
The Ethics of Care: A Feminist Virtue Ethics of Care for Healthcare Practitioners

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ABSTRACT

In this paper I seek to distinguish a feminist virtue ethics of care from (1) justice ethics, (2) narrative ethics, (3) care ethics and (4) virtue ethics. I also connect this contemporary discussion of what makes a virtue ethics of care feminist to eighteenth and nineteenth century debates about male, female, and human virtue. I conclude that by focusing on issues related to gender – primarily those related to the systems, structures, and ideologies that create and sustain patterns of male domination and female subordination – we can begin to appreciate that true care and bona-fide virtue can flourish only in societies that treat all persons with equal respect and consideration.

Key words: care ethics, justice ethics, narrative ethics, virtue ethics, feminist virtue, ethics of care, male virtue, female virtue, human virtue.

I. INTRODUCTION

Ever since Carol Gilligan published *In a Different Voice: Psychological Theory and Women's Development* (Gilligan, 1982) and Nel Noddings published *Caring: A Feminine Approach to Ethics and Moral Education* (Noddings, 1984), it has become routine for philosophers to contrast the so-called ethics of care with the so-called ethics of justice. A variety of critics and commentators have offered numerous analyses, detailing the differences between these two approaches to ethics. Among the contrasts they have generally drawn are the following six:

1. justice ethics takes an abstract approach, while care ethics takes a contextual approach;
2. justice ethics begins with an assumption of human separateness, while care ethics begins with an assumption of human connectedness;

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3. justice ethics emphasizes individual rights, while care ethics emphasizes communal relationships;
4. justice ethics works best in the public realm, whereas care ethics works best in the private realm;
5. justice ethics stresses the role of reason in performing *right* actions, while care ethics stresses the role of emotions (or sentiments) in constituting *good* character;
6. justice ethics is male/masculine/masculinist, while care ethics is female/feminine/feminist (Clement, 1996).

In the course of reflecting on these six points, I have come to realize that I most often used the language of justice to justify my moral decisions to my colleagues, students, and the world in general, while I most often used the language of care to justify my moral decisions to myself, my family, and my friends. I also observed that for me and most of the women in my circle, the language of justice was our public, professional, dress-for-moral-success language, while the language of care was our private, personal, what-really-matters-to-us-in-the-end language. Finally, I thought I saw more than an accidental relation between care ethics on the one hand, and so-called narrative ethics, virtue ethics, and feminine and feminist approaches to ethics on the other hand. I speculated that that which had been marginal in ethics was about to take center stage in the drama of moral theory and practices, either joining or displacing its traditional cast of actors: rights, obligations, rules, absolutes, universals, the male/masculine/masculinist voice.

Significantly, my musings on the status of morality's "minority voices" convinced me that although I had relatively clear ideas about justice ethics, particularly its deontological and utilitarian versions, I had very unclear ideas about care ethics. Determined to understand whether care ethics is the antithesis of justice ethics, the complement of justice ethics, or the replacement for justice ethics, I decided to study the precise relationship of care ethics to its closest allies. In the course of doing so, I concluded that the justice-care debate is the synthesis of two older debates: the perennial "principles" versus "virtues" debate, and the eighteenth-, nineteenth-, and twentieth-century "male" morality versus "female" morality debate. I also came to the conclusion that I, for one, was ready to resolve all of these debates by positing a new ethics, a *feminist virtue ethics of care*.

I begin with the assumption that care ethics is a species of virtue ethics. In an attempt to persuade readers that healthcare practitioners in particular need a *feminist virtue ethics of care*, I will first distinguish care ethics

from both narrative ethics and (non-feminist) virtue ethics. Second, I will relate today's justice-care debate to older debates about male versus female virtue. Third, I will argue that a *feminist virtue ethics of care* provides promising answers to the questions posed in these two interrelated debates. Finally, I will claim that a feminist virtue ethics of care is the proper moral medicine for much of what ails contemporary health care.

II. CARE ETHICS AND NARRATIVE ETHICS

The term 'narrative ethics' is routinely invoked by those moral theorists who stress that, unless we understand an individual's story or a society's tradition, we cannot hope to understand what is "good" or "right" for that individual or in that society, I nonetheless agree with Rita Charon that what is termed narrative *ethics* is not a *true ethics*. Rather, it is a way of knowing, a way that is necessary not only for practicing medicine excellently (that is, virtuously), but also for practicing any profession excellently or living life excellently. Charon maintains – with reference to medicine, for example – that in order to heal the whole patient and not simply to cure her or his disease, clinicians need both scientific knowledge and narrative knowledge. She emphasizes:

Logico-scientific knowledge is used to collect and evaluate replicable, universal, generalizable, and empirically verifiable information....[using] mathematics, logic, and the sciences; its language must be nonallusive, nonambiguous and reliable...Narrative knowledge, on the other hand, concerns the motivations and the consequences of human actions. Always particularized, narrative knowledge seeks to examine and comprehend singular events, contextualized within time and place....[and] resonates with multiple contradictory meanings....If logico-scientific knowledge is used to establish universally true features of the world by transcending the particular, narrative knowledge is used to reveal the particular and, in turn, to hint at universal truths (Charon, 1993, pp. 148–149).

However, just because physicians, for example, know their patients as "persons" and not as mere "bodies," and just because they use all their skills – both rational and emotional – to understand their patients and to diagnose and treat their diseases does not mean they are necessarily acting in a fully moral manner. They might be using their science and art to serve themselves rather than their patients – to gain power, prestige, and material rewards precisely because of their epistemological abilities. To be fully

moral, physicians must do more than listen attentively to their patients' stories; they must do so because they *truly* care about their patients.

