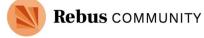


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INTRODUCTION TO PHILOSOPHY: ETHICS

CONTENTS

CHAPTER 7.

FEMINISM AND FEMINIST ETHICS

KATHRYN MACKAY

INTRODUCTION

In the eighteenth and nineteenth centuries, early feminist writers, including [Mary Wollstonecraft \(1759-1797\)](#), [John Stuart Mill \(1806-1873\)](#), [Sojourner Truth \(1797-1883\)](#), and [Elizabeth Cady Stanton \(1815-1902\)](#), began to address topics related to the political, economic, and educational status of women, and “women’s morality” (Tong and Williams 2018). This was partly motivated by a growing awareness of the real inequalities between men and women, including legal and social restrictions and prohibitions. These authors argued that disparities in educational opportunities, and the restrictions across race and gender of roles and responsibilities open to women, prevented women from fully de-

veloping as people and citizens (Wollstonecraft [1792] 2004). This was First Wave feminism, and it accomplished significant progress on emancipation and enfranchisement for women and visible minorities in the West.



[Betty Friedan](#) by Fred Palumbo via The Library of Congress. This work is in the public domain.

In the twentieth century, Betty Friedan (1921-2006) would report similar phenomena among her white university-educated peers in the 1950s United States, who had returned to the home to be full-time housewives. Friedan wrote that this group of women appeared to suffer a sort of stunting, an erosion of their abilities, and a freezing of personal, intellectual, and moral development into a childlike and immature state (Friedan [1963] 1997). It should be noted, though, that this was not the experience of black women in the US, who often worked outside the home, frequently in the employ of white women, nor the experience of working-class women across races (Collins 1989). However, women found significant commonalities among themselves in the disparity of political and employment rights compared to men in their social groups (Thompson 2002).

Around the same time in France, Simone de Beauvoir (1908-1986) published her seminal work examining the situation of women in French society, describing women's second-class status as founded upon the social and political interpretations of biological differences between male and female (de Beauvoir [1949] 2014). The work of de Beauvoir, Friedan, and many others spurred Second Wave feminism among women in Europe and North America, as they began to examine anew the cultural, political, and moral positions that women occupied. Second Wave feminists focused their efforts on such issues as reproductive rights, domestic and sexual violence, paid maternity leave, and equal pay in the workplace.

While issues surrounding women's political and moral development had long been a concern to feminists of the First and Second waves, it was around the end of the Second Wave and the beginning of the current Third Wave (roughly around the late 1980s and early 1990s), that writers began to think about the need for a specifically feminist ethics. Up to this point, moral theories (like deontology or consequentialism) had largely ignored or remained unaware of the specific perspective and experiences of women, privileging the experiences and perspectives of the "universal" or "neutral" position. Feminists, however, pointed out that this "universal" perspective was a specifically white male perspective. Alison Jaggar wrote that one problem with traditional ethics at the time was (and potentially still is) that it views as trivial the moral issues that arise in the so-called private world, the realm in which women do housework and take care of children, the ill or infirm, and the elderly. In its formulation of the "neutral" perspective, traditional ethics was charged with favoring "male" ways of moral reasoning

that emphasized rules, rights, universality, and impartiality over “female” ways of moral reasoning that emphasize relationships, responsibilities, particularity, and partiality. Additionally, Jaggar points out that traditional ethics had under-rated culturally feminine traits like “interdependence, community, connection, sharing, emotion, body, trust, absence of hierarchy, nature, immanence, process, joy, peace, and life” (Jaggar 1992, 363-364).

Thus, an ethics that paid particular attention to these traditionally undervalued virtues, principles, values, perspectives, and ways of knowing was required to provide a full understanding of human experiences and moral life. In the Third Wave, feminists began to criticize and discuss the various shortcomings of the Second Wave, including its marginalisation of the voices and perspectives of women of oppressed races, ethnicities, sexual identities, and socio-economic positions (Combahee River Collective 1977; Mohanty, Torres, and Russo 1991). A feminist ethic, which paid attention to these different identities and perspectives, became centrally important to taking women’s lives and experiences seriously, and central to eliminating oppression of women, sexual minorities, and other oppressed groups. Thus, Jaggar framed feminist ethics as the creation of a gendered ethics that aims to eliminate or at least ameliorate the oppression of any group of people, but most particularly women.

