

The Ethics of Care as a Political Theory: Challenging the Rawlsian Conception of ‘Self-Respect’

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1. Introduction

Since the publication of *In a Different Voice* by C. Gilligan in 1982, the ethics of care has developed not only in terms of ethics and developmental psychology, but also as a political theory that poses a challenge to the conventional understanding of how a ‘just’ society is to be realised.

Most arguments concerning the ethics of care revolve around the ethics of justice. These two sets of ethics are often positioned in an adverse relationship. This development is not without criticism; care ethicists, such as Y. Okano (Okano 2014a; 2014b), argue that it limits the scope and possibility of the ethics of care as an independent political theory. Therefore, this article’s primary contention is that there exists an academic necessity to underline the importance of not only moral but also political values of the ethics of care, per se; this is crucial to challenge the core assumptions of liberal political theories, the most notable being J. Rawls’s theory of justice.

As section 2 of this article shows, part of the unique political significance of the ethics of care rests on its emphasis on human *relations* against liberal individualism. As such, this article illustrates the ways in which various care ethicists have attempted to locate the ethics of care vis-à-vis the ethics of justice to bring to light the political significance of ‘care’. By examining the varying stances of care ethicists on the ideal relationship between the two sets of ethics, this section aims to offer a clear grasp of the development of study on the ethics of care in the field of political theory.

Section 3 identifies E. Kittay’s ‘dependency critique of equality’ (Kittay 1999, 4) as the most critical theoretical formulation for overcoming the tension between the ethics of justice and ethics of care, which was considered to be inevitable given their differing views on humanity. Furthermore, the section examines the extent to which Kittay’s attempt to partly amend Rawls’s theory of justice is indeed successful in enlarging the scope of the ethics of care to the political domains.

Section 4 discusses the ways in which the Rawlsian understanding of ‘the social bases of self-respect’ becomes problematic from the standpoint of the dependency critique. The Rawlsian theory of justice, by assuming ‘social association(s)’ to be the foundation of self-respect, makes it difficult for people to possess a sense of self-respect if they are unable to participate in social cooperation due to care work or dependent conditions. In this respect, the Rawlsian conception of self-respect is deeply embedded in the liberal view of persons as autonomous and rational equals. This article proposes that ‘the social bases of self-respect’ should include a web of supportive ‘care relationships’ between caregivers and their dependents, which would help provide both emotional and physical networks of support for all persons despite their capabilities. Additionally, the idea that social cooperation should not be a single mode of living in society

is highlighted. Rawls's idea of society as a form of social cooperation should be broadened to include nonparticipatory forms of social activities.

This article's chief purpose is to examine the extent to which the issue of positioning the ethics of care vis-à-vis the ethics of justice can be surmounted in a manner that highlights the role of the ethics of care as a political theory in envisaging the contours of an ideal society. In so doing, the article attempts to bring to the fore the diverse attempts of care ethicists to challenge the core assumptions of the ethics of justice both morally and politically.

2. *The Ethics of Care as a Political Value—Its Origin and History*

Gilligan's *In a Different Voice* is not usually considered the first work to discuss the notion of 'care' and its significance in a distinctive manner. V. Held, for example, points to *Maternal Thinking* by S. Ruddick as the pioneering work for its distinct consideration of the moral role of mothering in fostering not only one's children, but also peace at large (Held 2006). Others, especially those from the disciplines of ethics and psychology, may deem M. Mayeroff's *On Caring* to be the beginning of the ethics of care (Noddings 2003).

Nonetheless, one could argue that in much of the debate occurring within the discipline of political theory, Gilligan's idea has exerted considerable influence and led some care ethicists to question whether the ethics of justice could at all solve the problems of inequality in a 'just' manner. This is not least because she found a 'perspective' of care that was fundamentally different from the orthodox adult (men's) method of viewing moral dilemmas in terms of one's rights and fairness. In Gilligan's own words:

Although independent assertion in judgement and action is considered to be the hallmark of adulthood, *it is rather in their care and concern for others that women have both judged themselves and been judged.* The conflict between self and other thus constitutes the central moral problem for women, posing a dilemma whose resolution requires a reconciliation between femininity and adulthood... It is precisely this dilemma—the conflict between compassion and autonomy, between virtue and power—which *the feminine voice struggles to resolve in its effort to reclaim the self and to solve the moral problem in such a way that no one is hurt.* (Gilligan 1982, 70–71; emphasis added)

Her abortion decision study reveals that when women are deciding whether to end the life of their child, they face a moral dilemma between selfishness (if we use the terminology of the ethics of justice, this perhaps can be understood as her right) on the one hand, and responsibility and care for others on the other hand.

