



Justifying Partiality in Care Ethics

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Abstract

A central focus of care ethics is on the compelling moral salience of attending to the needs of our particular others. However, there is no consensus within the care literature for how and when such partiality is morally justified. This article outlines and defends a novel justificatory argument that grounds partiality in the facts and values of the relation itself. Specifically, this article argues that partiality is justified when grounded in caring values exemplified in good caring relations. Hence, this justification is termed the *argument from good caring relations*. This justification is promising for two reasons. First, the argument from good caring relations has the potential to spur engagement between care ethics and the broader partiality literature. In particular, the argument from good caring relations could enhance what Simon Keller has termed ‘the relationships view’. Second, the argument from good caring relations is more persuasive than the other major justificatory argument for partiality presently in the care literature: a distributive argument, which takes the form of a modified version of Robert Goodin’s assigned responsibility model of moral obligation. Indeed, where this distributive argument fails, the argument from good caring relation succeeds. This article thus concludes that the argument from good caring relations is preferable for justifying partiality in care ethics.

Keywords Care ethics · Feminist philosophy · Partiality · Relationships · Value

Introduction

Partiality refers to ‘the inclination to give priority to the needs of certain others [...] in virtue of the special bond we have with them’ (Gheaus 2005, p. 72). Care theorists argue that such partiality is a significant source of normative consideration. A central focus of care ethics is on the compelling moral salience of attending to the needs of our particular others. However, in care ethics (as with the broader partiality

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literature), ‘it has traditionally been very difficult to produce a compelling explanation of why partiality is *justified*’ (Lord 2016, p. 570; original emphasis). This is largely because dominant Western moral theories are fundamentally impartialist, holding the view that everyone counts as a moral equal. Care ethics has especially clashed with liberal theories of justice on this issue; indeed, initial demarcations of care ethics as a distinct normative theory were usually made via contrasts with an ‘ethic of justice’ (Gilligan 1982; Noddings 1984). As Fiona Robinson writes, the ethic of justice was distinguished as a morality of ‘universal rules or principles’, and care ethics as a morality concerned with ‘responsibilities to particular others’ (2011, p. 4). How can care theorists justify partiality against such impartiality?

Unfortunately, there is no consensus within the care literature for how partiality ought to be justified. However, two major but contrasting justificatory arguments can be demarcated. The first grounds partiality in the facts and values of the relation itself (Held 2006). The second is a distributive argument, taking the form of a modified version of Robert Goodin’s (1988) assigned responsibility model of moral obligation; this argument states that partiality is justified insofar as it enables efficient distribution of general duties to care (Engster 2007; Collins 2015). Which argument is preferable for justifying partiality in care ethics?

In this article, I argue that care theorists should prefer the first argument, that partiality is grounded in the facts and values of the relation itself. Specifically, partiality is justified when grounded in caring values exemplified in good caring relations. Hence, I term this justification the *argument from good caring relations*. To show the promise of this justification, this article moves in three steps. First, I outline the argument from good caring relations, illustrating the context in which this justification functions. Second, to develop and demonstrate the various strengths of this justification, I contrast the argument from good caring relations with other justifications offered in the broader partiality literature. In particular, I show how the argument from good caring relations can enhance what Simon Keller has termed ‘the relationships view’. The relationships view and the argument from good caring relations share common ground—both see the relation as the source of justification for partiality. However, Keller (pp. 38–51) lists several criticisms of the relationships view. I argue that the argument from good caring relations can respond to those criticisms. Third, I defend the argument from good caring relations against the distributive argument for justifying partiality in care ethics. Indeed, I argue that where the distributive argument fails, the argument from good caring relations succeeds.

The Argument from Good Caring Relations

A central component in the development of care ethics was that caring for our particular others is a significant source of normative consideration. Carol Gilligan (1982) initially described care as ‘an activity of relationship, of seeing and responding to need’ (p. 62) requiring ‘a mode of thinking that is contextual and narrative’ (p. 19). However, partiality does not necessarily follow from these premises; as Will Kymlicka (2002, p. 401) writes, even the most impartial moral agent needs to be sensitive to context to know how to act appropriately. Instead, it was Nel Noddings who concretized the normative importance of partiality in care ethics, arguing that our responsibilities to attend

to other's needs are 'limited and delimited by relation' (1984, p. 86). For Noddings, good care necessitates the 'engrossment and motivational displacement of the one-caring, and it requires the recognition and spontaneous response of the cared-for' (1984, p. 78). Such care cannot be adequately extended beyond our personal relations. Therefore, our responsibilities to provide good care are limited to our nearest and dearest.

Subsequent care theorists have reinterpreted and refined Noddings's care ethic; a myriad of care ethical approaches have since emerged. Nonetheless, the general appeal to partiality has endured and is found throughout the contemporary care literature. For example, Virginia Held states, 'the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility' (2006, p. 10). Robinson similarly writes that care ethics 'regards morality as existing [...] in the practices of care through which we fulfill our responsibilities to particular others' (2011, p. 4). Michael Slote (2007) posits that a care ethic based on empathy accounts for the intuition that we have stronger obligations toward our nearest and dearest. Joseph Walsh (2017) argues care ethics necessarily entails partiality due to commitment through caring. Raja Halwani (2003), Daniel Engster (2007), and Stephanie Collins (2015) also make analogous statements on the normative significance of partiality.

The above appeals to partiality are usually understood in the context of informal care, as opposed to formal care. Whereas formal care involves a commitment to the promotion of wellbeing generally in professional contexts (such as in healthcare), informal care focuses on the individual welfare of particular cared-fors in personal relations (Walsh 2017, p. 822). There are plenty of interesting arguments to be had about the role of partiality in the context of formal care; for instance, Nortvedt et al. (2011) discuss what circumstances allow for healthcare workers to give priority to one patient over another. However, these discussions of partiality in formal care move beyond the scope of this present article. As with the other care theorists listed above, I am primarily focused on the moral salience of attending to our particular others in the context of informal care.