THE ETHICS OF CARE

Care ethics, as it has become known, is an early feminist ethic that arose out of reactions to popular psychoanalytical accounts of male and female development in the mid-twentieth century, and the questioning of women’s roles in society. This ethic began from observational studies in psychology, and later became a positive normative account of moral behavior. The early formulations of care ethics were criticized by both feminist theorists and philosophers working in other moral traditions. The objections to these early formulations are important, and have led to useful and interesting developments. Care ethics has advanced as a normative theory, but has perhaps made its strongest contribution as a metaethic, a position from which to begin our moral reasoning, rather than as a tool to use in sorting out particular moral cases or dilemmas.

Early Formulation

In her psychological analysis of women’s moral decision-making in the 1980s, In a Different Voice, Carol Gilligan claimed that she found a difference in the way men and women perceived moral problems.

While men focused on justice and rights, women were more likely to think about relationships in making moral decisions. In examining the question of abortion, Gilligan wrote,

[W]omen's construction of the moral problem as a problem of care and responsibility in relationships rather than as one of rights and rules ties the development of their moral thinking to changes in their understanding of responsibility and relationships....Thus the logic underlying an ethic of care is a psychological logic of relationships, which contrasts with the formal logic of fairness that informs the justice approach. (Gilligan 1982, 73)

For Gilligan, this ethic of care particular to women develops in three stages. First, a woman exhibits a focus on caring for the self in order to ensure survival, which is accompanied by a transitional phase in which this mode of thinking about the self as primary is criticized as selfish. Following this critical phase, a new understanding of the connections between one's self and others leads to the development of a concept of responsibility. Gilligan wrote that this concept of responsibility is fused with a "maternal morality," which is focused on ensuring care for the dependent and unequal people in one's circle. At this stage, the Good is defined in terms of caring for others. However, Gilligan continues, too much of a focus on others in this second stage of moral development leads to an imbalance of attention, which means that a woman must reconsider the balance between self-sacrifice and the kinds of care included in conventional ideas of feminine goodness. The third phase, then, is one which balances the self with others, and focuses on relationships and a new understanding of the connections between the self and others. The central insight in this ethic of care, Gilligan writes, is that the self and others are interdependent (Gilligan 1982).

A few years after Gilligan, Nel Noddings published *Caring: A Feminine Approach to Ethics and Moral Education*, which provided a deeper analysis into the people—the care provider and the care receiver—and the processes involved in caring. In this book, Noddings argued that morality requires a person to have two emotions. The first of these emotions is a sentiment of "natural care." Noddings describes this care as pre-ethical; the caretaking that a mother engages in for her child, or a maternal animal for her offspring are equally examples of this natural care. As Gilligan also argued, Noddings says that concern for others, or recognition of others' concern for us, gives rise to a conflict between responding to the needs of others and taking care of our own needs. This conflict gives rise, in turn, to the opportunity for "ethical caring," or responding to the recognition that another has needs, and that we are in a position to meet these needs, and further acknowledging that this situation makes a moral claim on us. However, in many cases we can recognize and respond to another's needs by way of natural care, a disposition to care for the other that arises spontaneously in us, rather than by way of ethical care, which one would only act from if natural care has failed. In this way, natural care is preferable to ethical care on Noddings' account (Noddings 1984).

Objections

A number of objections have been raised to Gilligan's and to Noddings' formulations of an ethics of care within psychology, moral theory, and feminist thought. Of those raised by feminists, the most powerful objections focus on the potential for care ethics to "essentialize" the caring relationship. This objection says that care ethics may reduce the relationship of care to essential features which are then linked to "woman's nature" in a way that calls upon and reinforces gender-based stereotypes (e.g. women are more sensitive and caring than men). These objections stress that even if women are (for social, cultural, biological, or interconnected reasons) better at providing or giving care than are men, it may still be "epistemically, ethically, and politically imprudent to associate women with the value of care" (Tong and Williams 2018). The worry is that intimately linking women with caring may "promote the view that women are in charge of caring or, worse, that because women *can* care, they *should* care no matter the cost to themselves" (Tong and Williams 2018; emphasis added).

