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Extending Care

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UNIVERSITY OF MIAMI

EXTENDING CARE

By

Kristin E. Borgwald

A DISSERTATION

Submitted to the Faculty
of the University of Miami
in partial fulfillment of the requirements for
the degree of Doctor of Philosophy

Coral Gables, Florida

May 2011

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UNIVERSITY OF MIAMI

A dissertation submitted in partial fulfillment of
the requirements for the degree of
Doctor of Philosophy

EXTENDING CARE

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In recent years, sentimental care ethics has been developed and defended as a normative ethical theory alongside and in opposition to Kantian liberalism. Carol Gilligan introduced the idea of a woman's moral perspective that emphasizes maintaining relationships and responding to need, and saw it as a different way of framing moral issues. Care ethics is no longer associated only with women, and it is presented as a theory for both men and women that has its own distinctive accounts of ethical notions like justice and autonomy. These accounts have developed from analyses of injustice towards women and uncaring attitudes that they face in patriarchal societies, but ironically, care ethics has failed to discuss women's anger at their own mistreatment, and their inability to deal with that anger. This notable lacuna in the care ethics literature is of philosophical importance because analyzing the phenomenon of women's anger uncovers epistemic issues that have not been addressed. I discuss these epistemic issues in order to strengthen care ethics from within and extend it into other areas of ethics. My goal is to make care ethics a real contender among normative ethical theories and a truly feminist ethic.

For
Mom and Dad,
who always take care of me

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Chapter 1

Introduction

My dissertation focuses on the philosophical and causal implications of caring and the lack of caring. Care ethics comes out of the sentimentalist tradition, but recent developments in the field show that it is not purely emotions that give rise to moral actions. Michael Slote has recognized that cognitive components are also involved: autonomy and empathy mediated by background knowledge about how to properly care. Even Nel Noddings, the care ethicist who seems most purely sentimentalist, claims that one needs to gather proper knowledge about how to best care for others. My contribution to care ethics will be to claim that the theory needs to a greater extent recognize the cognitive components required for care. Additional epistemic elements have to be in place for authentic caring to occur: the ability to compare others' dependency and vulnerability on one for care, self-trust in one's judgments and knowledge, and consideration of some general principles. The epistemic arguments I will make not only strengthen care ethics, but also allow for a reinterpretation of Rawls's contractualism in sentimentalist care-ethical terms. I do not intend for my reinterpretation of Rawls to suggest he is mistaken. My intent is to show that it would be interesting for someone who prefers care ethics to Rawlsian or other forms of Kantianism/liberalism to see how care ethics allows a reinterpretation of contractualism in care ethical terms.

Before I begin I need to address an objection to sentimentalist ethics that motivates my project: emotions cannot be the entire story, the process of morals is twofold. We may respond immediately at the level of feelings and sentiments, but then we must take a second step as we decide *how* to act, care, and live. This second step

requires an exercise of self-trust, of thinking of yourself as worthy of your trust in how you decide to respond. This objection has a rationalist/Kantian tone: moral actions require one reflects on her moral choice. This is the kind of requirement that care ethics has argued against. If a man has to reflect on his choice to save his drowning wife, he is having what Bernard Williams describes as “one thought to many.” This demonstrates an incomplete form of love for his wife as well as inauthentic caring. Moral reflection in cases like this make for a cold and calculating view of morality, one that care ethics rejects. Not every caring act requires a reflective exercise of self-trust, and in some cases it would be strangely out of place when the focus ought to be on the other and not on the self. Ideal caring, according to Noddings, involves acting in a non rule-bound fashion on behalf of the cared-for; this is a general claim of care ethics, one need not rely on general principles when caring. She warns against treating morals in this two-fold manner. She claims the “original impulse” is often the one associated with caring, which presents the imperative “I must do something.” However, it is followed up with reflection or discussion of the perceived needs of the other, and the imperative changes to “something must be done.”¹ This shift from the subjective/ nonrational to a rational-objective mode is needed, but she warns that it has the “seed of a major error” within it:

“The danger is that caring, which is essentially nonrational in that it requires a constitutive engrossment and displacement of motivation, may gradually or abruptly be transformed into abstract problem solving. There is, then, a shift of focus from the cared-for to the ‘problem.’ Opportunities arise for self-interest, and persons entrusted with caring may lack the necessary engrossment in those to be cared-for...Those entrusted with caring may focus on satisfying the formulated requirements for caretaking and fail to be present in their interactions with the cared-for. Thus caring disappears and only its illusion remains.”²

¹ Noddings, p. 25

² *Ibid.*, p. 24-25

Rational-objective thinking is eventually required when we have to decide *how* to properly care. Rational-objective thinking is of limited and particular use in ethical choices, but this means that the process of morals is indeed two-fold. She places emphasis on the first impulse, and warns against premature switching to the second, reflective, stage:

“If rational-objective thinking is to be put in the service of caring, we must at the right moments turn it away from the abstract toward which it tends and back to the concrete. The rational-objective mode must continually be re-established and redirected from a fresh base of commitment. Otherwise we find ourselves deeply, perhaps inextricably, enmeshed in procedures that somehow serve only themselves; our thoughts are separated, completely detached, from the original objects of caring.”³

She articulates a danger foreseeable from her sentimentalist perspective, but fails to see a different danger that feminists have been pointing out: any theory that instructs women to focus on caring for others more than they already tend to do is debilitating. Noddings claims that when one is caring for another, one is engrossed in the other:

“This is the fundamental aspect of caring from the inside. When I look at and think about how I am when I care, I realize that there is invariably this displacement of interest from my own reality to the reality of the other...I must see the other’s reality as a possibility for my own.”⁴

Essentially, she is claiming that true or authentic caring requires the one-caring take on the cared-for’s interests as if they are one’s own. Taking on another’s interests as one’s own implies losing sight of one’s original interests (at least in that moment), one’s own interests, ultimately causing a loss of self-regard. Selfless women have been taught to defer to the judgments of others and always focus on the needs of others; both demonstrate a lack of care for women living in patriarchal society. This lack of care prevents selfless women from developing the epistemic personhood required to consider

³ Noddings, p. 26

⁴ *ibid.*, p. 14

and trust their own needs in care choices, and guilt trips them into inauthentic caring. I am not referring to authenticity as Sartre uses it; authentic caring means caring is done either (1) as an immediate response to the needs of others that does not require reflection, or (2) from an autonomous reflection, where one is not coerced into caring, for example, by patriarchal pressure. Noddings is often credited as being *the* voice of care ethics, but she is not the be-all-end-all of care ethics. Care ethics must give the rational-objective aspect of caring more weight than merely viewing it as “limited or particular” as Noddings does, requiring one to develop and consciously exercise self-trust in caring choices, including: (1) one’s judgments about others’ actual levels of dependency and vulnerability, balancing (1) with (2) one’s own needs, (3) one’s anger over the lack of unreciprocated care and/or under-functioning individuals in relationships, and (4) general self-regarding care principles. I am going to show in what ways these recommended additional cognitive components improve the place for care ethics among ethical options. My dissertation will address each of these requirements, and make use of them to bolster care ethics seen from within its own perspective, but also will show how to extend care ethics into other ethical endeavors like Rawlsian contractualism.

I want to mention some of the major criticisms care ethics has faced thus far, and the responses to those criticisms. I am not presenting a complete defense of care ethics, rather, I am taking a certain amount given and trying to develop things from there. The first criticism I will mention is given in response to any sentimentalist ethic: by encouraging and focusing on emotions rather than principles, one leaves out how emotions can be relied on for right actions. After all, emotions can lead one to wrong actions at times, they can flag or fail, they can be affected by negative moods, they can

lead the subject to be partial to those she has good feelings towards, and emotions cannot be included as moral motivation because they cannot be summoned before the mind the way principles or duties can be. Lawrence Blum answers these criticisms in his book, *Friendship, Altruism, and Morality*, by differentiating between altruistic emotions and “some other-regarding sentiments which involve weaker dispositions to act beneficently and which aim at less significant aspects of a person’s good than do altruistic emotions”⁵. Altruistic emotions are grounded in the weal and woe of others and can occur in the absence of personal feelings for the other. He claims that “a sympathy or compassion well grounded in an understanding of someone’s situation... is not necessarily undermined or even substantially affected by negative moods such as sadness.”⁶ Altruistic feelings are directed towards other people in response to their weal and woe—whereas personal feelings arise in response to their personal features. The object of an altruistic emotion is another person’s wellbeing for his own good, and this is a moral consideration. Personal feelings can fall short of this moral consideration in two ways: the qualities of the other person is the source of one’s liking him, which are not necessarily typically moral qualities; and the object of personal feelings for the person is not the good of that person.⁷ Blum claims the summonability objection is overstated. One *can* summon up feelings of compassion and empathy. But the worry remains that while we are always capable of bringing our duties before the mind, we are not always capable of generating sympathy for someone. The critic fails to recognize that just because we can summon up our duties, this does not ensure we will be motivated to act out those duties. This also assumes that one will summon up the duty in the first place,

⁵ Blum, p. 4

⁶ *Ibid.*, p. 21

⁷ *Ibid.*, p. 27

which may well never occur. Overall, Blum questions the significance of summonability as a necessary condition for moral motivation. Even if summonability is required, recent work by psychologist Martin Hoffman regarding induction as a way of developing empathy for others demonstrates that sentimental moral motivation can be summoned before the mind.

Another general objection to sentimentalist ethics is that pure emotions have no cognitive element, which is required for making ethical decisions. Care ethics has begun to address this concern, and require some cognitive elements. I mentioned above that Noddings requires one consider background information in order to best care for someone, and Slote discusses the significant roles empathy, informed by knowledge of the situation, and autonomy play in the theory. I will build on what has been said thus far, and insist that cognitive elements comprise an even larger part of the care ethics picture. I will also be addressing the objection that sentimentalist ethics do not place enough weight on principles. A similar concern, regarding specifically care ethics, is that basing everything on caring fails to account for principles that tell us to stop caring; deontology is not accounted for. Slote's recent work has addressed the concern about deontology, and has acknowledged that, "the ability to see deontology as arising from the sentimental side of our nature is crucial to the present attempt to give a caring-ethical account of the whole of morality," and he demonstrates that the "initially plausible supposition that deontological restriction necessarily involves the sentimental side of our nature being limited by some factor external to it" is mistaken.⁸ The generalist objection to sentimentalism is flawed from the start since Hume, the father of sentimentalism, thought that "artificial virtues," were required for our dealings with others, and in

⁸ Slote, p. 44

addition to our sentiments, considered the presence of conventional rules for the common good. The objection is relevant to care ethics, however, since Noddings and Slote have been claiming that one need not refer to general principles to engage in authentic caring- and ideally this is the case. But because this picture of caring is the *ideal*, I will be arguing that care ethics needs to include at least two general principles for the less-than-ideal, and also frequent, instances of caring.

Care ethics is also charged with committing the naturalistic fallacy- deriving and “ought” from an “is.” The focus on caring is empirical, and without value judgments how does one get the “ought” from merely empirical facts? Hume and Slote have shown how empathy is built into the meaning of moral terms. Gilligan, Slote, and now I will argue that by observing the devastating effects of the lack of caring, specifically how patriarchal society has failed to care about women, and making value judgments about both the effects and attitudes themselves, one derives how things ought *not* to be. It’s not the case that we observe caring (the way things are) and decide that is how things ought to be. Rather, we observe the effects of not caring, form the judgment that the lack of caring is wrong from our empathic feelings for those experiencing a lack of care, and claim that we ought to care in order to prevent these wrongs and engage in right action.

Liberalist/Kantian ethics acknowledges that care ethics can deal with issues about welfare, but not with issues of justice, autonomy, and respect. Care ethics has responded in a number of ways: Slote provides an account of justice in care ethical terms, and demonstrates how a morality of empathic caring requires one respect other people’s autonomy and not simply be concerned with their welfare.⁹ Noddings and Virginia Held claim that justice is an extension of caring; Jennifer Nedelsky and Marilyn Friedman

⁹ Slote, p. 57

have provided defense for relational autonomy that considers relationships and caring attitudes as central to the development of one's autonomy, the idea that we are second persons before first persons. I will continue this venture and provide a care ethical account of self-respect, which is respect for one's own autonomy, based on empathy.

Another concern about care ethics is that it puts such a premium on caring and therefore fails to include self-conscious reflection on one's desires; it does not point out that one needs to stand back from one's desires at times in order to make the right choice. This objection is largely in reaction to Noddings's insistence on always striving to be the one-caring, and enhancing one's ethical ideal to always want to be caring for others. Care ethics allows for self-conscious reflection and requires it. Even Noddings would agree that there are times where one must step back from one's desires to care for a person in order to reach a decision about what kind of care the person needs most. One example would be parents refusing to allow their grown son to continue living at home. The parents' initial desire may be to allow him to stay, to let him know he can always count on mom and dad to take care of him. However, when the parents reflect on their initial desire, they will realize that is not the best way to care for their son- he needs to be encouraged (or maybe harshly told) to leave home and start being more independent to have a life of his own. Another objection concerning emphasizing caring is that it downplays that moral obligation has an objective base. The same is true for virtue ethics which pushes for a characterlogical and motivational account of right and wrong. Despite this characteristic, virtue ethics is treated as a legitimate ethical option since its revival, so care ethics should not be discounted on these grounds either. Virtue ethics is also charged with failing to provide a practical prescription for action, something we

expect from our ethical theories, and care ethics has been accused of failing to be practical as well. Hursthouse defends virtue ethics against this criticism¹⁰, and Slote provides a defense for care ethics¹¹.

Martha Nussbaum provides the most crucial criticism against care ethics from the liberal feminist perspective, which is also central to my project: “Noddings and her allies risk turning some of the pathologies of women’s lives into virtues;”¹² Noddings’s appeal to selflessness is problematic. “The liberal tradition is profoundly opposed to the idea that people should spontaneously give themselves away without reflection, judgment, reciprocity... Liberalism says to let them give themselves away to others—provided they so choose in all freedom.”¹³ Noddings claims this is one thought too many: “love based on reflection lacks some of the spontaneity and moral value of true maternal love.”

Catherine Mackinnon and Claudia Card have questioned the value of women’s “instincts” to care, “suggesting that those ‘instincts’ are actually constructs of women’s subordination.”¹⁴ Mackinnon is skeptical of Gilligan’s claim that women speak in a different moral voice, the voice of care, and insists that “If you will take your foot off our necks, then you will hear in what voice women speak.”¹⁵ Nussbaum and Mackinnon’s criticisms combined create a powerful liberal objection to care ethics, the most damaging criticism from a feminist perspective. Their objection, however, is problematic from the start, and hollow when considering my insistence on cognitive components in care ethics.

¹⁰ Hursthouse, p. 158

¹¹ Slote, *Morals From Motives*, Chapter 2

¹² Nussbaum, p. 76

¹³ *Ibid.*, p. 74

¹⁴ *Ibid.*, p. 13

¹⁵ Mackinnon, *Feminism Unmodified*, p. 45

The objection is problematic because it calls for an incomplete form of love and care.

Nussbaum explains,

“in circumstances of traditional hierarchy... we surely should not assume that the sacrifices of well-being a woman makes are freely chosen, whatever account of free choice and autonomy we ultimately prefer...As Smith and Mill advise: let her love others and give herself away- provided she does so freely and judiciously, with the proper critical scrutiny of social norms. I believe this proposal, far from killing love through excessive male rationality, indicates the conditions under which love is a healthy part of a flourishing life.”¹⁶

While she is right in that this proposal does not “kill” love altogether, she fails to recognize that this form of love is incomplete. Subjecting one’s feelings to critical scrutiny distracts one from the feeling itself. This is problematic in caring relations: reflection on one’s love for the cared-for may stall care temporally, and if the cared-for recognizes this it may add to his suffering/need. It can also inhibit one’s ability to care to the best of one’s ability: critical scrutiny of the caring feelings requires a second step that is different from the second step I described above. Instead of reflecting on the caring feeling to decide *how* to act or care, Nussbaum requires one reflect whether this feeling is acceptable in the first place. This stalls caring and weakens the feeling, and thus stalls the motivation to care. While Nussbaum’s requirement for reflection distracts one from complete love/care for another, it is useful for my project. I am going to argue that selfless women do need to reason in this two-fold manner in order to develop their epistemic personhood, a term I will introduce and discuss in Chapter Three, and care for themselves. However, once they have achieved this sense of self-trust, they ought not rehearse this second step. In response to Mackinnon, it’s not only that patriarchy needs to take its foot off women’s necks in order to hear in what voice they speak; it’s that

¹⁶ Nussbaum, p. 77

women need to develop epistemic personhood and come to voice in the first place.

Women must check the source of their caring feelings and ensure that they are authentic.

Care ethicists have created a compelling ethical theory, but have left followers wanting more and given critics reason to dismiss the theory. Noddings, Gilligan, and Slote are three of the philosophers who have laid the foundation for care ethics.

However, each of these thinkers has left unanswered questions about applying the theory.

Noddings provides a detailed description of a care relationship, explains the benefits of the care approach to ethics, and suggests strategies to implement the care ideal. She fails, however, to clarify how to balance these care relationships, and how to handle conflicts between relationships. Noddings makes one attempt to discuss moderating relationship conflicts- she is clear about when to stop caring and remove oneself from a care relationship: only when the one cared for is a positive threat to oneself or her intimates.

But Noddings faces problems even in this small attempt to govern relationship conflicts.

She discusses the importance of engrossment, or being engrossed by another person, which helps one properly empathize and care for that person. If one is engrossed by another, she will have difficulty recognizing when that person becomes a positive threat to her or her loved-ones. This is a common problem, and is exemplified in a “Law and Order” episode, where a woman finally accepts that her husband is a rapist, “I should have seen the signs... my husband is a rapist.” But how could she see the signs when she was so engrossed in caring for him? This man is a positive threat to others- maybe not to her or her loved ones, but to strangers. This raises other problems for Noddings, like whether the woman should continue to care for her husband even though he is harming strangers. Who is the priority? The rapist husband or the strangers he might rape? The

woman might empathize with her husband because she is connected to him and loves him, but she might also empathize with the strangers, feeling the common bond of womanhood and being targeted for sexual assault. What should she do in this situation? Who should she care for? Noddings does not have an answer.

Noddings leaves questions about how we ought to prioritize our relationships unanswered, but also fails to explain how self concern fits into the picture. Noddings makes a brief comment, “if she is not supported and cared for she may be entirely lost as the one caring- so she needs no special justification to care for herself...If caring is to be maintained, the one-caring must be maintained- be strong, courageous, and capable of joy.”¹⁷ Noddings understands the importance of self concern, but she does not explain right action when one’s own needs conflict with an intimate’s needs or with larger humanitarian needs.

Gilligan attempts to address some of the gaps Noddings leaves, particularly how to address self concern¹⁸. Gilligan constructs a model for feminine morality comprised of three perspectives. In the third perspective, women develop reflective understanding where they begin questioning the rightness of hurting oneself, or sacrificing one’s needs for the benefit of caring for others. She describes the challenges in reaching this desired perspective in detail, where women who dedicate time to self concern are often accused of being selfish: “willingness to express and take responsibility for judgment stems from recognition of the psychological cost of indirect action to self and to others, and thus to relationships”¹⁹. The focus on relationships, not just being the one caring as Noddings

¹⁷ Noddings, p. 100

¹⁸ Gilligan does not explicitly state that she is addressing Noddings, but it is clear from her work this is what she is after.

¹⁹ Gilligan, p. 95

suggests, shifts the focus to both parties involved. In many relationships, the one caring does not experience reciprocal caring from the one cared for. By addressing one's own needs, one is happier and in a better position to understand and provide for others' needs. So, we gather from Gilligan that self concern is high on the priority list, and we must balance self concern with concern for others. But how high on the priority list is self concern? Does it come first, or second only to one's children? Or third after one's partner? How ought we balance our relationships with our own needs? By leaving this question unanswered, Gilligan leaves the possibility of utilitarian balance; the balance between self and other persons could conceivably be a balance between self and each other person. Balancing between self and others can mean one of two things: 1) you and any given person, or 2) you and the totality of people. Are we to balance our needs with everyone we know or everyone in the world? Moreover, how would this balance really work?