Despite care theorists' appeal to such partiality, it is hard to find a consistent argument in the care literature for when it is justified. What is clear is that care theorists do not support crude partiality. Marilyn Friedman writes that the 'quality of a particular relationship is profoundly important in determining the moral worth of any partiality' (1993, p. 40). Held interprets Friedman in this way: when relations exemplify domination, exploitation, hostility, mistrust, and negligence, we cannot justify partiality to them because such relations lack moral worth. 'Partiality toward other white supremacists on the part of a white supremacist', Held thus concludes, 'does not have moral worth' (2006, p. 95). These comments raise important questions: which relations hold moral worth, and why are those relations therefore justified of their partiality?

These questions can be complicated further. Held also points to facts about the relation itself that give special reasons for partiality, facts that compel us to attend to our particular other's needs: our close relations embody 'love, trust, and loyalty' that are 'of irreplaceable value' (Held 2006, p. 99). These facts give us special reasons for acting that otherwise would not have existed, implying such relations form a distinct normative source. Indeed, these reasons sometimes conflict with the dictates of another normative source: impartial, universal principles derived through liberal

theories of justice. Moral dilemmas ensue, with persons often caught in a tension between friendship and impartiality, loyalty and universality—ultimately, care and justice (Held 2006, p. 17).¹ As such, any justification of partiality offered in the care framework must also make sense of this conflictual moral experience.

These latter comments parallel Samuel Scheffler's (2002, 2010) work on partiality, though Held does not reference it. (Then again, care ethics is not referenced by Scheffler.) Scheffler argues that valuing a relation non-instrumentally is to see that person's 'needs, interests, and desires as providing one [...] with reasons for action, reasons that one would not have had in the absence of the relationship' (2010, p. 104). As with Held, partiality derives from these special reasons. I will explore the interconnections care ethics has with Scheffler's view later in this article, hopefully spurring new engagements between care ethics and the broader partiality literature. For now, the following task is set: to investigate what facts about relations indicate such relations hold moral worth, and why those relations are justified of their partiality in care ethics.

Though Held does not give a sustained justificatory argument for partiality in care ethics, other conceptual resources found in Held's (2006) work can be appropriated to provide such an argument here. Specifically, this argument can be derived from the values of care that are exemplified in good caring relations.

Here is a basic outline of this justificatory argument:

1. Relations with moral worth are good caring relations, which we are obligated to support and maintain.
2. The stronger caring values are exemplified in a good caring relation, the stronger the reasons individuals in that relation have to justify prioritizing their attending to each other vis-à-vis upholding such values.
3. Caring values manifest most strongly in good caring relations with our particular others.
4. Therefore, we have stronger reasons to prioritize attending to good caring relations with our particular others vis-à-vis upholding caring values. Partiality is thus justified when grounded in the values of care exemplified in good caring relations.

Each premise will now be outlined and defended. Premise One is rooted in care ethics' conceptualization of persons as relational. For care theorists, persons are 'always embedded in relations with flesh-and-blood others and [are] partly constituted by these relations' (Keller 1997, p. 152). This is not to say that persons are passive products of relational circumstance; as Held puts it, 'we are both enmeshed in and capable of shaping such relations' (2006, p. 48). However, the capacity for shaping our relations is not symmetrical between all persons. In our interdependence of providing and receiving care, we become inherently tied to relational asymmetries of power; in other words, some persons have more control over how the relational threads that tie them to other persons are constituted. Such asymmetry is not intrinsically a bad thing; without a parent's guidance, an infant would quickly perish. However, asymmetrical relations require moral

¹ Note, then, that by 'justice' Held is *only* engaging with liberal theories of justice. Indeed, since Gilligan's (1982) *In A Different Voice*, 'justice' has been the chosen shorthand for these normative features.

evaluation to guarantee good care. It is here where care theorists make their fundamental normative claim, centred on our relational interdependence: we need an *ethics* of care, one that continually presses for the moral evaluation of care provision and receipt to avoid and prevent asymmetrical relations from becoming dominating, exploitative, hostile, mistrustful, or negligent (Held 2006, p. 37). In turn, this normative claim guides us toward identifying what moral values are intertwined in the activity of good caring and what responsibilities emerge (individually and collectively) through such values to ensure our needs are appropriately understood, respected, and allowed to flourish. So central is this normative claim, Stephanie Collins has argued that care ethics' slogan ought to be: 'Dependency relationships generate responsibilities' (2015, p. 169).

Following Held (2006), the values that form such normative criteria are derived through a process of reflective equilibrium, carried out in the following way. Successful caring practices are those that ensure persons survive and flourish. By caring practice is meant the process and attitude of the carer attending and responding to the needs and responses of the cared-for. Given the unique needs and ways of flourishing for different persons in different contexts, caring is a continual process of cultivation and learning. Caring practices deemed successful can be examined for the values intertwined with them. Those values that are persuasively deemed necessary to ensure a relation is good and caring can be abstracted as normative criteria to evaluate and guide relations generally.

Caring values, then, are not reducible to individual virtues or sentiments—they are *relational* moral considerations of care that form independent moral criteria for evaluating relations. This is to say, as Held (2006) does, that moral scrutiny ought to be critical and not phenomenological—after all, the value that some individual attaches to a relation may be misplaced if, for instance, that individual is being exploited for their obsequiousness or a relation is exemplifiable of structural injustice (such as household relations within patriarchies).

There are four principal caring values: attentiveness, mutual concern, responsiveness, and trustworthiness.² These values will be explicated over the course of this section, but some initial definitions can be given here:

² The reader may think of other values in the care literature. For instance: cheerfulness (Ruddick 1989); competence (Tronto 1993); empathy (Held 2006); forgiveness (Walker 2006); gratitude (Mullin 2011); hope (Walker 2006); respect (Engster 2007); sensitivity (Held 2006); solidarity (Sevenhuijsen 1998); and taking responsibility (Tronto 1993). This paper does not consider these other values because they either: (1) are subsumed into one of the four principal values abovementioned, or; (2) are not intrinsic moral considerations of care. Cheerfulness, competence, forgiveness, and gratitude are better understood as referring to the attitudes and abilities of the carer and the cared-for as part of the value of responsiveness. Empathy and sensitivity are necessary components for attentiveness and responsiveness, and so are subsumed into them. Respect is also subsumed into attentiveness and responsiveness: if we are not attentive or responsive to the cared-for's need to not be degraded or demeaned through caring practices, then the values of attentiveness and responsiveness are undermined. Hope is an emotion rather than a value, though it is an important factor for generating trustworthiness. Solidarity refers to the social union that results through the responsibilities shared through our relations—it is therefore a type of mutual concern (the broader concept that covers personal and non-personal relations). Taking responsibility is the manifestation of undertaking what responsibilities our relations generate—not necessarily a value in itself, but certainly a practice that can serve to reinforce the four principal values.

