, perception, and deliberation in care ethics?

The previous section concluded that a problem for a care ethical account of obligation is that social structures may serve to blind the one-caring to the way in which would-be-cared-fors are vulnerable to their actions and decisions. This connection bears the assumption that the one-caring is motivated, morally speaking, to try to perceive these vulnerabilities. Early care ethics contributed to the dissolution of the reason/emotion dichotomy that had long been a feature of Modern moral theorising. While Hume and the sentimentalists were reacting to the Cartesian cogito, Kant in turn responded to what he took to be the over-involvement of the passions in moral thinking. It is arguable today whether any moral theorists claim that disjunctive claims about reason or emotion need to be the commitment of the moral agent. What remains at issue is the extent to which the cognitive and the affective are implicated in moral motivation and moral perception. In 'Codification and principles', I drew on Nussbaum's points that moral theorists do not assume the blind and blunt application of some sort of algorithm, rather, she says the development of a finely attuned moral perception is what guides the appropriate selection of principles given the context. Peggy DesAutels urges that "ethical theorists develop moral perceptual norms that are both procedural and content-based. That is, these norms should tell us both *how* to perceive and *what* kind of things to perceive" (DesAutels, 2012, p. 344 emphasis in original).[147]

In this chapter, I start by exploring what certain care ethicists have said about the affective elements of care and particularly empathy and sympathy. This concludes that, variously, care

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[147] DesAutels offers an outline of the sorts things morally responsive perceivers might keep in mind (DesAutels, 2012, pp. 344-345)

ethicists take empathy as central to moral perception, and that it is involved in moral deliberation and motivation. Canvassing these views helps illustrate a conceptual problem in care ethics. From there, I move on to discuss how empathy and sympathy feature in Noddings' work. I find Noddings conflates the terms to her advantage but to clarity's loss. This leads me to finish the chapter by making a modest case for sympathy rather than empathy being the appropriate driver of motivation, perception and deliberation in care ethics; this is the substance of the second refinement.

Empathy and sympathy in care ethics

Care ethics' commitment to the affective does not mean it eschews the cognitive, but it does call for greater attention to the way the moral life might arise out of the affective response. Virginia Held's remarks are illustrative:

> the ethics of care values emotion rather than rejects it. Not all emotion is valued, of course, but in contrast with the dominant rationalist approaches, such emotions as sympathy, empathy, sensitivity, and responsiveness are seen as the kind of moral emotions that need to be cultivated not only to help in the implementation of the dictates of reason but to better ascertain what morality recommends…This is not to say that raw emotion can be a guide to morality; feelings need to be reflected on and educated. But from the care perspective, moral inquiries that rely entirely on reason and rationalistic deductions or calculations are seen as deficient (Held, 2006, p. 10).

In this excerpt there are two key terms, 'sympathy' and 'empathy', that are commonly used in care ethics. However, recalling the discussion of 'vulnerability' and 'dependency', it is by no means clear how care ethicists mean them to be understood. For example, when Collins is making a convincing case for the role of both principles and sympathy in moral deliberation, she moves between the two: "sympathy has a key role to play in enabling us to assign *values* to the options in a decision scenario – by empathetically adopting someone's perspective, we are able to glean the importance an action will have for them…Empathy enables us to see what principles dictate in a given context" (Collins, 2015, p. 28 emphasis in original). Vacillating between two terms that have ostensibly different meanings tends, I think, to weaken or at least occlude the case being made.[148]

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[148] Of note, in the index of Collins' book at the entry for "Empathy" it says "*see* Sympathy" (Collins, 2015, p. 189).

A different example is found in a paper by Gilligan and a response by Held (Gilligan, 2014) (Held, 2014). Drawing on ethological, primatological, and evolutionary anthropological research, Gilligan restates her case about the 'different voice' she heard in her earlier work. She wonders, if, given empathy's seemingly vital role for the species, "what inhibits our ability to empathize with others and pick up the emotional climate, and how do we fail to register the difference between being in touch and out of touch?" (Gilligan, 2014, p. 90). I do not deny the pressing nature of this question in a world continually wracked by the ramifications of this lack. However, next to nothing is said about just what empathy is taken to be. In her response, Held too draws on the concept of empathy. She presents empathy and related emotions as the foil to reason and reason-heavy moral theories like Kant's or Rawls'. She says that these sorts of theory "miss the importance of the emotions for understanding what we ought to do, and for motivating our morally recommended actions. Without empathetic awareness, one may not be able to meet another's needs in the way morality requires" (Held, 2014, p. 109). Held suggests, following Hume, that agents might need something more than reason to be moved to act morally, but equally does not take empathy to be an unalloyed good, open as it is to "misuse or [being] excessive" (p. 111). However, despite this recognition of the good and bad for 'empathy', the concept remains something seemingly obvious and not warranting further explication by Held. Charitably this might be because Held is more generally arguing for empathy's importance in an ethics of care.

In Kittay's recent book *Learning from my Daughter*, she says

> Although the nature of the inner state typical of CARE may generally be characterized as empathy, and empathy may be critical to successfully caring, it may not be critical to having the intention to care. The empathy may arise from a history with the cared- for or out of an empathetic disposition that can be extended to strangers no less than to intimates (Kittay, 2019, p. 195).[149]

At this point, Kittay goes on to argue that while not a deontological ethic, care ethics can accommodate a duty to care. Such a "duty may be able to compensate for the absence of feelings of affection if it is sufficiently responsive to the other's needs and wants and is administered so that it can be taken up as care by the cared- for" (p. 195). This much coheres with my discussion of principles and care ethics in 'Codification and principles'. What is to be made of the previous passage? It seems that empathy plays a vital role in Kittay's ethic of care,

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[149] When Kittay writes CARE all in capitals, she is using it normatively, when written as 'care' it indicates ordinary usage.

for over the page she follows up that care ethics is *sui generis* and requires, amongst other things, "Intention based on an affective relationship to the cared- for, or in the absence of a prior relationship or the affective sentiment, on a sense of duty or of concern born of a caring disposition" (p. 196). Thus it seems that Kittay takes empathy, when it is present, to be the same as "affective sentiment"; it motivates care and in its absence duty or generalised concern will do. Finally, when discussing important moral features of care under an ethic of care, that there "is no other way to determine right action within an ETHICS OF CARE without also trying to see the situation and the good as the cared-for sees it" (p. 209). Kittay is trying to get away from the view of care as purely a natural disposition, but "a form of moral deliberation guided by an empathetic concern for the other" (p. 209). For Kittay, then, empathy is also embroiled in moral deliberation.

To finish this section, I turn to Slote and his *The Ethics of Care and Empathy*. This ambitious project is to offer an account of a complete moral theory suitable for individuals and collectives.[150] He hopes that the conclusions yielded will allow problems central to contemporary moral philosophy in the Kantian and utilitarian traditions to be seen in a new light. He exhorts that: "a fully developed ethics of care as nothing less than a total or systematic *human* morality, one that may be able to give us a better understanding of the whole range of moral issues that concern both men and women than anything to be found in traditional ethical theories" (Slote, 2007, p. 3 emphasis in original). For Slote, empathy, or strictly empathetic caring, is the source from which his comprehensive moral theory emerges. Thus "a care ethics that makes criterial use of the idea of empathy can make a good deal of headway" (p. 19). In an empathy-based care ethics: "actions are morally wrong and contrary to moral obligation if, and only if, they reflect or exhibit or express an absence (or lack) of fully developed empathic concern for (or caring about) others on the part of the agent" (p. 31). Slote claims that this criterion simultaneously helps delineate when the agent is failing in their obligations to their nearest and dearest through an over-focus on distant strangers and vice versa. It is not made clear precisely what is involved in 'fully developed empathic concern', but Slote has a ready answer given the negative framing of obligations in his care ethic. This is captured in the

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[150] This ambition remains an outlier in care ethics about which field Kittay observes: "Whether it can handle all the problems that other ethical theories can is still an unsettled matter, just as is the question of whether an ethics of care is a stand- alone theory or a supplement to another moral theory. These are not questions that can be resolved at this point of the development of an ethics of care" (Kittay, 2019, p. 196 n26). Evidently this thesis takes a stance on some of these issues.

following that his ethic does not "claim that anyone has an obligation to have or act from caring motives; it only requires us *not* to act from uncaring motives, *not* to act in ways that reflect a lack of empathic concern for others" (p. 33 emphasis in original). Hence Slote says that his theory does not "assert any obligations to feel in certain ways. It may say that those who lack certain feelings are morally deficient or bad people (have morally deficient or bad character), but the only moral *obligations* it imposes are on human action" (p. 33 emphasis in original). Finally, from a care ethical point of view, what does empathy, for Slote, add? He is insistent that the basis of moral obligation is found in empathic concern for others, that this is a better source than caring alone. This is because "empathy is a crucial source and sustainer of altruistic concern or caring about (the wellbeing of) others" (pp. 14-15). Unlike some of the care ethicists canvassed above, Slote is more committed to the explanatory power of empathy as well as, it seems, its justificatory power. Rather than critically evaluate these theorists' claims piecemeal, I will first expand on how Noddings sees empathy as being involved in care ethics, and then offer my concerns.

The previous examples show that at least some major thinkers in care ethics take 'empathy' and possibly 'sympathy', to be important features of the care ethical project. There is the suggestion from Held that empathy is pivotal to moral perception. From Kittay, it seems that empathy is involved in both moral deliberation and motivation. In Kittay, there is the sense that what she is calling empathy involves some shift in perspective from the one-caring to the cared-for. This latter point starts to move the discussion towards just what empathy or sympathy might be. This is not to neglect that from Slote there is an argument for empathy's role in obligation. These care ethicists have made claims that embroil empathy in vital aspects of the moral life. Before engaging in some conceptual hygiene as well as presenting my own stance, I will examine how empathy fits into Noddings' ethics of care.[151]

Noddings and empathy

Before making tentative proposals about empathy and sympathy and their relation to care ethics, some further exposition is in order. The previous section has indicated that there is a

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[151] A phrase from Heidi Maibom, who as it happens, is a significant contributor to scholarship on the philosophy of empathy: "the empathy literature is often messy because people are not exercising the right kind of conceptual hygiene in their treatments of intersubjective phenomena" (Maibom, 2020, p. 15). Her comment is apposite about care ethicists' use of 'empathy' and 'sympathy'.

prima facie case for interrogating the terms 'empathy' and 'sympathy' as they feature across a range of care ethical works in a by no means settled pattern of usage. What is clear, however, is that *something* like empathy and/or sympathy is involved in care ethical behaviour. It might be objected that it does not matter whether the process driving care is empathy or sympathy and I would agree that there is something to that. However, as the discussion unfolds, I will show that too much reliance on aspects of empathy in caring situations propagates a presumptuousness, a colonising sense on the part of the one-caring that can also fall into empty sentimentality. This, I will argue, is less likely if sympathy is better-implicated in care. I will organise this section around Noddings' work on empathy and care ethics.

In Noddings' early work, the term 'empathy' is little-used. At this stage of her scholarship, Noddings favoured the idea of 'feeling with'. Recall, from 'Systematicity and codification in care ethics' that, for Noddings, for a caring relation to be caring, there is the criterion of 'attention' on the part of the one-caring for the cared-for. Noddings offers, approvingly, Simone Weil on attention: "This way of looking is first of all attentive. The soul empties itself of all its own contents in order to receive the being it is looking at, just as he is, in all his truth. Only he who is capable of attention can do this" (Weil in Noddings, 2002a, p. 15). Relational as care ethics is, Noddings says that when "I attend in this way 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. My initial self is vulnerable, and it will be changed by this encounter" (Noddings, 2002a, p. 15). The one-caring, when caring is "Apprehending the other's reality, feeling what he feels as nearly as possible, [it] is the essential part of caring from the view of the one-caring." (Noddings, 2013 [1984], p. 16). Thus this is how the one-caring is understood to 'feel with' the cared-for.

It is at this point that uncertainty appears. Noddings, recognises that this 'feeling with' could be equated to empathy, but does has reservations about that is meant by the term. In *Caring*, she draws on a contemporary dictionary definition of empathy: "The power of projecting one's personality into, and so fully understanding, the object of contemplation." (OED in Noddings, 2013 [1984], p. 30). About this conception of empathy, Noddings is nonplussed. She thinks that it speaks to 'feeling with' in a "peculiarly rational, western, masculine" manner whereas her conception of 'feeling with' is receptive, not projective (p. 30). Thus, for Noddings, 'feeling with' is called:

'engrossment. I do not 'put myself in the other's shoes,' so to speak, by analyzing his reality as objective data and then asking, 'How would I feel in such a situation?' On the contrary, I set aside my temptation to analyze and to plan. I do not project; I receive the other into myself, and I see and feel with the other. I become a duality. I am not thus caused to see or to feel-that is, to exhibit certain behavioral signs interpreted as seeing and feeling-for I am committed to the receptivity that permits me to see and to feel in this way. The seeing and feeling are mine, but only partly and temporarily mine, as on loan to me. (Noddings, 2013 [1984], p. 30)

A preliminary comment is owed to the word at the start of this excerpt. The term 'engrossment' was put to one side by Noddings in later work when she settled on 'attention' due to recurrent misinterpretation of the former as perhaps a form of infatuation sometimes experienced in romantic love (Noddings, 2010b, p. 8). I think the source of Noddings' dissatisfaction with the definition of empathy that she has selected is due to the word's history. In English, 'empathy' is a loose translation of the German word *Einfühlung*. The latter was prominent in German aesthetics towards the end of the 19th Century. More is gleaned about its meaning when better translated as "feeling *oneself* into" (Maibom, 2020, p. 105 emphasis in original). As Maibom explains, this process, while mainly used in art and its appreciation, could be made sense of in any number of contexts but pertinently "we *project* ourselves into the art we admire" (Maibom, 2020, p. 105 emphasis in original). Maibom offers a helpful example to support her explanation: "When we engage with a work of art, say the Pantheon in Rome, we displace ourselves *into* that object with the aim of exploring what we feel as a result. We might feel majestic, enveloping, or calm as a result" (p. 105 emphasis in original). Immediately, the projective element in Noddings' chosen definition is made clear. Yet is Noddings' receptive 'feeling with' that dissimilar to empathy now its roots in aesthetics have been brought to light? In a subsequent work Noddings states:

> The attentiveness of caring is more receptive than projective, and it is not primarily intellectual, although it has an intellectual dimension. The notion of empathy as projection and intellectual is part of the framework that I want to reverse. Caring is not entirely controlled by the carer – it is a mode of shared control (Noddings, 2002a, pp. 13-14).

I posit that the concern Noddings has is the possibility of over-intellectualising the process of 'feeling with' the cared-for. I think that, for Noddings, would take the ethics of care in a direction more favoured by those very traditional moral theories to which she is offering a salve. However, Noddings' possible intentions aside, the foregoing excerpts from a number of her major works are at the very least suggestive of a tacit attraction to empathy in her thinking. Helpfully, from my point of view, in a symposium on Slote's *The Ethics of Care and Empathy*,

there appears to be confirmation, from Noddings, that 'feeling with' and 'empathy' are in fact the same (Noddings, 2010b, p. 9). I detect some ambivalence on this point, however. When Noddings says: "There is still a place for the original definition of empathy – an attempt to understand another's mind. We do feel something as a result of the empathic experience, but we may not sympathize or 'feel with' this other" (pp. 9-10).

In the *Afterword* to the 2013 edition of *Caring*, Noddings writes in such a way as to confirm the rough equivalence between 'feeling with' and 'empathy' and makes it clear that the latter merits careful consideration in moral philosophy (Noddings, 2013 [1984], pp. 204-208). This view is paralleled in her *The Maternal Factor*. Whereas in her other works, there seemed to be some uneasiness about the use of empathy, in this 2010 book, empathy has a significant role. Not least it has an extensive entry in the index, unlike her earlier books. The attention that empathy receives is largely due to the shift in emphasis from the phenomenological approach found in *Caring*, to the arguments made in *The Maternal Factor* based on evolutionary biology. Noddings states that though care ethics is naturalistic "in its insistence on remaining closely aware of actual human conditions and human nature" this does not necessitate it being "narrowly naturalistic or reductionist. There are elements of human emotion, attachments, and choice that demand a normative orientation, one that may challenge our natural inclinations; care ethics recognizes a moral subject" (Noddings, 2010a, p. 2).[152] Yet, "We can ask, however, how this moral subject arises from natural beginnings, and we can examine these natural beginnings to locate problems that may beset a normative ethic under construction" (p. 2). The answer, for Noddings, is to use the findings of evolutionary anthropology to better understand "the evolution of morality through female experience and how that morality might be described. It makes sense, then, to start with a discussion of maternal instinct, infant bonding, and the empathic capacities developed through the basic experience of mothering" (p. 10).

The additional attention given to empathy in *The Maternal Factor* is understandable given Noddings' reliance on findings from other disciplines, including evolutionary anthropology in which it is a much-examined phenomenon. As Noddings puts it, empathy is "constellation of

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[152] Elsewhere, Noddings insists "I do not go to naturalistic extremes and argue that things *should* be as they *are*, but I do argue that any normative ethic that ignores 'how things are' is unlikely to be taken seriously" (Noddings, 2010b, p. 11). I am only able to endorse this sentiment in qualified terms. Steeped as it is in human practices, care ethics is very much alert to 'how things are'. However, much sensitivity is needed when trying to discern the role of power dynamics for example in constituting things, such as social arrangements, as they currently exist.

processes. It involves attention; cognitive apprehension, or reading (the results of which may or may not be reevaluated); a strong possibility of sympathy; and connection to one's own sympathetic structures" (Noddings, 2010a, p. 56). For Noddings, empathy is that which promotes the one-caring being 'prepared to care' and, as such, "equate the development of empathy with growth in the capacity to care—that is, with the development of people who are prepared to care" (Noddings, 2010a, p. 57). Noddings avers:

> In everything that follows, however, the emotional element of empathy will be the driving force. Cognitive apprehension is essential, but so is the motivation to look again or reevaluate—to attempt to see lovingly. On the other side, there is a cognitive contribution connecting sympathy and motivational displacement. Carers reflect on their sympathetic reactions and either permit or reject the move to motivational displacement (Noddings, 2010a, p. 57)

Once again in evidence is Noddings' commitment to the affective while not discarding the cognitive in caring encounters. Does looking at what Noddings goes on to call 'sympathetic attention' offer a way forward from the seeming vacillation between empathy and sympathy? According to Noddings, sympathetic attention is that which:

> springs from maternal instinct, and so has an evolutionary stamp of approval. But it involves skill, and that skill can be honed to a high level of competence…that skill might be called empathic accuracy, provided we understand that in care ethics empathy necessarily includes sympathy…as a virtue, it requires *commitment*…to keeping open the channels from perception to feeling to motivational displacement (pp. 174-175 emphasis in original)

Noddings stresses that sympathetic attention as a virtue is not to be understood as limited to an undue focus on the self on the part of the one-caring, but on how the virtue contributes to the caring relation (p. 174ff). The answer to the question posed above is a qualified 'yes'; sympathetic attention offers a little more clarity about the roles Noddings sees for empathy and sympathy. But unfortunately, more problems are generated. A care ethical concern with virtue, as sympathetic attention is described above, is that a focus on virtue is inward looking from the point of view of the one-caring. This is at odds with sympathy which is always outward looking (Maibom, 2020, p. 16).

These contradictions notwithstanding, what features does sympathetic attention have? As I interpret it, natural caring is a product of the other-centred emotions that appear to have been favoured in evolutionary terms (p. 174ff). Empathy, according to Noddings, is one such emotion, that is bound up in reading others and 'feeling with' them and helps ones-caring be 'prepared to care'. While for the most part affective, there are cognitive elements that are brought into play by the one-caring. Is what they are feeling what the cared-for is feeling? Is

this the right sort of feeling for the situation? There is a subtle shift, for Noddings, into empathic accuracy, which she calls sympathetic attention.[153] The one-caring recognises that the cared-for feels something and that the one-caring should act on behalf of the cared-for. Amidst this shift, there might be a realisation on the part of the one-caring that they have no internal 'I must' so they think back to those times of good care.[154] They likely draw on more from their cognitive resources as they work out how to ethically care for this cared-for who, for whatever reason, does not elicit natural caring in them.[155] What is the upshot? Noddings seems to have combined empathy, sympathy, and attention in a way that is not necessarily aligned with others working in this area. In the section that follows, I hope to find some way through this conceptual mire.

Sympathy rather than empathy in care ethics

The various claims of the previous two sections seem to ask a great deal of empathy in care ethics. According to the care ethicists canvassed in the first section, empathy is implicated in motivation, perception, deliberation, and obligation. In the second section, Noddings seemed to bundle together empathy, sympathy and attention. This section starts by attempting to disambiguate some key terms, drawing on scholars who have made significant contributions to the philosophy of empathy. It is hoped this will provide a sturdier starting point for assessing whether the claims made above about empathy and care ethics hold water. As the title to this section indicates, my conclusion is that empathy is not the concept towards which care ethicists ought to be attending, rather, sympathy is preferable. I will argue that sympathy both captures central features of care ethics while being less likely to steer would-be caring actions awry.

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[153] Empathic accuracy and empathic inference are related but dissimilar. Empathic inference is "the process by which we attempt to infer the specific content of other people's thoughts and feelings" whereas empathic accuracy is "the extent to which these everyday mind reading attempts are successful" (Ta & Ickes, 2017, p. 354)

[154] Sandrine Berges worries that Noddings' valorisation of the mother-child relationship might mean that in a given society "the importance that is placed on the act of mothering could, if taken literally, create a rather domineering environment for women. We could be told that unless we stay home and care full time for our children, the fabric of society will collapse. Or perhaps more mildly but not without threat, that unless we breastfeed our children for as long as society sees fit, we will not be allowed citizenship rights" (Berges, 2015, p. 105).

[155] She says: I have *not* argued that natural caring is *morally* superior to ethical caring. I have argued that natural caring precedes and establishes a model for ethical caring. Natural caring also provides motivation for ethical caring, because natural caring is our *preferred* social condition. Ethical caring, as a form of formal morality, serves natural caring" (Noddings, 2010a, p. 169 emphasis in original).

