

# The Ethics of Care and Empathy

Michael Slote

"Kudos to Michael Slote for advancing the boldest claim for an ethics of care and showing how it provides a superior account of both individual and political morality.

In this closely reasoned and far-seeing book, he argues for a Copernican revolution in moral philosophy, moving empathy and relationship from the periphery to the center of an ethical universe. In doing so, he exposes the heartlessness of patriarchal ideas and institutions that have marginalized caring and empathy along with women. Slote's reframing brings moral philosophy into alignment with current research in neurobiology and developmental psychology, revealing the link between reason and emotion, self and relationship, and showing the costs of severing these connections."

Carol Gilligan, author of In a Different Voice, New York University, USA

In *The Ethics of Care and Empathy*, eminent moral philosopher Michael Slote argues that care ethics presents an important challenge to other ethical traditions and that a philosophically developed care ethics should, and can, offer its own comprehensive view of the whole of morality. Taking inspiration from British moral sentimentalism and drawing on recent psychological literature on empathy, he shows that the use of that notion allows care ethics to develop its own sentimentalist account of respect, autonomy, social justice, and deontology. Furthermore, he argues that care ethics gives a more persuasive account of these topics than theories offered by contemporary Kantian liberalism.

Michael Slote's use of the notion of empathy also allows him to provide care ethics with its first full-scale account of moral education, and he shows that the often-voiced suspicion that care ethics supports the *status quo* and is counter-productive to feminist goals is actually the very opposite of the truth. A care ethics that takes empathy seriously can say what is wrong with patriarchal ideas and institutions in a highly persuasive and forward-looking way.

The most philosophically rich and challenging exploration of the theory and practice of care to date, *The Ethics of Care and Empathy* also shows the manifold connections that can be drawn between philosophical issues and leading ideas in the fields of psychology, education, and women's studies.

Michael Slote (PhD, Harvard) is UST Professor of Ethics in the Philosophy Department, University of Miami. His areas of special interest are ethics, theory of rational choice, moral psychology, and, especially in recent years, political philosophy. Formerly Professor of Philosophy, chair of the Philosophy Department and a fellow at Trinity College, Dublin, he is a member of the Royal Irish Academy. He is also a past Tanner Lecturer and a past president of the American Society for Value Inquiry.

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# FOR JANE

[A] tension ... remains unresolved in this book: whether there is an endless counterpoint between two ways of speaking about human life and relationships, one grounded in connection and one in separation, or whether one framework for thinking about human life and relationships which has long been associated with development and with progress can give way to a new way of thinking that begins with the premise that we live not in separation but in relationship.

Carol Gilligan, 'Letter to Readers, 1993', In a Different Voice

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### **PREFACE**

In recent years, the ethics of care has come to occupy a very visible place in ethical thought and theory, but most defenders of such an approach regard care ethics as a much-needed complement or corrective to other kinds of moral thinking, rather than as a self-standing view of the whole of morality. By contrast, this book argues that care ethics can and should offer a comprehensive account of both individual and political morality and that, conceived in such general terms, it is both inconsistent with, but also superior to, current forms of Kantian liberalism. (Along the way, I also indicate some reasons why I have reservations about consequentialism and neo-Aristotelian virtue ethics.)

I have been working on this project for many years – ever since I first heard of the possibility of approaching the abortion debate using the idea of empathy. There have been ups and downs, and one very large manuscript had to be discarded and then was eventually reworked as the basis for the present book. Even if what I am doing here is on the right track, I have left many issues for future consideration and elaboration; but I do think care ethicists can benefit at this point from seeing that their approach is more controversial, but also theoretically more promising than has generally been realized.

And the frequently voiced suspicion that care ethics confirms the *status quo* and is counterproductive to feminist goals is here shown to be the very opposite of the truth. A care ethics that takes empathy seriously and uses the notion systematically can say what is wrong with patriarchal ideas and institutions in a highly persuasive and forward-looking way. But, in addition, the idea of empathy serves as a general criterion for moral distinction-making in a way that has not previously been appreciated, and we shall also see how the recent psychology literature on empathy can help care ethics to develop the kind of systematic account of moral education that it has previously lacked. The ethics of care very much needs the notion of empathy, and that is what the title of this book is intended to convey.