Alisa Carse helps specify the nature of what I term "true care." As she sees it, in its commitment to "qualified particularism," care ethics "highlight[s] concrete and nuanced perception and understanding – including an attunement to the reality of other people and to the actual relational contexts we find ourselves in" (Carse, 1995, p. 10). Second, in its commitment to "affiliative virtue," care ethics "asserts the importance of an active concern for the good of others and of community with them, of a capacity for sympathetic and imaginative projection into the position of others, and of situation-attuned responses to others' needs" (Carse, 1995).

The first of these two elements is definitely present in narrative ethics as well as virtue ethics. The second, if it is understood only as an epistemological skill, as having the kind of emotional intelligence enabling one to understand the inner depths of a person, is also present in both narrative ethics and care ethics. However, if "affiliative virtue" is understood as a *moral* virtue, it is not necessarily present in narrative ethics. Unlike the moral virtue of empathy, which distinguishes a caring from an uncaring person, the epistemological skill of empathy is something which can be used for good or ill. The more I am able imaginatively to project into your psyche, the more I can help or harm you. Therefore, assuming that "an active concern for the good of others" is the sign not so much or only of a person who is a skilled reader of "human texts" (for example, patients) but of a person who *is* a caring person, so-called narrative ethics is at most the epistemological handmaiden of care ethics.

III. CARE ETHICS AND VIRTUE ETHICS

If care ethics is, as I am suggesting, a virtue ethics, it is important to emphasize that it is a virtue ethics of a certain kind. In a debate with Stanley Hauerwas about the ethics of principles (obligation) versus the ethics of character (virtue), William Frankena, a proponent of the ethics of principles, claimed there are two ways to define a moral virtue: a way that relates virtue to performing *right* actions, and a way that relates virtue to being a *good* person. If a virtue is related to *right action*, says Frankena, it is to be conceived along the following lines:

- (1) A moral virtue (MV) is a disposition to do what is morally right, etc.; to do what is morally right because it is morally right; or to do what one thinks is morally right, etc.

(2) A MV is a disposition that enables or helps us to see what is morally right, etc., by counteracting the obscuring effects of our desires, emotions, or self-interest...

(3) A MV is a disposition of one of the above sorts, plus a cognitive ability or 'skill,' an ability to 'see' what is morally right, etc. ... (Frankena, 1975, p. 48).

In contrast, continues Frankena, if a virtue is related to *good character*, it is to be conceived instead along the following lines:

(1') A MV is a certain sort of 'interest' or 'love,' e.g. a love of others, of truth, or of liberty.

(2') A MV is a disposition that countervails the obscuring effects of our desires, etc., and so helps us to see, not what is right or oughty, but what is morally good or virtuous, or perhaps what the relevant facts are, what means will accomplish our objects, etc.

(3') A MV is a disposition of one of the sorts indicated in (1') or (2'), plus an ability to see what is morally good or virtuous and/or what the relevant facts are (Frankena, 1975).

Frankena embraces the conception of virtue outlined in (1), (2), and (3). He concedes, however, "that some dispositions of the sort referred to in (1') must likewise be judged to be good from the moral point of view *because ancillary to the moral life*" (stress mine) (Frankena, 1975).

Frankena's view that having a certain sort of "interest" or "love" is *ancillary* to the moral life distinguishes his understanding of moral virtue not only from Carse's but also from Lawrence A. Blum's. Like Carse, Blum believes that something like care constitutes the *core* of morality. Although he does not describe his ethics as either a care ethics or a virtue ethics, but simply as one that requires as necessary the cultivation of altruistic emotions (e.g., sympathy, compassion, human concerns, and friendship), his understanding of ethics is akin to Carse's (Blum, 1980). Blum rejects all Kantian interpretations of moral virtue, including Frankena's. He notes that the Kantian conception of virtue differs from the Aristotelian one he favors. For the Kantian, the moral virtue of benevolence is merely a disposition which helps one act benevolently; similarly, the moral virtue of justice is merely a disposition that helps one act justly. Frankena comments:

We know we should cultivate two virtues, a disposition to be beneficial (i.e., benevolence) and a disposition to treat people equally (justice as a

trait). But the point of acquiring these virtues is not further guidance or instructions; the function of the virtues in an ethics of duty is not to tell us what to do, but to insure that we will do it willingly in whatever situation we may face (Frankena, 1973, p. 67).

Like Kant, Frankena believes it is both possible and desirable to separate questions about the *rightness* of an action from questions about the *goodness* of an action's agent. But as Aristotle, Blum, and Carse see it, it is neither desirable nor feasible to separate the agent from his or her action. *How* one does *what* one does is just as important as *what* one does; and *who* one is determines *how* one acts. Thus, in order to act in a *truly* caring way, for example, one must, as Aristotle implies, be a caring person. As Stanley Hauerwas observes (see Hauerwas, 1995) for Aristotle it matters not only that an act itself is of a certain kind, but also that the agent

...has certain characteristics as he performs it; first of all, he must know what he is doing; secondly, he must choose to act the way he does, and he must choose it for its own sake; and in the third place, the act must spring from a firm and unchangeable character (Aristotle, *Nicomachean Ethics*, 1105 a 25–30).

Only caring persons can act in truly caring ways.

