

Stephanie Collins

The Core of Care Ethics

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Reviewed by Daniel Engster, 2016

Narrated by Theodra Bane

Despite its growing popularity, care ethics remains a slippery theory. If pressed to summarize in a short sentence what care ethics is, even some scholars well versed in the care ethics literature might have some difficulty. Philosophers more generally often seem baffled by care ethics. Given its reputation for rejecting principles and embracing emotions, and lacking the formulaic prescriptions of utilitarian and deontological ethics, care ethics can seem to them hardly a moral theory at all.

In *The Core of Care Ethics*, Stephanie Collins takes up this identity problem within care ethics. Drawing on the extensive scholarship that has appeared on care ethics over the last thirty years, Collins provides a new synthesis of the theory's central normative commitments. She then unites all these claims under a single theoretical slogan: "dependency relationships generate responsibilities." By systematizing care ethics in this way, Collins suggests it can be clarified so that it is more comprehensible to everyone, including care theorists themselves. By identifying care ethics' prescriptions and providing it with a recognizable slogan, Collins also aims to bring care ethics into the mainstream of analytic moral theory.

The Core of Care Ethics is divided into two parts. The first part identifies four key claims of care ethics. Although Collins sometimes presents her argument in this first part as "a survey of the care ethics literature," it is clearly much more (11). As she acknowledges (5), not all care theorists are likely to subscribe to all four of the claims she pulls out from the literature. Moreover, she interrogates each of these claims in order to arrive at what she considers the most plausible and defensible articulation of them. In the process, she rejects or amends some of the key claims of prominent care theorists.

Collins frames the first key claim of care ethics in the following terms: "Ethical theory should positively endorse deliberation involving sympathy and direct attendance to concrete particulars" (10). In discussing this claim, Collins explores care ethicists' well-known skepticism about the value of principles in moral deliberation. Although it makes sense, Collins argues, to say that sympathy should play a role in deliberation, she suggests that it does not make sense to reject the inclusion of principles altogether (28). We need principles, she maintains, to explain why we should deliberate in one way (that is, sympathetically) rather than another (33). In outlining the first key claim of care ethics, Collins thus clarifies the role of sympathy in moral deliberation and asserts a more prominent role for principles than some care theorists have acknowledged.

Collins employs a similar argumentative strategy in defining the three other key claims of care ethics (each discussed in its own separate chapter). She first draws on the existing literature to establish a key claim of care ethics, then points out some problems or ambiguities with it, and concludes by offering a new formulation that usually involves some amendment to the initial claim. The second key claim of care ethics, for example, is that "relationships ought to be (a) treated as moral paradigms, (b) valued, preserved, or promoted (as appropriate to the

circumstance at hand), and (c) acknowledged as giving rise to weighty duties" to the extent that they have value to their participants (10). The qualification here is important. As Collins notes, care ethicists have long struggled to valorize good relationships without also endorsing abusive or exploitative ones. Collins suggests this problem can be resolved by framing the value of relationships in terms of both their objective and subjective value to participants. Thus even if a participant values an abusive relationship it might still be said that the relationship is not valuable overall if it causes pain and suffering.

The two other central claims of care ethics, according to Collins, are: 3) Care ethics sometimes calls for agents to have caring attitudes; and 4) Care ethics sometimes call for agents to perform morally valuable caring actions, defined as actions that aim to fulfill some interests of a moral person (64, 80-81). As with the other key claims, Collins examines in some detail the most plausible meaning of these claims. These latter two claims are nonetheless left somewhat indeterminate until the final chapter of the book.

