



## Caring for Structural Vulnerabilities: Can We Hear All Voices?

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### **ABSTRACT**

In this essay, I argue that care ethics faces a fundamental challenge in addressing structural vulnerabilities. I argue that one of its main strengths – its focus on alleviating individuals' material needs – also generates a weakness regarding one of its other key aims – namely, respecting the voice of the concrete other. As a result, I will argue that a full application of care ethics in response to structural vulnerabilities must moderate or supplement its focus on material needs.

**Keywords:** Care Ethics, Structural Injustice, Structural Vulnerability

### **RESUME**

Dans cet essai, je soutiens que l'éthique du care est confrontée à un défi fondamental dans la gestion des vulnérabilités structurelles. Je soutiens que l'un de ses principaux atouts - son objectif d'atténuer les besoins matériels des individus - génère également une faiblesse par rapport à l'un de ses autres objectifs principaux - à savoir respecter la voix de l'autre. En conséquence, je soutiens qu'une application complète de l'éthique du care en réponse à des vulnérabilités structurelles doit modérer ou compléter l'accent mis sur les besoins matériels.

**Mots-clés:** éthique des soins, injustice structurelle, vulnérabilité structurelle

**JEL Classification:** A11, A12, A13

## **1. INTRODUCTION**

A great deal of literature in contemporary care ethicists has shown that care ethics provides insightful guidance for addressing social-structural (and often global) issues. Fiona Robinson, for example, argues that the ethic of care provides a valuable ontology for understanding the social-political and increasingly globalizing world. Care ethics' relational ontology enables us to see ourselves as embedded within complex global networks of relations; given this understanding, care ethics prompts us to critically examine these broader networks for their moral implications – “to think about how care and responsibilities for care are distributed both within and across societies” (2011: 31). Virginia Held, for another example, argues that the ethic of care provides a helpful antidote to a masculinist political “realism” that centralizes hierarchy and domination; by centralizing values of cooperation and interdependence, the ethic of care provides the “wider and deeper context” within which issues of international justice should be pursued (2006: 17). I agree that care ethics provides helpful guidance for understanding the social-structural order and values within it. I am concerned, however, about a complication facing care ethics in response to social-structural vulnerabilities. I am concerned that one of its key strengths – namely, its forward-looking emphasis on increasing real material levels of well-being – may simultaneously undermine another of its main values – namely, its demand to hear and respect the voice of the other.

In the next section, I will provide an overview of care ethics, explaining three central and interrelated elements – its normative grounding in meeting individuals' material needs, its aim to meet these needs within a respectful relationship, and its emphasis on hearing and respecting the voice of the other. I will explain how its key aims – meeting needs and building relations – are helpful for responding to structural vulnerabilities. In the following section, I will explain a challenge facing care ethics in regard to structural vulnerabilities. More specifically, I will argue that the first aspect of care ethics – its aim to alleviate on-the-ground needs – may threaten its ability to fully hear and respect the voice of the other. As a result, and because the three aspects are interrelated, this represents a challenge to care ethics as a whole. In the concluding section, I will briefly conclude that this suggests that care ethics, to be fully applicable to the issue of structural vulnerability, must moderate or supplement its focus on alleviating material needs.

## **2. CARE ETHICS: NEEDS, RESPECT, VOICE**

Care ethics can be considered as an alternative to traditional liberal modes of theorizing dominant in the modern West. Traditional liberal theories typically derive normativity from abstract principles taken to be free-standing – the principle of autonomy, for example, or the Greatest Happiness Principle. One of the defining elements of care ethics, in contrast, is its normative grounding in the real needs of others. While principles such as autonomy, equality, fairness, and so on might play guiding roles in moral decision-making, they are not taken to be the source of morality itself. In addition, and in further contrast to traditional liberalism, care ethics understands that our responsibilities are to particular others with whom we are in relation. Our responsibilities are not towards “humanity at large,” nor to abstract “rights-holders,” but rather, to embodied individuals, attached to a particular history and social context. The best caring practices aim not only to identify and respond to needs,

but also to do so within a relationship in which participants are recognized and respected in their full particularity. The other to whom we are normatively connected is a “concrete” other, in Seyla Benhabib’s (1986) terms, not a “generalized” other.