Blum adds several significant points to Aristotle's account of virtue. He stresses, for example, that truly caring persons actually *feel* something for the objects of their care. "Emotion itself is often part of what makes the act morally right or appropriate in a given situation" (Blum, 1980, p. 142), comments Blum. Of equal significance is another, related point Blum makes – namely, that under ideal circumstances, the care receiver will feel he or she really matters to the caregiver. In order to clarify his points, Blum provides the example case of Joan, an astronaut, and her two friends, Dave and Manny.

While in orbit around the moon, a problem occurs with Joan's life-support system. She contacts the control headquarters, but their attempts to help her fail. Nothing remains but to talk with her through the rest of her ordeal, until death overcomes her. Joan's friends react to the situation in ways typifying their characters.

Manny, an obsessive-compulsive type person, "considers that he has an obligation to Joan to make certain that everything possible be done to try and save her" (Blum, 1980, p. 146). He reenacts all previously futile attempts to correct the problem. Yet, when he is fully satisfied nothing can be done, he concludes he has done all he can do; he has "lived up to his

obligation to his friend” (Blum, 1980). Observing he can do nothing else, Manny goes on with his day.

Dave reacts differently – and, Blum would say, better – than Manny to Joan’s predicament. He, too, tries all possible actions to save Joan’s life. Yet, when he realizes he can do nothing to save her, he continues his *caring* commitment to Joan:

...throughout the inquiry he is fervently hoping that the life support mechanism can be fixed. He is picturing Joan’s situation, pained by her likely suffering, hoping that she is not suffering too horribly, hoping that she can find consoling thoughts, wanting her to know how much she has meant to him, and lamenting his own loss. When he reaches the conclusion that nothing can be done, he does so with anguish in his heart. He continues to be taken up with thoughts and feelings for Joan. Yet he does not engage in fruitless and hopeless activity. He recognizes the situation for what it is (Blum, 1980, p. 147).

Although Dave and Manny perform the same actions, Dave possesses something Manny does not – an emotional response to the situation. Dave shows care and concern for Joan, not just a sense of duty. If she could predict her friends’ reaction, knowing that Dave is suffering with her and thinking of her will be more of a comfort to Joan than knowing that Manny, having fulfilled his “obligations,” is already off somewhere watching situation-comedy reruns on television while she asphyxiates in space. Blum points out the crucial difference in their reactions: Dave feels emotion and displays action; Manny displays action alone.

Clearly, having the proper sentiments, feelings, or emotions is, for Blum, essential to an actions’ rightness; they are not mere frosting on the moral cake. Blum argues that moral growth lies in our becoming the kind of persons who have, and routinely exhibit, the emotional responses of sympathy, care, and concern. Emotions are not only morally relevant, but also morally necessary. Doing one’s duty because it is one’s duty and not because one cares about the object of one’s action does not win high marks in Blum’s book.

IV. CARE ETHICS, VIRTUE ETHICS, AND FEMININE AND FEMINIST APPROACHES TO ETHICS

The more I reflect on the relationship between care ethics and virtue ethics, the more I am convinced that care ethics is a specification of virtue

ethics. In addition, the more I analyze so-called feminine and feminist approaches to ethics, the more I am convinced that there are four basic kinds of virtue ethics: (1) masculinist virtue ethics, (2) male or masculine virtue ethics, (3) female or feminine virtue ethics, and (4) feminist virtue ethics. Although no masculinist, male, or masculine virtue ethics focuses on the virtue of care, many, though by no means all, female, feminine, and feminist virtue ethics do. That this should be the case is not surprising. Like the justice-care debate, which is an ethics of principles versus ethics of character debate, the debate about virtue – is it “female,” “male,” or “human” – has a very long history. In the course of reviewing what Jean-Jacques Rousseau, Mary Wollstonecraft, John Stuart Mill, Catherine Beecher, Elizabeth Cady Stanton, Friedrich Nietzsche, Alasdair MacIntyre, and Nel Noddings have said about the relationship between so-called male virtues/male values (justice, independence, autonomy, reason, mind, culture, action, transcendence, militarism) and so-called female virtues/female values (care, interdependence, connection, emotion, body, nature, contemplation, immanence, pacifism), I hope to identify the elements that make a virtue ethics of care *feminist* and to persuade readers that this kind of ethics is precisely the kind of ethics healthcare practitioners need now.

V. HISTORICAL VIEWS OF THE MALE AND FEMALE VIRTUES

Rousseau

In his classic of educational philosophy, *Emile*, Jean-Jacque Rousseau claimed morality is not the same in men and women. Therefore, any attempt to inculcate men and women with the same virtues is a misguided educational endeavor. Rousseau portrayed the development of rationality as the most important educational goal for boys but not for girls (Rousseau, 1979). Committed to a view that makes “Rational Man” the perfect complement for “Emotional Woman” and vice versa, Rousseau believed the more men and women differ, the more likely they are to need each other and to bond together into a long-lasting, socially-stabilizing union.

Rousseau believed that even though women *could* develop masculine virtues, they *should* not (Rousseau, 1985, p. 41). A woman, he claimed, cannot “be nurse today and warrior tomorrow” without making herself and everyone else with whom she deals miserable: “A brilliant wife is a plague to her husband, her children, her friends, her valets, everyone” (Rousseau, 1985, p. 52). To be virtuous, Sophie must develop precisely those feminine psychological traits that Emile lacks: “A perfect woman and a perfect man ought not to resemble each other in mind any more than in looks”

(Rousseau, 1985, p. 53). Whereas a man ought to display temperance, justice, and fortitude, a woman ought to display patience, docility, and good humor. Together they will constitute a harmonious whole.