Attentiveness at base is the recognition of a need that requires attending to, and at most is a critical awareness about what psychological and social biases could be preventing the recognition of certain needs (Tronto 1993).

Mutual concern is expressed between related beings when there exists a shared interest to make possible the cooperation required to develop and sustain association for the benefit of all involved (Held 2006).

Responsiveness concerns the ability of the carer to respond to the cared-for's needs, how attentive the carer is to the response given by the cared-for to determine if the care provided was well-received, the attitude of the cared-for in response to the care provided, and how responsive the carer is to their own wellbeing (Tronto 1993; Mullin 2011).

Trustworthiness is where persons in a relation uphold certain normative expectations and do not pursue deceitful or hostile actions toward each other (Baier 2004; Held 2006).

Relations are identified as holding moral worth when they exemplify these caring values in fulfilling successful caring practices. Call these morally worthy relations of care *good caring relations*. To see why these relations hold moral worth, consider what happens when these values are undermined: if individuals are not attentive, they do not recognize needs that require caring for; if a relation does not exhibit an amalgamation of the interests of those individuals involved, it is domineering or exploitative; if individuals do not properly respond to each other's needs, they are not delivering successful caring practices; if a relation lacks trustworthiness, it is deceitful and paranoid, preventing better and more intricate care. A normative baseline for upholding caring values is therefore expected, as suggested above: avoid relations that are dominating, exploitative, hostile, mistrustful, and negligent. Importantly, upholding this baseline is not limited to mere parochialism: there is no good reason that cuts off caring values from spilling into and being exemplified in our much broader social, political, and global relations. Intentionally ignoring or worsening the plight of another person or group outside of one's personal domain directly undermines the essence of these caring values. As such, we all have a basic responsibility to at least uphold the normative baseline throughout all our relations.

The consequence of Premise One is that if only good caring relations are justified of being supported and maintained in care ethics, partiality could only be justified if it occurred within good caring relations. We have here, then, the confines from which partiality could be justified. As such, Premise One would not justify crude partiality in care ethics. If only good caring relations are justified to be partial, this makes sense of Held's earlier point that partiality between white supremacists on the basis of white supremacy is not justified. This is because white supremacists are not consistent with the normative baseline—they facilitate domination and hostility through unjustified discrimination in the broader social relations they are embedded in. In doing so, white supremacists undermine the values of care and fall beneath the normative baseline.

Premise Two explores what responsibilities individuals have to each other above the normative baseline for upholding caring values, arguing: the stronger caring values are exemplified in a good caring relation, the stronger the reasons individuals in that relation have to attend to each other vis-à-vis upholding such values. This is to say, the stronger caring values are exemplified in a good caring relation, the more

that is normatively at stake for individuals involved to not fulfill responsibilities that uphold or strengthen such values in that relation.

To see why, consider one caring value in detail: trustworthiness. This value manifests in different strengths depending on the type of relation, be it stranger, friend, or loved one. For instance, when we first meet a stranger in an everyday setting we rarely divulge personal details or let them engage in intimate acts with us. We have yet to build what Annette Baier calls a ‘climate of trust’ (2004, p. 177). Perhaps our basic expectation is that a stranger obeys the law and does not engage in hostile or harmful encounters with others—in other words, they adhere to the normative baseline. However, as a relation develops through successful iterations of caring practices (keeping promises, attending to general needs, building rapport), trustworthiness is strengthened and exemplified in this relation more intensely. These facts about the relation (the events that have reinforced trustworthiness over the relation’s history) generate higher expectations that the individuals in such a relation will not seek betrayal, personal gain, or domination. Given we want to avoid relations of betrayal and deceit, our preference increases toward those relations that do not exhibit these acts.

This increasing preference generates a higher normative expectation for individuals to uphold the value of trustworthiness in that relation. A consequence of this higher normative expectation is that there is more at stake with not fulfilling such responsibilities (or, indeed, in deliberately avoiding such responsibilities) that uphold trustworthiness without good reasons for not doing so (such reasons are discussed below). In turn, the responsibilities that emerge from that relation become weightier, giving us stronger reasons to prioritize that relation over other relations. For instance, betrayal is felt that much worse through a loved one than a stranger because such betrayal would undermine the time, energy, resources, and emotion that has been devoted to building trustworthiness with that loved one. Should that trustworthiness be undermined, the relation with the loved one would need moral repair at a consequence not shared with by the stranger. As such, where a relation has a higher normative expectation of trustworthiness being upheld, the individuals involved have a weightier responsibility (and therefore stronger reason) to prioritize attending to that relation vis-à-vis upholding the value of trustworthiness.

This same argument also applies to the other three caring values, which can be woven into this discussion. Mutual concern is exemplified in relations when there exists a shared, intertwined interest to make possible the cooperation required to develop and sustain association for the benefit of all involved. As a relation develops, the interests of the individuals involved amalgamate—an example of how relations are not ontologically distinct from the individuals involved. Some relations, such as a parent/child relation, form a close amalgamation between the individuals involved quicker than others. Mutual concern within other relations may take more time, depending on context and the temperaments of the individuals involved. In either case, as individuals’ interests weave tighter and more complexly together (reinforced by trustworthiness) the relation becomes a significant source of meaning in their lives. Given increasing closeness, we become more aware of the other’s intricate and intimate needs. Their claims to care become ever more compelling to us because their wellbeing becomes interwoven with our own. Over time, we learn how to suitably care for their needs; that is, our ability to successfully attend and

respond to these individuals' needs improves. Doing so exemplifies the values of attentiveness and responsiveness in that relation more intensely.