Each of these components of care ethics can be helpful for generating responsibilities in regard to structural vulnerabilities. For one, the grounding of normativity in actual needs may illuminate specifically structural responsibilities otherwise neglected by principle-based theories. While principle-based approaches may be able to tell us what people are universally entitled to, they say very little about the reasons why some people lack these entitlements or who is responsible for securing them. (For a similar line of criticism, see Onora O’Neill, 2001: 183.) Care ethics, in contrast, takes it as one’s primarily moral responsibility to respond to actually-existing needs. As needs do not exist in a vacuum, the fullest possible response to an individual’s needs requires attention to the conditions in which the needs arise – where they come from, how they affect particular persons, what resources might be employed to remediate them, and so on. Responsibility to attend to structural features is not incidental to care ethics, but is rather a core component of the approach.

Furthermore, care ethics’ respect for the concrete other allows a fuller response to the harms associated with specifically structural vulnerability. Structural vulnerabilities occur within systemic relations of dominance and subjugation: approaches that “generalize” the other, or think of the other as simply a “rights-bearer,” inappropriately assume equality between the providers and recipients of aid. The problematic relation between the two parties does not appear, and so cannot be redressed. If the real inequality between providers and recipients of aid is recognized, however, so too are the additional responsibilities to avoid replicating patterns of dominance and subjugation within the provision of aid. With its goal to both recognize and respect the concrete reality of the other, care ethics also simultaneously generates responsibilities to recognize realities of structural inequality and implement strategies that aim to replace a relation of domination and subjugation with one of respect and empowerment.

The two normative aims described above – meeting needs and respecting others’ concrete realities – are contingent on a further aspect of care ethics being present: the ability to hear the voices of others. First, consider the aim of meeting needs. Here, the voice of the care-recipient has an instrumental value, facilitating an accurate identification of individuals’ needs. In care ethics, “needs” should not be thought of as universal or static, but rather, as emerging from a particular individual’s lived reality. The proper goal of care aims not to increase well-being in an objective sense, but rather, to increase well-being in a way that the care-recipient herself understands and endorses – to “respond to the specific context of others... and perceive people in their own terms” (Gilligan, 1984: 77). While there may be certain basic needs that can be defined objectively – the need for survival, e.g. – what it takes to meet these needs may vary significantly from person to person. Moreover, past this basic threshold, individuals differ significantly in their interests, talents, goals, and so on, and the best kind of care aims to promote individuals’ well-being in a way that affirms these understandings. This is not to say that care-recipients’ views should always and necessarily be accepted uncritically; individuals are not transparent to themselves, and the work of needs-interpretation includes a critical-reflective component. But the purpose of this critical reflection is not to “correct” or “supplant” a care-recipient’s view, but rather, to clarify and

develop it. For the care ethicist, an understanding of “needs” should emerge from an inclusive communicative process in which all perspectives, including and especially those of “the needy,” are taken seriously.

Hearing this voice is valuable not only for the practical value of accurate needs-assessment, but also for the value of building respectful relations with concrete others. The best caring practices aim not only to identify and respond to needs, but also to do so within a relationship in which participants are respected in their full particularity. In a caring relationship, “each is entitled to expect and to assume from the other forms of behavior through which the other feels recognized and confirmed as a concrete, individual being with specific needs, talents, and capacities” (Benhabib, 1986: 411). Drawing from object-relations theory, Anca Ghaeus argues that this kind of respect is fundamental for the emotional and psychological health that makes the good human life possible – that “what we need are personalized relationships in which we are valued for who we are or for what makes us unique individuals, and in which we value others for the same reasons” (2009: 65). The ability to voice oneself is necessary to this kind of relationship and the respect it entails. “[V]oice is a powerful psychological instrument and channel, connecting inner and outer worlds” (Gilligan, 1982: xv); by giving voice to our inner worlds, we allow ourselves to be known to others and so enable the possibility of the substantive sense of respect that Benhabib describes.

It is here, however, with the fundamental importance of voice, that I believe care ethics may run into troubles when it attempts to respond to structural vulnerabilities. I will explain the challenges in the next section.

### **3. A CHALLENGE TO CARE ETHICS: CAN WE HEAR ALL VOICES?**

#### *3.1. Meeting Needs*

I have noted above that one of the strengths of care ethics in application to structural vulnerabilities is that it acknowledges the need to look for contextually-informed solutions to concrete needs. Rather than looking first to formulate abstract rights, which may amount to mere “manifesto rights,” care ethics looks first to recognize needs and what can be done to respond to them.

