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Rethinking Care Theory: The Practice of Caring and the Obligation to Care

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Care theorists have made significant gains over the past twenty-five years in establishing caring as a viable moral and political concept. Nonetheless, the concept of caring remains underdeveloped as a basis for a moral and political philosophy, and there is no fully developed account of our moral obligation to care. This article advances thinking about caring by developing a definition of caring and a theory of obligation to care sufficient to ground a general moral and political philosophy.

The goal of this article is to develop a definition of caring and theory of obligation for caring sufficient to ground a general moral and political philosophy. The first section proposes a new definition of caring that addresses the main weaknesses of existing definitions. The second and third sections outline a theory of moral obligation for caring that draws upon and extends the insights of Eva Kittay, Martha Fineman, and others who have explored this topic. The ultimate goal is to provide a clear account of the concept of caring and moral justification for our duty to care for others that can stand up to rational scrutiny and guide the development of a moral and political theory.

The Definition of Caring

A good starting place for developing a more precise account of the practice of caring is Joan Tronto and Berenice Fisher's definition: "On the most general level, we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining
"web" (Tronto 1993, 103). By defining caring in terms of the general functions that it serves in reproducing human life and society, Tronto and Fischer ground this concept in an objective, material moral foundation. Other care theorists have similarly defined caring "as a social practice that is essential to the maintenance and reproduction of society" (Streuning 2002, 87; Baier 1994, Fineman 2004, Kittay 1999, Walker 1998, and West 1997 use similar language). One needs only to specify more precisely what caring attends to in propagating human life and society to arrive at a more satisfactory definition.

Sibyl Schwarzenbach has outlined a definition of caring that is useful in this respect. She equates caring with reproductive labor, meaning not the biological processes associated with reproduction (sexual activity, pregnancy, childbirth) but rather "all those rational activities (thinking about particular others and their needs, caring for them, cooking their meals, etc.) which go toward reproducing a particular set of relationships between persons over time—in the best case, my thesis runs, relations of philia" (1996, 102). Schwarzenbach further elucidates this definition by distinguishing caring from productive labor. While productive labor contributes to the reproduction of human life and sustains relationships, it usually does so in an indirect or secondary way. Individuals ordinarily engage in productive activities to secure the resources necessary to care for themselves and others. Caring usually occurs before and after these activities in the actions that directly satisfy needs (feeding, clothing, providing medicine to others, and so on). Productive labor also usually involves transforming a material object in the physical world, or engaging with others in an instrumental manner. Caring, by contrast, involves a subject confronting another subject and responding to his or her needs and abilities. Caring's "end is not in the first instance transformation of the external, physical world but rather (in the words of Habermas) its end is interactive or 'communicative'; it 'aims at the transformation of social relations' undistorted by dependency or force" (1987, 154). That is, caring makes the development and basic well being of another its direct end.

This idea of reproductive labor is a useful way of expressing caring's aims, but Schwarzenbach obfuscates it somewhat by extending it to include philia or friendship. Caring does not always involve or lead to friendship, nor is friendship essential for individual and social reproduction. Caring seems something more basic. More basically, then, caring may be defined as a form of reproductive labor that fulfills three aims necessary for individual survival, development, and social reproduction.

First and foremost, we care for others when we help them to satisfy the basic biological needs necessary for survival and basic functioning. Basic biological needs include needs for food, sanitary water, clothing, shelter, rest, a clean environment, basic medical care and protection from harm, as well as the need at least among infants and children for physical contact and holding.
Sexual activity may also be considered a basic biological need, but falls outside of the scope of caring because it generates life rather than sustains it. Moreover, while sexual activity may contribute to a person's pleasure or general well being, it is not immediately necessary to survival in the ways that food, clothing, and medical care are. Since different individuals and groups manifest their needs for food, clothing, and shelter differently, an important virtue of caring (as discussed below) is meeting these needs according to the particular circumstances and tastes of individuals. Since some individuals or groups may have basic biological needs not included in the above list, this list should also be considered open-ended and provisional.

The second aim of caring is helping others to develop or sustain their basic capabilities for sensation, emotion, movement, speech, reason, imagination, affiliation, and in most societies today, literacy and numeracy. The goal here is to enable individuals to develop and sustain as much as they are able the capabilities necessary for basic functioning in society and to pursue their conception of the good life. In an earlier article, I argued for a more elaborate understanding of caring, suggesting that it entails fostering the full range of human capabilities described by Martha Nussbaum and John Finnis (Engster 2004). Nussbaum and Finnis include in their lists of human capabilities such goods as sexual satisfaction, aesthetic appreciation, knowledge, religion, play, enjoyment of nature, and other pursuits (Finnis 1980, 86–90; Nussbaum 2000, 78–80). I now regard my earlier position as misguided. Susan Okin has argued that Nussbaum's list of capabilities in particular does not reflect the aims of all people but instead those of "a highly educated, artistically inclined, self-consciously and voluntarily Western woman" (Okin 2003, 296). Poor individuals from developing countries tend to speak of wanting food, water, and basic education for their children, but not "the elaborate, more philosophically sophisticated items on Nussbaum's list" (Okin 2003, 301–302, 310–311). Insofar as Okin is correct (and I think she is), then it is misguided to associate caring with the complex goods on Nussbaum's or Finnis's lists. We would then be defining what it means to care for others in terms of a Western bourgeois notion of the good life. Caring would mean developing those qualities in others that Western liberals cherish. I therefore now think that caring is better understood in a more basic way, as helping individuals to meet their basic needs and to develop and sustain those basic or innate capabilities necessary for survival and basic functioning in society, including the ability to sense, feel, move about, speak, reason, imagine, affiliate with others, and in most societies today, read, write, and perform basic math. These basic capabilities constitute what Nussbaum calls "the innate equipment of individuals that is the necessary basis for developing the more advanced capabilities, and a ground of moral concern" (Nussbaum 2000, 84). They are more basic than Rawls's list of primary goods ("rights and liberties, opportunities and powers, income and wealth," and the "self-respect" necessary to carry out one's "plan of
life") (Rawls 1971/1999, 79, 386). Nonetheless, like Rawls’s primary goods, they are goods that we can assume all individuals want whatever else they may want. They are necessary for basic functioning and pursuing any conception of the good life. The other capabilities on Nussbaum’s and Finnis’s lists seem better understood as “possibilities for a good life” that different individuals may or may not want to foster depending upon their preferences and traditions.

