Values and Principles in Care Ethics¹

Thomas E. Randall
PhD Candidate in the Department of Political Science at Western University, Canada
trandal3@uwo.ca | www.thomaserandall.ca

It is presently unclear in the literature how moral principles (read: universal “conditionals with an imperative consequent”⁴) properly fit, if at all, within care ethics’ normative framework. On a basic view, eschewing moral principles is woven into care ethics’ conceptual fabric. Care ethics, as outlined by Carol Gilligan and Nel Noddings, was to be identified as a contrasting moral voice to a so-called “ethic of justice.”³ Where the ethic of justice was portrayed as “appealing to rational and universalizable moral principles, applied impartially,”⁵ care ethics aimed to articulate “a mode of thinking that is contextual and narrative” with an emphasis on the moral salience of particular others for whom we take responsibility.⁵ Contemporary care ethicists maintain this juxtaposition. Virginia Held writes, “from the perspective of justice one looks for universal rules to apply impartially,” whereas the perspective of care “focuses on the particular characteristics of the unique person in one’s care.”⁶ Fiona Robinson similarly distinguishes the ethic of justice as a morality of “universal rules or principles,” and care ethics as a morality concerned with “responsibilities to particular others.”⁷

Yet there are good reasons to think this depiction no longer captures the intricacy of the care perspective. This notably refers to the range of emergent care ethical theories that have sought to show how moral principles can be a useful resource for demonstrating care ethics as a capable cosmopolitan ethic. Daniel Engster writes that establishing a universal, rational obligation to care is necessary to explain and justify to egoists why they ought to care for others beyond their immediate close relations.⁸ Comparably, given people have varying willingness and ability to sufficiently care for others, Sarah Clark Miller has argued in favour of “a duty to care”, requiring individuals to act in situations that call for them to assist others, regardless of emotional connection.⁹ Between Engster and Miller, it is perhaps Miller’s work that can be seen as especially deviating from the above image of care ethics presented by Held and Robinson. For while Engster seeks to build a separate theory of justice based on care, Miller attempts to infuse a duty to care within the framework of care ethics itself.¹⁰ Despite this difference, Miller and Engster both see

¹ This paper forms Chapter One of my doctoral thesis Frontiers of Care, and is for presentation at the 2017 ECPG. In case the abstract for this paper was not appropriately changed for the 2017 ECPG, the argument in this paper is this: our obligations to personal and non-personal relations can be explained and justified within care ethics’ normative framework through the values that emanate from good, caring relations. Later chapters of my thesis explore how far this argument can present care ethics as a cosmopolitan and intergenerational ethic, though I hope to field questions on these topics during the paper’s presentation.


⁵ Gilligan, In a Different Voice, 19.

⁶ Virginia Held, “Care and Justice, Still,” in Daniel Engster and Maurice Hamington (eds.), Care Ethics and Political Theory (Oxford: Oxford University Press, 2015), 21, 20. Though Held uses the term “rules” instead of “principles” here, the context of Held’s writing appears to conflate the meaning of the two terms to reflect “principles” only. This is despite other authors’ attempts to make a distinction between these two terms (see, for example, Ornaith O’Dowd, “Care and Abstract Principles,” Hypatia 27(2) (2012): 407-422).


¹⁰ Engster, op cit., vi.
moral principles as playing a useful role for expanding care ethics’ normative circle, especially for responding to the oft-cited criticism that care ethics is merely parochial.\footnote{11}

This deviation over the utilization of moral principles in the literature is nontrivial, given care ethics was foundationally defined in contrast to their use. Is Miller’s theory a legitimate care ethic? Just a different species of the genus care ethics, a species that utilizes moral principles? Or a conceptual move of care ethics into new and beneficial directions, of which Engster’s theory of care could be a part of? This confusion has led Stephanie Collins to assert the need for care ethicists to clarify their conceptual identity. On Collins’ view, the problem runs deeper than Miller’s duty to care: this confusion transpires because there lacks a consistent, uniform statement for care ethics’ normative claims. Without such a statement, there “is no way to know if a new claim made by a self-proclaimed care ethicist is true to the theory’s guided commitment.”\footnote{12} Collins goes on to derive such a unifying principle: the dependency principle, which Collins labels the “core” of care ethics’ identity. Not only does the dependency principle intend to justify all of care ethics’ normative claims, it also aims to clarify our obligations to both personal and non-personal relations in the process. Yet it is not apparent how far Collins’ argument resolves this confusion over the role of moral principles in care ethics. Attempting to unify care ethics through the very method that is muddying how care ethics ought to be properly identified in the first place only seems to further obscure this issue.

In this paper, I aim to begin getting clear on this issue by arguing it is possible to defend an interpretation of care ethics that can both eschew moral principles and still explain and justify our obligations to personal and non-personal relations. To do so, I first reject Collins’ proposal for encapsulating care ethics’ identity in a unifying moral principle. Collins work is to be rejected on three accounts: (a) Collins does not best represent some of care ethics’ key normative claims; (b) the dependency principle as an action-guiding principle is counterproductive to care ethics as a feminist ethic; and (c) there are good reasons to think care ethicists ought to be sceptical of embracing justificatory moral principles, such as the dependency principle. This last argument on justificatory moral principles takes this paper’s major focus. It is here I defend an interpretation of Held’s definition of care as practice and value, from which it is argued the explanations and justifications for our obligations to personal and non-personal relations are most appropriately grounded in the cluster of moral values that emerge from the relation itself – not moral principles. Finally, I join other care ethicists in saying that it is better to understand care ethics’ identity as a family resemblance of certain themes, rather than Collins’ attempt to unify care ethics through a single moral principle. Indeed, the interpretation of care ethics I defend against Collins will be seen to naturally fit this family resemblance format.