One worrisome point about Rousseau's vision of moral complementarity between the sexes is that almost all of the virtues Rousseau classified as "female" are merely negative feminine psychological traits that tend to impede rather than facilitate moral development (for example, coquetry, guile, and subservience). Rousseau attributed what he perceived as women's moral deficiencies to women's excessive reliance on men. He stated:

Women and men are made for one another, but their mutual dependence is not equal. Men depend on women because of their desires; women depend on men because of both their desires and their needs. We would survive more easily without them than they would without us. For them to have what is necessary to their station, they depend on us to give it to them, to want to give it to them, to esteem them worthy of it. They depend on our sentiments, on the value we set on their merit, on the importance we attach to their charms and their virtues (Rousseau, 1979, p. 364).

What Rousseau offers is not a recipe for true moral complementarity but one for moral pathology. Whether they are apart or together, Sophie and Emile are incomplete persons – what Dorothy Dinnerstein has termed a "mermaid" and a "minotaur" (Dinnerstein, 1977). When they are apart from each other, they simply lack a wide range of virtues that could improve their separate selves, and when they are together, they are more likely to bring out the worst in each other than the best.

Wollstonecraft

In her 1792 monograph, *A Vindication of the Rights of Women*, Mary Wollstonecraft refuted Rousseau's theories. Although Wollstonecraft did not use terms such as "socially constructed gender roles," she denied that women are *by nature* less virtuous than men. Instead she claimed that if men, like women, lacked the opportunity to develop their rational powers, to become moral persons who have concerns, causes, and commitments over and beyond personal pleasure, then men, like women, would become overly "emotional," a state of being Wollstonecraft associated with hypersensitivity, extreme narcissism, and excessive self-indulgence (Wollstonecraft, 1988, p. 105).

Because she regarded the ability to reason rather than the capacity to feel as the characteristic that distinguishes humans from brutes, Woll-

stonecraft predictably approved of Rousseau's educational program for Emile but not for Sophie. She perceptively contrasted "decorum," which is such as any automaton might master, with "morals," which require an educated understanding (Wollstonecraft, 1988, p. 106). Whereas society teaches men morals, it teaches women manners. More specifically, society encourages women to cultivate negative feminine psychological traits like "cunning," vanity," and "immaturity," all of which militate against the cultivation of true moral virtue. Distressed by this state of affairs, Wollstonecraft concluded that the quickest way for women to become moral is for women to become "men." Women, she insisted, must be educated in "manly" virtues.

Mill

Debates about what makes a character good and a personality socially acceptable did not end with Mary Wollstonecraft. Writing a century after Wollstonecraft, John Stuart Mill agreed with his predecessor that intellect and virtue are both gender neutral and that society is wrong to assess women's intellectuality and morality differently than men's. He stated that he did not know "a more signal instance of the blindness with which the world, including the herd of studious men, ignore and pass over all the influences of social circumstances, than their silly depreciation of the intellectual, and silly panegyrics on the moral nature of women" (Mill, 1811, p. 169).

Reflecting further on women's supposed moral superiority to men, Mill concluded that women's sweet "moral nature" is not the result of innate female propensities, but of systematic social conditioning. To praise women on account of their great "virtue" is merely to compliment patriarchal society for convincing (1) women that it is their moral duty to sacrifice themselves for the men and children in their lives, and (2) men that it is their moral right to be served by women and children. Mill claimed that this moral imbalance was the cause of men's arrogance – their "selfish propensities," "self-worship," and "unjust self-preference" (Mill, 1811, p. 176) – and of women's servility – their tendency to view themselves as less capable and deserving than men. He implied that male-female inequalities – in particular, patterns of male domination and female submission – make it extraordinarily difficult for both men and women to cultivate the virtue of proper self-respect, the moral mean between the two vices of arrogance and servility (Hill, 1973). Power imbalances impede the development of true human moral virtue and facilitate in its stead the development of a range of negative masculine and feminine psychological traits.

Beecher

In contrast to Rousseau who believed that male and female virtue were separate, to Wollstonecraft who maintained that the same “manly” virtue that characterizes men should characterize women, and to Mill who claimed that virtue is “one,” Catherine Beecher espoused yet another version of the relationship between male, female, and human virtue. Although Beecher agreed with Wollstonecraft that women needed to be educated to perform their domestic duties – work she regarded as more fundamental to society’s well-being than men’s work – she disagreed with Wollstonecraft’s view that women should receive the *same* education as men. Like Rousseau, Beecher believed that women and men needed to learn different things to fit their social roles; but unlike Rousseau, Beecher insisted that “Sophie” be steeped not in the pleasures of the fine arts but in the rigors of “domestic science” (Beecher *et al.*, 1971, p. 19). She stressed that unless women are excellent, family-oriented homemakers, men will lose their will to work and civilization will crumble. She commented:

To man is appointed the out-door labor – to till the earth, dig the mines, toil in the foundries, traverse the ocean, transport merchandise, labor in manufactories, construct houses, conduct civil, municipal and state affairs, and all the heavy work, which, most of the day, excludes him from the comforts of a home. But the great stimulus to all these toils, implanted in the heart of every true man, is the desire for a home of his own, and the hopes of paternity (Beecher *et al.*, 1971, p. 13).