The argument for limiting the definition of caring to basic capabilities can further be justified through some practical examples. Parents who fully meet all their children’s basic needs and help them to develop their basic capabilities, but perhaps for religious reasons choose not to encourage their sexual or artistic expression, would seem to be caring. But then parents who meet all their children’s basic needs and help them to develop their basic capabilities, but choose to foster their children’s artistic and athletic capabilities but not their religious capabilities, would also seem caring. It seems wrong to judge either of these parents as uncaring on the grounds that they fail to develop one or another of their children’s complex capabilities. Indeed, by their own visions of the good life, both are raising their children in what they consider to be highly caring ways. Yet, the implication of associating caring with the higher capabilities is that any parents or care givers who did not give their children the opportunity to develop all of their higher capabilities would be uncaring. It thus seems best to define caring in terms of the basic practices that all good parents engage in regardless of their other beliefs. When parents choose to foster their children’s complex capabilities for religion, art, sports, sexual expression, and the like, they seem to be doing something else than caring for them (which is not to say their actions are uncaring). They are training their children for a particular form of the good life.3

The third basic aim of caring is helping individuals to avoid or relieve suffering and pain so that they can carry on with their lives as well as possible. In many cases, this third aim may overlap with the first two, but since in some instances the avoidance or alleviation of pain has no direct relation to meeting needs or fostering capabilities, this aim stands apart from the other two.

The goal of caring is to help individuals to achieve at least a basic level of well being, meaning, at a minimum, survival and as much basic functioning as they are able to achieve. The definition of basic well being may vary somewhat according to a person’s age, health or abilities, and even across different societies, but some objective minimal limits can be specified. Caring means endeavoring to support lives free from malnutrition, illness, exhaustion, pain, or physical danger. It means fostering the greater or lesser basic capabilities of individuals so that they can function as much as possible in society. Human beings need a certain quantity and quality of food, water, and other basic necessities to achieve these goals, and certain levels of attention and training from others. From a functionalist perspective, caring may thus be defined as everything we
do directly to help individuals to meet their basic needs, develop or maintain their basic capabilities, and live as much as possible free from suffering, so that they can survive and function at least at a minimally decent level.

Caring thus far has been defined as a wholly other-oriented activity, but care of self also constitutes a legitimate aim (Gilligan 1982, 128–50, 165; Slote 2001, 77–78; Tronto 1993, 103). A person who does not attend to his or her own needs and capabilities may in the long run be unable or unwilling to provide good care to others, or may do so less effectively (Bubeck 1995, 175; Noddings 1984, 98–100). Caring for ourselves is also valuable in itself. We, too, are dependent creatures with biological and developmental needs that must be satisfied if we are to continue to live and function at a decent level. Meeting these needs is good regardless of who does it. As discussed in the final section, however, there are moral limits to self-indulgence.

Caring as a practice involves not just satisfying the three basic aims outlined above but also doing so in a caring way, that is, according to the virtues of caring. The virtues of caring are those qualities necessary for best meeting the aims of caring. They are constitutive of caring in the sense that one cannot successfully achieve the aims of caring without them, or at least do so with any regularity. While care theorists have defined the aims of caring quite differently, there is a good deal of agreement about its core virtues (Noddings 1984, 2002; Tronto 1993; Walker 1998.

The first virtue of caring is attentiveness. Lawrence Blum also calls this quality "moral perception," and defines it as sensitivity to situations that call for a moral response (Blum 1994, 30–61). A caring person notices when another is in need and responds appropriately. Attentiveness usually entails some measure of empathy and the ability to anticipate needs that another person might have. As Blum demonstrates, if an individual does not have empathy for another, he or she might meet their most obvious needs but overlook other underlying ones (Blum 1994, 34–36). Most generally, without attentiveness, our caring will be limited or ineffective because we will fail to notice when others are in need or will respond in partial or inappropriate ways (Tronto 1993, 127).

The second virtue of caring is responsiveness. Responsiveness means engaging in some form of dialogue with others in order to discern the precise nature of their needs, and monitoring their responses to our care (whether verbal or nonverbal) to make sure they are receiving what they need. An individual who fails to engage with others before providing care for them, or fails to monitor their reactions to the care, will in the end be less effective than someone who remains responsive to them. Noddings notes, for example, that some years ago after a devastating earthquake in Afghanistan, wealthy nations flooded the country with food and clothing, when what was sorely needed were building materials (Noddings 2002, 58). The lack of responsiveness in this case made the relief effort less than fully caring.
A third virtue of caring is respect. By respect, I do not mean anything so strong as equal recognition for another, but more simply the idea that others are worthy of attention and responsiveness, are presumed capable of understanding and expressing their needs, and are not lesser beings just because they have needs they cannot meet. One respects others by treating them in ways that do not degrade them in their own eyes or the eyes of others and by acknowledging the abilities they have. While respect might seem to be a wholly dispositional virtue that has little to do with actually meeting the needs of others, Julie White has shown otherwise (White 2000). Social service programs that fail to treat their clients with respect tend to breed resentment and mistrust and ultimately are less effective than programs that treat their clients as knowledgeable and capable persons.4

In sum, caring may be said to include everything we do directly to help others to meet their basic needs, develop or sustain their basic capabilities, and alleviate or avoid pain or suffering, in an attentive, responsive and respectful manner. The last part of this definition is important. Caring means not only achieving certain aims but also doing so in a caring manner. It represents a synthesis between what Margaret Urban Walker calls the “theoretical-juridical model” of moral thinking and the “expressive-collaborative model” (Walker 1998, 49–75). The theoretical-juridical model defines morality in terms of general rules, aims or guidelines that determine what should be done. The expressive-collaborative model relies upon “a continuing negotiation among people” to reach moral understandings (60). Care theory, as I see it, shares elements of both models. Consistent with the theoretical-juridical model, it outlines a framework of general aims that define what we do when we care for others. In line with the collaborative-expressive model, however, it also emphasizes the importance of attentiveness, responsiveness, and respect in actually attempting to meet these aims in particular situations with particular persons. It hardly counts as caring, for example, to thrust baby formula upon mothers in order ostensibly to help them nourish their young. Instead we should engage in dialogue with them to see what we might do to help them nourish their young, respond to their suggestions, and show respect for their capabilities. As this example nonetheless makes clear, the emphasis on attentiveness, responsiveness, and respect need not limit the scope of caring. In this framework, we can still care for people across the world; but to care effectively we must be attentive, responsive, and respectful toward them, and avoid commodifying needs or treating them as self-evident (Tronto 1993, 138).