I

In The Core of Care Ethics, Collins argues the lack of a transparent, central normative claim restricts care ethics to the “outskirts of debates in analytical moral philosophy.”\footnote{13} Without this kind of uniform statement (similar, I assume, to utilitarianism’s principle of utility or Kant’s categorical imperative), care ethics risks perennial perception as a loose collection of ideas with no real


\footnote{12} Collins, op cit., 3.

\footnote{13} Ibid., 2.
identity for non-care ethicists to sufficiently engage with. Even still, as the care ethical literature continues to proliferate, care ethicists themselves may find it increasingly difficult to retain sight of what they recognize to be their distinct conceptual domain. Collins thus sets herself the task of deriving a unifying “slogan” that care ethicists can acknowledge and rally around — a slogan capable of capturing the key normative claims of care ethics.

To derive such a slogan, Collins provides an overview of the literature to identify recurring care ethical themes. Collins concludes care ethicists make four major normative claims, which can be summarized like so. First, care ethics recognizes the importance of emotions in moral deliberation, as well as the moral salience of particular relations. Second, relations ought to be treated as “moral paradigms” and valued, preserved or promoted insofar as these relations are beneficial to the individuals involved. Third, care ethics “sometimes” calls for individuals to embody caring attitudes to others, “promoting, respecting, revering” another’s interests in so doing. Fourth, individuals ought to perform actions under the intention of fulfilling some interest(s) the cared-for is perceived to have. Collins subsequently identifies a thread that connects and encapsulates the substance of these four claims, and proclaims the following care ethical slogan: “Dependency relationships generate responsibilities.” As I read Collins, this slogan captures these above four claims in this way: it embodies the important thought that morality emerges through the complex connections and bonds that personify our relations (making the relation the “moral paradigm”), given relational structures are often asymmetric in authority and influence. Care ethics’ focus is preventing these relations becoming exploitative or domineering, generating the responsibilities we have to make sure the dependent cared-for’s interest(s) are appropriately satisfied. Cultivating our moral emotions (such as sympathy and emotion) aid in deliberating over and enhancing the moral value our relations have.

Collins develops this slogan into a fully-fledged principle, articulated as the dependency principle. There are two components of this dependency principle: a “well-placed” component and a “best-placed component.” The well-placed component argues: “agent A has a moderately strong dependency duty to take measure M when A’s most efficacious measure for fulfilling an important interest is sufficiently likely to fulfill the interest and would realise positive expected value regarding agent and dependent.” The best-placed component argues: “Agent A has a strong dependency duty when it is also true that A’s most efficacious measure would realise no less expected value regarding agent and dependent than any other willing agent’s most efficacious measure for fulfilling the interest.” These components ought to be interpreted as versions of a “rescue”, “assistance”, or “capacity” principle, similar in format to Robert Goodin’s lifeguard example: we all have a universal obligation to care if we are well-placed to act, but better care is given by those best-placed to do so (such as those we are in personal relations with). This dependency principle is presented as the “core” of care ethics’ identity, explaining and justifying all the normative claims care ethicists generally intend regarding our obligations to both our personal and non-personal relations.

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14 A full delineation of these claims can be found here: Ibid., 82.
15 Ibid., 169.
16 Maurice Hamington, “Care as Personal, Political, and Performative,” in Gert Olthuis, Helen Kohlen, and Jorma Heier (eds.), Moral Boundaries Redrawn: The Significance of Joan Tronto’s Argument for Political Theory, Professional Ethics, and Care as Practice (Leuven: Peeters, 2014), 198-199.
17 Collins, op cit., 119.
18 Ibid., 123.
19 Ibid.
It may seem strange Collins thinks care ethics’ identity can be encapsulated within a moral principle. Care ethicists’ have expressed a broad scepticism toward the success moral principles can have when applied to our complex ethical lives. Variances of this scepticism are given, but the general thought is this: attempts to derive principle(s) able to dictate a universal “right thing to do” overlook the reality of our rich, intricate ethical milieu and the nuanced moral thinking this instead calls for. Abstract principles do not fit this picture because the moral reasons given for acting within a specific context are so bound up in this context that these reasons will fail to generalize appositely to others. As Noddings and Joan C. Tronto separately write, while one could attempt to apply a seemingly relevant care ethical principle to different contexts (e.g. “always act so as to establish, maintain or enhance caring relations,” or “one should care,” respectively), these principles would be so general as to make them useless in their application, and ultimately risk distorting the unique moral reasons given for acting in these specific contexts.

Collins responds to this argument through making an important distinction between principles as “action-guiders” and principles as “rightness-determining”. Many care ethicists, Collins contends, have missed this nuance, which is why there has been confusion over what the proper place of moral principles should be within the care ethical framework. While it is clear Noddings and Tronto reject the principles they poset as poor action-guides, this says nothing about the utility of care ethicists formulating justificatory, rightness-determining principles. With this distinction, it is plausible to say that our moral reasons for acting in certain moral situations can remain unique to the situation, with these reasons still capable of being justified through reference to a broader rightness-determining principle. How we morally deliberate “does not automatically imply anything about why we are justified in deliberating in that way, or why we are justified in acting in some way rather than another.” Inclusion of these rightness-determining principles in care ethics’ normative framework can hardly be seen as implausible, Collins asserts, given variations of this type of principle can already be deduced throughout the literature: from Eva Feder Kittay’s social responsibility to care to, most recently, Miller’s duty to care. The dependency principle, as Collins intends it, is to be interpreted as the justificatory principle that unifies and explains normative claims made by all care ethicists (by contrast, Kittay and Miller’s principles are restricted to their own interpretation of care ethics, and do not claim to justify all of care ethics’ claims). Collins thus concludes it is possible for care ethics to be encapsulated by a (rightness-determining) moral principle without contradiction in the form of the dependency principle, bounding care ethics’ identity and proper conceptual domain.