Continually affirming the importance of “family labor,” Beecher identified mothering as women’s most important job. A single woman herself, Beecher sought to mother society’s “soul,” as well as to care for the young, the old, the infirm, and the poor. She asserted that it was *women’s* role to make society “Christlike” – that is, submissive, self-sacrificial, and benevolent. Because women are safely sheltered in the private realm, where they are largely insulated from the siren calls of wealth, power, and prestige that pervade the public sphere of politics and economics, Beecher theorized that women are better situated than men to cultivate Christ’s virtue of “self-denying benevolence” (Beecher *et al.*, 1971, p. 234). By acting as moral exemplars for their children, husbands, fathers, and brothers, women can teach Christlike virtue to all their relatives. The better that women are, the better that everyone else will be.

Beecher’s views on virtue are complicated by her inability to decide whether “self-denying benevolence” is a *female* moral virtue or a *human* moral virtue. In its *theories*, nineteenth-century Christian society required

men as well as women to cultivate the virtue of self-denying benevolence; but in its *practices*, nineteenth-century Christian society, a very patriarchal society, expected women to be more sacrificial than men. It reasoned that, on account of their male “nature,” it was harder for men to emulate Christ than it was for women. Therefore, nineteenth-century patriarchal Christian society asked women to pick up the moral slack for morally weak men.

To her credit, Beecher portrayed women as morally powerful rather than morally deficient persons. Yet is it *women’s* role to make *men* good? Are not all human beings, male or female, responsible for their own goodness, for their own moral character? Are only women capable of self-denying benevolence? If so, we must wonder what kind of moral virtue self-denying benevolence is if only half the members of society are really expected to cultivate it.

Stanton

Elizabeth Cady Stanton’s position on men’s and women’s morality is even more complex than Beecher’s. On the one hand, she suggested that women’s alleged virtue and men’s alleged vice are the products of socialization:

In my opinion, [man] is infinitely woman’s inferior in every moral quality, not by nature, but made so by [a false] education... Woman has now the noble virtues of the martyr. She is early schooled to self-denial and suffering. But man is not so wholly buried in selfishness that he does not sometimes get a glimpse of the narrowness of his soul, as compared with woman. Then he says, by way of excuse for his degradation, ‘God made woman more self-denying than man. It is her nature...’ (Stanton, 1981, p. 30).

On the other hand, she suggested that beyond socialization, there is a “feminine element” which determines how “good” a woman is going to be and a “male element” which determines how “bad” a man is going to be.

The male element is a destructive force, stern, selfish, aggrandizing, loving war, violence, conquest, acquisition, breeding in the material and moral world alike discord, disorder, disease and death. See what a record of blood and cruelty the pages of history reveal! Through what slavery, slaughter, and sacrifice, through what inquisitions and imprisonment, pains and persecutions, black codes and gloomy creeds, the soul of humanity has struggled for the centuries, while mercy has veiled her

face and all hearts have been dead alike to love and hope! The male element has held high carnival thus far, it has fairly run riot from the beginning, overpowering the feminine element everywhere, crushing out all the diviner qualities in human nature... (Stanton, 1978, pp. 252–253).

But whether her final view is that men's and women's diverging moralities are the result of socialization or biological nature, Stanton consistently argued that men's vices, parading as virtues, have set the wrong standard for behavior in the public world. Women's virtues have been either suppressed or ignored to the detriment of the public world. Stanton claimed that if the public world is to survive, let alone thrive, women must enter it. Exerting influence over one's husband and children, as Beecher promoted, is not enough; working in the economic world and participating in the political scene is also crucial (Stanton, 1978, p. 253).

Although Stanton frequently celebrated women's virtues in her efforts to secure the franchise for them, she had reservations about idealizing women as totally self-sacrificial human beings. For example, in the course of interpreting a biblical passage in which Jesus praises a widow for giving her last few coins to the poor, Stanton suggested an oppressed group cannot always afford to be entirely good – not without destroying itself. Agreeing that the widow's small gift was indeed a precious one, Stanton nonetheless cautioned women that women's self-sacrifice may effectively perpetuate women's second-class status:

This woman, belonging to the impoverished class, was trained to self-abnegation; but when women learn the higher duty of self-development, they will not so readily expend all their forces in serving others. "Self-development is a higher duty than self-sacrifice," should be woman's motto henceforward (Stanton, *The Woman's Bible*, p. 131).

Stanton implied that women cannot afford to be benevolent in a patriarchal society.

VI. MASCULINE AND FEMININE VIEWS OF CARE

Nietzsche

Preferring to name any "virtue" at all akin to benevolence *vice*, the late nineteenth-century philosopher Friedrich Nietzsche observed there are two basic kinds of moralities: master and slave. In a master morality, good and

bad are equivalent to noble and despicable respectively. To be good is to be on top of the world. To be bad is to be repressed, oppressed, suppressed, or otherwise downtrodden. Significantly, the criteria for goodness articulated in the slave morality are the polar opposites of the criteria for goodness articulated in the master morality. Those who espouse a slave morality extol qualities such as kindness, humility, and sympathy as virtues and denigrate qualities such as assertiveness, aloofness, and pridefulness as vices. Whereas weak and dependent individuals are regarded as saints, strong and independent individuals are regarded as sinners. By the standards of slave morality, then, the good man of the master morality is evil and the bad man is good.

Motivated by an all-consuming resentment (*resentiment*) of the masters, the slaves gradually develop a negative psychic attitude toward what Nietzsche believed is the natural drive of an excellent human being: the will to power. As Nietzsche saw it, not only do the slaves have no will for power; they have no will for life. Fearful of conflict, of challenge, of charting the course of their destinies, the slaves are complacent in their mediocrity. Nietzsche found them profoundly boring. But he also found them incredibly dangerous, for they seem intent on clogging Western civilizations's arteries with sugar plums, placebos, and the milk of kindness.