Moreover, the difference between women and men in their constructions and interpretations of moral problems implies that they hold different views of the self and its relationship to others. It is precisely at this point that the two modes of thought fundamentally diverge. While individualism in resolving disputes

is considered to be a sign of maturity in adulthood and, hence, its focus, ‘women not only define themselves in a context of human relationship but also judge themselves in terms of their ability to care’ (ibid., 17). Distinctive perceptions of persons—one emphasising personal autonomy and the other human interrelation and concern (care) for others—form the underlying basis of the ethics of justice and care, respectively. Hence, for Gilligan, the ethics of care signifies ‘the vision that everyone will be responded to and included, that no one will be left alone or hurt’, whereas the ethics of justice denotes ‘the vision that self and other will be treated as of equal worth, that despite differences in power, things will be fair’ (ibid., 63).

Gilligan sees these disparate views of human relationships as paradoxical in that ‘we know ourselves as separate only insofar as we live in connection with others, and that we experience relationship only insofar as we differentiate other from self’ (ibid., 63). This may be the reason for the ambiguity of the relationship between the ethics of justice and ethics of care. Two particular issues have been the target of intense academic scrutiny: 1) whether the two sets of ethics are mutually exclusive or compatible in the first place, and 2) how the ways in which they relate to one another can be configured if they are indeed compatible.

Broaching this subject may appear to overemphasise the distinct contours of the two sets of ethics, making them unavoidably opposed. However, this article intends to demonstrate that the ethics of care has developed into a critique of liberal normative theories. It robustly poses not only a moral, but also *political* challenge to the core assumptions of these theories, including, above all, the conception of persons as autonomous individuals. This critique of liberal individualism is especially strong in the works of M. Fineman and E. Kittay, which focus on the centrality of human dependency (Fineman 2004; Kittay 1999).

Gilligan’s main contention on the question of how to relate the two sets of ethics is that:

The failure to see the different reality of women’s lives and to hear the differences in their voices stems in part from the assumption that there is a single mode of social experience and interpretation. By positing instead two different modes, we arrive at a more complex rendition of human experience... To understand how the tension between responsibility and rights sustains the dialectic of human development is to see the integrity of two disparate modes of experience that are in the end connected. (Gilligan 1982, 173–174)

In her later work, she envisages the two sets of ethics as two facets of the same construction (Gilligan 1995). This allowed Shinagawa to argue that three levels or aspects must be addressed when considering the question of how to relate the two sets of ethics; first at the normative level, second at the foundational level, and third at the meta-ethical level (Shinagawa 2007). According to Shinagawa, at the first level, the disagreement is about whether it is possible to integrate the moral conceptions of care and justice as one’s guiding norms. At this level, the argument for the possible integration of the two norms merely implies that one can consistently and simultaneously internalise the two norms of care and justice.

The argument at the normative level, however, does not elucidate what Gilligan attempted to assert in her 1982 work, as Shinagawa writes (ibid.). To clearly grasp her assertion, one must consider the disagreement at the foundational level, which, in turn, necessitates consideration at the meta-ethical level.

The foundational level deals with the question of whether care or justice is the underlying basis of ethics. If the ethical basis of justice cannot be the source of the ethics of care, then the opposite also holds true. He therefore asserts that we must assume that they are mutually independent, or that the two sets of ethics might be derived from a totally different ethical basis that enables their integration. Nonetheless, Shinagawa sees the possibility of incorporating a normative conception of justice into the ethics of care and vice versa, although he states that the meanings of the norm that is incorporated into the other's ethics may change or convey different values (ibid.).

Later care ethicists have attempted to understand the relation between the two sets of ethics in a more political context. For example, Held is an exponent of Gilligan's view on connecting the two sets of ethics (Held 1995; 2006). She recognises that '[r]ecent debates among feminist moral theorists have generally moved beyond the justice versus care formulations. The questions now being posed are often about how these core values should be thought to be related or combined' (Held 2006, 66). Thus, the enmeshment of care and justice (Held 1995; 2006) is espoused, whereby the ethics of care is seen 'as a comprehensive morality within which it can be appropriate to see various ethics of justice as applicable to the limited domains of the legal and political' (Held 2015, 27).

Held's idea that the application of the ethics of justice should be limited to the domains of the legal and the political nevertheless poses a problem for J. Tronto. In *Moral Boundaries*, Tronto posits that care as an ethic should be situated in a political context by shifting traditional boundaries delineated between morality and politics, allowing it to inform political and social practice (Tronto 1993). From this perspective, one could argue that Held's idea still sticks to the old boundaries that delineate the contours of the ethics of care from those of the ethics of justice.

