

VIRTUE ETHICS AND AN ETHICS OF CARE: COMPLEMENTARY OR IN CONFLICT?

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RESUMEN

Este artículo compara y contrasta la ética de la virtud con la del cuidado, a fin de determinar su mutua relación. Se afirma que existe una tradición en la ética de la virtud que enfatiza que la virtud es conocimiento, e igualmente se concentra en el altruismo. No existe oposición entre esta forma de virtud y la ética del cuidado. Además, hay objeciones de principio a generalizar la necesidad de relaciones asimétricas de una ética del cuidado con el caso de la justicia entendida como justicia recíproca.

PALABRAS CLAVE

Ética de la virtud, ética del cuidado, altruismo, cognitivismo, autonomía.

ABSTRACT

This paper compares and contrasts virtue ethics and care ethics to determine their mutual relation. It is argued that there is one tradition within virtue ethics that emphasises that virtue is knowledge and also focuses on direct altruism. There is no opposition between that form of virtue ethics and ethics of care. Furthermore, there are principled objections to generalising the necessarily asymmetric relations of an ethic of care to the case of justice as reciprocal fairness.

KEYWORDS

Virtue ethics, ethics of care, altruism, cognitivism, autonomy.

This paper engages in a “compare and contrast” exercise between two approaches to normative ethics in order to establish their mutual relationship. The two approaches that I will discuss are virtue ethics and an ethics of care. Two methodological remarks are in order at the outset about how I intend to proceed. The first is that there seems little point in trying to identify any privileged foundational idea with which we can organise the whole of normative ethics. Ethical theorists and anti-theorists alike seek to make the best reflective sense of a “complex historical deposit” not only present in the conceptualisation of experience but at the level of theory¹. It is only to be expected that different theoretical approaches to ethics will highlight different aspects of that experience, such that more than one view will probably have part of the truth.

This is not a plea for a relaxed relativism: some normative views are correct and others incorrect. Part of assessing that correctness involves scrutinising the underlying epistemological model to which each view appeals. My plea is, rather, for the avoidance of reductionism or a misplaced foundationalism. Occam’s Razor advises us that, amongst two equally explanatory theories, one ought to prefer the simpler, not that simplicity is a theoretical goal in its own right. Given the complexity of our inherited ethical experience, the diversity of ethical traditions of which we are aware, and the complex interaction between reflective theory and practice in this area we already know that a simple answer to our theoretical problems is going to be a false one.

My second, related, methodological proposal is that in order to avoid false dichotomies and over-simplifications it is necessary to consider each normative view in its most plausible form. This is particularly true of the relation between virtue ethics and the ethics of care. The existing discussion of the relationship between

¹ The phrase is Williams’s in ‘What does Intuitionism Imply?’

these two views is plagued by misleading, over-general formulations of what is essential or merely accidental to each view. The ulterior motive of those who formulate these misleading descriptions is to draw a sharp contrast where none exists. At the very least, *both* the tradition of virtue ethics and the more recent work on the ethics of care are now so internally diverse that finding such a sharp boundary between them seems implausible.

Looking ahead to my conclusion, I will indeed argue that there is one tradition within virtue ethics that conceives of virtue as knowledge that *can* explain all that the ethics of care seeks to explain. However, the opposite is not true. I believe that this gives us good grounds for conceiving of an ethics of care as a view with no distinctive ethical content of its own. However, this will emerge as a conclusion only after the nature of virtue ethics has been clarified and I will begin with what I take to be the strongest case for disputing what will be my final conclusion.

VIRTUE ETHICS AND CARE ETHICS: THE PRIMA FACIE CONFLICT

I will begin with the thesis most diametrically opposed to my own: that the ethics of care represents a distinct tradition within normative ethical theorising that is opposed to virtue ethics. Why might one think this? Here is a thumbnail sketch of what an ethics of care is supposed to be. Amongst the data of moral life there is the experience of caring relationships. The kind of relationship that is of particular interest to the ethics of care is one of asymmetric dependence where one who is less vulnerable cares for one who is more vulnerable. The form that this care takes is a direct, altruistic concern for the good of the other in the light of the particular demands of the situation and of the individual. (Presumably those demands are shaped by the fact that one party is more vulnerable than the other). The kinds of parties that are the special focus of an ethics of care are the very young, those who are unhealthy, the chronically disabled and the very elderly. Each

of these groups is conceived of as more vulnerable than a typical, fully functioning person because of the temporary or permanent absence of a capacity or set of capacities. The carer acts for the good of the dependent other in a way that manifests a caring attitude consisting of an appropriate sensitivity to the needs of the dependent and in a way that avoids both paternalism and an inappropriate self-abnegation on the part of the carer. Paternalism advances the good of the dependent in a way that overrides her conception of her own good; inappropriate self-abnegation sees the carer submerge her good excessively in the needs of the other. An ethics of care putatively avoids either of these two extremes.