### **ACKNOWLEDGEMENTS**

Some parts of this book have been published previously in less developed and less expansive form. I would like to thank the editors of *Social Philosophy and Policy* for permission to make use of 'Autonomy and Empathy', which appeared in *Social Philosophy and Policy* 21 (1), 2004, 293–309. Material in Chapters 1–3 of the present book has appeared in several places: most recently in Rebecca L. Walker and Philip J. Ivanhoe, eds, *Working Virtue: Virtue Ethics and Contemporary Moral Problems*, New York: Oxford University Press, 2007.

I also want to acknowledge a number of debts to individuals. First and foremost, I am grateful to Tony Bruce for getting me to write this book at a point where, having earlier discarded a large manuscript in a neighboring area, I was unsure of how to proceed with my ideas. His encouragement and sagacity have meant a great deal. Many philosophers, psychologists, and educationists have given me helpful comments on one or another aspect of this book or the papers it derives from. Among them are: Kristin Borgwald, Michael Brady, Stephen Darwall, Nancy Eisenberg, Justin Frank, Carol Gilligan, Martin Hoffman, Thomas Hurka, Nel Noddings, Ellen Frankel Paul, Harvey Siegel, Allen Stairs, and Larry Temkin. I have an even larger debt to Susan Brison, Marilyn Friedman, Scott Gelfand, and two anonymous referees for Routledge, who read large portions or the whole of the present book in earlier draft form and who gave me trenchant and useful criticisms and suggestions at many points.

I have greatly enjoyed discussing the ideas of this book with my children, Cressida and Nathaniel, and, finally, I want especially to thank Jane, who has made all the difference.

There has been a great deal of talk about caring in recent years, especially in the USA, where every politician says that he (or she) 'cares', and every hospital and medical insurance group claims to be 'the caring people'. In recent years there has also been a great deal of talk about how different men and women are in their approaches to just about everything – the oft-repeated bromide that 'men are from Mars; women are from Venus' is just one illustration of this tendency. I believe (though I can't *prove* it) that both these trends stem from one source: Carol Gilligan's seminal book *In a Different Voice: Psychological Theory and Women's Development*, which first appeared in 1982. The idea that men and women are different is as old as the hills, but the specific claim that the way women treat moral problems is, on average, different from (but not inferior or superior to) the way men do was first enunciated by Gilligan.

I shall assume that the reader knows something about these developments and about their influence on ethics and ethical theory. Gilligan claimed, very roughly, that women tend to think of moral issues in terms of emotionally involved caring for others and connection to others, whereas most men see things in terms of autonomy from others and the just and rational application of rules or principles to problem situations. And one important result of Gilligan's work has been efforts to formulate and make use of an ethics of care or of caring that gives genuine expression to (what Gilligan said was) a point of view that is to be found more among women than among men.

The present book is one such effort, but it differs from most previous work on the ethics of care in some significant ways. First, it seeks to show that a care-ethical approach makes sense across the whole range of normative moral and political issues that philosophers have sought to deal with. This stands in contrast to what one finds, for example, in the earliest work that sought to articulate an ethics of caring, Nel Noddings's Caring: A Feminine Approach to Ethics and Moral Education.<sup>2</sup> Noddings made it clear that she thought our moral relations with distant people we have never met cannot be subsumed under an ethics of care, but must be understood, rather, in terms of such general notions as justice and rights.<sup>3</sup> And many of those who have subsequently worked on caring have similarly assumed that caring is only one side of morality, and that

traditional masculine thinking in terms of justice, autonomy, and rights also has some validity or proper influence within our total thinking about morality.