To get the discussion underway, I will present Heidi Maibom's distinctions between affective empathy, emotional contagion, perspective taking, and sympathy. Given the conceptual difficulties already encountered, these will be given in some detail. For expository purposes, I will consider two people, A and B, and what is understood to be happening between them in each of four situations: affective empathy; emotional contagion; perspective taking; and sympathy. If A is said to have affective empathy for B, then A experiences the same or similar emotion to B, whose emotion is the object of A's perception or imagination of what B is experiencing, or what it would be appropriate for B to experience. Thus affective empathy is a case of self and other experience. In emotional contagion, A experiences, possibly as a transition between empathy and sympathy, the same or similar emotion as A perceives B to be experiencing. Contrasted with affective empathy, emotional contagion does not favour either self or other in terms of who the experience is for. When A takes B's perspective, having made allowances for differences between them, A imagines they too are experiencing that experienced by B. Finally, sympathy. In sympathy, A experiences an emotion propitiated by B's experience but is not expected to be a similar emotion. This makes sympathy[156] rarely anything than about the other, rather than about the self (Maibom, 2020, pp. 15-16).[157]

The four concepts affective empathy, emotional contagion, perspective taking, and sympathy given in the previous paragraph are all plausibly involved in caring encounters. Reverting to Noddings' scheme, the one-caring perceives something that the cared-for is feeling. The one-caring may be pre-reflectively aware (affective empathy and emotional contagion) or reflectively aware (perspective taking and sympathy) of this emotion experienced in the cared-for. If empathetic, then the one-caring may feel something consonant with the cared-for's feeling (affective empathy and emotional contagion) but if sympathetic they feel something about the fact that the cared-for is feeling something (perspective taking and sympathy). Any of these may result in the one-caring, caring for the cared-for. Is this caring likely to be the same in all four cases? I think it is unlikely. Emotional contagion, as previously indicated, is likely pre-reflective and possibly transitory. The one-caring 'catches' a perceived emotion from the cared-for. Any caring action as a result of these seems to be a function of whether the

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[156] In the psychological literature sympathy as explained here is known as 'empathic concern'. "By contrast with affective empathy, sympathy is responsive to the overall welfare of the other person…What is *not* required is emotional consonance with what the other person is feeling or expected to feel" (Maibom, 2020, p. 11).
[157] Affective empathy is sometimes called narrow empathy and perspective taking is sometimes known as broad empathy or simulation theory (Matravers, 2017, pp. 75-103).

emotional contagion develops into affective empathy or sympathy. These will be considered in due course. What about perspective taking? If the one-caring does this then wherever possible, the one-caring puts aside or brackets their own preferences, dispositions and so on where they are known to differ from those of the cared-for (Matravers, 2017, p. 84). It would be very easy to be entirely wrong about what it is like to be another person so much sensitivity is needed (p. 87). In caring encounters, perspective taking seems to over-complicate the caring relation. Care ethicists hold to the one-caring discerning and possibly meeting the cared-for's needs. While perspective taking might serve to help the one-caring, although this is by no means guaranteed, better understand *why* the cared-for seems to need what they do, I think it would serve to distract the one-caring from the brute fact *that* the cared-for needs what they do. If perspective taking has a place in the caring relation, it is for the former reason, the possibility of the reasons why of the need, and I would add, this is preferably diachronic not synchronic. The one-caring who spends time perspective taking in the moment is surely less likely to give good care than one who focusses on the cared-for's needs.

From the point of view of care ethics, emotional contagion and perspective taking, though of interest, are not nearly as potentially significant as affective empathy and sympathy. For parsimony of exposition, I will now use 'empathy' to refer to the clarified term 'affective empathy'. In the popular imagination, empathy always seems to get a good press. Political leaders expound on its virtues and how the world would be a better place if people were only more empathetic to each other. Doctors, nurses, teachers, and carers who are said to be empathetic are usually held in high regard. But a moment's thought while holding the now disambiguated empathy in mind gives pause for thought. Take the political leader. In exhorting the populace to be more empathetic, there is an assumption that people will react well when feeling what they perceive others to be feeling. Is this assumption well-founded? There is the distinct possibility that these similar feelings result in the opposite effect that political leaders are after. Now that the populace has experienced similar emotions to other groups, this might drive people apart not together. Discomfort coming from this emotional experience might lead people to hate not love their neighbours; these others have made them feel uncomfortable, after all.[158] What about the various caring professions listed? If these ones-caring were endlessly actually feeling, even if a weakened version of what their respective cared-for's were feeling,

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[158] See also (Bloom, 2016 Ch. 5)

then the potential for empathic fatigue seems extremely great.[159] These examples, while not rendering empathy impotent, certainly raise some important questions for empathy's advocates.

There are writers who do more than interrogate empathy; to differing degrees they argue that empathy militates against the moral life (Bloom, 2016) or that it simply is not necessary for morality (Prinz, 2011a) and may in fact derail efforts to be moral (Prinz, 2011a). However, what do these authors mean by morality and is it aligned with the account of the moral life I am suggesting is offered by care ethics? Bloom's view of the desirability of separating empathy from morality can be seen in the following extracts:

> Empathy's narrow focus, specificity, and innumeracy mean that it's always going to be influenced by what captures our attention, by racial preferences, and so on. It's only when we escape from empathy and rely instead on the application of rules and principles or a calculation of costs and benefits that we can, to at least some extent, become fair and impartial (Bloom, 2016, p. 95).

> empathy is biased and parochial—but in a stupid way. Even if we decide that certain individuals are worthy of special treatment, even here empathy lets us down, because empathy is driven by immediate considerations, making us too-permissive parents and too clingy friends. It's not just that it fails us as a tool for fair and impartial moral judgment, then, it's often a failure with intimate relationships (Bloom, 2016, p. 163).

And Prinz:

> In principle, empathy could be improved by combining it with (dis)approbation and some procedure for achieving impartiality. But once we have these other mechanisms in place, empathy might prove superfluous. If we can learn to see distant strangers as worthy of concern, and if we become outraged when their needs are unanswered and delighted when we help them, then we will be motivated to act on their behalf. Empathy drops out of the picture. And, on my own recommendation, *any* focus on the victim of a transgression should be avoided, because of potential bias. If I am right, the most reliable method of achieving impartiality actually involves bracketing off thoughts about victims, and, thus, empathy might actually be something we want to avoid (Prinz, 2011a, pp. 228-229 emphasis in original).

Bloom's and Prinz's ideas have been given at length to make it clear that at least one of their criticisms about empathy is the way in which it tends to derail attempts to be moral, understood

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[159] Psychologist Martin Hoffman describes what he calls "compassion fatigue" in these sorts of workers as the result of those who "are apt to experience empathic over-arousal repeatedly over long periods of time" (Hoffman, 2000, pp. 199-201). Hoffman defines empathy as involving "psychological processes that make a person have feelings that are more congruent with another's situation than with their own situation" (Hoffman, 2000, p. 30). I posit that 'empathic fatigue' is a better fit than 'compassion fatigue'. In a footnote, Slote links "compassion fatigue" to imperfect duties (Slote, 2007, p. 39 n22).

as involving a significant amount of impartiality. Of course, this particular concern is not found in care ethics. That ones-caring are quite rightly partial has already been discussed in 'Systematicity and codification in care ethics'. However, towards the end of the second excerpt from Bloom there is the suggestion of an area in which empathy would mis-direct care. Namely, the way in which its immediacy can contribute to the would-be one-caring from properly considering what might be best in this particular situation for the would-be cared-for, all things considered.

Before summing up this chapter, I will offer a short example in the educational context. A secondary school mathematics teacher has taught a particular pupil for a number of years. The time allocated in the curriculum for this subject being what it is, they have spent many lessons together. The pupil is typically engaged and unfailing polite. However, on one occasion the teacher notices a distinct change in the pupil's behaviour that is out of character and borders on being rude. At the end of the lesson the teacher keeps the pupil behind and gently suggests that something might be the matter and that the pupil ought to speak to someone, not necessarily the mathematics teacher, about whatever is going on. After a moment's reflection the pupil agrees and then asks to speak to the mathematics teacher in front of them saying that other teachers treat them 'like babies'. It transpires that the pupil has a terminally ill grandparent in another city to whom they are close. The imminent loss is a source of distress, unsurprisingly. Added to this, the pupil is also wrestling with the fact that if they go to visit the grandparent, they will also be able to catch up with friends who still live in that other city. This appears to be a source of guilt about the potential happiness that will bring.

How ought the teacher respond? Given the age-difference of two decades, the teacher is likely to have experienced some sort of loss themselves. They might be tempted to show that they empathise with the pupil and say something like 'I know how you feel…'. I would not go as far to say that the teacher does not feel anything but whether they do or do not is, so I claim, beside the point. By claiming to know how the pupil feels the teacher risks derailing the sensitive conversation. It is plausible that the female, teenage, pupil of colour might take umbrage that the male, late thirties, white can know how they feel. The pupil has already exhibited they have a high emotional register that day, recall.

Rather, the sympathetic teacher will acknowledge the mixed feelings the pupil is expressing. The teacher might ask if their opinion is wanted. Whether the pupil seeks this or not is not necessarily the point. Rather, it is the potential for the pupil feeling 'heard', like they are being listened to, rather than yet another adult jumping in and colonising their feeling as their own. The role of sympathy thus allows a teacher to better care for the pupil and opens the door to the pupil sharing what it is they need in that moment. Further, it might mean that the pupil is more at ease being open in the future. They no longer feel like they are being treated 'like a baby'.

If, as I have shown above, some care ethicists take the one-caring to be motivated by empathy, to use empathy in their moral deliberations or in their moral perception, there is surely a significant risk that in feeling or thinking, they are experiencing feelings akin to those of the cared-for, that this clouds their 'moral view' as it were. This is not to deny the role of emotion in moral reasoning, far from it, but *is* to deny that this emotion in the cared-for ought to be an experiential goal of the one-caring. Why might this be the case? Surely, it might be objected, that taking on the feelings of another in fact helps motivate, spreads outrage, and so on? Absolutely, this might happen, and might have its place in the face of widespread injustice. However, for good care, the one-caring's attention to the particular, situated, cared-for might need a moment's pause. The over-enthusiastic one-caring who is 'swept up' in the moment is apt to not judiciously act in the best interests of the cared-for. They are surely likely to respond based on what *they* are feeling, not what would be driven by sympathy, that is a recognition of what the *cared-for* is feeling. In the latter case, the one-caring may still be moved by emotion and reason, but the focus of their caring efforts is the would-be cared-for and not themselves. Empathy's tendency to shift the focus of caring action away from the cared-for and back towards the one-caring counts against its desirability in care ethics. Sympathy's attention to the cared-for is consistent with care ethical commitments to the other-in-relation while not eschewing its concomitant valorisation of the involvement of emotion in ethical action.[160] Having argued that sympathy is preferably involved in care-ethical encounters I now move to

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[160] Hamington suggests: "Care values emotions and context in a moral approach that resists formulaic moral responses. Relationships are central and thus empathy is indispensable. As such, a care ethical approach to moral education may indeed require new methods for promoting empathy in the context of ethical development" (Hamington, 2017, p. 271). My reply would be that this chapter makes the case for the promotion of sympathy in a care ethical moral education not empathy.

discuss an aspect of the content of that action, namely discerning and trying to meet the cared-for's needs.

Chapter 5 Which needs are to be met?

The previous section made the case that as a moral theory, care ethics finds better resources in the conception of sympathy rather than empathy. Part of sympathy's role in care ethics is the way in which it contributes to the one-caring's moral motivation, moral perception, and moral deliberation. This matters to care ethics because, as seen in 'Chapter 2 Is Noddings' ethics of care a moral theory?', Noddings states that the one-caring will typically need to act to meet a cared-for's needs. In this chapter, I find a point of interface between care ethics and recognition theory[161] and hope a fruitful conversation develops.[162] Thus, this chapter takes as its starting point the centrality of needs in care ethics. At least within the care ethics literature, what is meant by needs is taken to be under theorised. This prompts a turn to Soran Reader's ethics of need in which there is an account of identity-based need. However, I interpret this to offer what I designate as identity as 'what-ness'. Such an understanding of identity-based needs is a starting point for the caring agent but a more nuanced account, of identity as 'who-ness', will be argued to be preferable. Identity as 'who-ness', drawing on Paul Ricoeur's work, moves the discussion along a great deal, culminating as it does in his concept of the 'capable human being'. Having brought this aspect of Ricoeur's thought into conversation with care ethics, I offer an account of identity-based needs conducive to the broader aims of the care ethical

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[161] Luminaries including Charles Taylor, Paul Ricoeur and Axel Honneth have each traced the emergence and development of the concept of 'recognition' through the history of ideas in the Western philosophical tradition (Taylor, 1994) (Ricoeur, 2005) (Honneth, 2020). Moreover, recognition has received further treatment in these authors' other works (Taylor, 1991) (Ricoeur, 1992) (Honneth, 1995). As such, I do not propose to retrace the history of the term recognition but rather engage with how it has been more recently articulated by Ricoeur and the way I take it to contribute to how care ethics might enlarge understandings of teaching encounters.

[162] Other examinations of recognition and care ethics include: Hegelian (Molas, 2019) (Molas, 2019), Ricoeurean (Lanoix, 2015) (Lanoix, 2015), Ricoeurean with an emphasis on health care settings (van Nistelrooij, et al., 2014) (van Nistelrooij, 2014) (de Lange, 2014) (Hettema, 2014) (van Stichel, 2014) (van Nistelrooij, et al., 2014) (van Nistelrooij, 2014) (de Lange, 2014) (van Stichel, 2014) (Hettema, 2014) (Carney, 2015), Honnethean (Leget, et al., 2011) (Leget, et al., 2011), and Taylorean (Nguyen, 2022) (Nguyen, 2022).

project. Finally, I consider what this bolstered account of care ethics might say about a brief and illustrative teaching encounter.[163]

Needs in teaching encounters and care ethics

A central feature of care ethics is its emphasis on trying to discern and meet others' needs; those others with whom one is in relation. Similarly, teaching involves people in relation. In John Passmore's analysis of teaching, "it is a triadic relation: For all X, if X teaches, there must exist *somebody*, and *something* that, is taught by X" (Passmore, 1980, p. 22 my emphasis).[164] For my purposes, the precise content of 'somebody' and 'something' must, at least for the time being, remain open, dependent as they are on context. Examples abound but the following illustrate the point: a parent teaches their child to tie a shoelace, a lecturer teaches undergraduates about the *Meno*, the secondary school teacher teaches 15-year olds how to solve quadratic equations. Whether in formal settings such as schools and universities, or informal settings such as the home, teaching encounters are commonplace. One way of understanding such encounters is through the concept of need. A teacher might ask themselves, something parsed as: 'Just what is it that the person I am trying to teach needs in this particular instance?' Thus, there is a significant point of contact between care ethics and teaching: namely that both concern themselves with others' needs discerned in situations of relation.[165]

The emphasis on needs-meeting is felt throughout the care ethical literature, however, the nature of these needs remains under-theorised. It is this that has prompted my turn to Soran Reader's ethics of need. Reader's account contains within in it the insight that there some needs that are a function of a person's identity. Her approach to identity might be helpfully characterised as identity as 'what-ness'. This conception is not without utility, and I carry forward the thrust of her argument. However, I take Ricoeur's work on identity and recognition to be a sea change. If Reader's account of identity is identity as 'what-ness', then Ricoeur's account of identity is identity as 'who-ness'. The latter, for Ricoeur, leads to his idea of

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[163] The majority of this chapter is found in (Bennett, 2023c).

[164] Passmore continues in parenthesis: "This is true whether 'teaching' means 'tries to teach' or 'succeeds in teaching'" (Passmore, 1980, p. 22).

[165] In formal educational settings there are likely to be tensions between the aims of education for the individual and for their society (Kitcher, 2022, p. 34ff) and whether, in the latter case, the perceived educational needs are response to a world to be met as is or resisted (Biesta, 2022, p. 11ff). My thanks to an anonymous reviewer for pressing me on this point.

someone being recognised as a 'capable human being'. The two sorts of identity should not be understood to be mutually exclusive, rather that when considered to be needs-generating they tell the would-be one-caring different things about the would-be cared-for. Equipped with this enriched sense of needs, I explore how this might feature in a care ethical teaching encounter in the final section.

I will start by giving a brief recapitulation of Noddings' ethics of care. This will allow me to identify just where I see Ricoeur's recognition-theory and care ethics intersecting. Nel Noddings seeks to give a phenomenological account of caring, which is simultaneously descriptive and stipulative. She starts with caring dyads comprised of the 'one-caring', that is the agent undertaking the caring actions, and the 'cared-for', the patient of the caring actions.[166] In a particular dyad the roles may of course switch, but in those cases where taking on the role of one-caring is an impossibility for a particular cared-for, it is all the more important that social structures are such that the one-caring does in fact receive appropriate care.[167] Substituting 'A' for the one-caring and 'B' for the cared-for, for Noddings

> (A, B) is a caring relation (or encounter) if and only if
>
> i. A cares for B—that is, A's consciousness is characterized by attention and motivational displacement—and
>
> ii. A performs some act in accordance with i), and
>
> iii. B recognizes that A cares for B.
>
> (Noddings, 2002a, p. 19)

The use of 'relation' is a reminder that there are two parties involved, the 'one-caring' and the 'cared-for'. However, some further clarifications are warranted for this stipulative definition. I shall do this in criterial order. The sort of attention that Noddings is insisting on in the first criterion is best understood as 'receptive attention' such that the one-caring is "engrossed in (or receptively attentive to) the needs expressed in an encounter" (Noddings, 2010a, p. 47). Further to this receptive attention is motivational displacement. This is when the one-caring puts their own projects to one side for the moment to direct their energies towards meeting the needs of the cared-for. The second criterion is not specifiable in advance but importantly "depend[s] not only on the expressed need but also on the competence of the carer and the resources she has at her disposal" (p. 48). Finally, the third criterion puts forward the claim

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[166] The terms 'one-caring' and 'cared-for' intentionally echo the existentialist predilection for both hyphenated terminology and the use of such terminology to clarify without repetition the referents of discussion (Noddings, 2013 [1984], p. 4).

[167] A theme considered in (Kittay, 2020 [1999], pp. 70-77).

that: "the cared-for must contribute to the relation; the cared-for must show in some way that the caring has been received." (p. 48).[168] The third criterion includes the verb 'recognize' which prompts me to offer a brief disambiguation from the sort of recognition referred to at the outset of this chapter. Noddings is referring here, and elsewhere (Noddings, 2013 [1984], p. 78), to what she sees as a pivotal role for the cared-for. For Noddings, care is not care without the caring action being recognised as such by the cared-for. I have argued at length elsewhere that it is preferable for care ethicists to not insist on this stipulation in an account of care (Chapter 6) (Bennett, 2023a). In brief, to anticipate, I take Noddings' account of what constitutes recognition of care in the cared-for to be too broad and ill-defined to warrant being a necessary condition of ascribing the adjective 'care' to encounters; that an ethic of care remains important in its absence.[169]

It is a combination of an element of the first and second criteria, namely, the needs of the cared-for, that I find a point of interface between care ethics and recognition-theory. The ethics of care takes the meeting of another's needs to be pivotal.[170] Vitally, for care ethics, it is not the generalised other but the concrete other,[171] embedded as they are in their particular socio-historical context and enmeshed as they are in webs of relationships, whose needs are to be met. Incongruously, despite the prominence of the concept of need in care ethics, 'needs' for the most part suffer from limited conceptualisation. Sarah Clark Miller also observes this though we part ways in our responses to this lacuna (Miller, 2012, p. 15). Across the care ethics literature, I have located at least five themes related to the identification of needs in the cared-

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[168] For Noddings, this shows a departure from virtue ethics, as "we recognize that these responses contribute to the caring relation and, more generally, to moral life. In care ethics, *caring* more often points to the quality of relation than to a virtue in the one caring." (Noddings, 2010a, p. 49 emphasis in original)

[169] The foregoing is not intended to be complete account of Noddings' ethics of care. For example, there is a distinction between natural caring, the sort that does not require any moral effort and ethical caring where the one-caring must take deliberate steps to act (Noddings, 2013 [1984], p. 79ff). Moreover, responding to criticisms of her early work wherein she had been quite dismissive of caring-about Noddings went on to distinguish caring-for as the sort of care she had delineated previously and caring-about to be a feature of justice that would structure society and institutions in order that caring-for might flourish (Noddings, 2002a, p. 21ff)

[170] For example, Noddings on care ethics and education: "To care means to respond to needs, and needs do not stop (or start) at the schoolroom door." (Noddings, 2005a [1992], p. xxii). Outside care ethics, what is meant by need has been the subject of a range of analysis. See, for example (Miller, 1976) (Thomson, 1987) (Wiggins, 1987). In a different vein is Michael Ignatieff's discussion of King Lear: "It is a play that sets out to show us why we must take the needs of others on trust, by showing how murderous and pitiless a place the world can be without such trust. The claim of need makes the relation between the powerful and powerless human, but the nightmare of the powerless is that one day they will make their claim and the powerful will demand a reason" (Ignatieff, 1990, p. 30).

[171] To use Seyla Benhabib's well-known distinction (Benhabib, 1992, pp. 148-177).

for.[172] First, and already acknowledged, is the fact that meeting needs features heavily in many if not most accounts of care ethics. Second, there is the recognition that needs are shaped by the context in which they are found. Third, there are some needs that seem more to be more 'basic' than others.[173] Fourth, despite recognising the different urgency of needs there are some that can be said to relate specifically to a person's flourishing. Fifth, the distinction between 'needs' and 'wants' is introduced, though the latter may remain connected to a person's flourishing. However, though these are undeniably interesting and important aspects of the concept of 'needs', for the most part the accounts of 'needs' remain underdeveloped. For some care ethicists, this is said to be intentional, insisting that "caring needs are not to be specified and ought to be considered always within the context of *particular* situations and with regards to *particular* individuals" (Bourgault, 2020, p. 208 emphasis in original). There is an important distinction to be made here. There is a difference between specifying, by means of a list, for example, the sorts of needs that care ethicists maintain ought to be met by ones-caring and just how 'need' should be understood within the ethic. The risk in the first situation is that the commitment to meeting the needing other, the cared-for, in their particularity, will be eroded. If this were to happen, then an emphasis thought central to care ethics would be lost. However, this does not mean that a more illuminating account of 'needs' cannot be developed within care ethics. Care ethicists hold that people can improve the way that they care. One way of doing this would be to better understand needs.

Identity-based needs: 'what-ness'

I would now like to move towards the idea of identity-based needs. These are needs that are a function of the cared-for's identity. This is not a claim to the effect that such needs exhaust all the needs a cared-for may experience. However, it is to say that these are the sorts of needs a one-caring ought to try to discern. Of course, this does not mean they will be able to meet all such identity-based needs, nor whether there is a moral imperative to do so. But being cognisant

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[172] For example, on the difficulty of identifying needs (Held, 2006, p. 39), on the importance of accounting for context (Barnes, 2012, p. 31) and (Bubeck, 1995, p. 129ff), and on basic needs (Engster, 2007, p. 26ff). Kittay links needs-meeting and some wants-meeting to flourishing (Kittay, 2019, p. 138). Relatedly Steven Steyl offers an account that uses the "Anscombean theory of action…to defend a theory of caring actions as those whose proximate end is to meet a need and mount an argument for a eudaimonistic understanding thereof" (Steyl, 2020b, p. 284). This approach echoes Milton Mayeroff's work on care which pre-dates the literature typically subsumed under the title 'care ethics'. For Mayeroff, care is directed towards helping the cared-for grow which will include meeting the cared-for's needs (Mayeroff, 1971, p. 4)

[173] Universal human needs for water, sustenance, and shelter are basic in that they make themselves felt however society is organised.

of identity-based needs would, I maintain, contribute to better care under care ethics. In the work of Soran Reader, a needs-ethicist, there is an extended account of identity-based needs.[174] The approach Reader takes has two elements. The moral agent, when in what Reader characterises as a 'moral relationship' with a moral patient, is obligated to meet the moral patient's needs that are necessary for that moral patient to maintain their being. The *prima facie* simplicity of this approach belies the complexity of the way Reader understands 'being'. The moral agent must have some way of determining those needs they have an obligation to satisfy. Both things and people can be said to have, sometimes multiple, second-natural phased-sortal identities. Such an identity, according to Reader, is an answer to the question 'what is it?' (Reader, 2007, p. 59). Decomposing second-natural phased-sortal into its parts furnishes the following information. Sortals are used to 'sort' things into different categories, so it is known what they are. 'Second-natural' is the nature something acquires "through the entrenched and predictable process of teaching and learning, and are mutable through changing circumstances, whereas 'first' natures are acquired through the entrenched and predictable workings of nature independent of culture, and are generally assumed to be less mutable" (pp. 60-61). Thus, 'human being' might be first-natural, while 'mother' is second-natural. This is because what it is to be a 'mother' varies across cultures. Finally, 'phased' recognises that members of a kind may not hold for the entirety of a member's existence. All adult humans were once babies, whereas only some adult humans are secondary school teachers. Hence, "'sortal concepts' tell us what the needing being is and thus what it needs, and that second-natural phased-sortal concepts give us a close enough specification of what a needing being is, and a full enough list of essential needs".[175] The latter directs the moral agent to the appropriate actions, that is, satisfying those essential needs (p. 58). For Reader, needs generated by a moral patient in order to maintain second-natural phased-sortal identities are just as important as more obviously existence-affecting needs such as water (p. 66). The second element alluded to above is that the obligation to meet needs is restricted to those situations in which people are in what Reader describes as 'moral relationships': "What distinguishes the relationships of which moral relationships are a species from mere relations is that relationships involve an actual connection, a real 'something between' agent and patient which links them together." (pp. 72-

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[174] Before her book length treatment (Reader, 2007), Reader collaborated on two related papers with Gillian Brock (Brock & Reader, 2002) (Reader & Brock, 2004).