From a Marxist-inspired feminist perspective, Sandra Lee Bartky (1935-2016) expands on this worry in her 1990 book, *Femininity and Domination*. Bartky argues that, rather than providing women with a valued and esteemed role in a man's world, women's activities in "building men's egos and binding men's wounds" ultimately disempower women (Tong and Williams 2018). She claims that the kind of affective labor (work that significantly involves one's having or showing certain emotions) undertaken by women in providing care for a family, and in some service-oriented occupations, causes them to disconnect from their own basic emotions and feelings. In service occupations, such as being a flight attendant, Bartky says the employee must force their own feelings into the background, and be nice (for example) regardless of the behavior of the client in front of them. This kind of emotional labor risks blurring the distinction between "real" feelings of wanting to be friendly and nice and "inauthentic" feelings that are generated by the employment obligation to be friendly and nice.

In the home, something similar happens. Bartky writes that many wives and mothers say that the experience of caring for their husbands and children, even when difficult, provides their lives with fulfillment and meaning. The more they care, the more they view themselves as the glue of the family that holds everything together for everyone else (Tong and Williams 2018). But, and importantly for Bartky, such subjective feelings of empowerment are not the same as actually having power. A lack of power in the family means that a woman is obligated to take on these caring roles and, like the flight attendant, to force her own feelings down when they do not match with the expected behavior of a good wife or mother. So, like in employment situations, the required emotional work within the family risks blurring the distinction between a woman's real feelings of care and satisfaction with feelings that are generated by her sense of obligation and of what it means to properly perform her role.

In employment and in the household, a woman's emotional exploitation is linked closely to her economic and material oppression. Marxist-inspired feminists, such as Ann Ferguson, have argued that economic disadvantage within the household is analogous to capitalist exploitation of laborers.

Ferguson analyses the “sexual division of labor” within a household, in which women are responsible for producing four main categories of goods. These are children, household maintenance, care (of children and of men), and sex (Ferguson 1991). Women and girls are taught to take pride and satisfaction in the production of these goods, while men learn that these are women’s work, and therefore not their responsibility. At the same time, the production of these goods is disvalued, and the desire to do this work is connected to the idea of “being a woman.” Thus, the labor that goes into the production of these things goes largely unrecognized. Bartky argues that in providing this care to her husband or children, a woman is exploited in such a way that her family benefits and has their interests advanced while she suffers damage to her own interests. In a similar vein, Sheila Mullet argues that when material conditions of oppression appear within a household, real relationships of care are prevented from forming. She argues that a woman is not in a position to truly care for someone if she is economically, socially, or psychologically forced to do so (Mullet 1988). Thus, real caring cannot occur under conditions characterized by domination and subordination. Only if women are fully equal to men can women take on the emotional work of care without fearing that men will take advantage of their labor.

Responses and Developments

Care ethics has continued to advance in recent years, in part by responding to the objections of various feminist and non-feminist thinkers. Care ethics made an important and valuable contribution in identifying that people are necessarily interconnected beings. The importance of care for morality and personal development gave rise to theories incorporating relational and intersectional conceptions of various ethical values, which will be discussed below.

A number of authors, such as Virginia Held and Eva Feder Kittay, have continued to develop care ethics into both a moral theory and a kind of metaethical framework, from which ethical obligations can be derived and in which certain moral principles and values may be grounded. There are three foundational theoretical commitments in the ethics of care that have been established amongst care theorists at this point (Sander-Staudt 2017). First, persons are understood to have varying degrees of dependence and interdependence. More about this will be said in the following section, Relational Theory. This perspective in care ethics contrasts with deontological and consequentialist moral theories that often view persons as having independent interests. Second, care ethics holds that anyone who is particularly vulnerable to one’s choices and their outcomes deserves extra consideration when making decisions. Third, the contextual details of situations must be part of the decision-making process, in order to safeguard and promote the actual interests of those concerned.