This definition of caring seems intuitively plausible, given commonsense understandings of the term. It captures the central aims and virtues of a variety of activities commonly associated with caring, including parenting, teaching, tending to the sick, elder care, counseling, mentoring, and the like. At the same time, it is narrow enough to exclude practices that may help “to maintain,
continue, and repair our ‘world’” but are not usually associated with caring, such as house building and plumbing. The distinction between these activities is not absolute. Activities such as house building and plumbing can sometimes be practiced in a caring manner, as for example when a group of people come together for the explicit purpose of building houses for the homeless. But then this activity is caring only because it is encompassed by a larger caring aim. It is not the activity per se that classifies it as caring, but the aim and virtues. An activity can be defined as more or less caring to the extent that it more or less directly contributes to the satisfaction of basic needs, the development and maintenance of basic capabilities, or the avoidance or alleviation of pain. House building is usually not considered caring because in our society it is most often performed for the direct purpose of transforming the physical world and making money (which may or may not be put to caring ends).

This definition of caring also avoids the culturally biased assumptions of other accounts. Caring practices do, of course, vary among different cultural groups. In non-Western cultures, for example, women tend to maintain closer proximity to their infants and children than Western women do, sleep with them more often, breastfeed longer, and rely more heavily on communal care arrangements (Bhavnagri and Gonzalez-Mena 1997; Goldberg 1977; Konner 1977; Levine 1977; Sambasivan 2001). Patricia Hill Collins similarly argues that black communities in the United States generally rely upon more communal forms of caring than most middle-class whites (Collins 2000). Nonetheless, cross-cultural studies have found the differences in forms of caring relatively trivial compared to their common structural elements (Levine 1977; Lewis and Ban 1977). All infants require an attentive, responsive, and respectful caretaker or caretakers to meet their basic needs and foster their development (Hrdy 1999, 96). Most adults likewise depend upon others at various times during their lives to help them survive and sustain basic functioning. Caring is the general structural practice that responds to the basic biological and developmental needs of human beings. Different cultures may use different strategies to address these needs, but all do so in one way or another. If they did not, they would quickly cease to exist or at least fail to reproduce anything like what we know as a human existence.

Some care theorists argue that activities should be considered caring only when they meet a need that “cannot possibly be met by the person in need herself” (Bubeck 1995, 129; Schwarzenbach 1987, 155; Tronto 1998). Kari Waerness, in particular, draws a distinction between necessary care and personal services, and excludes from her definition of caregiving all personal services, such as making dinner or fetching slippers, that individuals are capable of performing themselves (Waerness 1984). This distinction is important because it separates out those cases where individuals are truly in need of care from those where care is trivial, or more sinisterly, where one party holds more power and compels the
other to serve him or her. Nonetheless, it seems misguided to define away all cases of personal service as noncaring. If caring can only be said to occur when one party satisfies some need that another could not possibly satisfy on his or her own, then most cases of everyday caring among adults would no longer count as caring. Even tasks such as making lunch for a six-year-old child would not be caring since most six-year-olds could perform this task for themselves. The definition of caring I offer here thus makes no distinctions between necessary care and personal services. We care for others whenever we meet their basic or developmental needs. However, I argue in the final section that there is no obligation to care for others in cases where they could easily meet their needs on their own.

From this definition of caring it is possible to identify at least three distinct ways to care for others. First, one may personally care for another individual by meeting his or her needs, fostering his or her basic capabilities, or alleviating his or her suffering in an attentive, responsive, and respectful manner. This is the paradigmatic case of caring. Secondly, one may make sure that others are cared for by ensuring that their care givers have the resources and support necessary to provide good care for them. Eva Kittay has dubbed this form of care giving "doula" after the postpartum care giver, the doula, who cares for the mother so that she can better care for her child (Kittay 1999, 106–107). This form of caring is less personal than the paradigm case, but still fits the definition of caring because the direct aim of the activity remains meeting the particular needs and fostering the capabilities of others—in this case, of both care giver and care receiver. Thirdly, one may care for others collectively by supporting or instituting programs that directly help them to meet their needs, develop or sustain their basic capabilities, or live as much as possible free from suffering. In collective caring, our contribution is smaller and more diffuse, but still counts as caring insofar as it helps others to meet their biological and developmental needs in attentive, responsive, and respectful ways.

The Obligation to Care

If the concept of caring is to provide sufficient grounding for a moral and political theory, it is important to develop a theory of moral obligation explaining why we should care for others and for whom exactly we ought to care. Otherwise caring will seem only one practice among many that individuals might choose to perform or not depending upon their tastes—which is exactly how most philosophers and many people have traditionally viewed it. Annette Baier, Lorraine Code, and others have outlined a number of justifications for our duty to care, and recently, Martha Fineman and Eva Kittay have suggested that an obligation to care can be derived from our dependency on others (Baier 1994, 1997; Clement 1996; Code 1987b; Fineman 2004; Held 1993; Kittay 1999,
In the remainder of this chapter, I build upon and extend the insights of these authors in order to develop a rationalistic account of our duty to care that explains the nature and scope of our caring responsibilities.

Before exploring our obligations to care, it is first important to make a distinction between our psychological motivations for caring and the moral sources of our duty to do so. Many people care for others out of affection, love, or empathy, or perhaps because they conceive their own well being to be tied up in the other's well being. I do not mean to deny the important role that these feelings often play in motivating caring. The question I am asking is whether we have an independent moral duty to care for others apart from these feelings—a duty, for example, to care for total strangers toward whom we feel no affection—that can be explained and defended in rational terms.

Eva Kittay and Grace Clement have looked to Robert Goodin's vulnerability model to develop a theory of obligation for care ethics (Clement 1996, 73–74; Kittay 1999, 54–73). Goodin begins with the intuition that we all have special moral obligations to family and friends, and suggests that these obligations are best explained in terms of our family's and friends' vulnerability to our actions and choices (Goodin 1985). Because we are specially positioned to help or hurt these individuals, we are especially responsible for their welfare. Goodin extends this model to encompass our relations with fellow citizens and strangers in foreign countries. If we have moral obligations to family and friends because they are vulnerable to us, we must also have moral obligations to fellow citizens and strangers, since they are likewise vulnerable to our actions and we are often in a position to help them. These obligations include not only the negative duty to refrain from causing them harm but also the positive duty to meet their needs when we are in position to do so (Goodin 1985, 110–11).