Michael Slote provides the most useful starting point for organizing care relationships. We can further develop Slote's framework to decipher how to act in ethical dilemmas. He argues for balanced caring between intimate relationships and humanitarian concerns: "balance governs how we (are to) treat people within the sphere of intimate caring; and some sort of aggregation governs our treatment of them within the sphere of humanitarian caring."²⁰ Care ethics involves at least two balancing acts. Slote claims that concern one has for her intimates will express itself in a balanced fashion. He also requires a balance between the whole group of people a person loves and humanity generally. This framework strategically fits in between Singer and Williams' extremes- it allows us to spend more time, money, and energy on our families than Singer and the

²⁰ Slote, *The Ethics of Care and Empathy*, p. 70

consequentialists would allow, while still requiring we spend a good deal of time and money on strangers (a sacrifice beyond what most people currently make).²¹

Slote argues that we move from aggregative partialism to balanced caring. In aggregative partialism, if we are told that we are to be ten times more concerned with our spouse than with a stranger, this implies that we neglect the needs of our spouse if we can save the lives of ten others- especially if this leaves our spouse alive and with a minimally decent life: “we will not be permitted to show (much) concern for those near and dear to us, given certain sorts of familiar assumptions about what we can do to benefit (the rest of) humanity generally. And such a conclusion is intolerable from love’s own standpoint.”²² Slote appeals to love as a central virtue of care, which supports a balanced caring instead of aggregative partialism:

“for balanced caring doesn’t allow love to be submerged within or swamped by other, larger considerations, and an explicit morality of such caring will then want to insist that widespread human need or suffering can at most only weigh against, or counterbalance, the importance that love has for us.”²³

The system of balanced caring supports our intuitions and tendency to be partial to our intimates. While his system is a step in the right direction, it does not specify how to balance these intimate relationships. Slote claims that love for intimates will express itself in a balanced fashion, but I will argue that this is not always the case, and often times we need to refocus our priorities.

Slote also goes further into the discussion of self concern, and I think he is on the right track. He suggests two possibilities. The first is that self concern be in balance with each of these other concerns (intimates and humanitarian): “someone whose actions

²¹ Ibid., p. 73

²² Slote, p. 75

²³ Ibid., p. 76

express or reflect some sort of balance among self-concern, intimate caring, and humanitarian caring acts rightly or permissibly, but s/he may also act permissibly and will indeed act supererogatorily if her actions reflect a *lesser* degree of self-concern than that just mentioned.”²⁴ The last part of this option is dangerous- one might slip into the selflessness that Noddings sets up and Gilligan warns against. Here, self concern can be out of balance in two ways: one makes for impermissibility and the other for supererogation. The second possibility that Slote mentions is to treat self-concern for one’s own interests not only as morally permissible, but morally required to balance against both intimate and humane caring for others. Slote is unsure of which approach is correct, but I will argue that the second is the best solution.

While Slote goes further than Noddings or Gilligan by pointing out the many factors that elicit empathic reactions, he has neglected the importance of dependency and vulnerability. I will discuss how empathy for dependency and vulnerability are relevant to care ethics directly in the next chapter, and argue for care ethics to include the other cognitive components mentioned previously in later chapters. I argue to include these cognitive components so that care ethics can be extended in at least two ways: internally by improving the structure so the theory can guard against the feminist criticism of selflessness and allow authentic caring to occur, and externally by extending care ethics into other areas of ethics and ethical notions like self-respect and contractualism.

²⁴ *Ibid.*, p. 78

Chapter 2

Empathy for Dependency and Vulnerability

In his recent book, *The Ethics of Care and Empathy*, Slote argues that empathic caring is the central justificatory theme in care ethics, and he defends the idea that right action is a matter of not acting in ways that reflect a lack of full-blown empathic concern for others. He cites various modalities of empathy such as being perceived or being contemporaneous that are supposed to simultaneously explain why we are more empathic to some harms than others and why we ordinarily judge this to be morally acceptable or good. My aim for this chapter is to identify the importance of dependency and vulnerability in and for an ethics of care and empathy because this is an important modality that Slote has omitted, despite all the many other things he says about the factors that elicit empathic reactions. In this chapter I will work through the difference between vulnerability and dependency, and claim that while both states affect one's level of empathic concern, dependency can elicit stronger empathy than vulnerability.

Differentiating between vulnerability and dependency

Robert Goodin argues that it is always “vulnerability of one sort or another that gives rise to special obligations.”²⁵ He uses vulnerability and dependency interchangeably throughout his book, but I want to differentiate between the two terms because I think each has a unique role in care ethics. Goodin describes vulnerability as being under threat of (emotional) harm; therefore, protecting the vulnerable is primarily a matter of forestalling threatened harms. A vulnerable person is powerless or has limited control over her situation. Definitions of dependency, on the other hand, include: (1) a state of relying on or being controlled by someone else, and (2) relying on something else

²⁵ Goodin, p. 35

for aid and support. The second definition of dependency is too narrow; a baby does not *rely* on a mother's breast- the baby *needs* the mother's breast. Dependency is a matter of degree, subject to the dependent party's ability to meet her need(s) other ways should the provider fail to meet the need. Dependency means currently relying on or needing support from another person; vulnerability is the loss of power or control or originally lacking power or control over some aspect of one's life. Vulnerability means being *susceptible* to hurt, not currently experiencing hurt. There is a more occurrent quality to dependency because one is currently requiring support from some other party- whereas with vulnerability, one is not necessarily in need of something from someone else.

Vulnerability and dependency are often used interchangeably, and I suggest that this is due to their common component of security. Mill and Locke both claimed that security is the most basic of all desires: in order to be happy, one must feel secure. This is not the case for those who value adventure, because part of thrill of adventure is being vulnerable to danger and/or obstacles. The relationship between vulnerability, security, and happiness cannot be simply that the more vulnerable a person is, the more insecure he is and therefore the more unhappy he is. An additional qualification is necessary: the person must be negatively affected (mentally or physically) by his vulnerability in order for his vulnerability to cause unhappiness and to elicit an observer's empathic distress. If a person's vulnerability has a positive affect on him, then an observer is less likely to feel empathic distress for the man's vulnerability. Slote gives the example of a motorcyclist who resents intervention that prevents him from riding without a helmet. The cyclist gets a thrill from living on the 'wild side' and feeling the wind rush through his hair. An observer may feel sympathy for the cyclist when he cycles without a helmet, for example

feeling bad for him that he is so careless with his life, but the observer would not feel empathic distress. On the other hand, an observer may empathize with the adventure-seeking cyclist's happiness brought on by his vulnerability, and feel empathic distress with him should his adventure opportunity be taken away, say if he is coerced into wearing a helmet.²⁶

Slote believes that it is possible to both empathize with the cyclist who wants to feel the wind blow through his hair (being vulnerable) and also insist that the cyclist still wear a helmet for his own good²⁷ - engaging in what I call paternalistic "fun-policing." This scenario is similar to Slote's other example in his discussion of paternalism and care ethics where a parent who forces her child to go to the dentist is justified because she can reasonably assume that when the child is grown, he will acknowledge and accept the caring aspect of her behavior.²⁸ The fun-police who require the cyclist to wear a helmet are also justified according to this brand of care ethics if they can reasonably assume that the cyclist, later in life, will acknowledge the caring aspect of their behavior. In both situations, the one-caring empathizes with the one-cared-for's distress over having to do something they do not want to do- go to the dentist and quit cycling dangerously. The ones-caring go against their current feelings of empathic distress in order to prevent future distress for the ones-cared-for should they not take the painful, but helpful preventative measures to ensure their long-term happiness: healthy teeth for the child and being alive for the cyclist.

²⁶ Slote has written a book (forthcoming from Oxford University Press) concerning adventure and security. Women traditionally value security whereas men traditionally value adventure. He examines the balance between security and adventure in a fully non-paternalist discussion of the human good.

²⁷ Slote, *Ethics of Care and Empathy*, p. 85

²⁸ *Ibid.*

The cyclist, however, may feel that his life is incomplete since he was prevented from cycling without a helmet, and he may hold the fun-police responsible for this void in his life; the fun-police have no reason to think the cyclist will ever accept the intervention even if it ultimately saves his life.²⁹

This presents a problem for an ethics of care that emphasizes good relationships as the basis for evaluating actions since “paternalistic interventions that will never and would never be acknowledged are morally forbidden.”³⁰ Slote is not sure that care ethics should go in this direction, and my use of empathy for vulnerability can be used to support his intuition. Empathic distress with someone’s long term happiness is of greater value than empathic distress over someone’s foolhardy dreams. Vulnerability in this sense involves empathizing with future-selves: the vulnerability to serious injury and possible death elicits more empathy than the vulnerability to unhappiness over unfulfilled foolhardy dreams.

This seems to go against much of existentialism. Preventing a daredevil from engaging in his dangerous hobbies would seem to prevent him from becoming the best he can be, or realizing his full happiness. Overall, I side with Slote and claim that care ethics has a great deal more thinking to do about paternalistic dilemmas such as this. Specifically, care ethics needs to say something about when adventure is foolhardiness and/or stupidity because that is the point when an ethics of care would support a

²⁹ Lehrer shared a fitting example with me from the philosophical life: “Norwood Russell Hanson who enjoyed not only powerful motorcycles but flying fast airplanes and doing stunts with them. It is the way he wanted to live. He ultimately died in a crash as he was flying to Cornell to give a lecture in bad weather. Danger, and the vulnerability contained therein, were essential to his happiness. He also was a boxer. As you listened to him, you did not feel that you should intervene to protect him from vulnerability. Indeed empathy for him implied that you should accept what he was doing, for it was essential to what he was as a person. We can have empathy for daring to make oneself vulnerable to live the way one wants.”

³⁰ Slote, p. 85

paternalistic intervention. Vulnerability makes a moral difference because when a person's vulnerability causes her distress, an observer will feel empathic distress for her—the level of which depends on the vividness of her distress. In paternalistic cases like that of the cyclist, the empathy for his potential distress should his vulnerability be realized ought to be weighed in order to determine whether or not paternalistic fun-policing is the best way to care for him.

Let's return to the idea that security is the commonality between dependency and vulnerability because it will enable us to better understand the difference between them as well. One can be vulnerable without depending on anyone for support or aid. A paraplegic after a holocaust is vulnerable to the environment, but not dependent on anyone nor himself. This example suggests that vulnerability is a larger condition than dependency. Dependency entails vulnerability. When you are relying on someone's care there is the potential danger of them not caring; you have little to no control over that person's decision to care. It may be the case that symmetrical vulnerabilities in your relationship allow you to *feel* more secure in the other person's ability/willingness to care, but you cannot ensure this will be the case. You trust that the other person will come through for you. Goodin claims that the most important feature of friendship, and I would add any relationship, is trust. He goes on to point out that to trust is to depend, and to become dependent, or *at least* vulnerable, so he would agree that vulnerability is a larger concept than dependency. Friends have unique opportunities to hurt each other, "in friendship Self is known to the other more completely than in other relationships. Such openness implies great vulnerability...there is no one who is as vulnerable to the

actions of Self as a friend.”³¹ I may not currently be depending on friends for aid, but I am presently vulnerable to my friends’ potential actions or inactions towards me.

Relationships entail vulnerability but not necessarily dependency. Someone may object to this last point by claiming that in relationships we feel a need for the presence of the other, as with certain forms of love, and so depend on their being around for our happiness or peace-of-mind. While this is the case for some relationships, again, it is not necessarily the case for all. Many of my friendships are maintained loosely because of their long-distance nature; I am vulnerable to these friends should they fail to respond to my phone calls or emails, but I do not need their presence in order to be happy.

I want to conclude this section with a brief discussion on awareness of one’s dependency and vulnerability because in the next sections I will claim that this affects an observer’s level of empathy for the person, and therefore makes a moral difference. In being dependent, one needs something in order to feel secure. One may or may not be consciously aware of one’s dependency; if the need is being met, one is less likely to be aware one’s dependency because one’s security remains intact; one is unaware of her vulnerability to that person. When one is made aware of one’s dependency, one is made to think about one’s insecurity (vulnerability) should one’s need(s) not be met. Recall my definitions of dependency and vulnerability: dependency is currently relying on or needing support from another person, and vulnerability is the loss of power or control over some aspect of one’s life. When asymmetrical vulnerabilities exist in a relationship, and the vulnerable party is exploited, then that party is more likely to be aware of her lack

³¹ Goodin, p. 97

of control/power over some aspect of her life; she is made to feel insecure, and that insecurity negatively affects many aspects of her life. This can elicit stronger empathy from others.

Vulnerability and Empathy

An observer's empathy for a vulnerable party is influenced both by the vulnerable party's awareness of and attitude toward his/her vulnerability. I think one will empathize more with a person who is aware of her vulnerability, than with someone who is unaware of her vulnerability. In the latter case, one is more likely to feel sympathy for the person than empathy. Women's awareness of their oppression is one way to illustrate my point. During the 2004 presidential election, I went door-to-door canvassing in a white-middle-class neighborhood to inquire which candidate voters were likely to vote for. At many homes, I was only able to talk with predominantly house-working wives since wage-working wives and husbands were still at work during the hours I canvassed. Some of the women I talked with had no qualms about discussing their thoughts on the upcoming election, but some others shied away from discussing their political views with me. The women in the later group would not comment because their husbands were the ones who "made the political decisions in the house." Being the idealistic young feminist that I was at the time, I was stunned by these women's responses. I wondered, "Could they not think for themselves?!" While this was my general reaction, I found myself feeling sorry for some of them more than others. These women were essentially saying the same thing- that they weren't going to answer my questions- but there were minute differences in the way they refused my questions that affected my feelings towards them.

Some women turned me away matter-of-factly with responses like, “you will have to come back when my husband is home because I don’t deal with the political stuff.” I didn’t feel empathy for these women the way I did for those who responded timidly with something like, “I’d better not say anything until my husband gets home.” In the moment I felt contempt towards the women who assertively turned me away, but upon reflection I felt bad for them because they couldn’t make their own choices about politics. These women are vulnerable to their husband’s choices- their voices lack the power necessary to be taken seriously- for reasons unknown to me. Yet, they also seem unaffected or unaware of this vulnerability, which if anything, angered me more than saddened me, and prevented strong empathic connection with them. Hoffman and Slote point out that we have less empathy when we feel an unfortunate state is the fault of the person in that state, so causal histories are relevant to empathy. I will bring this up again at the end of this chapter, but for now I will just say that in this case I thought it was the women’s fault that they did not question their husbands’ opinions.

My reaction to the women who responded submissively was very different. Some of them would begin to think about my questions, but then become fearful when they realized they were giving their own opinions, as if their husbands would be upset with them even considering responding. I even had one woman begin to tell me about her thoughts on reelecting President Bush, and then stop suddenly with “you’d better come back in an hour and talk to my husband,” and then closed the door before I could coax a complete answer out of her. I felt empathic distress for this group because these women were aware of their vulnerability to their husbands. They knew that if their husbands

found out they answered my questions, there would be negative consequences of some sort. It was clear that the men of the house made the political choices, and that the women were powerless on such matters.

The women that I felt the strongest empathic connection with were the ones who seemed to want to answer, but were pained- not afraid- that they felt they couldn't. They understood their vulnerability, and not only felt powerless, but felt distress over their lack of control. Their predicament was more vivid to me than any of the other types of women I came in contact with that day, and I wanted so badly to do something for this group more than any other. Their painful attitudes toward their vulnerabilities elicited the strongest empathy from me.

Empathy for Dependency

I have discussed how recognizing another person's vulnerability can elicit empathy and therefore motivation to care for him/her, but I need to address how awareness of another person's dependency can do the same. Dependency has a more occurrent quality than vulnerability, and can elicit stronger empathy than vulnerability. Someone's current need to avoid harm that is actually threatening them (dependency) elicits stronger empathy than someone being susceptible to harm (vulnerability). Degree of dependency is something we cognitively and then empathically register, so the differing strengths of such registered empathy should affect the strength of our motivation vis-a-vis different people, and this naturally flows into actions that favor those more dependent on us (other things being equal). In the remainder of this section I will discuss different factors that determine levels of dependency, and I propose that the higher the dependency level, the more empathy one feels for the person.

Age of the one cared for is an important factor for determining one's level of dependency. A person relies exclusively on others for survival in the early stages of life, and less as she gets older and is able to care for herself. Children are more dependent on others than teenagers are. A parent who must choose between watching his three year old and taking his fifteen year old to her soccer game ought to choose the three year old when he considers that the child is totally dependent on the parent's care, while the teen is capable of finding another ride to the game, or walking there. The elderly are also very, if not completely, dependent on younger adults' care. As one's parents age, those relationships ought to become more of a priority for young adults because one's parents' dependency on him in particular ought to elicit empathy. A dependent's physical and mental health also factors into one's level of dependency. A couple who has one healthy child and one handicapped child will dedicate more time and energy to the handicapped child because she is more dependent on them for basic care. This does not mean the parents love that child more than the healthy child, but that the handicapped child requires more attention to survive.

Slote has argued that we are in a better position to care for those who are physically closer to us because we more easily empathize with them.³² We are more capable of addressing their needs than we are of someone in a foreign country. We have a responsibility to help those physically closest to us because we see them suffering, we feel more connected to them, and are in a better position to care for them instead of caring for someone far away from us. The immediacy of their dependency on us in particular fosters a stronger empathic connection. Slote's ideas about the role distance plays in empathic connection require some qualification when we factor in dependency

³² Slote, pp. 22-27

needs. Consider a parent with two children in college; one chooses to stay at home and attend a local university and one ventures across the country to attend school. Both of the children are experiencing a period of depression; both children are equally dependent on the parents' care. Judging from Slote's distance discussion, he would argue that the parents will empathize more with the child at home than the child away at school because of the immediacy of the stay-at-home child's suffering. Peter Singer has argued that distance is irrelevant in ethical responsibility, especially in our technologically advanced world, and I think his point requires qualification as well. Singer is right when we apply his point to the current example: the parent's phone conversations with the child away at school will make his struggle with homesickness very real and immediate to the parents. The distance factor produces the opposite of what Slote suggests because while the parents love both children equally, they empathize more with the child far from home because he is in greater need; he is separated from his family making his depression worse. Singer's point, however, doesn't seem to work when we apply it to questions about humanitarian caring and dependency, and I think this is because dependency depends on some kind of personal or at least more direct connection than what is involved with humanitarian caring. If I go to Africa and start ministering to a given child, then it depends on me more clearly than previously. Such children depend on others' care, but that would be dependency on a whole group or class of others, not on me in particular. Knowing that starving children in Africa are dependent on a whole group

of others elicits some empathy for them, but not to the same extent that someone's dependency on me in particular will.