For Tronto, 'justice without a notion of care is incomplete' (ibid., 167), which is an idea that resonates with S. Okin. Okin is largely sceptical of distinctions between the ethics of justice and the ethics of care because '[t]hey may obfuscate rather than aid our attempts to achieve a moral and political theory that we can find acceptable in a world in which gender is becoming an increasingly indefensible mode of social organization' (Okin 1989, 229). Instead, she deems the value of care to be inherent to Rawls's theory of justice, in particular his idea of the original position. In her view, 'the only coherent way in which a party in the original position can think about justice is through empathy with persons of all kinds in all the different positions in society... [I]t is to think from the point of view of everybody, of every "concrete other" whom one might turn out to be' (ibid., 248). This interpretation that persons behind the veil of ignorance have equal concern for others as for themselves opposes A. Baier's view, which assumes the conception of mutually disinterested persons to be the underpinning of Kantian liberal theories (Baier 1995).

Okin concludes that Rawls's theory, unlike the supposition of care ethicists such as Gilligan and N. Noddings, is not rationalistic, individualistic, or abstract; rather, 'at its center (though frequently obscured by Rawls himself) is a voice of responsibility, care, and concern for others' (Okin 1989, 230).

M. Slote's argument relates to Okin's in one aspect. Slote emphasises the notion of 'empathy'—defined as 'having the feelings of another (involuntarily) aroused in ourselves' (Slote 2007, 13)—as a moral foundation from which people derive their views of social justice. However, his view differs from Okin's in

that he regards the basic philosophical and moral assumptions behind the ethics of justice and ethics of care to be fundamentally inconsistent. This inconsistency is derived from their distinct conceptions of human beings. The ethics of justice places great importance on individual autonomy, whereas the ethics of care centres on, as Gilligan explains, ‘a nonhierarchical vision of human connection’ (Gilligan 1982, 62). Hence, unlike Held, Slote rejects the complementarity or integration of the two sets of ethics. Instead, he envisages an ethic of care that develops its own view of justice, enjoying its applicability to all individual and political morality beyond imminent concerns (Slote 2007; 2015).

Overall, by examining the debate of how to envisage the relationship between the two sets of ethics, this article brings to the fore the struggle of care ethicists to tackle or remedy the defects of dominant moral theories, especially those developed by L. Kohlberg and Rawls. Regardless of their stance on the theories of Kohlberg and Rawls, most of their struggles involve ways in which to appreciate the moral value as well as the political significance of ‘care’ as a concept. One care ethicist, M. Aruka, indicates that the ethics of care is not a single coherent body of knowledge, but rather a group of varying opinions that share an opposition to the liberal principles of universalism and individualism (Aruka 2011; 2017).

Therefore, the hallmark of the ethics of care rests on its critique of traditional normative theories of personhood that we are rational and autonomous equals. For example, the women in Gilligan’s abortion study faced conflicting responsibilities arising from their relationship with others. Thus, the ethics of care is concerned with ‘relationality’ within a particular context and with a particular other in need, and the ‘responsiveness’ that relationality gives rise to. As Noddings notes, ‘[t]aking *relation* as ontologically basic simply means that we recognize human encounter and affective response as a basic fact of human existence’ (Noddings 2003, 4; emphasis in original). By situating human relationships at its centre, the ethics of care ‘emphasizes and values caring relations, not just the dispositions or actions of individuals’ (Held 2015, 24).

Certainly, the ethics of care does not disagree with the claim that people *should* be treated as equals. However, the notion that people *are* in fact equals in their nature is doubtful, because even those who think they are enjoying the full degree of autonomy are necessarily prone to unexpected illness, disability, ageing, or economic downturns; thus, they may briefly or extensively be dependent on others for their care. This point has led care ethicists such as Kittay to challenge the liberal ideal of human autonomy (Kittay 1999), which this article now discusses. One highlight of Kittay’s work is her attempt to revise the Rawlsian principle of justice so that it fits with a care-based conception of justice. This could resolve the current predisposition of the ethics of care to revolve around the issue of how to reconcile itself with the ethics of justice, if at all possible, and instead highlight the political value of the ethics of care, per se, in challenging the core assumption of the ethics of justice.