The reason this is a strength is because, basically, it is practical. It begins with the need to respond (rather than leaving this as a question to be filled in later, as noted above), and so motivates action more easily than a principle-based approach. Moreover, the action it recommends is more likely to effectively increase well-being – to make real people’s lives actually better. Consider, for example, the enduring presence of child labor. There is no defensible principle that could justify children being subjected to such conditions. As such, it would seem that the only principled thing to do would be to outlaw the practice altogether. However, consider that child labor is the result of enduring social-structural processes: it is made possible by a global order that features extreme poverty and lack of economic opportunities in some areas of the world. Child labor persists not because parents do not adequately understand or value their children’s upbringing, but because their income is needed in order to keep the family afloat or to protect them against even worse options. In these conditions, as Roland Pierik (2006) has argued, an outright ban on child labor would not only fail to improve children’s lives but also quite possibly make them worse-off. What

is needed instead, Pierik argues, is an incremental approach to the ban, targeting only the “worst kinds” of child labor, while temporarily tolerating other kinds. These other kinds of labor ought to be addressed contextually; organizations concerned with child labor ought to work directly with affected communities to develop specific policy appropriate to their particular conditions.

I largely agree with Pierik and the care-ethical approach to structural vulnerabilities he represents. Given that structural injustice is enduring and cannot be fully eliminated (at least not in the immediate future), we ought to strive to make the conditions for structural vulnerable communities better rather than worse. However, I am concerned about what happens when the focus shifts from one of eliminating structural injustice and towards managing its effects. My concern is similar to Alison Jaggar’s: “when an agent is focusing on the concrete specificities of a situation, she is not attending directly to the social institutions that structure it and vice versa... In care thinking, social structure occupies a place comparable to the frame of a picture one is viewing; one must be aware of it in some sense but one pays it little direct attention” (1995: 195). Jaggar is concerned that this kind of mental “backgrounding” of social structures might lead to a de-prioritization of efforts that aim specifically at social-structural changes (1995: 196). I am perhaps more optimistic than Jaggar about a “trickle-up” effect of grassroots activism, and perhaps more pessimistic about the ability to directly affect more revolutionary changes, but I nonetheless share her concern regarding the de-centering of social-structural intervention. For me, this is not so much because of its potential effects on policy-setting goals (at least not directly), but rather, because of its effect on the discursive context in which the voice of the other can be heard.

What the backgrounding of social structures does is not simply marginalize the notion of more revolutionary alternatives in one’s own mind; it does so *everyone*, insofar as they wish to enter the discussion as to what is to be done. In other words, it sets a constraint on the discussion, thus prohibiting certain kinds of voices from being present. The effect is similar to the one Gilligan identified in Lawrence Kohlberg’s studies of moral development. Kohlberg’s theory of moral development assumed that there was only one path of development, and that it was the one articulated by the boys and men in his study – namely, an ethic of justice, which takes abstract rules and principles as absolutely primary to moral decision-making. When men’s perspectives are taken to represent a universal human perspective, Gilligan argued, and when women are then forced to fit themselves into this paradigm, the result is that women’s specific voices are erased (1982: xii). Similarly, I contend, the assumption that a discussion must yield practical action-guidance sets an inappropriately exclusionary frame on the discussion. When it has already been assumed that radical structural change is not feasible, and that the purpose of the discussion must be to yield actionable guidance, voices that would articulate the need for more than what is feasible are excluded. Just as the women articulating an ethic of care in Kohlberg’s study were instructed that they were not answering the question correctly and dismissed on those grounds, I am concerned that the voices of structurally vulnerable persons articulating a need for substantive structural change could similarly be devalued and dismissed. The discussion would then fail on care-ethical grounds: while the voices of individuals in a structurally-vulnerable community have been solicited, they have not necessarily been heard “in their own terms.”