In part II, Collins seeks to identify "some unified core" that can bind together, justify, and give more specific meaning to the four claims outlined in part I. Collins finds this unifying core in the dependency principle, which is a version of the rescue or assistance principle, and provides care ethics with its slogan "dependency relationships generate responsibilities." In its simplest form, the dependency principle states: if an agent (or set of agents) is well placed or best placed to meet someone's important interest, then the agent (individually or collectively) has a duty to do so (100). Chapter 6 provides a detailed account of this principle that defines each of its particular elements. Chapter 7 applies the dependency principle to group responsibilities. Chapter 8 ties up the argument by demonstrating how the dependency principle unifies, justifies, and specifies the four main claims of care ethics. This last chapter is especially enlightening. In applying the dependency principle to the second main element of care ethics (the relationship principle), for instance, Collins concludes that, inasmuch as a person is well placed or best placed to get into a personal relationship with another person that would fulfill an important interest the latter has, the former has a duty to adopt the attitudes and actions necessary to form a personal relationship with the person (153). More generally, Collins argues in chapter 8 that the dependency principle not only unifies care ethics and clarifies its central moral commitments but also finds its most plausible expression through care ethics. If Collins is right about this last point, then it would mean that well-known utilitarian philosophers such as Peter Singer and Robert Goodin, who rely heavily on the rescue principle, should give care ethics a closer look. As Collins puts this idea, "If this [the dependency principle] is the core of care ethics, then I suspect many more of us are care ethicists than we think" (171).

The Core of Care Ethics is an original and insightful book. Collins offers rigorous and detailed analyses of many of the core concepts of care ethics and in the process brings greater analytical precision to them. Care theorists will benefit immensely from engaging with Collins's arguments, even if they may sometimes disagree with some of her conclusions. One can only hope, too, that Collins's book will achieve the aim she sets out for it and garner some attention from philosophers outside of care ethics. Her analytical approach helps to bridge the gap between care ethics and Anglo-American analytical philosophy in a way that should bring more mainstream attention to this all-too-often underappreciated theory.

Some readers may nonetheless find parts of the *The Core of Care Ethics* to be suspect. One question that hangs over the whole book is whether care ethics really needs to have a core or slogan. Virginia Held (2006, 9-15) and other care theorists (Collins, 2-3) have argued that care ethics is best understood in terms of a loose set of themes or as a "group of concepts

with strong family resemblance but no essential trait in common." Collins offers some reasons why it is important to define a core of care ethics (how else can we know what is and is not care ethics?), but it is not clear that the major-themes or family-of-ideas approaches cannot serve equally well for this task. A theory might be considered more or less an expression of care ethics to the extent that it utilizes the five major themes that Held enumerates for care ethics.

On the downside, Collins's attempt to define the core of care ethics can seem at times overly narrow and exclusionary. Although she makes many good points about the usefulness of principles to care ethics, and shows how care ethics can be unified around her dependency principle, it seems misguided to suggest that all forms of care ethics (for example, a critical care ethics) need rest on principles. Even acknowledging that most care theories highlight the importance of dependency, it also seems perhaps too much to claim that a particular dependency principle lies at the core of care ethics. This is not to demean in any way the theory of care ethics that Collins outlines. It is merely to suggest that her theory represents one especially clear and useful account of care ethics but not necessarily the theory's core.

If one possible criticism of Collins's book is that she claims too much for her theory, another is that she does not provide enough specificity for it. Collins's dependency principle roughly states (once again): if an agent is well placed or best placed to meet someone's important interests, then the agent has a duty to do so. In defining what counts as "important interests," Collins nevertheless remains relatively "neutral" (104-105). She states that the closer an interest comes to constituting a need, the more important it is for an agent to fulfill it (75, 105). Yet she wants to leave room in her definition of care for "all the frivolous, non-vital, non-basic, life-enhancing things humans do for one another," as well as for the notion that "caring occurs in ways that are particular to various conceptions of the good life" (71). The problem I see with this broad definition of care is that, when tied to her account of duties rooted in her dependency principle, it generates an overly demanding moral theory. Collins mentions, for example, that "caring for a child might involve taking them to church" (71). Imagine now that a neighbor child knocks on my door one morning and tells me that her mother had to go to work and asks if I would please take her to church. Assuming I have some relationship with the child, I am probably the best-placed agent to fulfill her arguably important interest. Assuming I had planned nothing more important for the morning than watching sports on television, my taking the neighbor child to church would not seem to be too costly for me; and as long as my car is working and I am not sick, I would be sufficiently capable of performing this task. Taking my neighbor's child to church would be a nice thing for me to do. But do I really have a duty rooted in care ethics to do it?