3. *The Dependency Critique of Equality—Overcoming Tension Between the Two Sets of Ethics*

Kittay is among the feminists who espouse the view that the ethics of care can form the underlying basis of a theory of justice. She therefore accepts some of the values of justice that are not accommodated by the

ethics of care (Kittay 1999; 2015; Engster and Hamington 2015). This theoretical stance has been criticised by other care ethicists, such as Held, who doubts Kittay's attempt to revise 'the most thorough vision of liberal egalitarianism of our time'—Rawls's works—in a manner that incorporates 'the moral significance of dependency and its care' (Kittay 1999, 4). Held simply claims that 'these... are not going far enough in overthrowing the gender hierarchy in theorizing' (Held 2015, 24), largely owing to the fact that the ethics of care has different ontological commitments to traditional moral theories. As indicated in section 2, the ethics of care perceives human nature as 'relational and interdependent, morally and epistemologically', which is in contrast to the Rawlsian view of persons as 'fully rational and autonomous individual agents' (Held 2006, 13).

From Kittay's standpoint, however, 'not all have believed that justice and care are different values that reflect different moral orientations' (Kittay 2015, 52). For instance, Okin and Slote see 'empathy' as the moral motivation behind justice and care. Thus, whereas Held posits the inability or undesirability of feminist liberal theorising, Kittay thinks otherwise. Her idea derives from the contention that:

[P]olitical theories of just societies are based on an ethic: that is, on an understanding of what constitutes moral relationships among the members of a community... Rawls's theory of justice, for example, is primarily built on a Kantian ethics... if political theories reflect an ethical ideal, then we can propose alternate theories of how we want to govern ourselves that are based on a different ethical ideal. I... want to contend that social institutions are just if the ethical ideal includes care in the fully normative sense. Care ethics here is not a rival of *justice*... (ibid., 53; emphasis in original).

Accordingly, Kittay problematises the Kantian ethical ideal, in particular the condition of Kantian moral subjects that currently forms the underlying basis of liberal normative theories, most notably Rawls's theory of justice. Although not considered a care ethicist, M. Nussbaum in her 'capabilities approach' takes the same stance against Rawls's Kantian political conception of the person. For Nussbaum, Rawls's conception requires that personhood should have 'a rather high degree of rationality' (Nussbaum 2006, 65) as well as be 'free, equal, and independent' (ibid., 28). Rationality, in particular, makes it highly unlikely for people with severe mental impairments to enjoy equal citizenship. This also holds true for 'normal' people, as they inevitably experience decline.

In Rawls's words, 'a person is someone who can be a citizen, that is, *a normal and fully cooperating member of society over a complete life*' (Rawls 1993, 18; emphasis added). Citizens, in turn, are deemed 'free and equal' persons. They are 'free' owing to the 'two moral powers (a capacity for a sense of justice and for a conception of the good) and the powers of reason (of judgement, thought, and inference...)' (ibid., 19). They are 'equal' in that they have these powers at the minimum requisite level to be fully cooperating members of society.

This liberal conception of society as an association of free and independent equals concerns Kittay because it 'masks the inevitable dependencies and asymmetries that form part of the human condition'

(Kittay 1999, 14). Moreover, this presumption of equality ‘obscures the extent to which many of our societal interactions are not between persons symmetrically situated’ (ibid., 15). Human relationships take place between essentially *unequal* individuals. These points form the basis of what Kittay calls ‘the dependency critique of equality’ (ibid., 4). The dependency critique stresses the need to appreciate and highlight the long-neglected centrality of dependency as a feature of human relationships in theories of equality and social justice. Furthermore, it considers the vulnerabilities resulting from various types of dependency—for instance, infancy, childhood, old age, illness, disability, and economic downturns—to be part of our species typicality (Kittay 2011). This conception of the vulnerabilities of dependency forms the moral basis of human relationships, obliging one party to care for another.

By drawing on the dependency critique, Kittay reveals how the adoption of the norm that people are normal and fully cooperating members of society over the course of their lifetime fails to encompass human vulnerability to dependency (Kittay 1999). Kittay asserts that:

To model the representative party on a norm of a fully functioning person is to skew the choice of principles in favor of those who can function independently and who are not responsible for assuming the care of those who cannot. (ibid., 93)

This suggests that those engaging in what Kittay calls ‘dependency work’ and those who are dependent on such work are excluded from the democratic decision-making process. Positioning this form of human normality as the required norm is particularly exclusionary to those who have physical or intellectual disabilities or mental illnesses.

Dependency workers who attend to dependencies are usually conceived to be women, as is the case with Kittay. However, Kittay does recognise that this is not always the case. Not only one’s gender but also socioeconomic class, race, and ethnicity play key roles in the distribution of dependency work in society. Poorer women, of a certain class or race, are more inclined to take such work than are their more privileged counterparts. Today in developed countries, dependency workers come from various parts of the lesser-developed world. Men also work as dependency workers in numerous instances. As Kittay claims, men may traditionally have rarely shared the same level of responsibility as women of their own class, but of notable significance is that today many of them take up dependency work inside their own countries, especially for the elderly. First, this change owes to the fact that many advanced societies are increasingly ageing, and second, it is because of the modern economic cleavage that renders men of the same class as either advantaged or disadvantaged in the labour market. Those marginalised drop out of work traditionally associated with their own class (whichever that may be) and may become dependency workers; as such, care labour is usually in high demand, although less highly compensated.