As the four values of care intensify in a relation, a particular person's needs may only be met by those individuals involved in that relation. The specific caring experience we have when a loved one comforts us cannot be replicated by any other person (or, at least, not adequately). This is because of how strongly caring values exemplify from the deep relational history we share with that loved one: our mutual concern is tightly knitted, our attentiveness acute, our responsiveness efficacious, and our trustworthiness concrete. In this way, particular individuals can come to have exclusive responsibilities, responsibilities that other persons cannot fulfill. A consequence of this, as argued above, is that there are higher normative stakes for not fulfilling such responsibilities. The stronger values exemplify from a relation, the higher the normative expectation such values will be upheld. The higher these expectations, the worse the relational damage should these expectations be undercut through the subversion of caring values.

A final point on Premise Two. I have argued that those relations that exemplify caring values the strongest give stronger reasons for the individuals involved to prioritize that relation over others *vis-à-vis* upholding those caring values. This is because there is more normatively at stake with not fulfilling those responsibilities. But I also stated above, in passing, that such responsibilities could remain unfulfilled so long as there were good reasons for not doing so. This needs further explanation. First, in conjunction with Premise One, prioritizing certain relations is justified only if they are good caring relations. This means that our prioritizing those relations is justified only if we are upholding the normative baseline as best we can in our much broader relations too. For instance, choosing to ignore the significant suffering of others above pursuing a hyper-luxurious lifestyle with one's children is morally tainted with affected ignorance and would not be justified partiality. As such, where I say that certain responsibilities could remain unfulfilled in a relation so long as there were good reasons for not doing so, this is what I mean: where the normative baseline will be undermined, we do not have good reason to be partial.

Though the normative baseline appears demanding in this context, it is important to remember that individual relations are not an abstract phenomenon. They take shape within a particular institutional context. It is not up to mere individuals to continually uphold the normative baseline, thereby leaving them no time for developing the closeness of their relations and being deprived of a significant source of meaning and identity. Instead, care ethics calls for a collective response to evaluate and produce a fair process of distributing resources and caring responsibilities to support and maintain the normative baseline, relieving the burdens of care that might disproportionately fall onto certain segments or persons of society. Developing close good caring relations is a significant part of what gives our lives meaning, and our institutional context ought to best allow such relations to flourish.

Premise Three makes explicit what is above implied: that caring values manifest most strongly in good caring relations with particular others. This point can be made with the following argument. As Premise Two stated, caring values are exemplified more intensely as the ties of the relation grow closer. Our closest relations form with our particular others, typically being either family, friends, or loved ones. This is

due to various reasons: our deep relational history, the meaning we gain through such relations, and our capabilities of attending and responding effectively to each other's needs—indeed, perhaps such capabilities form special responsibilities that no other individual could fulfill. Therefore, it is in our relations with particular others where we find caring values exemplified most strongly. Indeed, Held (2006, p. 158) argues that it is for this reason we come to first identify caring values within our close relations; through the lived experience of caring and being cared for in our personal relations, such intertwined values manifest more apparently in the deliverance of successful caring practices. Once such values are identified, the possibility for their abstraction into general normative criteria becomes possible.

These three premises lead to the conclusion of this argument: we have stronger reasons to prioritize attending to good caring relations with our particular others vis-à-vis upholding caring values. Partiality is thus justified when grounded in caring values exemplified in good caring relations. Hence, this justification is termed the argument from good caring relations.

Moral Dilemmas

One last point can be made about the overall nature of the argument from good caring relations. Earlier, I noted that the normative frameworks of care and justice are often seen in contrast with one another. Any justification of partiality ought to account for these common experiences of moral conflict. Held has influentially defended care ethics against the two-tiered theory of impartiality on this issue. The two-tiered theory of impartiality states that first-order (or level one) considerations of partiality can be justified insofar as they are compatible with second-order (or level two) impartial principles of justice that operate at the level of institutions (Barry 1995, p. 235). This theory does not say that second-order principles justify partiality itself; instead, it says partiality within the boundaries of second-order principles can be justified, whereby this justification can be derived independently of such principles. The advantage of this theory is that it offers a framework that can recognize the equal moral status of persons yet provides a rationale for partiality. In this, our motivations and sentiments for attending to particular others are not distorted by impartial justification; all the two-tiered theory of impartiality does is allow such motivations and sentiments to play out within the boundaries of second-order principles. As Barry (1995, pp. 234–255) puts it, care and justice could be made compatible with the care framework slotting into an overarching justice framework.

Held (2006) argues that the two-tiered theory of impartiality cannot in fact accommodate the care framework. This is because Barry wrongly assumes second-order principles can account for all the moral claims of care at the first-order level: 'Sometimes the points of view of care and justice provide different moral evaluations and recommendations on the same issues' (Held 2006, p. 79). When this happens, we must choose between either care and justice—we cannot choose both in a reconciliatory manner. Indeed, if a second-order principle asserts its normative priority and forces its recommendation against that given by the care framework at the first-order level, this undermines Barry's claim for harmonious accommodation

with the justice framework (Held 2006, p. 97). This clash is a moral dilemma: we are torn between two conflicting, but equally valid, sources of justified normative significance.

Can the argument from good caring relations make sense of this debate? I argue it can, but Held's criticism needs further explication if we are to reach a suitable conclusion. For the moment, let us put to one side the argument for good caring relations (and its accompanying concepts) and focus on this debate as it presently stands.

Held (2006, pp. 97–99) gives an example to illustrate her criticism: the conflict a father feels between spending more time in their profession as a teacher (that specializes in helping troubled students) and spending more time with their young child. Held weighs up the options of the conflicted father, comparing considerations of care with Kantian thought (as a representative of the justice approach that emphasizes the importance of impartial moral deliberation). On the one hand, Held writes a Kantian may conclude that, 'with respect to the time [the father] spends fulfilling both [imperfect] duties, his duty to avoid neglecting his students outweighs his duty to avoid neglecting his child' (p. 98). On the other hand, the perspective of care disagrees: the father 'thinks that out of concern for this particular relationship he should spend more time with his child', given the relationship is of irreplaceable value (p. 99). Given this tension, Held argues that the care and justice frameworks are incompatible.