Responding to levels of dependency can also come out of balance. A humanitarian may get caught up in fighting disease in a third world country, helping people who depend on his care, and dedicate more of his time and resources to the cause than he should have. Thus, he neglects his other relationships in the name of this one humanitarian cause. But, he might argue, these people suffering are completely dependent on others for help; they can do little to help themselves in their impoverished state, so it is his ethical duty to meet their needs. He fails to understand that it is everyone's duty to help, not just his. He has other duties to those in his intimate circle, people who are dependent on his particular care, whereas the starving people rely on the totality of affluent people for help. He lacks empathy for those who really depend on his care, but since this is an unusual case it does not make one doubt that empathy usually follows dependency. I think the person who is too involved with caring for strangers is both subject to the error of thinking the strangers depend more on him in particular than in fact they do, and an insensitivity to his intimates who depend on his care. The film "Erin Brockovich," based on the true story of an environmental activist legal clerk, exemplifies both the error and the insensitivity. Brockovich works for a firm that is representing the residents of a nearby town who have been suffering from a wide range of physical maladies brought on by a contaminated water supply. She empathizes with the clients, but becomes so wrapped up in their plight that she develops an insensitivity toward her intimate relationship with her partner and neglects her children. Brockovich commits the error in judgment that the strangers depend more on her in particular than

they in fact do. Sure, they need someone with legal expertise to listen to their story and act on their behalf since they lack the legal education to help themselves, but not necessarily Brockovich. I should note that as the story plays out, the plaintiffs do come to depend on Brockovich in particular because she is the only person on the legal team who is able to empathize fully with their troubles, giving her the motivation to solve each objection raised by their corporate opponent. This goes along with what I will say in the next section about bystanders' empathy for dependency.

One last factor influencing level of dependency to include is whether the one cared-for has others caring for him. I grew up next door to an elderly woman, Dottie, who suffered from emphysema, heart trouble, and obesity making her daily tasks very challenging, if not impossible. Both of her children were grown and lived out-of-town, so Dottie depended mostly on her neighbors to care for her: to check her oxygen tank, take her grocery shopping, check the furnace, and any other household chores Dottie could not do on her own. My mother continued to care for Dottie even though my mother had many other care priorities. When Dottie's daughters decided to hire a live-in nurse to help their mother, my mother no longer spent as much time caring for her. My mother continued to visit Dottie because she had become dependent specifically on my mother for care and attention. My mother's feelings about caring for Dottie shifted from, "She needs me to take care of her," to "someone else is better able to take care of her, but she still needs my company." Dottie no longer needed my mother to meet her dependency needs, but she did need my mother's friendship. When a person has many people caring for her, she may still need one particular person or certain people to care. Not only is the person dependent on others for care, but she may be particularly

dependent on certain people's attention. A handicapped child who lives in a well-staffed facility with nurses' care around the clock, still needs his parents/family to care for him- to visit and spend time with him in order to keep him connected to his loved ones. Empathy for dependency and vulnerability are both operating in this case: the family empathizes with his *need* for connection with his loved ones to continue, and they empathize with his susceptibility for feelings of alienation.

Empathy for dependency also influences how we handle our care responsibilities to strangers. There are times when a stranger might be totally dependent on someone for help, i.e. a stranger is drowning right in front of you. That stranger is completely dependent on your help. You may not feel connected to this person, and you certainly do not have a relationship with this person beyond the current situation, but they are dependent on your care, and you ought to help. If we manipulate the scenario to have one's child drowning and a stranger drowning, we cannot simply rely on level of dependency to help us decide what the right action would be in this case. One ought to save her child first because one is connected to one's child and loves one's child. Love and connection function as a tie-breaker if empathy for their dependencies are equal. A parent, hopefully, would not have to think through a justification to save her child over a stranger, but this reasoning justifies her decision, and can be used in other ethical dilemmas to determine what would be the right action when people's needs conflict.

An ethics of care and empathy must determine whether this proposed system is actually how empathy would motivate one to operate. Slote believes that a person with fully developed empathy can rely on her empathy to guide her in making care choices. In order to fit my ideas about dependency into an ethics of care and empathy, we must

determine how dependency affects empathy. Psychologist Martin Hoffman suggests one role of dependency in empathy: when there are bystanders to someone's distress, a given person may not help the person in distress because of the diffusion of responsibility that exists in the situation.³³ He implies that a given person's empathy will not be as likely to issue into action in such a situation. Hoffman never says, and seems to deny, that there is less empathy when one is a by-stander with others, whereas I want to affirm that idea and use it for moral purposes. I generate my alternative take on empathy and dependency from the distinction between dependency and vulnerability. Consider two scenarios: you are the only person around to save a drowning victim, and there are twenty additional people capable of saving a drowning victim. In both cases, the victim is equally vulnerable: she lacks the power/control to save herself. However, the victim is less dependent on you when there are twenty additional people around; she needs *someone* to help her, not necessarily *you*. Jonathan Dancy argues that this does not make a rational difference, but I am arguing that it does make a moral difference because of empathy. On my view, empathy itself is likely to be less strongly aroused because of the bystanders and the awareness that any given person could help. As a bystander you feel some empathy when made aware of the victim's general vulnerability, but the more dependent the victim is on you in particular, the greater the sense of danger you feel for her. Eventually, if you see that no one is responding to her need, then you start to feel the immediacy of the danger and you begin to feel that the victim is depending on *you*. Returning to the film example, Brockovich came to realize that she was the only person on the legal team seemingly capable of empathic response to the plaintiffs needs, so she became more heavily involved with their case. If she acted too late or bystanders in an

³³ Hoffman, p. 33

emergency situation act too late, this exemplifies underdeveloped empathy and a lack of care- a moral failure. The quickness of the response will depend on how empathic you are. Kitty Genovese's stabbing death outside her New York apartment is an example of moral failure due to lack of empathic concern: when the attack is first heard by the bystanders, they [hopefully] felt some sense of danger for her, but knowing there are many others available to help curbed their sense of urgency to act. However, as her screams continued, evidence that no one was acting to help, the urgency of her situation and her dependence on each person in particular should have affected the bystanders' empathic response to her. The proper empathic response at that point should have been, "no one is helping her, *I* have to help her." Hoffman does not deny this, but does not explore the phenomenon either. Once you have the concept of empathy, the phenomenon of diminished empathy where there is less dependence on a given person, is both possible and likely. The conceptual/moral psychological point about how dependency increases empathy seems to go deeper into bystander phenomena than what Hoffman suggests.

Hoffman hypothesizes that a person's general life condition, how he comes to be dependent on others, also affects the level of empathy one has for that person.³⁴ If someone brings misfortune upon themselves, one might have a harder time empathizing, or one might be justified in dedicating their care energies elsewhere. One might be required to care for people who depend on them for reasons that were out of their control. I am suggesting that care ethics embrace a backward-looking notion of empathy.

Consider another example: I see a former friend, who wronged me, stranded on the side of the road having car trouble while cars drive by ignoring him. He is dependent on me, and I am made increasingly aware of this as I watch other cars neglect to stop and help

³⁴ Hoffman, pp. 80-6

him. Goodin would argue that I stop and help him since I am supposed to take positive action to prevent harm from befalling someone who is particularly vulnerable to my actions. But I am not very motivated to stop and help him considering the disrespect he has shown me in the past. I am thinking, “that’s what the jerk deserves.” Goodin would require I overcome these thoughts and help him since, “the need, dependency, or vulnerability of the victims- not their moral deserts- is what dictates” responsibility.³⁵ An ethics of care and empathy needs to say otherwise; a backward-looking notion, tied to causal histories, is relevant because it affects the level of empathy one feels for a person. Background information about one’s relationship with the person is relevant. Goodin harshly rejects this idea claiming that “to suggest that those others should stand idly by and watch people reap the bitter fruits of their own improvidence is surely absurd...they are instead, enormously vulnerable to the actions and choices of particular others for getting them out the mess.”³⁶ Goodin’s consequentialist take on the matter sounds very much like Noddings’s insistence that one always strive to be the one caring, even if the care is not reciprocated or deserved³⁷. This will be devastating for selfless women whose care is exploited, and I think, does not fit with an ethics of care and empathy.

I have hypothesized quite a bit about the relationship between dependency and empathy, and psychological studies are needed to test these hypotheses. Psychological research concerning the relationship between empathy and dependency is sparse, but one study concerning empathy, dependency, and sharing provides some support for my overall point about the role of cognitive components in the ethics of care and empathy.

Tabor and Shaffer investigated the effects of the recipient’s need for assistance on

³⁵ Goodin, p. 133

³⁶ Goodin, p. 129

³⁷ Unless one’s life, or one’s dependents’ lives, are at stake

children's prosocial behavior.³⁸ Overall, they found "the relationship between subject's empathy scores and their latencies of responding to the emergency was significant for only the older (i.e. 9-10-year-old) children."³⁹ Tabor and Shaffer attribute this difference to the fact that young children are not exposed to others' emergencies as frequently, and therefore may not have learned that their own helpful responses in such situations will help others in trouble. I would add that the older children have been taught to help others in need or have been in situations where they can reflect on how they have helped another person who depends on them for care. The authors call for additional research concerning dependency on the benefactor.⁴⁰ Shirley Miller has researched the interrelationships among empathy, dependency and sharing,⁴¹ but her study focuses on emotionally dependent persons as the ones caring. I've been discussing caring for dependent persons, but Miller's study concerning the reverse situation is relevant to my discussion of selfless women to follow in the next chapters. In her conclusion, she notes that research relating dependency to empathy is nonexistent in the literature, and that further research into this area may be worthwhile. Empirical studies must be conducted in order to fully understand the interrelationships between empathy, dependency, and care.

Summary

Recognizing another's vulnerability and or dependency is an important cognitive step in the process of caring. This sheds some light on how one ought to balance caring responsibilities and choices, which care ethics has yet, and needs, to clarify. The

³⁸ Tabor and Shaffer, p. 163

³⁹ Ibid.

⁴⁰ Tabor and Shaffer, p. 169

⁴¹ Miller, 1979

concepts of empathy for dependency and vulnerability will play an important role in strengthening the theory internally when applied to selfless women's oppressed condition, which I will discuss in the next chapter and attempt to resolve in Chapter Four. I will bring all of these themes together in my concluding chapter to show what is required of care ethics if it intends to be a real competitor among normative ethical theories.

Chapter 3

Women's Anger, Epistemic Personhood, and Self-Respect

Overview

This chapter includes what I see as my major contribution to care ethics: focusing on the importance of epistemic self-trust. I argue that an ethical caring person is one who fosters self-trust in others, and that one needs self-trust if one is to embody our deepest ideal(s) of self-respect. I draw attention to what has previously been neglected in the literature of care ethics, namely, the role of victim anger, especially women's anger. I maintain that because women fail to accept and deal with their anger, they are unable to develop the cognitive capacities that would enable them to appropriately care for others or themselves. I then argue that certain epistemic elements have to be in place in order for someone to accept and articulate their anger, and that selfless women lack these epistemic tools. The epistemic arguments I make will not only strengthen care ethics, but also enable care ethicists to account for things that they could not before. I argue, for example, that my account of the importance of epistemic self-trust and related epistemic elements has critical bearing on what other theorists, notably Kantians, say about self-respect.

I will begin by pointing out the basis for women's anger, which I will derive from the current care ethics literature. Gilligan describes how women's voices, meaning their own interests, desires, and needs, are ignored by others. The patriarchal pressure and expectation for women to be selfless, to always focus on caring for others and not themselves, creates this neglectful attitude towards women's happiness and wellbeing. Slote argues more normatively that women have been treated with a lack of respect and therefore unjustly, and Gilligan now agrees with him. This is because women do not

trust their own judgment.^{42 43} Patriarchy causes women to doubt their judgments regarding their self-concerned desires by encouraging cognitive deference and selflessness. I want to add to the point that although this mistreatment makes them angry, they do not trust their judgment enough to see that they are angry and have reason to be angry. This self-doubt also makes them doubt their own desire for their own good; if they aren't really sure of what they want, they are likely to defer to the desires of others and not take care of their own needs. I want to press the point that selfless women do not epistemically trust themselves; they are left caring only about what others want, not what they want, because they cannot recognize or acknowledge their anger over their own mistreatment or their own aspirations for their own welfare, and because their judgments have been treated cavalierly. There are two steps here: first, their judgments are disregarded or treated with contempt, which tends to make them distrust their judgments; and second, given that they are also angry with how they have been treated but cannot recognize their own anger, it is easier for the anger to make them less practically effective. In particular, it explains why they will probably not effectively resist their mistreatment. The epistemic failure leads one not to act on one's own aspirations and desires and treat those desires as if they did not exist. The failure reflects a lack of what I shall call "epistemic personhood," a concept that I will develop and discuss in the first

⁴²My use of self-trust is inspired by Keith Lehrer's book *Self-Trust*. He describes self-trust as the "keystone" in our reasoning process. A keystone is a wedge-shaped piece at the top of an arch, which holds the other pieces of the structure in place. Self-trust is the keystone of reasoning because it bolsters one's acceptances and preferences: "I trust myself in what I accept and prefer, and I consider myself worthy of my trust concerning what I accept and prefer." (Lehrer, *Self-Trust*, p. 5)

⁴³Erik Erickson claims trust is the first stage in healthy human development: "the general state of trust...implies not only that one has learned to rely on the sameness and continuity of the outer providers, but also that one may trust oneself..." (248). He focuses on parents enabling their children to trust their environment and themselves, but fails to discuss how patriarchy undercuts basic trust in one's world; this is a significant lacuna in his account.

section of this paper. I am claiming that selfless women are epistemically oppressed, and care ethics must address selfless women's lack of epistemic personhood in order to be a truly feminist ethic.

Women's Anger and Epistemic Personhood

Women have been damaged by the patriarchal expectation of selflessness, and this damage is reflected by their tendency to sacrifice their own wellbeing for that of others. As girls they are taught cognitive deference, trained to discount their own judgments and rely on those of their parents/elders⁴⁴. A young woman may be told, "you don't want to be a doctor dear, you really want to be a nurse." This is a way of denying she has the desires she thinks she has, and so makes her doubt herself. This is also a way of making her serve the desires of others, in this case those of her parents. Most women are brought up in cultures where it's generally believed that women are more caring than men and that this is an essential part of their worth. A "good woman," after all, is one who puts the needs of her family first, and does so without a fuss; meaning, she serves the needs of others without complaining about her own needs being met or existing at all. Many women, as a result, exhibit a selflessness of unassertive agency; they cannot express or assert their own needs, wants, or emotions⁴⁵; otherwise, they are accused, and often times by themselves, of being selfish and risk being considered a "bad woman." Someone might try to argue that this pressure to be selfless is not that damaging, meaning it's easy to resist it and not take it seriously, especially now-a-days since women "have come a long way." But anyone who doubts the strength of the pressure to be selfless, and

⁴⁴ Nelson, p. 92

⁴⁵ I'm not claiming that all self-sacrifice is based on epistemic selflessness; as, for example, the secure self-assertion of someone like Gandhi makes clear.

claims that “it’s all in their heads,” is mistaken because, as Sandra Bartky points out, “anyone who believes that such concerns are too trivial to weigh heavily with most women has failed to grasp the realities of the feminine condition.”⁴⁶ I should point out though, that the phrase, “it’s all in their heads,” is in another sense right on track. Being told to always put others’ needs before one’s own, and being told one’s own desires and needs are not important is frustrating and makes one angry. But women’s selfless condition makes it difficult, if not impossible, to accept their anger because that would require they focus on themselves and not others. And not being able to accept and assert their anger for fear of not being taken seriously (because women supposedly want to focus on others) or being labeled selfish then compounds their anger. So, in a very real sense, it is indeed, “all in their heads.”

Gilligan and Slote do not consider the role anger plays in all of this. Katherine Hayles noticed this gap and criticizes Gilligan for failing to account for women’s anger in her discourse on moral development.⁴⁷ Hayles notes that in the face of injustice, “the natural response is anger, but there is no authorized channel for this anger [for women]...so the anger builds up until it finally bursts its bounds and overflows.”⁴⁸ When analyzing one of the women in Gilligan’s study, Hayles says that “the word Gilligan uses to describe Jenny’s state is ‘suspended,’ a feeling she says women have when they are torn between ‘an ideal selflessness and the truth of their own agency and needs.’”⁴⁹ Hayles points out that Jenny is not only ‘suspended’ in judgment, “rather it [Jenny’s

⁴⁶ Bartky is referring to the pressure put on women to look attractive, but the pressure to be selfless warrants the same response (p. 47).

⁴⁷ Hayles, p. 26

⁴⁸ Ibid.

⁴⁹ Gilligan, p. 28

state] acknowledges that she is experiencing active and intense anger.”⁵⁰ Louann Brizendine supports this claim about women’s anger. She claims that women’s brains are programmed to avoid conflict; because women often suppress their anger to avoid conflict, their anger can build up and burst.⁵¹ Psychologists have found, however, that many women believe they cannot get angry, “or if they do, they fear they will be overwhelmed by anger and will be unable to stop their raging, or to keep it from destroying themselves and others around them.”⁵² ⁵³ Instead of accepting and expressing their anger, women tend to segment their anger, which is “an attempt at amputation from some aspect of self as a result of intolerable emotional experience...the process is indirect leaving personhood behind in an attempt to escape contact with self at odds with another.”⁵⁴ ⁵⁵

But some people will object that women are not really angry; it’s part of a woman’s nature to want to care for others. I think even Noddings would chime in here

⁵⁰ Hayles, p. 28

⁵¹ Brizendine, p. 130

⁵² Cox et al., p. 6

⁵³ When women feel powerless to act on their anger, feelings of hate take the place of the anger (Cox et al, p. 17). Hate is a subcategory of anger characterized “by a sense of helplessness or decreased control, more negative self-cognitions, and more behaviors that involve withdrawal and acting cold.” Hate can be targeted at the self and/or at others: a woman may hate herself for ‘creating’ the problem or the distance between herself and others which is devastating to her sense of self, and/or she may hate others for mistreating her which is devastating to relationships as well.

⁵⁴ Cox et al., p. 106, 109

⁵⁵ Selfless women who harbor unconscious or unrecognized anger towards those, or patriarchal society, that have left them no option but to be that way, embody the slave morality that Nietzsche describes in *On the Genealogy of Morals*. Nietzsche claims that those who espouse slave morality are ignorant of the aggressive and angry basis of their moral conscience. “The slave revolt in morality begins when resentment itself becomes creative and gives birth to values...this need to direct one’s view outward instead of back to oneself- is the essence of resentment: in order to exist, slave morality always first needs a hostile external world...” (36-37). When selfless women’s anger is met with hostility, it turns into hate, as Cox et al describe. De-selfing occurs when women feel powerless to accept and articulate their anger: “while the nobleman lives in trust and openness with himself, the man of resentment is neither upright nor naïve nor honest and straightforward with himself. His soul squints; his spirit loves hiding places, secret paths, and backdoors...” (Nietzsche, p. 38). Instead of confronting or owning their anger selfless women hide their anger away- along with their sense of self.

because caring, according to her, is a *feminine* attitude towards moral development. As a result, women will not experience anger when expected to care for others, but will, instead, defer to the judgments of others concerning who women ought to be caring about because they will not view themselves as being mistreated. In response, I argue that if one is being treated disrespectfully and not taken seriously, one must feel angry about it.⁵⁶ Women who kill their abusers are one example: their anger over their own mistreatment builds up until it bursts prompting them to physically attack the source of their anger. The women's movement in the United States also demonstrates that women are angry concerning their own mistreatment, but it was not until consciousness raising occurred that their anger could be acknowledged and expressed⁵⁷. One might object that the women's movement has manufactured anger in the same way a psychologist can manufacture pseudo memories of abuse in a patient, maintaining the point that women are naturally selfless. But intuitively, we know that women are angry, and this anger comes out in consciousness raising. It doesn't seem plausible to suppose that anger is an artifact like pseudo memories of abuse. Claudia Card also argues against this idea,

⁵⁶ I am operating under Railton's moral realism view that a value judgment explains certain psychological responses, or that "moral norms reflect a certain kind of rationality." The creation and growth of the abolitionist movement is a result of people believing that slavery was getting worse; "certain social and historical circumstances favor the realization of this potential for unrest" (191-192). So women's anger is explained by the value fact that they are being disrespected and not taken seriously; a moral truth explains a psychological fact. Bernard Williams also connects moral facts with personal psychological responses in many of his essays.