This article, therefore, contends that equality cannot be met unless the vulnerabilities of dependency of *all* persons are considered. We, as human beings, cannot avoid the possibility of not only undertaking dependency work but also becoming dependent on it. This is perhaps why Kittay’s, and certainly this article’s, contentions rest on the idea that the notion of care could and should inform a theory of justice that is meant to serve the equality of *all persons*.

Additionally, there should be more focus on the fact that the ethics of care, in this sense, stands as the ethics for all human beings. Thus, as Tronto envisioned, it departs from women's morality alone (Tronto 1993). As such, this article agrees with S. Collins that the ethics of care can also be espoused by moral perspectives that are *not* necessarily feminist (Collins 2015). Slote likewise asserts that the ethics of care, when fully developed, is:

nothing less than a total or systematic *human* morality, one that may be able to give us a better understanding of the whole range of moral issues that concern both men and women than anything to be found in traditional ethical theories. (Slote 2007, 3; emphasis in original)

On the whole, the aforementioned arguments clearly indicate that Kittay's dependency critique forms the pillar of an attempt to reconcile the ethics of care with the ethics of justice. Her idea that '[w]e are all—*equally*—some mother's child' (Kittay 1999, 25; emphasis in original) leads to a distinctive claim to equality that does *not* result from human individualism. Her wisdom rests on the fact that we should have had someone to care for us when we experienced vulnerabilities in our infancy and childhood. At any rate, Kittay herself contends that:

By plumbing the depths of this bit of maternal wisdom, I had hoped to come up with a feminist understanding of equality and thereby resolve the quandary of a feminism—itsself the spawn of the Enlightenment ideal of equality—compelled to criticize its self-originating conception. (ibid.)

Subsequently, the dependency critique challenges the dominant conception of equality currently upheld by traditional normative theories of justice—*for whom* and *by what measure* should equality be realised (Kittay 1999). In her view, 'the ways the standards of equality are established by the hopes, aspirations, and values of those already within the parity class of equals' (ibid., 9) presume humanity to be white, middle-class, and male, and therefore exclude those who do not fit this view of humanity from the domain of justice. This is due chiefly to their undertaking of dependency work or their being dependent in intimate realms.

Hence, we should seek a form of equality that is compatible with concerns arising from performing dependency work and being dependent. Kittay talks of 'a truly inclusive feminism', claiming that '[t]he domains of caring and equality, an ideal of justice, need to be brought into a dialectical relation if we are to genuinely meet both the concerns of dependency and the demands of equality' (ibid., 19). What she envisages in *Love's Labor* is 'a *connection-based* equality rather than the *individual-based* equality more familiar to us' (ibid., 28; emphasis in original). In her more recent article, she introduces the four principles of a care-based conception of justice to partly revise Rawls's theory of justice. This is underscored by her argument that 'regardless of the social arrangements we *chose* to enter into, what is not a matter of voluntarism is the fact that we must be engaged in *some* social arrangements, some forms of dependency,

and interdependence' (Kittay 2015, 57; emphasis in original). Thus, from the perspective of the dependency critique, social arrangements are required to be 'just', such that:

no matter where we may be situated in a continuum of inevitable dependency and no matter what sorts of dependency relationships we may find ourselves in, we will have the opportunity to flourish to the same extent that those without such constraints have. (ibid., 59)

The following list outlines Kittay's four newly developed principles of justice, which are called 'the principles of a care-based conception of justice'. Their relatively recent introduction to the ethics of care, let alone to liberal feminism, has not invoked much consideration among care ethicists thus far.

i) *The principle of non-deprivation and non-discrimination:*

This demands that 'public resources and opportunities be distributed in such a way that meeting dependency needs receive prima facie priority over other concerns; and that opportunity not be denied because of dependency needs' (ibid., 62).

ii) *The principle of non-exploitation for dependency workers (caregivers and assistants):*

This maintains that 'the labor of caring for dependents must be never coerced, must be fully compensated, and must not close off other opportunities to those who assume such responsibilities' (ibid., 63).

iii) *The principle of non-exploitation for dependents:*

This sustains 'the institutional protections and recourse to opportunities that can help assure that people in state of dependency are not left exposed to abuse and exploitation, and can have the greatest amount of freedom commensurate with their capabilities and without impeding the freedom of others' (ibid., 63).

iv) *The principle of support for sustaining (effective and non-exploitative) caring bonds:*

This recognises 'the importance of *bonds* that form between a dependent and those who assist and care... [and assures] protections and resources that enable the caring bonds to be sustained without becoming exploitative or abusive' (ibid., 64; emphasis in original).