For this is how things are: the diminution and leveling of European man constitutes *our* greatest danger, for the sight of him makes us weary. We can see nothing today that wants to grow greater, we suspect that things will continue to go down, down, to become thinner, more good-natured, more prudent, more comfortable, more mediocre, more indifferent, more Chinese, more Christian – there is no doubt that man is getting “better” all the time.

Here precisely is what has become a fatality for Europe – together with the fear of man we have also lost our love of him, our reverence for him, our hopes for him, even the will to him. The sight of man now makes us weary (Nietzsche, 1969, p. 44).

In order to stop this will to impotence, mediocrity, and death, Nietzsche maintained that there must again occur a transvaluation of all values. He declared war upon the accepted slave values of his time, which he identified as the values of Judaism, Christianity, democracy, and socialism – any philosophy or theology that asks the individual to sacrifice himself/herself for the greater good of the community. Because slave morality is, according to Nietzsche, a perversion of the original, natural morality/psychology of the masters, transvaluation must consist in rejecting the

slave morality/psychology. Transvaluation implies that all the stronger, or master, values still exist but now go unrecognized under false names. So, for example, the will to power appears under false names such as cruelty, injury, appropriation, suppression, exploitation. These names are false because, having been distorted by the slaves, they do not connote what the masters originally meant, which had everything to do with affirming life and nothing to do with embracing death.

Nietzsche's virtue ethics is "masculinist" because the values he denigrates as "slave values" are none other than the values Western culture associates with women. Nietzsche's rejection of female virtues is not confined to a rejection of the pseudo-female virtues Wollstonecraft abhorred – the ladies' "manners" of coquetry, coyness, cultivated weakness. On the contrary, his rejection of female virtues targets, first and foremost, the kind of female virtue/human virtue Beecher and Stanton termed "self-denying benevolence." For Nietzsche, human virtue is male virtue; and his writings suggest, in opposition to the "liberal" writings of Wollstonecraft, Mill, and Stanton, that only men – and few of them at that – have the capacity to become truly virtuous.

MacIntyre

Although contemporary philosopher Alasdair MacIntyre is by no means either Nietzschean or "masculinist," his virtue ethics is still profoundly *male* or *masculine*. In his book *After Virtue*, MacIntyre discusses five sets of virtue – the Homeric, the Aristotelian, the New Testament's, Benjamin Franklin's and Jane Austen's. (Significantly, MacIntyre calls Jane Austen's conception of virtue "Christian." He observes that in explaining the second of her two cardinal virtues, constancy and amiability, Austen claimed that the *truly* amiable person has a "certain real affection for people as such"; MacIntyre, 1981, p. 171). No sooner has MacIntyre stressed the degree to which moral virtue varies diachronically and synchronically, however, than he emphatically asserts that the human practices without which civilized society could not exist require that people strive to cultivate certain basic (universal?) virtues. MacIntyre defines a practice as a cooperative human activity that has its own internal standards of excellence, providing examples such as games, farming, furniture-making, the pursuit of the natural sciences, the art of politics in small communities, the group of arts involved in making and sustaining family life. In his estimation, all of these practices and more will disintegrate unless the bulk of people are *just*, *courageous*, and *honest*. He says that to be just, "we have to learn to recognize what is due to whom;" to be courageous "we have to be prepared to take whatever self-endangering risks are demanded along

the way;” and to be honest “we have to listen carefully to what we are told about our own inadequacies and to reply with the same carefulness for the facts” (MacIntyre, 1981, p. 178).

Noticeably missing from MacIntyre’s *male* or *masculine* list of fundamental virtues is any virtue akin to care, benevolence, compassion, or even Austin’s “amiability.” MacIntyre is correct to insist that practices – indeed civilized society – cannot survive, let alone thrive, unless people are just, courageous, and honest. But he fails to note that unless people “feel” something positive towards each other – unless they genuinely care about each other – they will have little or no motivation to co-operate with each other: to create and maintain the rich set of practices upon which good societies are built.

Noddings

Unlike MacIntyre’s ethics, Nel Noddings’ virtue ethics is *female* or *feminine*. In her book, *Caring: A Feminine Approach to Ethics and Moral Education*, Noddings observes that traditional ethics has favored theoretical as opposed to practical modes of reasoning, and “masculine” as opposed to “feminine” values. Eschewing the interpretive style of reasoning characteristic of the humanities and social sciences, most traditional ethicists instead embraced the deductive-nomological style of reasoning characteristic of math and the natural sciences. So focused have most traditional ethicists been on “principles and propositions” and “terms such as justification, fairness, and justice,” says Noddings, that “human caring and the memory of caring and being cared for ... have not received attention except as outcomes of ethical behavior” (Noddings, 1984, p. 1). Convinced that, in its emphasis on justice and its de-emphasis on care, Western ethics has gone awry, Noddings proposes to set it straight by substituting what she terms “eros, the feminine spirit” for what she terms “logos, the masculine spirit” (Noddings, 1984). She does not argue that logos understood as logic or reasoning has no role to play in ethics. Rather, she argues that eros – understood as an attitude “rooted in receptivity, relatedness, and responsiveness” (Noddings, 1984, p. 2) – is not only an alternative but also more basic approach to ethics than logos.