The present book, however, attempts to show that a care-ethical approach can be used to understand all of individual and political morality. To see this, we shall have to see how a care ethic can provide its own (plausible) take on justice, etc. When Gilligan drew a contrast between caring and connection, on the one hand, and justice, autonomy, and rights, on the other, she was referring to the way most men and most male philosophers have traditionally approached the latter three topics. But I think there is a distinctive 'caring' perspective on these topics, and I in fact believe, and shall attempt to show, that an ethics of caring can work for the whole of ethics or morality. Gilligan herself has at least suggested this latter possibility, and Noddings, in recent work, has also moved to some extent in this direction.<sup>4</sup> But I think I have pushed further in the direction of a unified total ethics of care than anyone else working on care or caring, and in fact most people now working on the ethics of care think of it as covering only a part of morality - though a highly important part and one that traditional philosophical thought, largely dominated by males, has unduly neglected. Let me say just a bit more about why I favor the more general or comprehensive approach, before I mention what I take to be the other most significant differences between the present book and other work on caring.

Most of those who don't regard caring as a total approach to ethics and political morality see an ethics of care as *complementing* traditional thinking in terms of justice, rights, etc. Or, perhaps better, they regard the latter as complementing the ethics of care. At any rate, such a view at the very least suggests that the two ways of thinking are compatible with one another: that they perhaps apply in or to different spheres of thought or different kinds of problems, but that they are not in open or deep conflict. In fact, several notable care ethicists – among them Virginia Held, Marilyn Friedman, and Annette Baier – have claimed that the two modes of thought are not only consistent with one another, but also capable of being *integrated* or *harmonized* within moral thought as a whole.<sup>5</sup>

However, the present book will seek to show that this is a mistake. To be sure, and as has often been noted, caring seems most readily applicable to personal relationships (the private sphere), and justice most relevant to public or political issues. But in later chapters I hope to show that caring and (traditional) justice deliver contradictory moral judgments about certain cases involving (supposed rights of) individual autonomy. So if we are looking for a consistent or integrated overall picture of individual and political morality, we seem to have to *choose between* caring and traditional justice, at least with respect to certain issues; and if, as I shall be arguing, an ethics of caring can develop a plausible view of justice (and autonomy and rights) all on its own, then that fact gives us reason to try to develop a caring account of all of morality, one plausible enough to give us reason to choose caring *over* (traditional)

justice, when we deal with those issues where the two conflict, and more generally. (Of course, I am assuming here that care ethics and traditional justice-type ethics exhaust our available, realistic theoretical options.)

What also to some extent favors pursuing a more overall or systematic caretheoretical approach is the criticisms many have raised about Gilligan's methodology and conclusions in the studies she originally used to show that women and men approach moral issues differently. Gilligan and others have responded to these criticisms with further arguments and further studies, but Gilligan herself seems to put somewhat less emphasis on male-female differences in some of her later work. (I shall explore the significance of this in Chapter 5.) Of course, anecdotal and personal experience to some extent certainly bears out or supports the (rather minimal) view that women, on average, think in terms of caring more than men do, but it is also worth remembering that the ethics of care is historically rooted in the moral sentimentalism of Shaftesbury, Hutcheson, Hume, and Adam Smith, all of whom were men. Moreover, the moral sentimentalist emphasis on benevolence itself shows the influence of the Christian ideal of agape, and the founder of Christianity was no woman. So historically, some important male thinkers have thought and/or written in terms congenial to an ethics of care. This fact, together with the questions that have been raised in the psychology literature about how definitely, deeply, or widely men and women differ in their approach to morality, should encourage us to think of a fully developed ethics of care as nothing less than a total or systematic human morality, one that may be able to give us a better understanding of the whole range of moral issues that concern both men and women than anything to be found in traditional ethical theories.<sup>7</sup>

The second major difference between this book and other work on caring relates to its philosophical character. Many of those who have written about caring and the ethics of care have been educationists and psychologists, rather than philosophers. For that very reason, they have brought expertise and issues to their discussions that philosophers can greatly benefit from; but I also think it is true that some of these writers, and even some of the philosophers who have written on caring, have been less worried about traditional philosophical positions and questions than philosophical ethicists not working on caring would tend to be. For example, there has been very little, if any, serious work by care ethicists on the nature and/or defense of deontology, a topic that is absolutely central to current ethical theory; and by the same token, care ethicists have had much too little to say about the nature and extent of our obligations to distant others, compared with those with whom we are intimate. (These same points can, I think, also be made about recent neo-Aristotelian virtue ethics.)