According to Kittay, these principles of justice create a social order in which contracting parties participate in social cooperation and treat each other in a manner that accords with the values of the ethics of care. On the one hand, they incorporate those who fall outside the categorisation of 'normal and fully cooperating members' of society; on the other hand, concerns exist as to whether they could in fact be applied to the realms of the political and the legal traditionally associated with the ethics of justice.

Kittay herself posits that '[a]t best, Rawlsian principles that govern fair terms of social cooperation are a subset of such fair terms when they are sufficiently broadened to include everyone' (ibid., 59). The fair terms of social cooperation determine the kind of institutions required for us to flourish in a given society regardless of our differences in capacity and relationship with dependency and care (ibid.). It seems, then,

that this argument in some way resembles Held's view of the ethics of care as 'a comprehensive morality within which it can be appropriate to see various ethics of justice as applicable to the limited domains of the legal and political' with 'the network of caring relations [taken] as the wider domain of society as a whole' (Held 2015, 27).

Furthermore, Kittay talks of our inextricable interdependency in terms of the 'reciprocity' of care; that is, 'a principle of *doulia*' in her own words (Kittay 2015, 65). Inextricable interdependency characterises human relationships in the same manner as our inevitable dependency. According to Kittay, this human characteristic should form the basis of Rawlsian social cooperation. Otherwise, as we have seen in her dependency critique, both caregivers and their dependents are left out of such Rawlsian relationships, affecting, in turn, our endorsement of a sense of *self-respect*—the most crucial primary good. Section 4 covers this.

4. *Challenging the Foundation of Self-Respect—Social Cooperation*

The previous section examined the dependency critique and its emphasis on the long-neglected political significance of the needs and consequences of human vulnerabilities of dependency. One of the highlights of the dependency critique rests in its problematising of the Rawlsian definition of contracting parties as *equal citizens*. Rawls's definition has grave repercussions on the inclusion of caregivers and their dependents in social cooperation. For him, social cooperation is of significance because it is from this that our sense of *self-respect* arises.

Rawls deems self-respect, or more precisely 'the social bases of self-respect', to be the most important primary good, among other social primary goods such as liberty, opportunity, income, and wealth, which are distributed in accordance with the basic structure of society (Rawls 1999). These goods are 'things that every rational man is presumed to want' (ibid., 54). As such, the list of primary goods is induced by the conception of moral persons who, by virtue of their free rationality, are imbued with two moral powers; the capacity to possess a sense of justice and the capacity to envisage a rational plan of life (Kittay 1999).

This idea leads Kittay to claim that 'the moral capacities for care are never invoked in the moral capacity of justice as construed in Rawlsian constructivism' (ibid., 102). Moreover, Rawls's list of primary goods overlooks concerns arising out of dependency and commitments to care. Thus, Kittay insists that 'a *capacity* to respond to vulnerability with care' (ibid.; emphasis in original) should be included in the list of moral powers alongside the two other moral powers suggested by Rawls. Kittay also maintains that 'the good *both to be cared for in a responsive dependency relation if and when one is unable to care for oneself, and to meet the dependency needs of others without incurring undue sacrifices oneself*' (ibid., 103; emphasis in original) should be added to the list of Rawlsian social primary goods.

This article agrees with Kittay in that the current list of social primary goods does not sufficiently meet the needs arising from the vulnerabilities we all experience as human beings. This article's main critique, however, rests on one of the primary goods that Kittay does not see as a problem, namely the Rawlsian idea of 'self-respect'. However, it is important to note here that what this article attempts to problematise is not the concept of 'self-respect', per se—it challenges its very foundation.

Rawls, in *Justice as Fairness*, explicitly states that ‘it is not self-respect as an attitude toward oneself but the social bases of self-respect that count as a primary good’ (Rawls 2001, 60). By ‘the social bases of self-respect’, he refers to ‘things like the institutional fact that citizens have equal basic rights, and the public recognition of that fact and that everyone endorses the difference principle, itself a form of reciprocity’ (ibid.) Other scholars such as Follesdal, therefore, claim that ‘the social bases’ of self-respect can be said to be supervened on the fulfilment of the other primary goods, namely liberty, opportunity, income, and wealth, and how they are distributed—the basic social structure of a society—by the agreed principles of justice (Follesdal, 2015).