Although Goodin's argument is not meant to provide a normative ground for care theory, Kittay and Clement have applied it to this purpose, arguing that a duty to care for others can be derived from others' vulnerability to us. There is a problem, however, with using Goodin's argument in this way. Goodin does not actually provide an account of why we should care about the interests or vulnerability of others, but merely assumes this point. He starts out from the widely held moral intuition that we have special obligations to our family and friends, argues that these obligations can be explained in terms of their vulnerability to us, and concludes that we logically also have obligations toward many others similarly vulnerable to us. Nowhere, though, does he explain why we should care about the interests or vulnerability of our family and friends. He assumes the very thing care theorists wish to demonstrate when they appeal to his theory: that we should care about the needs of others.

The normative grounds of care ethics thus must be found elsewhere than in others' vulnerability to us. Baier, Kittay, and Fineman have all partially developed theories based upon our dependency to others (Baier 1994, 1997; Fineman
2004; Kittay 2001). When further extended and clarified, dependency theories can provide a cogent justification for our duty to care. We may all be said to have obligations to care for others not so much because others are vulnerable to us, but rather because we are dependent (and have been or will be) upon others. It is our dependency on others rather than their vulnerability to us that grounds our obligation to care for them.

Our dependency on others takes a variety of forms. Infants and small children would not survive for very long or develop the basic capabilities necessary to survive without the care of some sort of parenting figures. In fact, human infants depend upon their caretakers for food and protection longer than any of the apes, and also require much more attention and training to develop their sensory, motor, emotional, linguistic, and reasoning abilities. In this respect, Baier has suggested that what makes us human, at least as much as anything else, is the care we receive from others. “A person, perhaps, is best seen as one who was long enough dependent upon other persons to acquire the essential arts of personhood. Persons essentially are second persons, who grow up with other persons” (Baier 1985, 84). Children raised in the wild without human care, even when they are able to survive, fail to develop the basic human capabilities necessary for social functioning (Code 1987a, 171).

The need for caring is most urgent and obvious during childhood, illness, disability, and old age, but even during times of relative health and vigor, most individuals depend upon the care of family and friends to help them satisfy their basic needs, develop or maintain their basic capabilities, or alleviate pain. Most of us look daily to spouses, partners, parents, and friends to help us with cooking, child care, emotional stress, and other basic life needs, and many of us look to these same individuals to help us through periods of serious financial or personal hardship. We further look to others for the continuing development and maintenance of many of our basic capabilities. Our basic emotional, imaginative, and reasoning capabilities are not simply and fully developed by childhood’s end, but continue to grow and evolve in our relations to others throughout our lives.

Many of us further experience another form of dependency in our lives—the dependency that comes from caring for another (Fineman 2004, 35–37; Kittay 1999, 106–109). Caring for another, especially one in dire need, often means depending upon others for material resources and other forms of support or accommodation. Fineman dubs this form of dependency “derivative dependency,” since it arises from caring for an “inevitably dependent person” (Fineman 2004, 35–36). Yet, for many people, this form of dependency is no more avoidable than the inevitable biological dependencies discussed above. Few of us have the means necessary to engage in intensive care for another without in some way depending upon others to help us meet our needs and the needs of our dependents. If we are to care for others, most of us thus have to depend
upon others. This, in turn, means that when others care for us we are usually dependent upon more than just our primary care givers. We are also dependent upon all who support or accommodate our care givers so that they can care for us. Our survival and development depends upon an extensive web of relations that makes caring possible.

We additionally depend upon the caring that others provide to others to reproduce society and to make civil life possible. If no one cared for others, society would cease to exist within a generation or two (Kittay 1999, 28, 92). Then our own ability to survive, develop, and receive care from others would be seriously compromised. “Without aggregate caretaking there could be no society, so we might say that it is caretaking labor that produces and reproduces society” (Fineman 2004, 48). In a similar vein, we also depend upon others’ care to nurture the sorts of human beings capable of social cooperation and making social contributions. “Caretaking labor provides the citizens, the workers, the voters, the consumers, the students, and others who populate society and its institutions” (Fineman 2004, 48). Without some form of “good-enough” parenting, children would not develop the basic attributes and skills necessary for basic social functioning (Bowlby 1969, 1973; Winnicott 1965). Abandoned children, for example, may never properly develop their language, emotional, reasoning, and social capabilities. Infants of abusive or severely neglectful parents often develop behavioral disabilities and psychic maladies that make normal cognitive functioning and acting impossible: “Some of these children become withdrawn . . . some identify with the abusive parent and become violent, some never organize a coherent self at all and function at the edge, or over the edge, of psychosis” (Meehan 2000, 43–44; see also Bowlby 1969; Hrdy 1999; Prescott 1990; Starr, MacLean, and Keating 1991; Widom 1989). We therefore all depend upon the good enough caring of others for others to produce individuals with whom we can become friends, marry, form partnerships, cooperate, and engage in sociable and productive activities in society at large.

Given the necessity of “good enough” caring practices, Virginia Held has pointed to the inadequacy of social contract theories that start out by imagining a number of independent and self-sufficient men in the state of nature: “Before there could have been any self-sufficient, independent men in a hypothetical state of nature, there would have to have been mothers and the children these men would have been” (Held 1993, 195). It might be added that these mothers would have had to have been good enough at their care work so that these men could develop the basic capabilities and trust necessary to form a social contract. Annette Baier similarly argues that moral theories such as liberalism that that do not give proper moral recognition to caring display a form of bad faith, since caring forms the necessary ground of all moral practices and sustains these practices across generations (Baier 1994, 6–8). Nancy Folbre develops a similar point with particular regard to contractual market relations (Folbre 2001). Economic production and trade would not be possible without the background work of
caregivers laboring to meet the basic needs and develop the basic capabilities of future workers. As such, she suggests that the care provided for children ought to be construed as a public good, since we all benefit or suffer depending upon the sorts of people these children become.