The problem with Kohlberg's exclusion goes deeper than exclusion. The problem with his methodological structure was not only that it excluded women's particular voices, but also that it forced women's voices to fit a masculinist frame, within which they were obscured and inferiorized. As Gilligan noted, in Kohlberg's model women rarely progressed past the middling ("conventional") level of morality; as a result, women were cast as morally deficient. The effect was to dismiss both the value of women's voices and the alternative visions of the world that women's unique perspectives could offer. Likewise, I contend, the demand that discussions be "practical" may serve the ideological purpose of casting structurally vulnerable people as morally deficient – as non-self-respecting – and so also erasing from view the vision of a just world that their perspectives might otherwise offer. The reason for this is because the sorts of voices that are excluded are specifically those that would ask for more than what is feasible – those that would articulate "worthy ideals," to borrow terminology from Lisa Tessman (2010: 811). Worthy ideals are not required to be action-guiding, but instead aim to express our highest (even if unattainable) aspirations. As Tessman argues, recognition of "worthy" ideals is crucial for moral theory. Part of what one does when one recognizes worthy ideals is that one enables a critical evaluation of the nonideal options: worthy ideals permit one to recognize just how far the nonideal options are from our worthier ideals, and so allow us to express anger, grief, disappointment, so on. Because of this, they also allow individuals to maintain a healthy sense of self-respect, or a sense that they deserve better. This is especially important in a structurally unjust world, because it is precisely this sense of self-worth that structural injustice aims to take away from vulnerable populations. When participants are prohibited from voicing these ideals, they are also simultaneously precluded from voicing this self-worth. Just as Kohlberg's studies resulted in a distorted vision of women's moral capacities and moral development itself, a discussion that focuses only on action-guidance will result in a politically-partial view of the moral character of structurally vulnerable populations and of the possibilities for ordering the social-political world. Again, then, care ethics will have failed by its own lights: instead of allowing individuals to see one another as concrete beings worthy of respect, it may instead force some individuals into a framework in which they seem not to demand respect from others.

### *3.2. Respecting the Concrete Other*

The previous section addressed a challenge care ethics faces in its goal of meeting needs. Care ethics demands a consequentialist, forward-looking approach to structural vulnerabilities. Given their enduring nature, this demands that we be willing to leave some amount of structural vulnerabilities in place and settle for more "feasible" options. But the moment it does so, it also sets unacceptable constraints on the discussion regarding needs – constraints that make it impossible for the needs thus identified to be articulated "in individuals' own terms."

I now turn to consider the other aim of care ethics, namely, to build empowering relations with others who are understood as concrete. Here, too, the focus on building feasible goals raises a challenge. By focusing on what is feasible, we omit the question of *why* some things are feasible and other things are not. The effect is to protect currently dominant groups from accountability for their behaviors upholding unjust social-structural functioning. This failure to account implies a failure to consider oneself to be normatively connected to those who

would hold one accountable – in this case, structurally vulnerable groups. Again, then, a narrow focus on finding actionable goals ends up undermining another goal of care ethics, namely, generating respect for the concrete other.

The problem can be brought out by considering G.A. Cohen's (1992) criticism of Rawlsian incentive-based arguments for class differences. Cohen presents a Rawlsian argument against a tax increase for the wealthiest:

Economic inequalities are justified when they make the worst off people materially better off. [Major, normative premise]

When the top rate of tax is 40 percent, (a) the talented rich produce more than they do when it is 60 percent, and (b) the worst off are, as a result, materially better off. [Minor, factual premise]

Therefore, the top tax should not be raised from 40 percent to 60 percent (1992: 271).

The factual premise may well be true, but it provokes a further question: *why* is it true? Why won't the rich and talented work just as hard at 60% as at 40%? If we fail to ask the question, we treat the behavior of the rich and talented as if it were a sheer force of nature, something to be managed around but not something to be changed. We fail to see the rich and talented as members of the normative community, accountable to the community for their behavior, and subject to other community members' questions and objections.

Cohen's criticism of the Rawlsian argument can be applied to any instance in which a proposal for structural change is rejected as "impractical." When dealing with issues of structural injustice, we are definitionally dealing with issues that are brought about by human agency – complex networks of human agency, including both current and historic actions pooled together over time, but human agency nonetheless. Unlike occurrences of natural disasters, structural vulnerabilities could be eliminated if, hypothetically, sufficient numbers of people decide to change them and agree on a plan to do so. When we say that a structural change "is not feasible," then, we are not simply making a neutral statement of fact, but rather, a more complex assumption about the decisions and actions of a critical mass of people within our shared social structures; we are making a claim not about what straightforwardly *is* true and instead about what most of us *will make* true. When we fail to recognize this, we also implicitly disavow our normative connections with this dominant majority.

The problem for care ethics becomes more clear when we add to the analysis Cohen's "interpersonal test." The problematic nature of the Rawlsian argument can be realized more fully, Cohen argues, when we rephrase it using first-person terminology marking the discussants' group identities. In particular, the trouble arises when one imagines the presenter of the argument as a representative of rich and talented individuals, addressing badly off individuals who are in need of the talented individuals' efforts. What previously seemed like a neutral statement of fact now conveys an intention – in this case, something along the lines of, "if you raise taxes, we will not work as hard and, as a result, will make you materially worse off." If the speaker is unable or unwilling to provide an acceptable reason for the intended behavior, she demonstrates that she does not take herself to be a part of the same normative community as her audience, namely, badly-off people.