One of the present book's primary aims, by contrast, is to explore how an ethics of care can deal with traditional philosophical issues like those mentioned above. (Of course, to deal with a traditional question is not necessarily to come up with a traditional answer.) To be sure, there are many issues for

which I don't have a (purported) answer – there are a number of topics the present book doesn't cover. But I will attempt to deal with several theoretical questions that are central to current-day (Kantian versus utilitarian) theorizing and that work on caring has largely neglected.

The ethics of care falls within (and is seen by its advocates as falling within) the ethical tradition known as moral sentimentalism. But the most famous of the eighteenth-century sentimentalists, David Hume, took on the full range of theoretical issues then known to the field of ethics. I believe the present incarnation of sentimentalism within the new tradition of caring ethics (Hume and the other sentimentalists never spoke about caring, only about benevolence, compassion, sympathy) will achieve its greatest relevance to philosophy only by taking on the sorts of theoretical/normative issues it has tended to neglect.<sup>8</sup>

Finally, let me mention a third major way in which the present book will differ from previous work on the ethics of care. Care ethicists often speak about empathy and its role in caring attitudes and relationships, but they haven't stressed empathy to anything like the extent that I shall be doing here. I shall, for example, be making use of the recent literature of psychology to argue that empathy is the primary mechanism of caring, benevolence, compassion, etc. Though Hume largely anticipates this conclusion in the Treatise of Human Nature, care ethicists haven't really committed themselves to it in any explicit, theoretical way. Moreover, ethicists of care haven't provided a systematic account of moral education and development, of how moral dispositions are taught and acquired. But in the present book I shall follow the psychologist Martin Hoffman in arguing that a certain kind of (inducing of) empathy is central both to moral education and to moral development more generally. This is an idea that care ethicists are by and large unfamiliar with, but it will be central to the enterprise of the present book; and I hope one result will be to encourage care ethicists to pay more attention to the psychological literature on empathy and moral development than they have previously. 9 The present book's distinctive emphasis on empathy will also be visible in its systematic efforts to show that all, or almost all, the moral distinctions we intuitively or commonsensically want to make can be understood in terms of - or at least correlated with – distinctions of empathy. This turns out to have important implications for how an ethics of care can justify its moral claims across the entire range of individual and political morality, a theme I want to pick up again towards the end of this Introduction. But at this point I think it would be helpful if I gave the reader an outline of the rest of this book, chapter by chapter.

Chapter 1 introduces the primary notions of any ethics of caring. Such an ethics ties the moral evaluation of actions to caring as a motive/sentiment lying behind such actions and 'reaching out' to and connecting with particular individuals. But I argue, further, that caring motivation is based in and sustained by our human capacity for empathy with others. Chapter 1 sketches

some principal findings of the psychology literature on empathy and moral development that bear on the moral issues any ethics of care needs to deal with; in doing so I also refer to the historical background of that literature in eighteenth-century moral sentimentalism. The chapter ends with an illustration of the connections among caring, empathy, and morality: the topic of abortion can be usefully illuminated, I think, by reference to those connections.

Chapter 2 moves on to a topic that I believe any reasonable contemporary normative ethics has to deal with - the issue of our obligations to distant people in other nations. Drawing upon the psychology literature discussed in Chapter 1, I argue that an ethics based on a connection between caring and empathy has appropriate means of criticizing, and perhaps even undermining, the approach to our obligations famously taken by Peter Singer in 'Famine, Affluence, and Morality'. Pace Singer, our obligation to help distant others is not as strong as what we have toward someone who is suffering or is in danger right in front of us, and this difference reflects a difference in normal empathic reactions. The relation between caring and empathy can also be used to clarify why our obligations to currently suffering or endangered people are stronger than those we have toward those who we know will suffer or be endangered in the future. But the literature of psychology also tells us that humans can and do develop substantial empathy for those we don't (now) see, so an ethics of care that makes a relation to empathy criterial to moral assessments in no way denies that we have substantial obligations to spatially or temporally distant others.