Further, in keeping with some of Noddings’ early views, Held and Kittay have argued that the principle of justice can be grounded in care. Held has said that while care can exist without justice, as it may do

within unjust family relationships, justice cannot exist without care. In order for an inkling of justice to take shape in our minds, we must first express concern for the condition of another, and this is an expression of care. So, care is “deeply fundamental,” perhaps an ethical proto-value, motivating any further moral sentiment (Held 2005, 17; Tong and Williams 2018). In criticising Rawlsian formulations of justice as fairness, Kittay has argued that relationships of dependency characterized by care are such a fundamental part of human life that any theory of justice that leaves these out cannot achieve a just or fair society. Given that each person will experience dependency upon someone who takes on the responsibility to care for them in prolonged and significant episodes throughout one’s life, such relationships and the shift in power, labor, and interests that happen within them, must be attended to by any theory attempting to form a fair distribution of benefits and goods in society. An ethic of care, thus, must be central to formulations of justice (Kittay 1997).

Furthermore, Held sees care ethics as a normative moral theory, something that can provide robust tools for determining morally good outcomes in specific dilemmas or challenges. By denying the appeal to universal moral principles, by valuing emotional responses, and by looking at the specific relationships that we have with those “particular others for whom we take responsibility,” Held argues that care ethics can provide answers about what we ought to do in specific scenarios (Held 2005, 10).

However, even moral theorists who do not explicitly subscribe to an ethics of care may recognize the metaethical contribution it makes to our understanding of human interaction and moral life. The first of the three theoretical commitments of care ethics, that humans are essentially social and interconnected beings with varying degrees of independence, and not the sort of entities that pop into existence entirely able to support themselves or fully develop in the absence of social relationships characterized by interdependence and care, has had significant influence on the development of relational theories of identity and agency, as we shall see below. Thus, the metaethical notions grounding care ethics have become ingrained in feminist understandings of moral psychology, personal autonomy, rights, and responsibility.

RELATIONAL THEORY

A metaethics of care provides the background for a group of ideas sometimes called “relational theory.” Here, relational autonomy and relational identity will specifically be discussed. Natalie Stoljar writes that the term “relational” makes a metaphysical claim, which denies a notion of “atomistic” personhood, “emphasizing instead that agents are socially and historically embedded, not metaphysically isolated, and are, moreover, shaped by factors such as race and class” (Stoljar 2015). Thus, the insights provided by early formulations of care ethics provide a portion of the metaphysical and metaethical starting point for seeing persons as always and unavoidably interconnected. In other words, insights from care

ethics provide foundational building-block concepts for an interpretation of reality, and what our moral theories should take into account. Thus, interpersonal and social-group relations are an important feature of the world, and must accordingly form an important part of our moral theorising.

Autonomy

When referring to autonomy, Stoljar writes that the term “relational” may serve to deny that autonomy requires self-sufficiency, as it had traditionally been formulated. In most pre-feminist formulations of autonomy, especially following the development by various scholars of Immanuel Kant’s theory, a model of cool and detached reasoning, unconcerned with personal or familial commitments, became a requirement of independent decision-making. However, this way of thinking about autonomy is problematic because, under such requirements, one must either acknowledge that no person fully meets the criteria, or willfully ignore that any person’s ability to be independent is facilitated by the ongoing care provided to them by others. If we move away from this idea of what autonomy means, and acknowledge that relationships of care and interdependence are valuable and morally significant, then as Stoljar argues, any useful theory of autonomy must at least “be ‘relational’ in the sense that it must acknowledge that autonomy is compatible with the agent standing in and valuing significant family and other social relationships” (Stoljar 2015).

In response, many theorists working on questions of agency, decision theory, and ethics, among other areas, have adopted an account of autonomy that is relational (Christman 1991; Westlund 2009; Bens^c 1991). Relational theories of autonomy generally start with the minimal acknowledgment that we begin as non-autonomous beings, as infants, and develop into autonomous beings gradually as we learn various sets of skills and gain specific abilities central to making our own decisions, from the mundane to the momentous. Many relational theories of autonomy also take into account that our autonomy is impacted by the process of socialisation (Benson 1991; Meyers 1987), or may be suspended at various times in our lives. For example, we may become gravely ill, and become comparatively much more dependent upon others for the duration of the illness. We may also become less autonomous as we enter into the later decades of life.