I am unconvinced Collins’ dependency principle is conclusively able to achieve its goal of encapsulating the totality of care ethics’ normative claims, and thereby providing a unifying slogan. This is for three reasons. First, we should be wary Collins’ four identified claims of care ethics represent the entire literature adequately, especially claim two. Second, Collins’ dependency principle is a poor action-guider given its acontextual formulation, which, when applied in practice, may have counterproductive consequences for care ethics maintaining its position as a feminist ethic. Third, despite Collins’ argument that rightness-determining principles can be readily utilized within care ethics’ normative framework, she omits an engagement with Held’s

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21 See, for example, Virginia Held, The Ethics of Care: Personal, Political, and Global (Oxford: Oxford University Press, 2006), 10.
24 Ibid., 33.
interpretation of care ethics on why justificatory moral principles (such as the dependency principle) still ought to be rejected.

First, it is reminded that the four normative claims of care ethics Collins identifies are intended to represent the vast proportion of the care ethical literature. This at least suggests Collins’ conclusions are not biased by her own interpretations of what care ethics’ major claims ought to be – her task is merely collating ideas. However, I am concerned the second claim Collins identifies is not representative of the literature, and is instead derived through her own view on how care ethics ought to interpret the value of relations. In full, the second claim is this:

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.26

The specific problem in this claim appears at its beginning: “To the extent that [relationships] have value to individuals in the relationship…” This implies care ethicists understand relations as being of only instrumental value insofar as the relation works toward the interests of the individuals involved. Yet this claim seems to be more accurately derived from Collins’ own arguments for how to interpret the moral relevancy of relations, rather than the literature generally. Collins asserts that the importance of relations is determined only by that relation’s value to the individuals in that relationship: “Relationships – like food, shelter, and security – are not clearly morally valuable in themselves.”27 Collins does not say here that relations between people should exist insofar as the relation maximizes the interests of individuals involved, as Ruth Groenhout suggested in her review of Collins’ work.28 The dependency principle is “not a general ‘maximizing’ principle” because this principle rather focuses on the value we attach to caring for our particular others given the deep emotional connections with them as concrete embodied beings. It therefore does not reduce particular others, and people generally, to detached bundles of interests to maximize.29 Where Collins’ second claim does go amiss is overlooking why care ethicists focus on relations as moral paradigms in the first place.

Care ethicists do not say that individuals are not important to focus on. Relations can be recognized as immoral through identifying the poor affects these relations have on individuals, and vice versa with good relations. It is also important that individuals develop certain traits to allow caring relations to flourish well.30 Yet, to my mind, care ethicists do not say that the importance of studying relations is to determine how instrumentally valuable they are to the individuals involved. What care ethicists do find important to study is how relations cannot be made ontologically distinct from the individuals involved. Relations play a critical role in shaping our identity and views about the world, and often the most important relations we have are completely involuntary.31 A child does not choose their parent, for instance. Where relations become moral paradigms, then, is not to the extent they are valuable to the involved individuals qua independent autonomous agents, but with regards to evaluating the various moral or immoral themes that emerge between individuals qua relational beings – themes that otherwise could not

26 Collins, op cit., 47.
27 Ibid., 39.
29 Ibid., 168; see also 103.
30 Held, op cit., Ch. 3.
be captured through the individualistic lens that Collins presents. Sometimes children fall out with their parents to a severe degree. Such a relation may not be valuable to both parties, but simply ending the story there neglects an examination of the complex ethical picture care ethicists really want to focus on: the extent this relation produced positive, caring values or darker aspects of domination, hostility, mistrust, or exploitation – and therefore to learn how to cultivate better, caring relations for the future. We should therefore be sceptical Collins’ second claim actually represents the care ethical literature; it rather reflects Collins’ own arguments for how care ethics ought to understand the moral relevance of relations.

Second, even if the four claims of care ethics Collins identified were all accepted, there is still reason to think the dependency principle is dubious in its attempt to capture the normative claims of care ethics. Though the dependency principle is intended as a rightness-determining principle, it is clear there is some form of action-guiding this principle recommends: if you are well- or best-placed to care for a dependent at a nontrivial cost to yourself, you ought to do so. Yet the dependency principle functions poorly as an action-guider because it risks subverting care ethics’ status as a feminist ethic. Tove Pettersen defines a feminist ethic as a critical ethic “that focuses on suppression and dominance, and often pursues political aims.” As such, a feminist ethic ought to have the tools necessary to ensure it is able to critically evaluate and challenge conditions of subjugation, such as patriarchal control. It is hard to see on the surface whether the dependency principle can provide to this end. As an abstract, acontextual principle, the dependency principle overlooks important details of the sociohistorical context and specific people it would be applied to. When applied to a Western context, who have historically been well- and best-placed to care for those who need it? The answer to this question is an empirical one, and provided succinctly by Tronto: “tasks of caring continue to be disproportionately carried out by the lowest ranks of society: by women, the working class, and in most of the West, by people of colour.” Collins’ dependency principle, by flatly stating those who are well- and best-placed to care ought to do so, without critical reflection of the surrounding social and political structures the principle is applied to, reinforces the essentialization of the groups Tronto mentions in the roles historically associated with them.

Not being perceived as a feminist ethic is a problem care ethicists will be sensitive to. During care ethics’ maturation in the 1990s, it faced much criticism from the feminist literature. There was concern care ethics, by valorizing feminine attributes in connection to the experiences of women, strengthened an implied essentialism of women as carers, in turn upholding the patriarchy it wished to undermine. Moreover, in line with this essentialism, care ethics risked reinforcing the distinction between the public and private domains, continuing to restrict women as housekeepers and child-raisers. Consequently, as Alison Jagger wrote at the time of this feminist critique, care ethics’ weakness was “that its attention to situations’ specificity and particularity diverts attention away from their general features such as the social institutions and groupings that give them their structure and much of their meaning.” Many care ethicists have since tried to overcome these charges, and the dependency principle threatens to undermine this work. Indeed, whereas before care ethics was critiqued by the feminist literature for its focus on specificity and

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32 I take inspiration for this argument from Ruth Groenhouw’s review of The Core of Care Ethics in Social Theory and Practice 43(1) (2017): 214-221. Where my argument differs is through entertaining a possible reply from Collins, met by a counterargument I offer in turn.
34 Tronto, op cit., 113.
particularity, care ethics (articulated through this dependency principle) would be critiqued this time around for being too abstract.