[175] Take the second-natural phased-sortal 'mother': mother is second-natural because its conception is a function of the society in which it instantiates. It is phased because the person will have points in their life in which they have never been a mother, whatever the prevailing conception of motherhood.

73). I take Reader's account to be problematic because of the conception of identity through the use of second-natural phased-sortals, not because of how she understands moral relationships.[176]

Metaphysicians and logicians in the Western philosophical tradition, since at least the time of Aristotle, have exercised themselves about how or if one thing can be distinguished from another; that is, how things are identified. If 'things' are taken to exclude 'people', then the use of sortals seems merited. However, Reader does not commit to this exclusion, far from it. According to Reader, the obligation to meet needs is predicated on moral agents being in moral relationships with others and being able to discern between the second-natural phased-sortals those people are. Reader's claim is that for sortals like 'mother' or 'philosopher', there is a "constitutive link between the empirically ascertainable intrinsic principles of change or rest of members of a kind, and the question of the identity of things of that kind" (p. 60). For adults, such sortal identities as 'mother' and 'philosopher' could be concurrent unlike linear phases: an adult cannot concurrently be a baby. In order to rescue her account from being committed to saying that second-natural phased-sortal identities such as 'mother' and 'philosopher' are not as important as those identities that can only occur singly, for example 'baby' and 'adult', Reader says:

> given the Aristotelian concept of nature, I can only be essentially one thing at a time. This is because only one inner principle of unity and change can be active at any one time. So I cannot after all – actively – be both a mother and a philosopher at the same time (p. 62).

Unfortunately, there is no reference to which of Aristotle's ideas are being taken in support of Reader's assertion. Perhaps it is an oblique reference to the opening of Book 2 of the *Physics* where Aristotle discusses what it means to refer to the 'nature' of something.[177] Aristotle contrasts natural objects, for example animals, plants, and fire, with objects made by people. The difference is that "each of the natural ones contains within itself a source of change and stability…on the other hand a bed or a cloak has no intrinsic impulse for change" except in the

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[176] In a review of *Needs and Moral Necessity*, Bill Wringe observes that Reader's account of moral relationships is underdetermined (Reader, 2007, pp. 72-77). He concedes that stipulating necessary and sufficient conditions for moral relationships may reasonably eschewed in place of the paradigm relationships which Reader does present. However, as Wringe points out, Reader spends time at the outset of her book making the case that morality does in fact need defining or at least a clear account provided (Reader, 2007 Ch. 2). As such, to leave the account of moral relationships as it stands is to not engage with her own project as stated (Wringe, 2010, p. 884). Although Reader has not engaged with a great deal of literature about moral relationships, I do not find her characterisation controversial.

[177] Bk 2 192b8-32

case where the artefact "coincidentally" has been made with something natural, which itself provides the impulse for change (Aristotle, 2008, p. 33) (Aristotle, 2008, p. 33). He goes on: "if a doctor, say, is responsible for curing himself, this does not alter the fact that it is not qua being cured that he possesses medical skill: it is just a coincidence that the same person is both a doctor and being cured, and that is why the two things are separable from each other" (Aristotle, 2008, p. 33) (Aristotle, 2008, p. 33). It is plausible that this distinction is the motivating factor behind Reader's claim.

In the preceding paragraph, I have aimed for a charitable interpretation of Reader's explanation about how an individual will often come under multiple second-natural phased-sortals at any one time, but that they are only ever actively acting under one such sortal at a time. However, the stance she takes strikes me as a severe weakness of Reader's argument. It seems to resist the interactions between different identities within the same person and how that materially affects their life. As Kimberlé Crenshaw observed in her seminal 1989 paper *Demarginalizing the Intersection of Race and Sex*, feminists who do not account for racial identity when discussing sexism fail to see that women of colour are typically multiply-burdened when it comes to the experience of discrimination, in ways that white feminists are not (Crenshaw, 1989, p. 154) (Crenshaw, 1989, p. 154). The date of publication indicates that intersectionality is not a recent area of scholarship and is surely something about which Reader would have been aware.[178] Because identities combine, the claim Reader makes about it really being the case that one is at one moment a 'mother' and another a 'philosopher' does not carry water.[179] Even if Reader were correct about identities operating separately, where does this leave the moral agent who is trying to respond to the moral patients' second-natural phased-sortal needs? As Crenshaw observed, to only attend to one aspect of identity such as gender is to completely miss the effects of race for that same individual. Thus the agent who does attend to one second-natural phased-sortal at a time is likely destined to fail to properly meet the needs of the moral patient. Just 'who' the moral patient is, is missed on Reader's account.[180]

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[178] See also (Collins, 1990) (Hancock, 2016) (Collins & Bilge, 2016) (Hancock, 2016) (Collins & Bilge, 2016).

[179] Reader also fails to explore how the use of sortals fits with their application to children. This is surprising as children are clearly the sort of beings whose needs ought to be met by someone. I do not propose to expand on this issue as it is hoped my arguments to date have demonstrated the shortcomings of second-natural phased-sortal identities.

[180] The formation of identity, especially sortals such as 'mother' is not neutral. The shaping of sortals amidst relations of power and oppression must not be underestimated. For example, see (Alcoff, 2021). However, this is not the topic of my paper.

Finally, even Reader herself seems to be aware that second-natural phased-sortals may be too blunt when she says "even second-natural phased sortals may not be specific enough to single individual human beings out, keep track of them, chronicle what they do or help them well…my individual identity, too, is arguably not contingent, and is the source of my most morally demanding needs" (pp. 62-63). I interpret this to mean that individual identity[181] is *not* the same as second-natural phased-sortal. Thus it remains unclear as to how far second-natural phased-sortals help the moral agent and moral patient. However, I do find the broader idea of identity-based needs fruitful and will carry that forward. Reader's project was to give an answer to 'what' this person is (pp. 58-63). Many will find this interrogative jarring when taken in reference to people but not when 'what' is used to ask after or about things. The discord provokes a reappraisal of how identity and attendant needs might be understood. In so doing I turn to identity as 'who-ness', and take up Ricoeur's line of thought. Importantly, identity as 'who-ness' is not to be taken as an adjunct to Reader's arguments, but rather as a significant change in aspect. Not paying attention to 'who-ness' risks missing out on what it is to be human.

Identity-based needs: 'who-ness'

Ricoeur posits a self that is equidistant from the Cartesian cogito and Nietzschean anti-cogito (Ricoeur, 1992, p. 23). This self will serve "to fit in both with the ambition of self-founding certainty stemming from the Cartesian cogito and with the humiliation of the cogito reduced to sheer illusion following the Nietzschean critique" (p. 299).[182] His argument starts in the philosophy of language, proceeds through the philosophy of action, through the philosophy of narrative theory, and culminates at the "threshold between philosophical anthropology and ethics" (Ricoeur, 2002, p. 280). Ricoeur introduces what he takes to be two meanings of identity, that is identity as sameness and identity as selfhood. Adopting the Latin words to mark the distinction, these two meanings of identity correspond to *idem* identity and *ipse* identity. *Idem* identity, that is, sameness, speaks to numerical identity, qualitative identity or similitude,

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[181] David Miller relates needs and harms to a person's 'plan of life' whose central features contribute to a person's identity, meaning much might be at stake if certain needs are not met (Miller, 1976, pp. 128-136).

[182] It was questioned by at least one contemporary reviewer whether or not Ricoeur had really advanced beyond Descartes, Kant, and Hegel, that is, whether his "hermeneutics of the self ever get[s] beyond the thinking subject to the inscrutable other" (Anderson, 1993, p. 244). This is contrary to Ricoeur's denials throughout his work. Whether or not Ricoeur was successful in this particular task with which he burdened himself is not something I propose to explore.

uninterrupted continuity and permanence in time.[183] The concerns of *ipse* identity are somewhat different. *Ipse* "implies no assertion concerning some unchanging core of the personality" (Ricoeur, 1992, p. 2). Rather, selfhood seeks an answer to the question of 'who?' across time that is "irreducible to any question of 'what?'" (p. 118). Identity as sameness is the proper response to 'what', while identity as selfhood is the proper response to 'who'. This 'who' is not simply someone's name, it requires more, it requires narrative, the story of their life (Simms, 2003, p. 102). Recall, the designation I gave to Reader's account of identity as 'what-ness'; this finds its correlate in Ricoeur's *idem*. However, there is more to identity than the possibility of identification or reidentification that is offered by *idem*. *Ipse* identity could be the answer to all manner of questions, but notably it is a comprehensible answer to 'Who did this?' As Ricoeur explains, if ascription of an action to a particular agent takes on 'imputation', then there is an explicitly moral weight: not only is the agent the actual author of the action but they are also responsible for the consequences that may flow from it.[184] The responsible *ipse* is accountable, it is the answer to 'Who is the moral subject imputation?'. Just what is being imputed and what are the stakes? Nothing less than who-ness: "I identify myself by my capacities, by what I can do. The individual designates him- or herself as a capable human being" (Ricoeur, 2016, pp. 290-291).

Ricoeur takes capability to be at least "*the power to cause something to happen*" (Ricoeur, 2006, p. 18 emphasis in original). Ricoeur does not appear to make a sharp distinction between when he uses 'capacity' and the term 'capability', although there is a suggestion that capability is understood as the proper realisation of capacity (Ricoeur, 2005, p. 135). It is in imputing that "the concept of capability reaches its peak in terms of self-designation" (Ricoeur, 2006, p. 20). By this, Ricoeur means, self-recognition, that is, recognising oneself to be the actual author of one's own actions. In self-recognition, I may take myself to possess certain capabilities but there is also a "recourse to others required to give a social status to this personal certainty", that is, mutual recognition (Ricoeur, 2016, p. 290).[185] But this "mutuality is not given

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[183] See also (Ricoeur, 1992, pp. 114-118). These are the sorts of interrogations of identity commonly found in the work of Anglo-analytic philosophy. It is the discourse in which Reader, above, appears to have been working.
[184] Ricoeur takes 'imputation' and 'responsibility' to be synonyms (Ricoeur, 1988, p. 215 end note). However, he observes that although actions are imputed to someone, it is the person who is said to be responsible for their actions and their consequences.
[185] 'Mutual recognition' is not to be confused with 'mutual relationship'. The former, for Ricoeur, points to recognising the capabilities of the other, that is what makes them, them. The latter could be understood simply through 'you scratch my back, I will scratch yours', a giving and taking common to human experience. Thanks to

spontaneously; that is why it is sought. And this demand is not without struggle or conflict. The idea of a struggle for recognition is at the heart of modern social relations" (p. 292).[186]

The pivotal role in Ricoeur's thought of mutual recognition requires some elaboration. My motivation for so doing is that it brings his thought much closer to the concerns of care ethics, making any synthesis between the two all the more plausible. Ricoeur's *The Course of Recognition* was the final work to be published in his lifetime. His project was prompted by "a sense of perplexity having to do with the semantic status of the very term *recognition* on the plane of philosophical discourse" (Ricoeur, 2005, p. ix emphasis in original). As David Pellauer, translator and interpreter of Riceour's work, puts it: the book takes a lexicographical approach to the term recognition; as the meanings unearthed from dictionaries shift from the active to the passive voice, there is an accompanying move from the recognition of things to being recognised as a person (Pellauer, 2007, p. 127). Thus, to start with, there is the meaning of recognition as identification and reidentification. Such recognition might be of things but also of persons. A failure to recognise with persons means, of course, "being confronted with the threat of misrecognition" (Ricoeur, 2005, p. 150). At this stage, Ricoeur seems to be echoing his earlier discussion of *idem* identity, what I have likened to 'what-ness' identity. Next, there is recognition as attestation. This form of recognition does not dispense with the sense of identification but now, the self is "me and not the other, others, the other person" (p. 151). Now, the self is in the realm of *ipse* once more:

> a vast realm of experiences opened up for description and reflection, that of the capacities each person has the certitude and confidence of being able to exercise. Self-recognition thus found in the unfolding figures of the 'I can,' which together make up the portrait of the capable human being, its own space of meaning (p. 151)

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an anonymous reviewer for pushing me on this point. Further, though it does not bear on my argument, Ricoeur takes mutuality to be preferable to reciprocity. For Ricoeur, the latter is, like 'mutual relationship' above, constricting in its undertones of commercial exchange. The irreplaceability of the self found in holding to mutuality, that is akin to gift giving with no expectation of return, allows for the full unfolding of capabilities, though without any commitment to a 'true self' (Ricoeur, 2005, pp. 151-153).

[186] Ricoeur consciously draws on Axel Honneth's work in *The Struggle for Recognition*: "By characterising *Anerkennung* as a struggle, Honneth prepares us to take into account the conflicting aspect of the dynamic process at stake and the role of a negative feeling such as *contempt*, which may be transcribed as a denial of recognition." (Ricoeur, 2006, p. 22) See (Honneth, 1995). It is worth noting that *Anerkennung* in Honneth is recognition understood as "the granting of a certain status" and not "re-identification" (Honneth, 1995, p. viii). Ricoeur understands recognition in the former sense (Ricoeur, 2006, p. 21). Finally, Ricoeur actually favours a view of recognition as peaceful not a struggle, it "is to be sought in peaceful experiences of mutual recognition, based on symbolic mediations as exempt from the juridical as from the commercial order of exchange" (Ricoeur, 2005, p. 219ff)

Not only, or merely, is the self not other, but the person who is 'me' is made possible through the exercise of capacities. This leads Ricoeur to the third and final form of recognition, mutual recognition, and with it the change in grammatical voice: from "I recognize" to "I am recognized" (p. 248). This is where the "subject places him- or herself under the tutelage of a relationship of reciprocity, in passing through self-recognition in the variety of capacities that modulate one's ability to act, one's agency" (p. 248). The point being, a subject takes themselves to be capable of various actions and is confirmed in this by other agents: "mutual recognition brings self-recognition to fruition" (Ricoeur, 2006, p. 22). Imbricated with others amidst multifarious social institutions, the self is confirmed as self, not other, through recognition of that self's capabilities.[187]

Caring and recognition in education

In this final section, there is a return to the concerns with which I started; namely the touchpoints between care ethics, needs recognition and teaching. I am mindful of the approach Noddings took in her first major work on care ethics, such that a "teacher…is necessarily one-caring if she is to be a teacher and not simply a textbooklike source from which the student may or may not learn…we shall begin not with pedagogy but with caring. Then we shall see what *form* caring takes in the teaching function" (Noddings, 2013 [1984], p. 70 emphasis in original). Noddings is committed to articulating just what it is to meet the other in caring relations; the importance of the subjectivity of the teacher and the one to be taught. The next stage for her project was to explore whether her robust account of care would hold true in teaching situations, whether her account offers a different and fruitful way of characterising these commonplace but potentially vital encounters. My approach, to conclude this chapter, is more restricted given I am focussing solely on what it is the one-caring is doing when trying to get a sense of at least some of the cared-for's needs; that both 'what-ness' and 'who-ness' identity offer something to the would-be one-caring. As such, I will take this element of care ethics, along with these notions of identity-based needs, straight into a discussion of teaching,

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[187] The addition of social institutions to individual others is not a piece of sleight of hand, it refers to Ricoeur's discussion of connection between capabilities and rights: The "need [to be recognised] requires the mediation of institutions providing stability and durability to the process, fulfilling step by step the need to be recognised. At the same time the category of alterity or otherness assumes the form of reciprocity or mutuality which was lacking (or remained implicit) at the previous stage of self-recognition in terms of capabilities" (Ricoeur, 2006, p. 21).

grateful for the previous work done by Noddings and other care ethicists for preparing the ground.

To re-iterate, the cared-for, also Ricoeur's capable human being, in their 'who-ness' take themselves to be capable of certain actions.[188] This self-recognition has emerged from their being immersed in the company of other subjects whose mutual recognition confirms in the subject that they do in fact possess certain capabilities. That is to say, the public nature of action serves to confirm or disconfirm the accuracy of such self-recognition: they take themselves to be able to X, being able to X is thus a part of their identity on Ricoeur's account. The potential for corrigibility about capability is a feature of care in teaching encounters. In these, the one-caring steps into what might be called the liminal space between self-recognition and mutual recognition. As *other* when teaching they may have to contest the cared-for's self-recognition. They may not assent in their mutual recognition. However, this does not necessarily entail misrecognition.[189] No, this is when a one-caring may perceive just what it is the cared-for *needs* in order for the latter's self-recognition to be correct. The following example will serve as an illustration. It is a reminder that in teaching encounters, there are likely tensions between needs expressed by the cared-for and those inferred by the one-caring. These latter needs will at least be a function of the context of the instantiation of the teaching encounter.[190] However, in these encounters, if the teacher is not, as Noddings says, merely a textbooklike resource, then in their care, they are unavoidably bound up in influencing the being of the cared-for and are affected by them. Neutrality has no place in teaching encounters as whatever the quality of the interaction, both one-caring and cared-for are affected. It is this relational emphasis in care ethics that makes it especially apt for teaching encounters. As my concern is the possibility of identity-based needs-recognition drawing together the foregoing ideas, the example limits itself to that. Needless to say, I acknowledge that there is more to be said about the mutual influence that is part of being beings in relation.[191]

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[188] Not least, some of these actions may themselves be caring and are thus implicated in identity formation as 'one who is caring' (Hamington, 2015, p. 284) and, it is assumed, 'one who can be cared for' (Kittay, 2019, pp. 217-219) (Noddings, 2013 [1984], pp. 59-78).

[189] At least as misrecognition as articulated by Honneth. There likely remains the potential for ethical import in resisting the recognition of a particular capacity but I am making no claims about whether it is necessarily the case in any meaningful way.

[190] I am borrowing Noddings' distinction between inferred and expressed needs. See for example (Noddings, 2002 Ch. 3).

[191] For example, Jennifer Nedelsky argues that the relational selves are constituted not solely determined by their origins in the nested relations within which people are always immersed (Nedelsky, 2020, pp. 32-34).

Moving to a practical example, since 1988, there has been a *National Curriculum* in England.[192] This mandates the requirement that all state-funded schools offer a "curriculum which is broadly balanced and broadly based and which: promotes the spiritual, moral, cultural, mental and physical development of pupils and of society, and prepares the pupils at the school for the opportunities, responsibilities and experiences of later life" and this curriculum constitutes "an introduction to the essential knowledge that they need to be educated citizens" (DfE, 2014, pp. 5, 6) (DfE, 2014, pp. 5, 6). Thus, whatever else, when a teacher welcomes a new pupil into their class, both the teacher and pupil are to a greater and lesser extent aware that there are external expectations about what is expected of them both. Diachronically, between this dyad there is mutual recognition. They each take themselves to be capable of certain things and not others. For the purposes of this illustration, it is what the pupil is and is not capable of that is pressing. I will suppose that the pupil recognises, at least in the abstract, the need to be sufficiently literate and numerate in order to navigate their society with a modicum of success. Yet, as per the *National Curriculum*, a great deal more is expected. The pupil is to become an "educated citizen", cognisant of significant accomplishments of their society and others'. So too, the teacher is partly responsible for promoting all manner of developments in the pupil. Where does this leave care and identity-based needs-recognition?

The caring relation, between the one-caring and cared-for, for example a teacher of French and their pupil, is flooded by mutual recognition in line with Ricoeur. The pupil takes themselves to be capable of certain things and not others. The teacher, similarly, takes the pupil to be capable of certain things and not others. These, capabilities admit, like most human activities, of a spectrum of facility. Perhaps the pupil's self-recognition is such that they take themselves to be capable of speaking French. The teacher recognises that there is an incipient capability but that it could undoubtedly be developed further. As one-caring, the teacher sees this need, in parts expressed, in parts inferred, and takes steps to meet it. It would not be desirable to characterise this as solely a response to 'what-ness' nor 'who-ness' identity. Why might this be the case? For a start, the teacher in a school is not likely to have just the one pupil. The

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[192] Hoveid and Hoveid discuss Ricoeurean capabilities and educational encounters in their 2009 paper . I agree that institutional structures commonly serve to militate against the development of capabilities but I part ways with the authors' analysis of capabilities in education. I interpret them as holding a view of the student as coming into an educational institution lacking all such capacities rather than, even when very young, having emergent capacities (Hoveid & Hoveid, 2009).

relation will be one to many, not one to one. Further, in the first instance the teacher cannot help but meet the pupils in their 'what-ness': 30 boisterous 14-year-olds on a Tuesday afternoon at the start of the school year. The teacher is not a novice, they are familiar with what prior knowledge pupils of this age and stage typically have and of course, the pupils may be previously known to them from other educational contexts. However, the teacher usually starts out by responding to their 'what-ness' needs. This might include that: the pupils are 14 and not six, they have studied French for three years, not zero years nor 20, the *National Curriculum* has been and is being followed, and so on. The French teacher's starting point, then, is from the pupils' 'what-ness'.

Yet, 'what-ness' cannot be the end of the story. If 'what-ness' were all that a teacher considered about a pupil, would the teacher be meeting the pupil in the latter's due subjectivity? I suggest not. For this, it is 'who-ness' that guides the teacher. In the example being discussed, there is a pupil with claims to being able to speak French. I submit, it is preferable that the teacher responds to the qualities of the pupil that are uniquely *that* pupil's; a response, then to the pupil's 'who-ness'. For this pupil, but not another one, *particular* corrections to accent and grammar are offered, suggestions for French conversation with an older pupil who has similar extra-curricular interests are indicated, and French comics are sought out. The teacher does all this knowing that they could not nor would not advise all of their pupils in this specific way. They are, it is hoped, increasingly sensitive to those things that may impinge on learning for *this* student, perhaps the students' circumstances and experience. Further, the teacher, meeting the pupil in their subjectivity, starts to have an increasing sense of the pupil's inclinations, motivations, hopes and fears. The teacher is aware of just what the pupil wants from French, and given the positive valence of this want, has no qualms about directing their energies, following Noddings, to meeting this want or perhaps need.[193] It is not merely knowing what generally works to help realise the development of speaking French, but just how to do this given the concrete particularity of this pupil. The teacher then, in their caring, takes the pupil from their partially correct self-recognition through meeting their needs to confirming them in meliorative mutual recognition.[194] To respond to the other in this way is to be responsible. It is

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[193] It might be an externally imposed need due to curriculum requirements, for example.
[194] It might be observed, that this just is what it is to be a 'good' teacher. That may be, but an aim of this chapter has been to try to explain what it is a teacher is doing when they act in this way.

the very act of responding to 'who-ness' that, it is hoped, means the teacher is not a mindless automaton, going through the motions of responding to the 'what-ness' of their pupils.