How might one contrast this view with an ethic of virtue? Very simply by going back to the founding text of virtue ethics, namely, Aristotle's *Nicomachean Ethics*. That book is a practical manual for the free born young men of Athens. It is a preparation for a practical life lived in the public realm conceived of as the social and political space of the agora. This public forum is for men of a high social standing. The only vulnerability within that space is that between older men, who are assumed to be wiser on the grounds of experience, and younger men, who lack that experience. This is a vulnerability of an entirely different order from that which exists between all of these men, and women, or slaves, who live in the same society. This vulnerability is also categorically different from that of people in ancient Athens who are chronically disabled or sick. The primary focus of the ethical, then, is the lives of men, well born, politically free and very much concerned with a life lived in public.

This emphasis on the public nature of the agora explains features of Aristotle's morally ideal man, the man of great soul, such as his deep voice and long stride. How this man appears to other men in the setting of the agora matters deeply to the content of Aristotle's ethical view: the man of great soul conducts himself with style. Aristotelian ethics is certainly formally egoistic in that it begins ethical reflection with the question: what shall I do? (Williams, 1985) But there has been a recurrent concern that

Aristotle's views are substantively egoistic in the sense that he places great importance on the self-sufficient individual. Indeed, the man of great soul takes self-sufficiency to an extreme. The man of great soul liberally funds the games at Athens and wants it to be known that he has done so; but he does not like incurring debts to others. This self-aggrandising man who is so self-conscious about how he appears in the context of the agora seems to lead a life in public in what we take to be the wrong sense of "public". He seems arrogant, aloof, and excessively focused on how he is perceived by others. He is, for one thing, utterly lacking in humility or modesty.

In the social and political reality characterised by the founding text of virtue ethics, this notion of public life in the ancient agora is to be contrasted with the life of the *oikos*, the domestic household. This *oikos* makes public life possible for the male head of the household, but on this ancient conception of the public/private distinction women and slaves are alike relegated to the infrastructural. In this sense their lives lie outside the ethical. If this is one's paradigm of virtue ethics it is simple to find a sharp contrast between this view and an ethics of care. In spite of all the differences between a contemporary, sociologically modern Western society and ancient Athens there is one point of striking similarity: the connection between gender roles and the idea of the domestic. Women still carry on a disproportionately large amount of work in our society that is not paid and a lot of that work is located within the domestic. It has economic repercussions, but not in the sense that those who actually carry it out are paid for doing so. Women carry a disproportionate burden of work in the domestic sphere of the home, in childcare, and in caring for the sick and the elderly.

It is hardly surprising, then, that the idea of an ethics of care was originally developed by feminists (Gilligan, 1982; Noddings, 1984). It forms part of a sphere of work that is devalued because it is not paid. When it is paid, as it is in the case of professional caregivers such as medical professionals, the traditional associa-

tion between caring and gender roles leads to a disproportionate distribution of directly caring roles to female staff. In that sense, proponents of the ethics of care do not think we have progressed that far from Aristotle. The way in which economic justice is arranged in our society relegates not women, but women's' unpaid work, to an infrastructural role within a modern competitive economy. Certainly the situation has been ameliorated by access to publicly funded healthcare and education for all citizens. Every citizen is protected by moral and legal rights whether in the domestic sphere or outside it. However, residual injustices remain in the distribution of economic reward for work.