There are perhaps other ways in which we are dependent upon others for care, but the preceding arguments should suffice to make the point: we are all unavoidably and deeply dependent upon others. We depend upon others for caring during childhood, sickness, disability, and old age. Most of us depend upon others in our day-to-day lives and during times of particular hardship. We depend upon the caring that others give to others to reproduce society, and most care givers (whose work we depend upon) are dependent upon others to perform their care work. In short, we live in a web of dependency and caring. It is not just that we have depended and probably will depend someday upon the care of others; it is that human life is deeply implicated in relations of dependency and caring.

Pointing to these sorts of dependencies, Fineman argues that “caretaking work creates a collective or societal debt” that obligates each and every member of society to help support caring activities (Fineman 2004, 47). We should spread out the costs of caregiving among all its beneficiaries to reflect its broad social value. Kittay likewise suggests that the duty to care for others should be understood as a “categorical imperative . . . derivable from universalizing our own understanding that were we in such a situation, helpless and unable to fend for ourselves, we would need to care to survive and thrive” (Kittay 2001, 535). While Fineman and Kittay offer interesting suggestions, neither develops them into a full-scale theory of obligation for caring. In the following, I do so, but first I briefly outline two partial, albeit ultimately limited, justifications for our duty to care for others.

Most basically, we all may be said to have a self-interested, or prudential, reason to care for others. Ensuring good care for individuals in our immediate social environment will increase the likelihood that we will be surrounded by more capable, sociable, and satisfied, and fewer incapable, maladjusted, and desperate, individuals. This in turn will enable us to live fuller and safer lives, and increase the probability that we will receive good care when we need it. However, this justification for our caring duties is obviously limited. Prudential considerations would seem to counsel us to try to reap the benefits of caring while contributing as little as possible to its costs. Furthermore, if our duty to care rests upon nothing more than self-interest, then we might justifiably isolate our loved ones and ourselves into narrow, resource-rich, caring communities (as many people in fact attempt to do), and neglect all others. As noted above, care theorists have generally rejected this understanding of caring on the grounds that it conflicts with intuitive understandings of what it means to be a caring and moral person.

Annette Baier has suggested that we might overcome these problems by recasting our duty to care for others in terms of the principle of fairness (Baier
The principle of fairness states that all individuals are obligated to contribute their fair share to the maintenance of any cooperative scheme that mutually benefits them (Klosko 1992; Rawls 1971; Simmons 1979, 101–42). Baier argues that caring may be understood as such a cooperative scheme. We all depend, or have depended, upon parents, family, friends, spouses, teachers, doctors, nurses, and others for our survival and well being. We likewise all depend upon the care these figures give, or have given, to others in our social environment for our social existence and well being. We may therefore all be said to have a duty to contribute our fair share to the cooperative scheme of caring. Baier writes that “free riding on the generative scheme” of caring is “at best churlish, at worst manifestly unjust” since caring forms the background of society and is central to the quality of all of our lives (Baier 1997, 30). To benefit from the caring that others provide or have provided to ourselves and our social partners, and yet to refuse to contribute to the caring scheme, violates the most basic principles of fairness and ultimately erodes the basic preconditions of human existence and social reproduction.

The principle of fairness provides a more solid and broader basis than self-interest for justifying our obligation to care for others, but is still limited. First, it limits our caring duties to those with whom we share a cooperative scheme. This is not necessarily a fatal flaw, but it does mean that our caring duties will be somewhat parochial. We will have duties to care only for those individuals who in some way exist in our immediate web of caring relations. Secondly, and more disconcertingly, the principle of fairness limits our caring duties only to those capable of contributing to the cooperative scheme of caring. Based upon this principle, very developmentally disabled persons who will never be able to care for others would seem to have no rightful claim to care from others, since they violate the principle of fairness (Goodin 1995, 279–80).

The shortcomings of both the self-interested and fairness accounts of our caring duties can be overcome by formulating a rational theory of obligation modeled loosely after Alan Gewirth’s principle of generic consistency (Gewirth 1978, 1996). Gewirth’s argument for the principle of generic consistency is highly abstract and detailed, but its basic tenets are fairly straightforward. Gewirth argues that all purposive agents act for ends that they consider good. Since they consider the ends of their actions good, they must also implicitly consider the proximate necessary conditions or means for attaining their ends as good. The generic necessary conditions for attaining any end, according to Gewirth, are individual freedom and well being. An individual must enjoy some measure of individual freedom and basic well being in order successfully to pursue any end. Since all agents must have freedom and well being in order successfully to pursue their ends, they may be said implicitly to assert their right to freedom and well being whenever they act purposively—stating, in effect, that other agents ought not to interfere with their pursuit of their ends and even ought
to take steps if necessary to enable them to pursue their ends. Drawing upon the logical principle of noncontradiction, Gewirth concludes that all purposive agents must logically recognize the right of all other purposive agents to freedom and well being. When individuals act in ways that deny other purposive agents freedom or well being, they contradict the principles of action that they are necessarily committed to as purposive agents. They demand that others respect their freedom and well being without respecting the freedom and well being of other agents.

Gewirth's argument has been widely criticized, and this is not the place to assess its overall merits. However, one general criticism related to care theory can be briefly noted. Much like Rawls, Nozick, and other liberal philosophers, Gewirth takes autonomous individuals as the starting point of his theory (Dyck 1994, 116–17). He shears away all dependency to isolate a moment of autonomous, purposive action from which he constructs his moral theory. This individualistic starting point, in turn, creates problems for his theory. His argument depends in large part upon individuals' recognizing other human beings as purposive agents. He does not, however, provide any incontrovertible reason why we must recognize all human beings as agents. This recognition seems to flow from our evaluation of their abilities (1978, 119–127). Gewirth, for example, argues that some people who pursue purposes (such as mentally deficient persons) are lesser agents who are entitled to lesser rights (Gewirth 1996, 65). Similarly, then, individuals might deny the full agency of some persons based upon their gender, race, ethnicity or other characteristics—as even high-minded philosophers have sometimes done. These individuals would apparently not contradict themselves in depriving these persons of some measure of freedom or well being, since they do not see them as full agents. It is difficult to see how the full agency of these persons could be proven, especially when Gewirth admits that pursuing purposes is not sufficient for this determination.