To sum up, I have taken a feature of care ethics, the meeting of needs in the cared-for, to be illuminated by Ricoeur's theory of recognising the capable human being.[195] By way of Soran Reader's account of identity-based needs, I made the claim that such needs are at least some of those the one-caring should attempt to meet in the cared-for. Identity as 'what-ness' was taken as a starting point, but identity as 'who-ness' was judged to be richer and congruent with the concerns of care ethics: taking the other in their particularity. This change in perspective is not taken lightly, 'who-ness' is of a different order to 'what-ness'. I interpreted Ricoeur's account of 'who-ness' identity, resulting in the 'capable human being', to offer the needed sophistication. All this leads me to posit that care ethicists may find something of value in this articulation of how to understand some of the needs of the cared-for, as a function of their 'who-ness' identity, the capabilities they may or may not possess. Given the importance in most teaching encounters of discerning which needs are to be given priority, I advocate that attention be paid to the 'who-ness' of those being educated, while not losing sight of the inevitable responsibilities of one-caring to be reflective about just what it is they perceive and how they subsequently act. In teaching and caring more generally, there is always the possibility that the cared-for does not receive the care as care. For some care ethicists, this means that the one-caring has not in fact cared. I take this up in the following chapter.

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[195] I should note that Honneth takes a different view and appears to subsume care ethics into what he describes as a morality of recognition (Honneth, 2007, pp. 129-143). In this piece Honneth does not engage with the care ethics literature so it is unclear whether he is meaning care as it is used in that tradition, though he specifically does refer to ethics of care (p. 141).

Chapter 6 Must care be completed?

The previous section made the case for a richer account of at least some of the needs the one-caring ought to try to discern and meet in the cared-for.[196] This leaves, for this section, the final refinement that revolves around the normative extent of the role of the recipient of care in caring actions. Although this thesis is largely concerned with Noddings' account of care ethics, I would be remiss if I did not explore other theorists' views on the role of the cared-for in caring encounters. I start by showing that explicit in the work of some major contributors to the literature are claims about the role of the cared-for in the caring relation without which role being discharged, the caring encounter is not in fact caring. Having shown that the issue is a significant one in care ethics, I, perhaps surprisingly, go on to argue that caring encounters could still be considered caring without the cared-for having acted in a certain way. In short, I will argue that care is better understood as admitting of degrees rather than being committed to a binary of care or not care.

The care ethicist, Eva Kittay, remarks: "After the many years I have spent trying to map out the as-yet-not-fully-charted territory of care ethics, I have finally come to appreciate that unless our actions are taken up by another as care, they are not yet care." (Kittay, 2014, pp. 33-34) (Kittay, 2014, pp. 33-34). There is an earlier precedent for such a claim. For Nel Noddings, a caring relation between the one-caring and the cared-for is caring if and only if the one-caring cares for the cared-for *and* the cared-for recognises that the one-caring cares for the cared-for (Noddings, 2013 [1984], p. 69). Kittay explicitly builds her understanding of the 'completion of care' on Noddings' work (Kittay, 2012). Such is the importance to Kittay of this element of care that she devotes a chapter on it in her recent book (Kittay, 2019 Ch. 8). Another early care ethicist, Joan Tronto, in her account of the ethic, delineates four phases of care. These four

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[196] The majority of this chapter comes from my (Bennett, 2023a).

phases, which constitute caring action are: caring about, taking care of, care-giving, and care-receiving. It is the final phase, 'care-receiving' that takes the place of 'completion' found in Noddings and Kittay (Tronto, 1993, pp. 107-108).

Given the prominence of these three authors in the field of care ethics, it might be tempting to take this stipulation as it stands and look for other avenues of inquiry. In the wider care ethics literature, there is not consensus[197] about what I shall henceforth refer to as the *completion claim*:

> A has cared for B if and only if B recognises A's actions as caring, and as such completes care.

That there is not consensus is double edged. On the one hand, it could be indicative of fruitful ongoing debate and discussion, a resistance to ossified theory. On the other hand, it could be taken to be a theoretical weakness, a reason to take care ethics as an immature moral theory that fails to properly distinguish itself from other normative theories. This chapter aims to contribute to care ethics' philosophical arsenal by arguing for degrees of care.

Tronto on Care-receiving

The *completion claim*, as I have indicated above, is found in some form or another in the work of three major care ethicists. Their arguments converge in some aspects and diverge in others. Considering each of their lines of reasoning will help to build up a clearer picture of the problem, as I see it. In her seminal work, *Moral Boundaries*, Tronto articulates the four phases of care that were given above. The fourth and final phase of care that she designates as 'care-receiving':

> recognizes that the object of care will respond to the care it receives…it provides the only way to know that caring needs have actually been met…Even if the perception of a need is correct, how the care-givers choose to meet the need can cause new problems…Unless we realize that the object cared for responds to the care received, we may…lose the ability to assess how adequately care is provided. (Tronto, 1993, pp. 107-108).

Some two decades later, Tronto adds the following:

> Once care work is done, there will be a response from the person, thing, group, animal, plant, or environment that has been cared for. Observing that response and making judgments about it (for example, was the care given sufficient?

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[197] The reality of the *potential* importance of the recognition of the cared-for is not in question, it is whether it should have the trumping effect claimed by some of its proponents.

successful? complete?) is the fourth phase of care. Note that while the care receiver may be the one who responds, it need not be so. Sometimes the care receiver cannot respond. Others in any particular care setting will also be in a position, potentially, to assess the effectiveness of the caring act(s). And, in having met previous caring needs, new needs will undoubtedly arise (Tronto, 2013, pp. 22-23).

The importance of the *completion claim* for Tronto is shown in these passages through a set of questions that the completion of care generates.[198] First, there is a needs question: have the cared-for's needs actually been met? Second, there is an assessment question: how well have the cared-for's needs been met? And third, there is a response question: are there now other needs to be met? These questions might be answered by the cared-for or potentially a well-placed third party.[199]

In the first passage, there is the implication that the meeting of another's needs is a binary affair. Either the cared-for's needs have been met or they have not been met. However, the second passage suggests that the meeting of needs admits of degrees. Needs might be partially or completely met, for example. Tronto is suggesting that these questions are best answered by the response of the cared-for, or a third party as proxy where the cared-for is unable to respond. For the most part, I share this intuition. Who better to assess whether their needs have been met than the cared-for?[200] Now, Tronto's account of care ethics has been taken as being in support of the pivotal role of the cared-for in caring action (Kittay, 2019, p. 184). I think that that this interpretation is misguided.

For Tronto, the concept of care, with its four phases, provides its own standard for assessing the adequacy of care, that is by considering the extent that the process, the four phases, are well integrated with each other:

> The absence of integrity should call attention to a possible problem in caring. Given the likelihood of conflict, of limited resources, and of divisions within the caring process, the ideal of an integrated process of care will rarely be met; although this ideal can serve us analytically as we try to determine whether care is being well provided. (Tronto, 1993, p. 110)

This excerpt reveals Tronto's intent behind her account of care. There is an ideal of care that includes the four phases caring about, taking care of, care-giving, and care-receiving. When

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[198] For terminological consistency I will continue to use Noddings' 'one-caring' and 'cared-for'.

[199] Interestingly, given Nel Noddings' insistence on the *completion claim* explored below, she makes a similar acknowledgment to third parties (Noddings, 2013 [1984], p. 23).

[200] Though there must be some openness to the idea that the cared-for could be mistaken about their needs.

this process works smoothly, that is, it is well-integrated, then it is likely to result in good care; integration of the phases is arguably Tronto's success criterion for care, rather than any *one* of the phases. This ideal serves to inform analysis and assessment of care. It provides an exemplar against which to 'measure' or 'assess' the caring actions being considered. Undoubtedly, there will be impediments to care during any of the four phases, some of which are noted in the passage above. However, seeking the end of providing good care, the account provided by Tronto helps both ones-caring and cared-fors reflect on the caring action. It may be considered good care, perhaps it is 'good enough' care, or perhaps it reveals hitherto unacknowledged needs that may yet be met in future caring actions.

The point I am making here is that the ethics of care as construed by Tronto is explicative,[201] rather than solely descriptive or solely stipulative. The four phases of care seem uncontroversial. They *describe* "analytically separate, but interconnected phases" (p. 106). That they are to be seen as an ideal against which to assess caring action is to *stipulate* their function. Thus, the definition of care is explicative. How does this affect my claim that Kittay is misguided to interpret Tronto as she has? It is not to say that Kittay is wide of the mark with respect to the importance of the involvement of the cared-for. It is, though, to say that because Tronto has argued for an explicative definition, it is not the case that, as under a purely stipulative definition, if the cared-for did not receive as care the caring action that no care has in fact taken place. Rather, it is to reveal the more productive position that caring action may have taken place, but perhaps not optimally. The conversation around the caring action in question can continue rather cutting it short as both Kittay and Noddings' formulations seem to imply. Thus, though Tronto has been interpreted otherwise, her account does not in fact include the *completion claim* that I am arguing is troubling for care ethics.[202]

Noddings on Completing Care

I now turn to Noddings' account of care, one which claims that care is only care when the cared-for recognises it as such; the *completion claim* is indubitably present. For Noddings, care is as follows:

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[201] See explanation of explicative definitions above in 'Diffuse and unsteady, just what is care ethics?'.
[202] Moreover Tronto herself criticised Noddings' completion requirement (Tronto, 1995, pp. 106-107)

Logically, we have the following situation: (W, X) is a caring relation if and only if i) W cares for X (as described by one-caring) and ii) X recognizes that W cares for X (Noddings, 2013 [1984], p. 69).

If X does not perceive W as caring, then Noddings asserts that

the relationship cannot be characterized as one of caring. This result does not necessarily signify a negligence on my part. There are limits in caring. X may be paranoid or otherwise pathological. There may be no way for my caring to reach him. But, then, caring has been only partly actualized (p. 68).

The use of 'if and only if' by Noddings seems to indicate that she is proposing a stipulative definition of care, it is a success term; one with necessary and sufficient conditions.[203] The justification for the *completion claim* is made through an appeal to plausible, common-sense intuitions about what might happen if the claim is not fulfilled.

To see just how vital the infant's response is to the caring relation, one should observe what happens when infants cannot respond normally to care. Mothers and other caregivers in such situations are worn down by the lack of completion – burned out by the constant flow of energy that is not replenished by the response of the cared-for. Teachers, too, suffer, this dreadful loss of energy when their students do not respond. Thus, even when the second party in a relation cannot assume the status of carer, there is a genuine form of reciprocity that is essential to the relation (Noddings, 2005a [1992], p. 17).

These responses are essential both to the completion of a particular episode and to the health of future encounters. They are the means by which [one-caring] monitors her efforts, and they provide the intrinsic reward of caring (Noddings, 2002a, p. 19).

Fulfilment of the *completion claim* has a dual function. That the responses can serve to inform future caring encounters is an idea also seen in Tronto's ethic of care. A difference, an important one I argue, is the stipulation that care is *completed* by this response, that it, it is made successful by this response. There are further examples, provided by Noddings, of responses from the cared-for that receive a fuller treatment:

The consciousness of being cared for shows up somehow in the recipient of care – in overt recognition, an attitude of response, increased activity in the direction of an endorsed project, or just a general glow of well-being. This response then becomes part of what the carer receives in new moments of attention. (Noddings, 2002b, p. 28)

What the cared-for gives to the relation either in direct response to the one-caring or in personal delight or in happy growth before her eyes is genuine reciprocity. It contributes to the maintenance of the relation and serves to prevent the caring from turning back on the one-caring in the form of anguish and concern for self (Noddings, 2013 [1984], p. 74).

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[203] I am limiting my attention to the condition that amounts to the *completion claim*.

The difficulty of continued caring when the cared-for does not respond is likely to resonate with anyone who has cared for another. Does descriptive accuracy merit stipulative stringency? These passages suggest an incredibly broad understanding of 'recognising as care' on the part of the cared-for. It is not at all clear what actions or behaviours of the cared-for would reasonably be ruled out, or for that matter, ruled in. How would the agent giving care be able to distinguish a care receiver's 'vigorous pursuit' of appropriate projects as catalysed by the care *that* particular agent gave the cared-for? Noddings might reply that this is not troubling because the one-caring has contributed to a context of care that has had a happy result for the cared-for. Yet, I do think that the vagueness remains problematic.

First, the vagueness renders, on Noddings' account, it difficult for those who give care to cultivate their caring actions. The caring agent is asked to rely on a response that might take any of multifarious forms, which are themselves infinitely interpretable all the while stipulating that this and only this 'completes' the caring episode. It is of course the case that there are innumerable actions/responses that are more often indicative of care than not. However, one of the strengths of the ethics of care, according to its proponents, is its attention to the particular, situated recipient of care. Thus, on Noddings' account there appears to be a shift towards generalised care that runs counter to the commonly understood claims of care ethics throughout this chapter.

Second, the waters are muddied further when, at points throughout *Caring*, Noddings states about the cared-for:

> he may contribute just enough of what the genuine cared-for usually gives to maintain relations that either look like caring relations or are actually half-caring relations…one may behave as cared-for in a relation where the necessary feeling is absent more or less accidentally and egocentrically (Noddings, 2013 [1984], p. 77).

> When caring is not felt in the cared-for, but its absence felt, the cared-for may still, by an act of ethical heroism, respond and thus contribute to the caring relation (p. 78).

> the cared-for is free to accept or reject the attitude of caring when he perceives it. If the cared-for perceives the attitude and denies it, then he is in an internal state of untruth (p. 181).

On Noddings' account, it is not clear how the one-caring could know that their care had been received as care by the cared-for who may simply happen to behave in such a way that it appears as though they have received the care as care. Further, what if the one-caring has in

fact failed to care but this is hidden from them by the would-be-cared-for's 'ethical heroism'? I am not suggesting that the scenario is implausible. Sparing the feelings of others, especially those who have made sincere efforts to care for you, is surely commonplace. Finally, the cared-for may indeed be in an "internal state of untruth", but how is the one-caring or, for that matter, the cared-for necessarily able to discern this? Noddings has not offered a solution to this. These parts of Noddings' account somewhat undermine her inclusion of the *completion claim* in that same account.[204]

Third, there seems, under Noddings' stipulative definition a conflation of 'care' and 'good care'.[205] The running together of 'care' with 'good care' by Noddings leaves very little conceptual space for the degrees of care already seen in the continuum implicit in Tronto's account. There is either care, for Noddings, or there is not. This does not resonate with everyday experience. Noddings' insistence that if the *completion claim* is not fulfilled departs from the ordinary experience she is drawing on to articulate her normative account. In the day-to-day activities of caring there is surely room for better and worse care, while still understanding these activities as care.

Kittay on the Achievement of Care

Kittay's project seeks to "envision a conception of care and an ethic that both people with disabilities and those who do caring labor can embrace" (Kittay, 2019, p. 139). Hers is a normative account of care: "the normative content of CARE— that is to say, what distinguishes CARE from care— is that it is taken up by the other as CARING." (p. 185).[206] For Kittay, "taking up" maps to 'recognises as care' that it is at the heart of the *completion claim* being

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[204] Moreover, recalling Tronto's explicative account above, one premise was that a well-placed third party could potentially recognise care as such, acting as a proxy for a cared-for who was unable to respond. Noddings' account does not seem to permit this. It could be argued that Noddings and Tronto have different overarching projects. Tronto is seeking an ethic suitable for the wider political domain. Noddings is offering an ethic focussed on dyads of care. Thus, it is not unexpected that Tronto's account allows for response and assessment by a third party. However, the absence of the potential assessment by a third party is a weakness of Noddings' account.

[205] Collins also observes this running together of 'care' and 'good care' in the literature (Collins, 2015, p. 69ff). I will return to her work in the concluding section. Connectedly, Held distinguishes between adequate care and good care (Held, 2006, p. 42). Also, Tronto provides an important and perspicuous insight when she warns against defining all 'care' as 'good care', that it matters in which socio-political theories and structures the concept is used. It is *this* which speaks to care's normative import, rather than how clearly the concept has been articulated (Tronto, 2013, p. 24ff).

[206] When Kittay uses the orthographical form CARE, she is speaking of it as a normative concept. When care remains uncapitalised it is to be understood more in line with everyday usage.

examined. The importance of this response in the cared-for, in Kittay's theory, shares similarities with the different accounts offered by Tronto and Noddings:

> When caring is sustained, a deeper relationship can develop through the ongoing interaction of the carer and cared for. If one approach fails, the skillful (sic) caregiver shifts…In this dance where the caregiver leads and the cared-for takes the cue, caregiving can become a source of self-shaping. The carer comes to discover internal resources and new vulnerabilities. The carer may uncover a need more pressing than the originating one, but also more strengths. Carer and cared for form a catalytic relationship in which neither's flourishing occurs in the absence of the other's flourishing. We have here a dialectical relationality that can sustain us through the long haul. (Kittay, 2012, p. 66)

Here, there is a reminder of care ethics' taking as fundamental that the one-caring and cared-for contribute to the caring relation. This aspect of Kittay's ethic I do not contest. However, I depart from her argument relevant to the *completion claim* I am examining in this chapter. Below, I look at Kittay's theory in more detail. However, because of a particular aspect of Kittay's care ethics, that care is an achievement term, I will provide some philosophical groundwork first: "That care is an achievement term both determines the normative condition of an ethics of care and helps mark an ethics of care as a distinctive ethics, if not a self- standing theory." (Kittay, 2019, p. 196). What are achievement terms and why does Kittay take 'care' to be such a term?

In *The Concept of Mind*, Gilbert Ryle introduces the concepts of task words and achievement words (Ryle, 2009 [1949], pp. 131-135).[207] The latter are typically episodic while the former are not. Achievement words include 'score', 'find', 'cure' and 'solve', while task words include 'hunt', 'treat', and 'travel'. For example, the absent-minded person casting about their house has either found their keys or they have not. The achievement of, 'finding keys' is determined by whether (or not) the keys have been found. In the process of the achievement of finding their keys, the hapless agent can be described as 'searching', a task word. The indeterminate nature of 'searching' differs from the determinate nature of 'finding'.[208] Ryle claims that for achievement words: "some state of affairs obtains over and above that which consists in the performance, if any, of the subservient task activity" (p. 132). If the key-seeker exclaims that they have found their keys but after further inspection realises that they have found someone else's, the search may continue, and it would be incorrect to say they had achieved what was

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[207] Ryle uses achievement 'verbs' and 'words' interchangeably. To these I will add achievement 'terms'.
[208] That achievement words imply a sense of completion has ramifications in my later critique of care being an achievement term.

intended, being reunited with *their* keys. This is not to say that every achievement entails a preceding task or to have been motivated by a particular intention. It is completely comprehensible to say 'I found £20 on the counter while searching for my keys'. The money was found (achievement) without searching (task). From the point of view that the finding of the money occurred by happenstance during the search for the keys does not render designating 'finding' as an achievement word incorrect.

Importantly, "while we expect a person who has been trying to achieve something to be able to say without research what he has been engaged in, we do not expect him necessarily to be able to say without research whether he has achieved it" (p. 133). In the misplaced key scenario, the achievement of finding the keys is straightforward in its assessment: either the keys have been found or not. A novel mathematical proof may take more work to confirm. Moreover, Ryle is suggesting that in searching for and finding the keys, the person has done *one* thing with a certain result, rather than *two* things. Fleshing out the difference between task verbs and achievement verbs, Ryle asserts that the latter are

> not occurrences of the right type to be objects of what is often, if misleadingly, called 'immediate awareness'. They are not acts, exertions, operations or performances, but, with reservations for purely lucky achievements, the fact that certain acts, operations, exertions or performances have had certain results (p. 133).

In football, a player is said to be aiming to score a goal. That they have scored a goal indicates success, suggesting that the sentence 'the player scored successfully' is a tautology not adding to the sense of the utterance.[209] It would be nonsensical to use certain adverbs with achievement words, but completely reasonable to use them with task words. The agent can be properly described as 'assiduously searching' but not that they 'assiduously found'. In the latter case, presumably it was the searching that was assiduous that resulted in the finding.[210] Finally, that there are words that appear to behave in the same way, for example 'find' and 'solve' are both achievement words should not be taken to mean that they are alike in every respect. Arriving at a conclusion is not the same as arriving at one's destination in every respect, for example (p. 135).

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[209] Though a rhetorical flourish may be furnished by such a pleonastic approach.
[210] However, Ryle notes that tasks and achievements are often run together when there is a perception that the achievement is highly likely (Ryle 2009, p. 132).

Given this account of 'achievement' terms, how does Kittay reach the conclusion that 'care' is an achievement term? The uptake of care by the cared-for is contingent on the nature of the cared-for. It will matter whether an object, a living thing without subjectivity, or a living thing with subjectivity is the cared-for. Thus, care for a broken table differs from the care of a plant, animal, or person. For people, care must aim at that person's flourishing for their own sake. If care is to be achieved, then uptake is necessary from the one being given care (Kittay, 2019, p. 191). Drawing on Ryle's account, Kittay builds up her claim by analogy:

> Just as there must be a thimble in the place that a person indicates if we say that the person found the thimble, so the person caring must have something or someone in need of her care. Just as the doctor must not only treat a patient but the patient must be well again if we are to say that the doctor cured the patient, so must the carer not only attend to the cared-for, but the cared-for also has to receive these attentions as caring (something which is not always as clear cut as a cure, but is nonetheless something which we can articulate as sufficiently well for it to count as an achievement). Activities that are intended as caring must involve the achievement of caring or they are not yet CARE (p. 190).

Further:

> To insist that an action that fails to achieve its end (even when it is carried out with the intention to care or with the attitude of care) is insufficient to make it an act of care is not to propose a stipulative definition…insisting that care is an achievement verb is based on a strong intuition that is widely shared. It is this intuition I am isolating in the use of CARE (that is, care in the fully normative sense) when I insist that the achievement of CARE requires uptake on the part of the cared-for (p. 191).[211]

These passages demand some explication though I only propose to take up three threads of Kittay's argument. I will first examine the analogy between care and medicine. Second, I will ask whether the intuition Kittay draws on is as strong and legitimate as she suggests. Third, I will question whether Kittay's denial that she has proposed a stipulative definition is plausible.