⁵⁷ Diane Kravetz notes that while anger is seen as a symptom in psychotherapy, in consciousness raising sessions anger is seen as a desirable outcome. She cites Eastman (1973) who demonstrates that members of consciousness raising groups gain increased autonomy, self-confidence and self-knowledge. Agronick and Duncan also note that women in consciousness raising groups reported "feeling angry at men throughout" the sessions. Fischer and Good cite Hercus's 1999 study, who found anger to be a common theme among participants of women attending a feminist conference in Australia; anger specifically regarding personal life experiences and wide spread oppression of women at large. Fischer and Good also cite Kimmel (1989) who surveyed the women of the American Psychological Association's Society for the Psychology of Women's group and found that many described anger regarding discrimination of women. "Women in both of these studies were very clear in communicating that feminist anger also provided them with strength and positive constructive energy."

claiming that women are not naturally selfless nor naturally inclined to maintain intimate relationships, but instead have been made that way through systematic oppression:

“Women’s failure to value separation and autonomy is a genuine problem. But the problem is political, not simply psychological. Women are systematically penalized for not being available on demand to children, relatives, spouses, male lovers...the great danger, as well as great strength, of the method of inclusion is its presumption that there should be a way to satisfy everyone. Women are afraid to say no.”⁵⁸

When a woman feels she cannot “say no” to putting other’s needs before her own, she *must*, realistically speaking, also feel some anger over this kind of mistreatment and neglect.

This anger over one’s own mistreatment can be channeled in a productive way. Literature on the emotions has emphasized the negative aspects of anger, but it’s important to note that anger also serves a self-protective role that can be of use for care ethics. Thomas Reid and others in the 18th century pointed out that anger is useful for deterring others from harming oneself and for self-preservation.⁵⁹ Selfless women, however, are unable to realize the self-protective role of their anger because they doubt they have reason to be angry. They do not trust that their judgments concerning their anger are reasonable and dismiss them internally, or they communicate their thoughts with hesitation causing others to doubt them. The following is a rational scheme for understanding the order of what happens with women: first, they are taught to doubt their own judgments; this makes them angry, but they don’t trust their judgment enough to see that they are angry and have reason to be. Instead, they think something must be wrong with them, just as they are told there is when they express anger. So instead of recognizing and articulating their anger in order to self-protect, it clouds their awareness.

⁵⁸ Card, p. 86

⁵⁹ Lehrer, *Thomas Reid*, p. 212.

Intense anger, like the kind selfless women experience, can be blinding, causing one to miss many things. And not being able to trust the judgment concerning the source of one's anger also interferes with anger's productive role. After all, selfless women are told by their parents that "we only want what's best for you," and parents supposedly know what's best for their kids, so how can a selfless woman be justified in her anger at her parents who are just trying to do what's best for her? If anything, in this situation a selfless woman will feel guilty about anger towards her parents. Without self-trust in one's anger, one does not dare claim, on one's own behalf that one has been treated unjustly; one lacks the self-trust to believe one has justification for being angry. This self-doubt also causes women to doubt their own desire for their own good, and given that they have no way to question the demand that they be selfless, this leads to selflessness.

All of this illustrates the importance of what I shall call epistemic personhood, which is the ability to think autonomously, reflect on and evaluate one's judgments, and to trust those judgments rather than deferring to others – particularly one's judgments concerning one's anger. Selfless women are incapable of even understanding themselves as objects of their own concern due to their lack of epistemic personhood. Gilligan equates this kind of inordinate self-sacrifice with selflessness,⁶⁰ and believes that selflessness comes *with* doubting one's own judgment. I'm claiming that doubting one's own judgments leads to selflessness⁶¹; selflessness is based on an epistemic condition.

Epistemic personhood is analogous to moral personhood as the latter has been conceived: thinking for oneself about moral issues, which involves thinking about one's

⁶⁰ Gilligan, p. 135-136

⁶¹ This claim is more of a hypothesis than something backed by empirical research.

desires, emotions, and one's moral beliefs in relation to issues about one's moral obligations to act in specific cases and more generally. Moral personhood is a form of epistemic personhood, applied in a particular realm. Marilyn Friedman⁶², among others, has argued that deferential women lack moral personhood specifically, but I am making the broader claim that they lack epistemic personhood generally. Selfless women lack self-trust in their judgments concerning themselves, but not in their judgments concerning caring for others. So they have reached some level of epistemic personhood because they trust their judgments concerning how to care for others, but trust in their judgments concerning their own welfare needs to be cultivated. They do not trust that they have been mistreated, unfairly denied opportunities or enjoyments, or that they really want certain things; it is in these self-regarding issues that their lack of epistemic personhood normally or typically emerges.

Feminist Standpoint Theory and Epistemic Personhood

Epistemic personhood has not been discussed as a separate element from moral personhood, and it should be. Once it is, one can understand how women's epistemic oppression undermines Noddings's approach to care ethics (something I will talk about in what follows), and one can gain a more complete picture of the new face of care ethics. Like care ethics, feminist standpoint theory [FST] has not considered the obstacles women's anger and lack of epistemic personhood presents. FST is a recently prominent feminist approach to epistemology that argues that women's unique role or class position gives them a special epistemic standpoint⁶³. There are many criticisms of this theory⁶⁴,

⁶² Friedman, *Moral Integrity and the Deferential Wife*

⁶³ Women's special standpoint is, "discovered through a collective process of political and scientific struggle. The distinctive social experience of women generates insights that are incompatible with men's

but even if FST can answer these critics, the theory is still missing the fundamental piece: epistemic personhood. Most women living in patriarchy do not trust their judgments, and therefore are not asserting them. Patriarchy prevents FST from taking off because women's voices are not there to be heard.⁶⁵ Instead of presenting women with an opportunity to gain unique knowledge, patriarchy and women's position in it presents women with a bare opportunity⁶⁶, an unrecognized or impossible-to-recognize opportunity. Daniel Dennett uses the following example to illustrate the idea of a bare opportunity:

“If I walk by a row of trash cans, and one of them happens to contain a purse full of diamonds, then I pass up a bare opportunity to become wealthy. It makes no difference that I had no reason to suspect there were any jewels there for the taking, or that my normal behavior has never included checking out trash cans for valuables.”⁶⁷

This is analogous to the situation for many women in patriarchal society; their marginalized position provides a unique perspective, but their lack of self-trust⁶⁸ induced by the patriarchal expectation of selflessness⁶⁹ and their anger resulting from oppression causes many women to pass up an opportunity for knowledge. In order for women to gain and share unique knowledge, they must (1) have access to the unique knowledge, (2)

interpretations of reality and these insights provide clues to how reality might be from the standpoint of women” (Jaggar, p. 57). Sandra Harding argues for an additional advantage of FST: that the subjects of standpoint epistemologies require and generate stronger standards for objectivity. FST “argue[s] for ‘starting off thought’ from the lives of marginalized peoples; beginning in those determinate, objective locations in any social order will generate illuminating critical questions that do not arise in thought that begins from dominant groups’ lives”(Harding, p. 128). Marginalized people who don’t much benefit from society have the most reason to critique society.

⁶⁴ See Conway and Bar On

⁶⁵ Some philosophers adumbrate the implication of self-trust I draw from Gilligan’s theory, but they do not develop the criticism against FST. See Jaggar p. 61, Flax, and Collins p. 103.

⁶⁶ Dennett, p. 117

⁶⁷ Ibid., p. 117

⁶⁸ Women’s lack of self-trust is a matter of degree to some extent and is variable depending on the woman.

⁶⁹ Gilligan

accept their judgments about the knowledge, and (3) express those judgments. FST focuses on (1), claiming that patriarchy creates this position by marginalizing women, and giving them less stake in the status quo. However, FST has said little concerning (2) and (3). (1) is a mere first step that requires the other steps to be productive. Even granting that women are epistemically advantaged due to their marginalized viewpoint, patriarchy still blocks (2) and (3) by instilling anger in women and preventing them from developing the epistemic personhood required to accept and channel that anger effectively; anger combined with limited or non-epistemic personhood freezes selfless women's ability to accept or express their judgments developed from this "privileged" standpoint.

Others have specified some epistemic disadvantages of being oppressed, but I am pointing out some different ones with different implications. Uma Narayan has suggested one such epistemic disadvantage from a non-western standpoint. She notes that one of the most interesting insights of feminist epistemology is the view that the oppressed may derive an epistemic advantage from having knowledge of the practices of both their own contexts and those of their oppressors. However, she warns western feminists that there is a "dark side" to this potential advantage. The dark side involves: "(a) being tempted to dichotomize one's life and reserve the framework of a different context for each part, (b) maybe rejecting the practices of one's own context and trying to be as much as possible like members of the dominant group, and (c) trying to inhabit two contexts critically is likely to lead to alienation- a sense of totally lacking roots or any space where one is at home in a relaxed manner."⁷⁰ She does not get into self-trust issues, but says something that sounds similar: "certain kinds of oppressive

⁷⁰ Narayan, p. 763

contexts, such as the contexts in which women in my grandmother's background lived, rendered their subjects entirely devoid of skills required to function as independent entities in the culture."⁷¹ She mentions women who are constantly economically dependent on men, that "their criticisms of their lot were articulated, if at all, in terms that precluded a desire for any radical change. They saw themselves sometimes as personally unfortunate, but they did not locate the causes of their misery in larger social arrangements."⁷² I am claiming that the importance of self-trust in one's judgments about one's situation is the foundational skill that is missing. Of the items she lists under the rubric of the "dark side," a) and c) seem to belong together and to contrast with b). The dichotomizing involved in a) can lead to a sense of lacking roots; and there is the point, under b), about "identifying with the aggressor" (i.e. identifying with the dominant culture) and thereby really losing one's contact with one's roots. While Narayan is on the right track here, it's unclear how the dichotomous situation represents an intellectual disadvantage rather than an unfortunate kind of (feeling of) alienation. Identification with a dominant group can, however, be an epistemic disadvantage in that it can prevent one from having the access to one's knowledge of one's own oppression- condition (1) above. This is a different kind of disadvantage from the one I am discussing that results in epistemic non-personhood or selflessness. FST needs to address both epistemic disadvantages in order for the theory to be accepted and put into practice.

Self-Respect and Epistemic Personhood

Acknowledging the important roles of anger and epistemic personhood also allows care ethics to be extended into other areas of ethics or other ethical issues. Some

⁷¹ Ibid., p. 764

⁷² Ibid., p. 764

people working on care ethics have been rethinking traditional ethical notions in care ethical terms in order to make them friendly to feminism and care ethics. Noddings and Slote⁷³ have reconfigured justice in care ethical terms. In his recent work, Slote has provided an account of respect for others' autonomy based on empathy⁷⁴. I want to continue this venture and provide a care ethical account of self-respect, which is respect for one's own autonomy, based on empathy.

I generated my view on self-respect by evaluating what others have said about the topic. Thomas Hill and Marilyn Friedman, among others, discuss self-respect and moral personhood, but from the perspective of care ethics one needs the concept of *epistemic* personhood to fully understand what is required for self-respect. In his paper "Servility and Self-Respect," Hill claimed that the servile wife fails to respect herself because she lacks full understanding or appreciation of her own moral rights. Friedman argues in response to Hill's paper that the deferential wife is problematic "because she fails to utilize resources within her own person to make moral discriminations among the preferences which she acts to satisfy."⁷⁵ The deferential wife fails to achieve moral personhood and moral integrity, but Friedman claims women are not to blame: "this condition may have resulted from the failure to have been provided with the conceptual resources, cognitive skills, or independent standpoint needed for such reasoning."⁷⁶ Women and girls are taught cognitive deference, "trained to discount their own judgments and depend on those of the dominant men in their families. The aim is to

⁷³ Slote, *The Ethics of Care and Empathy*, pp. 94-100

⁷⁴ Slote, pp. 55-64

⁷⁵ Friedman, p. 146

⁷⁶ *Ibid.*, pp. 148-49

enhance the status of men.”⁷⁷ I agree with Friedman that girls generally, “are not given the ground on which to develop their capabilities for the full range of moral evaluation and criticism which their own moral personhoods require,”⁷⁸ but it ought to be emphasized that this is also an epistemic failure. Friedman emphasizes moral personhood rather than the more general and very relevant condition of epistemic personhood and its absence. She focuses on the wife’s failure to evaluate her preferences for action, but I think the deferential wife’s error is that she either, as Marcia Baron has pointed out, fails to examine her *reasons* for her preferences; or if she has examined those reasons, she does not trust her judgments concerning them.⁷⁹ She fails to respect herself not only because her actions “symbolize an attitude which does not place the dignity of one’s own humanity above all price,”⁸⁰ as the Kantians would say, but I believe because her actions reflect distrust in her self-concerned desires. If she had epistemic personhood, including trust in her judgments, she would accept her preference for meeting her own needs and desires, instead of pushing it aside in order to prefer meeting her husband’s needs each time the two conflict.

In his original view on self-respect, Hill claims that a selfless woman’s servile attitude is a moral failure, “a failure to understand and acknowledge one’s own moral rights.” He states that self-respect “is a duty to understand and affirm one’s own rights,

⁷⁷ Nelson, p. 92

⁷⁸ Friedman, p. 149

⁷⁹ Baron, p. 398

⁸⁰ Hill, *Servility and Self-Respect*, p. 97

not to promote one's own welfare."⁸¹ He pulls his view that servility is a moral defect from Kant's idea that respect for persons is respect for the moral law⁸²:

“My [Hill's] strategy is to construe the remark as saying that at least one sort of respect for persons is respect for the rights which the moral law accords them. If one respects the moral law, then one must respect one's own moral rights; and this amounts to having a kind of self-respect incompatible with servility.”⁸³

My reply is that self-respect requires more than just respecting or considering one's moral rights. It requires respecting, meaning exercising, one's epistemic personhood, which involves concern for one's wellbeing. The only thing that can make someone neglect their own desires and well-being, given how naturally it comes to a person to pursue these things, is something that makes one doubt one's own desires and/or needs. And this is caused by epistemic non-personhood resulting from patriarchal mistreatment. I am claiming that anyone who trusts their judgment will acknowledge and then, as a result, give some weight to their self-regarding desires. I'm claiming that only epistemic self-doubt can make a person selfless regarding her own desires.

In his revised view on servility and self-respect⁸⁴, Hill claimed that a person can respect herself quite aside from acknowledging her merits and appreciating her moral rights: “this form of self-respect would require that one develop and live by a set of personal standards by which one is prepared to judge oneself even if they are not extended to others.”⁸⁵ He acknowledges that this form of self-respect is not respect for any moral standard as his original view required. I think we would agree about why the deferential wife fails to respect herself at this point. She could claim to have the personal

⁸¹ Hill, *Servility and Self-Respect*, p. 91

⁸² Kant, *Groundwork*

⁸³ Hill, *Servility and Self-Respect*, p. 86

⁸⁴ Hill, *Servility and Self-Respect Reconsidered*

⁸⁵ *Ibid.*, pp. 133-34

standard that she makes her family her first priority, and to judge herself accordingly. If she fails to live up to that standard, she will likely feel guilty and lacking in self-worth. These feelings, Hill would say, signal a failure of self-respect, but not because she fails to live up to the selfless standard. According to Hill, she fails to respect herself because she did not think for herself about whether or not she wanted to accept that standard; she is pressured into the selfless ideal by society and her elders. I am adding that one needs the concept of epistemic personhood in order to understand why she fails to respect herself: it requires her to resist this pressure and think, for herself, about what kind of standards she wants for herself. And I'm going a step further claiming that she fails to respect herself because she doesn't take care of herself, and her lack of epistemic personhood is the cause of this.

So self-respect in care ethical terms is caring for one's own welfare and aspirations on the basis of trusting one's own judgments. One cannot accomplish this if one lacks epistemic personhood. Epistemic non-personhood, on my view, is a form of epistemic irrationality. If one's neglect of one's own wellbeing is based on one's lack of epistemic personhood, the lack of self-respect that shows stems from one's lack of rationality and in a way, one's failure to respect one's own capacity for rationality. What I've just said sounds very Kantian, except my focus is on epistemic rationality, not practical rationality of the sort Kant focuses on, and I insist that concern for one's own wellbeing is a condition of being rational and of self-respect. Hill denies this in his original article, under the influence of Kant who also denied it. I also believe it is practically irrational for women to neglect their own happiness or desires, and one might therefore argue that epistemic irrationality can be a constituent cause of practical

irrationality. If one is epistemically rational, one will as a matter of course concern oneself with one's own wellbeing. One can also argue, as Sidgwick and Slote have done, but against Kant, that apart from epistemic issues, there is a categorical practical imperative to take care of one's own welfare.⁸⁶ But I am going the further step of treating a condition of epistemic rationality as enabling this sort of practical rationality and perhaps even as explaining why this *is* a rational practical imperative.

I said earlier that my view has more in common with Hill's revised view on self-respect than his original view, but even his revised view demonstrates that he still would disagree with my view on self-respect. He says that when people have failed to live up to their personal standards, we say things like,

“ ‘you owe it *to yourself* to change.’ This is not just an estimate that a change will bring greater happiness, though we may believe that too. It is as if we take a moral interest in persons' setting and living by their own values...we care for their having the satisfaction of a good opinion of themselves, but not just for the pleasure of it.”⁸⁷

I'm insisting that concern for one's own happiness is part of self-respect not simply because it increases likelihood of pleasure or having a good opinion of oneself, but because exercising one's epistemic personhood, which involves a concern for one's general welfare, ought to be considered an integral part of one's self-worth. If you are not concerned with your own happiness, then you are not respecting yourself. Anyone with epistemic personhood will acknowledge and act often on their own desires for happiness and well-being, though this also allows them to sacrifice some of their

⁸⁶ Selfless women are certainly not too ready to seek their own happiness. In fact, they are unable to do so since they lack the epistemic personhood required to recognize that concern for their own welfare is a rational requirement.

⁸⁷ Hill, *Self-Respect Reconsidered*, p. 136

happiness for others' more pressing or important needs.⁸⁸ This is more intuitively plausible than the idea that it needn't be irrational or show a lack of self-respect not to be concerned for one's own welfare- the idea Hill attributes to Kant and himself accepts. I'm not claiming that one's actions must aim at *increasing* one's happiness in order for the person to have self-respect; I'm requiring one value one's wellbeing, and act in ways that do not sacrifice it inordinately.⁸⁹

Robin Dillon proposes a feminist conception of self-respect⁹⁰ that sounds very similar to the one I've been sketching, but there are subtle differences in our accounts that I want to acknowledge. She proposes that "respecting myself within a feminist framework would involve cherishing and treasuring myself for who I am," and, with a nod to Gilligan, adds "that it is morally appropriate for me to care for myself, indeed that I sometimes ought to care for myself... not only primarily so that I am better able to care for others, but in the first place because I matter in my own right."⁹¹ My demands for self care are stronger than Dillon's; I argue that not only is it morally appropriate to care for oneself, but that one is irrational not to do so.

Both of our views get back to the "epistemological roots" of self-respect by emphasizing paying attention to oneself and not neglecting oneself. The self-neglect we

⁸⁸ So what will a care ethical account of self-respect have to say about self-assured moral leaders who show little or no concern for their own welfare? Just because they show little or no concern for their welfare does not mean they don't have the concern. Someone like Gandhi may accept his self-concerned desires, but still autonomously choose to serve the needs of others first. He would be exercising his epistemic personhood and still maintain his self-respect. But if there were such a person who didn't have normal desires for his own welfare, would he fail to respect himself? And would he lack epistemic personhood? These are questions that I need to answer, but cannot get into here.

⁸⁹ This does not rule out the possibility of supererogation so long as one considers reasons for preferring one's own wellbeing and chooses, authentically, confronting the pressure to be selfless, to go above and beyond the call of duty by putting others before oneself. A lot more needs to be said about this, but I will save that for another time.