Care theory avoids this problem by founding our obligations upon our common dependency rather than autonomous agency. We begin by noting that: (1) All human beings require caring in the various ways specified above for their survival, development, and basic functioning. From this it follows that: (2) Individuals who value their survival, basic capabilities, and basic functioning must recognize caring as a necessary good and a good that they must have when it is needed. This statement may appear more contingent than it actually is, since we can infer that individuals attribute at least some value to their continued survival, basic capabilities, and basic functioning as long as they consciously continue to live. Based upon (2), we arrive at: (3) All individuals may be said to assert a right to be cared for when in need, meaning that they implicitly claim others should help them to meet their basic needs, develop or maintain their basic capabilities, or alleviate their pain when they cannot reasonably achieve these aims by themselves. While the notion of a right to care may seem odd,
it nonetheless has some intuitive plausibility as a description of the sorts of claims that individuals make upon others when in need. A person who is being assaulted by another or is drowning will call out for help and at least implicitly assert the moral duty of others to help him or her, regardless of how others may view such claims. Even the demands of infants for care have something of this quality. Since their survival and development depends upon the care of others, they implicitly (or not so implicitly) make strong claims on others to care for them that extend beyond mere pleas for beneficence.10

As noted above, however, our dependency on others for caring extends beyond particular times of dire need. We also depend upon the caring of others more generally for the reproduction of society and the propagation of the human species as we know it. We do not, then, just make narrow claims on others to care for us during periods of particular need, as suggested by (3), but more generally make broad claims on others for the caring that sustains the web of human life in which we live. Thus we arrive at: (4) Individuals cannot help but make general claims on others for the caring that sustains and reproduces human life and society. Even if an individual should eschew offers of caring in particular circumstances, he or she would still remain committed to caring in general. We all make claims for caring on others merely by virtue of our existence in society with others.

Drawing upon the logical principle of noncontradiction, we thus arrive at what we might call, following Gewirth, the principle of consistent dependency: (5) Since all human beings need care and claim the right to be cared for when in need, and more generally depend upon the caring of others to sustain not only our own lives but also human life and society, we must logically recognize the rights of others to make claims upon us for care when they need it, and should endeavor to provide it when we are able to do so without significant danger to ourselves. To act contrary to this principle is contradictory. We all have demanded and received caring from others in times of need, and presently depend on the caring of others in various ways. Insofar as we value our lives, we thus may be said to value the caring that has made and makes our lives possible. If we refuse to extend caring to others in need, we act contrary to this principle to which we are committed by our own dependent existence. We refuse to provide the caring to others that we have all demanded and require for our own survival, development, and basic functioning.

Because our own claims for caring are rooted in our common human dependency, the principle of consistent dependency avoids the central weakness of Gewirth's theory. While it might be possible to deny the full agency of some individuals based upon their sex, race, ethnicity or other characteristics, it hardly seems plausible to deny their dependency. Even just refusing to extend caring to others in need involves implicitly acknowledging their dependency. Nor can we plausibly deny our duty to care for some others on the grounds that they are
not really human. As "second persons" who have survived and developed by virtue of the care of other human beings, we are logically committed to extend care to all other beings who cannot possibly survive or develop without human care. If another creature meets this criterion, we are logically obligated to care for him or her. Abstract definitions of "humanity" are beside the point.

Gewirth's argument has been criticized for reducing morality to logic, and a similar criticism might be leveled against my argument. E. J. Bond writes that in Gewirth's theory "moral evil is reduced to logical error. The evil itself lies in the inconsistency. . . . Gewirth and others like him would turn wickedness into a kind of intellectual incompetence" (Bond 1980, 41). Deryck Beyleveld has argued, however, that Bond's interpretation is mistaken. "Irrationality (illogicality) is not what makes an action immoral [for Gewirth]. It is, however, the means by which we can know what actions are immoral" (Beyleveld 1991, 104). What makes an action immoral for Gewirth is that it deprives individuals of the freedom and well being that all agents generically recognize as good. A similar sort of argument can be applied to the principle of consistent dependency. Consistently, we all have a duty to care for others based upon our own dependency. But what is immoral about withholding care from others in need is not the inconsistency of our action but the fact that in doing so we deprive them of the support necessary for their survival and basic functioning. We contribute to (if only by failing to prevent) the destruction or degradation of other people's lives, and implicitly renounce the basic practices and values that make possible our own lives, the reproduction of society, and the propagation of humanity as we know it. The moral obligation to meet others' claims for caring thus rests upon the intuitive idea that human life and basic well being are valuable and should be supported when possible. We are all at least implicitly committed to this intuitive idea by consciously continuing to live. Our continued conscious existence implies that we value our lives, and our lives depend (or have depended or will depend) upon the care of others. Our unavoidable dependency combined with the value we place on our lives thus commits us to caring for others in need.

In sum, we should care for others in need when we are able to do so because we have implicitly demanded and continue to demand care from others for our own survival and development and the reproduction of society; and because denying others the care they need deprives them of the support necessary to survive and achieve the basic well being that we all implicitly recognize as good.

The Distribution of Our Caring Duties

The last stage of the argument involves outlining the specific distribution of our caring duties. Given limitations of time, money, and other resources, we cannot care for everyone or give everyone equal care. We need guidelines for
ordering our caring priorities (Held 1993, 74–75). Care theorists have noted this fact but not very clearly developed a distributional framework for our caring duties.\(^\text{12}\) In this final section, I develop such a framework based upon Robert Goodin's "assigned responsibility" model of moral obligation (Goodin 1985, 109–44; 1995, 280–87).

Goodin suggests that many of our special moral duties to others are best understood as "distributed general duties" (Goodin 1995, 280). He claims, for example, that we all have general moral duties to protect the vulnerable—whoever and wherever they may be. Yet, our general moral duties to protect the vulnerable can for the most part be best fulfilled by assigning particular individuals the duty of looking after particular others. Hospital patients, for example, are better cared for when they are assigned a particular doctor to look after them rather than having all the hospital's doctors devote a small portion of time to each patient. More generally, "A great many general duties point to tasks that, for one reason or another, are pursued more effectively if they are subdivided and particular people are assigned special responsibility for particular portions of the task" (Goodin 1995, 282). Based upon this model, Goodin argues that we are justified in showing partiality toward our special dependents on the grounds that assigning responsibility in this particular way generally means that all vulnerable individuals will be more effectively and excellently protected.\(^\text{13}\) An important correlate of this model, however, is that we all become responsible for protecting vulnerable individuals if the persons appointed to look after them should fail to perform their assigned duty (Goodin 1995, 282).