Collins might respond to this objection by stating I do not give enough emphasis to the dependency principle’s capacity for paying attention to context. Even “a very principle-focused theory requires contextual information (sometimes gleaned through sympathy) in order for the principles to be applied” appropriately.36 The dependency principle should entail that moral agents are closely attentive to the details of situations they find themselves in – otherwise there is no way to know who is well- or best-placed to care. Additionally, according to Collins’ third claim of care ethics (which informs the dependency principle), moral agents ought to have caring attitudes that provide a “positive response (e.g. promoting, respecting, revering) to [another’s] interests.”37 The hope would be that moral agents realize patriarchal conditions are not in the interests of those negatively affected by them, and so the dependency principle would not move to inadvertently reinforce these conditions. Indeed, groups, “made up of the duties of individuals,” can coalesce, allowing much greater clout for altering the surrounding institutions these individuals find themselves in, to benefit the cared-for’s interests.38 “Interests” might remain too broad of a concept here, but it appears Collins intends to at least capture the flourishing of a person’s agency within this concept. Collins acknowledges “social circumstances constrain and extend our agency in both empowering and disempowering ways,”39 and groups that recognize the agency of others as disempowered (and are well- and/or best-placed to help) can perform collective actions of care to overcome this.

I do not think this response is convincing because it does not form a valid argument. The first premise here is that individuals (and groups) can read the context of a moral situation and decide who is well- or best-placed to aid a dependent subject. The second premise is that individuals (and groups) well- or best-placed toward promoting the dependent’s interests, defined (at least in part) as promoting the dependent’s agency, ought to do so. But these premises do not necessarily entail the surrounding social and political conditions would be critically addressed. All that follows from the first premise is that moral agents are attentive to the details of their context for the purposes of establishing who is well- and best-placed to act to help dependent subjects. This says nothing critical about: (a) the surrounding social and political conditions this kind of deliberation would occur within; (b) how to determine what various power struggles and influences infest this deliberation, perhaps in unknowable ways to the deliberating participants; and (c) how to determine what various power struggles and influences have formed and shaped particular participants, which has predictably led them to be the well- or best-placed to care. These concerns are unfortunately not addressed in the second premise. Collins does not adequately clarify how the concept of “agency” ought to appropriately be defined, and therefore what would count as a suitable amount of agency for the dependent we care for. This leaves open the problem that the cared-for’s agency may be interpreted as sufficient for operating within their present social and political system, and, indeed, the carers themselves may never come to recognize the dependent’s agency is disempowered – the carers may be unaware of, or have developed false beliefs toward, the impacts institutional structures surrounding them may have. Collins may hope a critical element would manifest through an application of the dependency principle (and I am not saying it could never happen), but there are no built in critical components to the dependency principle in its current state to necessitate this conclusion will follow.

36 Collins, op cit., 28.
37 Ibid., 64.
38 Ibid., 131.
39 Ibid., 126.
Collins could emend the dependency principle to account for these issues, defining terms like “interests” and “agency” more precisely, and so on. But I think this route would fall prey to the criticisms of moral principles earlier presented by Noddings and Tronto. If moral principles are too general, they lack an informative action-guiding procedure for the specific moral situation at hand. Yet the more detailed principles become to make better sense of this specific moral situation, its generalizability is lost. T. M. Scanlon puts the problem this way: “finer-grained principles will create more uncertainty and require those in other positions to gather more information in order to know what a principle gives to and requires of them.” 40 There is little reason to think at present that the dependency principle is able to set itself apart from every other action-guiding principle care ethicists have also rejected. It is unlikely, therefore, that care ethicists would readily accept the dependency principle, when its current form leaves care ethics on shaky foundations as a feminist ethic.

II

None of the above arguments have yet to suitably undermine the dependency principle, given Collins primarily presents the dependency principle as a rightness-determining moral principle to justify all of care ethics’ key normative claims. As such, this is perhaps the most important aspect to concentrate on for whether the dependency principle is to be ultimately rejected or not. On my view, there are good reasons to think rightness-determining moral principles, like the dependency principle, should not be accepted within care ethics’ normative framework generally, because these principles distort and warp the inherent values care ethicists want to emphasize in good caring relations – both personal and non-personal. Inspiration to defend this kind of argument can be drawn from Held’s interpretation of care as practice and value, most prominently outlined in her significant book The Ethics of Care. 41 To get a general sense of what Held’s argument will be, we can first examine her response to Brian Barry’s discussion of care ethics and justice as second-order impartiality. In Justice as Impartiality, Barry addresses the justice/care debate through arguing that care and justice could be made compatible by the care framework slotting into an overarching justice framework. 42 This is plausible, for second-order impartial principles of justice work at the level of institutions, allowing for the partiality of relations (that care ethicists emphasize as morally relevant) to unfold at the personal level: “there need be no conflict” between the two moral frameworks. 43 Where Barry’s argument falters, Held responds, is his relegation of “care to the status of an optional extra for personal contexts,” with principles of justice given ultimate prioritization. 44 What this means is that care ethics is reduced to a domain that becomes relevant only after “the requirements of justice have already been fulfilled.” 45 The consequence is partiality is never genuinely permitted; all acts of friendship and love in moral situations are to be evaluated and justified through reference to an impartial principle, never the values identified with good caring relations themselves. 46 As Susan Mendus captures this thought, love and friendship “are what they are precisely because they are not underpinned by completely justificatory

40 T. M. Scanlon, What We Owe to Each Other (Cambridge, MA: Harvard University Press, 1998), 205.
41 Held, op cit.
42 Barry, op cit., Ch. 10.
43 Ibid., 237.
44 Held, op cit., 79.
45 Ibid.
46 Ibid., 80
If external justifications for these relations are given, they otherwise become warped and distorted versions of their pure embodiment.