⁹⁰ Dillon, "Towards a Feminist Conception of Self-Respect," *Hypatia*

⁹¹ *Ibid.*, p. 62

both have in mind goes deeper than basic hygiene, and involves paying attention to one's "needs, intuitions, emotional nature, and so on, as women are traditionally encouraged to do."⁹² She claims that the way to go about paying attention to one's needs and desires is to pay attention to oneself and work towards "self-understanding."⁹³ Parts of her conception of self-understanding sound similar to what I describe as epistemic personhood. She talks about knowing oneself:

"I think of myself in certain ways, and at some level I know my self-image is not accurate. It incorporates distortions and stereotypes, half-truths and whole falsehoods...But insofar as I "know myself" in this way, I am not respecting my reality. I am not taking seriously the complexity of my self...I avoid confronting the aspects of myself that I experience as fragmented or contradictory, refuse to acknowledge the ways in which I am alienated from aspects of myself, ignore the fact that there is much about myself that I disown or suppress."⁹⁴

She continues saying that self-understanding is required for self-respect: "Respecting myself involves acknowledging these aspects of myself and my relation to them, regarding them as warranting my attention, and dealing with them..."⁹⁵

Dillon and I seem to be on the same page- describing the same process for self-respect: her concept of "self-understanding" seems to mirror my concept of "epistemic personhood." But they are not one in the same, and I believe epistemic personhood has to come first: one must possess epistemic personhood in order to begin the process of self-understanding. The difference becomes clear when one considers the vital role anger plays in women's ability to respect themselves. Anger is most glaringly absent at the end of Dillon's piece where she gives a brief mention of self-understanding as "self-respecting rebellion against subordination." She says that under circumstances of

⁹² Ibid., p. 63

⁹³ Dillion, p. 64

⁹⁴ Ibid.

⁹⁵ Ibid.

subordination, “striving to understand oneself is reclaiming oneself from oppression through one’s insistence that one is worthy of being known, that self-understanding is appropriate, warranted, indeed called for—what any self-respecting person must do.”⁹⁶ Anger, I’m claiming, is the catalyst in this process: one’s anger over one’s own mistreatment motivates one to engage in this kind of self-understanding *so long as* one has the epistemic personhood to acknowledge and accept that she has reason to be angry. Selfless women cannot begin Dillon’s process of “self-understanding” because they lack the epistemic personhood to trust their anger. So while Dillon’s self-understanding plays an important role in the process of self-respect, epistemic personhood still serves as the foundation for a feminist friendly account of self-respect.

Noddings

I want conclude this chapter by looking at Noddings’s traditional version of care ethics and show how her failure to account for women’s anger and lack of epistemic personhood leaves this version of the theory with detrimental inadequacies. Her insistence on striving to always be the one-caring and enhancing one’s ethical ideal fails to recognize the harms that uncaring attitudes from society and elders has on women’s epistemic personhood, and therefore women’s self-respect and self-care. She claims that “ethical caring depends not upon rule or principle but upon the development of the ideal self. It does not depend upon just any ideal of self, but the ideal developed in congruence with one’s best remembrance of caring and being cared-for.”⁹⁷ Trouble is, many women have not been properly cared for or else they would have the epistemic personhood required for self-respect and self-care. Reflecting on times when one was properly cared-

⁹⁶ Ibid., p. 65

⁹⁷ Noddings, p. 94

for can give rise to benevolent feelings, but it can also spark resentment over no longer being cared for in that way or being mistreated. Women who lack epistemic personhood cannot accept the later; they cannot trust their anger/resentment and instead focus on others. This breeds a lack of self-respect and thus a failure to self-care over and over again. This also means that women's ethical ideals will not be fulfilled. If the times one was mistreated greatly outweigh the times one was properly cared-for, as is the case with selfless women, it seems like one's ethical ideal will not be very strong.

Noddings' comments on guilt and joy further demonstrate her neglect of women's inability to care for themselves. She believes that guilt over failing to care for another is actually a good thing because it signals and motivates one to continue caring, and this, supposedly, enhances the ethical ideal. She describes situations where one might try to justify giving up on caring for another person: "think about all the times he's hurt you... he never appreciates you...how you've tried....I can go on and on and guilt comes right along like my shadow."⁹⁸ Sometimes we may refer to a rule or principle to convince ourselves to give up on caring: 'I must put myself first at times...or I must be fair.' Either way, when we reject the impulse to care, she says we enslave ourselves to a particularly unhappy task. But Noddings fails to examine *why* this is an unhappy task. She assumes it's because we want to care, but for many women, it's that they are pressured into it because they lack the epistemic personhood to evaluate and assert their guilt feelings; they cannot recognize that their guilt might stem from the pressure to be selfless, or from anger that's perceived as unjustifiable, and cannot accept that perhaps they have already done more than is necessary.

⁹⁸ Noddings, p. 38

Noddings commits the same mistake when discussing the kick-back feeling of joy in caring for others. She brings in joy to defend her sentimentalist ethic against deontology/principled ethics: the joy one feels when one follows a rule might be nice, but it isn't the same joy one feels when one cares for someone. Even if the one-cared-for does not reciprocate the care, the one-caring still experiences the joy from engaging in the care act. She claims that this joy enhances one's ethical ideal, and motivates one to continue being the one-caring. This is where Gilligan, Slote, and now I will take issue. Gilligan and Slote would argue that many women need to seriously contemplate if they are feeling joy, or just feeling like they are fulfilling their caring duties and expectations. I am arguing that selfless women are not autonomously caring for others, and are not feeling the kind of joy Noddings thinks they are. This is the weaker kind of joy, similar to what deontologists feel when they are following a rule; it is not the same feeling one gets from autonomous care. While Noddings wants us to care from a principle-free state, this is not realistic or healthy for selfless women. The 'fake' joy should be a warning signal for lack of epistemic and moral personhood- not proof that one is fulfilling her ethical ideal.

Noddings should acknowledge the debilitating epistemic and ethical effects that non-empathic treatment from society and elders has on women. Otherwise, her "feminine" approach to ethics will remain just that: a patriarchal 'feminine' approach that renders women devoid of the epistemic personhood required to respect themselves and therefore properly care for themselves. Selfless women must develop epistemic personhood in order to effectively evaluate their anger and acknowledge its rationality. When they come to trust their judgments concerning their own mistreatment, they can

begin to care for themselves, and to respect themselves. In the next chapter I discuss some strategies for enabling women to develop epistemic personhood including consideration of two general principles for self-care. By calling for the use of general self-care principles and emphasizing these additional epistemic elements, care ethics can bolster itself from within and be extended into other areas of philosophical interest.

Chapter 4

Enabling Women to Develop Epistemic Personhood: The Role of Principles in Care Ethics

My goal for this chapter is to outline ways for selfless women to move from epistemic non-personhood in self-regarding matters to trusting and effectively managing their anger and being capable of self-respect (both of which can be subsumed under taking care of oneself). I am going to argue that care ethics needs to require selfless women to reason by reference to two prudential principles since, as I've shown, they lack the epistemic personhood required for self-respect and therefore self-care and authentic care for one's intimates. I will then argue that selfless women need to engage in consciousness raising about their oppression and lack of epistemic personhood by forming bonds of sisterhood and solidarity with other women; consciousness raising will enable them to take the principles seriously and apply them. Care ethics has avoided using reason by reference to principles because it has emphasized a moral sensitivity route to right action. I want to begin by briefly describing the moral psychology of moral action for care ethics as compared to other mainstream ethical theories to show where my version of care ethics fits into the landscape.⁹⁹

For Kant, an action is not morally worthy unless one is acting from a sense of duty, which is based on general principles. He argues that the morally good person thinks about whether her maxim for action qualifies as a universal law; she reflects on the general principle to do her duty and then chooses the right action accordingly. Aristotle, on the other hand, never says it's best to act with a sense of the noble. He thought one

⁹⁹ I do not mean for my suggestion of reflecting on principles to move care ethics towards a rationalist style of morality.

does not look to general principles to derive the correct moral action, but instead, one's practical reasoning process about the right action is situational. Aristotle thought that one forms an intention to act after one has exercised rational deliberation about the situation; one is then motivated by that reasoning process to act.¹⁰⁰ But Aristotle is still relying on an evaluative judgment, just as Kant does. Christine Korsgaard points out that their proposed methods are in fact similar; both think that "what gives an action moral value is the fact that it is chosen for its intrinsic rightness,"¹⁰¹ and one derives intrinsic rightness from evaluative judgments.

Care ethics says just the opposite- that it is less than ideal if you act out of a self-conscious sense of morality. Moral worth is generated from moral sensitivity, not moral reflection on one's duty or principles. Care ethicists argue that the right action is simply to respond to someone's need(s). Noddings and Slote have downplayed moral reasoning in favor of moral sensitivity: ethical action need not involve good reasoning, but rather proper empathetic and caring sensitivity. Unlike Aristotle, who requires we use explicit moral thinking in some situations, care ethics assumes it is best not to use any such explicit moral thinking, whether generally or specific; there are no evaluative judgments or normative requirements in ideal moral caring. Care ethics claims that if the moral agent sees a person drowning, her thought process ought to be the following:

- (1) Belief (she needs help)
- (2) Intention (I will help her)

¹⁰⁰ Korsgaard, p. 214

¹⁰¹ *Ibid.*, p. 205

There is no evaluative judgment involved, and no normative requirement. Compare this with the deliberation for a Kantian:

- (1) B (she needs help)
- (2) B (It is my duty to help her) or B (the maxim of helping can be universalized)
- (3) B (I ought to help her)
- (4) I (I will help her) [or something like this]

Aristotelian practical reasoning would look similar because, like Kant, Aristotle believes, “when human beings act, we are not driven or directly caused to act by desire, passion, inclination, or instinct... reason gives us the capacity to stand back, form a view of this course of action as a whole, and make a judgment about its goodness.”¹⁰² In his own words, “For it is not merely the state in accordance with right reason, but the state that implies the presence of right reason, that is virtue.”¹⁰³ The right action is the one that the agent reflects on as the “embodiment of right reason, just as Kant thinks that a morally worthy action is one whose agent sees it as an embodiment of the very form of law.”¹⁰⁴

Care ethics, on the other hand, claims that *any* reflective reasoning premise qualifies as one thought too many. Even the reasoning schema,

¹⁰² Korsgaard, p. 217

¹⁰³ Aristotle, VI. 13 1144b26-7

¹⁰⁴ Korsgaard, p. 216

- (1) B (she needs help)
- (2) B (I ought to help her)
- (3) I (I will help her)

has one normative requirement too many: premise (2).^{105 106}

So normative requirements for Kant arise from general principles, and normative requirements for Aristotle arise from situational factors. For care ethics, the normative requirements are missing; it insists on moral sensitivity instead of moral reasoning. Noddings and Slote do say that when things are less than ideal, or going badly morally speaking, one does need to resort to principles- i.e. when one's empathy flags or fails; they allow for principles when agential motivation is weak, but I want to require principles also when the motivation is, in a sense, too strong. I am adding that we need

¹⁰⁵ One might argue that the care ethics reasoning schema must involve an additional premise between step (1) and (2). Care ethics claims that empathy motivates the jump from (1) to (2). However, some of my colleagues have questioned the role of empathy here, suggesting that it might be operating as an optative premise or as an evaluative judgment about the world. If this were the case, care ethics would not be that different from either Kantian reasoning or Aristotelian reasoning. But this is not the case because empathy does not function as an additional premise in the reasoning schema. Empathy is a mechanism for producing and motivating emotional states- in care ethics, the state to respond to the need(s) of others. Empathy operates as a mode of inference from step (1) to step (2), and an inference operator is not an additional assumption/ premise in the reasoning schema as Quine demonstrates in his essay, "Truth by Convention" (p. 96). Empathy is the mode of inference from the belief, "she needs help," to the conclusion, "I will help her." While I think this is an interesting idea, I would have to get into esoteric issues of logic to defend it adequately.

¹⁰⁶ My colleagues have raised another worry about care ethics' reasoning schema concerning the "response" to need. The worry is that responding without reasoning, without referring to general principles or evaluative judgments can be dangerous. For example, if you see someone fall and hit their head, your first empathetic response may be to go pick her up, hold her, carry her to a safe place, etc. This would cause her additional harm if she has injured her spine and should not be moved. Responding, therefore, is not something to do right away in all situations. Care ethics gets around this worry with help from the psychological literature on empathy. Hoffman discusses meditative associative empathy, empathy mediated by knowledge. Our empathetic sensitivity for the person in need motivates us to respond to her needs, but that does not mean we launch into the helping act blindly; we use knowledge about her situation and knowledge about how to respond in these types of situations. While our first empathetic response may be to pick her up, our knowledge that in her circumstances that action may not help her prevents us from acting on that impulse. Instead, we respond to her needs the best we can: call 911, talk to her, let her know we care and help is on the way, etc.

prudential principles when our prudential motivation is defective and has been undercut by morally defective patriarchal attitudes. So we agree that one ought to refer to principles in less than ideal cases, but the difference between us is that Noddings and Slote think we need principles when we are not enough concerned for the other, and I think we need principles when we are too concerned with the other. I am going to suggest that selfless women refer to two general principles: (1) you must take care of yourself, and (2) you ought to take care of others no more than you can without getting exhausted. Before I explain these further, let me explain and respond to why care ethics has avoided this kind of reasoning by reference to principles.

Noddings notes that “by and large we do not say with any conviction that a person cares if that person acts routinely according to some fixed rule.”¹⁰⁷ I expanded on this line of thought in my introduction, but I want to reiterate her claim about the “great dangers” of premature switching to the rational/objective mode:

“The rational objective mode must continually be re-established and redirected from a fresh base of commitment. Otherwise, we find ourselves deeply, perhaps inextricably, enmeshed in procedures that somehow serve only themselves; our thoughts are separated, completely detached, from the original objects of caring.”¹⁰⁸

Noddings seems to assume that so long as one is not focused on serving some general principles, then one is engrossed in the one-cared for and able to focus just on him/her, but this fails to account for the pressure on women to fulfill the selfless ideal. Women’s anger and guilt brought on by the selfless ideal prevent them from caring for others in a completely authentic way; some of their focus is dedicated to being the ‘perfect’ care giver, a self-conscious focus, and thus their attention is somewhat distracted from the

¹⁰⁷ Noddings, p. 13

¹⁰⁸ *Ibid.*, p. 26

original objects of caring. Trying to fulfill the selfless ideal can produce the same result that Noddings claims referring to general principles does: detachment from the one cared-for. I am going to suggest a way to use principles to avoid this debilitating consequence of the selfless ideal.

Another reason care ethics has avoided outlining some general principles of care is because it is assumed that caring is essentially nonrational in nature. Noddings cites Urie Bronfenbrenner who claims that “‘in order to develop, a child needs the enduring, *irrational* [my emphasis] involvement of one or more adults in care and joint activity with the child.’ In answer to what he means by ‘irrational,’ he explains: ‘somebody has got to be crazy about that kid.’”¹⁰⁹ Noddings explains further with an example: “we decide more or less spontaneously to spend an afternoon at the zoo, because we remember our own childish pleasure in such occasions and anticipate delight in sharing the experience with our children.”¹¹⁰ This way of building one’s ethical ideal sounds far-fetched and it is indeed just that for selfless women. Selfless women need to use the rational/objective mode at times when caring because this kind of irrationality breeds self-distrust and lack of self-care. The irrationality of selfless women is much more severe than the kind Noddings has in mind. It’s not that one’s focus on the one cared-for and fulfilling one’s ethical ideal enables one to ‘irrationally’ decide to take the kids on a fun trip to the zoo; it’s that the pressure to be the one-caring, and the guilt attached to entertaining one’s angry thoughts concerning that expectation, force selfless women into making irrational decisions that involve neglecting their own wellbeing. So irrationality is involved, but not with the positive outcome Noddings envisions.

¹⁰⁹ *Ibid.*, p. 61

¹¹⁰ Noddings, p. 61

One last reason care ethics has avoided something like my suggestion is the worry of putting principles above the one(s)-cared for:

“[an] ethic of caring conserves many traditional values but not each for its own sake. Rather it conserves them as a requirement of caring. The one-caring, generally finds it wrong to kill, but if the cared-for is objectively hopeless in his misery...she cannot say to him, ‘I would like to help you...but I cannot kill,’ because that would put principle above person.”¹¹¹

My response to this concern piggybacks off of Mark Shelton’s response to Jonathan Dancy’s recent book *Ethics Without Principles*, specifically Shelton’s view that principles give us reasons for action.¹¹² “Not killing” gives us reason not to kill, but that is not the only reason operating in this case; there is also the principle to care for the person, and that gives us reason(s) in this case to kill. Shelton claims that “we articulate principles to guide our judgments- making so that it becomes and remains systematic...” and selfless women struggle with this. He also points out that “principles issue instructions about how we are to proceed in making our judgments and hence are not algorithms that make our judgments for us.”¹¹³ Noddings, at least in the above example, assumes principles function in the latter way, but care ethics needs to explore how one can use principles to help guide one’s care choices. Shelton notes that Dancy (and I would add Noddings and Slote) “is right that it is possible to make moral judgments without relying on, using, or invoking a set of principles...But to show that moral judgment can get along perfectly well without principles...Dancy must show that the way of making judgments I describe is not better or worse than the way the particularist

¹¹¹ *Ibid.*, p. 107

¹¹² Some will argue that I am sneaking in rationalism to make up for the deficiencies or lacunae in care ethics. I am using the notion of reasons for actions in a way that is grounded in the notion of empathy, the way Brad Cokelet has recently proposed empathy is a source of reasons for action, and that therefore doesn't need to borrow from rationalism.

¹¹³ Shelton, p. 127

proceeds,” and he has not yet begun to do that. Noddings and Slote need to recognize that selfless women cannot get along perfectly well without principles because they are not equipped with the epistemic personhood required to form judgments without principles guiding their reasons for those judgments. One could even say that the less they need principles to overcome their flagging concern for others, the more selfless and in need of prudential principles they are.

Let me now explain how my temporary move to reasoning by reference to principles would work. I call it a ‘temporary’ move because I am not recommending these principles for everyone at all times; we hope for a world in which women will no longer need to remind themselves of their prudential needs, a world where they aren’t selfless, a world in which these principles will no longer be needed. But until we live in that kind of empathic world, selfless women need to be reminded, by themselves and others, of two principles: (1) you must take care of yourself, and (2) you ought to take care of others no more than you can without getting exhausted¹¹⁴ or incurring some other debilitating harm to yourself¹¹⁵. These are prudential/rational principles, not moral ones, but they play an important role in one’s moral life that care ethics can no longer afford to overlook. One might argue that (2) is sufficient to prevent women’s self-neglect, but that

¹¹⁴ Exhaustion is a salient harm because it happens so frequently to selfless women.

¹¹⁵ There are times when even a non-selfless person is committed to helping others to the point of exhaustion, like a doctor who is fighting some dreaded disease in some population. This second principle, therefore, is not absolute. But this creates a problem: if the selfless woman thinks the principle isn’t absolute, she may well think and always think she is in circumstances that are exceptional to that rule. The way to get around this problem, I think, is to label the second principle as a *prima facie* ought, like the ought of promise keeping, but say it is defeasible, as in the case with the doctor. I am not writing-off the ability of selfless women to reason. A person who thinks that all promises are ones that can be broken because of circumstances has a defect in reasoning as does a selfless woman who thinks that all obligations to herself may be disregarded has a defect in reasoning that requires correction, but that is not the fault of the principle.

fails to account for women's inability to deal with and interpret their anger and guilt over not caring; their lack of epistemic personhood prevents them from realizing (1). (2) provides reasons for balancing one's concern for one's own well-being with that of others- the goal of Gilligan's perspective three morality, "reflective understanding."¹¹⁶ I noted above that I might be accused of invoking rationalist notions, and the same criticism can be raised at this point, so let me briefly explain how this move is based in empathy and not rationalist notions. It involves the notion of care ethics as a relational ethic- that we see ourselves in relation to others. Those with fully developed capacities for empathy will empathize with others who overexert themselves. My mother, for example, has a tendency to shoulder all of her loved one's burdens to the point where she becomes physically and mentally exhausted. While I didn't always recognize her exhaustion as a child, as an adult I empathize with her exhaustion and her anger over neglecting her own needs. I recognize that she has to take care of herself, and at the same time I internalize this principle myself. My empathy for my mother motivates me to take care of her by encouraging her to recognize that she has to take care of herself instead of reaching the point of exhaustion. My empathy for her also instills principle (2) in me: because I identify with her, I see myself in relation to her, and recognize that I too must remind myself of this principle in order to both respect myself and take care of others.