Again Cohen's criticism applies broadly to arguments that reject proposals for substantive structural change for reasons of practicality. Suppose now that the person arguing against more substantive structural reform is someone representing people who are relatively privileged by social structures, and suppose that she is presenting her argument to members of structurally vulnerable communities. Now the claim about feasibility is seen more easily as a claim about intention – something like, “if you demand more, we will do nothing at all to help, and will instead continue in our normal behaviors that subject you to more and more hardships.”

Again, if the speaker cannot provide an acceptable reason for the intended behavior, she implies a normative gap between her own group (those relatively advantaged by social structures) and others (structurally vulnerable people).

For Cohen, the problem with this normative gap is that it indicates that the proposed policy is not “comprehensively justified.” The problem from a more specifically care-ethical point of view, however, is that it indicates that structurally privileged people endorsing the policy have failed to recognize and respect structurally-vulnerable others. More exactly, the goal of forming respectful relations with the *concrete* other has failed. I emphasize the “concrete” because the issue is not necessarily one of generalized respect: the speakers take themselves to be respectful of others, in some sense. They are willing to consider their interests and make some adjustments to their behavior accordingly – in the Rawlsian case, for example, the rich and talented are willing to work at socially-valuable jobs (rather than less valuable jobs that they find more personally enjoyable, say) so long as there is at least some monetary bonus for doing so. The trouble is that the individuals they imagine themselves as respecting do not necessarily match the self-image of the individuals who are in need. The others that the relatively privileged individuals imagine themselves to be helping are those who are willing to accept a nonideal settlement, which means those who are most similar to the privileged group – those who most closely resemble the privileged group's sense of self, values, worldview, interests, and so on. In the Rawlsian example, the badly-off individual who is willing to settle for the lower tax rate is one who can afford it and has no principled stance against a welfarist capitalist state. The “other” who is recognized by the privileged speaker is scarcely “other” at all, in the sense of one who has a concrete reality and perspective that is different from one's own. The “other” that is respected by the privileged speaker is closer to the “generalized” other who is merely another version of oneself.

Consider, for example, the current choice in the US between pushing for universal pathways to citizenship (U) and the “Dream Act” (D). U would aim to eliminate the structural vulnerabilities facing 11 million currently undocumented immigrants; D would aim to do the same for 1.8 undocumented immigrants who were brought to the US as children and meet certain eligibility requirements. Currently, the Democratic party has focused almost exclusively on D rather than U for reasons of feasibility. The argument could be put in care-ethical terms and structured in the same way as the incentive argument:

Care requires meeting the needs of structurally vulnerable people. [Major, normative premise]

If we push for D, it is somewhat likely to be passed, alleviating structural vulnerabilities for 1.8 million currently undocumented immigrants. If we push

for U, it is unlikely to be passed, thus leaving all 11 million undocumented immigrants structurally vulnerable. [Minor, factual premise]

Therefore, we should push for D instead of U.

As in the incentive argument, the factual premise raises a question: *why* is the policy unlikely to be passed? Like in the above case, the answer lies not with inalterable natural fact (a lack of technological ability, for example) but rather in social practices – a complex blend of xenophobia, racism, capitalism, and so on. A proper understanding of the factual premise should not see it as an external fact, indifferent to our agency, but rather as a social fact, one that is perpetuated through our own decisions and behaviors.

In order to avoid externalizing individuals from the social processes that make the factual premise true, it may be helpful to apply the interpersonal test. Suppose one imagines the speaker to be a representative of US citizens who are relatively privileged within the current structure, and imagines the audience to be an undocumented immigrant who is unaffected by D. The factual premise can now be seen to manifest an intention, something along the lines of: “if you push for something more than D, we will make no policy change at all; the xenophobia in the US will continue to put you at risk and we will not push for the legislation that would protect you.” Insofar as the speaker cannot offer an acceptable reason for this intention, she demonstrates that she does not take the needs of the undocumented immigrant to be normatively motivating – she does not see herself in caring connection with her. The speaker *is* willing to meet the needs of *some* undocumented immigrants – namely, the 1.8 million who are eligible for a path to citizenship under D. But the relevant question for a care ethicist regards the reason she is willing to help – why is she willing to value these needs, and not others? Who does the speaker imagine herself to be helping – what is the source of her understanding of the other? Is her understanding of the other merely an extrapolation of herself, an extension of her own worldview onto the figure of another? Or is her understanding the result of attentiveness to and reception of the other’s voice, a reflection of her receptivity to the other’s own worldview?