In Chapter 3, I discuss deontology and seek to show that deontological restrictions on helping others or ourselves can be understood and justified in empathic terms similar to those that operated in our discussion in Chapter 2 of our (less strong) obligations to distant or future others. Deontological restrictions on harming one person in order to help a number of other people are typically regarded as curbing or restraining natural human emotions such as benevolence and compassion. But if deontology and deontological moral reactions arise out of normal human empathy, then the assumption that we need to be ethical rationalists if we want to be able to allow for deontology is called into question. Rationalists already have a difficult time saying exactly why deontology is valid, but it is helpful to sentimentalist views like the ethics of caring if the latter do have resources for understanding the appeal of deontology.

Attention then turns, in Chapter 4, to an issue that is central to disagreements between Kantian liberals and defenders of the caring approach. Autonomy is an important, if not the most important, ideal in Kantian and liberal thinking about morality and politics, and it is not, at least on the face of it, obvious how an ethics of care can deal with this notion. Autonomy is an ideal with a wide and intuitive appeal, and treating autonomy as an ideal crucially involves the idea that it is morally incumbent on us to respect the autonomy of individuals. The ethics of care needs to say something convincing about the nature and moral significance of autonomy, and I believe the recent feminist

literature, which stresses the relational character of autonomy, can be helpful to us here. The ethics of care needs to account for our obligation to respect – and not just to care about – other people; and it will turn out that the notions of empathy and of empathic caring are the key to understanding both our obligation to respect others(' autonomy) and the conditions under which autonomy itself, understood in relational terms, can be constituted and flourish. This will tie caring and autonomy more closely together than care ethics has ever previously attempted to do.

Chapter 5 continues the discussion of autonomy, referring to issues about when one may permissibly interfere with someone's freedom of action. Liberals think, for example, that one shouldn't ban or interfere with various forms of hate speech, but many feminists and care ethicists disagree, and this difference can, in the first instance, be accounted for in terms of the difference between the traditional liberal/Kantian conception of (respect for) autonomy and the more 'moderate' empathy-based conception that an ethics of care embodies. It turns out, however, that this theoretical disagreement doesn't correlate or correspond very well with gender (many women defend the right to give vent to hate speech); but in any event I shall be arguing that care ethics has a better theoretical account of the moral status of hate speech (and of other cases where the issue is whether it is all right to interfere with someone's freedom of action) than anything available to liberalism/Kantianism.

Chapter 5 concludes with a discussion of paternalism. Liberalism is, of course, wary of interference with people's freedom of action 'for their own good', but there may be reason for care ethics to be equally wary because of the great emphasis it places on connection with others. Some care ethicists hold that a caring relationship is less than ethically ideal if the caring isn't acknowledged or accepted by the person cared for. But, in addition, if there are no appropriate potential or conceivable circumstances in which the care would be acknowledged, and the care-giver knows this, then it might be argued that there is something morally questionable about what the care-giver as an individual is doing. Now when a parent takes an unwilling child to the doctor's, there is reason to believe the child will or would accept the parent's caring actions as an adult. Likewise, when we bestow care on a comatose patient, we can have reason to believe that the patient would be grateful if s/he only knew what we were doing. But if, for example, one knows that a motorcyclist, given his or her values, would never acknowledge or accept any intervention that prevented him or her from riding without a helmet, then intervening in this way might be thought inconsistent with good relationship and therefore impermissible as an action. So certain versions of the ethics of care may share liberalism's aversion to purely paternalistic interventions, while nonetheless disagreeing deeply with liberalism about the permissibility of interfering with people's freedom or autonomy in order to prevent serious harm to third parties. On the other hand, Chapter 5 points out other ways of developing care ethics that also lay stress on connection with others, but that end up disagreeing with

liberalism (and with the aforementioned forms of care ethics) about the acceptability of paternalistic interventions.

But let me at this point dwell a bit on the implications of what I have just been saying about paternalism. The present book does not try to decide whether (a proper valuing of connection implies that) caring should be consistent with at least potential acceptance or acknowledgement. In that case, I am also not going to take a stand here on the related question of whether the value of caring relationships is ethically prior to the value of caring motivation – to caring as a virtue. This is something both Held and Noddings believe, and that I myself tend to disagree with, but the whole argument of this book is neutral on this question. It is (therefore) also neutral on whether care ethics should be conceived as a form of virtue ethics. But let me go on now to outline the remaining chapters of the book.