Principle 2 is needed because women will always yield to another consideration (involving others) instead of the self-care principle. Selfless women either (a) do not recognize the normative requirement for self-care [principle (1)], or (b) they recognize the normative requirement but fail to form the intention to act on the normative requirement. Women who fall into the former group are irrational, but I am not blaming

¹¹⁶ This leads me to believe that Gilligan would embrace my insistence on general principles in care ethics.

the victim here: they are so demoralized that they do not recognize their own needs. The second group requires further discussion to determine whether they are irrational. In the last chapter I claimed that self-respect and proper care for oneself involves seeking to maintain or improve one's wellbeing, and that those who do not aim to achieve this goal are epistemically irrational, and therefore practically irrational. But a woman might have competing interests or other normative requirements that prevent her from forming the intention to act on the normative requirement for self-care. Consider a woman who believes, "I ought to volunteer for my child's Girl Scout troop's camping trip," but also that "I ought to take a weekend vacation for myself." She also believes, "I have a stronger interest in my child's happiness than my own," and so arrives at the intention that "I ought to volunteer for my child's Girl Scout troop's camping trip." Here's a case where a woman has competing normative requirements and competing interests.

Nonmonotonic logic is at work here- there are inference rules whose force depend on other inference rules operating in the same circumstance. If you promise to keep a friend's secret, but later find out that keeping her secret will cause her great harm, the inference operator (empathy) for preventing your friend harm is stronger than the inference operator for keeping her promise in the circumstance, so the former wins out.

In the above situation, empathy for her child's happiness leads her to favor one normative requirement over the other. The interest attached to the normative requirement to volunteer for her child's Girl Scout troop is greater than the interest to take time to care for herself (self-respect), causing her to infer to intend to volunteer over inferring to care for herself. But this doesn't appear to be a failure of theoretical or practical rationality: she considers improving her child's happiness a vital part of her own wellbeing, so she is

aiming at maintaining/improving her own wellbeing as well. However, a problem arises when the woman favors the interest of her child's happiness *every time* she is faced with this type of reasoning schema; the feminist concern about selflessness enters the picture. There must be times where the interest premise has to be false; when the motivation for the self-care belief is stronger than the motivation for the child-care belief, otherwise she will fail to aim at maintaining her wellbeing- the minimum requirement for self-respect/self-care. The latter result is too often the case with selfless women because responding to the needs of others, instead of their own, is so ingrained in them. This is why principle (2) is needed in addition to (1). One might try to wiggle out of this by claiming that an overextended mother will hit a breaking point, and she will then form the interest in taking some time off to take care of her own needs. She will tend to her exhaustion and move on. But this is unrealistic because women often fail to accept or act on the normative requirement of self-care for fear of being labeled selfish, irresponsible, a bad mother, etc. Also, hitting a breaking point is undesirable: she may be so drained that the amount of time needed for her to sufficiently recuperate may cause her to feel inadequate in her other caring roles. There must be a time when a woman favors her own interests over others.¹¹⁷ I assume that Noddings will reject my rational/objective tone

¹¹⁷ One might suggest borrowing W. D. Ross' strategy of relying on our intuitions to sort out competing normative requirements. We might say that Patricia ought to follow the normative requirement that her intuition tells her is more important in the situation. This is an unacceptable solution because most women living in patriarchy will have the tendency to put others' needs before their own. She most likely will drop the intention to care for herself in this situation, putting her daughter's needs over her own. Does this tendency and pressure to help others influence intuition, or does it arise from intuition? It seems like one's intuition would be to care for one's self if one is at one's breaking point, but patriarchy can distort women's thinking. Patriarchy can influence our perceptions about how much time and energy we can and should focus on others. Whether socio-cultural pressures, like patriarchy, can influence or change one's intuitions sounds like a broad topic that I cannot get into here.

here for the reasons I cited above, but again, she has to acknowledge the problem of women's lack of epistemic personhood brought on by the selfless ideal and inability to interpret anger.

Another objection to my insistence on self-care is that I should not tell people not to sacrifice themselves for the good of others, that my discussion of self-care rules out the possibility of supererogation- going beyond the call of duty for the good of others. I think the underlying worry here is that if I scold people for sacrificing themselves, I am blaming the victim, morally speaking. Requiring people care for themselves requires they not care *so* much for others- "you ought (in a moral sense) not be *so* moral." Insistence on self-care when someone has gone too far beyond the call of duty functions as encouragement to get her back on track. We often hear women, and men, blaming themselves for not doing more to help someone, when it's clear that they have gone above and beyond to help the person. I caught the end of a television program about eating disorders recently that featured a mother who had lost a daughter to anorexia and was blaming herself for not doing more to help her daughter fight the disease, saying things like: "I could have found the money to get her better care... I could have done things to encourage her to have a better body image... I could have praised her more for academics and activities..." She was blaming herself for her daughter's death. My point is that not only should the mother trust her original judgment about what she thought was best for helping her daughter, but also, that she should trust her current judgment to start taking care of herself- to start the grieving/healing process for herself. But I don't want to say that anyone experiencing self-blame should automatically trust their original judgment on what they thought best for the one cared-for because it could be that the

original judgment wasn't the best thing for the person. What's important is that the person accept/trust her judgment to shift her focus from blaming herself for not doing more/ doing better by the person to taking care of her own grief over the loss of a loved one. Recall that selfless women lack epistemic personhood in their judgments concerning their own wellbeing- not so much about trusting their judgments about caring for others. Care ethics requires that this woman stop blaming herself. This is not a criticism of her though; it is an encouragement. It is not morally *wrong* to sacrifice yourself to help others under patriarchal pressures. When women do not consider their own needs and desires in deliberation, they are not to blame for sacrificing themselves for others. But this demonstrates a lack of epistemic personhood that ought to be addressed.

I have argued that care ethical reasoning needs to include general principles and normative requirements. I hope this idea helps shape the developing theory. My argument will also hopefully silence some criticisms of the theory: criticisms that care ethics is not a moral theory because it does not deal with general principles or normative requirements, that it is not a form of reasoning because there is no deliberation involved, and that it will result in undesirable consequences since it does not rely on knowledge to mitigate capricious responses. The theory avoids these criticisms by including practical reasoning about or from general principles as a vital part of care ethical action.

Enabling Women to Develop Epistemic Personhood

So far, my solution that selfless women refer to the two general principles for self-care and intimate caring seems like a do-it-yourself fix. But will women use these principles? Gaining epistemic personhood requires more than just pulling yourself up by

your bootstraps; one needs help and support from others.¹¹⁸ I think women need additional support in order to gain epistemic personhood; they have been damaged by uncaring attitudes from society/others, and women need an “intervention”- an epistemic intervention in this case. Ultimately, we need to get to where people are raised empathically, so we don’t need to intervene. Both of these goals rely heavily on support from other people, but how can others help selfless women and those who lack epistemic personhood? Feminists have made a variety of suggestions¹¹⁹, but I think the focus should be on consciousness raising¹²⁰ through sisterhood and solidarity. Sisterhood will help my two principles be more effective with selfless women because groups play a fundamental role in consciousness raising to generate women’s self-trust; trust in taking the principles seriously in this case. After all, the principles are useless unless a woman

¹¹⁸ Sentimentalist moral philosophers have pointed out that one does not become morally better by striving to be better on one’s own. Improving oneself morally depends on influences from others, and one does need help in this process. Aristotle claimed that one learns good (moral) habits from one’s parents; Slote and other sentimentalists have claimed that we have to look to others for examples of good or bad moral behavior and that we empathically imbibe the attitudes and motives of moral exemplars we know.

¹¹⁹ Suggestions include: (1) improving the quality of women’s educational experiences [Salter and Persaud, Collins], (2) encouraging physical activity and play for girls to build self-trust in both their physical and mental abilities [Young], and (3) developing and sharing ‘counterstories’ of patriarchal oppression [Nelson]

¹²⁰ Slote has pointed out to me that consciousness raising also enhances empathic capacities. Selfless epistemic non-persons are not fully empathic with others because, given their suppression of their own anger, they cannot see or feel the anger of other women. For example, a selfless woman will often get angry with people who suggest she is not really happy as she is. This anger is really anger with her condition, unable to affirm itself, displacing itself onto the more liberated person. The more liberated person who prods her anger can see from her angry reaction just how discontent she actually is; that discontent is empathically palpable in her reaction. But the woman herself and others who share her condition may not register or respond empathically to each others’ anger. Trudy Govier discusses the relationship between self-trust and empathy in her book *Dilemmas of Trust*. She cites evidence from Brothers that empathic responses from other people can strengthen self-trust, and it’s the empathic responses from other women who have developed their epistemic personhood within consciousness raising groups/therapy that enables selfless women to begin to develop their own epistemic personhood. Govier also notes that self-trust seems to be necessary for empathy and willingness to understand and identify with others (107-108), so the support from consciousness raising groups enables selfless women not only to develop their epistemic personhood, but also to develop their capacity for empathy. [Brothers, Doris. *Falling Backwards: An exploration of Trust and Self-Experience*. NY: WW Norton, 1995, especially Ch. 2 and 6.]

is willing to pay attention to them- and selfless women will not! The principles won't do any good till consciousness raising takes place, and then application of the principles becomes an embodiment of consciousness raising¹²¹.

Sisterhood is "a supportive feeling of loyalty and attachment to other women stemming from a shared feeling of oppression."¹²² Oppression gives rise to what Alison Jaggar calls "outlaw emotions,"¹²³ which are emotional reactions that differ from the socially acceptable and/or expected reaction. Selfless women will feel anger over their own mistreatment instead of feeling the expected emotion of pride, in being a good mother/woman by taking care of others. When they do not experience the correct emotion, they question their anger and maybe even their sanity; everyone is telling them that they ought to feel good about fulfilling their motherly duties, or something like this, yet they feel anger and/or resentment. Jaggar points out that when one learns that others experience the same "outlaw" emotions, one can gain a sense of validation in those reactions, and form subcultures based on those common feelings that differ from the oppressive "norm." Selfless women can begin to form relationships with each other, a sisterhood, based on their shared outlaw emotions. Outsiders to this kind of oppression can and ought to be more empathetic and encourage women to explore and express

¹²¹ Agronick and Duncan (1998) note that activists of consciousness raising groups of the women's movement "reported feeling an increased solidarity with and a greater understanding of other women; increased self-esteem and reduced self-blame...women were encouraged to develop a sense of self beyond the social roles of mother and wife," and were overall "able to use the influence of the women's movement to raise their consciousness and gain a sense of empowerment;" empowerment, for my purposes, to take the principles of self-care seriously. Other research notes the limitations of consciousness raising for women. Liberman et al. (1979) conducted a study that showed women of consciousness raising groups to have "increased self-esteem and identification with the women's movement, but symptom distress was not alleviated...[they] expressed more positive self-attitudes with greater feelings of autonomy and assertiveness, [but] few manifested life-style or behavioral changes." These findings suggest that getting together with other women to discuss one's anger is not enough to ensure that selfless women will develop the level of epistemic personhood required to begin taking care of themselves. They need to also be taught and have the principles of self-care engrained in them.

¹²² Collins, p.112

¹²³ Jaggar

their anger instead of telling them that they should be ashamed of their anger and feel proud that they dedicate their lives to their loved ones.

Many feminists are suspicious of sisterhood in the broad sense, supposedly uniting all women who struggle under patriarchy, because it seems like an unrealistic ideal.^{124 125} Sisterhood has struggled to unite women across race and class under political goals, because the political goals are different for different women. The idea of sisterhood is familiar, but my idea of sisterhood having an essentially epistemic aim is not so familiar. The goals of an epistemic sisterhood are focused on developing epistemic personhood in ALL women, and connecting with women from one's own race, class, sexual orientation, etc. will be a crucial part of the process. This does not mean, however, that one cannot find commonalities with women from other races or classes, which can also be enriching and motivating connections as well.

Another concern about emphasizing sisterhood is that it can be depressing to be surrounded by damaged people, and it can make a woman wonder what women can accomplish, if anything at all. So any consciousness raising that occurs is eradicated by pessimistic attitudes towards recovery. This concern demonstrates the necessity of role models and success stories within the group because without them, one feels less inclined or capable of change. However, the concern fails to consider that the bonds of sisterhood produce instrumental goods like mutual trust, concern for each other, loyalty, etc, which motivate rather than depress women. The concern also fails to recognize the empathic element of sisterhood: even if one can lose confidence while being surrounded by people

¹²⁴ See Simmons, p. 388 and Dill, p. 133

¹²⁵ See Chow and Garcia for how Asian American women and Chicana women struggled to relate to the 'sisterhood' of white feminists.

who have bad experiences to tell, still, one hears the stories and one can empathize and recognize the anger of another as a means to recognize one's own. Those who are 'damaged' and experience intense anger can help others feel and understand their own anger, enabling epistemic personhood.¹²⁶

Through sisterhood, women can form epistemic solidarity¹²⁷: a shared commitment to the value of women's knowledge and women's self-trust to develop epistemic personhood. Aside from achieving group aims, the members of the group gain support, loyalty, trust, and mutual concern. These goods are goods in their own right, but it should also be emphasized that they help develop self-trust. The goodness of these non-instrumental goods is conditional upon the shared struggle to attain the epistemic aims.¹²⁸ If the group abandons the epistemic aim of self-trust, the loyalty, trust, mutual concern, etc. will deteriorate. Women have to be aware of the "epistemic struggle," and women need to be united in order to achieve epistemic personhood.

¹²⁶ I have been assuming that women either (a) are too forgiving because they do not trust their anger over their own mistreatment, or (b) have gone through consciousness raising in order to trust and express their anger. Corey Washington has pointed out that there is an additional possible stage in this process, namely, that women become hypersensitive about being slighted, almost paranoid, and they are seeing sexism in everything men do or fail to do. This is similar to a medical student who has just learned of a disease and when doing rounds at the hospital sees that disease in every patient. I see this phenomenon with most of my students who are being exposed to feminist theory for the first time: they see sexism everywhere- in music, television, friends, family members, etc. While this hypersensitivity may be a necessary part of consciousness raising, it is debilitating in that it brings a sense of helplessness, that sexism is everywhere and pervasive, so how can we begin to address it? Women need to progress past this hypersensitive phase in order to gain epistemic personhood. I also want to point out that men (and some women) who accuse hypersensitive women of "going overboard" with their sexism accusations are doing so in order to maintain their sexist attitudes. But it's understandable why women go through this extreme due to the sexism they've endured and having others doubt the validity of their anger and needs.

¹²⁷ My idea of epistemic solidarity mirrors Lawrence Blum's discussion of political solidarity. See Blum, *Three Kinds of Race Related Solidarity*, p. 62

¹²⁸ *Ibid.*, p. 54

In addition to women uniting to create in-group epistemic solidarity, out-group solidarity, expressed by members of the oppressors towards the oppressed¹²⁹, is also important. Lawrence Blum claims the value of out-group solidarity is that,

“members of a targeted group appreciate others standing with them, showing them that these others appreciate what they are going through, that they empathize with them and disapprove of or condemn what is being done to them. Such sentiments may contribute to the sense of self-worth or dignity of the targets.”¹³⁰

The out-group lets the in-group know that they are not alone in mitigating their plight.

Blum also claims that out-group solidarity can have an instrumental role: they can help the in-group organize to resist their oppression by boosting morale thus contributing to the targeted group’s sense of empowerment. This leads me to wonder: is the out-group solidarity necessary for the targeted group to organize and act? Blum’s response to this worry is that in-group solidarity embodies goods that out-group solidarity cannot: “the sense of loyalty and mutual trust from fellow members who stand together in the face of shared adversity.”¹³¹ Having the mutual trust of sisterhood may help women develop epistemic personhood on their own, and having men support their effort will further support that development. Or, having the empathy of men may instill the need for epistemic personhood, and then the mutual trust/bonds of sisterhood may develop the epistemic personhood. Selfless women may trust men’s faith in them more than they have faith in themselves, but this can lead to faith in oneself.^{132 133}

¹²⁹ Ibid., p. 55

¹³⁰ Blum, p. 55

¹³¹ Ibid., p. 56

¹³² Lehrner makes suggestions (from a counseling standpoint) for how to get women to trust their anger and become confident about their convictions including: sharing problems with family members, gathering data about how one’s relatives have handled similar problems (p. 115), thinking about the question “what am I not responsible for?” instead of “what am I responsible for?” (p. 121), and letting others ‘sulk’ and sit with their feelings so they can learn to handle them (p. 137). The last suggestion seems to conflict with current versions of care ethics. Letting someone sulk instead of rescuing them or

My suggestion of an intervention may seem like a kind of typically male dialectical combat. It's been suggested to me that I take a more feminine stance and offer my thoughts to others, offer my principles to their self-trust and seek to enhance their epistemic personhood, but this route will not work. The problem is that selfless women lack epistemic personhood in self-regarding issues, so they will not accept my self-regarding principles. This is why the intervention has to be forceful. Selfless women, through consciousness raising groups, need to be told to apply the self-regarding principles. Over time, with the support of in-group and out-group solidarity, women will learn to see how they have been treated unfairly, and will learn to accept and fulfill their own needs, desires, and wants, enabling them to take care of themselves and respect themselves.

Let me reiterate one point here at the end of this discussion. My use of principles does not move care ethics to a rationalistic theory of morality. After all, my hope is that we will reach the point where no one need refer to these self-care principles. Once Noddings and other care ethicists acknowledge selfless women's lack of epistemic personhood, they will hopefully recognize that one needs to refer to principles not only when one is caring too little for another, but when one cares too much.

helping them fix their problem seems completely adverse to care and connection. Lehrner points out, and care ethics should too, that sometimes caring or helping requires "stepping back and allowing the other person to struggle with his or her own problems [and this] is not the same as emotional withdrawal" (p. 145). Establishing this kind of separation can be vital to healthy caring relationships, even between mother and child where the connection is so strong that "many of us have difficulty achieving the degree of separateness that would allow us to listen to our children in an empathic, low-keyed way, inviting them to talk more and elaborate as they wish" (p. 151). Slote points this out in *Morals from Motives*. For an ethics of care empathy to work, the focus on connection needs to be supplemented with talk of separation and respect for separate ideas and aspirations.

¹³³ For suggestions for positive expressions of anger from a psychological standpoint see Cox et al. pp. 132-138.

Chapter 5 A Care Ethical Theory of Justice

The epistemic arguments I have made thus far will not only strengthen care ethics, but also allow for a reinterpretation of Rawls's contractualism in sentimentalist care ethical terms. As I stated in my introduction, I do not intend for my reinterpretation of Rawls to suggest he is mistaken. My intent is to show that it would be interesting for someone who prefers care ethics to Rawlsian or other forms of Kantianism/Liberalism to see how care ethics allows a reinterpretation of contractualism in care ethical terms, and to see what kind of implications care ethics can bring to the theory. Feminist philosophers, including Susan Okin and Iris Young, anticipated this kind of reinterpretation¹³⁴. Okin argued that Rawls needs to rethink how he sets up his original position: "Rawls *does* have to rely on empathy, benevolence, and equal concern for others as for the self, in order to have the parties come up with the principles they choose, especially the difference principle."¹³⁵ Young suggested we abandon Rawls's theory of justice in favor of a true participatory democracy; we need to give the oppressed a special "veto-power" regarding specific policies that affect an oppressed group directly. I will take Okin's contrary view and use it to reinterpret Rawls under the wing of care ethics. I will combine Okin and Young's positive contributions as a starting point and argue that in order for those in the original position to come up with Rawls's two principles of

¹³⁴ Kittay also criticizes Rawls for failing to take dependency relations into account. The liberalist approach presupposes mutual reciprocity between amongst the "free and equal" individuals who come together in the original position, but this is an impossibility in dependent-caregiver relations. She proposes we use the notion of a doula, a caregiver for caregivers, in order to rectify the issue. My reinterpretation stems more so from Okin and Young's ideas, but Kittay has offered important insights that I wanted to at least mention. Kittay, "Taking Dependency Seriously: The Family and Medical Leave Act, dependency work, and gender equality."