Self-respect, according to Rawls, comprises of two aspects: ‘a person’s sense of his own value, his secure conviction that his conception of his good, his plan of life, is worth carrying out’ (Rawls 1999, 386) and ‘a confidence in one’s ability, so far as it is within one’s power, to fulfill one’s intentions’ (ibid.). Rawls places great importance on social association(s) as a source for both aspects of self-respect. The first aspect is sufficiently met when ‘for each person there is some association (one or more) to which he belongs and within which the activities that are rational for him are publicly affirmed by others’ (ibid., 387). These associative ties are of great importance to the second aspect of self-respect, in that ‘they tend to reduce the likelihood of failure and to provide support against the sense of self-doubt when mishaps occur’ (ibid.).

Rawls’s understanding of self-respect as being grounded in some form of social association raises the issue of persons who cannot participate in social association because they have undertaken dependency work or have dependent conditions. This would suggest that these persons are unable to possess a sense of self-respect in the first place.

Furthermore, later in *Political Liberalism*, Rawls mentions that ‘[s]elf-respect is rooted in our self-confidence as a fully cooperating member of society capable of pursuing a worthwhile conception of the good over a complete life’ (Rawls 1993, 318). In other words, to possess a sense of self-respect, one is required to be an autonomous citizen who is fully able to participate in social cooperation with meaningful conceptions of good in mind. In envisioning his idea of justice as fairness, Rawls himself admits that ‘I put aside the more extreme cases of persons with such grave disabilities that they can never be normal contributing members of social cooperation’ (Rawls 2001, 170). Instead, he has people whose ‘capabilities lie within the normal range’ (ibid., 171; emphasis added) in mind, although he mentions cases where people *for a period of time* fall ‘below the minimum essential capacities for being normal and fully cooperating members of society’ due to illness or accident (ibid.). For him, such cases are a matter of the legislative stage—one of the four stages Rawls envisaged to clarify how the principles of justice that determine the basic structure of society are to be applied.⁽¹⁾

This article attempts to propose an alternative idea that would revise the exclusionary disposition of the Rawlsian idea of self-respect from the standpoint of the ethics of care. The idea that one’s capability to participate in social cooperation is the cause of self-respect unavoidably poses a serious problem for caregivers who are too occupied with care work for their dependents, and therefore, must hold back from certain activities, such as voting. The same holds true for the dependents—disabled people, frail elderly people, infants, and people with severe mental illnesses; their dependent conditions present significantly high barriers to participation in economic as well as social and political activities.

Moreover, it should be stressed that there must be some people—especially those suffering from mental illnesses such as depression or social withdrawal (shut-in or *hikikomori* in Japanese)—who prefer to dissociate themselves from any forms of social cooperation. Nussbaum accurately indicates that, according to Rawls, ‘[social] cooperation is preferable *to noncooperation* for reasons of mutual advantage’ (Nussbaum 2006, 60; emphasis in original). In other words, for Rawls, mutual advantage is ‘the goal [the parties] pursue through cooperating rather than not cooperating’ (ibid., 66) as he defines society itself as ‘a cooperative venture for mutual advantage’ (Rawls 1999, 4). Nussbaum further draws attention to the fact that the benefits gained from mutual cooperation are defined in economic terms.

This article argues that this observation of Nussbaum is essential for elucidating the problematic idea of Rawlsian social cooperation. If mutual advantages, which are understood in terms of mere economy, are the purpose of social cooperation, only those who are ‘normally productive’ (Nussbaum 2006, 105) may be regarded as ‘the parties’ of the contract. To borrow Nussbaum’s words:

To include in the initial situation people who are unusually expensive or who can be expected to contribute far less than most to the well-being of the group (less than the amount defined by the idea of the ‘normal’...) would run contrary to the logic of [Rawls’s theory]. (ibid., 104)

From the perspective of the ethics of care, we must instead understand that ‘the social bases of self-respect’ should include a web of ‘care relationships’ between caregivers and their dependents, both characterised by human vulnerability alongside other bases that Rawls envisaged, namely equal rights and public recognition of the difference principle. Such relationships are typically asymmetrical and interdependent, and most of all provide both emotional and physical support networks for all persons regardless of their capabilities. In addition, we must come to terms with social cooperation not being a single mode of living in society. The Rawlsian idea of society as a form of social cooperation should be broadened to include nonparticipatory forms of social activities that, for example, people who are socially withdrawn or who suffer various mental illnesses would be comfortable with. People should also be able to choose whether to participate in social cooperation or distance themselves from it for any period of time.