However, I think that there is more nuance to this debate than Held suggests. Indeed, there are two reasons why Held's criticism fails. First, there is some confusion with Held's response to Barry. Barry understands second-order principles of justice as political principles of distributive justice that operate at the level of institutions. Therefore, Barry refers to political impartiality. Yet Held's argument seems to be directed only toward second-order moral principles, which refer to interpersonal interactions. Held says as much: 'a satisfactory feminist morality should not accept the view that universal, impartial, liberal *moral* principles of justice and right should always be accorded priority over the concerns of caring relationships' (2006, p. 97; emphasis added). This does not appear to be a mistaken word choice: Held argues elsewhere in the same work that there are legitimate contexts for second-order political principles of justice to exist within an overarching care framework (p. 17); this is especially if such principles were informed and shaped by recommendations given across the care literature.

Let us assume, then, that Held's focus is on contrasting care with second-order principles of moral impartiality. It is in this context where we find the second reason for why Held's criticism fails: Held's comparison of care with Kantian moral thought is underdeveloped. Held assumes that the Kantian will argue that the father should fulfill an imperfect duty to his students over the imperfect duty of spending time with his child. Yet Held does not provide sufficient justification to show why the Kantian would conclude that. Indeed, Marcia Baron (1999, p. 97) has argued that there is much indeterminacy over how imperfect duties ought to be prioritized; a Kantian might well suggest to the father the same recommendation that the care perspective would. Baron serendipitously raises a similar example to Held's that illustrates this: 'That I have young children to tend to will sometimes be an adequate

reason for not embarking on some particular projects of helping others, but it is no excuse for a policy of turning my back on needy people other than my children (and me)' (Baron 1999, p. 94). Here, while a Kantian may say that the father is justified to spend more time with their young child, the Kantian would only emphasize that the father should not lose sight of their imperfect duty to their students. It is hard to see how the care perspective would substantially disagree with this conclusion.

Of course, Held could respond in the following way. Held admits that her example could be reinterpreted to avoid a conflict between impartial moral rules and the pull of the father's relation with their child—but that case, Held writes, 'would not be one I am considering' (2006, p. 98). Held wants to emphasize that the case she is considering is one where impartial rules conflict with the considerations of care. Indeed, to add to Held's point, if moral theorists kept reinterpreting her example to reach similar conclusions to the care perspective, this amounts to question begging.

However, I do not find Held's response convincing. As seen above, a Kantian can still side with the considerations of care even without needing to reinterpret the example Held gives. Moreover, and problematically, should Held keep reinterpreting moral dilemmas until such a moral conflict is found, this may also amount to question begging.

These two reasons suggest Held's argument needs strengthening, or, at least, that a better example of moral conflict is required—one where an incontrovertible duty clashes with the recommendation and motive of the care perspective. Yet if moral theorists can keep reinterpreting such moral dilemmas, it is not clear how fruitful this endeavour will be. Perhaps a sharper indicator for differentiating between care ethics and the justice approach should be sought.

One promising indicator of genuine conflict between care ethics and the justice approach is one that Held only mentions a few times in passing, yet does not emphasize its importance: the choice of justification (or source of rightness) for acting. As noted earlier, Held points to facts about the relation itself that compel the father to choose to spend more time with their child: the father 'experiences the relationship [to his child] as one of love, trust, and loyalty,' a relationship 'of irreplaceable value' (Held 2006, p. 99). These comments ought to be highlighted because such facts about the relation may form reasons in themselves for why the father should spend more time with their child. If Held is right that second-order principles of moral impartiality cannot accommodate the care framework, a straightforward way to show this would be for care theorists to reject such principles as legitimate forms of justification in their framework. A clearer differentiation would then emerge: whereas care would locate justification for partiality in the relation itself, justice would externally locate justification in second-order principles.

Let us now see how the argument from good caring relations can illuminate this distinction. First, the argument from good caring relations justifies partiality through the values of care that are exemplified in good caring relations. These are values that are first identified through the relation itself, and represent the source of rightness for determining which relations are good and caring ones. The reason that the values of care are a notable source of rightness is because this source aligns with the reasons we inherently want to give for why we want to be partial to particular others: we want to attend to particular others simply because we care about them. The

values of care recognize these reasons for what they are: genuine moral considerations of care. The significance of this point will be further explicated in my criticism of the distributive argument later in this article.

However, the difficulty for the moment is understanding how the normative baseline fits into this argument. This is because the normative baseline is formulated as a second-order principle of impartiality. Much like Barry's argument, the normative baseline intends to form the boundaries in which partiality can be justified, as defended in Premise One of the argument from good caring relations. We can prioritize attending to our personal relations over others vis-à-vis upholding caring values that are stronger in those relations, on the condition that the normative baseline is upheld in all our relations. So which is it: does the rightness for partiality stem from the values of care within a relation or the normative baseline? The answer is that the rightness for partiality is grounded in the values of care exemplified in a relation, so long as such values are being exemplified within the boundaries set by the normative baseline. Parallel with Barry's argument, the boundaries of the normative baseline do not justify partiality itself, only the domain from which partiality can be justified.

Is the normative baseline a second-order principle of moral or political impartiality? The answer is complicated. On the one hand, the normative baseline is concerned with governing the moral interactions of persons in their relations of care. On the other, the normative baseline serves as normative criteria for determining how successful institutions have been structured vis-à-vis whether they encourage and sustain good caring relations. Perhaps, then, the normative baseline is at base a second-order principle of moral impartiality, but a governing principle that can generate second-order political principles that structure institutions in a way to best ensure the baseline's moral demands can be upheld. It is difficult to see how Held would argue against this position. Even for Held, second-order principles of political impartiality are justified in certain normative contexts, especially if they are derived through the care ethical framework. Moreover, Held (2006, Chs. 7–10) goes to great lengths to show how the values of care can and ought to be exemplified in our broader social and political relations. The normative baseline fits these criteria: it is derived precisely from the values of care that Held stresses are necessary for ensuring caring relations to flourish, and seeks to ensure these values are upheld throughout our broader relations through informing how institutions ought to be structured.³

Of course, Held is surely right that we will still face difficulties with deciding how to resolve certain moral dilemmas, such as the father deciding whether to spend more time with his students or child. The father can still find himself torn between two equally justified sources of rightness: the values of care internal to a relation and external principles of justice. These are dilemmas that cannot be easily resolved for any moral theory (even with Kantian thought, as argued by Baron). However, the following might be said. If the education system that the father teaches in had more adequate resources to improve pedagogical strategies and learning implementation, the father may not be faced with this conflict. A political care ethic, whose