¹³⁵ Okin, p. 243

justice, they must be fully empathic people who bring a certain kind of knowledge into the original position, namely knowledge of oppression. Proper empathic moral education is required for those in the original position, so I will also discuss what that would entail. While I believe that fully empathic people with knowledge of oppression will come up with Rawls' two principles, I will argue that they will not agree with the ordering Rawls sets up placing liberty above the Difference Principle and instead will see the two principles as in the same pool.

In her 1989 article Okin argues that Rawls is far from being a moral rationalist. His Kantian connection made it extremely difficult for him to acknowledge the role of feelings like empathy and benevolence, but Okin claims that empathy and benevolence are at the very foundation of his principles of justice¹³⁶. She says that "in absence of knowledge about their own particular characteristics, those in the original position cannot think from the position of nobody; they must think from the position of everybody."¹³⁷ And this is, indeed, what they do. To illustrate the point, she uses the example of those in the original position trying to choose principles that secure the integrity of religious and moral freedom: "in absence of knowledge about oneself, including absence of probabilities, the only way to do this is to imagine oneself in the position of those whose religious practices and beliefs or lack there of will require most tolerance on the part of others."¹³⁸ This, and all decisions made in the original position, requires empathy and "the preparedness to listen carefully." I will echo this point and add two more requirements, namely, that the voices of the oppressed are there to be heard and that those in the original position be equipped with knowledge of the harms of oppression. I

¹³⁶ Okin, *Reason and Feeling in Thinking About Justice*, p. 231.

¹³⁷ *Ibid.*, p. 244

¹³⁸ *Ibid.*, p. 245

include the second requirement because empathy is more sensitive to absolute bad situations than to other less-than-ideal situations and so will be particularly concerned with or sensitive to the results of oppression.

As for my use of Young's work on Rawls, I am not assuming her criticisms of Rawls are effective, but the positive vision she offers for the actual world helps me make out a version of the hypothetical original position and social contract that will deliver care ethical conclusions rather than Rawls's lexically-ordered two principles. Rawls puts less emphasis on compassion¹³⁹ than care ethics does, and care ethics would question certain civil liberties in a way that Rawls wouldn't; for example, the mobility rights of abusive husbands and the rights to express all forms of hate speech¹⁴⁰. Young's positive emendation to Rawls's theory is to insist on a participatory democracy that requires one main principle: a democratic public should provide mechanisms for the effective recognition and representation of the distinct voices and perspectives of those in its constituent groups that are oppressed and disadvantaged:

“Such group representation implies institutional mechanisms and public resources supporting (1) self-organization of group members so that they achieve collective empowerment...(2) group analysis and group generation of policy proposals... (3) group veto power regarding specific policies that affect a group directly, such as reproductive rights policy for women...”¹⁴¹

Privileged groups are not awarded specific representation because they are already represented. Young's idea of a true participatory democracy is tempting, but there are

¹³⁹ One may think Rawls begins to move in the direction of what compassion would dictate with his difference principle because it intensifies concern with the worst-off in a way that had not been done before. However, the worst off aren't necessarily badly off, so the importance of compassion is, instead, obscured.

¹⁴⁰ In *The Ethics of Care and Empathy* (Chapter 5) and *Moral Sentimentalism* (p124 f5) Slote argues that we should (at least) question the necessity of allowing hate speech and “a sentimentalist approach will also want to defend a narrower view than most liberals and libertarians maintain of the rights of husbands or others who physically or sexually abuse their spouses or women generally.”

¹⁴¹ Young, p. 184

problems. Giving special interests groups a voice in policy is a start, but their voices can still be ignored. Young fails to fully address the problem of treating the lives of those in the privileged positions as normal. By only giving the oppressed a veto-power, on issues that pertain directly to them, we are treating their experience as ‘special,’ implying that those who normally make the policy decisions are ‘normal.’

People making the important decisions in the original position from which principles and goals are set and committed to ought to have knowledge of oppressed positions in society: they ought to be people who have knowledge of what it’s like occupy the “worst-off” positions in society and the harms that one is subjected to when in those positions. My reworking rests on the idea that the oppressed¹⁴² should not only have *a* voice in justice as Young requires, but they should have *the* voice; meaning, their voice, their experience, is instilled in others in order to fully develop people’s capacity for empathy, and in turn enable those in the original position to decide on the terms of a truly just contract. My reinterpretation uses these feminist ideas as a starting point and involves placing fully empathic people with knowledge of oppression in the original position. This requires readying people to be in the original position through moral education concerning harms brought about by oppression. My system, like Rawls’s, is an idealization and hypothetical situation. I will say more about what this moral education would entail, and highlight and attempt to speak to some potential pitfalls involved; but

¹⁴² But also the voice of those who have experienced natural disasters and the evils of war need to heard.

first, I will say more about my reasons for the type of contractor I require because it will make it easier to understand why this kind of moral education is necessary for a caring result.

A Caring Position

Rawls's veil of ignorance requires that the contractors have no knowledge of their own abilities, intelligence, skills, no knowledge of their position in society, when trying to decide on the principles of justice. But if one is going to ensure that the principles of justice decided on are such that those who occupy the worst-off positions in society are better off than any other scheme they could be in, then the people deciding on those principles ought to have knowledge of all the possible worst-off positions of society. I'm claiming that a certain kind of knowledge has to be brought into the original position, namely knowledge of harms brought on by oppression. It's not enough for those in the original position to be merely empathic and rationally self-interested; one can't be empathic unless one has some knowledge of bad things one has done or others have done. Hoffman's concept of induction¹⁴³ relies on this very point: in a world where nothing bad ever happens, you can't teach children to be moral/have empathy. One teaches a child empathy by asking them to put themselves in another's shoes: "look how hurt Susie is that you won't let her play with you...how would that make you feel?" I am just taking this further. One has to be acquainted with the worst kind of suffering in order to be fully empathic. To be fully moral, one has to know about a lot of horrible things, including oppression and unjust or just wars. In order to prevent people from doing horrible things

¹⁴³ For more on induction see Hoffman pp. 151-158, 257, 292

to each other in the future through the laws decided on in the original position, those who are making these decisions have to know about horrible things people could do to each other given the chance to do so.

Epistemic personhood is also going to be crucial for both those doing the moral educating and those in the original position; it must be pervasive at every step, or else we will face a debilitating epistemic deficit. If the oppressed who educate us lack epistemic personhood, that's a deficit from how informed "we" learners (those in the original position) can be. Judgments concerning the oppressed, the worst-off, won't be correct. The right formal principles, without informational adequacy will not give us the results Rawls expects. How can we supply material adequacy then? How do we bring the necessary material into the veil of ignorance? Rawls never mentions the importance of epistemic personhood, which makes his picture problematic from a care ethical standpoint. Rawls wants those in the original position to make a definitive judgment and commit themselves to it. But if those in the original position lack epistemic personhood they won't be able to make a definitive judgment *of their own*. If you do not trust your own judgment, then you do not trust your own judgment behind the veil of ignorance either and do not see the importance of empowering those who are oppressed. How can those behind the veil of ignorance come to appreciate the conditions of the oppressed? The mere fact that one is among the oppressed does not insure that one will appreciate the condition of the oppressed. One might discount the oppression as a result of the oppression due to brainwashing, identification with the aggressor, etc. The oppression has caused a lack of epistemic personhood, which prevents one from trusting one's judgments generally, but also specifically about these sorts of issues. Those in the

original position also need epistemic personhood at the first stage of the process, the moral education stage, because if you are one of the oppressed, and the oppression is doxastically and affectively effective, you will not trust your judgment about the oppression, that is, about how badly off people like you are. So it is not merely by ignorance of position that we can ensure those behind the veil will come to appreciate the conditions of the oppressed.

A care ethicist might suggest that we wouldn't even need ignorance of position if those in the original position are fully empathic because they would connect with the worst-off and be motivated to improve their lot regardless of whether we could come to occupy that position or not. The issues of ignorance of position becomes moot because with empathy, you feel the other's pain- you take on their interests as your own. The process Rawls describes sounds like the process Slote and Noddings describe when a person's empathy has flagged or failed: one has to then remind oneself of principles to care/empathize in order to connect. Rawls, by insisting on ignorance of position, is essentially saying the same thing: "put yourself in their shoes- what if that was you?" This, of course, echoes Okin's points about Rawls including benevolence and empathy in his theory of justice, but when combined with the requirement of epistemic personhood, it becomes much more forceful. Rawls doesn't consider the role of epistemic personhood

because he himself has it and he presumably has not been made aware of the debilitating effects of patriarchy, so he's unaware of how debilitating not having it can be, and the problems it presents to his stages.

Teaching Contractors How to Care

Now I will turn to my views about the kind of moral education that must be in place in order for this care ethical theory of justice to work. This is hypothetical, the way Rawls's construction of justice is. What I'm describing are hypothetical circumstances that are suitable for creating people who can participate in the kind of contractual choice, in an original position defined by the hypothetical moral education, that care ethics would dictate. What we have learned empirically about how moral education actually works can be used to describe these hypothetical circumstances that deliver principles of justice that care ethics can accept. It will require that the oppressed gain epistemic personhood and that we sensitize people to the harms of oppression. My reinterpretation could be called a "situated" theory of justice because it requires knowledge of oppressed positions; positions situated in such a way to provide unique knowledge of the relationship and effects of the relationship between the privileged and the oppressed. The oppressed *know* what it is like to be the worst-off; they have the situated knowledge required to know such positions. We need stories of oppression to be a part of our hypothetical moral education¹⁴⁴. And this is possible so long as those who have the stories to tell have

¹⁴⁴ One might object at this point that the oppressed will focus on their own experience oppression and ignore that of others, causing those who are learning about the harmful effects of oppression to in turn ignore the other types they have not been privy to. This objection can be answered by relying on a developed capacity for empathy. Peggy McIntosh points out that often times we tend to focus our attention on one particular form of oppression- the one that affects us in particular. Because I am a white woman, I tended to focus on sexism while ignoring the effects of racism. When I encountered black feminist epistemology, I realized that I had been ignoring the effects of racism on women. I was mostly embarrassed that I had been blind to this form of oppression, but it was not difficult for me to begin to

developed the epistemic personhood required to accept and assert this knowledge; otherwise they identify with their aggressors and distrust their own knowledge. To illustrate this worry, consider the following: white society attributes negative stereotypes to people of color- i.e. black people are lazy, Chicanos are unintelligent, etc. A stereotype's oppressive nature is often overlooked because it is assumed that one can simply ignore it and/or correct those who believe the stereotype. Sandra Bartky points out that this is not such an easy task, and stereotypes are a dangerous source of oppression. The target of the stereotype will begin to internalize the message- after all, why shouldn't you believe something about yourself that everyone keeps telling you is true? As Hume says, we tend to take in, via empathy/sympathy, the opinions and attitudes of others.¹⁴⁵ When people of color internalize stereotypes, the psychological oppression that ensues can damage their self-trust: "no one else trusts my opinion, so why should I?" So the oppressed need to develop epistemic personhood in order to be able to come to voice so that their experience, and they themselves, can be noticed and known.

I will say more about "being noticed," but I first want to discuss the problem of many oppressed people lacking the epistemic personhood required to come to voice so

understand the effects of racism. After all, I know what it feels like to be targeted because of my sex, so I can empathize with some one who is targeted for their race. I see a similar consciousness raising experience for white female students who study critical race theory for the first time. White male students, however, are usually more resistant to feminist and critical race theory. It takes more effort to get them to even accept the work as scholarship, let alone accept the truth of the claims. This is probably because most white men have not had to deal with oppression the way that women students have. It is more difficult for the men to empathize with the effects of oppression because they haven't experience them first hand. This is not to say that they cannot empathize with those who are oppressed, but it is more of a challenge. People who have and/or do experience oppression more readily empathize with other forms of oppression. There is at least the awareness of the other type(s) of oppression, and the importance of including those voices in the discussion. All that is required is people who have been made familiar, empathically, with the whole range of relevant current human oppressions occupying the original positions; they are then better able to empathize with and incorporate other oppressed voices. (Oppression is more than prejudice; I want people who have experienced oppression and not just prejudice- say against Italians because of the Mafia- to voice their stories for moral education).

¹⁴⁵ Hume, pp. 320-324, 346, 499, 589, 592, 605.

others can notice them and their experience. This is analogous to the situation for many women in patriarchal society; their marginalized position gives them a unique perspective, but as I said in Chapter 3, their lack of self-trust induced by the patriarchal expectation of selflessness and the inability to accept and deal with their anger resulting from oppression causes many women to pass up an opportunity for knowledge. If a person lacks the self-trust and/or is unable to articulate her anger, she will be unable to tell her stories of oppression, and the moral education of others is thus limited. She will not even be capable of exercising a veto power over decisions that directly affect her oppressed group, the minimum that Young requires. I haven't specified what mechanism for empowerment and consciousness raising of the oppressed can be put into place, but solidarity and consciousness raising groups, like those that are formed based on the bonds of sisterhood as discussed in Chapter Four, must be involved.

Young suggests institutional mechanisms and public resources supporting “self-organization of group members so that they achieve collective empowerment and a reflective understanding of their collective experience and interests in the context of the society”¹⁴⁶ to give the oppressed a voice. While this sounds like a good plan, I think she again fails to recognize role of the privileged. Those in power have to provide the institutional mechanisms and public resources supporting the oppressed's empowerment. Young wants the oppressed to self-organize, but she does note that resources have to be in place in order to do so. The privileged would have to play a role in this process.¹⁴⁷

¹⁴⁶ Young, p. 184

¹⁴⁷ McIntosh briefly mentions the role of the privileged in oppressed persons' empowerment. She examines the role of male academics in including female and critical race scholarship on syllabi: men have little to lose by including such work, but it also seems like they also have little to lose if they do not include the work. The privileged have a lot of power in the process of empowerment. Men act as the gatekeepers for feminist work to make it “mainstream.” While women have played a vital role in my

Applying this to Rawls, only the oppressed have the situated knowledge of the worst-off positions in society. In order to have access to this situated knowledge, and to ensure fairness, empathic individuals equipped with knowledge of oppression must be given the responsibilities of the original position, which requires that someone first help the oppressed come to voice. This could include sociologists, anthropologists, and artists; anyone who is willing and motivated to lend an empathic ear and seek out this information in a compassionate way, so the oppressed are not being treated unjustly nor seen as being responsible for educating others about oppression.¹⁴⁸ This may never happen, at least not often enough, in the actual world, but this lending of empathic ears to help the oppressed voice their experiences is part of my *hypothetical* scheme for creating people ready to be in the original position.

What I've been describing, besides allowing for a care ethical reinterpretation of Rawls, seems like a way to make up for some of the injustice and uncaring attitudes the oppressed have experienced: by acknowledging their vital role in empathic moral education. So how do we go about teaching empathy for oppression then? How do we nurture these caring contractors?¹⁴⁹ Going to the oppressed, listening to their experiences

education and leadership training for women, men have as well. Support from male academics has given me more self-confidence and trust in my work.

¹⁴⁸ Audre Lorde warns against this injustice in, "The Master's Tools Will Never Dismantle the Master's House," comments at "The Persona and the Political Panel," of the Second Sex Conference, New York, September 1979.

¹⁴⁹ Slote has brought an interesting question to my attention concerning who can be a candidate for caring contractor. Namely, can former oppressors be candidates? Getting the privileged to listen to these stories of oppression in order to teach them empathy for oppression is particularly challenging because when one is made aware of harms of oppression, one is also made aware of the privilege systems that enable systematic oppression. It ushers in the realization that meritocracy is a myth, that the privileged do not earn their status solely on hard work, and that to confront these systems of oppression will require leveling the playing field. It will require that the privileged come to understand what they are handed in life, and be willing to give up, or at least acknowledge, those 'special' advantages because they are unfairly granted and not earned. And, of course, not many are willing to let someone else benefit in the place where they normally would. But not every oppressor will refuse to listen and learn. When faced

of oppression or witnessing their plight, and then teaching others to be sensitive to these injustices is how we can go about raising caring contractors, which, again, is hypothetical. But before we would start educating about the various forms of oppression, an education system that teaches children how to care for themselves and others is required, like the system Ruth Charney describes in her 1992 book, “Teaching Children To Care.” Charney discusses techniques to facilitate caring social skills in children,

with the realities of oppression, repeatedly perhaps, one can become more receptive to induction. There’s a scene in the racism awareness film, “The Color of Fear,” that illustrates this point. The film documents the conversation of twelve men of various racial backgrounds and much of it focuses on one white man, David, who refuses to accept that the men of color have experienced adversity because of their skin color. This is because if it is the case that they are telling the truth, David has had free-passes in life because he is white, which, of course, means that he didn’t earn his status solely because of his hard work. The men of color cried, shouted, and became aggressive at times towards the white man because he refused to listen or even believe their accounts were real. It wasn’t until the group facilitator said to him, “David, imagine what it would be like if your kids were put in the lowest reading group at school just because of their skin color...” So basic induction worked in the end, but I think because he was bombarded repeatedly with these stories of oppression, it ‘broke him down,’ or made him more receptive to the induction technique. It was clearly painful for him to process what has happened to the men of color and for him to process the fact that he has had all of these privileges throughout his life, but he was able to come to understand and empathize with racial oppression the other men experience. When I show students this film, I ask them if they think David is being genuine when proclaims at the end of the film that he will do what he can to fight racism in his daily life and teach others about these privilege systems. Their response is usually a unanimous ‘no.’ They are pleasantly surprised, however, to hear that David presently tours the country with some of the men from the film giving racism awareness seminars. So, yes, it’s difficult to get the privileged to listen and empathize with harms of oppression, but it is possible and it does happen. Those who can empathize with the oppressed, even if they were formerly the oppressors themselves, and have this knowledge of the harms of oppression would be candidates for the original position.