Understood as a feminist ethic not a feminine ethic, an ethics of care conceives of itself as recovering for ethical theory a dimension of experience that has been under-valued because of its historically contingent association with work done by women that is unpaid. As unpaid work it lacks recognition and prestige and serves to undermine the economic basis of female citizenship. However much a woman may be given formal equality under the law, if some or all of her work is not paid or underpaid then her material inequality will undercut the formal equality of her status as citizen. However, it is at precisely this point, when one notes this element of historical contingency, that elements of doubt appear in the sharp contrast that I have delineated between a virtue ethic and an ethic of care. How much of what I have described is, indeed, a matter of accident and not essence? There are aspects of the virtue ethics of Aristotle that certainly locate the caring work typically done by women in the past and in our current societies within its blind spot. However, our societies have changed and our conceptions of virtue ethics have changed with them. However, I will begin with aspects of Aristotle's own view that reduce the sharpness of the contrast I have drawn between his own virtue ethic and an ethic of care.

REDRESSING THE BALANCE

If you think the contrasts I have sketched in are overdone you might very well draw attention to the following, countervailing, features of Aristotle's ethics. First, it is an ethic from the perspective of a human life. Its focus is not the supernatural: the god-like life of Book X of the *Nicomachean Ethics* is rejected as inappropriate for the human because it is more than a human life. Aristotle's ethics involves reconciliation with the nature of the human species conceived of, precisely, as leading the life of a dependent rational animal. We share with animals a physical fragility and a vulnerability to sickness, ageing and death. As Alasdair MacIntyre puts it: "The virtues of rational agency need for their adequate exercise to be accompanied by what I shall call the virtues of acknowledged dependency" (MacIntyre, 1999, p. 8). It is perfectly true that ethics in the Aristotelian tradition has not gone out of its way to emphasise this dependency and the accompanying facts of vulnerability to a range of harms. However, as some of MacIntyre's recent work shows, this theme of dependency is clearly present. Furthermore, as we also know, Aristotelian ethics goes out of its way to highlight another kind of dependency, namely the dependency of a good life on good luck. Even the best of lives can be wrecked by misfortune in a way that latter moral theorists such as the Stoics and Kant sought to eliminate by making ethics maximally luck free (Nussbaum, 2001; Williams, 1985). Those ethical developments, however, emerge after Aristotle.

We also share a social nature with some animals –we are, in Aristotle's formulation "zoon logikon et politikon"– and that social nature enters into the appropriate standards of a good life for us. "Being eudaimon", Aristotle's highest value, is not substantively egoistic simply because it is about the life of an individual going well. That is for the simple reason that Aristotle accepts that whether things go well or badly for you depends on whether

things go well or badly with those to whom you stand in special relationships. It seems, then, that a direct concern for the good of another can feature in an Aristotelian virtue ethic. That the substantive content of a life lived well, eudaimonism, can involve the self without egoism will prove important to my further argument.

That is because this alleged vulnerability in an Aristotelian view can be turned into a critique of the ethics of care. How far can we generalise from the case of an asymmetric relation of caring between the more and the less vulnerable to ethical relations more generally? Cases where an individual is, through misfortune, either temporarily or permanently unable to exercise some typically human capacity in a way that makes them dependent on a carer are, we think, the exception and not the norm. Indeed, given the asymmetry between carer and cared for, it *cannot* be the norm. On pain of inconsistency not everyone can be asymmetrically dependent on everyone else all the time.

The issue, then, has to be that cases that highlight our nature as dependent animals are particularly important for that very reason: they draw attention to an aspect of our ethical nature that we ought not to forget, namely, our shared human vulnerability. Those cases also highlight something else that our shared vulnerability places at the centre of our ethical experience, namely, direct altruism. Direct altruism is that which Schopenhauer called our ability to be moved directly by the “weal and woe” of a particularised other, to use the quaint language of the English translation of *On the Basis of Morality*. However, I will argue that this idea of direct altruism directed to a particular other is not an idea that is the proprietary possession of an ethics of care even if it explains a lot of the appeal of that view.

It is unclear to me how far proponents of an ethics of care are prepared to push their preferred model as a model of ethical relations generally. The point of focusing on the relation of caring seems to be a tactical one: to highlight the limitations of understanding all forms of ethical relation on a basis of reciprocity. Reciprocity is compatible with putting more in than one gets

out, but it is not compatible with a situation where one can never put anything in at all. Some of the most vulnerable members of society are in that position when it comes to economic justice and reciprocal relations more generally.