Among the features of traditional ethics that most disturbs Noddings is its tendency to undervalue caring, as if it were easy truly to care for people. Although Noddings concedes that women can speak the language of justice as well as men can, she insists that this language is not their native tongue. Women enter the moral realm through a “different door” than men do; and although women can construct hierarchies of principles and argue deductively, they are apt to regard such displays of reasoning as

beside the point. When it comes to deciding whether to withhold further medical treatment from her dying child, for example, a woman is not likely to approach this intensely personal decision as she would approach an extremely difficult math problem. As she struggles to discern what is in her child's best interest, she will prefer to consult her "feelings, needs, impressions, and ... sense of personal ideal" (Noddings, 1984, p. 3) rather than some set of moral axioms and theorems. Her goal will be to identify herself as closely as possible to her dying child so that her decision will in fact be his or her decision.

Ethics, insists Noddings, is about particular relations, where a "relation" refers to a "set of ordered pairs generated by some rule that describes the affect – or subjective experience – of the members" (Noddings, 1984, pp. 3–4). There are two parties in any relation: the first member is the "one-caring," the second is the "cared-for." The one-caring is motivationally engrossed or "displaced" in the cared-for. She or he makes it a point to attend to the cared-for in deeds as well as in thoughts. In return, the cared-for actively receives the caring deeds of the one-caring and, in an ideal relationship, spontaneously shares her or his aspirations, appraisals, and accomplishments with the one-caring (Noddings, 1984, p. 20).

Noddings claims that her virtue ethics of care is probably grounded in the kind of moral sentiments that guide David Hume's ethics. Like Hume, Noddings believes both that sentiments of sympathy or fellow-feeling are *innate* in all human hearts and that these sentiments must be *cultivated* lest they fail to guide one's moral decisions and actions in everyday life (David Hume, 1985). Noddings attempts to explain the relationship and differences between what she terms *natural* caring and *ethical* caring. She maintains that our initial experiences of care come easily, even unconsciously. We act from a natural feeling of caring which impels us to help other people because they matter to us and we want to matter to them. Noddings explains:

The relation of natural caring will be identified as the human condition that we, consciously or unconsciously, perceive as "good." It is that condition toward which we long and strive, and it is our longing for caring – to be in that special relation – that provides the motivation for us to be moral. We want the motivation for us to be moral. We want to be moral in order to remain in the caring relation to enhance the ideal of ourselves as one-caring (Noddings, *Caring*, p. 5).

Noddings provides the example of a little boy who helps his exhausted mother fold the laundry simply because she is his mother and he loves her. He wants to be connected to her and have her recognize him as her helper.

Later, when he is an adolescent, and he does not feel like helping his mother because he would much rather be out with his friends, his memories both of having helped his mother and having been cared for by his mother as a child flood over him “as a feeling – as an ‘I must’” (Noddings, *Caring*, p. 79). As a result, he decides to be late for a party so he can help his mother in “remembrance” of his little-boy sentiments and feelings. Noddings claims it is through this kind of process that what she terms *ethical* caring comes into existence, a form of caring which is more deliberate and less spontaneous than what she terms *natural* caring.

Significantly, Noddings does not describe moral development as the process of replacing natural caring with ethical caring. As she sees it, our “oughts” build our “wants.” Noddings comments: “An ethic built on caring strives to maintain the caring attitude and is thus dependent upon, and not superior to, natural caring” (Noddings, *Caring*, p. 80). Moreover, morality is not about serving others’ interests through the process of dis-serving one’s own interests. Rather, morality is about serving one’s own and others’ interests simultaneously. When we engage in ethical caring, we are not denying, negating, or renouncing ourselves in order to affirm, posit, or accept others. Rather, we are acting to fulfill our “fundamental and natural desire to be and to remain related” (Noddings, *Caring*, p. 53).

VII. A FEMINIST VIRTUE ETHIC OF CARE

Persuaded as I am that care (benevolence, human-heartedness) is the virtue without which true human community and, therefore, bona-fide moral relations are impossible, I am much attracted to Noddings’ virtue ethics of care. But because her ethics is more feminine than feminist, it needs to be improved before I recommend it either to myself or to healthcare practitioners.

Noddings’ ethics suffers from the same ambiguity that marred Becher’s; she cannot decide whether she really means it when she claims that men must be just as caring as women are, or whether, in some recess of her heart, she believes that women, either by nature or culture, are better carers than men and, therefore, that the link between women and care, although not necessary, is somehow more than merely contingent. It is precisely this ambivalence on Noddings’ part that causes feminist critics to fault Noddings for setting a moral trap for women, in which they will become even more subordinate to men than they are now.

For example, critic Claudia Card accuses Noddings of making unreasonable demands on all people but especially on women. Card observes

that, for Noddings, it is theoretically possible for any two existent people in the universe to enter into a caring relationship. All that precludes their doing so is time and distance. Nevertheless, even if time and distance will not permit the one-caring to care for all human beings, time and distance may afford the one-caring more opportunities to care than she can comfortably sustain. Is there, then, any way for the one-caring to decide that she is morally justified in rejecting a possibility for a new friendship, for example?

Noddings's answer to this question is not entirely reassuring. She claims that we have an "absolute obligation" to care for someone if we have a "present relation" with that person either in actuality or in potentiality (Noddings, *Caring*, p. 86). Anytime we are in a position to care for someone with whom we either have or could have a relationship, we must choose, then, whether to accept or reject the "I must" of ethical caring. To be sure, concedes Noddings, we do not have an *absolute* obligation to care for each and every one of these actual and possible cared-for(s) *equally*. We are permitted to spend more time on those relationships that show signs of "growth. . . including the potential for increased reciprocity and, perhaps, mutuality" (Noddings, *Caring*). Therefore, if a *future* relationship is very likely to remain one-sided or extremely lop-sided, we are permitted to assign a low priority to it, devoting most of our energies to our more promising relationships. Similarly, if a *past* relationship no longer has any potential for growth, reciprocity, and actuality, we are permitted to end the relationship, though apparently not without some moral regrets.