While I think Held’s argument is on the right track, the above debate is not presently as efficacious as it could be because Held’s engagement with Barry’s work does not emphasize an important difference between moral principles of a second-order perspective (impartial justificatory principles for our everyday ethical lives, such as the dependency principle and Miller’s duty to care), and political principles of a second-order perspective (impartial justificatory principles operating at the institutional level, such as Kittay’s social responsibility to care). What Held seems to want to say is that care ethics should reject the prioritization of right-determining moral principles as providing justification for our moral acts; justification should instead be most clearly found in the cluster of values that emanate from the relation itself. Held says as much: “a satisfactory feminist morality should not accept the view that universal, impartial, liberal moral principles of justice and right should always be accorded priority over the concerns of caring relationships, which include considerations of trust, friendship, and loyalty.” But Held’s argument does not appear to apply to Barry, as Barry is not talking about second-order moral principles in his attempt to bring care and justice together. Barry’s understanding of second-order impartiality is derived from a construal of Rawlsian impartiality operating at the level of institutions. As such, Barry’s interpretation of care ethics is simply that it could be one valid kind of moral theory that could be utilized at the non-institutional level, consistent with second-order political principles dealing with broader issues of resource distribution and retribution. And, interestingly, outside of her engagement with Barry, Held allows some room for second-order political principles of justice; but, in contrast to Barry, these principles should operate within an overarching care framework. As Held writes, in the realm of law, “justice and the assurance of rights should have priority, although the humane considerations of care should not be absent.” These clarifications reveal what is really at stake in this debate: determining how and what kinds of second-order political principles could be derived and accepted through the resources of care, which may not reflect the same derivation method or principles Barry had in mind. That is a conversation for another time, however. For now, I move forward by interpreting Held’s argument to be addressing second-order moral principles only, such as the dependency principle.

We can now begin outlining a more precise understanding of Held’s argument for how we are to understand justifying moral actions in the values of relations themselves. For Held, care is both practice and value. Care as a practice is concerned with cultivating and sustaining morally worthy relations over time, with the morally admirable individuals involved having the ability to be attentive and effectively respond to contextual needs, build trust and mutual concern, and continually scrutinize and improve one’s care through the actual lived experience of caring itself. However, care is not a naturalized concept: “the ethics of care does not accept and describe the practices of care as they have evolved under actual historical conditions of patriarchal and other domination.” We can appraise and recommend what good caring practices should look like. This is done through cataloguing values identified as emanating through good caring relations, values “we decide as feminists to find acceptable.” These caring values, such as “trustworthiness,

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48 Held, op cit., 97; my emphasis.
49 Ibid., 17.
50 Ibid., 39. Though some commentators have seen this focus on caring persons as indicative of a kind of virtue ethic, Held emphasizes an important distinction: whereas virtue ethics exclusively focuses on the character of individuals, care ethics is primarily concerned with the moral worth of relations.
51 Ibid.
52 Ibid.
attentiveness, [and] responsiveness,” can be delineated and then extrapolated to evaluate the moral worth of all relations we hold. Obligation and justification for moral actions between people are then able to be grounded in “the particular persons involved and the relations between them, rather than [a] general principle.” Relations between persons can be criticized and called for modification when they become “dominating, exploitative, mistrustful, or hostile,” precisely because they undermine the flourishing of these caring values; Held’s perspective of care is therefore critically aware of relational asymmetries of power and influence. Now, there is unfortunately too little space in this paper for fully elucidating and building upon Held’s list of caring values and how they mesh together to comprehensively explain and justify our obligations to personal and non-personal relations (I hope to complete this work in future research). Yet to demonstrate the nonessential requirement for rightness-determining principles in care ethics, we need only explore one of these values as an exemplar: trust.

Trust emerges between individuals qua relational beings. As a value, it characterizes the expectation that person(s) in the relation will remain loyal, and not pursue dominating or hostile actions toward each other. Through gradual, iterated, successful caring practices, relations radiate the value of trust more intensely, enabling more intricate and attentive engagement between the individuals involved. As Annette Baier has argued in some detail, these activities of trust-building are mutually reinforcing, creating a “climate of trust” from which relations become increasingly meaningful to the individuals involved over time. Relations that exhibit these themes are good caring relations and therefore justified, given their flourishment. When this climate of trust is undermined through betrayal or deceit, however, the poisoned relation can be evaluated on its poor moral worth accordingly. Trust will therefore vary in strength according to various factors about a relation: its history, familiarity, goals, and so on. Though trust radiates most strongly from personal relations, it is not true that trust cannot be readily identified as a value even in our weakest non-personal relations. Even in meagre trustworthy states, there is still moral worth to evaluate: in our most trivial everyday scenarios (riding the bus, visiting the shopping mall) there is an underlying climate of trust that we will obey the law and not harm others. To ignore, refuse aid to, or worsen the plight or suffering of others when we are adequately capable of addressing their issues is to infect the climate of trust with these people, and therefore to engage in an immoral relation. This could have severe consequences: as Held writes, “to achieve whatever improvements of which societies are capable, the cooperation that trust makes possible is needed.” We therefore ought to take caring values, such as trust, seriously and are obligated to uphold them to the best our resources allow.