However, it is obviously not the case that the particular example of distributive justice is the only model available for all the different kinds of ethical relationship. Furthermore, theorists of justice such as John Rawls are primarily concerned with the notion of our equal standing as a citizen and with explaining distributive justice in way that supports, and does not undermine, that equality of standing (Rawls, 1971). That equality of standing is not explained by justice as reciprocal fairness as it is an idea that is prior to it. That also explains why, it seems to me, Rawls has no difficulty extending the scope of the theory of justice to the chronically sick and disabled even if they are not parties to the original position. They do not participate in the co-operative venture for mutual advantage that is economic society, but that does not mean they lack equality of moral status and are not deserving of respect. Rawls is solely interested in economic justice because of the way in which it can sustain, or erode, what he calls the “material basis of self-respect” (Daniels, 2002).

It seems to me, then, that focusing on cases of asymmetric dependence merely serves to highlight what we believe anyway: that everyone is deserving of equal respect without regard for whether or not they can exercise the full range of their capacities; that everyone is vulnerable in some respects, at some times, and that direct altruism is an important paradigm for our conception of an ethical relationship. At this point any sharp boundary between an ethics of care and virtue ethics begins to blur. However, there do remain two substantive points of disagreement between the proponent of an ethics of care and an Aristotelian virtue ethicist. The first is methodological and concerns the role of appeal to generic truths. The second is substantive and focuses on the value of self-sufficiency.

The methodological issue is this: an Aristotelian ethic is spelled out in terms of what is good for the normal, typical,

properly functioning member of a species. The question is how one extracts from that account further claims applicable to those who are, either temporarily or permanently, unable to function in such a way. Adhering to an objective standard of wellbeing seems harsh and uncaring when it comes to people who are either temporarily or permanently unable to exercise any of those capacities we regard as important to human flourishing.

Clearly, it is important here to handle the issue with some flexibility. Sen and Nussbaum's capabilities approach to well-being identifies ten broad classes of capability necessary for a life well led: leading a life worth living of an appropriate length; good health; to exercise the senses, imagination and thought; a capacity for emotional attachment; practical reason; affiliation or associations; the ability to relate to the animal and natural world; play; control over one's environment, both material and political. This approach, comparable to objective list accounts of wellbeing, is clearly a development out of the Aristotelian natural law tradition and its account of the goods of a life. But is it insensitive to apply this kind of metric to those who lack these capacities?

I think not, if one draws the distinction between temporary and permanent impairment, and if one does not hold any strong thesis about the inter-connectedness of the capacities or of the virtues that make up a human life. Franz Brentano welcomed his blindness at the end of his life on the grounds that it allowed him to concentrate better on his philosophy: in this case the loss of an important capacity is traded for the flourishing of another. The difficult cases are ones of impairment that is permanent, as is the case for chronic disability, even if disability is itself a notion relativised to technological capacity. However, even if a person lacks a range of normal capacities that is not necessarily any barrier to leading a life that is good in some respects and, to return to the key issue, it is no obstacle to a recognition of inherent dignity and respect that is owed to all citizens as such.

The leads on to the second substantive issue I noted above: it concerns the value of self-sufficiency. Between Aristotle's out-

look and our own Christianity has either arrived, or arrived and departed, according to one's point of view. Viewed from the perspective of our own culture, Aristotle's man of great soul seems notably lacking in humility and notably excessive in his pride and over-estimation of his own importance. However, I would like to emphasise once more that this Aristotelian self-sufficiency is conditional upon good fortune. There is definitely a strand in contemporary care ethics that attacks a distinctively modern ideal of autonomy as Stoic self-mastery achieved by what Charles Taylor has called the punctual self. That is a very thin model of a moral agent that has achieved a fully rational self-control based on the objectification of both the world and his own self. It would be foolish not to recognise the valorisation of that ideal in some moral philosophy influenced by Kant; as Iris Murdoch noted, this character is "the hero of many modern novels" in a form that she took to be the updating of Milton's depiction of Satan in *Paradise Lost*. However, this Stoic and Kantian ideal of complete independence from the contingencies of luck ought not to be read back into the self-sufficient individual who forms Aristotle's ethical ideal.

An influential line of feminist criticism has attacked this specific ideal of self-sufficiency in the guise of the modern value of autonomy. It has been argued, in contrast to what is taken to be a stereotypically male conception of autonomy as an individualistic and self-assertive notion that autonomy is in fact relationally constituted in just the same way that relations of care are socially constituted. Social structures enter into the nature of the "thickly constituted" self and social structures are required to make autonomy possible. Is this another dividing line between one aspect of the ethics of care and virtue ethics?