³ For further discussion on resolving the conflict between the care and justice frameworks, see Held (2006, pp. 58–104).

focus is on structuring the surrounding institutional context to enable good caring relations to flourish, would target this father's dilemma by commenting on the lack of resources available for teachers and their students. A theory of justice derived from the normative baseline thus asks: how should resources be distributed such that education is more readily valued and available, given our relational interdependency? Therefore, this father's dilemma is potentially resolvable through care ethics as its own distinct theory of justice. Though this political care ethic may not help the father in the short-term (given institutional changes take time), it may help prevent similar dilemmas occurring in the future. In the short-term, as Christine Korsgaard (1996, p. 128) writes, there may ultimately be no answer to dilemmas like the father's; it is simply a recurrent part of what makes our moral lives so complicated, and any decision the father makes would seem to be a radical choice.

These issues need not be discussed further here. For now, it is enough to say that the argument from good caring relations is fueled by the conceptual resources of the care framework, independently justified from the justice approach.

Enhancing the Relationships View

Earlier, this article briefly referenced Scheffler's (2002, 2010) work on justifying partiality, providing some context to begin developing the argument from good caring relations. There, it was mentioned that care ethics has barely engaged with the broader partiality literature, and vice versa. As a dual opportunity to increase such engagement and further demonstrate the promise of the argument from good caring relations, I explore in this section how the argument from good caring relations can enhance what Keller (2013) has termed the 'relationships view'. The relationships view and the argument from good caring relations share common ground—both see the relation as the source of justification for partiality. However, Keller (pp. 38–51) gives several criticisms of the relationships view. I argue that the argument from good caring relations can respond to these criticisms.

Keller demarcates two versions of the relationships view. One version is a value-based view: close relationships are valuable in and of themselves, which explains why we have special duties to particular others. Keller identifies Scheffler as a major proponent of the value-based view. As seen earlier, Scheffler (2002, 2010) argues that close relations are non-instrumentally valuable. Non-instrumentally valuable relations are not merely of instrumental value to the persons involved. Valuing a relation non-instrumentally entails acknowledging the relation as a source of special duties. To ignore such duties, or to use the relation for personal gain, would undermine the worth of that relation (Scheffler 2002, pp. 110–111 and 121–122).

The second version is a reason-based view: partiality is justified due to fundamental reasons that derive from facts about our relations. Keller identifies Diane Jeske (2008) as a prominent defender of this view. For Jeske, facts about special relations are reason enough to entail partiality, referred to as 'the commonsense account of reasons of intimacy' (2008, p. 14). If a person asks why they helped one child instead of another, the reason 'they are my child' is justification in and of itself

and requires no further reference to other reasons: ‘it is our intimate relationships themselves [...] that ground those reasons’ (Jeske 2008, p. 45).

Keller gives three major criticisms of the value-based view and one major criticism of the reason-based view. I will respond to each of these criticisms in turn using the argument from good caring relations, beginning with the value-based view. Keller first states that there is a problem with this view’s normative focus. Reasons for partiality should not be centered on the relation itself, but squarely on the particular other. For example, the reasons a parent might have to spend more time with their child should not only be about the relation—the reasons should instead center on the child. Otherwise, the child may feel the relation is of more importance than them as an individual (Keller 2013, p. 63; see also Lord 2016, p. 573).

I argue that this criticism does not hold because Keller mistakenly separates the relation from the individuals involved. Care theorists argue that individuals are not ontologically distinct from their relations. If relations are threads that represent the intertwined interests of individuals—threads that weave into our very identity—then to talk of the value of a relation is to inevitably refer to the value of the individuals involved. Therefore, there need not be a focus problem for care ethics. A parent may ground their reasons for spending time with their child on the parent/child relation itself, given the relation stands for the mutual concern of the parent’s and child’s interests together.

However, Keller could respond to my objection. For Keller (2013), the proper normative focus is on the individual. On this ‘individual’s view’, the reason a parent wants to spend more time with their child is due to caring for the child in and of themselves. Therefore, reasons of partiality are grounded in the individual’s own value, separate from the value of a relation: ‘the value of an individual can incorporate the value of her welfare, her flourishing, and her autonomy’ (Keller 2013, p. 80). Keller claims that this focus is ‘truer to the phenomenology of partiality’ than the relationships view: the reasons we want to give to justify our partiality are grounded in the facts and values of our particular other (2013, p. 61). Keller (pp. 134–136) goes further in this response: relations are valuable insofar as they *enable* facts about individuals to be known to others. That is, relations are mere gateways to connect with other individuals; consequently, while relations are not reasons in themselves to be partial, they allow facts about individuals to become reasons for partiality.

However, I find Keller’s response unconvincing. If it is facts about individuals that give us reasons to be partial, this implies that we should always ‘trade up’ when a better individual who has similar facts comes along (Lord 2016, p. 576). For instance, a parent might go to a football match because their child is playing in it. If the parent notices a better football player at their child’s match, and it is facts about the child’s football-playing that fueled the parent’s reasons to attend that match, the parent ought to be more partial to the better football player. However, this seems misplaced—we want to say the parent is watching the match because *their child* is playing, for otherwise the parent would not attend. Of course, by saying this we return to the relationships view: it is due to the parent/child relation that fuels the reasons for why the parent would watch the football match.

Keller also assumes facts about individuals exist separately from the relation. This is not true: there are facts about individuals that can only be derived through the relation itself. That the parent’s child is *their child* is a fact about that individual

that is only made possible by the parent/child relation. Moreover, these facts from relations typically play a large role in shaping our identity—not only who our parents are, but the society (with its traditions and culture) that we are born into. Once more, relations are not ontologically distinct from individuals—relations are mutually constitutive with individuals' identity. As the previous section of this article argued, caring values exemplified in good caring *relations* justify partiality. Relations are not just enablers for partiality; they are a source of justifying partiality.