First, the analogy made with medicine. Rightly, if a patient, having been treated ('task') was not in fact well, then cure (achievement) would not be correctly used.[212] That 'care' is "not always as clear cut as a cure" is indicative of the gap between the two. If it is said that a person is caring for another, then this is analogous to saying the doctor is treating her patient, *not* analogous to curing her patient. The sense in which treating may lead to curing does not follow

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[211] Kittay does concede that "a point that makes the stringency of this requirement more palatable. We can still say that a person who fails to care only because her caring is not taken up by the other is praiseworthy in altruism, heroism or good-heartedness. But she cannot be morally praised as a carer" (Kittay, 2012, p. 65).

[212] 'Curing' and 'treating' are not necessarily so easily defined. See (Broadbent, 2019, pp. 33-62).

through with caring. There is not an achievement of 'caring' that makes sense in the same way that is indicated by 'curing'. Another way to look at the trouble with the medicine-care analogy is to recognise that a patient could conceivably be both 'treated' and 'cured' without being entirely aware of either taking place. Someone may not have the epistemic or experiential resources to comprehend what is happening to them but that would not mean treating and curing had not taken place. For example, a patient in a coma might develop pneumonia that is then treated, leaving them still in a coma but free of pneumonia. Further, care seems to be a much more diffuse concept than treating. So many actions could be caring, but in order to treat an infection, for example, there does seem to be only so many legitimate actions available to the medical practitioner. Relatedly, unlike treatment and cure, there is much less of an episodic nature about care, another reason it does not yield favourably to task-achievement analysis.[213] Finally, and perhaps most importantly, the notion of care as a task term suggests that it is something that is ongoing whereas as an achievement term it is something that might be finished or completed. There may be specific instances where the care-needs of another are met and the one-caring has discharged their present duties. However, the one properly caring is likely to be in a position where they continue to attend to the cared-for lest future needs necessitate additional caring action. Thus, "unlike 'treatment' that is predicated on an assumption that its application will obviate the need that gave rise to it, care has no end point. People do not 'stop caring', unless some fracture too great to overcome intervenes." (Barnes, 2015, p. 41). The foregoing suggests that the analogy between treating and caring does not hold. On this line of argument, at least, Kittay has not supported her version of the *completion claim*.

The second thread in Kittay's claim is that "insisting that care is an achievement verb is based on a strong intuition that is widely shared". Of course, the existence of an intuition no matter how pervasive or deep does not in itself entail anything normative. It might serve as something against which to test an argument or thought process, but does not necessarily show much more than that. The intuition alluded to comes from an example Kittay offers about a person caring for a plant by watering it with a nearby glass of colourless liquid. Unfortunately, the colourless liquid is in fact vinegar and not water, thus the plant dies. Kittay's point does have some force

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[213] Although a closer inspection of treatment and cure suggests that perhaps philosophers have focussed on ordinary language understanding of the terms rather than the way they are understood in actual medical practice. See (Broadbent, 2019).

from the point of view of recognising that the right intentions to care are not sufficient for care. Some sort of positive result for the cared-for is also necessary. The problem here, as I see it is that the misplaced care for an object is different to misplaced care for a subject, that is a person. This is in fact observed by Kittay herself. When exploring misplaced care she says: "The one who is cared for may at once recognize her carer's sincere effort to care, while knowing that these efforts will fail to meet her actual needs. Sometimes merely experiencing the other's desire to care for oneself can be a contribution to one's flourishing." (Kittay, 2019, p. 192). An object is unable to do this, that is, intentions are irrelevant to an outcome for an object. This is not the case for subjects; it matters that a subject can discern potentially misplaced care and gain from the feeling generated by the intention behind the caring actions.[214] While there *may* be a shared intuition about the plant example, where care could be seen as an achievement term, it simply does not carry through for people. Thus Kittay's second argument in support of the recognition claim evaporates.

Finally, the third thread is Kittay's claim that she is not providing a stipulative definition. If the definition is descriptive and if I am correct in my assertions found in the previous two paragraphs, then it could simply be that Kittay and I share different intuitions about the scenario. However, I would like to go further and suggest that contrary to Kittay's explicit statement, the definition of care she has offered is in fact stipulative. This is due to the inclusion of the premise that care is an achievement term. In asserting that care is an achievement term, Kittay seems to be saying that only 'successful care' is 'care'. This section and those preceding it have suggested that this identity, and that of 'good care' with 'care', are misplaced in any ethics of care.

Implications for Care Ethics

Let me assume that the foregoing critical evaluations are somewhat plausible. What might be some implications for an ethics of care that does not stipulate the *completion claim* as necessary to call an action caring? Does resisting the inclusion of this condition risk jettisoning the whole care ethical enterprise? In the concluding section, I will advance some preliminary arguments

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[214] Similarly, consider the cared-for who comes to realise that their one-caring had bad intentions.

as to it being preferable for an ethics of care to not include the *completion claim*.[215] I will undertake this by considering Steven Steyl's recent interpretation of Kittay and Noddings' arguments.

In his examination of caring action, Steyl interprets Noddings' and Kittay's accounts of care ethics as follows: "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" (Steyl, 2020b, p. 290 emphasis in original). He notes that "Success criteria also serve certain discursive ends. For instance, they highlight certain important and hitherto underexplored categories of care, including, in particular, *wise* care. An experienced caregiver who excels at means-end reasoning will be better able to care well." (p. 291). There is much in Steyl's analysis with which I agree. He is right to interpret Noddings and Kittay as stipulating care as having a success criterion. The foregoing arguments in this chapter demonstrate the alignment of our thinking. However, where I depart from Steyl is the *nature* of this success criterion as distinct from the *utility* of success criteria. I consider each of these in turn.

Steyl appears to take Noddings and Kittay as holding the success criterion to be actually meeting the needs of the cared-for. I contest this reading of their work. As this chapter has tried to show, the success criterion for both these authors in fact amounts to the *completion claim* such that:

> *A has cared for B if and only if B recognises A's actions as caring,* and as such completes care.

There may be an ethics of care whose success criterion is the meeting of needs[216] but this is not the case for either Noddings or Kittay. Hence, though Steyl is correct to construe Noddings and Kittay as only according 'successful care' as 'care', he is mistaken about the way these care ethicists make their arguments. Kittay is adamant: "The point of care is not only to address needs. That is the means to an end. The end itself is to promote the flourishing of the cared-

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[215] Of course, it *may* transpire that the cared-for was quite right, the one-caring has in some way got it wrong. However, that is not the focus of this section. It points to a certain sensitive reflexivity on the part of the one-caring who, it is hoped, *wants* to care well.

[216] Collins also interprets and rejects (Bubeck, 1995, pp. 129-132) as making the meeting of needs a success criterion in Bubeck's ethics of care (Collins, 2015, pp. 68-70). Similarly, Lynch interprets Engster (Engster, 2007, p. 28) in this way (Lynch, 2016, pp. 144-145). I do not offer comment on these interpretations. Furthermore, there are ethics of needs which dispense with care ethics entirely, for example (Reader, 2007).

for."[217] (Kittay, 2019, p. 137). Moreover, both Noddings and Kittay are explicit about how it might be the case that actually meeting the cared-for's needs may not be feasible or desirable:

> When we care for others, we attend and respond as nearly as we can to expressed needs. When we have to refuse a request—because we lack the necessary resources, find the request unwise, or even evaluate it as morally wrong—we still try to support a caring relation. It can be very difficult, but our purpose is to connect with the other, to make both our lives ethically better— not to overcome, defeat, ostracize, or eliminate him (Noddings, 2005a [1992], p. xxv).

> the carer has a moral responsibility to be alert to wants and desires that lack legitimacy. Recall that these are legitimate because they do not involve clearly immoral demands, demands that in order to be fulfilled means causing others intentional or foreseeable harms, and needs or wants that require unjust demands on the carer. If the cared-for's perspective requires us to participate, even indirectly, in behavior we know to be immoral, the carer has the moral obligation to refuse (Kittay, 2019, p. 204 note 46)

These two passages indicate that both Noddings and Kittay would *ex hypothesi* endorse at least some needs not being met. This should not come as a surprise; it would be an unusual moral theory that supported agents' evil projects. My point is that, while the 'right' needs and wants are a focus of care ethics, however 'right' is understood, both of these authors appear to acknowledge that one can still be caring while not necessarily meeting the needs of the cared-for. Thus, while Noddings and Kittay endorse a success criterion, it is not to be understood as their insisting that the one-caring actually always meets the needs of the cared-for.

Having shown my departure from Steyl with respect to the *nature* of the success criterion found in Noddings and Kittay, what can be said about the *utility* of success criteria? Having discussed Kittay's 'watering' a plant with vinegar example,[218] Steyl writes:

> In focusing on the outcomes of our efforts to care, we are led to ask whether there is anything the caregiver could have done better next time. Taking the actual satisfaction of needs as an end requires in part that we dissect cases of unsuccessful 'care' with the aim of doing better next in future. So the motivation for endorsing a success criterion is a reasonable one.

> But I want to suggest here that consequences be left to *evaluations* of caring actions rather than *descriptions* of caring actions like those I have been discussing thus far. Success criteria are open to counterexamples[219]…[it] is

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[217] There is something slightly incongruous about the language in the final sentence of this excerpt. 'Promotion' of a value is central to consequentialist moral theory and 'flourishing' to virtue ethics. I leave open whether such overlap is significant.

[218] This example is discussed above in 'Kittay on the Achievement of Care'.

[219] The counterexample provided is Collins (Collins, 2015, p. 74), the detail of which is not pertinent to my argument.

right to think that morally praiseworthy care is sometimes unsuccessful. Caregivers who never commit any misdeeds may still have their efforts thwarted by luck. Failures to meet needs certainly represent some sort of disvalue, but that is not always the sort of moral value that ethicists usually attribute to actions (Steyl, 2020b, p. 291 emphasis in original).

Whether or not a care ethics should include a success criterion,[220] it remains the case that if the cared-for's needs are not met then there is the opportunity for improving care. However, is Steyl right to distinguish, as he has, between the moral evaluation of caring actions and their description? An initial concern I have is that 'successful' and 'unsuccessful' are themselves inescapably evaluative. This makes it less than clear how the posited separation improves the situation. Steyl remedies this to some extent when he later writes:

Care ethicists ought to prefer accounts that afford moral praise for *acting as one ought* while simultaneously affording (a different sort of) value to successfully meeting needs. Successful care is a category of care we wish to retain, but it is one of several we ought to leave conceptual space for, including care that is nonculpably unsuccessful. We ought to prefer accounts of care that make a distinction between success and failure *within* their concept(s) of care, instead of exporting failure to some other moral concept that is not the ethic's keystone moral concept (pp. 291-292 emphasis in original).

My worry is that using 'success' at all with care takes the ethic towards a binary I have been at pains to argue against throughout this section. It is preferable, so I have been arguing, for a care ethics to include degrees of care rather than the binary of being care or not. Furthermore, I am not clear about two other elements in the above excerpt. First, how can meeting needs be a different sort of value? Second, why is meeting needs taken to be outside care ethics? As will become apparent shortly, I will take these in reverse order.

The meeting of the cared-for's needs has a significant place across the care ethics literature.[221] It is by no means readily apparent why to refer to the meeting of needs would be to take the care ethicist outside the general form of a care ethical theory. Given this, while I have been advocating against the inclusion of success criteria in a care ethics, the general drive towards meeting the cared-for's needs remains a fundamental aspect of that ethic as I spent the previous chapter elaborating. Thus, the second issue is rendered inconsequential. Now, to the issue of value. As Steyl indicates, there are various problems associated with the meeting of needs. I may simply fail to meet another's needs due to moral luck, that is, had the situation been

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[220] One issue with the logic of a success criterion is that it has the potential to leave open that the action is in fact part of a larger project which itself may be bad.

[221] See (Collins, 2015, p. 55) for an excellent summary. See my 'Chapter 5 Which needs are to be met?' above for discussion.

different I would have met the cared-for's needs.[222] Does this render my actions without any moral worth? Relatedly, the possibility of meeting another's needs and hence meriting moral praise is contingent on having resources at one's disposal. An ethic that consigns those who are not able to meet other's needs simply because of lack of resources flies in the face of the wider feminist project that seeks to be more sensitive to the circumstances in which agents find themselves (p. 291). Having said all this, and I do not contest his points, his negative evaluation of meeting needs seems to stem from his classifying the meeting of needs as the success criterion of care ethics. If his focus were the *completion claim* rather than the meeting of needs, then perhaps he would not be so concerned with the conceptual baggage of meeting needs.

According to Steyl, having some way to determine whether care has been successful or not allows different accounts of care ethics to be sorted into those that

> distinguish between something like 'good' and 'ideal' caring actions. Into the latter category falls care that actually meets needs, and into the former, actions that are marred by misfortune and yet are still caring. The latter takes into account *all* good-making features of caring actions, including both the agential and nonagential. The former leaves room for action that is not successful, but not through the caregiver's own fault. We ought to hope that all care is ideal, and it is a pity when care is, for whatever reason, good but not ideal, but good care is still 'good' in that the caregiver acted as they ought. (p. 292 emphasis in original).[223]

I find the use of 'ideal' and 'good' here troubling. Steyl is taking 'good care' to be that sort of care expected of a particular agent, that is, the agent has acted as they ought. However, if 'care' is taken to be those actions appropriate to the situation, namely an agent acted as they ought, then space is opened up for the degrees of care for which I have been making the case throughout this chapter. By this I mean, there might be 'care', 'good care', and, making a substitution about which I will offer comment 'optimal care'. Using 'optimal' in place of 'ideal' serves two purposes. First, it indicates that, all things considered about a situation, the one-caring has done all they can; it is the best possible outcome as things stand. Second, it is not

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[222] It is apposite to include Collins' counterexample which illustrates the contribution of moral luck: "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." (Collins, 2015, p. 74 emphasis in original) Although, moral luck may be better attributed to those cases where something completely unforeseen changes the outcome.

[223] Early on, Houston raised the concern that "in the division of moral labor that has paralleled the sexual division of labor, women have generally been assigned the supererogatory moral labor as part of their role as women. Thus, for them, the supererogatory is not easily distinguishable from the obligatory" (Houston, 1989, p. 99).

suggesting, along perhaps Platonic lines, that there is some sort of essence of care that is being aimed towards. The use of 'optimal' still admits of aspirational action, but without the conceptual baggage that can accompany 'ideal'. All this suggests that there could be a care ethics open to actions that meet some sort of threshold to be called caring, but also that some agents will be better at caring than others and, through their actions, start to approach 'ideal', or as I have suggested it be referred to, 'optimal' care.[224] I will save for another occasion the opportunity to offer suggestions about how to assess these degrees of care, or whether even such a project would in fact be desirable.[225] All this goes to say that the utility of success criteria may serve to improve care but only on an understanding of a care ethics that allows for degrees of care, rather than success criteria that insist on care or not-care.

This section has considered one aspect of the work of three prominent care ethicists, Joan Tronto, Nel Noddings, and Eva Feder Kittay. It has assessed what amounts to what I have called the *completion claim* found in their writings. For Tronto, the phase of care she calls 'care-receiving' while on the face of it bears a resemblance to the *completion claim*, is not itself a success criterion. It is the integration of Tronto's four phases of care that appears to serve this purpose. For both Noddings and Kittay, the *completion claim* is a vital aspect of their care ethics. In Noddings' writing, this takes the form of care only being completed if the cared-for recognises the care as such. In Kittay's argument, the *completion claim* is found where she takes care to be a Rylean achievement term. I offered a critique of their arguments and suggested that the main benefit to care ethics would be one that admitted degrees of care, possible when the *completion claim* is resisted.[226] By way of Steven Steyl's interpretation of Noddings and Kittay, I started to flesh out why the idea of degrees of care would be a positive

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[224] The idea of a threshold of care makes sense in professional roles such as nursing where there is arguably a better sense about what would constitute this threshold. Compare this to the role of being a parent and the notion of a threshold of care is much less straightforwardly identified. This is an area ripe for further examination.

[225] For there are not only degrees of care but also varieties of context in which it is instantiated.

[226] It has been pointed out to me that the completion claim could be separated from degrees of care in that care could still be care whether 'completed' but that it is another question as to the quality of the care. While I do not deny this in principle, I stand by the argument given in this chapter. This is because I wanted to move from a common care ethical claim that there was either care or not to the claim that more often than not it is the nature of the care that matters. I felt this had been missed in earlier accounts of care ethics. Thus, by denying the binary completion claim I found the degrees claim to bethe upshot..

development in care ethics. Care ethics, nascent as it is, is ripe for philosophical clarification, and I hope that this fourth of four refinements is part of that.[227]

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[227] Another area which merits further attention is the connection between 'care ethics' and 'practice'. Vosman has remarked that early work in care ethics tended to focus on different caring practices and he has advocated that it is once again "time to bind care ethics more radically to inquiries of practices and to the questions participants in those practices ask" (Vosman, 2020, p. 38). However, 'Practice' can be understood in a number of ways. These include how practice is used in the phrases: 'standard nursing practice', 'a good example of a MacIntyrean practice', and 'all very well in theory but a failure in practice'. This last utterance will be put to one side as it does not have a significant bearing on the present discussion. Both the first and second utterances bear the implication that it is in principle possible to determine whether behaviour accords with that practice. There may be the further implication that it is possible to determine the strength of that accord, that is, whether the behaviour instantiates 'good nursing' or 'realises the internal goods of that practice'. If this is the case then it would lend strength to my claim in this chapter that it is better to understand care as admitting of degrees. Space does not permit my further exploration of care as a practice in either of these two senses. I direct the reader to Lynch who identifies 11 care ethicists who describe care as a practice (Lynch, 2016, p. 201) and examines the issue in detail (Lynch, 2016, pp. 201-235), and (Barnes, et al., 2015) for explorations of care in specific practices. This focus was suggested by anonymous reviewer when the paper on which this chapter is based was sent out for review.

Chapter 7 Caring philosophy of education

The previous four chapters have offered refinements to Noddings' care ethics. Goodin's vulnerability model has been connected to care ethics to give a better account of *prima facie* obligations to care. Having recourse to sympathy has been argued to be less fraught than empathy and identity-based needs have been argued to be the target of moral perception. Finally, the case has been made that while the cared-for might very well recognise the one-caring's actions as caring, caring may still be taking place in the absence of this recognition. This final substantive chapter will start by drawing the threads of the earlier chapters together to provide a full account of my refined ethics of care. Furnished now with a clear idea of how I would like my ethics of care to be understood, I move to the realm of education. In keeping with the discussion throughout this thesis, I use Noddings' ideas about care ethics and education as an organising device. I present Noddings' philosophy of education[228] and explain the implications for it based on the refinements already presented. Finally, I explore what I call my caring philosophy of education with the use of an example from English literature.

Refined ethics of care

In order to show how my refinements sit within Noddings' account of care ethics, I repeat her articulation first seen above in 'Chapter 2 Is Noddings' ethics of care a moral theory':

(A, B) is a caring relation (or encounter) if and only if

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[228] The question of whether Noddings has what might be termed a 'philosophy of education' is discussed in due course.

i. A cares for B—that is, A's consciousness is characterized by attention and motivational displacement—and

ii. A performs some act in accordance with i), and

iii. B recognizes that A cares for B

(Noddings, 2002a, p. 19).[229]

Throughout this thesis, I have maintained that care ethics is fruitfully understood as a moral theory.[230] Part of my defence was based on showing how, despite protestations to the contrary, Noddings' account of care ethics seemed to feature those very elements of traditional moral theory to which it was conceived in opposition. Care ethics exhibits systematicity and codification. It admits of obligations to care and is the product of close attention to human practices, with which it is continuous. I did not find these similarities overly problematic given my explicit goal with respect to showing care ethics is in fact a moral theory. My arguments on the essential structural similarities between Noddings' and others' care ethics to traditional moral theory should not be seen as a facile *tu quoque* critique. Rather, it points to a strength of both traditional moral theory and care ethics that they all appear to be picking out something important about the human condition. Further, as presented in 'Chapter 4 What drives motivation, perception, and deliberation in care ethics?', care ethics already takes a stance on other common features of moral theory: motivation, perception, deliberation, and evaluation. I will now say a little more about my refined ethics of care. An early caveat is that not all of my refinements are apt for the codified format Noddings gives above, though I will still use that as an organising device. My refined ethics of care might be taken to be a heuristic rather than a set of rules for blunt, unthinking application. One that allows someone, especially people in professional caring roles, start to get a handhold on a situation for which their other experiences have left them insufficiently well-equipped. I am not claiming insight into some sort of ultimate truth, but rather offer my refined ethics of care as one way forward that diverges from other accounts of care. In earlier chapters I spoke of care ethics quite generally. My proposed refinements, it is hoped, start to disclose salient features of caring relations. However, in this chapter, there is a slight change in tack. The arguments tend here towards caring relations in professional situations. This will particularly attend to teacher-student relations in formal

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[229] Perhaps notable by its absence in these criteria is any mention of the 'good' for the cared-for or for that matter the one-caring. This is not, I think, to fall foul of Taylor and Williams' various criticisms seen in 'Obligation' that contemporary moral theory's focus on the 'right' at the expense of the 'good'. Rather, it speaks to Noddings' background assumptions about acting prudently in the best interests of the cared-for. Perhaps there is a tacit *agape* running throughout her philosophy, contrary to Noddings' claims (Noddings, 1990, p. 124) . However, the discussion below of possible aims of education, at least in this arena, are indicative of Noddings' motivations.
[230] As concluded in 'Care ethics as moral theory'.

educational settings, but need not be limited to these contexts. The social worker's or nurse's caring relations, for example, are apt for analysis through the lens of my refined ethics of care.

The first point to make is that I think a care ethics that insists on necessary and sufficient conditions is to base itself on unstable foundations from the start. So close to ordinary human experience is the ethic that requiring the 'iff' clause seems likely to doom the venture from the outset. The extraordinary variety of human interactions is surely congenial to any number of counterexamples that cast doubts on some, or all, of the conditions. This is undesirable because in the efforts to find counterexamples and hence argue in a scholastic way that something is or is not care, moral actors are wont to be distracted from the very caring relations it is hoped they are developing. Of course, in the natural sciences, potential falsifiability is the mark of a good theory. In the moral life, its role seems out of place. All this makes an iff clause inappropriate and so is not carried through to my account. I have more to say about this shortly.