I do not think so: if anything, Aristotelians and proponents of relational autonomy are on the same side in this dispute. However, I also think that several different ideas are being run together in this discussion in an unhelpful way. While I cannot address each of them here I can at least indicate why I take them to be a distinct set of issues.

The first issue is a substantive, ethical issue about the value of individual self-sufficiency and whether, indeed, it is a value. The second issue is methodological: many essential properties of the human species are essentially relational and social including linguistic meaning, mental properties and higher-order mental properties such as personality. However, as Charles Taylor pointed out, it is a mistake to take that issue in the philosophy of social explanation to determine the answer to normative questions about whether or not one's social policy should advance the interests of individuals or that of groups or classes. Taylor's own brand of communitarian liberalism is based on what he calls a holistic individualism that accepts that many properties of the human individual are relationally and socially constituted (Taylor, 1997). But his political philosophy at least involves the good of individuals even if it also involves recognition of community. Similarly, Joseph Raz's perfectionist version of liberalism involves a recognition of the fact the meaningful exercise of autonomous choice requires a set of valuable options and a set of social pre-conditions that are the proper business of the state (Raz, 1988). However, he is still committed to defending a conception of liberal autonomy. The issues, then, are complex and not settled by noting that autonomy exists solely in the context of sociability and relationships².

A VIRTUE ETHIC OF CARE?

Clearly, in arguing that an ethic of care can be derived from a virtue ethic I have tried to separate essence and accident. That which is essential to an ethics of care is not its focus on the especially vulnerable, but its reminder that we are *all* vulnerable in

² We need to be careful to avoid the kind of genetic fallacy exemplified by the following argument of Held's: "There can be care without justice: There has historically been little justice in the family, but care and life have gone on without it. There can be no justice without care, however, for without care no child would survive and there would be no persons to respect" (Held, 2006, p. 17).

our physical and social dependence. That which is valuable to the relation of caring is simply its direct altruism, not the asymmetric relation of the parties. That which is distinctive about an ethics of care, then, is nothing ethical. It is, rather, something political: that throughout our own social and political history an ethic of care has been historically associated with the gender roles of good mother, good wife, good nurse and good carer and that the exercise of those roles has not been economically recognised as the work that it is.

From my perspective, the content of an ethics of care needs to be separated from this historical fact about the contingent association between the role of caring and the unpaid work of women. My claim is that an ethics of care is one form of virtue ethics. It is related to the general project of formulating a virtue ethic as species to genus; it has no distinctive ethical content of its own. Cases of radically asymmetric dependence cannot be the most basic kind of ethical relationship. Focusing on those cases serves four independent ends: to remind us that altruism matters, that altruism is not a matter of reciprocity; that there is a sense in which we are all *dependent* rational animals; finally, the centrality to our ethical thought of the idea of equal respect. In order to explain why I think all four of these ideas, particularly the last, are compatible with a virtue ethic I need to say more about what I take an ethic of virtue to be.

Virtue ethics takes as its basic idea the inter-related notions of a virtue and a domain of goods over which that virtue operates. The form of virtue ethics that I defend is a cognitivist virtue ethic that is built around the idea of virtue as a form of knowledge. Evaluative properties are there to be perceived by the right kind of agent, but the specification of the virtuous agent and of the properties to which that agent rationally responds are tailored to each other (Thomas, 2006). Virtues are not mere skills as they also involve a characteristic pattern of motivation. Virtues are individuated as responses towards different domains of goods.

These two facts both lead to the issues of pluralism and conflict. One and the same situation can present a plurality of different evaluative features to judgement calling on different virtues. For that reason we need a master virtue of sound practical reasoning in order to adjudicate these potentially conflicting demands. Together the virtues constitute admirable excellence of character that expresses fine inner states. As a form of cognitivist virtue ethics that emphasises knowledge, the kind of virtue ethical view that I defend can find a place for the particularised altruistic concern for another that is also at the basis of an ethics of care.

That there is a contextual and inherently social dimension to virtue ethics follows directly from the fact that virtue terms are typically applied third personally and do not, typically, feature in the first personal deliberations of the agent (with exceptions such as the concepts of *justice* and of *righteousness*). The deliberating agent is simply open to the evaluative demands of the world. This might be seen to lead to a problem: Aristotle takes there to be an appropriate consilience between an account of the virtuous person and her flourishing and the nature of the evaluative properties that form the basis of ethical judgement. What prevents an inappropriate absorption in the object of ethical judgement?