The second criticism Keller gives to the value-based view is that there is no conceptual link between seeing a relation as valuable in and of itself and seeing it as a source of special duties. Simply because a relation is valuable does not mean special duties arise from it. Keller's example is this: a couple may value their relation purely because they see each other as attractive, whereby the relation holds aesthetic value. But no special duties necessarily emerge from this relation (Keller 2013, p. 39).

The argument from good caring relations does not suffer this criticism: responsibilities from and reasons for partiality are generated through the values of care exemplified in good caring relations. Values of care are so-called because they are normative criteria that guide practices of care toward successful ones. These are responsibilities, broadly conceived, as being more attentive and responsive, solidifying levels of trust, forming stronger bonds through mutual concern, and, at the very least, upholding the normative baseline. How these manifest in specific practices depends on the relational context.

The third criticism Keller levels at the value-based view is that there is no reason to think relations hold intrinsic value, 'or at least not in any form that could ground our reasons of partiality' (2013, p. 40). For Keller, any value of a relation is extrinsic to the individuals involved. As such, not all relations that hold value to individuals may justify partiality if the relation lacks moral worth. It is possible for an individual to attach value to an exploitative relation they are profiting from—yet this is a value that should not allow partiality of this kind to be justified.

While the relationships view does not show how to resolve this issue, the argument from good caring relations does: partiality is only justified in good caring relations that exemplify the values of care. It is conceivable that an individual might attach value to an exploitative relation they are profiting from—yet this actively undermines the normative baseline and therefore shows the relation to lack moral worth. Partiality in this relation would thereby not be justified. The values of care are applied critically, not phenomenologically. In this way, caring values form independent normative criteria, distinct from the relative value individuals place in a relation.

Finally, on the reason-based view, Keller criticizes that there is nothing in statements like 'they are my child' that implies justification of partiality itself. Instead, the reasons-based view is reliant on social context for a commonsense account of reasons of intimacy to make sense. The statement 'they are my child' relies on the weight of attached emotional connotations that are left unsaid. As such, the strength of this justification is dependent on the assumption that others will understand the emotional connotations involved in such a statement (Keller 2013, p. 52).

The argument from good caring relations would not necessarily claim Keller's criticism is wrong here; instead, the argument from good caring relations offers

some qualifiers to the reasons-based view, providing the conceptual resources needed to articulate what the commonsense account implicitly says. The reason ‘they are my child’ is a persuasive justification for partiality insofar as it is a shorthand for embodying the values of care that are exemplified in good caring parent/child relations. When interpreted this way, and given the values of care are independent normative criteria, the reason ‘they are my child’ would no longer be a relativistic reason. It follows that the reason ‘they are my child’ becomes unpersuasive (and therefore unjustified) if caring values are not upheld in that parent/child relation.

Given these above responses, I argue that the argument from good caring relations can enhance the relationships view.

Rejecting the Distributive Argument

I have sought to outline and defend the argument from good caring relations. This argument has now progressed enough to take on the other major justification for partiality presently in the care literature: a distributive argument that takes the form of a modified version of Goodin’s (1988) assigned responsibility model of moral obligation (hereafter, *the distributive argument*).⁴ In this section, I argue that where the distributive argument fails, the argument from good caring relations succeeds. In turn, care theorists should reject the distributive argument in favor of the argument from good caring relations.

Several care theorists have sought to justify partiality through this distributive argument, including Engster (2007) and Collins (2015) explicitly, and Martha Fineman (2004) and Eva Feder Kittay (2015) implicitly. The basic argument is as follows. We have a general duty to provide good care. (Various reasons can be given for this duty: Engster’s (2007, pp. 36–54) rational obligation to care, Kittay’s (2015) argument from inextricable dependency, and so on. It is assumed that these reasons are valid for the present argument.) Good care is better realized with particular others for reasons of relational history, knowledge of the cared-for, motivation to care, and so on. Therefore, an optimal distribution of caring duties would see us have stronger responsibilities toward our particular others. Partiality is therefore justified. Of course, there are qualifications to this argument depending on the author.

⁴ Goodin’s (1988) model begins with the assumption that each of us has ‘general moral duties’ to others. Moreover, we have ‘special duties’ to particular others. Goodin accounts for these special duties as ‘distributed general duties’, whereby general duties are distributed to particular persons in certain contexts. Given there are many general duties, ‘it is simply the case that our general duties toward people are sometimes more effectively discharged by assigning special responsibility for that matter to some particular agents’ (p. 680). As such, partiality is not justified due to special duties per se, but due to an optimal distribution of general duties. An important qualifier, therefore, is that distributed general duties do not imply individuals only have duties to their particular others; we remain responsible for helping distant others when their assumed assigned protector fails in their duty to protect. Of course, there are broader elements of Goodin’s argument, but this brief account provides enough illumination to see how care theorists have modified it.

Engster (2007) and Collins (2015) have given the fullest explication for how Goodin's model could be modified to work within the care ethical framework. For Engster (2007, pp. 54–64), all capable individuals have general duties to care through the principle of consistent dependency. However, if fulfilling these duties can be ensured 'by dividing up our general caring duties and assigning particular individuals primary responsibility for the care of particular others', partiality can be justified as a practical solution (p. 55). This is because we are usually motivated to provide our particular others with 'more attentive, responsive, and respectful care than others are likely to provide' (p. 56). However, as with Goodin's model, this does not remove our general duty to care for others in need: should distant others require aid and we can help, we ought to. Therefore, Engster argues partiality is justified insofar as it efficiently distributes resources for providing good care.

Collins parallels Engster's argument. In *The Core of Care Ethics*, Collins (2015) aims to derive a unified principle of care ethics called the dependency principle. This principle has two components: a 'well-placed' component and a 'best-placed' component (p. 119). The well-placed component argues: 'Agent A has a moderately strong dependency duty to take measure M when A's most efficacious measure for fulfilling an important interest is sufficiently likely to fulfil the interest and would realize positive expected value regarding agent and dependent' (p. 123). The best-placed component argues: 'Agent A has a strong dependency duty when it is also true that A's most efficacious measure would realize no less expected value regarding agent and dependent than any other willing agent's most efficacious measure for fulfilling the interest' (p. 123). These components are to be interpreted as versions of a 'rescue', 'assistance', or 'capacity' principle, in reference to Goodin's model: we all have a universal obligation to care if we are well-placed to act, but better care is given by those best-placed to do so (such as those we are in personal relations with).