In the light of the discussion, in Chapters 4 and 5, of the nature and implications of a care-ethical approach to autonomy, Chapter 6 takes up the issue of social justice and defends a conception of that notion that takes sustenance from what has previously been said about the ethics of caring. Laws and social institutions can express or exhibit relevant empathically caring motivation, and this allows us to evaluate laws, institutions, and whole societies in care-ethical terms. I spend less time on the notion of rights because, as has often been pointed out, a conception of rights naturally follows out of any given theory of social justice. Of course, there are many moral issues, both individual and political, that our discussion here won't cover, but by the time we reach the end of Chapter 6, I hope it will be clear why I think it makes sense to think of the/an ethics of care as covering all, and not just some smaller part, of morality.

Chapter 7 seeks to draw the contrast between Kantian liberalism and the ethics of care in wider, and perhaps starker, terms. Kantian liberalism is a form of ethical rationalism, but the sentimentalist ethics of caring doesn't see immorality as a form of irrationality. The person who hates and hurts others, or who is indifferent to anyone but himself, doesn't necessarily seem to us irrational: what he does seem is heartless. Rationalists believe, and have claimed, that if ethical/moral imperatives aren't dictates of reason, morality ends up lacking the dignity, value, or force that it intuitively appears to have. But Chapter 7 argues that these consequences don't follow at all. It then goes on to discuss a topic that is a bit of a sore point in the history and theory of sentimentalism – the question whether there is any such thing as practical reason. Hume arguably held that there is not, but if sentimentalism defends such a view, it ends up denying the seemingly obvious fact, for example, that someone (roughly) who wills an end but lacks any intention of doing anything to further that end is a prime instance of irrationality (of a practical kind). So rather than remaining skeptical or nihilistic about practical reason, Chapter 7 instead attempts to demonstrate that an ethics of caring can actually account for practical rationality along sentimentalist lines. Concern for one's own welfare

turns out to be the primary motive involved in practical rationality, and in that case means—end rationality and the rational avoidance of akrasia have to be understood by reference to that motive. This needn't, however, entail any basic conflict or inconsistency between being rational and being moral. In addition, caring relationships seem to be sustained by a mixture or blurring of altruistic and self-concerned motivations, and Chapter 7 concludes by considering how what has been said earlier about altruistic caring and about rational self-concern can be brought together in describing a/the care-ethical ideal of (building and sustaining) caring relationships.

The book's conclusion raises some important foundational issues. As mentioned above, I argue throughout this work that distinctions of empathy mark or correspond to plausible moral distinctions. As a general rule, what we find morally worse tends to go more against the flow of fully developed human empathy, and in every case discussed here, and that I know of, the actions we have reason to find morally acceptable *don't* indicate or exhibit a lack of human empathy. Given further (as I maintain) that empathy is essential to caring moral motivation, the broad correspondence between empathy and morality doesn't seem as if it can be an accident; and that is a reason for regarding facts about empathy or, better, empathic caring as justifying various (particular) moral claims. Or, to put matters slightly differently, it is a reason to treat empathic caring as criterial for morality across a wide range of individual and political issues. But it would be nice to be able to suggest some sort of explanation as to *why* empathy is relevant to right and wrong, and in the conclusion of this book I try to do this.

However, let me raise some final worries that need to be – and are – addressed in these pages. It is often said that an ethics of care is more appropriate to women than to men, and it is also frequently claimed that care ethics works against the goals of feminism by recommending the very attitudes and activities that have kept women subordinate to men throughout the ages. These two thoughts are in some tension with one another, but either of them could lead one to conclude that care ethics cannot function, or function well, as a morality governing both men and women. However, during the course of this book I hope to show that the present approach to care ethics doesn't have any of the above implications. We shall see, rather, that a fully elaborated ethics of care has the potential to function in a comprehensive and satisfying way as a truly human morality.