Autonomy, thus, may be something that is a matter of degrees or stages of life (Meyers 1987; Friedman 1997).

Relational theories of autonomy can account for these facts of human existence, attending to the importance of our close relationships in facilitating decision-making and the achievement of a good and satisfying life.

Identity

Relational identity is another theoretical perspective on human development and experience that is metaethically informed by care and by recognition of intersectionality: the intersecting identities people hold.

Intersectionality was conceptualized by Kimberlé Crenshaw, reflecting the reality of black women's identities as being formed within the hierarchical power structures of both gender and race (as well as class, sexual orientation, ability, and so on) (Crenshaw 1989; 1991).

In political or social movements that are oriented around "single-axis" issues, e.g. exclusively race or exclusively gender, Crenshaw argued that people with more than one of these identities were further marginalized. Crenshaw's work is politically important, and important to a feminist ethic which seeks, as Jaggar said, to theorize for all oppressed people and especially women.

The acceptance of intersectionality has led to a recognition that persons are complex, and may simultaneously experience realms of their identity that are privileged while other realms of their identity are oppressed.

A feminist ethic must begin from the recognition of these intersecting dynamics of power within and among individual women and social groups.

As such, Françoise Baylis and Margaret Urban Walker have separately argued that the formation of the self and personal identity are ongoing social processes, happening with other people and the systems around us. Baylis writes that, since persons are interdependent beings, a person's identity, "including her traits, desires, beliefs, values, emotions, intentions, memories, actions, and experiences," is informed by her relationships, which have varying degrees and kinds of intimacy and interdependence (Baylis 2011, 109). A person's public and private interactions help to structure her perception of herself and define her place in the world.

For relational identity theorists, a person is importantly constituted by the relationships and interactions they have. Baylis writes that one's identity exists in the "negotiated spaces between my biology and psychology and that of others," forming a "balance between self-ascription and ascription by others" (Baylis 2011, 110). Certain parts of myself may feel like they were created by me or perhaps were "always there," in the sense that I might not be able to easily identify the source of influence that shaped them, but all parts of me are (in)formed by interactions with the social and political world. This way of conceptualizing identity pays attention to the fact that as infants we enter a world already full of mean-



[Kimberlé Crenshaw](#) by Mohamed Badarne
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ing. The particular meanings attached to our bodies (about, for example, skin color, biological sex, or physical ability) and certain personal characteristics (such as gender expression or sexual identity) precede us in space and time. As Walker writes, women and men in situations of oppression or subordination may find themselves subject to socially normative narratives about their identities, which are coercive and disadvantaging (Walker 1997). These narratives exist in the world into which a person is born and grows up, impacting many aspects of their identity formation and expression. The recognition that we only ever exist within such narratives and interpersonal relationships of various kinds thus forms the backdrop for relational theories of identity formation and maintenance.

CONCLUSION

The development of feminist ethics stemmed from the recognition that the experiences and perspectives of some groups in society, including people of a minority race or ethnicity, people with disability status, people from lower socio-economic levels, and women, as well as people whose identities cut across these groupings in various ways, had been ignored or devalued by mainstream or traditional ethics, and has since been attempting to remedy this in conjunction with other anti-oppression movements. In a metaethics of care, the interdependence of human beings is taken as an enabling and necessary feature of life, rather than as something to be shaken off to achieve the greatest independence of thought or feeling. By acknowledging that “independence” is only a relative state, and that we are all, to various degrees at different stages of life, dependent on others for care and survival, feminist ethicist have achieved a revision in the way that important moral concepts, such as autonomy and personal identity, are conceived. That much caring labor is yet under- or de-valued, that its performance often still falls to women within households and disproportionately to minority-group women in the workforce, and that women still face economic disadvantages as compared to men within their social and cultural groups, remains a challenge for feminist ethicists and political philosophers.

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