In the case of this speaker’s argument, the answer may be the former. The Dream Act may help a huge number of people, but it also reflects and reinforces fundamental aspects of the US social structure that advocacy for universal pathways to citizenship might force her to challenge. The Dream Act asks the state to respond to the needs of some undocumented immigrants, but only those who can be “excused” using dominant norms of retributive justice – e.g., those who were brought to the US as children and thus lacked the capacity to willfully commit a bad act, and thus who do not “deserve” to be punished. The Dream Act does not compel its advocates to rethink fundamental assumptions about citizenship – e.g., that protection from the state must be earned, that committing a legal offense might disqualify someone from state protection, and that undocumented immigration should be counted as this kind of offense. Even as the speaker supports D, then, she fails to show the kind of respect for the concrete other that care ethics demands; the speaker seems not to base her support for D in the needs of the other *qua* other. The relevant difference between D and U is that the former does not require that the proponent take on the perspective of another who might be very different from herself. As in Benhabib’s critique of the veil of ignorance,

“the other as different from the self disappears” (1986: 412). The speaker fails to see the other’s needs *as* other, or else she fails to see them as normatively motivating at all.

#### **4. CONCLUSION**

I began this essay by showing how care ethics can provide a valuable framework for recognizing and responding to structural vulnerabilities. Unlike moral theories that prioritize abstract principles, care ethics instructs moral agents to look primarily to the concrete situation of others to whom they are connected. Given vast social-structural global networks, no individual can claim justifiable indifference to those suffering from structurally-produced vulnerabilities. Moreover, the demand to attend to the concrete brings with it a demand to reflect on social-political context and one’s position within it; if one’s context features relations of dominance and subjugation, it is one’s responsibility to reform the relations so that all individuals can be respected in their full moral equality. This reform requires individuals not only to attend to the needs deriving from structural vulnerabilities but also to eliminate the structural vulnerability altogether.

While care ethics generates responsibilities of structural reform, it is a separate question how individuals are to fulfill them. In this essay, I have been concerned about a tact that puts too much emphasis on bringing about immediate increases in material well-being. While this is no doubt one aspect of a caring response to structural vulnerability, if what I have argued above is correct, focusing too narrowly on this goal may have the effect of shutting out some voices and so also undermining the more holistic aims of care ethics. What I propose instead, then, is that efforts to alleviate needs be balanced against other, perhaps less immediately “useful,” projects. Drawing again from Tessman (2010), I am suggesting that the kinds of projects involved in a full realization of care ethics ought to include both those aiming to identify actionable goals (what Tessman calls “feasible ideals”) as well as those aiming to articulate and support “worthy ideals.” The latter sort of efforts are not meant to be action-guiding (at least not in an immediate or direct sense), but are instead meant to promote the kind of self-respect otherwise missing from the pragmatic action-guiding discussion.

The above suggestion implies that care ethics might generate conflicting responses to structural vulnerabilities. Some efforts might rightly aim to advance “The Dream Act,” for example, on the grounds that this is the best way to alleviate real and significant needs. At the same time, other efforts might rightly aim to criticize “The Dream Act,” on the grounds that it relies on problematic worldviews that perpetuate xenophobic and other oppressive practices. My account, then, suggests that it might be impossible to carry out a fully caring response to structural vulnerabilities within one and the same cohesive project. However, I do not think that this speaks against the value of care ethics on this topic. Care ethics, with its groundedness in the concrete world, cautions us against the sort of theorizing that would aim to eliminate conflict for the sake of formal consistency. As Robinson describes it, care ethics is a kind of moral philosophy that aims at “shared understand and communal problem-solving rather than forced conclusions;” unlike moral theories that prioritize abstraction and generalization, care ethics instructs us that “when thinking about ethics, we remember that it is real people, living real lives, about whom we are debating” (1999: 38). The real work of structural reform is inescapably messy: there is no “master plan” within which more particular activist efforts are organized, nor is there an overarching organization ensuring

proper order between its various parts. Given this reality, we should not expect a moral theory to guarantee consistency. The better moral theory is not one that promises to eliminate tensions, but rather, one that allows us to recognize them.

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