Collins does briefly address the over-demandingness critique of her theory, responding that "mature care" involves steering a course between selfishness and selflessness (164-166). Even so, unless I have some good reason to stay home in the scenario outlined above, Collins's theory seems to dictate that I take the neighbor child to church. If I have a duty in this case, however, it would seem that I would also have a duty under similar circumstances to help my other neighbors to climb mountains, build model airplanes, and keep their rose bushes well-pruned (inasmuch as these interests were important to them). Given Collins's claim that the duty to care in some cases requires us to seek out new personal relationships, it might also mean that I should look out for all those who might not be able to fulfill some aspects of their visions of a good life and form relationships with them so that I could also help them to satisfy their interests. When the interests associated with care ethics are defined so broadly as to include anything that individuals might consider part of their conception of the

good life, care ethics becomes a very demanding ethics, indeed. A tighter definition of the interests that are integral to care would seem necessary to avoid this implication of Collins's theory.

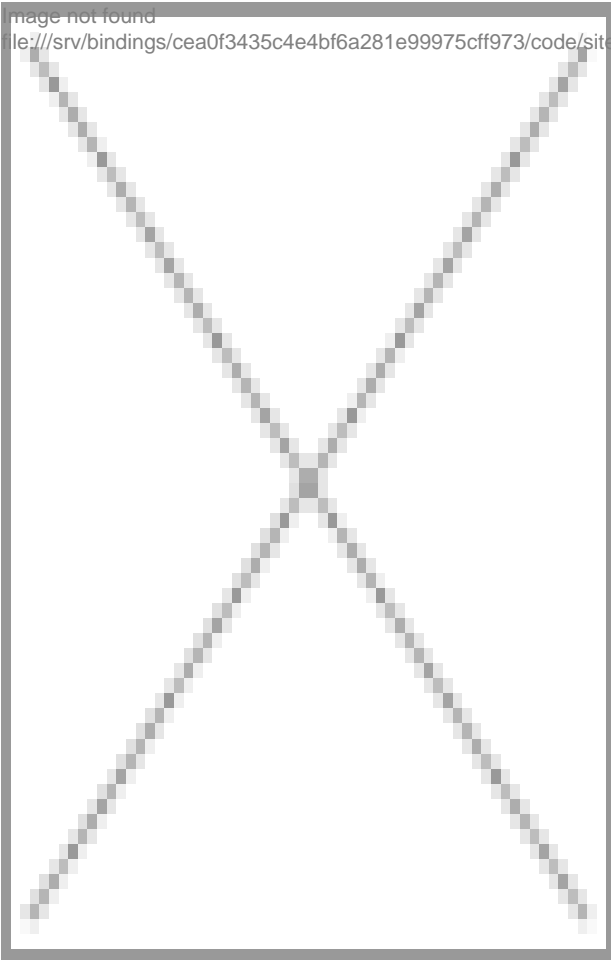
Feminist philosophers may also be surprised by just how little mention there is of feminism in Collins's book. Collins does situate her discussion of care ethics against a general feminist background and discusses feminist themes at several points (for example, 679, 387-42). Most of her book, however, is focused on the detailed analysis of care-ethical arguments. Overall, Collins appears more interested in casting care ethics as an analytical moral theory than in highlighting its distinctly feminist commitments.

Whether or not one agrees with Collins about the core of care ethics, her book brings new depth and clarity to the theory while making it more accessible to mainstream analytical philosophers. In both of these regards, it is an extremely valuable contribution to the literature on care ethics.

Reference:

Held, Virginia. 2006. *The ethics of care: Personal, political, and global*. Oxford: Oxford University Press.

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