The question is how caring values, such as trust, can present a preferable image for justifying our moral acts than with rightness-determining moral principles. The following three examples will help draw the answer out, with specific comparison with Collins’ dependency principle. The first example examines a personal relation between a parent and a child. A professor

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53 Ibid. Held mentions more values, but trust, attentiveness, and responsiveness are the mainstay three, so I focus on them here for simplicity.
54 I remind the reader that I bound my arguments within care ethics’ normative framework. Held does says that other modes of evaluations could be utilized from outside the care ethical framework, such as values of justice (fairness, equality, and so on). Resolving how care and justice interact properly as values in ongoing in the literature, and there is not the space to engage with that debate here.
55 Ibid., 80.
56 Ibid., 37.
57 Ibid., 56.
59 Held, op cit., 42.
of mathematics is deciding whether to help their academically struggling child revise for their high school mathematics exams. What reasons obligate and justify why the professor should help? For Collins, the answer is straightforward: the professor is both well- and best-placed to help their child pass their exams. The professor would therefore not be justified in deciding to leave the struggling child to figure it out for themselves. Yet this justification does not really capture what is at stake in this scenario. Held’s perspective of care would likely agree with Collins’ conclusion that the professor ought to help their struggling child. But the justification for this professor’s responsibility to the child rather lies in the very fact of the parent-child relation itself, in the reinforcing of trust (and other values like attentiveness and responsiveness) toward the dependent other. The reason the professor is not justified to leave the struggling child revise by themselves is because this undermines the parent-child relation, subverting the child’s trust in the parent, and possibly infecting future encounters. Therefore, it is not because of the fact we are well- and best-placed to help that alone justifies why we ought to do so; being well- and best-placed is just instrumental to help reinforce the values of the relation (given the relational status). The intrinsic justification seems to be more accurately captured through reinforcing the values of the relation itself.

A second example concerns a non-personal relation between two strangers casually walking down the street. They pass each other, and one falls over by accident. Why is the other person obligated and justified to help the fallen person to their feet? The dependency principle suggests the obligation and justification lies in the fact that the other person is well- and best-placed to help them up. Held’s perspective of care recommends the same course of action, but the obligation and justification, once more, is found in the relation. Though the relation between these two strangers is not that strong, it manifests most explicitly through the acknowledgment of the other’s existence and their misfortune of falling over, gleaned through sympathy or empathy; more than this though, these two individuals are broadly connected through perhaps sharing the same culture, upholding the same laws, identifying as fellow countrypersons, and so on. The meagre kind of trustworthiness outlined above therefore exists here: the individual is obligated to uphold the climate of trust between citizens and civic associations, reflected even in the small gesture of helping the other up from the floor. They would not be justified to leave the person on the floor, given the refusal of aid at a nontrivial cost to oneself subverts this climate of trust, alienating subjected individuals, and infecting civic associations even in its own small way (this infection would become an epidemic if the person’s refusal to help was an act commonplace throughout society). Merely stating the obligation and justification is being well- or best-placed again does not capture what is fully at stake in this gesture, and moreover distorts the meaning behind the gesture itself. In other words, the dependency principle is unable to capture the ethical milieu that surrounds this moral act, and therefore why this act holds value. Being well- or best-placed is once more instrumental to helping the other, but the intrinsic justification lies in the values emanating from the relation itself.

As we begin to transcend further from our personal relations, a question may arise as to how far our relations can be legitimately said to stretch, and thereby how far our obligations to uphold caring values go. Noddings raised this concern when she commented that a good caring relation “requires the engrossment and motivational displacement of the one-caring [and] requires the recognition and spontaneous response of the cared-for.”60 The above example on non-personal relations began questioning how correct Noddings is here; if normative focus on what generates good caring relations is centred on the caring values it emanates, relations with moral worth can

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60 Noddings, Caring, 78.
take many forms in a variety of intensities. Noddings’ point is well-taken here though: such a normative focus is stretched if we ask what individual obligations we have to resolve problems that require collective responses over national and international distances, and how these obligations would be justified. How can we understand care in these much broader contexts? For the third example, I focus on what individual obligations emerge when collective responses are required for reducing terror attacks, given Held has also give this issue some attention.

While Collins does not comment on how the dependency principle may identify and justify certain moral acts to help counter international terrorism, we can interpret her answer to rightly say that everyday individuals alone cannot do that much – we are hardly well- or best-placed to help because we are without appropriate resources and good intelligence of overseas conflict. Perhaps if we are well- or best-suited to report a suspicious incident to the emergency services, individuals ought to do so. Instead, it is larger governmental institutions that are in a much stronger position to aid against attacks on innocent persons both at home and abroad, because they hold the requisite resources to have a broad and significant impact. Institutions take on their own obligation as a holistic body to this end, separate but made up of the various specific obligations of the individuals involved that work toward the institutions’ obligation to be fulfilled. Once more, Held’s perspective of care could reach this same conclusion, yet the premises leading to this conclusion again differ – perhaps, in this example, the difference is most notable. We saw in the last example that helping a stranger off the floor reinforces the climate of trust between these citizens. Ignoring this stranger alienates them, and damages the climate of trust. To extend this thought, moulding institutions to reflect and endorse caring values can foster civic bonds and connections, and can help reduce individuals and groups from becoming alienated from the society they seek to participate in. Indeed, good evidence suggests a generalized fostering of societal trust among people can occur through state funding of welfare programmes to overcome economic inequality, alongside the promotion of pro-social behaviour through young children’s curricula featuring social emotional learning programmes. Yet focusing on and building trust between citizens (and non-citizens) at the national level to aid against alienation can have positive run-off effects at the international level, especially with regards to diminishing and preventing the spread of terrorist networks across borders.