#### Notes

- 1 Carol Gilligan, In a Different Voice: Psychological Theory and Women's Development, Cambridge, MA: Harvard University Press, 1982.
- 2 Nel Noddings, Caring: A Feminine Approach to Ethics and Moral Education, Berkeley, CA: University of California Press, 1984.
- 3 This latter point came out more clearly in a talk Noddings gave to the Society for Women in Philosophy in 1988, published as 'A Response', *Hypatia* 5, 1990, pp. 120–26.

- 4 See Carol Gilligan, 'Letter to Readers, 1993' in later printings of *In a Different Voice*, pp. xxvi–xxvii (from which the epigram at the beginning of the present book is taken); and Nel Noddings, *Starting at Home: Caring and Social Policy*, Berkeley, CA: University of California Press, 2002. My own recent work has consistently defended the notion that an ethics of care can cover all of (individual and political) morality. See e.g. Michael Slote, *Morals from Motives*, New York: Oxford University Press, 2001; but the project was pursued in earlier papers as well.
- 5 See Virginia Held, 'The Ethics of Care' in David Copp, ed., The Oxford Handbook of Ethical Theory, New York: Oxford University Press, 2006, pp. 548f.; Marilyn Friedman, What Are Friends For? Feminist Perspectives on Personal Relationships and Moral Theory, Ithaca, NY: Cornell University Press, 1993, Chapter 5; and Annette Baier, 'The Need for More than Justice' in Virginia Held, ed., Justice and Care: Essential Readings in Feminist Ethics, Boulder, CO: Westview Press, 1995, esp. p. 57.
- 6 Gilligan cites (subsequent) studies that favor her 'different voices' hypothesis in 'Reply by Carol Gilligan', Signs 11, 1986, pp. 324–33. Among the many later studies that call her view at least partially into question are: Mary Brabeck, 'Moral Judgment: Theory and Research on Differences between Males and Females', Developmental Review 3, 1983, pp. 274–91; and Lawrence Walker, 'Sex Differences in the Development of Moral Reasoning', Child Development 55, 1986, pp. 511–21. (However, Gilligan cites articles that question Walker's conclusions in 'Reply'.) These papers are just the tip of the iceberg (of relevant publications).
- 7 Something like an ethics of care can also be found in African or 'Afrocentric' thought among both men and women. (See e.g. Patricia Hill Collins, 'The Social Construction of Black Feminist Thought' in Nancy Tuana and Rosemarie Tong, eds, Feminism and Philosophy, Boulder, CO: Westview Press, 1995, pp. 526–47.) In addition, there are very strong elements of care thinking in both Confucian and Buddhist thought, though this is not the place to discuss those connections. However, all these important examples of care thinking support the idea that the ethics of care can and should be regarded as a potential overall human morality, rather than as something just about, or at most only relevant to, women.
- 8 Hume's most significant defense of moral sentimentalism occurs in A Treatise of Human Nature, L. A. Selby-Bigge, ed., Oxford: Clarendon Press, 1958. For an important work that antedates the (official) emergence of care ethics, but that shows the strong influence of moral sentimentalism, see Lawrence Blum's Friendship, Altruism and Morality, London: Routledge & Kegan Paul, 1980.
- 9 In some work that we have done collaboratively, Nel Noddings and I refer to and make use of Martin Hoffman's views about inducing empathy (what he calls induction); and more recently (in Nel Noddings, Educating Moral People: A Caring Alternative to Character Education, New York: Teachers College Press, 2002) Noddings herself makes use of them. But I don't know of any other care ethicists who rely on the idea of induction.
- 10 See Virginia Held, 'The Ethics of Care', op. cit., p. 551; and Nel Noddings, 'Caring as Relation and Virtue in Teaching' in Rebecca L. Walker and Philip J. Ivanhoe, eds, Working Virtue: Virtue Ethics and Contemporary Moral Problems, New York: Oxford University Press, 2007, pp. 41–60. My own argument against the priority of caring relationships can be found in Michael Slote, Morals from Motives, op. cit., Ch. 1, and in an earlier paper cited therein.
- 11 Virginia Held (The Ethics of Care', op. cit., pp. 551f.) says that care ethics is definitely not a form of virtue ethics, but Nel Noddings in 'Caring as Relation and Virtue in Teaching' (op. cit.) seems to think it doesn't matter much whether care ethics is regarded as a form of virtue ethics.