While Goodin uses his assigned responsibility model to explain our special duties to vulnerable individuals and fellow countrymen, it applies equally well (if not better) to care theory. As argued above, all capable individuals have duties to care for all others in need. Caring is, however, best practiced in particular relationships where the care giver can be attentive, responsive, and respectful to the dependent's needs and abilities. As such, care theory itself supports a particular distribution of our general caring duties, since caring will usually be most effectively and excellently performed in particular personal relationships.

Based upon this model, our primary duties to care may be said to be owed to ourselves and to those with whom we have a special personal relationship or are otherwise in a special position to help. We have a primary duty to care for ourselves because we are usually best able to determine and provide for our own particular needs, and self-care precedes and sustains caring for others. Moreover, by caring for ourselves, we avoid needlessly having to call upon others to care for us, thus allowing others to care for those who are most truly in need. We have a primary duty to care for our children, parents, spouses, partners, friends, and other intimate relations because we usually are best situated to provide care for them and have a relational history with them that allows us to anticipate and understand their needs. Insofar as care givers feel affection for
their intimate relations, they will also be more motivated to provide good care for them. Care theory therefore may be said to support a universal principle of partiality: each should care primarily for intimate companions and dependents since this arrangement will generally guarantee the most attentive, responsive, and respectful care for all. However, if anyone should lack intimate companions to provide care for them, or if a person’s care giver should be unable or unwilling to fulfill his or her duties, everyone becomes responsible for aiding the neglected individual.

Our secondary duties to care are owed to those individuals who live in close proximity to us or with whom we share some sort of social relationship. Once again, we are most likely to know and understand the particular needs and capabilities of those around us who share our social institutions or culture, and who exist in some sort of relationship with us; and we are also usually best positioned to care for them. Friedman writes on this point:

> There are, to be sure, some reasons on behalf of favoring the interests of neighbors and acquaintances, even those with resources, over the interests of unknown strangers. When one is acquainted with someone, then one knows something, however minimal, about her. One may be familiar with her needs, wants, situation, or the like. Knowing something about someone’s particular circumstances makes it easier to help or care for her effectively than if one knows nothing in particular about her. In such cases of greater familiarity, the risk is lessened that the help or care one renders will be ineffective or, worse yet, detrimental to the recipient. (Friedman 1993, 57–58)

It may be added that our justifiable partiality to family and friends also justifies some partiality to those who live in our most direct social environment, since these individuals are most likely to interact with our loved ones. If we may be said to have a particular moral duty to care for our loved ones, then we also must have a particular duty to care for those in the broad social milieu, since this will contribute to our loved ones’ security and health.

Finally, we all have general duties to care for all others in need. These duties are tertiary because we are usually least well able and least well positioned to deliver good care to distant strangers in a caring manner. We may not understand the particular nature of their needs or to be able to deliver the basic goods they require. Nonetheless, we do have a duty to extend some care to distant others insofar as we are able to do so as indicated by the principle of consistent dependency. The goal in caring for distant strangers follows the pattern outlined above. Since individuals are usually best able to care for themselves and those near them, we should aim to care for distant others whenever possible by enabling them, first, to care for themselves and their intimates, secondly for
their compatriots, and lastly for others at large. In this regard, care theory may be said to endorse the principle of subsidiarity, shifting the actual delivery of care whenever possible to the most local and personal levels where caring will usually be best provided.

The above framework describes the rightful distribution of our caring duties, but leaves some difficult questions unanswered. Based upon the assigned responsibility model, we may safely conclude that if we have only enough resources (time, money, energy) to care for our immediate dependents and ourselves, then we are justified in devoting all our resources to this purpose. Likewise, if we have only enough for ourselves, our intimates, and our compatriots, then we are justified in caring only for them. Our duties are limited according to the limits of our resources. Difficult questions arise, however, when we consider how much of our resources we might justifiably devote to the care of our intimates and ourselves. Should we, for example, prioritize meeting the basic needs of all others above promoting the good life among our own family and compatriots, so that, for example, we forgo buying toys or musical instruments for our own children, or symphony tickets for ourselves, as long as there are children across the ocean who do not have food to eat? (Friedman 1993, 79).

On the face of it, it might seem that care theory would favor meeting the basic needs, fostering the basic capabilities, and alleviating the suffering of all others before endorsing the expenditure of any resources on the development of higher capabilities or goods such as play or aesthetic appreciation. Even taking into account the inefficiencies and hazards of foreign aid, it might still seem obligatory to try to help others to meet their basic survival and developmental needs before expending any resources on toys, piano lessons, designer clothes, or symphony tickets for our children or ourselves. If care theory did endorse such a principle, however, then it would come to resemble a specific conception of the good life, subordinating all other moral ideals to its goals. Yet, nothing in the nature of care theory, as outlined here, justifies this sort of moral predominance. Caring is prior to and necessary for every conception of the good life, and as such, serves as a sort of internal check on all comprehensive moral theories. Any moral theory or conception of the good life that wholly denies the importance of caring practices or endorses practices that directly subvert them may be said to be internally inconsistent. But this does not mean that caring duties should assume predominance over all values. There are many legitimate values and ends of human life other than those associated with caring, and there is no way to demonstrate the absolute priority of the value of caring over these other values. Some people might consider tithing to their church more important than contributing funds to feed the hungry, and others might feel the same about the importance of toys or piano lessons for their children, or fancy shoes and symphony tickets for themselves. Since caring for others cannot be shown conclusively to be always more important than supporting religious,
aesthetic, hedonistic, or other goals, we are not morally obligated to assure that everyone has a decent level of basic well being before devoting some resources to the higher capabilities of our loved ones or pursuing some conception of the good. Parents might legitimately buy their children toys or musical instruments even if other children are starving. However, we do have general duties to care for all others regardless of our visions of the good life, and the more resources we devote to promoting our vision of the good life (for our children, ourselves, or others), the fewer resources we will have to devote to caring for others. At the very least, then, if we have sufficient resources to support one form of the good life or another, we should also devote some resources to caring for others. Care theory does not posit the duty to care for others as superior to all visions of the good life, but it does identify caring as a basic morality that obligates all who are capable of providing it to do so in some measure.\textsuperscript{15}