I also want to note that some people may be “too set in their ways” for these accounts of oppression and induction to work thoroughly. We use the phrase “set in their ways” to usually refer to older adults, but young adults and even some teens also seem ‘immune’ to the stories of oppression and the induction process because of the way they were raised: they were not taught to empathize with others and/or were fed racist or sexist attitudes and likely still are. David, from the film, is this kind of person who is set in his racist ways and does not appear to be capable of listening, let alone empathizing with the oppressed. If this is the case, then people like David cannot be candidates for the original position. But maybe we shouldn’t be so quick to give up on people who appear to be impenetrable. There’s a point in the film where most of the men of color decide to give up on convincing David that their experiences with racism are real. One of them then turns to the other white man in the room who *is* listening and says, “I have to ask a favor of you: not to give up on David. We’ve tried...and we’re not getting through.” Second-hand accounts, especially when coming from someone more like ‘me,’ can be easier to comprehend/accept. David finally begins to listen when the fellow white man presses the points the men of color have been making throughout the conversation. The overarching point here is that the persons who ought to occupy the original positions have to have knowledge of oppression and be fully empathic, and this can include former oppressors so long as they’ve worked to develop these two qualities.

focusing around first teaching children to notice and hone their own self-controls, and then to notice, and in turn care for others. Her 1997 book, “Habits of Goodness,” is a collection of case studies for her social curriculum, and includes a study focused on the language required to teach children empathy, which would be crucial in raising caring contractors for our caring theory of justice. The study, by Arona McNeill-Vann, centers on the importance of children learning to recognize the humanity of others because “to be recognized is to add your weight to the community.”¹⁵⁰ McNeill-Vann teaches in a DC public “school-within-a-school” that serves children between four and ten years of age in multi-age classrooms. She describes an activity where the students were assigned to each make a page for a book to give to a student, Peter, who was moving away. She originally asked the students to describe and illustrate one thing they “liked” about Peter. She was disappointed with the impersonal and self-focused results, including things like: “he’s *my* friend,” “he’s *my* best buddy,” and “he chases *me* on the playground. *I* will miss him,” (my emphasis). Upon reflection she realized that in order to teach children connection to and empathy for others, and to make the book about *Peter*, she should have worded the assignment differently: “when we move from asking children to like each other to asking children to “observe” and notice each other, we create an opportunity for genuine liking to emerge.”^{151 152 153} Charney adds a quote from Baldwin (1955): “No one, after all, can

¹⁵⁰ Charney (1997), p. 54

¹⁵¹ Charney (1997), p. 53

¹⁵² This point about the language used to teach empathy is played out in the *Color of Fear* film I mentioned in footnote 16. When David, the stubborn white man, is asked, “what is keep you from believing what these men are saying about their experiences with racism,” he says that he doesn’t “like” the other men when they become animated about their experiences and is “frightened” when they become loud and angry. David, essentially, has the same sort of self-focused reaction that the children in McNeill-Vann’s class had. When David finally makes the shift from thinking in terms of what *he* likes/dislikes about the men to noticing *them* and understanding *them*, he says that he hears what they are saying. The entire film is based on this idea of getting oppressors to notice the oppressed.

be liked whose human weight and complexity cannot be, or has not been, admitted.” This is why teaching children to first (merely) notice others is crucial to lay a foundation for empathy, and teachers must choose their words wisely. In addition to Charney’s methods, teachers, and parents, must use the induction technique that Hoffman¹⁵⁴ describes in order to teach children to be more empathic. Slote emphasizes the importance of induction in *Moral Sentimentalism*, but also points out that children not only take in empathy with induction, but also when they notice a parent or teacher being empathic.¹⁵⁵ Children learn to be empathic through a combination of all these methods: induction, by example, and being taught to notice others.

The moral education I am envisaging needn’t actually occur in order for me to make my point. A contractor is a hypothetical person who has received all the moral training I’m discussing. My care ethical theory of justice requires my caring contractors not only be empathic, but also have knowledge of oppression. In order to acquire the latter, the oppressed first have to be noticed, and so often, they are not. Once children or those who we are training to become caring contractors learn to notice others (empathize with others), then we can begin teaching them to notice (and to do so on their own eventually) the oppressed. The curriculum would need to include stories of oppression of various sorts, and those accounts must be accurate, meaning they have to be such that

¹⁵³ I want to note that without the accompanying case study, this point about the language of teaching empathy could be difficult to understand for the following reason: to ask a person to “observe” someone seems, to me, to make them into an object of an experiment; depersonalizing. But if one follows through with the observation in full, it’s not just what one observes at first glance, but there are other questions involved: ‘why might he appear that way?’ ‘What’s fueling those emotions he has?’ So what might begin as an impersonal observation (hopefully) develops into personal connection and empathy. The trouble with the question, “what do you like about Peter?” is that the focus is not on Peter, but on what kind of feelings he produces in *you*. “What do you observe about Peter?” keeps the focus on Peter and makes possible an empathic connection with *him*.

¹⁵⁴ For reference on Hoffman and induction see footnote 11.

¹⁵⁵ Slote, *Moral Sentimentalism*, pp. 30-33.

students can notice the oppression and empathize with what the *oppressed* feel, as opposed to what the privilege assume or interpret as what the oppressed feel. This leads me to question whether students more readily empathize with the harms of oppression when witnessing it first hand, or is it enough to hear stories of oppression told by a mediating party- like a filmmaker for example? My question focuses on the efficacy of first hand accounts as opposed to second hand accounts; the vividness and force of suffering, whether it's best expressed in first person accounts or (maybe artistic) second-hand takes of those who have witnessed it. How does the chain of empathy play out? If person x's condition is empathically understood by y, y can be understood by z. But one might think the empathy for x's condition will weaken as the chain of empathy gets longer. Or, it could be that the chain strengthens the empathy z feels for x's condition in the following way: 1) strength of x's account conveyed by y, plus 2) horror of y in reaction to x's horror. Learning about the harms of oppression through second-hand accounts will either have a magnifying effect or a dampening effect. Psychological studies need to be done in order to determine the effects first-person verses second-person accounts of harm has on a third-person's empathy.¹⁵⁶ Once we know more about this process, we can determine whether we need to seek out first-hand accounts of

¹⁵⁶ To illustrate the point consider my experience serving as an escort at an abortion clinic. One Saturday a month I volunteered to walk patients into a women's health clinic from their vehicles, shielding them as much as possible from physical and verbal harassment by pro-life protesters. Witnessing, first hand, the harms caused by this kind of harassment is certainly an eye opening experience. When I would tell my friends and family about my experiences at that clinic the reaction was usually shock and disgust that people would invade the patients' privacy and try to prevent them from receiving medical treatment. It was clear that they felt empathy for the patients upon hearing my second-hand account. But upon reflection, I wonder whether those who heard my stories felt more or less empathy for the patients than they would if they were to hear first-hand, from the patients, or witness first-hand, what the experience was like? It could be that they empathize with the patients as an immediate reaction to the second-hand story, and then when they register my own empathic connection with the patients, there is a magnifying effect on their empathy for the patients. Or, it could be the case that because they are hearing second-hand what happened, the harms aren't coming across as real or dire as they would if they were hearing from the patients themselves what the experience was like.

oppression in order to attain a fully empathic moral education and have knowledge of the harms suffered by those in the worst-off positions, or whether it is enough to hear second-hand accounts including fictional versions of peoples' oppression including works like *Uncle Tom's Cabin*. Either way, the oppressed have to come to voice and empathic listeners who have been taught to notice and be receptive to experiences of oppression must gain knowledge of the harms of oppression.

This hypothetical moral education must occur justly and so involve the oppressed speaking out. Putting moral constraints on the process of coming to a social contract is not necessarily question begging or undercutting the contract. Scanlon points out that he and Rawls do this, and Scanlon agrees that it is acceptable for moral ideas to influence the specification of the original position and how the contract is arrived at.¹⁵⁷ The oppressed may object to the second-hand account option because they have the right to tell their own story. With second-hand accounts, the oppressed are attended to, but not necessarily heard. Paternalism is involved, and the procedure of teaching empathy this way represents a further injustice: if school children are going to learn the stories of oppression from reports, why shouldn't the oppressed be the ones who are given the chance to tell the tale? Why can't they have a direct role in moral education? So the process of creating moral people can be more or less just to those who are being oppressed. If their accounts don't enter in, that is less just. This can be seen as parallel to Gilligan's point that women's voices are not taken seriously. I am talking about a different way of not listening to voice; a new way that can only be resolved when voice is heard in the first person, otherwise the subjects will feel the situation is unjust or

¹⁵⁷ Scanlon, p. 191: "As I pointed out...there is on this view a strong continuity between the reasons that lead us to act in the way that the conclusions of moral thought require and the reasons that shape the process through which we arrive at these conclusions."

reinforce the oppressed mindset that their stories are inadequate/blown out of proportion. Consider holocaust victims who didn't survive to tell their story. This is part of their tragedy: not only were they killed, they did not get the chance to convey their suffering. The movie "The Seven Samurai," is another illustration of this failure to listen. There's a point in the film where the samurai are at an inn discussing the grim situation of the villagers, and yet the villagers are there among the samurai. Their tragedy is compounded by their not being allowed to say anything, having to be passive and keep their story to themselves, and not having a say in how to improve their own situation. We don't want the process by which people become empathic be unjust. If the actual account of the subjects doesn't play a role in sensitizing those who will be creating the laws to prevent these things from happening in the future, then those who have suffered haven't been listened to and their fate is all the worse. Bringing about the original position means bringing about empathic people and that has to be done in a just way. We have to be empathic and sensitive about how we go about bringing these empathic and sensitive people up. The fate of the oppressed doesn't have to look like that of the silenced villagers; the oppressed will have a say in how to improve their situation if we equip those in the original position with knowledge of oppression.

A Careful ordering of the Principles of Justice

So now the question is, what kind of principles of justice will my caring contractors choose? I think they will come up with Rawls' two principles of justice, but not in the ordering he prescribes. Rawls puts liberty ahead of welfare in our state, which, of course, fits with the justice tradition he was working in; emphasis on autonomy. This emphasis on autonomy, though, allows for uncaring results, such as difficulty in issuing

restraining orders on husbands who have not actually committed a crime against their wives but who are harassing or threatening them. A liberal or Rawlsian justice system is made to focus on not infringing on an abusive husband's rights unless he has committed a 'real' crime like physical abuse, instead of focusing on the harms suffered by the (psychologically) abused wife. This is against the spirit of care ethics because it emphasizes separateness and autonomy instead of concern for welfare/wellbeing. Rawls does not put enough emphasis on the difference principle¹⁵⁸, and people who understand oppression are not going to opt for autonomy trumping empathy. The Nazis would not be permitted to march through the town of Skokie because empathy for the many holocaust survivors who are citizens of Skokie- avoiding the psychological damage that such a march would cause- would trump the Nazis' free speech rights; the emphasis would be on welfare, not on autonomy.¹⁵⁹ Hart argued against Rawls that liberties and welfare should be in the same package, and that liberty shouldn't have priority¹⁶⁰. Rawls' general conception of justice moves toward this view: "All social values- liberty and opportunity, income and wealth, and the social bases of self-respect—are to be distributed equally unless an unequal distribution of any, or all, of these values is to everyone's

¹⁵⁸ I am treating the difference principle as if it focused on welfare, but it in fact takes on only "primary goods." His list of primary goods includes: rights, liberty, opportunities, income, and wealth. Rawls includes self-respect on the list of primary goods, and claims that it has a central place (p. 54-55). The care ethical view of self-respect I proposed in Chapter 3 requires a self-respecting person to have a concern for one's own welfare. I think it would be interesting to explore the possible reinterpretation of Rawls's view of self-respect and its place in the list of "primary goods," but I don't have room to explore this here. In any case, each primary good he lists contributes to one's general welfare- especially opportunities. I focus on opportunities here because it may be the case that oppressed persons have equal rights and liberties as the privileged (at least in this country), but the opportunities available to them may be bare opportunities due to their lack of epistemic personhood (as discussed in chapter 3), which prevents them from realizing these opportunities to improve their welfare.

¹⁵⁹ See Slote, *The Ethics of Care and Empathy*, Chapter 5, where he, elaborating on Susan Brison's work, questions the justice or moral necessity of allowing neo-Nazi hate speech in a place like Skokie.

¹⁶⁰ Rawls refers to Hart in his Tanner Lecture, "The Basic Liberties and Their Priority," which is included in a collection of selected Tanner Lectures, *Equal Freedom*, edited by Darwall, p. 190.

advantage.”¹⁶¹ But Rawls arranges the principles in serial order so “they do not permit exchanges between basic liberties and economic and social gains except under extenuating circumstances¹⁶²...” but that “we must, however, make sure that the course of change being followed is such that social conditions will eventually be brought about under which restrictions on these freedoms are no longer justified.”¹⁶³ So when there is an emergency situation, a catastrophic situation, with no outside aid, only then are we allowed to compromise individual liberties in order to attend to welfare concerns. In conditions of moderate scarcity, though, we ought to place liberty above the difference principle. Someone from a care ethics perspective will argue that even in conditions of ‘moderate scarcity,’ there are psychological damages (of Holocaust survivors in Skokie and women who are abused) that are just as bad as physical damages from say, starvation. There is a tendency for liberals to downplay these emotions- the terror that abused women live daily not knowing what their husbands will do next¹⁶⁴- which a care ethical theory of justice will not allow for. Empathic contractors will quite possibly accept the difference principle, but not the ordering of the two principles. They will place less emphasis on traditional autonomy/liberty, and more emphasis on welfare/empathy considerations because they will connect with the worst-off, those who are suffering as a result of favoring autonomy over empathy.

¹⁶¹ Rawls, p. 54

¹⁶² Ibid., p. 55

¹⁶³ Ibid., p. 218

¹⁶⁴ Claudia Card makes an argument that women who are abused live through terrorism on a daily basis (“Questions Regarding a War on Terrorism”)

Summary

Feminists have been pointing out that Rawls's contractualism fails to live up to his goals of fairness and equality, and have offered suggestions to meet these shortcomings. I've offered a different approach that will allow Rawls's contractualism to be care ethically friendly by focusing first on welfare, and secondly on equality and fairness. While the original position is determined in relation to the hypothetical moral education I describe, interestingly, actual knowledge of moral education is made to work to define hypothetical circumstances that deliver the principles of justice that care ethics can accept.

Chapter 6

Conclusion

An underlying goal of my dissertation has been to show that care ethics, as it's further developed, ought to be taken more seriously as a competing theory in normative ethics. The account of self-respect that I've developed along side of and in opposition to the Kantian account of self-respect demonstrates that care ethics can be extended into other areas of ethics that it was believed incapable of before. Chapter Five also demonstrates how the theory can be extended to include other ethical notions, like justice, by developing a care ethical version of Rawlsian Contractualism. Even if one prefers a different ethical theory to care ethics, what I've said in Chapter Three concerning the importance of epistemic personhood generally, instead of focusing only on the importance of moral personhood specifically, will be useful for any normative ethical theory. Thinking autonomously, reflecting on and evaluating one's judgments, and trusting those judgments rather than deferring to others are all important abilities required for making moral choices. Even Kantians will agree that autonomously reflecting on and accepting one's duties is morally more desirable than a person thinking something is her duty just because she was told it was- or that she deferred to her parents or pastor to tell her that it is her duty.

Anger in the face of epistemic non-personhood is another problem for normative theories generally because the inability to accept and evaluate one's anger can result in one being coerced into making "moral" choices instead of making autonomous moral choices. For example, a young woman who is considering having an abortion but whose parents instruct her that abortion is immoral because it harms the fetus, may feel anger at

their inability to consider her feelings about the decision. If she lacks the epistemic personhood required to accept and assert that anger, she will likely be coerced into not having the abortion just because she was told not to, and not because she decided for herself that it would be the wrong thing to do. She will be unable to make use of the self-protective signal from her anger to consider how she feels about her situation in relation to her moral obligations, thus exhibiting moral non-personhood. So having the epistemic personhood to accept one's judgments concerning one's anger is an important element for any normative theory.

My main goal for this project has been to show that the new face of care ethics cannot afford to be, and is not, the sappy lovey-dovey traditionally feminine ethic as it has been accused of being by other brands of normative ethics. This is, of course, the stereotype of any sentimentalist ethic and an exaggeration of what Noddings originally intended the theory to be. But it's the kind of reputation care ethics has, unfortunately, earned. It's unfortunate in a superficial way in that it casts care ethics as a "weak" theory due to its sentimentalist¹⁶⁵ and, even worse under a patriarchal lens, motherly/feminine roots. Feminists have been insisting on how insights from women's lives ought to inform and influence our ethical theories, and while I don't intend to rehearse those points here, it's worth mentioning because these insights are met with the same kind of harsh criticism care ethics faces- if not completely cast aside as not philosophically rigorous or simply over-sensitive whining about "supposed" oppression. But the reputation care ethics has received is unfortunate in another, more devastating way. It's a

¹⁶⁵ I highlighted some of the prominent criticisms of this sort in the introduction, and referenced how Slote and Noddings, among others, have sufficiently shown that care ethics has the capacity to answer these kinds of criticisms and that other ethical theories, in particular Kantian ethics, face similar worries as well.

profoundly accurate picture of so many women in patriarchal society, and a frighteningly accurate prediction of what so many girls will be become and systematically forced to remain: selfless women who lack epistemic personhood and therefore the ability to respect and care for themselves.

Many feminists have been wary, if not vehemently opposed, to care ethics because of the concern over the theory further encouraging selflessness among women. I was warned, by such feminists, before beginning my work on care ethics, and their concern over the theory has been motivating my project throughout. It seemed, to me, that their worries about all the caring talk were practically and philosophically legitimate, but is this theory as dangerous as they make it out to be? Care ethics places women and women's work at the heart of the theory, and yet feminists, who have been demanding such action in ethics, are pushing against it? I began my study of care ethics with this feminist chip on my shoulder, and I began investigating this 'selflessness' objection. What I've found is that the objection had not been articulated to reveal the deep extent of the damage that women have endured and continue to endure under the patriarchal feminine ideal of caring. The feminist worry is valid and troublesome for the theory. But by pointing out the role of women's anger in the face of epistemic non-personhood, the problem, and solution, has become clear.

My investigation into the criticism of selflessness has revealed a two-tier system of oppression against women. First, as discussed in Chapter Three, women experience an injustice, an uncaring attitude of disrespect, in the refusal to listen to their voices. By refusing to listen and acknowledge women's desires and aspirations, women are taught to doubt their judgments concerning these desires. This make them angry, but they fail to

make self-protective use of their anger over this mistreatment because they doubt they have justification for their anger in the first place. This self-doubt leads them to doubt their desire for their own good, and thus they become epistemically reliant on the judgments of others even in matters concerning their own welfare. They become completely dependent and vulnerable to the judgments of others. It's not just that we (the oppressors) owe it to women to listen to their voices concerning their own desires instead of making them dependent on our ideas of what they should want for themselves. It's because we've made them vulnerable by not listening, reduced them to epistemic non-personhood and the inability to respect themselves, that we owe them that much more. This oppression, as I mentioned, is two-tier in nature: first we make them vulnerable by not listening, and then we fail to rescue them from what we've done to them. We are guilty of the second offense when we recognize women's plight, but fail to do anything about it and instead pity them; or assume "the damage is done" and they will always be dependent and, thus, always just shy of self-respect; or even blame them for their condition. It's as if we've thrown them into the deep end, realized they cannot swim, and say, "well, they better figure it out fast," instead of throwing them the lifesaver that we owe them for pushing them in in the first place. This attitude towards the oppressed is not rare. Many of us are guilty of this kind of thinking when we, for example, see impoverished persons and think to ourselves- or even say out loud- "it's unfortunate that they weren't given the opportunity to improve their situation (the way we were), but that doesn't mean they have to act like such rednecks (or hooligans, or whatever classist/racist label you want to insert). *They* need to get it together," on their own, of course.

I've described how I think we ought to go about not only rescuing the women who are sinking fast, being weighted down by their epistemic non-personhood, which requires consciousness raising groups and teaching women to reason by reference to the two normative principles for self-care as discussed in Chapter Four. This is not the kind of "pull yourself out of the pool" attitude we so often take. Based on what I've said in Chapter Two concerning empathy for dependency and vulnerability, we will empathize more with selfless women considering their vulnerable and dependent state that we have pushed them into, that is, if we notice what we've done to them in the first place. An ethics of care and empathy will not just require us to focus on caring for others. It will require that we notice and empathize with these women who lack epistemic personhood, and thus be motivated to help them develop the capacity to trust their judgments; primarily their judgments concerning their anger over their own mistreatment, which will (hopefully) then enable them to begin trusting their judgments concerning their desires for their own welfare. Only then will we begin to properly care for and end the epistemic oppression of women. Only then will women be able to authentically, rather than obediently, care for others alongside men who are doing the same. Only then will women be able to develop self-respect by gaining the epistemic personhood required trust their own judgments concerning their own welfare. And only then will care ethics be a truly feminist ethic.

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