Marc Sageman’s research has demonstrated that international social networks spreading Salafi jihad are often formed by “alienated young men” finding commonality and mutuality within one another, who then “become transformed into fanatics.” Fundamentalist religion, though a string in the terrorist bow, is not the only relevant factor at play here for explaining why they become fanatics. It is important, Held writes, to be aware of the humiliation, deprivation, and mistrust that motivates individuals to support and engage in acts of terrorism: “We need to understand how governmental and economic policies damage and oppress persons and their cultures” – in other words, be attentive to the immorality of the fractural, alienating relations between subjugated citizens, their government, and the role interfering states may play in this context. Effective foreign policy here might therefore emphasize the need for rebuilding trustworthy civic associations to help reduce the motivations potential terrorists have to act. This is instead of foreign policy that recommends utilizing military advances to address terrorism. As

Louise Richardson writes, “states cannot translate overwhelming military force into victory over terrorists.” While subverting the appeal to joining terrorist groups is a wide-ranging recommendation, it inherently must include an institutional focus on reinforcing trust within negotiations between two (or more) sides and international judicial decisions. Of course, sometimes these solutions are impossible to fulfil, given the complexity of arbitrary features (such as political leaders of the time) and the steadfast position some terrorists will refuse to let up. Violence may sometimes be necessary as a response in these cases, but caring values continually remind us of the atrocities of military action; violence destroys while care hopes to nurture and create. The aim, then, is to prevent much of this violence before it occurs; “education, treatment, and negotiation” can usually preclude the need for violent intervention and best uphold caring values.

This example reveals how the personal is political for care ethics: the values that emanate through our personal relations can be extrapolated and utilized to evaluate non-personal as well as political relations, recommending how national and international institutions ought to be structured to best uphold good caring relations. Though an everyday individual may not directly be able to aid in terrorist negotiations, their perceptions and interactions with fellow citizens (and non-citizens) can work toward manifesting a climate of trust rather than a climate of acrimony. I obviously do not say that helping someone that has fallen over will stop terrorism; the point is this act represents and signifies a broader societal value that can manifest in all sorts of ways. Collins’ dependency principle overlooks all of this important detail through its abstract and acontextual nature.

A fuller response can also be given here to Noddings’ scepticism that good caring relations cannot succeed without personal engrossment. Noddings has accepted in her most recent work that it is possible to extend care to distant others through various institutions (such as those suggested above). Yet all this really can do is provide support to “the conditions under which caring relations can prosper.” While this could be interpreted as “caring-about” others, there lacks the concrete “caring-for” that emerges in personal relations: “Caring-about [is] a poor second-cousin to caring.” I contend that Noddings overlooks that the values found in our personal engrossments can be extrapolated to the political and international context, in the above ways I have described. If caring values takes the normative focus of care ethics, “caring-about” should not be interpreted as a poor second-cousin, but rather another means of expressing and upholding moral worth between states and their citizens over vast distances, where the personal engrossment found in “caring-for” is not immediately possible or plausible. Of course, much more needs to be said about what sort of national and international institutional structure caring values would recommend, but that investigation is for another time. For now, I only aim to show these institutional structures (whatever form they would take) can be justified by caring values themselves.

These three examples have hoped to go some way to demonstrating how we can justify our moral actions in the values that emanate from good, caring relations. If this argument is accepted, then I hope this gives reason to be sceptical that there is need for rightness-determining principles within care ethics’ normative framework. Before concluding, however, an important criticism remains to be addressed about this argument: what happens when relational loyalties clash? I earlier critiqued Collins’ dependency principle for being a poor action guider; the same criticism

67 Held, op cit. 128.
69 Noddings, Caring, 97.
might be returned, when certain moral situations create difficult choices between choosing to uphold caring values in one relation over another: choosing to spend more time teaching academically challenged students at work, rather than spending that time reinforcing one’s relations with one’s own child, for instance.\textsuperscript{70} What should be done here? How should our personal resources be best distributed? Before replying, I note that in my above arguments I never claimed trust as a value does \textit{all} the normative work. All I have hoped to show is the plausibility that caring values, \textit{such as} trust, are able to explain and justify the rightness of moral acts within personal and non-personal relations without the need for moral principles. There are clearly problems isolating trust in the way I have done, and focusing on this value alone here will not help answer this question. Let us reunite trust with its cluster of other values (such as attentiveness and responsiveness), and see how we can plausibly respond.

First, we need to properly contextualize caring values within care ethics’ moral epistemology. Care ethics is sceptical of the certainty various moral theories proclaim to offer in their resolutions of conflicting moral demands. Sometimes a moral dilemma is so severe, as with this clash of loyalties above, offering a “right answer” is dubious at best. Instead, care ethics stresses “sensitivity to the multiple relevant considerations in particular contexts,”\textsuperscript{71} offering moral guidance rather than moral micro-managing. This sensitivity and awareness is important, for there is hardly a clean dichotomy between recognizing a morally valuable caring relation and an immoral relation. There is plenty of interpretative space for trying to pinpoint exactly how morally valuable a caring relation is. Yet it is exactly this difficulty that buttresses the requirement for individuals to maintain awareness of the extent their relations do radiate and reinforce caring values. This is certainly not an activity that individuals carry out alone, though introspection is important. Open and frequent communication with the person one holds a relation with is vital, matched by improving one’s capacities to be increasingly attentive to this person’s needs. Where communication is not possible, conversing with others who may hold more expertise in promoting caring relations for certain people (such as with children or persons who have mental illnesses) help at least to offer some caring guidelines to prevent immoral relations occurring. As such, good, caring relations are an ongoing practice of cultivation. Caring values, then, while they indicate the sorts of obligations we have and why they are justified to fulfil, are ultimately justificatory guiding forces to help caring relations flourish in the long run. Moral life is not a game of choosing the right answer per situation. It is instead about shifting the moral value of our relation toward the good over time, learning through experience, and cultivating caring relations to the best we are able. In this, our ethical lives are much thicker and complicated than second-order moral principles (especially those without critical components, as I argued earlier with Collins’ dependency principle) would want to make out.