Finally, we must consider our duties to those individuals who, although fully capable, make no efforts to care for themselves or others (Kymlicka 1990, 277–84). As noted above, I depart from Kari Waerness in distinguishing personal services from necessary caring (Waerness 1984). In my account, a person who meets the basic needs, fosters the basic capabilities, or alleviates the pain of another cares for this person whether or not the cared-for could have fulfilled these needs by himself or herself. However, in the general spirit of Waerness’s distinction, I agree that personal-service type care is not obligatory. That is, while it might be praiseworthy to make dinner for a perfectly capable spouse or friend, we are under no moral obligation to do so. The reasoning for this position follows from the points outlined above. Since we assert a right to be cared for only when we are in real need of help, it may be said, based upon the principle of consistency, that others make a claim on us for care only when they are in real need. The criteria for distinguishing real needs is not whether we would need care in a particular situation (for example, “as a former Olympic swimmer I would not need to be saved from drowning in such calm waters”), but whether it would be difficult in a particular situation for another to achieve an important caring aim (food, water, safety, the development of basic capabilities) without our help. Given this criteria, we are certainly under no moral compulsion to make a person dinner simply because it would make his or her life easier. We are morally obligated to extend care only to those individuals who cannot reasonably, or without considerable difficulty, satisfy their needs, develop or sustain their capabilities, or avoid or alleviate pain by their own efforts.

**Caring: The Most Fundamental Human Value**

Care theory has come a long way since Gilligan and Noddings first outlined their accounts of care ethics. Care theorists have reconceptualized caring as a practice rather than a moral orientation, developed some general caring
principles, and outlined a number of moral justifications for our duty to care. In this essay I have tried to clarify and sharpen our understanding of care theory by specifying what exactly we do when we care for others and explaining why and for whom we have duties to care. In doing so, I have reformulated caring in such a way that it can form the basis of a moral and political theory.

My account of care theory nonetheless remains distinct from traditional justice theories in at least two important ways. First, it is unique in its substantive focus on caring activities. Justice theories have generally aimed to promote equality, autonomy, freedom, fraternity, the good life, and other such values, but rarely the decent care of all. The aim of providing decent care to all is central to my conception of care theory. Secondly, even in principled form, care theory remains far more concerned with process and relationship than most justice theories. Caring means more than just meeting needs, developing basic capabilities, and alleviating pain; it means doing so in a manner that is attentive, responsive, and respectful to the individuals in need of care. While caring can be formulated into a form of a justice theory, it is thus a unique sort of justice theory. It is a justice theory that designates caring for others in a caring manner as the most fundamental human value. The next step in the argument would be to draw out more fully the moral and political implications of this account of caring, but this obviously cannot be done here. I have attempted only to suggest a more solid foundation for constructing a caring moral and political theory.

Notes

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1. Critical theorists such as Jürgen Habermas and Axel Honneth have similarly grounded their moral theories in practices that they claim are necessary to reproduce human life and society (see Habermas 1984, 397; Fraser and Honneth 2003, 244).

2. Drawing upon Aristotle, Schwarzenbach further defines the common core of relations of philia as "wishing for [another] what you believe to be good things, not for your own sake but for his, and being inclined, so far as you can, to bring these things about" (1996, 99; Aristotle's Rhetoric 1380b–1381a).

3. Some of these activities, of course, may be useful in helping children to develop their basic or innate capabilities, but that is a different matter.

4. Affection or emotional attachment is another candidate for a virtue of caring. Both Gilligan and Noddings grounded their original accounts of caring in affection, and other care theorists have incorporated this element into their theories (Halwani 2003; Held 1993, 30; Ruddick 1989, 67–70; Tronto 1993, 105). The logic for including affection among the virtues of caring is the belief that individuals who feel emotionally attached
to their dependents will better attend to their needs and capabilities. In general, this may be true. Yet, there is no reason for supposing that emotional attachment is always necessary for achieving good care. An attentive, responsive, and respectful nurse will provide good care to a patient regardless of whether or not he feels attachment to her. Since affection is not necessary to all forms of good caring, it is not properly considered one of the central virtues of caring. Bubeck argues in this regard that "care does not require the existence of an emotional bond between carer and cared-for" (1995, 134).

5. Nancy Hirschmann has outlined a feminist theory of obligation that relates more to questions of political obligation generally (Hirschmann 1992).

6. It is important to note that Gewirth employs a "dialectically necessary method" to reach his conclusions. This method does not rely upon the actual beliefs or statements of actors, but rather renders in linguistic terms the logical implications of the actor's actions (1978, 42–47).

7. For an extensive discussion of criticisms of Gewirth's theory, and defense of this theory, see Beyleveled 1991.

8. Gewirth's response to racism, sexism, and so on, does not directly address the possibility that a racist or sexist might deny the full agency of some groups (Gewirth 1996, 18–19, 65).

9. Robin West similarly discusses a "right to care," but she focuses on the right to give rather than receive care, and attempts to justify this right within a liberal, and especially American constitutional, framework (West 2002).

10. Martha Nussbaum makes a similar point: "Any failure on the part of the caretaker to fulfill those wants [of the infant] will lead to reactive anger, as if (to put it in prematurely complex terms) some right of its own had been slighted" (2001, 192).

11. Other creatures such as a stray dog or cat may be contingently dependent upon human beings for survival. However, dogs and cats can and in fact do survive and develop without human care. Only humans cannot survive and develop without other humans.

12. Friedman provides the best discussion of these issues (Friedman 1993, 9–88). My discussion mirrors hers in many respects, but provides a more precise account of our caring duties based upon my own account of caring.

13. Goodin writes, "It may not quite be the case that, existentially, they [our special duties] are wholly derivative from general duties. We cannot always deduce from considerations of general duties alone who in particular should take it on themselves to discharge them; where the general principle leaves that question open, some further (independent, often largely arbitrary) 'responsibility principle' is required to specify it. Still, on this account, special duties are largely if not wholly derivative from considerations of general duty" (Goodin 1995, 280).

14. Once again, some expenditures on play, art, and other goods may be justified on the grounds that they are necessary to help children to develop their basic capabilities for emotion, affiliation, imagination, and so forth. I am focusing here on additional expenditures, such as expenditures on very expensive toys or specialized musical training.

15. Slote argues that we must balance our self-concern, our care of loved ones, and our care for others (2001, 69–78). I extend this idea to argue that we must balance our caring with our other conceptions of the good.
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