Second, from criterion i the idea of attention and motivational displacement remains. I interpret this to be those vital but difficult to specify aspects of moral theory: motivation, perception, and deliberation. In Nodding's account, all three of these are seemingly bound to the one-caring's empathy with the cared-for. I denied this in 'Sympathy rather than empathy in care ethics' and argued, I hope convincingly, that sympathy is preferable. The one-caring might have some sort of affect in response to the cared-for, this might match or be close to the cared-for's affect, but for my care ethics this is not pivotal. I am not casting out the 'moral sentiments' and holding to a cold-blooded 'rationalist' ethics, rather I am calling for the sort of sentiment that, I claim, is more likely to result in criterion ii being realised well. The arguments in 'Sympathy rather than empathy in care ethics' that held up sympathy for the cared-for over empathy for the cared-for support this claim. Quite obviously criterion ii remains as the one-caring must in fact act in such a way that exemplifies the adjusted criterion i.[231] From the point of view of caring in professional roles, there is much to find attractive in the move to sympathy from empathy. In teaching, nursing, and social work, for example, it seems unreasonably overdemanding to ask of practitioners that they feel a certain way. However, expecting people in these roles to be attuned, as in comprehending not experiencing the same emotion as, to what

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[231] I am assuming that taking action or refraining from taking action are morally equivalent in caring relations.

it is a would-be-cared-for might be feeling is not unreasonable nor overdemanding. It promotes, I have argued, better care.[232, 233]

Third, criterion iii was dispensed with in certain circumstances as given in detail in 'Chapter 6 Must care be completed?'. Having a care ethics that admits to degrees of care, I argued therein, is preferable to one that appears to restrict itself, as Noddings' does to a binary: care or not-care, nothing in between. By not keeping criterion iii, my ethics of care recognises that there might be minimal care, good care, and exemplary care. Where particular caring acts fall is impossible to say in advance of the actual caring encounter. However, the insights from 'Chapter 5 Which needs are to be met?' about the sorts of needs that the cared-for ought to meet offer some guidance on this matter. When the one-caring meets the cared-for in their 'who-ness', as I called it, they are more likely to discern the identity-based needs that mark out a particular cared-for. It might be said of professional caring relations that the one-caring inevitably starts from 'what-ness' identity. For the nurse might consider whether the patient is male or female. For the teacher, whether the student is age nine or 18? For the social worker, whether the child has biological or adopted parents? As I argued in '**Error! Reference source n ot found.**' that this 'what-ness' identity may legitimately give an initial steer to care and perhaps might allow a threshold of care to be reached. However, the one-caring in these professional roles, if skilful and serious about what it is they are doing, plausibly reacts to the 'who-ness' of the cared-for. It is this that will allow them to better discern the needs of their often multiple cared-fors in more than minimally caring relations.

Fourth, and not a refinement as such but a re-emphasis, is that by its nature care ethics is continuous with human practices.[234] It cannot help but be so, particularly with its emphasis on

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[232] The criteria that Noddings offers do seem be missing an affective element that is commonly associated with care ethics. Although I have suggested above that professional caring does not entail feeling a certain way, I am not suggesting either that non-professional caring necessitates feeling a certain way; it is simply more likely that it will include a more pressing affective element. This does not count against my arguments in 'Sympathy rather than empathy in care ethics' about sympathy being fitting in ways empathy is not, but it is to acknowledge the realities of human nature. A parent just is more likely to feel more in caring for their progeny than someone else's.

[233] Consider the case of perhaps an incapacitated grandparent whose cognitive faculties remain intact but who cannot speak. On the account of care being presented, they might indeed 'care about' their grandchildren but are unable to 'care for' them. In English the stronger 'taking care of' stresses what the grandparent is unable to do in this scenario. However, I will keep my terminology in line with Noddings'.

[234] Care's substitution for Sorell's favoured saliences of human practices picked out by moral theory is discussed in 'Moral theory's origins'. Arguably, this is precisely the point around which care ethicists gathered the ethic's inception. As I argued in 'Practices and moral perception' moral philosophy is wrong to require a strict demarcation between 'fact and value' or 'is and ought'.

the caring relation. Arguably the *sine qua non* of care ethics, the prudently positive view of caring relations and their maintenance and enhancement thus remain part of my refined ethics of care. For the caring professional, this aspect is hardly frontpage news. Nor is the way in which caring activities are systematically undervalued in most societies. Certain roles have been named part of the 'caring' professions after all. Is this, like the designation 'pink collar', a way to undermine what the Covid-19 pandemic starkly demonstrated were in fact socially pivotal roles?[235] Is there an unspoken implication that if a profession is 'caring', that it need not command high remuneration or social status, that it would somehow demean the profession if these 'grubby' financial considerations were strenuously sought out? Feminist commentators have long observed that there is a non-coincidental correlation between these professions and the social identities of the majority of those who undertake them. Invariably 'care workers', to use a perhaps more positive term, are women and people of colour, in the West at any rate.[236] This being said, it does not remove recognition of the continuity of care ethics with all manner of human practices. What it does reveal is that this continuity should not be used as an excuse to not hold these activities of the utmost social importance with the regard they merit.

Fifth, and finally, is the question of obligations to care. In 'Obligation and Noddings' ethics of care', I argued that Goodin's vulnerability principle served to explain how obligations might arise, and that this was a preferable account to that offered by Noddings. Rephrasing Goodin, I said that 'one-caring has *prima facie* obligations to the cared-for proportional to how vulnerable the cared-for is to the one-caring'. It goes without saying that this last point does not render the circumstances within which these vulnerabilities emerge as immune to trenchant critique. Nor does it mean that the one-caring is to act unthinkingly. The attraction of principles, as Grimshaw noted above, is that, unlike rules, they invite reflection. It might seem superfluous to speak of obligations in the professional context. The assumption of a role typically entails concomitant obligations in its appropriate realisation. However, I suggest that by including this account of obligation in my refined ethics of care, additional resources are brought to bear on roles and their associated obligations. A brief example from teaching might help illuminate this. On taking up the role of a maths teacher in an English secondary school, for example, the teacher will have the obligation to teach maths and prepare students for public examinations, amongst other things. I have said that obligations to care are a function of how vulnerable the

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[235] For example, see (Laugier, 2021).
[236] On paid care work see (Duffy, 2011), on unpaid care work see (Elson, 2017).

cared-for is to the actions and decisions of the one-caring. Thus, if a student only has a sole maths teacher, then that teacher is obliged to teach at least the required content. If the teacher were to go 'off-piste', perhaps because they favoured topology to geometry, they would clearly not have met their obligations. Yet, each teacher is only able to decide and act within the constraints of the current educational system. They are unlikely to be able to choose their students when employed by a non-selective school,[237] and rarely will a single teacher be the sole maths teacher for the whole of a student's formal schooling. While I am not claiming the teacher has no obligations, is the extent that they can act commensurate with the sort of outcomes that appear to be expected of them, and on which they and their schools are held to account?[238] By including this attention to obligations, even where these are in part constituted by contractual arrangements, the refined ethics of care serves as an entry point for interrogating the way such obligations emerge from the design of social structures and institutions.

There are a number of further points that are not additional criteria but are provided to make clear factors that have guided my account. First, in Noddings' account, codification is explicit, as seen above. However, she is not alone in this approach. Both Kittay and Collins offer similarly codified contributions to care ethics (Kittay, 2019, pp. 196-197) (Collins, 2015, pp. 119-123). Kittay's formulation is of a similar length to Noddings' and aspects of it have already been examined in the previous chapter. I am unable to reproduce Collins' version because of its length. It shows precision in accordance with the analytic tradition in which she is explicitly working, but I wonder if the cost of this detail is utility? Collins does offer a snappier version in the form of a slogan that would, she thinks, make care ethics as articulable as the traditional moral theories: "dependency relationships generate duties" (Collins, 2015, p. 169).[239] However, in the full account of her 'dependency principle' something is lost. Recall Baier's criticism above in 'Codification and principles' about the negative aspects of too detailed a specification for a moral theory, and the way this resists straightforward transmission to future generations. A moral theory, to be of use in the world, needs to offer something on which agents can get a 'moral grip' but also be communicable as needed. My hope is that in expanding

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[237] In England there a several types of school, some of which select pupils on academic merit (grammar schools), religion (faith schools), previous school (known as feeder schools), or the ability to pay (private schools). The majority of schools are non-selective.

[238] On what she terms 'intelligent accountability' see (O'Neill, 2013).

[239] Collins starts her book by saying: "Moral theories tend to have slogans. Consequentialists maximise (or satisfice) the goodness of their actions' consequences; deontologists respect certain rights and abide by certain duties; and virtue ethicists cultivate flourishing characters. This book is about the slogan of a hitherto under-explored moral theory: care ethics" (Collins, 2015, p. 1).

on Noddings' account, I have managed to get this balance right. It will be tested when discussing educational encounters from literature, below.

Second, and possibly a larger point, is my resistance to offering a set of necessary and sufficient conditions. The sheer multiplicity of the way care instantiates throughout human existence might suggest that it somewhat paradoxically admits of too narrow and too wide a definition. The former might come about through the efforts of those care ethicists who do insist on necessary and sufficient conditions canvassed in the previous paragraphs. The risk here is that quite obvious examples of care fail to be considered to be care. On the other hand, care may be taken to be so many things that it is not at all clear what is and what is not care. The paradox is escaped by taking care to be a family resemblance term following Wittgenstein. I gestured towards this above in 'Care ethics and education' but now will say something further.

Wittgenstein famously introduces his idea of 'family resemblance' in the *Philosophical Investigations* (Wittgenstein, 1978 [1953] §65-77).[240] He observes that for concepts like 'games', it is not possible to discern anything non-trivially common to all games. The non-triviality element is important because for any concept, when sufficiently abstracted, there *will* be something common to all. It is true, for example, that 'all games are activities', but only trivially so (Forster, 2010, p. 69). Wittgenstein urges that if one does look carefully at various games, whether they be "board-games, card-games, ball-games, Olympic games", "you will not see something that is common to *all*, but similarities, relationships, and a whole series of them at that", "we see a complicated network of similarities overlapping and criss-crossing: sometimes overall similarities, sometimes similarities in detail" (Wittgenstein, 1978 [1953] §66 emphasis in original). This, says Wittgenstein, is captured by 'family resemblances', namely that across members of a family there are resemblences of "build, features, colour of eyes, gait, temperment" (§67) and so on. These resemblances between family members "overlap and criss-cross in the same way" (§67), as do the resemblances between games.

In making this claim, Wittgenstein is arguing against the tradition Western philosophy has inherited from Plato's time on two fronts. As the Wittgenstein scholar, Michael Forster explains, Wittgenstein denies the claim that in Plato's *Euthyphro* that "any general term, in

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[240] As well as in *The Blue and Brown Books* (Wittgenstein, 2007 [1958], pp. 17-20).

order to be intelligible, must (a) pick out a single form shared by all of its instances, which (b) is definable by means of non-trivial (i.e. analysis-providing) and essential necessary and sufficient conditions for the term's application" (Forster, 2010, p. 71). Forster adds that Wittgenstein is not denying that there might be times when a general term does in fact have common features, just that this commonality does not, on its own, justify application whenever there are instantiations of the phenomena. Further, that while it may be tempting to read Wittgenstein as implying general terms are polysemic, that is one word having multiple meanings, such terms should be seen as having multiple referents not senses (p. 69).[241] Now, the example of the general term 'games' seems to work as Wittgenstein intends, he goes further and while not saying that all general terms work on the family resemblance model, he does say that ethical terms such as 'good' do work in this way. When encountering the difficulty of defining such a term, he avers "always ask yourself: How did we *learn* the meaning of the word ('good' for instance)? From what sort of examples? in what language-games? Then it will be easier for you to see that the word must have a family of meanings" (Wittgenstein, 1978 [1953] §77 emphasis in original).

Witgenstein's proposal that the meaning of ethical concepts is found in the way they are learnt, presumably first as infants, then children, teenagers, and so on, is consonant with the emphasis of feminist theorists of the way in which relational selves are constituted.[242]. Susan Hekman urges that

> Although habits/practices vary widely among cultures and even within cultures, and the content of the moral practices that are taught varies, the teaching of moral practice appears to be common to all human cultures. Being taught a moral practice is not an optional part of childhood education, but central to the process of becoming a person. Another way of putting this is that in any culture that we have any knowledge of, to become a person is to become a moral person. Furthermore, in any culture, and most particularly in ours, the ability to employ moral arguments, to discriminate between right and wrong, is definitive of mature adulthood (Hekman, 2002, p. 171).[243]

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[241] Forster reads Wittgenstein's German as having more ambiguity than Anscombe's translation into English.
[242] See (Nedelsky, 2020, p. 32ff).
[243] In the piece from which this excerpt is taken, Hekman finds parallels between Wittgenstein and Gilligan. For Wittgenstein, 'forms of life' have their own language games which are internally justified. Hekman posits that moral discourses also have their own language games meaning as moral discourses differ so too do forms of life (Hekman, 2002, p. 170). Hekman acknowledges that Wittgenstein does not take moral discourses to constitutive of their own forms of life but suggests that the different voice heard by Gilligan is in fact an example. In many societies the 'voice of care' "corresponds to women's form of life, the fact that, in our society, women usually fill the role of caregivers...the justice voice is associated with qualities that our culture defines as masculine and that this voice defines the public realm, the realm that, until quite recently, excluded women" (Hekman, 2002, p. 170).

While this excerpt articulates how such concepts are learned, what is the relationship between 'family resemblances' and care ethics? Care is, I claim, an ethical concept. It may be 'blurry', to use Wittgenstein's term, but that does not mean it is without use (Wittgenstein, 1978 [1953] §77). I suggested a few paragraphs back that 'family resemblances' might serve to extricate care ethics from paradoxically too wide and too narrow definitions. The innumerable ways that care shows up in the world are a starting point. In one instance, a child learns to care for others perhaps by being advised by a parent to give their upset sibling a hug. Later in life the agent, it is hoped, has learnt that a hug is just one possible approach to give care. In some instances, a warm drink or some space might be more appropriate. The sibling might also learn that caring is beyond the immediacies of what is said or done. Behaviour, affect, that people matter, are *au fond* what it is to be human and in caring relationships; for the other person to show up as a person is fundamental to someone becoming a person.[244] As such, while it may be appropriate to offer guiding principles for care ethics as I have done in this section, because of the 'family resemblances' of caring actions, this is perhaps the limits to specificity if such important aspects of the moral life are not to be eroded or dismissed through an attempt at unjustified precision. As Wittgenstein says when describing what might happen if someone tries to produce a well-defined picture from a blurred source image: "if the colours in the original merge without a hint of any outline won't it be a hopeless task" (§77).[245] However, by recognising that care is and can be learnt, would-be care ethicists have some legitimate purchase on the ethical life, without problematically claiming non-existent exactitude in its articulation.[246]

Noddings' philosophy of education

At the outset of this section, some clarification is necessary. Namely, does Noddings in fact have a philosophy of education? As the author of *Philosophy of Education*, the first edition of which was published in 1995, Noddings offers a detailed and insightful introduction to the topic (Noddings, 2018). The book ranges across historical philosophies of education, contemporary problems, and provides the reader with formative questions as well as a

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[244] That the relation breaks people open into their subjectivity.

[245] Which resonates with feminist concerns about traditional moral theory: the illusion of moral finality where none exists.

[246] That is to say that care ethics need not hold to the sort of precise, but as I have argued, commonly unwarranted, sort of formulation found in other moral theories.

suggested route into the expansive literature. Moreover, it includes a chapter titled 'Feminism, Philosophy, and Education' in which care ethics features (pp. 217-238). Herein care ethics and specifically Noddings' approach is placed in the context of its response to Western philosophy and philosophy of education. But as Lynda Stone, who was a PhD student of Noddings and went on to form a long-lasting friendship with the author observes, there is no "Noddingsism", "that encapsulates what [Noddings] believes about philosophy and/or education…that results from many years of systematic attention to a life domain" (Stone, 2006, p. 14). Stone has done much to aid in the interpretation of Noddings' *oeuvre*, including both a symposium on *Happiness and Education*, and more recently a journal special issue constituting a *Festschrift* in honour of Noddings' 90th birthday (Stone, 2013) (Stone, 2019). At the time of writing, in 2006, Stone notes that as yet Noddings had not given an explicit account of her own philosophy of education.[247] Stone makes clear that in her attempt to 'draw the parts together' of Noddings' philosophy of education, that she "seeks to honor Noddings, to present a partial vision of her work; it is not critical in the philosophical sense" (Stone, 2006, p. 14). Stone's contributions will be drawn upon, but I propose that revisiting some of Noddings's major works provides ample evidence for what is readily recognisable as a philosophy of education. Further, while my approach is unavoidably partial, it will undoubtedly be philosophically critical.

Going back to her first major work, *Caring*, there is the subtitle *A feminine Approach to Ethics and Moral Education*. 'Moral education' remained in the revised subtitle accompanying the 2013 edition of Caring that now reads *A Relational Approach to Ethics and Moral Education*.[248] *Starting at Home* includes a chapter about the central role education has for the moral stance Noddings advocates (Noddings, 2002a, pp. 283-300), and this is not to forget her collected papers on moral education in *Educating Moral People* nor her extended discussions on the philosophical basis for, and practical application of, care ethics in schools (Noddings, 2002b).[249] In the final chapter of *Caring*, Noddings' commitments to education and moral education are out in the open:

> we all bear a responsibility for the ethical perfection of others. Moral education
> is, then, a community-wide enterprise and not a task exclusively reserved for
> home, church, or school. Further, it has for us a dual meaning. It refers to

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[247] This appears to have remained the case up to her death in the summer of 2022.

[248] Noddings' explicit motivations for changing the subtitle have been explained in 'Androcentrism' above.

[249] These include *The Challenge to Care in Schools*, *Happiness and Education*, *When School Reform Goes Wrong*, *Critical Lessons What Our Schools Should Teach,* and *A Richer Brighter Vision for American High Schools* (Noddings, 2005a [1992]) (Noddings, 2003) (Noddings, 2006) (Noddings, 2015b).

education which is moral in the sense that those planning and conducting education will strive to meet all those involved morally; and it refers to an education that will enhance the ethical ideal of those being educated so that they will continue to meet others morally (Noddings, 2013 [1984], p. 171)

Here, Noddings is making a number of points. First, that people generally have a responsibility to make each other more ethical. This is not a claim about some sort of transcendent ideal, but rather that the "one-caring has one great aim: to preserve and enhance caring in herself and in those with whom she comes in contact" (p. 172). Thus, it is immanent in caring relations and does not lie somewhere beyond, or outside it. From the point of education, all "that is proposed as part of education is examined in [care's] light. That which diminishes it is rejected, that which casts doubt on its maintenance is postponed, and that which enhances it is embraced" (p. 172). The second point is that moral education is not consigned to some institutions and not others. The "primary aim of every educational institution and of every educational effort must be the maintenance and enhancement of caring" (p. 172). Education is not, here, synonymous with schooling. Such, that "Parents, police, social workers, teachers, preachers, neighbors, coaches, older siblings must all embrace this primary aim… Questions concerning the ethical arise in every aspect of human life, and nurturance of the ethical ideal cannot be assigned to any one or two institutions. All must accept responsibility" (pp. 172-173). Here, as throughout this thesis' engagement with Noddings' work, the clearly stipulative nature of her account is recognisable. The third point is that in the human practice that is education, educators must meet those to be educated morally. The fourth, and directly related, point is that the result of this is that those being educated are themselves improved in their moral outlook. Together, these speak to Noddings' point that educators must meet those they are educating as ones-caring, and the latter as cared-fors. In this way, it is hoped that the caring ethical ideal will be developed, furthered in the cared-fors who in turn will be better-positioned, equipped, prepared, to meet other, new cared-fors as ones-caring. The crux, for Noddings, is not that the academic is eschewed but rather that it is that "we cannot separate means and ends in education, because the desired result is part of the process, and the process carries with it the notion of persons undergoing it becoming somehow 'better'" (p. 174). Jumping forward to Noddings' much more recent project on what she takes to be desirable in the US high school context:

High school education should recognize a unitary purpose: the development of better adults, 'better' defined over the whole range of human attributes – moral, intellectual, physical, social, aesthetic, civic. Special attention should be given to moral thought and action throughout the curriculum. *Every* teacher is a moral educator (Noddings, 2015b, p. 7 emphasis in original).

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I concur with Noddings that there is no separation between the moral and nonmoral in education.[250] In a piece summarising Noddings' thought, Roger Bergman distinguishes between what Noddings has to say about moral education itself and the way in which "a caring orientation would remake *all* education so that it would be moral" (Bergman, 2004, p. 154 emphasis in original). I am not suggesting that Bergman is necessarily off the mark in marking this separation. After all, Noddings herself uses chapter titles suggestive of this motivation. However, taking a holist reading of her work, I think it is at least plausible that Noddings takes a caring stance to be the way in which to approach all educative encounters matter morally. My interpretation is that Noddings often appeared to support a delineation between moral and general education because she was making a case for the way in which caring moral education was superior to the regnant approaches to moral education coming under the umbrella of character education. The excerpt above indicates in her more recent work that she is committed to the idea that *all* education is an unremittingly moral act. In line with my arguments above in 'Practices and moral perception', I too think it is a mistake to try to find a sharp line between the moral and the nonmoral.[251] Arguably, the case is even stronger in the case of education because of the especial qualities of *human* encounter that make it go well and poorly; "There is commitment, and there is choice. The commitment is to cared-fors and to our own continual receptivity, and each choice tends to maintain, enhance, or diminish us as ones-caring" (Noddings, 2013 [1984], p. 175). In line with the claims made in this paragraph, throughout the sections that follow, moral education and education should be taken as synonyms.

If an educator is necessarily one-caring, then just how do they enact Noddings' ethic presented in full at the start of this chapter? By now there will be a certain familiarity with Noddings' care ethical ideas about the one-caring's engrossment and motivational displacement, and the completion of care by the cared-for. However, Noddings offers more detail about the multitudes of encounters that comprise all moral educational, or given the preceding claims, educational endeavours. In such human practices, there is modelling, dialogue, practice, and confirmation (p. xviii). As she points, out the first three aspects are commonly thought to be

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[250] I also make a case for all educational endeavours being moral endeavours in my (Bennett, 2023b).

[251] Another way drawing out a problem with demarcating the moral and nonmoral can be seen in claims that there is a meaningful difference between, for example the moral domain and social conventions about dress. While the latter may seem to be simply a matter of convention, that a particular group, say women are commonly expected to wear certain items of clothing consonant with being 'feminine' is not neutral. Rather, it is straightforwardly moral. This example is illustrative of a weakness of the social domain theory of moral education. For a proponent of this theory see (Nucci, 2001).

part of the majority of approaches to moral education; where these differ, is the emphasis taken by each approach (p. xviii). It is with the fourth aspect, confirmation, that Noddings finds other approaches do not have as much to say. I will now explicate each of these aspects. Where I find it to be appropriate, I will make reference to other forms of moral education, especially character education[252] as that has been a foil for Noddings' approach (Noddings, 2002b). However, this chapter is not intended to be a thoroughgoing defence of care ethical moral education. Rather, I am making the more modest claim that a caring philosophy of education, including my refinements, has attractions enough for its proper consideration as a part of this field of inquiry. What I offer is an iteration, building on Noddings' work, for others to develop conceptually and practically in the future.

The four aspects of the process of education that comprise the one-caring's approach are, once again: modelling, dialogue, practice, and confirmation. The first, modelling, is the way in which the one-caring "show[s]…what it means to care" (p. 16). The idea of exemplifying a way of life is also a central, if not the central, feature of character education approaches to moral education. Yet, just as I explained earlier in 'Coda' that a care ethical criticism of virtue ethics was the undue focus on the self and not on the relation the one-caring has or seeks with the cared-for, so too this inward focus counts against character education. The concern, from the care ethical perspective, is that the one-caring who attends to themselves and what they are doing can be distracted from the would-be one-caring. This assumes, of course, that there is a cared-for with whom the one-caring is in relation. The one-caring is not precluded from, and ought in fact to undertake, reflection about the way they have acted towards the cared-for, and whether or not they have helped or harmed the caring relation. For the one-caring though this is better conducted at times when they are not in immediate relation. If the cared-for senses that there is something artificial and performative about the one-caring then there would be *prima facie* reason to contest the actions as caring.