One of the main feminist concerns about the ethics of care is precisely Nell Noddings' invocation of an "engrossment" of the carer in the object of care, leading to that which critics of her view regard as an inappropriate self-abnegation typical of the stereotypically good female carer. The good wife or mother entirely submerges her interest in those of her husband or children in a wholly self-sacrificing way. But there is a proper self-love or partiality to self that ought to be weighed against this total self-abnegation. If Aristotle's substantive ethical vision of the man of great soul seems too egoistic, Noddings' early view seems not egoistic enough. What is the proper place of the self in the kind of virtue ethical view I favour?

At this point I would like to return to the feature of Aristotle's eudaimonism that I noted above: that it involves a concern for

things going well for those to whom one stands in some special relationship in a way that is not egoistic. Aristotle believes that the virtuous take pleasure in acting for the good of others but this is not hedonism or egoism: the object of your concern is the good of the other, not your own pleasure. However, the extremes of self-abnegation in Noddings' early formulations of her view are absent and that is, I think, an attractive feature of virtue ethics as opposed to an ethics of care. Carers have ethically appropriate interests too and there is such a thing as that which John Cottingham has called an "autodicy" – an ethically appropriate form of self-concern (Cottingham, 1991). Those who live a life that is eudaimon lead a life that is satisfying to them qua individual, but that is not the same as claim that they thereby lead a life of selfishness that is insensitive to the needs of others.

There is one, more meta-ethical, argument that has been put forward sharply to demarcate virtue ethics and an ethics of care and I will now discuss that argument.

In his recent work on the ethics of care, Michael Slote states that he is "neutral" as to whether or not an ethics of care ought properly to be viewed as a form of virtue ethics or not, but he does usefully formulate the issue in the following way:

I am [...] not going to take a stand here on the [...] 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 [Virginia] Held and [Nel] Noddings believe, and that I myself tend to disagree with (Slote, 2007, p. 7).

We have here a claim of conceptual priority: Held and Noddings take the view that the value of a relationship is prior to the value of the virtue of caring. That seems a plausible *prima facie* ground for denying that an ethics of care is a sub-part of virtue ethics as I have claimed in this paper.

However, note that the form of virtue ethics that I defend is a cognitivist virtue ethics that values virtues as a form of knowl-

edge. It would be an odd view indeed that valued knowledge, but not its objects. Similarly, the kind of virtue ethics that I defend understands the virtues as forms of responsiveness to the evaluative features of individuals and situations. Making sense of responsiveness requires making sense of the independent object to which it *is* a response. Furthermore, I do not believe that the argument given for prioritising the relationship of caring over the relation between a caring virtuous person and the object of her attention is a plausible one. The argument is presented, for example, by Virginia Held in the following way:

I make the case that the ethics of care is a distinct moral theory or approach to moral theorizing, not a concern that can be added on to or included within other more established approaches, such as those of Kantian moral theory, utilitarianism or virtue ethics. The latter is the more controversial claim, since there are similarities between the ethics of care and virtue ethics. *But in its focus on relationships rather than dispositions of individuals, the ethics of care is, I argue, distinct* (Held, 2005, p. 4. Emphasis added)³.

Later in the same book she writes:

Virtue ethics focuses especially on the states of character of individuals, whereas the ethics of care concerns itself especially with caring relations. Caring relations have primary value (*Ibid.*, p.18).

Schematically, then, the argument runs as follows: what is good is not that a person A cares for person B, or the virtue from which A acts in so caring for B. What is valuable is *the relationship itself*. So an ethic of care is grounded on certain conception of value: there is a value to the existence of a caring relationship

³ This putative contrast is considerably undermined by Held's complementary account of "the characteristics of a caring person" that has all the features of a virtue-theoretic profile of a virtue: appropriate motivations, a relevant social practice, and so on (Held, 2006, p. 19).

between A and B of which A and B and the relation are merely components.