Other care theorists have implicitly emulated this justification of partiality. Fine-man emphasizes the importance of 'caretaking labour': this labor provides for 'the citizens, the workers, the voters, the consumers, the students, and others who populate society and its institutions' (2004, p. 48). Each member of society has a duty to help pay the societal debt that caretaking labor creates; these costs ought to be spread out among all its beneficiaries. If these costs are best covered by our attending to particular others, partiality is justified. Kittay's (2015, p. 65) recent restatement of her principle of *doulia* also follows the distributive argument. Kittay's principle, loosely stated, requires that we are obligated to give care to the extent we are well-positioned to do so and are owed care by those who are well-positioned to give it. Once more, better care is given by those well-positioned to give it, as with our particular others. Partiality is again justified due to greater efficiencies of providing good care.

The advantage of the distributive argument is that it makes compatible a justification of partiality with our broader obligations to others. This reinforces care ethics as being capable of critically evaluating the broader institutions our relations are embedded in; such institutions ought to distribute resources such that good care can be provided efficiently. This advantage ought not be dismissed out of hand, given care ethics' embattled history of asserting itself as a feminist ethic instead of being

perceived as an ethic that inadvertently reinforces patriarchal structures (Tronto 1993).

However, I argue that there is a good reason for why the distributive argument should be rejected as a justification for partiality in care ethics: it does not lend support to care ethics' central focus. Recall that care ethics' central focus is on the compelling moral salience of attending to the needs of our particular others; this moral salience generates special reasons to be partial toward our personal relations, forming an independent normative source that could conflict with other justified normative sources (namely, impartial, universal principles derived from liberal theories of justice). Moral dilemmas can ensue between these two normative sources; this is to say, then, that there is an intrinsic moral worth to these special reasons of partiality, which are independently compelling from moral impartiality. Yet, for the distributive argument, partiality is *instrumentally* valuable, justified only as a means for optimally distributing general duties to care. On this view, the normative context that surrounds caring for our particular others is not conceived as an independent source of moral consideration; instead, partiality is merely a useful fact for efficiently fulfilling general caring duties. Consequently, the distributive argument loses (or, at most, does not recognize) a major component of the phenomenology of moral dilemmas and thereby why such dilemmas emerge in the first place.

The result is that justifying partiality only as a means for efficiently distributing general duties distorts the special reasons we want to give for caring for our particular others. This amounts to what Michael Stocker calls a 'split between one's motives and one's reasons' (1976, p. 454). If a parent wants to justify attending to their child's needs, the rightness of this choice under the distributive argument is derived through a general duty—not the considerations of care that embody the motive or the relation. As such, the parent may end up alienated between the motives for their actions and the reasons that justify them.

The argument from good caring relations does not suffer from these criticisms. Most importantly, this is because the argument from good caring relations does not locate the justification of partiality in general duties to care, but in the values of care exemplified in the relation itself. This justification forms an independent source of normative consideration that is separate from efficiently distributing caring duties: the significance of partiality (grounded in the values of care) is recognized in the special reasons we have to care for our particular others and not as a means to some other end. As such, there is no alienation of one's motives for partiality from the reasons that justify them. Motives of partiality may include wanting to be attentive and responsive to our particular others, solidifying levels of trust, and forming stronger bonds through mutual concern. The values of care justify these motives for what they are: genuine considerations of care toward a particular other. Care ethics' central focus of attending to our particular others is thus defended for its intrinsic normative worth. In this way, where the distributive argument fails, the argument from good caring relations succeeds.

Of course, the advantage of the distributive argument was that, in tying partiality to our general obligations to care, it defended care ethics as a feminist ethic. Yet the argument from good caring relations is still capable of ensuring care ethics as a feminist ethic. Recall from Premise One of the argument from good caring relations

that all persons are morally obligated to uphold the normative baseline. This ensures a moral minimum: that all persons should avoid and prevent relations from becoming dominating, exploitative, hostile, mistrustful, or negligent. Indeed, following the second-part of attentiveness as a value, we ought to maintain a critical awareness about what psychological and social biases could be preventing the recognition of certain needs. To do so otherwise is to fall beneath the normative baseline. As such, a critical evaluation of our broader institutions to ensure our caring relations do not exemplify domination, exploitation, negligence, and so on, follows from upholding the normative baseline to the best we can. As with the father's dilemma in Held's example discussed earlier, a political care ethic upholding the normative baseline ought to be concerned with how relations of dependency developed such that a just distribution of educational resources works to ensure dilemmas like the father's do not arise for other relations in the future.

How strong caring values are exemplified above this normative baseline depends on the context of the caring relation. However, rather than partiality being justified as an efficient way for distributing caring duties, partiality is justified through the values of care exemplified through the relation itself—regardless of efficient distribution. Indeed, if caring duties just so happened to be distributed better through individuals upholding caring values in their relations (because of relational history, motivation to care, or any of the other reasons proponents of the distributive argument state), this would merely be a by-product of the argument.

Overall, then, there are two reasons for why the argument from good caring relations should be preferred to the distributive argument. First, partiality is justified for its intrinsic moral worth, ensuring there is no alienation between the rightness and motive of a partial act. Second, the argument from good caring relations still warrants the major advantage of the distributive argument: maintaining care ethics as a feminist ethic. Therefore, the distributive argument ought to be rejected as justifying partiality in care ethics. Instead, care theorists ought to adopt the argument from good caring relations.

Conclusion

In this article, I have outlined and defended a justificatory argument for partiality in care ethics: the argument from good caring relations. That is, we are justified to prioritize attending to good caring relations with our particular others vis-à-vis upholding caring values. I further argued that this argument is preferable to the other major option presently in the care literature: the distributive argument. As seen above, where the distributive argument fails, the argument from good caring relations succeeds. Consequently, the argument from good caring relations ought to be adopted over the distributive argument.

Furthermore, I argue that the argument from good caring relations has the potential to foster more concrete engagement between care ethics and the broader partiality literature. If the argument from good caring relations can enhance the relationships view, this could spur further interactions between these bodies of literature.

Both approaches contain valuable insights into how partiality ought to be justified, and engagement between them could produce influential work in the future.

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