At this stage, the following can be summarized and concluded. Though I have only focused on the dependency principle in these above examples, the same arguments, I think, can be extended to all rightness-determining moral principles that attempt to be utilized within care ethics’ normative framework. Given their acontextual and abstract nature, rightness-determining moral principles cannot accurately capture what is morally at stake in moral situations for why we are justified to do certain actions instead of others. Interpreting the values of a relation as relevant insofar as a principle allows them to be misrepresents the intricacies of the context in which the principle is applied – in both personal and non-personal relations. If care ethics can alternatively utilize its own resources (in the guise of caring values) to produce justified moral conclusions that

\textsuperscript{70} Held gives this example in \textit{The Ethics of Care}, 97-98.

\textsuperscript{71} Held, \textit{op cit.}, 20.
resonate with our moral intuitions, while also allowing for a pure representation of the relational context at hand, then this position is preferable to utilizing moral principles within care ethics’ normative framework. Consequently, care ethicists ought to maintain their scepticism over the utilization of moral principles. This, I hope, has begun to get clear the role moral principles play in care ethics’ normative framework: none, as they are not needed.

III

There is one last question to be determined here: if care ethics’ identity is not to be captured through a unifying slogan or principle in the way Collins envisioned, how should care ethics be perceived? I join other care ethicists, including Held, Engster, and Maurice Hamington, in their view that it is better to understand care ethics as a family resemblance of various themes. Though Collins argues a lack of a unifying slogan is a disadvantage to care ethics as a coherent moral theory, this is a claim that does not hold under scrutiny. Take the major normative approach that care ethics most frequently engages with: liberalism. Liberalism is front and centre of Western analytical moral and political philosophy, but there is no one version of liberalism to engage with. Instead, there are a range of competing liberal perspectives that share similar normative commitments, like equality, freedom, toleration, and so on. A range of liberal theories emerge due to how differently these concepts are interpreted and thought to interact with one another. Care ethics, Engster and Hamington argue, acts similarly: the plurality of care ethical theories that exist are bound together through sharing their own kinds of normative commitments. That there exists a plurality of care ethical theories could even be considered a positive sign of maturity: “Theories tend to grow through a process of diversification.”

There is no need to search for a unifying moral principle, therefore: doing so stifles, rather than letting breathe, care ethics in its continual development. Indeed, Collins’ work is at its best through its scope of the literature for deriving the four normative claims she believes care ethics to have (though I questioned the representative value of claim two).

To defend the argument for family resemblance, however, we need to respond to the confusion care ethics has had with the inclusion of moral principles within its normative framework. Though Engster and Hamington’s list of care ethical themes is very similar to Held’s list, this confusion over moral principles is still reflected. Let us look at Engster and Hamington’s list of five care ethical themes before Held’s version, before exploring how this confusion can be resolved. First, for Engster and Hamington, care ethics has a relational approach to morality. Second, there is a focus on responsiveness to the other – particular and otherwise. Third, there is an inherent need to focus on context. Fourth, the personal is political. Fifth, emotions are informative tools in our moral deliberation.

Held’s *The Ethics of Care* also presents five care ethical themes. First, there is a focus on attending and meeting the needs of particular others. Second, emotions play have valuable epistemological role in our moral deliberation. Third, care ethics calls into question universal and abstract moral principles, preferring an emphasis on context. Fourth, the personal is political. Fifth, persons are relational and interdependent. As can be deduced, the key difference between these lists is Held’s greater emphasis on calling into question the role of moral principles within care ethics’ framework.

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73 Ibid., 3-4.
What is immediately apparent is that there is less confusion over care ethics’ domain than Collins implied. Held, Engster and Hamington converge almost exactly. Indeed, Collins’ own four claims derived from her in-depth study of the care ethical literature hardly deviate from the above two lists either (despite claim two). Yet to resolve this issue over moral principles, I propose the following. Given the argument of this paper, I side with Held that a key care ethical theme ought to be the eschewing of moral principles. This is for two reasons. The first is for the arguments I have given in this paper against the utilization of Collins’ dependency principle within care ethics’ normative framework. The second is that eschewing moral principles retains a major characteristic that initially set care ethics apart as a distinct moral theory, regardless of the criticism and implausibility it faced at the time. This characteristic refers to Gilligan and Noddings’ disputation that the “traditional moral point of view – universalizability, impartiality, and impersonality – [were] the formal criteria for what counts as moral.”75 There was in fact another moral voice, the ethics of care, that sought to identify a normative domain that did not require moral principles, and instead focused on the moral aspects of partiality, interconnectedness, and dependency. My hope is the argument from caring values defended in this paper holds the promise for fulfilling this original delineation of care ethics, while still being able to demonstrate how care ethics can explain and justify our obligations to both personal and non-personal relations.

In bringing these two reasons together, I end by claiming the argument from caring values I have defended straightforwardly lends itself to the understanding of care ethics as a family resemblance of certain themes. I have offered an interpretation of how caring values (particularly trust for purposes of this paper) is able to help determine and justify the sorts of moral obligations we have. Yet it is quite plausible – and welcome – for different authors to take these ideas and build upon them, providing different interpretations of trust that might be stronger than my own. Moreover, other authors may outline different types of caring values that trust is associative with, and thereby come to derive different sorts of obligations than the suggestions I have outlined above. Each of these interpretations will form competing ideas, but all will share the same normative foundations. In future work, I intend to outline a complete interpretation of caring values I hope others will accept; yet others’ efforts to present competing, interacting views alongside my own create a fruitful discursive environment, which can only help to develop care ethics further.

75 Pettersen, *op cit.*, 67.
Bibliography


Gilligan, Carol, *In a Different Voice* (Cambridge, MA: Harvard University Press, 1982).


Hamington, Maurice, “Care as Personal, Political, and Performative,” in Gert Olthuis, Helen Kohlen, and Jorma Heier (eds.), *Moral Boundaries Redrawn: The Significance of Joan Tronto’s Argument for Political Theory, Professional Ethics, and Care as Practice* (Leuven: Peeters, 2014), 195-212.


Scanlon, T. M., What We Owe to Each Other (Cambridge, MA: Harvard University Press, 1998).