We can appreciate critic Barbara Houston's concern here. Given that the "ethical ideal" of exploited and victimized people has largely "been shaped in terms of self-sacrifice" (Houston, 1990, p. 110), it should not surprise us, for example, when women see nonexistent "potential" in a relationship or blame themselves for not being able to actualize whatever potential there may be in an extremely troubled relationship, like that between a sexually molested daughter and her father. We can also appreciate Card's negative reaction to Noddings's observation that women who, in one way or another, get out of bad relationships with men act under a "diminished ethical ideal." As Card sees it, when excessive physical as well as psychological abuse characterizes a relationship, there is nothing "ethically diminished" about the woman who chooses to get out of it. Speaking as Stanton might have in the nineteenth century, Card says, "I should have thought that the richness of our ethical ideas *enabled* us to reject bad relationships and freed us up for ethically fuller ones" (Card, 1990, p. 106).

Ultimately Noddings' feminist critics fault her not so much for proposing that care is the highest of all moral virtues but for failing to realize just how perilous it is for women to care in a patriarchal society. Realizing how difficult it is to be a truly caring person, all too many men will be willing to confess, as they did during Mill's time and later, that women *are* more virtuous than men; and therefore that it is up to *women* to create and maintain human community, to weave personal relationships, to do all of society's emotional work.

Although I agree that Noddings needs to reflect upon Stanton's admonition that, given patriarchal society's tendency to take advantage of women, it is vital that women make self-development rather than other-directed self-sacrifice their first priority (see above) (Stanton, 1991, p. 131), it is important not to overemphasize the problems associated with retrieving feminine or womanly virtues from the webs of patriarchy. Whatever weaknesses Noddings' virtue ethics of care may have, there are serious problems with women abandoning all of their nurturant activities. The world would be a much worse place tomorrow than it is today were women suddenly to stop caring. Just because men and, yes, children have more or less routinely taken advantage of some women's willingness to serve them, this does not mean that every woman's caring actions should be contemptuously dismissed as yet another instance of women's "pathological masochism," "fear of success," or "passivity" (Houston, 1987, p. 240). Care is worth "rescuing" from the patriarchal structures that would misuse or abuse it. If it is to be rescued, however, we need to recognize the differences between what Sheila Mullett terms "distortions of caring" on the one hand and "undistorted caring" on the other (Mullett, 1989, p. 119).

According to Mullett a person cannot truly care for someone if she is economically, socially, and/or psychologically forced to do so.¹ Thus, genuine or fully authentic caring cannot occur under conditions characterized by domination and subordination. Given that these are the kind of conditions that increasingly characterize the world of medicine, the message of a feminist virtue ethics of care is clear. First, healthcare practitioners must reclaim the practice of medicine, saving it from those who would tear its heart out, rendering it just another commodity to be marketed to consumers. Second, healthcare practitioners must do more than their "duty." Morality is about more than conscientiousness – that is, possessing the desire to do what one regards as one's duty. It is, as philosopher Lawrence Blum has observed, also about *kindness*. Whereas conscientiousness leads us "to work hard to fulfill our responsibilities, to adhere strictly to duty and principles," kindness leads us "to notice the distress of a little boy wandering around lost, and to help him find his father or mother; or to volunteer

to pick up the brother of a friend at the airport because the friend is not feeling up to it and the like" (Blum, 1980, p. 157). Because persons who lack either conscientiousness or kindness are not fully morally-developed, and also because most of us want others to act on our behalf not simply out of a sense of duty but also because we matter to them (enough for them to *feel* badly, for example, if things do not go well for us), a feminist virtue ethics of care requires healthcare practitioners to at least *try* to develop caring feelings as well as conscientious desires and empathetic skills.

Whether healthcare practitioners are up to the twofold task of eliminating the oppressive structures that characterize the contemporary world of medicine *and* challenging themselves to become caring persons, I do not know for certain. However, I sincerely hope that they are for, in my hours of greatest vulnerability, I will need more than skilled hands. I will also need a *caring* heart. Is this really too much for one human being to ask from another human being in his or her time of greatest need? A moral imposition? Or is it simply what we should expect from each other? A feminist virtue ethics of care provides a demanding answer to this fundamental moral question.

NOTE

1. It is important to note that oppressed people can authentically care for each other under oppressive conditions even if they cannot authentically care for their oppressors. In one of her studies of African-American return migrants to the rural South, for example, Carol Stack observed that these men and women tended to speak in the same moral voice: the voice of care. Stack speculates that under certain conditions such as those of economic deprivation and political oppression, close human relationships between those who are oppressed become the locus of moral behavior. Convinced that universal justice is not to be had in the public realm, families and friends bind themselves together into relational networks maintained by an ethics that stresses "concern for reciprocity, commitment to kin and community, and belief in the morality of responsibility." Even if the value of care is temporarily lost among certain segments of society, Stack gives us reason to hope that it will not be abandoned by all. In the end, care may not be the prerogative of any one gender, as some of Gilligan's critics insist, but of any group of people who understand that without specific others, the self is a tragically impoverished, even if gloriously autonomous, creature (Carol Stack, "The Culture of Gender: Women and Men of Color," in *On In a Different Voice: An Interdisciplinary Forum*, p. 324).

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