As a last thought, it is important to note that self-respect may be induced by appraisals *from others*, but it does not display any concern *for others*. The Rawlsian conception of self-respect holds true only when we are in fact autonomous and there exists no need to be concerned about or cared for. In this sense, it could be argued that the notion of self-respect is deeply embedded in the liberal perception of persons as autonomous individual agents.

However, the notion of care provides a rather different picture. Sakakibara, for instance, emphasises the importance of caring for patients and feeling cared for as caregivers simultaneously in nursing practices (Sakakibara 2018). A similar thought is proposed by Shinagawa; the fact that caregivers are *required* by dependents to be those who truly provide good care for them—some type of recognition given by them to the caregivers—works to foster a sense of security for caregivers. In this sense, caregivers’ *raison d’être* is ensured (Shinagawa 2016). Hamauzu sees such interactive aspects of the care relationship as part of living

and declining together with others (Hamauzu 2019). For him, care is the most fundamental way we relate ourselves to others (*ibid.*). Thus, this article, as a final point, makes it clear that we are all embedded in a web of relationships with others at all stages of our lives, and self-respect grows out of such mutually supportive care relations, rather than the Rawlsian social cooperation in which reciprocity is largely considered in economic terms between ‘normal’ and ‘productive’ people.

5. Conclusion

Throughout this article, the significance of the ethics of care as a political theory was highlighted. Although varying opinions existed among care ethicists as to how to situate the ethics of care vis-à-vis the ethics of justice, their differences stemmed from their common struggle to situate the ethics of care in a political context. On the one hand, the inclination of the ethics of care to revolve around the ethics of justice is inevitable, because its political significance lies in its critique of the liberal conception of persons as autonomous and rational equals. The ethics of care evolved as a critique of liberal normative theories, in particular Rawls’s theory of justice.

On the other hand, positioning the two sets of ethics in an adverse relationship with one another skews the focus of academic discussion, and thus it centres around the question of whether the two sets of ethics could be compatible. Against this backdrop, the role of the ethics of care, *per se*, in envisaging the contours of an ideal society has largely been disregarded.

Yet, this article made it clear that the ethics of care holds a distinctive view of persons as ontologically relational. We are all vulnerable to some kind of dependency, which arises out of, for instance, infancy, old age, illness, disability, or economic downturns; furthermore, we need to be cared for as well as care for each other. This view is politically significant in offering an alternative understanding of what it is to be a human being.

Kittay’s dependency critique has exerted considerable influence over the course of the current academic debate, which focuses predominantly on the possibility of reconciliation of the ethics of care and ethics of justice. Kittay, by problematising the liberal conception of equality that is measured only in terms of those who are (assumed to be) able to function independently and are not responsible for taking care of those who cannot not function fully on their own, successfully brings to light an alternative conception of equality founded on the values of care. Thus, the course of academic development, formerly centred on the tension between the two sets of ethics, takes on a different focus. The political role of the ethics of care is now brought to the fore.

However, the ethics of care as a political theory still leaves room for developing its own theory of justice. Kittay’s principles of a care-based conception of justice exhibit some ambiguity in the ways they are applied to the realms of the political and the legal, which are currently dominated by the ethics of justice.

Nevertheless, care ethicists have been making profound attempts to remedy the defects of liberal theories of justice to formulate a politics of their own based on the ‘nonhierarchical vision of human connection’ (Gilligan 1982, 62). As a part of such an attempt, this article challenged the foundation of

Rawlsian ‘self-respect’. The emphasis placed on ‘social cooperation’ as the very source and enhancement of ‘self-respect’ is problematic in that it excludes people who are unable to participate in social cooperation because of their dependent conditions or commitments to care work. First, this article introduced the idea that ‘the social bases of self-respect’ should include a web of supportive care relationships. Second, it argued that Rawls’s vision of society as a form of social cooperation should be broadened to include nonparticipatory forms of social activities, thereby enabling people who are socially withdrawn or suffer from various mental illnesses to choose whether to participate in social cooperation or distance themselves from it for any period of time.

This article concludes by stating that the centrality of the ethics of care as a political theory rests, first, in its problematising of the ‘pretence of an equality’ that accompanies ‘some sort of “promotion” of the weaker so that an appearance of virtual equality is achieved’ (Baier 1995, 55). Second, its attempts to rectify the core assumptions of the ethics of justice—for instance, the introduction of a care-based conception of justice—signify the very progress it is making in political theory.

Notes

- (1) The legislative stage is the third stage that comes after the adoption of the principles of justice in the original position (the first stage) and the consequent framing of a constitution (the second stage). In the fourth (last) stage, rules are applied to particular cases by judges and administrators, and citizens follow these rules, generally (Rawls 1999).

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