However, while that would be a reason for resisting an identification of an ethics of care with a virtue ethic as it stands it looks like a very implausible argument. If a relation is instantiated between a caregiver and a proper object of altruistic concern that instantiates a value. But the *relation* is not the value. It seems to me at worst a metaphysical mistake, or at best a mere figure of speech, when care ethicists claim that it is the relation between care giver and the object of care that is valuable. It is the *object* that is valuable to the caregiver; if I love my wife, it is my wife I love and not the relation in which I stand to her. I don't love my wife in virtue of loving love. It is valuable *that the relation is instantiated* and that is not the same as claiming that the relation is the value (whatever that might mean). There are clearly shades here of Plato's famous third man argument: if, in order to instantiate the valuable relation of caring, I need to value the relation of caring, then we are launched on a regress. When two people are related in a valuable way, such as in a relation of caregiver to dependent, then the object of that altruistic concern is valuable to the caregiver. There is then a higher order value: the valuable state of affairs in which that relation is instantiated. But there is nothing in either explanation that finds value in the relation itself. I conclude, then, that there is no compelling argument against the view that an ethics of care is part of virtue ethics and the argument that Held has put forward is not a convincing one.

VIRTUE ETHICS AND EQUALITY OF RESPECT

I noted at the outset the methodological precept that one ought only to attack a view in its strongest form so now I ought to subject the view I have defended to its most stringent test. My critic will, I suspect, quite naturally focus on the idea of equal respect. I have returned to this idea more than once in this paper. I have taken the ethics of care to be an internal corrective to weaknesses

and distortions within virtue ethics and one way in which it discharges this role is by focusing on the situation of the most vulnerable amongst us.

Consider a person in the advanced stages of Alzheimer's disease who has lost many of the core cognitive functions of memory, thought and imagination and has, in the process, lost personality and meaningful relationships to those with whom they used to be most deeply bonded. An ethics of care rightly emphasises the particular vulnerability and dependent state of this person. Such a person, we think, is deserving of equal respect. If someone proposed that it would be ethically permissible to carry out dangerous medical experiments with an experimental drug on such a person we would rightly be horrified. But can the virtue ethicist simply help him or her self to this notion of equality of respect? While I do not believe in foundational ethical beliefs, this principle of equal respect functions as foundational for us here and now: it seems to us to lie beyond justification even though we know that there are sceptics about the very idea, such as Nietzsche. It is precisely his hostility, or rather scorn, for this idea that seems to set him beyond the ethical pale for our perspective.

The first, tu quoque, response is that some theorists of the ethics of care take themselves to be in the same position. Nell Noddings, for example, is happy to concede that one cannot care for everyone and that an ethics of care is only a part of an overall normative outlook, as it has to be supplemented by an independent theory of justice. I think that is a prudent view to take and is consonant with the rejection of reductionism from which I began. We cannot sensibly hope to explain all parts of our ethical outlook using some small set of ethical concepts. However, the idea of equal respect seems to straddle the dividing line between ethical and political issues and the subject matter of justice.

I think that a response is possible from the neo-Aristotelian virtue ethicist and that it comes in two parts. Following Martha Nussbaum, in *Frontiers of Justice*, it must first be argued that what we respect is the dignity of our rational animality where

our rational nature is not set over and against our rational nature (Nussbaum, 2007, pp. 160-162). Secondly, what we have here is an instance of the type, the human animal. That concept, unlike the concept of a person, is picked out in terms of a normal and typical member of the species. It is not a standing that is earned or merited: the person standing in front of us may no longer have the capacities that are normal and typical for human being, but she is still a human being, and it is in virtue of species membership as such that this person is the subject of equal respect and concern. Once again, confronting the challenge of cases thematised in particular by an ethics of care leads to a refinement within virtue ethics and an appreciation of the resources of that view that differ from its standard presentations. But I do not think it is a reason to retract my view that virtue ethics is a generic position of which an ethics of care represents one species.

CONCLUSION

I have, in this short survey, examined the relationship between a cognitivist virtue ethics derived from Aristotle and an ethics of care. The latter is not, it seems to me, a distinct position from virtue ethics. It is a corrective within virtue ethics of the tendency within that tradition to downplay our vulnerability as dependent rational animals. Other than that, the ethics of care only appears to be a distinct view because of the historical contingencies that surround the role of unpaid work by women not only in societies of the past, but also the societies in which we live. That is a very important political issue, perhaps the most important for a radical change in the way we constitute our economic arrangements and move towards more just social conditions. That issue of importance, however, is simply a different issue from whether the ethic of care is interestingly different from virtue ethics and I have argued that it is not. ☒

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