Noddings states that it is the second aspect, dialogue, that "is the most fundamental component of the care model. True dialogue…is open-ended. The participants do not know at the outset what the conclusions will be" (p. 16). The importance of dialogue in care ethics stems from the realisation that the one-caring could quite easily have erroneously concluded that the cared-for

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[252] James Arthur offers a wide-ranging account of foundations, practices, and contemporary issues in character education (Arthur, 2020).

needs something that they in fact do not. This does not imply that the one-caring will always acquiesce to the expressed needs of the cared-for, but that there must be the possibility of dialogue whose conclusions are not pre-determined. This sort of interaction is commonplace in formal teaching contexts. For example, a student has not handed in a piece of work in a timely fashion to their teacher. The teacher could easily succumb to an unreflective resort to school rules about late work. At times, they will, and in fact must do this. However, the teacher as one-caring, rather than speaking to (or at) the student about their various failings in not having submitted the piece of work, may enter into dialogue with an open mind. What might the student say that would result in the teacher to turn away from the letter of the rules and invoke the spirit? The rules are there in order to help the students learn. So, if the teacher is open to there being good reasons for the work not having been supplied and that it will be furnished at an agreed-on point in the future, then the teacher would be acting in accordance with the aims of the rules. If the rules were in place for other reasons, simply to command adherence, then the nature of the work does not bear on the situation. The teacher could very well have set copying out lines from a novel.

More must be said about dialogue. Not least, that it captures features of the engrossment or attention of the one-caring for the cared-for: "People in true dialogue within in a caring relation do not turn their attention wholly to intellectual objects, although, of course, they may do so for brief intervals. Rather, they attend nonselectively to each other" (pp. 16-17). Implicit in this, according to Noddings, is that the one, possibly as yet unspoken, part of dialogue is the question 'What are you going through?'. It affords "an invitation to ever-deepening self-understanding" through the openness of safe interlocution (p. 17). Necessarily then, dialogue should not be understood as debate or at least one which in which one participant overcomes the other: "no matter how great their ideological differences may be, they reach across the ideological gap to connect with each other" (p. 17). As Noddings continues:

> The point of coming together in true dialogue is not always or only to persuade opponents that our own position is better justified logically and ethically than theirs. The issue may never be resolved. The point is to create or restore relations in which natural caring will guide future discussion and protect participants from inflicting and suffering pain (p. 17)

Think how a sensitive teacher ought to be able to enter into dialogue with students about any number of complex and potentially upsetting topics that unavoidably come with growing up. If the cared-for does not know there will be an openness on the part of the one-caring how are they to seek out the other to better understand themselves and their society?

There may be some people for whom their prior experience of care positions them with seemingly boundless availability to enter into caring relations with others. But, as discussed above, care ethicists hold, rightly I think, to the idea that people can become better ones-caring and cared-fors. This leads then to the third aspect of caring moral education: practice. This is the recognition that "One must work at developing the capacity for interpersonal attention" (p. 19). In many, if not most, societies the archetypal caring figure has been female. Yet, has this come about through coercion and exploitation over many successive generations where women and girls have been expected or rather required to behave in certain ways for fear of being labelled 'unfeminine'? Noddings' response is that all young people, not only girls should have experience of caregiving; the "supposition, from a care perspective, is that the closer we are to the intimate physical needs of life, the more likely we are to understand its fragility and to feel the pangs of the inner 'I must' – that stirring of the heart that moves us to respond to the other" (p. 20). As Noddings observes of schooling, supporting students in their working together can be with a view to help them understand how to improve the way they care, not purely to redound to academic advantage (p. 20).

Finally, the fourth aspect is confirmation. This is when "someone commits an uncaring or unethical act (judged, of course, from our own perspective), we respond…by attributing the best possible motive consonant with reality" (p. 20). The purpose of this, Noddings says, is that it is a point from which to "draw the cared-for's attention to his or her own better self. We confirm the other by showing that we believe the act in question is not a full reflection of the one who committed it" (p. 20). It is perhaps this component above all others that speaks to a problem common to many formal educational institutions. If the one-caring does not in fact have the requisite awareness, or knowledge of the cared-for's reality then they cannot, sincerely anyway, attribute best or even better motives in the cared-for than the latter's act immediately suggests (p. 21). If one-caring spends so little time with their cared-fors, it becomes very difficult to properly know them.[253] They are limited, in the language of 'Chapter 5 Which needs are to be met?' of responding to the cared-for's 'what-ness' at the expense of the cared-for's 'who-ness'. Sometimes this will not misfire, but, as I argued earlier, to meet the other in their

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[253] For example, a student may have a different teacher of English for each year they attend an English secondary school.

subjectivity, as it is hoped the one-caring is wont to do, requires the possibility of coming to know the cared-for in their 'who-ness'.

Thus far, the micro level of interpersonal encounters has been the focus in the quest to seek out Noddings' philosophy of education. What of the macro level of analysis? Quotidian and multitudinous educative interactions necessarily play out *somewhere*. For Noddings, this goes back to her distinction, seen in 'Caring practices' between 'caring for' and 'caring about'. Though slightly torturing the English language, ones-caring care for their immediate cared-fors. Whereas, 'caring about' is understood as the extent that conditions in which 'caring for' takes place are made conducive for so doing. Under Noddings' scheme, this is a measure of justice. Social conditions are more just as far as they meet this criterion of providing the possibility of 'caring for'. More concretely, an example might be the way in which a government establishes a compulsory national curriculum to be studied by all young people. The government's aims may be various but for Noddings, the question of whether they are just reduces to the way in which they promote or militate against 'caring for'. However, it is not uncommon for philosophies of education to endorse particular aims as part of their overall project.[254] In this matter, Noddings' work does not diverge.

Possible aims of education receive increasing attention in the latter parts of Noddings' scholarship. This is not to say that consideration of aims is absent from her earliest writings. Rather, that I detect in the later books and articles a sense of felt concern about the state of contemporary education.[255] First though, what does Noddings mean by education? I am grateful to Stone for picking out Noddings' statement in the final chapter of *Starting at Home*: "Education may be thought of as a constellation of encounters, both planned and unplanned, that promote growth through the acquisition of knowledge, skills, understanding, and appreciation" (Noddings, 2002a, p. 283). I agree with Stone's assessment that Noddings seems to use 'education' and 'schooling' as if they were synonymous (Stone, 2006, p. 18). While the latter term tends to be connected with the formal and possibly compulsory activity found across many cultures, the former tends to refer to something broader and simply part of being human

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[254] Standish considers whether there in fact must be aims or at least aims as they instantiate in contemporary societies (Standish, 1999). See also (Whitehead, 1929) (White, 1982) (Marples, 1999).

[255] Noddings typically restricts herself to detailed discussion of the United States about which she is most familiar. However, the central messages demand proper consideration wherever education takes place, namely everywhere.

with others.[256] The distinction need not worry the argument here; I raise it in case there seem to be later incongruities of expression. Now, 'education as the promotion of growth' undoubtedly is a reference to Dewey's ideas, even if Noddings does not adopt his account wholesale.[257]

Noddings is open to there being multiple aims of education. In the excerpt just canvassed, there is education as the promotion of growth. She devotes a whole book to happiness being an aim for education (Noddings, 2003), and in her early work she avers that the "primary aim of every educational institution and of every educational effort must be the enhancement and maintenance of caring" (Noddings, 2013 [1984], p. 172). I agree with Stone's analysis that Noddings seems committed to the idea that in the absence of a serious reconsideration of aims, it is difficult to see how much change there could be in either education or schooling (Stone, 2006, p. 19). However, this is surely not Noddings' central contribution to the philosophy of education. Those working in the field have long contested explicit and implicit aims in education. Rather, I take Noddings' development to be her commitment to grounding her philosophy of education in her ethics of care. All of the foregoing exegesis points to this. Whether it is the articulation of the ethic with which I started this chapter and the details furnished about what an ethic of care might look like in teaching practice, *au fond*, it is a matter of care.[258]

Caring philosophy of education

In this section, I will strive to do justice to Noddings' contribution to philosophy of education, while at the same time making the concluding parts of my case for the refinements to her ethics of care that have constituted the bulk of this thesis. Echoing Stone above, it is now time to

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[256] As Standish puts it: "Education, as the broader concept, is something which can go on in, outside, beyond, and sometimes in spite of school. Schooling is (primarily) the systematic and institutionalised attempt to educated – that is, the provision of schools" (Standish, 1995, p. 123).

[257] Milton Mayeroff, also indebted to Dewey, wrote a paper subsequently followed up by a book each with the title *On Caring* (Mayeroff, 1965) (Mayeroff, 1971). Consider: "This, then, is the basic pattern caring, understood as helping the other grow: I experience the other as an extension of myself and also as independent and with the need to grow; I experience the other's development as bound up with my own well-being; and I feel needed by it for that growing. I respond affirmatively and with devotion to the other's need, guided by the direction of its growth" (Mayeroff, 1971, p. 6). While there are points of convergence between Noddings and Mayeroff, it is the former's focus on the caring relation that marks their approaches as distinct.

[258] Later in Stone's article on Noddings' philosophy of education Stone reaches a similar conclusion that for Noddings, "caring is basic to teaching" (Stone, 2006, p. 24).

'draw the parts together'. In the spirit of this, my caring philosophy of education can be put as follows.

The one-caring and the cared-for are in an educational context. The extent that this context is just is a function of the way that context maintains, enhances or diminishes the possibility ones-caring to 'care for' cared-fors within it.[259] The one-caring is suitably attentive along two dimensions. The first is the extent that would-be cared-fors are vulnerable to the one-caring's actions and decisions. It is this that supplies a *prima facie* obligation to care. The second dimension of attention is towards the expressed and inferred needs of the cared-for. The one-caring thus acts: they suffer motivational displacement to act on that which their attention has directed. If additional motivation to act is needed, then the one-caring draws on sympathy, not empathy. Since the one-caring and cared-for are in an educational context, the nature of these actions could in principle be given more shape even if the actual content will also be exquisitely sensitive to the particularities of all aspects of the situation. The one-caring models how to care; both the means and ends of caring and education matter. In meeting the cared-for caringly, the one-caring engages in a proper, respectful dialogue with the cared-for. The one-caring, and for that matter the cared-for, must be open to having their minds changed. The one-caring ensures that the educational context is one that the cared-for can themselves practise caring. The fourth part of caring action, confirmation, speaks to the way in which the one-caring defaults to an assumption of the best motives consonant with reality in the cared-for. Sometimes the cared-for will recognise the one-caring care as just that, care, and sometimes they will not. If the latter, this does not entail the one-caring has not cared, but at a minimum it prompts reflection on the caring relation and all that contributes to it. Might there be better ways to care?

My caring philosophy of education is thus far heavy on the philosophy but light on the education. Before saying a little more about the latter, there are some points to which I would like to draw attention from a moral theoretic perspective. I argued in 'Care ethics as moral theory' that care ethics was rightly and desirably seen as a moral theory. That holds true at this point in the discussion. Saying this, the account of caring philosophy of education just provided swings between moral theory as traditionally espoused in Western philosophy and a moral

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[259] This, following Noddings is 'caring about' and is usually a characterisation of social structures and institutions.

stance that has its own proponents.[260] On the one hand, the account is not hesitant about setting forth obligations to care, and on the other it resists the inclusion of necessary and sufficient conditions. It makes some very specific claims while at the same time attesting to the importance of the concrete particularities of the one-caring, the cared-for, and their shared context. Perhaps most significantly, it does not purport to offer a ready to hand moral algorithm apt for any and all encounters between one-caring and a cared-fors. It eschews such a disingenuous claim. However, its demand that both the conditions of care and the actions within it be central is both sincere and rarely completely realisable.

The caring educator, so I claim, ought to adopt this philosophy of education. Working through the points above in order then, the caring educator will be aware of the context in which they are trying to educate. Does the structure promote caring action or militate against it? Is the caring educator positioned to care for their charges? As such systems exist in the institution, the one-caring takes pains to attend most closely in their nearest circle of influence but that does not mean those further out might not be the target of care at some point, however briefly. The caring educator recognises cared-fors' vulnerabilities to their actions and will seek out other ones-caring to help care when it seems as though more distant cared-fors will be affected by their choices. The caring educator does not have motivational posters exhorting care but is caring in their very bearing. Would-be cared-fors know that the one-caring will be there for them when they need it, whether it is a small matter of comprehending a topic or a large matter of personal import. The one-caring, if they become aware of the latter, moved as they are by sympathy, ensures that they do not take on undue burdens for which they are not equipped. This is not to say that they dismiss or discard the cared-for when times are difficult, rather in their care they seek out another one-caring who will be more effective in *their* care. Quite often, the one-caring will encounter cared-fors for whom the educational institution has not been designed. In these cases, the one-caring works with the cared-for, engaging in sensitive, that is without predetermined conclusions, dialogue to help, in that moment, the cared-for recognise their own immediate needs. I turn now to consider a fictional example of an educator, Muriel

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[260] See references in 'Practices and moral perception' above.

Spark's Miss Jean Brodie to say a little more about my caring philosophy of education (Spark, 2015 [1961]).[261]

Miss Brodie in Muriel Spark's *The Prime of Miss Jean Brodie*

I selected the character of Miss Brodie[262] out of the wide array of fictional educators for two reasons. First, she does not have the 'larger than life' portrayal of, for example, Roald Dahl's angelic Miss Honey or demonic Miss Trunchbull in his *Matilda*. Similarly, I decided against the emotionally blunted Mr Gradgrind from Charles Dickens' *Hard Times* (Dickens, 2007 [1854]) (Dahl, 2003 [1988]). These three characters might offer insight into education in their own way, but the nature of their extremes renders it more difficult to represent the moral complexity that is always in evidence in educative endeavours. This leads naturally to the second reason. Miss Jean Brodie offers a great deal more nuance than the aforementioned characters. This is not to malign the novels within which the other characters appear. Rather, it is to recognise that in their very characterisation there is probably less to say, unlike, perhaps the social themes being represented therein. Furthermore, Miss Brodie provokes comment because of the ambiguities in her behaviour that develop throughout the novel, as well as her effect on her coterie of girls. This will be made apparent as my analysis unfolds.

Spark tells the story of Miss Jean Brodie, her group of pupils, and the effect she has on their lives. Miss Brodie works at Blaine, an independent primary school in Edinburgh during the 1930s. There is the implication that the school is 'traditionally' minded as opposed to 'progressive'.[263] Miss Brodie's own philosophy of education could be described as 'progressive'. When comparing herself to the Headmistress Miss Mackay, Miss Brodie says: "To me education is a leading out of what is already there in the pupil's soul. To Miss Mackay it is a putting in of something that is not there, and that is not what I call education" (Spark, 2015 [1961], p. 25). On Miss Brodie's own terms, she is probably successful as the set are described as "being vastly informed on a lot of subjects irrelevant to the authorised curriculum…and useless to the school as a school" (p. 3). However, Miss Brodie would rather

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[261] I should add that this caring philosophy of education does not make claims about caring relations. It could offer a way, just as Noddings herself argued, to rethink the structure of the curriculum, schools, and teacher education (Noddings, 2005a [1992]) (Noddings, 2006). Although I gesture towards some related ideas in 'Postscript', this could be an area ripe for future study.

[262] For other analyses of this novel and philosophy of education (Garrison, 1990) (Katz, 2014).

[263] See (Dewey, 1997 [1938]) for a seminal discussion of 'traditional' and 'progressive' education.

stay at her current school than move to somewhere more aligned with her philosophy of education:

> It has been suggested again that I should apply for a post at one of the progressive schools, where my methods would be more suited to the system than they are at Blaine. But I shall not apply for a post at a crank school. I shall remain at this education factory. There needs must be a leaven in the lump. Give me a girl at an impressionable age, and she is mine for life. (p. 6)

It is no accident that certain girls end up in her group, whom she refers to as the "crème de la crème" (p. 8), over others:

> Miss Brodie had already selected her favourites, or rather those whom she could trust; or rather those whose parents she could trust not to lodge complaints about the more advanced and seditious aspects of her educational policy, these parents being either too enlightened to complain or too unenlightened, or too awed by their good fortune in getting their girls' education at endowed rates, or too trusting to question the value of what their daughters were learning at this school of sound reputation. (p. 17)

What might my caring philosophy of education have to say about the figure cut so far by Miss Brodie? I shall start by considering her comments presented above about so-called traditional and progressive education. Miss Brodie seems to take herself to have a calling to 'save' pupils at the traditional school. As she herself avers, if she can influence them from a young enough age, they will be 'hers for life'. One reading of Miss Brodie's refusal to work at a progressive school might be the social status accorded to the two types of school at the time. As recurs throughout the novel, Miss Brodie's actions are usually motivated by the extent that they will redound to her own benefit, not that of others. Thus if for Miss Brodie, there is some sort of cachet attached to working at one sort of school and not another, then her reasoning is comprehensible if not praiseworthy. Brodie, like the parents of those girls elevated to her set, is enamoured by the reputation of the school at which she teaches. Yet, it is her own recognition of the possibility of influence that is striking. This, surely, is a deafening illustration of my claims, and for that matter Nel Noddings', that all education is moral education. Miss Brodie is not suggesting that the fact she happens to teach certain aspects of art appreciation rather than arithmetic is what will connect her to her pupils long after they finish school. But rather it is the attention she pays them. To repeat a remark made several times, the means matter in caring and in education, and there can be no doubt that Miss Brodie is engrossed to use Noddings' earlier term and attentive in my preferred gloss. Both Miss Brodie and her pupils seem at times entranced by this attention flowing both ways.

Attention in my caring philosophy of education is, I have suggested, along two dimensions: the vulnerability of cared-fors, and the needs of the cared-fors. Miss Brodie is all too aware that because her select group are largely taught by her then they are undoubtedly vulnerable to whether she in fact teaches them the material on which they will be examined, the selection of which is made by external agents, not by Brodie herself. This is, of course, commonly the case for those who teach in formal educational settings and in which there are public rather than private examinations. As seen though, Brodie abdicates responsibility for teaching the required material and leaves the members of her set to fend for themselves:

> I shall point out that by the terms of my employment my methods cannot be condemned unless they can be proved to be in any part improper or subversive, and so long as the girls are in the least equipped for the end-of-term examination. I trust you girls to work hard and try and scrape through, even if you learn up the stuff and forget it the next day (p. 27).

Brodie cannot be said, then, to be meeting her obligations to care as articulated by my caring philosophy of education.

However, the second dimension, that of her pupils' needs is particularly interesting. It should already be clear that identity-based needs as 'what-ness' have been discarded by Brodie. This is apparent in the excerpts above about the sets' reputation for knowing a great deal that is not on the official curriculum and barely anything on it. In the sense of 'what-ness' identity, they are young people at a certain stage of school are expected to know and be able to do certain prescribed knowledge and skills; they cannot. What about identity-based needs as 'who-ness'. Brodie seems to have very clear ideas about just 'who' her pupils are, although along quite limited dimensions. There is Monica, famous for her mathematical brain and bad temper, Rose who is famous for sex, Eunice for her athletic abilities, Sandy for her vowel sounds and piglike eyes, and Mary for being a clumsy silent lump (pp. 3-5). Throughout the novel, Miss Brodie refers to the attributes that frame the way she sees each member of the set. Notwithstanding the lack of kindness evinced at various points, not least for Mary and her cognitive and physical awkwardness, through her identification of these aspects of character, Brodie works to draw the girls into her machinations. This serves the dual purpose of bringing them into her confidence by providing tempting access into the affairs of adults, while at the same time allowing her a vicarious existence through her pupils.

Miss Brodie is herself in love with a married art teacher. For his part, he does seem to have reciprocal feelings as all of his portraits bear her resemblance. She claims that she does not act

on her feelings for the art teacher in order to "dedicate my prime to the young girls in my care. I am his Muse but Rose shall take my place" (p. 83). At various points, Miss Brodie shores up the narrative about how much she cares for her set by claiming that even were she to receive a marriage proposal she would eschew it in their favour (p. 16).[264] Thus she is resolved that Rose is to have a romantic liaison with the art teacher effected through her sitting for the art teacher as a model. As it happens, Rose takes to being a model and nothing more, and Miss Brodie's specific plans come to naught, for Rose at any rate. Another member of the set, Sandy, Miss Brodie's closest confidante, does have an affair with the art teacher when Sandy is older. Perhaps Miss Brodie has misjudged Rose's 'who-ness'?

Unquestionably, Miss Brodie's plans are disgraceful for an educator, but putting that to one side, what might be made of these particular manipulations? In Miss Brodie's eyes she seems to be taking her claim to be drawing out what is within her pupils to heart. The reader is told that Rose's reputation is not based on any actual activity at this stage but that is beside the point (p. 76). Miss Brodie reads that 'who-ness' off her interactions with Rose and takes it upon herself to allow it to flourish. From Miss Brodie's point of view, she also gets to live through her pupils in a way that she herself is not brave enough to do. This points to a danger for a caring philosophy of education, committed as it is to being open to at least some of the identity-based needs to be generated by the 'who-ness' of their bearer. Spark has offered here a chance to reflect on where educators commonly get it wrong. The errors lie in the limited view of the cared-for that Miss Brodie evinces. In 'Chapter 5 Which needs are to be met?', I argued for the interaction between the one-caring and the cared-for in their subjectivities. Miss Brodie can only be said to be doing this minimally, her view as it were, clouded by the attention she gives to herself. A common criticism of early care ethics was that it was too demanding and self-abnegating an ethic which, in its other-directedness forgets the being of the one-caring. In Miss Brodie, there is almost the antithesis of this. She undoubtedly would describe herself as caring for her set, but it is the attitude of a miser with their coins not the rejoicing in the relations that is mutually reinforcing of care, that she repeatedly displays throughout the novel.

Furthermore, the acting out of her fantasies says something about my claim in 'Sympathy rather than empathy in care ethics' that care is better motivated by sympathy and not empathy. It

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[264] In this time period it was common for women to stop teaching on becoming married; whether through dismissal or departing due to coercive environments, is less clear.

would be difficult to characterise her interactions with her girls as either being sourced in sympathy or empathy. However, the novel provides other avenues for consideration of this feature of my caring philosophy of education. It espouses the view that ones-caring ought to model caring behaviours as this is one way of helping cared-fors become good ones-caring themselves. Now, in the novel Miss Brodie does, in her own way, go to some lengths to care for the singing teacher Mr Lowther with whom it is suspected she has an affair (p. 59ff). She is ultimately usurped by the new science teacher, but once again uses this experience to claim that marriage was not her aim anyway (p. 78ff). At other times, Miss Brodie models the opposite of care, commonly in her behaviour towards Mary (pp. 19-21). This too is picked up on by one of her set who proceeds to join in the cruelty, though I return this below. Ones-caring cannot help but have responsibilities to be good exemplars on a caring philosophy of education; they are necessarily a focal point for cues about caring behaviour.

What of the three other aspects that I have claimed are involved in a caring philosophy of education, dialogue, confirmation and practice? At various points in the text, the reader is given to believe that Miss Brodie tends away from entering into dialogue with her set. Whether it is a discussion of painters or who may have made a mess with ink, she does not appear to countenance that what she already thinks could not be the case. On painters, she asks the group who is the greatest Italian in that field. She counters the suggestion that it might be Leonardo Da Vinci with "That is incorrect. The answer is Giotto, he is my favourite" (p. 7). The accusation about ink having been spilt on the floor is levelled, naturally, at Mary. The latter is not sure whether it was her but even if she had been certain that it was not, Miss Brodie's mind is quite made up (p. 10).[265] Here Miss Brodie exhibits the antithesis of confirmation under a caring philosophy of education. Given the number of girls in the group, it could have been any of them who spilt the ink. It would be consonant with reality to make further inquiries and not assume Mary to be the guilty party. Admittedly, these are brief and possibly trivial examples, but they do seem to point towards a resistance to meeting her charges as cared-fors. Why ask a question if not interested in answers that depart from one's own. She exemplifies the sort of teacher whose manner of questions amounts to 'Can you guess what I am thinking?'. The possibility of dialogue and confirmation as an educator seems to be anathema to Miss Brodie.

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[265] It is noted that Mary considered her time at school "the happiest days of her life" (p. 10). This seems surprising given the way she is treated. Perhaps Spark is implying that Mary is so unaware that she does not quite register the extent of the unkindnesses she receives.

In one scene, where the set are going for walk with Miss Brodie through Edinburgh's older areas, Sandy is given the opportunity to practise her care towards Mary. Miss Brodie gives Sandy permission to talk to Mary, but Sandy is lost to her own fictive adventures conjured up by her imagination. Mary points out that Sandy is not engaging her in conversation, to which Miss Brodie replies, baselessly "Sandy cannot talk to you if you are so stupid and disagreeable. Try to wear an agreeable expression at least, Mary" (p. 19). At first Sandy makes no attempt to correct Miss Brodie or broker a kind discussion with Mary. Rather, she changes her walking pace to make it difficult for Mary to keep up. This draws further negative comments from Miss Brodie, but then suddenly Sandy muses that she "wanted to be kind to Mary Macgregor, and thought of the possibilities of feeling nice from being nice to Mary instead of blaming her" (p. 20). Now, I grant that it would be difficult to claim that Sandy's motivations are unalloyed in their goodness but the following is telling: the "sound of Miss Brodie's presence, just when it was on the tip of her tongue to be nice to Mary Macgregor arrested the urge" (p. 21). The 'cult of personality' that Miss Brodie has engendered seems to militate against her group being afforded what under a caring philosophy of education is vital, the opportunity to be ones-caring themselves.

The reader is told towards the end of the novel that despite Miss Brodie's dubious plans for her that Rose "shook off Miss Brodie's influence as a dog shakes pond-water from its coat" (p. 83). This is contrasted with Sandy's comment at the close of the novel that Miss Brodie was indeed a significant formative influence. This is all the more telling as Sandy is the member of the set who betrays Miss Brodie. She does this by providing the Headmistress Miss Mackay with the needed ammunition to terminate Miss Brodie's employment. Interestingly, Sandy suggests that Miss Brodie's intentional entangling of the members of her set in adult matters is not the way to go in order to seek Miss Brodie's dismissal but rather to cite Miss Brodie's political persuasion that has at least the appearance of being fascistic. The moment of betrayal is foreshadowed by Miss Brodie herself in an imaginary interaction with the Headmistress: "As for impropriety, it could never be imputed to me except by some gross distortion on the part of a traitor. I do not think ever to be betrayed" (p. 27). After the betrayal and subsequent departure from the school, Miss Brodie perseveres in finding out who was responsible. It is to no avail, but she does suspect it was Sandy shortly before Miss Brodie herself died. Miss Brodie cannot quite comprehend that her influence, or perhaps control, has waned. What Miss Brodie seems

to have missed is that it takes a special sort of intimacy for the possibility of betrayal. That it is precisely the risk of cultivating intimacies in the way that she did. My caring philosophy of education does not advocate being lost in the other even if it holds that the relational aspect of caring and education is of central importance. From a linguistic point of view, this explains my choice of the word attention rather than engrossment. However, more than this it is a reminder that the caring educator must themselves remain aware of boundaries between themselves and the cared-for. Miss Brodie's error was to forget that her cared-fors were in fact agents themselves, created in part, of course, by their relationships with her.

In my caring philosophy of education, I maintain my rejection of Noddings' completion of care requirement. This is not because Miss Brodie evinces minimal care but not good care as my argument propounded in its advocacy for recognition of degrees of care not binaries of care. Rather, Miss Brodie's failure to care for her pupils is all too apparent in the foregoing discussion, yet this is not because her pupils do not recognise her care as care. In fact, at times, they do seem to see her actions as caring in her own way. But once more, this highlights the problem with the completion requirement and why I resisted its inclusion in my own caring philosophy of education. The power differentials in evidence in educational encounters speak to the vulnerability of the cared-for to the one-caring. This point has been highlighted a number of times. But related to this is that in many instances of education, the cared-for could quite easily be mistaken. This does not mean that the one-caring has free rein. Miss Brodie's unfortunate decisions are a reminder of this, but it does mean that ones-caring and cared-fors must not forget their wider webs of relationships. In the case of education, there will be moments of dyadic care but especially in formal institutions, care will be polyadic. An advantage to this, in a well-functioning web of relationships, is that there is the possibility of confirmation of what may or may not be caring. The teacher has their students, but also their colleagues and other constituencies in the wider institution's ambit. These other relationships might serve to tip the caring educator towards improvements in their care as was indicated at the start of this chapter. At the least, these other and multiple relationships might help ones-caring reflect on their care and whether it truly is meeting the needs of the cared-for. Further, each one-caring needs also to be cared for, and that is perhaps just what Miss Brodie was missing.

I have one final point to make about my caring philosophy of education and the case of Miss Brodie. My hope is that it will serve to tie together the threads identified throughout this thesis and to offer some conclusive but not final thoughts. I see the idea of influencing pupils for life, the claim made by Miss Brodie about her relationship with her pupils, as a reminder that education is always a moral endeavour; an argument that has been made at various points in the foregoing. Miss Brodie did not necessarily get her relationship or actions right with respect to what her pupils arguably needed, all but one could not perform basic arithmetic in their heads for example (p. 3), but her enduring influence is undeniable. For a caring philosophy of education this is key but, of course, it calls for different relationships and markedly different actions to those presented in Sparks' fiction. Would it be the case that my caring philosophy of education prevails, then could the world be filled with ones-caring who have, in their educational careers been positively influenced by those charged with their education. Caring educators know that what they do is irreducibly moral. Can they persuade, through care, others of this?

Conclusion

This work has made the case for refinements to Nel Noddings' care ethics and carried these through to present in outline a caring philosophy of education. It is acknowledged that this contribution to the field of philosophy of education can only ever be provisional but it is hoped that it has provided the basis from which other caring educators can work towards successive iterations of this vital project. It might be the case that now, more than ever, that educational endeavours be seen through this caring philosophy of education rather than the imprecations of prevailing neoliberal discourses.

At the outset, I spent some time giving an account of the origins of care ethics while making it clear that as a subset of feminist and moral philosophy, it is not without its problems. Not least of which is that even in its brief 40 year history, there is not much in the way of clarity about just what is meant by 'care ethics' or the 'ethics of care'. At times descriptive and at others stipulative, care ethicists have themselves been implicated in what has resulted in occlusion rather than revelation. I offered some disambiguation to distinguish care from both ordinary language uses of the term and technical uses found elsewhere in philosophy such as found in Frankfurt or Foucault. In advance of the work in the later chapters, I made explicit the connection between care ethics and education, specifically through Noddings' work with whose work this thesis is largely preoccupied. However, there was much to say from this early stage about what constitutes a moral theory and whether care ethics was desirably included under this definition.

Returning to the very analytic philosophy that care ethics had in many ways been a reaction to allowed me, four decades on, to discuss where it is that secular moral theories come from. I took up Sorell's arguments that the reason certain theories had captured both philosophical and popular support was the way in which moral theories were continuous with commonalities in ways humans behave towards each other. My criticism of Sorell's account was based on his

swift dismissal of the importance of power in all that humans undertake. My view is that those in advantaged, powerful, positions were precisely the people designing and developing the moral theories with which philosophers continue to wrangle: virtue ethics, Kantian ethics, and consequentialist ethics. The crucial point I take Sorell to have missed is not that there are aspects of human behaviour captured in these moral theories, for there certainly are. Rather, it is that he seems to have not considered the extensive time and energy that go towards humans caring for each other. Not least because without this caring input, humans would not survive from our helpless and extensive infancy. Thus, if it is the case that moral theories typically pick out features of human being then care ethics, drawing as it does on that human necessity for care, is in a good position too to be a moral theory.

However, before wholeheartedly taking up the moral theoretic mantle for care ethics, there were various aspects of the regnant theories and moral philosophy generally that could not be left without comment. The first of these was the close proximity but not complete overlap between feminist moral philosophy and the move towards anti-theory in ethics. The convergence in both historical time period and motivations are striking, but there are without doubt important divergences too. This being said, the criticisms of anti-theorists and feminist theorists provided rich material with which to interrogate moral philosophy generally. The first area was the shape of moral theories; that is, what should a theory that purports to be a moral theory look like? Annette Baier's work on what is commonly missed in moral theory echoed the insights drawn from Sorell above. She favours an approach to moral philosophy where contributions are made piecemeal. In this way, there is no claim to have a grand unified theory of ethics that is unstuck by a clever counterexample. For Baier, moral philosophy had for too long been the preserve of privileged white men who turned what are unquestionably pressing questions: how can we live together and with ourselves into an exercise in linguistic-philosophical gymnastics, rather than speaking candidly about the quotidian experiences of most people on the planet. The undue focus on the agent, rather than patient, of traditional moral theories is raised by a number of scholars and, of course, care ethics in its attendance to caring relations accounts for both of these and more.

The next area was the continued focus on obligation in much moral philosophy. It is not the case that feminists and anti-theorists want to dispense with the notion of obligation, but rather the how and the what of it that is contested. The criticisms at this stage coalesced around the

long-standing voluntaristic accounts of obligation, promulgated by H L A Hart for example. Critics averred that for too long obligations to those in special relationships such as family members had only received minimal attention whereas those between, for example, freely contracting independent agents had no end of literal and figurative ink devoted to them. Additionally, the complaint was made that too much time has been spent thinking about the coverage of theories of obligation at the expense of the character of moral agents. Care ethics, as has been indicated, includes obligations, agents, and patients in its account of the moral life. However, by not over-emphasising any one of these it offers a moral theory that, it is hoped, avoids the conceptual excesses of the traditional moral theories.

Care as a guiding motif in ethical thinking was argued not to be teleological in that it calls for ways to organise and structure theories but need not be limited on ends.[266] The third area examined was the prevalence of codification and principles in traditional moral theories. It is as if some theorists think that all moral matters can be solved given a sufficiently detailed set of moral rules. But this, it was observed, fails on a number of counts. First, that it is not possible to cover the range of human life with a pre-determined list of rules; second, attempts to do so give the would-be moral agent false hope about navigating the complexities of moral life; and third, that moral theories in some way have to be transmissible between generations of people. Now care ethicists have frequently not distinguished between rules and principles, though many accounts appear to include both. It is not necessarily the case that rules are always bad and principles are always good. There are times when a rule is helpful and appropriately limits thinking about an issue. But the commitment to principles rather invites, on Jean Grimshaw's account, reflection rather than foreclosing it. Thus, care ethics can readily take up principles as it calls for the one-caring to be reflective in their interactions with the cared-for; care ethics can do this not to the detriment of the ethic.

The fourth criticism of traditional moral theories revolves around the abstraction commonly found therein from the practices that constitute human life. Baier's concern is that many moral theorists have created utopian theories but failed to offer a map by which to reach such havens. The gap between reality and theory is simply too large. One way discussed in this section to

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[266] The re-use of Baier's idea of a 'guiding motif' in moral theory might seem lightweight when compared to the language of rules, principles, and criteria discussed throughout this thesis. However, the point is that, just as Baier hoped to do with 'trust' that it is when a moral theory looks to 'care' and 'caring relations' its construction differs when the organising concept is 'obligation', for example.

overcome this is to look to fiction to improve moral perception. That way agents and patients may be able to realise the demands of these varied moral theories. Baier and Nussbaum disagree about the moral significance of fiction to the possibility of improving moral practice, with the former being negative and the latter more sanguine. This led me to discuss alleged distinctions between facts and values. Calling on Paul Standish and Iris Murdoch's related discussion of this problem, I concluded that values 'went all the way down' immersed as humans are in worlds perceived for their own purposes *qua* human agents. Thus, fiction can, as I see it, help to improve moral perception.

The final criticism levelled at traditional moral theories is the not insignificant charge of androcentrism. Needless to say this was the concern of feminist scholars not the anti-theorists. The central issue of this complaint is that the agents posited to populate moral theories are unrepresentative of vast swathes of the human population. The atomistic, independent, autonomous, ever-rational, decision maker is only possible for a privileged few: just like those white, male, well-educated, often relatively financially well-off philosophers writing their theories. When in reality, such a characterisation of the agent neglects the vast network of relationships and interdependencies within which humans are inevitably immersed. The atomistic agent is able, in the public, masculine-coded sphere, to make these decisions in the manner advanced precisely because others in the private, feminine-coded sphere are meeting all his care needs. Throughout this thesis when writing in my own voice, I have used the gender neutral 'they' however, the crux of the charge of androcentrism was that moral theorists were only *really* writing about male agents bearing particular social identities; taken as they were to be the default for humankind while female agents and male agents with different, non-dominant, social identities were seen as unreasonably aberrant. Care ethics is one such antidote to the misplaced generalisation of previous moral theories from the male as the standard by which all behaviour ought to be judged.

This brings me to the second chapter, in which I articulate how Nel Noddings' ethics of care is taken to be a moral theory, and desirably so. The hope is that in so doing, some of the weaknesses identified in the traditional moral theories can be mitigated if not completely removed. Rather than revisit all of the explicative work already conducted, in this conclusion I will reiterate the method by which I critically evaluated Noddings' argument. My approach revolved around interrogating claims made by Noddings about her ethic that seemed

unwarranted. Not, I should add because her care ethics is not powerful, far from it. Rather, that Noddings seems to have been trying to distance herself from aspects of moral theory, most of which were seen above that in fact are features of her care ethics, and do it no harm. Although at first sight seemingly opposed to systematicity and codification, obligations and definition as a moral theory, in this chapter I showed that Noddings' account bears all these features. I maintained throughout that far from being problematic for the care ethical project, that her arguments bore these features did nothing to reduce the impact of her novel account on the field of moral philosophy. I ended this chapter by briefly defending care ethics from its subsumption into other moral theories. I did not propose to offer anything original at this stage, rather to make clear that such efforts have been attempted, and, so I argue, misplaced and thwarted.

This being said, I was not ready to take on Noddings' care ethics wholesale and the next four chapters offered what I claim are needed: refinements to her account of care. The first of these was how to understand caring obligations. Obligation does feature in Noddings' account but I found it unsatisfying because it did not provide enough focus for the would-be one-caring. Thus, like other care ethicists to whom I am indebted, I took up Robert Goodin's theory of obligation, though I make more of it than other theorists have done. In brief, Goodin's argument is that moral agents have obligations in proportion to the extent that moral patients are vulnerable to the moral agent's actions and decisions. Reading this in terms of the care ethics terminology, the one-caring has a *prima facie* obligation to care to the extent that would-be cared-fors are vulnerable to the one-caring's actions and decisions. The insight offered by Goodin in his original argument was that he avoided the hand-waving involved in voluntaristic accounts of obligation that plagued moral theories' understanding of obligations to those to whom obligations are clearly owed: children and dependents for example. My having brought Goodin's arguments into care ethics' orbit in the fashion I have means that at once the one-caring has something about which to base their reflection on how, when, and to whom they should give care. But at the same time, the obligation is defeasible. There may be good reasons why this one-caring is the right person to not so act. This was taken up in the final substantive chapter's discussion of a caring philosophy of education.

The second refinement concerned the claim that seems to recur in care ethics that empathy is a good motivation to moral action, that is to care. Championed by Michael Slote but seen at

points throughout Noddings' oeuvre, especially the latter portions, empathy is incorrectly, in my view, taken to be something care ethics should aspire towards. Thus, in this chapter, I make the case that while undoubtedly empathy can motivate moral behaviour, it can easily result in immoral behaviour too. This is because time and again it has been shown that people feel more and less empathy for those they perceive to be like themselves. It is not that I am casting out emotion from moral perception, deliberation, and motivation. If I were to do that, I would be going against the current in the care ethical literature. Rather, I am acknowledging its importance, but that it is the cultivation of sympathy that care ethics should support rather than as I explain in the chapter, the less reliable empathy. The sympathetic one-caring, in being attentive to the cared-for, becomes aware of the whatever it is that the cared-for expresses or displays about how they are feeling. In sympathy the care ethicist maintains the pattern of an other-directed ethics while not claiming 'fellow-feeling' that may at once distort or mis-steer moral action.

The third refinement speaks to an issue in care ethics, committed as it is to the one-caring meeting the needs of the cared-for, about what these needs are. In this chapter, I draw on Soran Reader's account of identity-based needs and take the insight as valuable but that it only takes the one-caring so far. This is because on Reader's account, the one-caring is only responding to, as I put it, the cared-for's 'what-ness' identity. There might be occasions when this is completely apt, but I argue that the one-caring ought to try to meet the cared-for in their subjectivity, that is respond to the cared-for's 'who-ness' identity. It is through the work of Paul Ricoeur that I build up this claim, which allows for a sea change in how identity is understood. On his conception of the capable human being, suddenly the one-caring, especially in educational encounters has some purchase on which to discern the cared-for's needs. As I have made clear at various points in the foregoing, this is not a claim to the effect that this exhausts the needs of the cared-for rather it helps to pick out at least some of them in a way that care ethicists have been largely silent on.

The fourth and final refinement is a lengthy critique of Noddings' claim that care is not care if the cared-for does not perceive it as such. In that chapter and at this late stage in the work, this might seem out of place. However, a weakness in Noddings' account and of those who follow her in this completion requirement is that it seems to ignore that caring activities admit of degrees rather than a binary. There might be acceptable care, better than average care, and

superb care, for example. Surely this is more plausible than either caring action being caring or not at all care? The arguments in that chapter were detailed so will only be referred to briefly at this juncture. In Noddings' account, the completion of care seems to be achievable by almost and every action on the part of the cared-for, and she herself recognises that the cared-for may in fact be mistaken. To include completion as a requirement for care then seems to be at odds with commonly understood caring behaviour. Further, and this time in Eva Kittay's account, I repudiate arguments that claim care is an achievement term as understood by Gilbert Ryle. This is not the case, so I explain: care is a task term, not an achievement term. The upshot is that by resisting the inclusion of the completion requirement, I have a care ethics that can admit to degrees of care.

The final substantive chapter states explicitly how my refined ethics of care sits in relation to Noddings' account, drawing on the conclusions made in the previous chapters. It elaborates on the notion of care as a family resemblance term not least to justify a departure from Noddings' inclusion of necessary and sufficient conditions for care that I find discordant in an ethic that is at once a moral theory and a moral stance towards the world. I then present what is legitimately taken to be major features of Noddings' philosophy of education that, alongside her care ethics, posit that one-caring in education should model care, engage in caring dialogue, create opportunities such that cared-fors can practice care, and the confirmation of the cared-for when their actions seem uncaring or unjust. Although across her scholarship Noddings discusses a range of aims in education, these are all predicated on her ethic of care being fulfilled. Thus, I concluded the chapter by offering my refinements to her ethic under the title of a caring philosophy of education. I explored the ethic through the discussion of Muriel Sparks' *The Prime of Miss Jean Brodie*, which allowed me to show the caring philosophy of education in action as it were. My original contribution has been to both the field of care ethics and philosophy of education. However, I am under no illusions that this is the final word on a caring philosophy of education. I can but hope that it will be taken forward in the future as all education is moral education, and understood through a caring philosophy of education it might help steer the species to a better, more caring future.

Postscript

This thesis has made an original contribution to care ethics and philosophy of education in the form of a caring philosophy of education. I would like to change tone in this section and offer some reflections on why I think such a philosophy of education ought to be brought to bear on educational endeavours. First, there is the way formal education is commonly structured, in England at least. Schools are replete with impediments to care. Teachers in secondary schools commonly have very little *time* with their pupils. Of course, those who teach compulsory subjects are likely to see their charges daily, but what of all the other subject teachers? Additionally, there is little contact time outside the classroom. Lunchtimes are shortened and the school day is focussed solely on intellectual pursuits. But this is a false economy. If teachers actually 'come to know' their pupils, they are better-positioned to respond to the pupils' needs in teaching encounters. This does not require extensive time together but more than seems to be currently available. Those small exchanges about the pupil's family, their interests, and so on, mean a caring relation through attention is possible and enhanced. The teacher is expected, rightly, to notice when something might be going awry for their pupils. Yet, surely this is problematic if the teacher does not know what 'normal' looks like for that pupil. The location of these encounters is a connected issue and comes under the problem of *space*. There will be times when teachers sense the need for a one-to-one conversation with a pupil. This might be about matters large and small, but it is difficult to see how the pupil would readily be open with their teacher if they know that their peers are all within earshot. This would not require offices for every teacher, all do not even have their own classroom, but I suggest the design of schools should keep this necessity for small semi-private spaces in mind. The third impediment might be called *systems and information*. Technology pervades contemporary schooling, and this is to be welcomed. It can liberate learning in ways unknown not that long ago. But, if not maintained nor given due thought before implementation, it can restrict or limit so much of what it is hoped goes on in schools. A teacher's computer login suddenly fails or the file on a child has been updated, but their pastoral lead is unable to access it. Separately, these small things seem inconsequential but together, they militate against what might take place in school. Finally, and seemingly incongruous, *inclination*. By this I mean the way that factors external to teaching encounters such as accountability and performativity systems frequently act to distort what teaching might hope to be. If a teacher knows continued employment is predicated on getting certain results with a particular group, then, more often than not, that will be their

focus. Of course, this is comprehensible, and also being held to account is part of being a professional. But again and again, it seems that teachers are made accountable for things that are outside their control. This point directs my attention to the bigger picture, that of teacher education, and ultimately education policy.

Teacher education has taken on a mechanistic assembly-line-like view of teaching activities. It seems to hold that if certain inputs are made during the preparation of teachers that certain outputs are guaranteed. In those cases where the products of educational endeavours are not to the standard expected then the fault lies purely with the teacher, they were given the correct training were they not? But I strongly advocate that teachers need to be educated people for it is as people that I see them meeting their pupils in the latter's subjectivity. This means teacher education would need to be markedly different from the diet of 'what works' claims that occupies all of the initial teacher education curriculum in England. In the past the education of teachers involved Rousseau and Plato. I would say that today, would-be teachers should engage with Nel Noddings' work. It is easily accessible both in terms of the way theory is explained and that throughout, it is connected with rich descriptions of teaching. Further, these nascent educators could discuss, for example, *The Prime of Miss Jean Brodie* or *The History Boys* in light of Noddings' scholarship. All this would contribute to the educated person that I think pupils deserve to have in front of them. I assume the teacher knows their subject, but what about the missed opportunity for meeting their pupils as people? All this comes to naught if educational policy and arguably other social arrangements are left as they are. If only competition for a certain type of educational progression is offered as being worthwhile, then a narrow focus on limited aspects of some areas of study will remain. Those that excel will be rewarded, but those that do not are left stranded. That is hardly caring, is it?

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